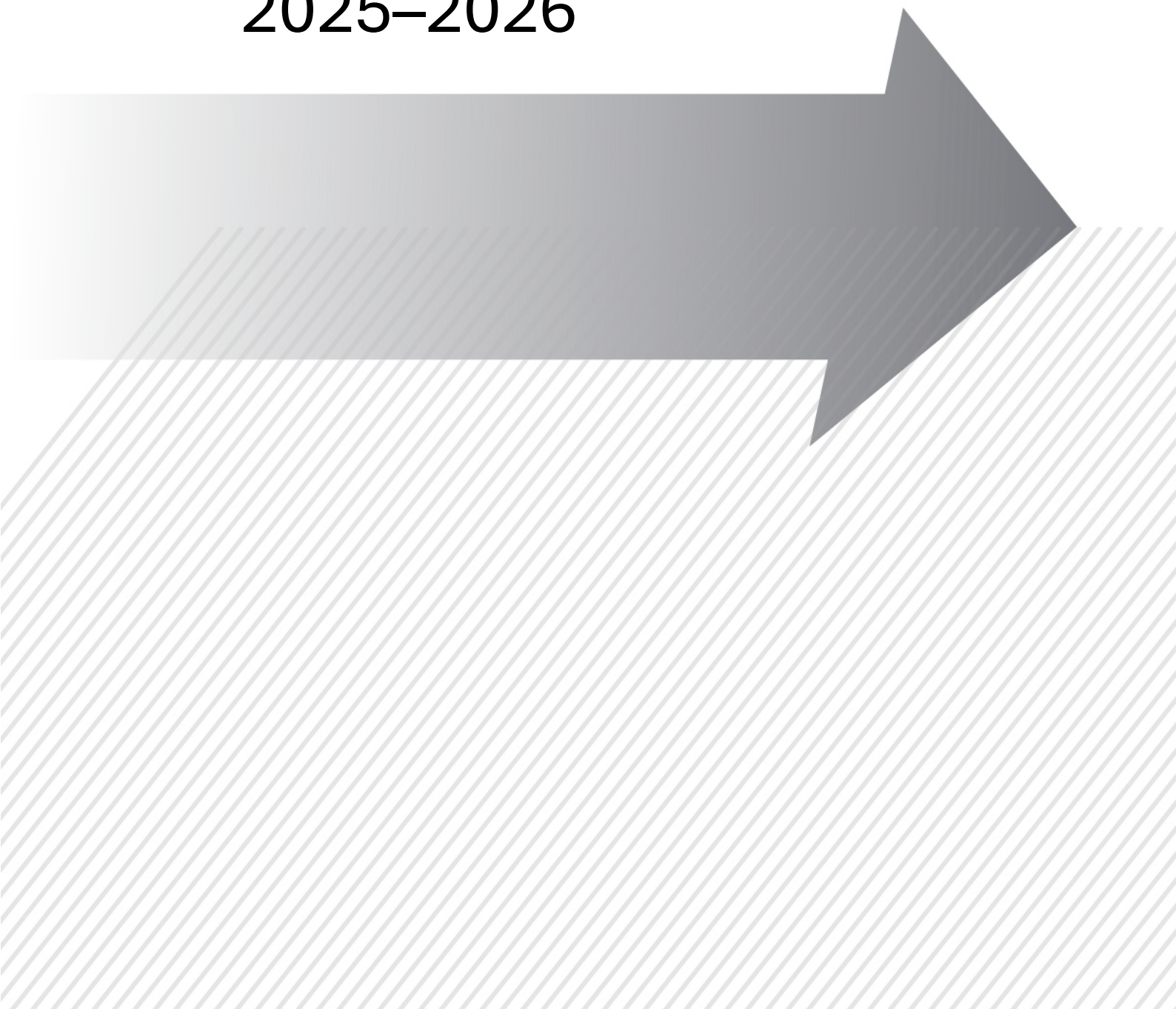


Queensland Mental Health Commission

Annual Report

2025–2026



About this report

This annual report provides information about the Queensland Mental Health Commission's financial and non-financial performance for 2025–2026. 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.

Queensland Mental Health Commission

Mail: PO Box 13027 George Street QLD 4003

Phone: 1300 855 945

Email: info@qmhc.qld.gov.au

An electronic copy of this report is available at qmhc.qld.gov.au/about/our_performance/annual-report.



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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.

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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

3 September 2026

The Honourable Timothy Nicholls
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 2025–2026 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 79 of this annual report.

Yours sincerely



Bretine Curtis
Acting Mental Health Commissioner
Queensland Mental Health Commission

PO Box 13027 George Street Brisbane QLD 4003
Phone 1300 855 945
Email info@qmhc.qld.gov.au
  | www.qmhc.qld.gov.au



From the Acting Commissioner

The Commission has worked incredibly hard this year to realise significant achievements. This included the final tranche of the Mental Health Levy through Better Care Together being committed into projects, research and community-based initiatives, delivering the Commission's most successful Leading Reform Summit, as well as farewelling the long-standing Queensland Mental Health Commissioner Ivan Frkovic.

This year has seen the commencement and delivery of many projects that lay the foundations for our communities to stay well, intervene early, and access support when they need it.

Our first round of Mental Health and Wellbeing Grants are almost complete, delivering real benefits to many regional and rural communities across Queensland.

The Better Futures Grants program has made real strides forward in piloting innovative solutions, with a focus on digital and youth initiatives.

We've also released targeted grants to support community-led suicide prevention initiatives, strengthen alcohol and other drug (AOD) research and harm minimisation, and to uplift workforces for the future.

The focus has been on building the evidence base on mental health and wellbeing, AOD, suicide prevention and trauma. Alongside this, we have continued to promote locally led initiatives to strengthen system reform and have increased our focus on the broader determinants of health and wellbeing.

Mental health and wellbeing does not occur in a vacuum—there are many influencing factors, including where we live, grow, learn, work, and play, as well as social connections and a sense of belonging. Just as mental health and wellbeing is influenced by many factors, responsibility for creating the conditions for improving population mental health does not rest with a single person, organisation or portfolio.

That is why Queensland has a whole of government approach to improve the mental health and wellbeing of Queenslanders —*Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2028* and its sub plans. The Commission has continued to support the plan's implementation through working with agencies and monitoring progress of activities.

Importantly, we have also worked to strengthen our relationships with stakeholders, including people with lived-living experience, the human services sector and across government agencies.

Finally, it is important to acknowledge the work of Ivan Frkovic, the Queensland Mental Health Commissioner throughout his nine-year tenure. Ivan oversaw the development of six whole-of-government plans, helped secure significant funding to support reform, championed the Mental Health Select Committee and the lived-living experience workforce, as well as shaping the reform agenda we continue to progress today.

To all our partners, stakeholders and communities who have engaged with and worked alongside us over the past year—thank you, your contribution and dedication to reform and creating the conditions for Queenslanders to live well and thrive is acknowledged and appreciated.

Bretine Curtis
A/Queensland Mental Health Commissioner

About the Commission

The Queensland Mental Health Commission (the Commission) was established on 1 July 2013 by the *Queensland Mental Health Commission Act 2013* (the Act), which outlines its objectives, functions and guiding principles.

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.

Objectives for the community

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

Safety where you live

Making Queenslanders safer by promoting early intervention initiatives that contribute to system change within the child safety, youth justice, community, domestic and family violence, victim support, policing and corrections systems, with a focus on mental wellbeing.

Health Services when you need them

Restoring health services when Queenslanders need them most by driving mental health, alcohol and other drug, suicide prevention and related human services system reform to reduce service demand and promote service improvement.

A better lifestyle through a stronger economy

Growing our economy to drive down the cost of living and give Queenslanders a better lifestyle and a place to call home by supporting and promoting regional initiatives and investments that address the social and economic determinants of health.

A plan for Queensland's future

Planning for Queensland's future by identifying and implementing reforms to strengthen the mental health, alcohol and other drugs, 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 and functions are defined under the Act. This includes to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug (AOD) system in Queensland. The Commission's work also includes the suicide prevention sector as a key element of system reform. The Commission's functions, underpin the organisational strategic and operational plans and work program for the 2025–26 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)*. Oversight of this plan also includes the following sub-plans: *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*, *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* and *The Queensland Trauma Strategy 2024–2029 (the Trauma Strategy)*.
- **Evaluating, reviewing and reporting** on matters affecting people living with mental health challenges, AOD use concerns, suicidality and/or experience of trauma, including their families, kin, unpaid carers, and supporters. This function also includes people who are at risk of, developing mental health challenges, experiencing harm relating to substance use and/or suicidality. The Commission's 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 mental health and wellbeing promotion, population-based prevention and early intervention in life, early in illness and at times of stress and adverse events, as well as reducing mental health, AOD and suicide stigma and discrimination.
- **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, reaching beyond the health system, and across the conditions and factors that influence mental health and wellbeing, AOD use, trauma and suicidality.

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

Our guiding principles

1. People living with mental health challenges or who use AOD 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 indicators

The Commission's Strategic Plan 2025–2029 identifies the challenges and opportunities for reform. It 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 2025–26, the Commission's work program aligned with the four objectives of the strategic plan:

- **Mental wellbeing:** The mental wellbeing of Queenslanders is promoted and proactively supported
- **System reform:** System reform is supported and advanced across the mental health, alcohol and other drugs, suicide prevention and related systems
- **Knowledge translation:** Reform is grounded in evidence, best practice and knowledge translation
- **Lived-living experience:** Lived-living, First Nations and diverse population experience and expertise guide system reform and is embedded in governance.

Reform context

An effective mental health, AOD and suicide prevention system requires intentional focus on policy, investment, services and supports across promotion, prevention, early intervention, primary and community care, specialist treatment, crisis response and recovery.

Policy, funding, commissioning and service-delivery responsibilities involve the Australian and Queensland governments, Primary Health Networks, Hospital and Health Services, Aboriginal and Torres Strait Islander community-controlled organisations, non-government and not-for-profit organisations, and private providers. The National Disability Insurance Scheme also funds support for eligible people with psychosocial disability.

Effective system reform also needs collective leadership with relevant policy and service areas that influence and create the conditions that impact on mental health and wellbeing, AOD use and suicidality. These include housing and homelessness, income support, education, employment, family support and child safety, disability, domestic, family and sexual violence, justice, and disaster preparedness, response and recovery. The reports and frameworks outlined below identify many of the areas that intersect.

Reform activity is undertaken through intergovernmental agreements, strategies, legislation, funding and commissioning arrangements, inquiries, audits, evaluations and implementation programs. These mechanisms involve multiple portfolios, levels of government, statutory bodies and service systems.

During 2025–26, governments, parliamentary committees, statutory bodies and review bodies released national and Queensland reviews, frameworks, inquiry materials, audit findings and budget measures. Some developments took effect during the reporting period, while others were announced for implementation in later years. Selected key developments relevant to mental health, AOD, suicide prevention and related systems are outlined below.

National

National Mental Health and Suicide Prevention Agreement Review: Final report

On 11 November 2025, the Productivity Commission publicly released the final report of its review of the National Mental Health and Suicide Prevention Agreement. The review found that the Agreement was not an effective mechanism for coordinating and driving reform. It recommended extending the current Agreement, including its funding commitments, until June 2027 to allow time for co-design of a new policy architecture comprising a Mental Health Declaration, a five-year national agreement and new governance, accountability and funding structures. It also recommended clearer roles and responsibilities, specific funding commitments, independent public reporting, and separate schedules addressing Aboriginal and Torres Strait Islander social and emotional wellbeing, suicide prevention, and co-occurring problematic AOD use, mental ill-health and suicidal distress.

National Suicide Prevention Outcomes Framework

The National Suicide Prevention Office published the National Suicide Prevention Outcomes Framework Overview on 26 November 2025. The Outcomes Map, Data Overview, Data Quality Framework and Outcomes Map Technical Workbook were released on 24 June 2026. The framework translates the *National Suicide Prevention Strategy 2025–2035* into goals, outcomes, indicators and data measures and is designed to support monitoring and reporting of progress in reducing suicide deaths, suicide attempts and suicidal distress, and increasing wellbeing. It uses quantitative and qualitative data and provides for indicator and insight reporting. The Monitoring and Reporting Plan had not been released at 30 June 2026.

Drug and Alcohol Program Final Evaluation

On 18 December 2025, the Australian Government published the final evaluation of the Drug and Alcohol Program (DAP). The evaluation examined the program's implementation, appropriateness, impact, efficiency and sustainability between 1 July 2021 and 31 March 2025. It found that DAP funding improved access to AOD services but did not fully meet need. The evaluation rated the evidence supporting its impact findings as weak and identified data limitations affecting the assessment of outcomes, attribution and cost-effectiveness.

The evaluation's seven recommendations addressed national policy alignment, emerging and co-occurring needs, prevention and harm reduction, cross-sector planning, monitoring and evaluation, reporting, consolidation of funding streams and funding arrangements. The Australian Government extended all current DAP grants due to end in June 2026 for one year while consulting on changes for the next round of three-year grant agreements, scheduled to commence on 1 July 2027.

National parliamentary inquiries

During 2025–26, the Australian Parliament again considered the inquiry into the health impacts of alcohol and other drugs; and commenced inquiries into the administration of the National Disability Insurance Scheme, as well as the relationship between domestic, family and sexual violence and suicide.

The respective inquiries examined the equity, effectiveness and outcomes of AOD services and prevention initiatives, including contributions from sectors beyond health; NDIS financial sustainability risks, claims compliance, performance, regulation and policy advice; and the relationship between violence victimisation and suicide, including data, service responses and prevention. All three inquiries remained underway and had not tabled final reports at 30 June 2026.

Queensland

Managing mental health levy funding

On 22 May 2026, the Queensland Audit Office tabled *Managing funding from the mental health levy*. The audit reported that the levy raised \$1.2 billion from 1 January 2023 to 30 June 2025. As at February 2026, approximately 92 per cent of levy revenue for 2022–23 to 2026–27 had been allocated to the Department of Health.

The audit concluded that the levy was not effectively managed as a whole and identified gaps in whole-of-levy governance, planning, expenditure monitoring and performance reporting. It made five recommendations addressing governance, administration, reporting, evaluation and joint regional planning. The Commission noted its support of all five recommendations. Responses from Queensland Treasury and Queensland Health also supported the recommendations.

Queensland mental health funding measures

The 2026–27 Queensland Budget provided additional funding of \$394.4 million over four years from 2026–27 and \$104.7 million per annum ongoing from the Mental Health Levy to deliver new and increased mental health services.

The measure included perinatal mother and baby beds, mental health assessment and treatment in emergency departments, AOD residential treatment beds, adolescent mental health beds in Cairns, acute mental health inpatient beds in Rockhampton, psychiatric assessment and planning beds at Princess Alexandra Hospital, and historical unfunded mental health and AOD commitments.

The Budget also provided \$52.5 million in capital funding over three years for 30 specialist perinatal mother and baby beds and improved access to perinatal mental health services. The expense profile commenced in 2026–27, while the capital profile included \$23.3 million in 2025–26.

Prevention Strategic Framework 2026–2035

Queensland Health published the *Prevention Strategic Framework 2026–2035* in January 2026. The framework guides the efforts, practices and investments of the Prevention Strategy Branch within Queensland Health’s Population Health Division.

It defines prevention as encompassing chronic disease prevention, health promotion, screening and early intervention and sets out multi-strategy and life-course approaches, with strategic objectives to enable settings, enrich sectors and embed systems. It identifies social, cultural and structural determinants of health, including income, education, culture, housing, access to nutritious food, social support and the physical environment. It also addresses social, environmental and commercial determinants of health through population-wide prevention approaches.

Child Safety Commission of Inquiry

The Child Safety Commission of Inquiry submitted *From Pressure to Purpose: Reforming Child Protection in Queensland* to the Queensland Government on 22 May 2026, and the final report was tabled on 3 June 2026.

Its 52 recommendations covered family support, intake and assessment, child protection litigation, family-based and residential care, corporate parenting, youth justice, complaints, workforce, commissioning, governance and implementation oversight. The report’s analysis also addressed domestic and family violence, mental health and AOD issues, housing, disability and other service-system factors affecting children and families.

In Plain Sight: Review into System Responses to Child Sexual Abuse

The Queensland Child Death Review Board completed *In Plain Sight: Review into System Responses to Child Sexual Abuse* in November 2025 and publicly published it on 8 December 2025. Using the Ashley Paul Griffith matter as a case study, the review examined laws, policies, procedures and practices across early childhood education and care, policing and the Blue Card system.

Its recommendations addressed safeguarding governance and oversight, workforce capability, information and intelligence sharing, worker screening, complaints and investigations, prevention and support for victim-survivors.

The Queensland Government published its response in June 2026 and committed \$255 million over four years from 2026–27 and \$74 million per year ongoing to establish the Queensland Protection Commission and commence work on its child safeguarding intelligence hub. The Commission’s proposed commencement date is February 2027.

Child Death Review Board Annual Report 2024–25

The Queensland Child Death Review Board’s *Annual Report 2024–25* reported that the Board received 57 notices of deaths involving children known to the child protection system and completed 64 child-death reviews during the year.

It made nine recommendations across six themes: supportive responses for mothers with unborn children; housing and support for young parents; responses to teenagers engaging in high-risk behaviours; recognition of domestic and family violence in risk assessments and safety planning; interagency collaboration and information sharing; and barriers to timely and coordinated support for vulnerable families.

Safer Families, Safer Communities

On 22 May 2026, the Queensland Government released *Safer Families, Safer Communities: A domestic and family violence reform strategy for Queensland*. The strategy establishes four reform domains: prevention; early intervention with individuals, families and young people; responses to persons using violence; and recovery and healing to support prevention. Its system enablers are accessible, accountable and collaborative service responses; building domestic and family violence capability; strong and effective domestic and family violence laws; and meaningful data and monitoring.

Review of the Carers (Recognition) Act

The Queensland Government commenced a review of the *Carers (Recognition) Act 2008* and released a consultation paper in 2026. The paper stated that the review would consider whether the Act appropriately recognises carers and promotes their inclusion, is up to date and working effectively, and provides appropriate roles and functions for the Queensland Carers Advisory Council. It also considered whether the Queensland Carers Charter continued to meet community expectations.

Feedback was invited by 19 June 2026. The review did not cover funding for carer support services, access to financial support or broader issues such as housing affordability and cost-of-living pressures.

Proposal to review the Mental Health Act

On 3 March 2026, the Queensland Public Advocate published a discussion paper proposing a review of the *Mental Health Act 2016*. The paper identified potential areas for review including the Act's scope and principles, compulsory treatment, restrictive practices, human rights, forensic provisions, system governance, oversight and complaints, advocacy, the over-representation of First Nations people subject to compulsory treatment, and participation by people with lived-living experience. At 30 June 2026, the document remained a proposal by the Public Advocate and is not a Queensland Government endorsed review.

Objective 1—Mental wellbeing

The mental wellbeing of Queenslanders is promoted and proactively supported

Enhance housing access and supports

People experiencing mental health challenges and AOD concerns are at a higher risk of housing instability and homelessness, which can in turn worsen health and wellbeing outcomes. Housing and cost of living pressures across Queensland have further reduced access to safe and suitable housing options, resulting in greater risks for people with complex needs.

Since the release of *More than a roof: Supportive Housing Position Statement*¹ in 2024, the Commission has continued to promote the need for person-centred responses that better integrate housing, mental health and psychosocial supports.

Supported Housing in Queensland

A key focus has been improving the evidence base for supported housing planning in Queensland. In 2025–26 the Commission engaged the Queensland Centre for Mental Health Research to develop updated planning estimates to inform the investment needed in supported housing for people experiencing mental health and AOD challenges. Building on previous work undertaken 15 years ago, the project will reflect contemporary service and funding models and arrangements, including the introduction of the National Disability Insurance Scheme and broader mental health system reform.

The project is due to be completed in late 2026 and will:

- identify the types and levels of supported housing required across Queensland

- estimate future demand for supported housing and associated psychosocial support
- provide an initial comparison of current service capacity and projected need
- help inform future planning, investment and system reform.

The Commission has continued engagement with health, housing and homelessness leaders to strengthen access to integrated responses and progress system reform.

In 2025, the Commissioner was appointed to the Homelessness Ministerial Advisory Council, where the Commission promotes the need for greater access to:

- tenancy sustainment programs
- community-based psychosocial supports
- integrated health and housing services, and
- permanent supportive housing for people with lived-living experience of mental health and alcohol and other drug challenges.

Invest in mental health and wellbeing

Mental health and wellbeing grants

In 2024–25, the Commission distributed \$2.9 million to 22 organisations through the Mental Health and Wellbeing Grants program to strengthen community mental health and wellbeing through promotion, prevention, and early intervention.

More than 70 per cent of grant recipients are delivering projects outside Greater Brisbane—reflecting a deliberate focus on rural, regional and remote Queensland.

¹ https://www.qmhc.qld.gov.au/sites/default/files/more_than_a_roof_supportive_housing_position_statement.pdf

Projects continued to be delivered throughout 2025–26, with three completed during the reporting period and 19 scheduled to conclude in 2026–27. Details of the funded projects are outlined on our website.

Mental health and wellbeing investment package

In 2025–26, the Commission consolidated remaining Mental Health and Wellbeing Grant funding with investment for *Thriving Lives, Connected Communities: Queensland's Commitment to Mental Health and Wellbeing (Thriving Lives, Connected Communities)* into a single \$9 million Mental Health and Wellbeing Investment Package (the Package).

Guided by the priorities of *Shifting minds* and *Thriving Lives, Connected Communities*, and informed by previous grant outcomes and stakeholder feedback, the Package brings together time-limited funding into a coordinated, strategic investment to maximise impact and support sustainable mental health and wellbeing outcomes.

To inform the investment approach, the Commission engaged Prevention United to undertake an evidence review and targeted consultation with more than 40 stakeholders across government, community organisations, peak bodies, research institutions and service providers.

Three priorities emerged:

- strengthen system foundations through stronger coordination, shared frameworks and evaluation
- build on initiatives with demonstrated impact, particularly those embedded in communities
- balance universal and targeted approaches to meet the needs of priority populations and communities.

In response, the Package will adopt a whole-of-system approach that combines cross-government partnerships, targeted grants and a shared evaluation framework to improve coordination, maximise investment impact and support long-term system change.

Implementation of the Package will continue in 2026–27, alongside an independent evaluation to assess outcomes and inform future investment decisions.

Support Queensland Mental Health Week

Queensland Mental Health Week (QMHW) is an annual statewide initiative that aims to:

- raise awareness of mental health and wellbeing
- increase understanding of mental health challenges
- reduce stigma, and
- support positive wellbeing.

The Commission funds the delivery of QMHW and its associated grant program on behalf of the Queensland Government.

In 2025, CheckUp was engaged by the Commission to coordinate QMHW and the QMHW Community Grants Program.

QMHW 2025 involved:

- 411 registered events
- \$150,000 in grant funding from the Commission
- 201 grant applications.

In early 2026, the Commission announced that the Queensland Alliance of Mental Health would take forward coordination of Queensland Mental Health Week in 2026. We thank CheckUp for its stewardship of QMHW since 2018, having significantly grown engagement in the week across Queensland during its tenure.

Beyond Blue partnership

Strengthening our strategic partnership with Beyond Blue

In 2025–26, the Commission established a new five-year, \$4 million strategic partnership with Beyond Blue, commencing in April 2026.

Building on a successful previous agreement, the partnership strengthens collaboration to improve mental health and wellbeing outcomes for Queenslanders through prevention, early intervention, stigma reduction and accessible

support, alongside continued delivery of trusted mental health information, advice and support services.

The new agreement includes a focus on stronger governance, reporting, communication and knowledge-sharing and a greater emphasis on Queensland-specific outcomes.

It builds on significant reach achieved under the previous partnership, including more than 3.4 million website visits from Queenslanders and over 111,000 Queensland contacts with the Beyond Blue Support Service.

During the reporting period, demand for support remained high, with financial stress, cost of living pressures and loneliness among the key issues raised by Queenslanders. Reporting also highlighted strong engagement from regional communities.

Over the next five years, the partnership will foster greater Queensland-focused impact, strengthen engagement with Queensland communities, share knowledge and insights, and respond to emerging community needs over time.

Address stigma & discrimination

In 2025–26, the Commission continued work on a statewide stigma reduction program in response to Recommendation 5 of the Mental Health Select Committee *Inquiry into opportunities to improve mental health outcomes for Queenslanders*.

Stigma continues to be a significant barrier to help-seeking and recovery for many Queenslanders. Reducing stigma associated with mental health, alcohol and other drug challenges, and suicide remains a key priority under the Commission's strategic plan.

Significant progress was made on the development of a public health campaign targeting the general Queensland population, building on foundational research and initial creative development.

Creative concepts were informed by research insights and co-designed with the Stigma Lived-Living Experience Working Group. These concepts were tested through focus group research with 79 Queenslanders from across the state, including representation from First Nations communities. Research found that many Queenslanders have a limited awareness of how stigma presents in daily life, and how it impacts help offering and help seeking.

Testing and creative refinement identified the preferred campaign concept: 'Stigma stops with us', which was shown to build understanding of stigma and encourage a sense of a shared responsibility for reducing it.

Baseline research also established a benchmark for community attitudes and behaviours in relation to stigma to assist the campaign's evaluation.

The Commission worked with the Queensland Health's Strategic Communications Branch during the reporting period, and the campaign is scheduled for launch in early 2027.

Alongside the campaign development, the Commission has also progressed design of supporting capacity and capability-building initiatives. This includes development of targeted programs and practical tools to help Queenslanders recognise and respond appropriately to stigma. These resources will complement the campaign.

A one-off \$150,000 grant package was also released to support more Queenslanders to access Mental Health First Aid Training delivered through Queensland Mental Health Week 2026. This training will enable community leaders, organisations and Queenslanders to be equipped with the tools and confidence to recognise and support others in need.

Reduce alcohol and other drug harm for young people

In 2025–26, the Commission launched the Youth AOD Grant Program to support innovative, youth-focused initiatives that strengthen prevention, early intervention and harm reduction for young people.

Grants of up to \$300,000 were made available to projects aligned with *Achieving balance* that actively engage young people in design and delivery of solutions.

Successful recipients will be announced in the 2026–27 financial year.

The initiatives will strengthen Queensland's capacity to respond to emerging youth AOD issues through evidence-informed, scalable and collaborative approaches.

Youth Week grants

During the year, the Commission partnered with the Office for Youth to deliver the Community Event Grants Program, awarding 33 grants to support youth-led initiatives delivered during Queensland Youth Week from 11 to 19 April 2026.

The grants promoted alcohol and other drug prevention, community wellbeing and positive opportunities for young Queenslanders.

Men and boys suicide prevention

Suicide remains one of the leading causes of premature death for men in Queensland, with males accounting for three-quarters of all suicides.

In response, the Commission launched a \$3 million *Suicide Prevention for Men and Boys Grant Program* in December 2025 to support innovative initiatives that reduce suicide among men and boys and build evidence on what works to prevent suicide.

The program had strong interest, with more than 90 applications received. Funding prioritised initiatives that:

1. Reduce risk factors for suicide among men and boys
2. Enhance suicide prevention literacy and personal coping capacity
3. Support men and boys through life transitions
4. Strengthen gender-responsive and culturally safe service systems
5. Build community-led partnerships and reduce stigma.

Successful applicants are due to be announced in the 2026–27 financial year.

Objective 2—System reform

System reform is supported and advanced across the mental health, alcohol and other drugs, suicide prevention and related systems.

Drive reform

Reform the system through *Shifting minds*

The Commission continues to drive whole-of-system reform of Queensland's mental health, AOD, and suicide prevention system by facilitating implementation of *Shifting minds* and monitoring progress against its strategic priorities.

During 2025–26, implementation continued across government and the community sector. Of the 119 activities supporting delivery of *Shifting minds*, 39 were completed, 41 were progressing as scheduled, and a further nine had transitioned to ongoing business-as-usual activities.

Shifting minds recognises that improving mental health and wellbeing requires coordinated action across government. This includes housing, education, employment, child safety, youth justice, domestic and family violence, and other areas that influence wellbeing outcomes.

Monitoring and oversight

The Shifting Minds Strategic Leadership Group (SLG), comprising senior leaders from across government, provides strategic oversight of implementation and supports alignment between *Shifting minds* and broader government reform priorities.

The Commission collects and analyses biannual progress updates from Queensland Government agencies responsible for delivering actions under *Shifting minds* and its three sub-plans. These updates inform regular reporting to the SLG and underpin the annual implementation reports published on the Commission's website.² The first implementation

reports for *Shifting minds*, *Every life* and *Achieving balance* were published in November 2025.

Evaluation

In 2025, the Commission engaged Deloitte to independently evaluate *Shifting minds*. The evaluation is assessing whether implementation is driving meaningful system change, identifying early outcomes, and whether the plan's strategic directions remain appropriate to achieve its long-term objectives.

During 2025–26, Deloitte consulted with people with lived-experience, peak bodies, service providers, government agencies and other stakeholders. The formative evaluation report will be provided to the Commission in 2026–27, with a public summary report to be released following its completion.

Deliver *Every life* Phase Two

Phase Two of *Every life: The Queensland Suicide Prevention Plan 2019–2029* was released in September 2023 and concludes in late 2026. It includes 56 actions to build community resilience, respond to the needs of groups disproportionately impacted by suicide, and enhance the responsiveness of the service system for people in distress or crisis.

The Queensland Government invested almost \$14 million to support the implementation of Phase Two and lead a range of actions. This included significant funding for a tailored First Nations suicide response in rural and remote communities in Far North Queensland.

² <https://www.qmhc.qld.gov.au/about/publications/browse/annual-reports/shifting-minds-annual-progress-update-2023-2024>

In 2025–26, the Commission progressed several key initiatives:

- Provided funding of \$82,976 to Griffith University to research the role of childhood exposure to domestic and family violence in youth suicide risk, highlighting the need for earlier, trauma-informed and child-centred interventions.
- In January 2025, the Commission allocated \$150,000 to work with COTA Queensland to develop and distribute age-specific, trauma-informed health literacy resources for older people. These resources were targeted at improving social and emotional wellbeing, preventing suicide, and reducing gambling and AOD harm.
- Engaged Roses in the Ocean and YFS to develop best practice guidelines for supporting people impacted by domestic and family violence who are at risk of suicide, and guidelines for government on partnering with people with lived experience of suicide in policy development.
- Continued a \$2.38 million investment to pilot and evaluate culturally appropriate, community-led suicide prevention initiatives in four rural and remote First Nations communities.
- Completed delivery of the Men's Table initiative, establishing eight male-focused, peer-led Men's Tables across urban and regional Queensland. An evaluation by James Cook University will assess and report on the program's outcomes and suitability for Queensland communities.

- Continued supporting the expansion of Peer CARE Companions in Community sites across Queensland in partnership with Roses in the Ocean and Queensland Health.

To support strengthening the evidence for suicide prevention in Queensland, the Commission engaged the University of Melbourne to develop a Queensland Suicide Prevention Monitoring and Outcomes Framework and evaluate *Every life* across all phases.

The interim evaluation of *Every Life* Phase Two found implementation is progressing well, with most actions either underway or completed, and highlighted strengthened reporting mechanisms across government. The evaluation also identified opportunities to better align engagement with people with lived experience of suicide with contemporary best practice. The final evaluation report for *Every life* Phase Two is due in December 2026.

An Interim Queensland Suicide Prevention Monitoring and Outcomes Framework was also developed. The framework, due for piloting during Phase Three implementation, sets out key outputs, outcomes, indicators, measures, and potential data sources to support monitoring of suicide prevention actions across Queensland.

Deliver *Achieving balance*

In 2025–26, the Commission continued to lead the implementation of *Achieving balance*, Queensland's whole-of-government strategy to reduce AOD related harm.

Working collaboratively with government agencies, the non-government sector, researchers and people with a lived and living experience, the Commission progressed initiatives that strengthen prevention, early intervention, harm reduction, treatment and system reform across Queensland.

The Commission was allocated \$29.35 million to support the implementation of *Achieving balance*. Key initiatives progressed during 2025–26 included:

- Strengthening the capability of Child Safety officers to assess and respond to AOD risks and harms.
- Supporting new community-led AOD prevention programs in a range of settings.
- Progressing the development of Queensland's Overdose Monitoring and Response System to improve understanding of overdose in Queensland and inform timely prevention and response efforts.
- Supporting innovative prevention and early intervention projects for young people.
- Trialling online support for people waiting to access AOD treatment and providing aftercare support following treatment.
- Developing a statewide framework to support youth AOD drug peer work.
- Reducing stigma and building the capability of pharmacists to better support people who use AOD.
- Partnering with Primary Health Networks to deliver regional initiatives aligned with local priorities.
- Providing TAFE AOD Skill Set scholarships to build workforce capability.
- Supporting innovative peer-led responses to reduce harms associated with image and performance enhancing drugs.
- Continuing peer-led approaches to preventing drug related harm in nightlife and entertainment settings.

- Strengthening the capability of the housing and homelessness sector to support people who use AOD.

Evaluation

In 2025–26, the Commission engaged the Drug Policy Modelling Program at the University of New South Wales to independently evaluate *Achieving balance*. The evaluation is being delivered in partnership with the Australian Injecting and Illicit Drug Users League, the national peer-led peak organisation representing people who use drugs and peer-based harm reduction organisations.

The evaluation will assess the implementation, outcomes and system-level impacts to inform future policy and whole-of-government accountability.

Building on the existing *Achieving balance* Evaluation Framework, the evaluation will assess implementation progress, measure outcomes against the plan's five strategic priorities, and generate evidence to support continuous system improvement. It adopts a trauma-informed, inclusive approach, with the meaningful involvement of people with a lived and living experience throughout the evaluation process.

Support social impact

Social Impact Advisory Roundtable

In 2025, the Queensland Government established the Office of Social Impact and announced a landmark \$80 million Social Entrepreneurs Fund to support social enterprises and impact investing.

The Commissioner is a member of the Social Impact Advisory Roundtable and Philanthropic Roundtable established to support this investment, which provides advice on growing Queensland's social enterprise industry.

Through this work, the Commission continues to advocate for reforms that improve opportunities for people with lived and living experience of mental ill-health and AOD challenges. Key opportunities include strengthening the sustainability of the social enterprise sector and building their capacity to provide integrated mental health and psychosocial support within employment settings.

Social Enterprise and Impact Investing Roadmap

The Social Enterprise and Impact Investing Roadmap 2025—Strengthening Impact, Boosting the Bottom Line (the Roadmap) outlines a four-year plan to grow Queensland's social enterprise sector.

Designed in collaboration with investors, community organisations, philanthropies, the private sector and social entrepreneurs, the Roadmap outlines a path to address the barriers to growth identified through extensive consultation. The Office of Social Impact is leading the implementation of the Roadmap, which will guide priorities through the Social Entrepreneurs Fund. The fund provides \$20 million annually over four years from 2025–26 to help eligible organisations to scale, become more sustainable and increase their social impact.

The Commission will continue working with the Office of Social Impact and key stakeholders, including the Queensland Social Enterprise Council, Queensland Network of Alcohol and Other Drug Agencies, and Queensland Alliance for Mental Health to strengthen sustainable employment pathways for people living with mental ill-health and AOD challenges.

Procurement reform—embedding social value

In 2026, the Queensland Government updated its Procurement Policy to increase opportunities for social enterprises and Aboriginal and Torres Strait Islander businesses.

This reform supports more equitable economic opportunities and encourages government purchasing that delivers social as well as economic value. The Commission will continue to advocate for procurement approaches that recognise the broader social benefits created by social enterprises.

Support workforce development and capability

Queensland's mental health, AOD, and suicide prevention workforce continues to face increasing demand driven by population growth, an ageing population, and more complex needs. Addressing workforce shortages, retention, career pathways and scope of practice remains a key priority.

Broader workforce reform is being progressed through the Queensland Government's workforce strategies, while initiatives specific to mental health, AOD and suicide prevention continue under *Better Care Together*.

Developing a skilled, resilient and sustainable workforce remains a key priority across the Commission's work. The Commission continues to support evidence-based education and training to strengthen capability across the mental health, AOD and suicide prevention sectors

Key workforce initiatives in 2025–26 included:

Tertiary Transformation Grants

In November 2025, \$1.5 million was allocated for Tertiary Transformation Grants to strengthen clinical and non-clinical workforce capability in suicide prevention and AOD. The grants will improve knowledge, skills and understanding of stigma, with funded initiatives to be delivered over the 2026–27 financial year.

Lived-Living Experience (Peer) Workforce Grants

In May 2025, \$2.5 million was committed to grants to expand and strengthen Queensland's Lived-Living Experience (Peer) workforce in support of Recommendation 54 of the Queensland Mental Health Select Committee Inquiry.

Three organisations were funded over two years to deliver workforce development initiatives totalling \$2,452,092:

- Roses in the Ocean – leading a statewide initiative to build a sustainable suicide prevention peer workforce - \$779,286.
- QuIVAA (Qld) – co-designing the Lived-Living Experience Advancement Partnership to strengthen the AOD peer workforce - \$780,706.
- Brook RED – developing a Code of Ethics, practice guidance and professional development for Queensland's lived-living experience mental health workforce - \$892,100.

Suicide Prevention Aged Care Workforce Development Project

In October 2025, the Commission allocated \$50,000 to fund suicide prevention training for up to 50 aged care workers and students through TAFE Queensland and the Queensland Council on the Ageing (COTA Queensland). The independent evaluation, finalised in February 2026, found the training reached the target workforce, improved capabilities, and reduced stigma in a workforce with no prior suicide prevention training. The Commission endorsed the skillset to be recommended for national accreditation.

Alcohol and Other Drugs Vocational Education and Training (VET) Workforce Capability Building Project

The Commission allocated \$22,000 to fund 20 places in TAFE Queensland's AOD Skill Set development course to improve the AOD capabilities of the VET workforce. Funding covered course fees and the fee for educational content which included two skillsets. QNADA administered the expression of interest process to screen and prioritise applications and provided an online webinar to enhance participant understanding of the AOD sector.

Transforming pharmacy practice to support people who use AOD

In May 2025, the Commission invested \$150,000 in the Pharmaceutical Society of Australia to develop training and resources that improve pharmacists' knowledge, skills and confidence in supporting people who use AOD.

The training package includes interactive online modules, seminars, a workshop, a train the trainer program, and supporting resources. The initiative contributes to reducing stigma and improving outcomes for people who use AOD.

Build AOD capability in housing services

Improving the capability of the housing and homelessness services to support people who use AOD remains a priority under *Achieving balance*.

Recognising the importance of safe and secure housing for health and wellbeing, the Commission continues to support initiatives that strengthen workforce capability, improve organisational practices, and reduce AOD-related stigma across housing and homelessness services.

In 2025–26, three initiatives funded through the Alcohol and Other Drugs Responses in Housing and Homelessness Settings Grant Program continued to build the sector's capacity to support people who use AOD.

Micah Projects continued delivery of the Building Hope and Homes initiative, developing a trauma-informed model of care, practical resources and sector training to improve support for people experiencing or at risk of homelessness with AOD concerns.

Central Queensland Indigenous Development (CQID) continued the Strong Connections project, undertaking organisational and sector-wide reviews to identify opportunities to strengthen collaboration, systems and responses across the AOD and housing sectors.

Mangrove Housing continued implementation of the Breaking Barriers project, strengthening organisational policies, tools and workforce capability to support integrated, person-centred AOD and housing responses.

All three initiatives will conclude in 2026, with findings, resources and learnings to inform future policy and practice across Queensland's housing and homelessness sector.

The Commission also engaged the Queensland Injectors Health Network (QulHN) to deliver Putting Together the Puzzle, a lived experience-led anti-stigma training program for housing and homelessness services developed in partnership with QShelter.

Improve FASD responses

The Commission continued its partnership with Griffith University to improve early identification and support for children with Fetal Alcohol Spectrum Disorder (FASD) in Queensland through the implementation of the Tracking Cube project.

Children with neurodevelopment concerns, including FASD, often experience significant delays in identification and support, with waits of two to three years for specialist neurodevelopmental services. The Tracking Cube addresses this challenge by enabling trained community providers to complete the first five tiers of a six-tier assessment model. This allows children to receive earlier identification and support within community settings, while ensuring only those requiring specialist assessment are referred for Tier 6.

Building on its success in healthcare settings, the Commission supported the expansion of the Tracking Cube into early learning, education, child safety and youth justice settings, strengthening a coordinated, cross-sector approach to identifying and supporting children with neurodevelopmental vulnerabilities.

The Commission's \$1.6 million investment supported implementation of the Tracking Cube across Queensland, including Mt Isa, Townsville, and the Gold Coast.

During 2025–26, 61 Trusted Care Providers across 15 sites were trained to deliver the Tracking Cube, embedding capability within local services across remote, regional and metropolitan Queensland communities. The project is demonstrating both increased local support for children and more targeted specialist engagement in providing care.

In 2026–27, the focus will be on embedding the program and supporting its long-term sustainability, including developing and testing a community readiness-to-adopt framework to help guide future expansion.

Build a trauma-informed Queensland

The Commission continued implementing the *Trauma Strategy*, released in late 2024.

As a five-year sub-strategy under *Shifting minds*, the *Trauma Strategy* provides a whole-of-government and whole-of-community approach to building a trauma-informed Queensland. It sets out a long-term vision for systems and communities to work together to prevent, recognise and respond to trauma effectively.

Trauma informed approaches framework

As a key implementation activity under the *Trauma Strategy*, the Commission is leading the development of a whole-of-government Trauma Informed Approaches Framework.

The Framework will provide practical guidance to support Queensland Government agencies to identify, build and sustain trauma-informed and responsive approaches across systems, organisations and workforces.

It will establish a shared understanding of trauma-informed practices and support consistent application through key domains, including leadership, culture and resourcing; service and system design; workforce capability, wellbeing and inclusion; partnerships and community participation; and evaluation and continuous improvement.

A self-assessment tool will support agencies to evaluate their policies, processes and practices, identify strengths and improvement opportunities, and reduce the risk of system-related re-traumatisation.

Development of the Framework is being informed by consultation, with the Trauma Informed Approaches Working Group, First Nations workforces and communities, and community sector peak bodies. It is expected to be finalised in 2026–27.

Deliver trauma-informed disability inclusion grants

People with disability experience disproportionately high levels of trauma, violence, abuse and system-related harm. Many continue to face fragmented service systems, exclusion, and re-traumatisation across disability, health, justice, housing, education and community settings.

To strengthen trauma-informed disability inclusion across Queensland, \$1 million was committed to support community-based and disability-led initiatives that reduce re-traumatisation and promote inclusion, safety and wellbeing for people with disability.

As a key implementation activity under the *Trauma Strategy*, the Building Trauma-Informed Disability Inclusion in Queensland Grants were open to community-based organisations, disability-led organisations, peer-led organisations, First Nations community-controlled organisations and not-for-profit organisations.

The grants support initiatives that improve trauma-informed practice, prevent violence and abuse, strengthen service access and navigation, build peer and disability-led capability, and reduce stigma.

The grant program closed in 2025–26 with successful applicants to be announced in 2026–27.

Address birth trauma

Up to one in three women describe their birth experience as traumatic, with impacts that can last for months or years and affect mental health, relationships and overall wellbeing.

The Commission partnered with Birth Trauma Australia to deliver the Improved Recognition and Care Pathways Partnership which aims to strengthen the capacity of General Practitioners (GPs) across Queensland to identify and respond to birth-related trauma, including psychological trauma following childbirth.

The initiatives will provide GPs with evidence-based education, practical diagnostic tools, and clear referral pathways to specialist perinatal and mental health services. It also promotes trauma-informed, culturally safe and person-centred care, helping to ensure women from all backgrounds receive respectful and appropriate care before, during and after birth.

Objective 3—Knowledge translation

Reform is grounded in evidence, best practice and knowledge translation

Better Futures Grants

Purpose and early outcome

In late 2023, the \$1 million Better Futures Grant Program was launched to support innovative initiatives that trial new approaches and build the evidence base for mental health, AOD, and suicide prevention reform.

Collectively, the funded initiatives are improving mental health and wellbeing outcomes through evidence-informed approaches that strengthen prevention, early intervention, service integration, workforce capability and consumer outcomes. The funded initiatives utilise digital technologies, immersive and arts-based interventions, data and research infrastructure, co-design methodologies and systems-level collaboration to improve access, quality and effectiveness of care.

Key areas of focus include children, young people, families, carers and perinatal populations, trauma-informed and culturally responsive practice, transitions between care settings, workforce development and the generation of evidence to inform future reform.

Seven of the eight funded projects are progressing and due to conclude in 2026–27. The Queensland Kids Partnership's Building Brains for Better Futures project has been completed.

Building Brains for Better Futures — Queensland Kids Partnership

One of the first projects to be completed, Building Brains for Better Futures, was delivered by the Queensland Kids Partnership in partnership with Logan Together. The project aimed to strengthen understanding of developmental neuroscience, or 'brain building', to support the mental health and wellbeing of children and families in Logan during the critical first 2,000 days of a child's life.

Through a co-design process involving 25 community members, practitioners and sector representatives, including First Nations leaders, early childhood educators and people with lived experience, the project developed resources that reached more than 700 people across Logan in 2025.

The project produced a community resource booklet, a dedicated brain building webpage and an implementation playbook designed to support adoption in other Queensland communities.

Evaluation findings showed significant improvements in participants' knowledge, confidence and skills, while presentations at state and national forums highlighted the project's potential to inform early childhood practice more broadly.

AOD research grants

Building the evidence base for alcohol and other drugs system reform

There are persistent gaps in understanding how policies, systems and cross-sector responses can more effectively prevent and reduce AOD-related harms.

In 2025–26, an AOD System Reform Research Grant Program was launched to address critical knowledge gaps and strengthen AOD system reform. The program supports translational research that applies evidence to improve policy and practice.

Funded research projects will be delivered in 2026–27, with findings to be shared at an AOD Research Exchange Forum in 2027 to support evidence-informed AOD policy and practice across Queensland.

Enhance youth suicide prevention

Orygen Youth Suicide Cluster Response

Young people across Queensland are engaging in complex and evolving digital environments that can expose them to harmful content, unsafe news reporting and narratives that may influence distress. To support a coordinated, youth-specific and digital-focused suicide prevention response plan for Queensland, almost \$400,000 was invested to engage Orygen.

Orygen will deliver Strengthening Queensland's Youth Suicide Prevention Response: Co-design, Digital Safety, and Whole-of-Community Capacity Building project. This project is a community-driven, evidence-based harm minimisation response that aims to:

- Develop and pilot a digitally focused, whole-of-community youth suicide prevention response for young people on the Gold Coast, with clear statewide applicability.
- Deliver a co-designed (with young people), evidence-informed, and targeted suicide prevention and response suite of activities, focused on digital environments.
- Develop resources and tools to strengthen capacity among clinicians and clinical environments delivering support to young people.
- Create a statewide Youth Suicide Response Framework with a specific digital focus that can be adapted for different groups.

This initiative will support affected communities and develop statewide guidance that embeds digital safety within suicide prevention and postvention activities.

Strengthen suicide data and insights

Ensuring that evidence informs suicide prevention policy, planning and investment remains a key priority of Queensland's suicide prevention reform agenda. High-quality suicide data supports a better understanding of how and when suicide occurs, identifies populations at increased risk, and informs targeted policy, service planning and investment decisions.

Queensland's suicide data infrastructure continues to provide a comprehensive source of suicide surveillance data, with strong historical depth and timely reporting. The Commission continued to work with the Coroners Court of Queensland and the Queensland Police Service to maintain and enhance the Queensland Suicide Register (QSR) and the interim Queensland Suicide Register (iQSR).

During 2025–26, the Commission progressed the design of a modern, fit-for-purpose suicide surveillance system to support more responsive and sustainable data collection and analysis. As part of a proof-of-concept project, the Commission partnered with the Department of Customer Services, Open Data and Small and Family Business to deliver a technical uplift of the Suicide Registers. This includes redevelopment of the registers using a web-based interface and a structured query language (SQL) database hosted within Queensland's Data Analytics Platform. Migration to the platform aligns with the Queensland Government's digital architecture and analytics capability while strengthening data security, governance and analytical capability.

The Commission also continued to improve the quality and integrity of the suicide registers by streamlining data entry processes, strengthening quality assurance measures, cleaning and standardising data variables, and completing the backlog of historical data entry. The QSR now includes all completed coronial investigations from 1990 to 2023, with additional years to be incorporated as investigations are finalised. As the QSR is based on completed coronial investigations, it provides the most complete and accurate record of suicide deaths in Queensland.

The Commission also responded to more than 80 data requests to inform service planning and responses in the suicide prevention system. Monthly and annual suicide reports provided timely monitoring of emerging trends using data from the iQSR.

In September 2025, the Commission released the *Suicide in Queensland Annual Report 2024* to coincide with World Suicide Prevention Day. The report provides a comprehensive analysis of suspected suicide deaths. These reports support government agencies and cross-sector partners to monitor trends, inform policy and service planning, and identify opportunities for targeted suicide prevention responses.

To strengthen the use of evidence in policy and planning, the Commission expanded its analytical capability in early 2026 to improve the timeliness of responses to suicide data requests and increased capacity to provide analysis and insights to support policy development, service planning and system reform.

Boost suicide prevention research

Suicide Prevention Research Scheme

The Suicide Prevention Research Scheme Grant was released in June 2024 to support high-quality research that builds the evidence base for suicide and suicide prevention, advance understanding of what works to prevent suicide, and strengthen Queensland's ability to deliver high-quality suicide prevention initiatives.

This significant investment in suicide prevention research has been delivered during the 2025–26 year. The projects concluded in June 2026, with findings to be shared across Queensland's suicide prevention sector. Details are available on our website.

Submissions

Throughout 2025–26, the Commission provided submissions to a number of inquiries, legislative changes and amendments, including:

Queensland

- Charter of Victims' Rights
- Child Safety Commission of Inquiry
- Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026
- Independent review of puberty suppression and gender affirming hormones.

Commonwealth

- Inquiry into health impacts of alcohol and other drugs in Australia.

Objective 4—Lived-living experience

Lived-living, First Nations and diverse population experience and expertise guide system reform and is embedded in governance

Promote social and emotional wellbeing

First Nations Cultural Healing Program

The Commission's First Nations Cultural Healing Program is an evidence-based and community-led initiative designed to strengthen the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples through culturally grounded healing approaches.

Commencing in June 2026, the Commission committed \$905,000 in grants, to support First Nations community organisations to design and deliver local healing initiatives.

To support implementation of the *Trauma Strategy* and *Achieving balance*, the program recognises culture as a fundamental foundation of healing and wellbeing. It also acknowledges the need to address the ongoing effects of colonisation, dispossession, racism, child removal and systemic issues that have contributed to historical and intergenerational trauma, which continues to affect the mental health and wellbeing of many First Nations people, families and communities. The program recognises culture, identity and self-determination as central components to healing and wellbeing.

Funded initiatives are community-led and reflect local priorities, cultural knowledge and lived experience. Programs are expected to strengthen connections to Country, culture, language, kinship and community while promoting resilience, leadership and long-term wellbeing. Healing initiatives include Elders' mentoring, cultural education, on-Country experiences, traditional practices, storytelling, ceremonies and initiatives that foster safe, culturally-connected environments.

The program also prioritises support for communities disproportionately affected by trauma, including young people, survivors of family violence, Stolen Generations descendants, people who have experiences of incarceration, and rural and remote communities.

Enhance First Nations suicide prevention

First Nations Suicide Prevention Pilot

Since 2023–24, the Commission has been delivering a community-led suicide prevention pilot across four First Nations communities in Far North Queensland. The \$2.38 million pilot is co-designed and locally led, providing culturally safe suicide prevention initiatives within the communities of Coen, Lockhart River, Mornington Island and Doomadgee.

The purpose of the project is to support First Nations communities through local community leadership and decision-making bodies, to co-design community-led, place-based, suicide prevention and social and emotional wellbeing responses that improve outcomes, increase safety, and reduce rates of suicide within the four identified communities. This has been achieved through local workers within each community, delivery of community capacity building activities and mentoring support services.

An independent evaluation by Yamagigu Consulting at Deloitte Australia is assessing the effectiveness of the pilot, identifying successful approaches, and informing future policy directions and investment in First Nations suicide prevention.

An overarching evaluation report on the pilot program will be finalised in late 2026, with individual reports developed for each of the four communities by early 2027.

Enrich Lived-Living Experience governance, leadership and partnering

In 2025–26, the Commission continued implementation of its *Commitment to partnering with people with lived-living experience in Queensland* (the Commitment).

Key achievements:

- supporting Commission teams to embed lived-living experience in key projects with a walk-beside model
- all Commission staff undertook training provided by the team at Lived Experience Training to strengthen understanding of Lived-Living Experience roles and support sustainable workforce development
- the Mental Health Lived Experience Peak Queensland provided training to Commission staff on the *Human Rights Act 2019* from a lived-living experience perspective
- incorporating feedback from stakeholder consultations into system reform initiatives
- continuing bi-monthly meetings of the Lived-Living Experience Peak Advisory Group
- introducing interim paid participation rates while developing a new paid participation policy
- engaging Roses in the Ocean to consult with people with lived-living experience to inform Queensland's suicide prevention approach
- sharing the Commission's partnering approach with government and non-government organisations developing their own lived-living experience strategies.

The Commission continues to strengthen its policies, processes, resources, structures and staff development to ensure lived-living experience insights, contribution and solutions are embedded in the organisation's system reform work.

Work is also underway to develop measures to evaluate the impact of the Commitment, and embedding lived-living experience governance, leadership and partnering in system reform.

Strengthen the Lived-Living Experience sector

Lived-Living Experience Organisation Development Grants

The Commission continued to strengthen Queensland's lived-living experience sector through the Lived-Living Experience Organisation Development Grant Program.

Established in 2023, the program funded four lived-living experience peak organisations to strengthen governance, leadership, organisational capability and long-term sustainability, helping to enhance lived-living experience participation and leadership in system reform and system advocacy activities in Queensland.

During 2025–26, the Queensland Lived Experience Workforce Network continued its grant activities, improving governance, risk management, stakeholder engagement and reporting systems.

This included reviewing its constitution, strengthening governance systems, and expanding the IMPACT network to better support Queensland's lived-living experience workforce.

Develop the peer workforce

National Peer Scholarship Program

Development of Queensland's Lived-Living Experience (Peer) Workforce continued during 2025–26, through Phase 2 of the National Peer Scholarships Program, funded by the Australian Government.

Phase 2 responds to one of the most significant barriers to completing the Certificate IV in Mental Health Peer Work by increasing access to quality peer work placements. While scholarships increase enrolments in the Certificate IV in Mental Health Peer Work, many students experience delays completing their qualification due to limited placement opportunities and organisational capacity constraints.

During 2025–26, the Commission secured approval to reinvest National Peer Scholarship program underspent funds into a coordinated Peer Work Placement Project, delivered by the Queensland Alliance for Mental Health. The project will prioritise funded placements for National Peer Scholarships Program recipients who have been unable to secure placement opportunities, before extending any remaining places to other students undertaking the Certificate IV in Mental Health Peer Work.

The project will strengthen pathways from training into employment while generating practical evidence about the barriers and enablers of quality peer work placements. Findings will inform future Lived-Living Experience Workforce investment, improve qualification completion and contribute to a sustainable pipeline of skilled peer workers across Queensland's mental health, alcohol and other drugs and suicide prevention system.

Strengthening Lived-Living Experience (Peer) Workforces

Implementation of Recommendation 54 of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* has continued by investing in workforce capability across the mental health, AOD and suicide prevention sectors.

Key initiatives in 2025–26 included:

- Lived Experience Training
- Statewide Orientation
- Workforce Development Training.

More than 2,300 people completed statewide orientation training, while 18 regional workforce development sessions supported more than 280 leaders and practitioners to build lived-living experience capability within their organisations.

The Lived-Living Experience orientation training and regional workforce development was delivered by Dr Louise Byrne and the Lived Experience Training team. The training program supported organisations and workers to build a shared understanding of Lived-Living Experience roles and the value they bring to service design, delivery and reform.

First Nations peer workforce framework

Queensland's first Aboriginal and Torres Strait Islander Lived-Living Experience (Peer) Workforce Framework continued to take shape during 2025–26. Led by Everywhen, the Framework is informed by Aboriginal and Torres Strait Islander leadership and culturally grounded consultation across metropolitan, regional and remote communities.

The Framework honours the relationship between lived-living experience, culture, community and Country. It provides practical guidance to support culturally safe workforce development across the mental health, AOD and suicide prevention sectors.

The Framework is designed to complement and strengthen existing Aboriginal Health and Social and Emotional Wellbeing workforces. It supports culturally informed, bespoke peer work models developed to meet local community and service contexts across Queensland.

AOD Lived-Living Experience (Peer) Workforce Framework

Work progressed on the co-design of Queensland's first AOD Lived-Living Experience (Peer) Workforce Framework, led by QuIVAA in partnership with QuIHN and QNADA.

During 2025–26, the draft framework was developed and tested through statewide consultation and pilot implementation activity. The project also progressed with development of practical implementation resources, including organisational readiness guidance and tools to support role clarity, supervision, workforce planning and peer-led practice. This work responds to identified structural barriers within the AOD sector, including inconsistent role design, limited supervision models and varying levels of organisational readiness.

Complementing this work, the Commission funded QuIVAA to lead the Lived-Living Experience Advancement Partnership, a peer-led statewide initiative focused on strengthening Queensland's AOD peer workforce through the development of specialised training streams and digital storytelling. Together, these initiatives strengthen the capability, visibility and sustainability of Queensland's AOD Lived-Living Experience workforce.

Strengthen culturally-responsive and intersectional workforce approaches

Work continued to develop the Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy Lived and Living Experience Framework.

Delivered by 2Spirits in partnership with the Queensland Council for LGBTI Health, the project is developing a culturally-responsive peer workforce framework informed by community leadership and lived experience.

Pilot projects across Gimuy (Cairns), Gurambilbarra (Townsville), Naamba (Sunshine Coast), Meanjin (Brisbane) and Jagera, Giabal and Jarowair Land (Toowoomba), are helping identify the workforce supports needed to strengthen culturally safe peer roles and improve wellbeing, connection and access to support.

Strengthening the suicide prevention Lived-Living Experience Workforce

Investment in strengthening Queensland's suicide prevention Lived-Living Experience Workforce continued through access to workforce development initiatives.

Roses in the Ocean progressed development of statewide workforce development and organisational readiness resources to support the sustainable implementation of a suicide prevention peer workforce across Queensland.

The Commission also supported Peach Tree Perinatal to deliver Applied Suicide Intervention Skills Training and train lived-living experience workers as accredited facilitators, increasing Queensland's capacity to deliver suicide prevention training.

Strengthen LLE peer practice

Work continued on strengthening the professional foundations of Queensland's Lived-Living Experience (Peer) workforce. Brook RED progressed co-design of Queensland's first Lived-Living Experience Code of Ethics and Practice, along with guidance resources and continuing professional development opportunities to promote ethical, consistent and high-quality practice across the workforce.

The Queensland Alliance for Mental Health and the Queensland Lived Experience Workforce Network also continued developing a statewide Lived-Living Experience Supervision Framework and training program to strengthen supervision capability, support reflective practice and improve organisational confidence in supervising peer workers.

Collectively, this work reflects the Commission's commitment to embedding Lived-Living Expertise as a core component of Queensland's mental health, AOD and suicide prevention sectors, while strengthening workforce capacity, capability and service quality.

Best practice domestic and family violence guidelines

The intersection between suicide risk and domestic and family violence has been well established through research, reports and inquiries. Domestic and family violence is a significant risk factor for suicide and people experiencing domestic and family violence and/or persons who use violence are at greater risk of suicidal behaviours or to die by suicide. The impact of domestic and family violence can create additional barriers to seeking support for suicide risk and can increase feelings of isolation and hopelessness.

In March 2026, the Commission engaged Roses in the Ocean and YFS to deliver a 14-month project aimed at developing:

- Best Practice Guidelines for Supporting a Person Impacted by Domestic and Family Violence at Suicide Risk, and
- Guidelines for Government on Partnering with People with Lived Experience of Suicide in Policy Development.

Delivered in partnership with the Department of Families, Seniors, Disability Services and Child Safety, the project draws on lived experience insights to inform the department's consideration of revising the existing suicide prevention framework for domestic and family violence services.

The key objectives of this initiative are:

1. Develop a summary report on the intersection of domestic and family violence and suicide. This report may be used to inform future updates to the Suicide Prevention Framework for Working with People Impacted by Domestic and Family Violence.
2. Develop best practice guidelines and resources to support Queensland Government agencies, particularly non-health agencies, to partner with people with lived experience of suicide in policy development, appropriate for application across the diverse contexts and functions of each agency.

The organisations consulted with people with lived experience of suicide impacted by domestic and family violence, specialist domestic and family violence services and government agencies to identify best-practice approaches. The findings will inform practical guidance and interactive workshops to support government agencies to embed consideration of lived experience and suicide prevention into policy development. This initiative supports the Commission's commitment to partnering with people with lived-experience and contributes to priorities under *Every life* Phase One and Two to strengthen lived experience engagement across government.

Peer Care Companions in Community

In collaboration with Queensland Health, the Commission engaged Roses in the Ocean to pilot the Peer Care Companions in Community project.

The service is designed to create a responsive network of volunteers with lived experience of suicide to provide outreach peer support for individuals and communities impacted by emotional distress, isolation and suicide.

The program provides non-clinical, peer-led support to complement existing suicide prevention programs and crisis response. Volunteer recruitment has been completed, with capacity building sessions delivered in Cairns, Gladstone and Brisbane North.

The Commission is funding the adaptation and evaluation for Queensland and the development of a governance structure and sustainability plan. An independent evaluation, led by ARTD through to June 2027, will strengthen the evidence base for community-led, lived experience suicide prevention initiatives.

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.

Under the Act, the Advisory Council consists of the number of persons appointed by the Minister that the Minister considers appropriate. The Act does not specify how many members should be appointed to the Council.

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 expired on 14 December 2025.

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

A statewide expression of interest was undertaken in the latter part of 2025 for the Chair and members of 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 was provided to the Minister to inform Ministerial appointment of members to the Advisory Council. New Advisory Council appointments are expected to be made by the Minister following the appointment of a new Commissioner.

Meetings

The Advisory Council met four times in 2025–26 (19 August 2025, 28 November 2025, 2 March 2026 and 22 June 2026). The Commissioner attended all meetings except for 19 August 2025. The Chair excused the Commissioner from attending the meeting in accordance with section 42(4) of the Act.

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 2025–26

Queensland Mental Health and Drug Advisory Council	
Act or Instrument	Part 5, <i>Queensland Mental Health Commission Act 2013</i>
Functions	See page 31
Achievements	See the message from the Queensland Mental Health and Drug Advisory Council from page 33
Financial reporting	Transactions are included in the financial statements from page 47

Remuneration 2025–26

Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Actual fees received ¹
Members whose term is from 1 July 2024 to 30 June 2027				
Deputy Chair (1 July 2024-14 December 2025 and Acting Chair (15 December 2025-30 June 2027)	Ms Gabrielle Vilić	3	\$4,000	\$2,491
Member	Professor Brett Emmerson AM	2	\$2,500	\$2,491
Member	Ms Karyn Walsh	3	\$2,500	\$2,491
Members whose term was from 15 December 2022 to 14 December 2025				
Chair	Professor Cindy Shannon AM ²	1	\$2,500	\$0
Member	Ms Sanam Ahmadzada	2	\$2,500	\$1,250
Member	Ms Naraja Clay	2	\$2,500	\$1,250
Member	Professor Jason Ferris	2	\$2,500	\$1,250
Member	Mr Edward Fewings	2	\$2,500	\$1,250
Member	Mr Jorgen Gullestrup	2	\$2,500	\$1,250
Member	Professor David Kavanagh	2	\$2,500	\$1,250
Member	Ms Emma Kill	1	\$2,500	\$1,250
Member	Ms Jane Williams ²	0	\$2,500	\$0
Ex Officio				
Queensland Mental Health Commissioner	Mr Ivan Frkovic	3	N/A	N/A
Number of scheduled meetings/sessions		4		
Total out of pocket expenses		\$1,067		

¹ Fees are rounded to the nearest dollar.

² Queensland Government employees that elected not to receive fees.

Message from the Acting Chair

Queensland Mental Health and Drug Advisory Council

In 2025–26 the Queensland Mental Health and Drug Advisory Council (the Council) continued to provide independent and strategic advice to the Commission on its responsibilities under the Queensland Mental Health Commission Act 2013. We focus on the mental health, alcohol and other drugs (AOD), and suicide prevention issues impacting Queenslanders.

The issues the Council addresses are complex and connected. True reform requires a shared direction, ongoing collaboration, and a clear understanding of how decisions in one area impact people elsewhere.

Throughout 2025–26, our advice focused on five key priorities:

- Strengthening prevention and early intervention
- Improving coordination across systems
- Using data and evidence more effectively
- Reducing stigma and discrimination
- Ensuring the diverse experiences of Queenslanders remain at the centre of reform.

During the 2025–26 period, the Advisory Council:

- Contributed to the Queensland Trauma Strategy, *Achieving balance*, and projects to reduce stigma
- Supported Phase Three of *Every life* and the refresh of *Shifting minds*
- Advised on data tracking for the Queensland Suicide Register, and the interim Queensland Suicide Register, including specific data relating to people experiencing homelessness
- Advocated for stronger AOD services and greater community awareness of the Take Home Naloxone program.

The Council's role is not only to consider individual policies and initiatives, but also to identify connections, challenge assumptions and provide a broader perspective on the direction of reform.

Our advice is strengthened by the diverse knowledge, professional expertise and lived-living experience of Council members. We share a clear commitment to improving outcomes for individuals, families and communities across Queensland.

Our next challenge is turning strategy into practical, measurable change. This requires collaboration across government, services, and communities, a strong focus on accountability and implementation and support for people who face the greatest barriers to accessing care.

The terms of the Chair and eight members concluded in December 2025. The appointment process is continuing. I look forward to welcoming the new Chair and members to the Council.

I sincerely thank my fellow Council members for their tireless dedication and outstanding advocacy that they have brought to their roles. I am grateful for their time, dedication, tenacity and their continual advocating for the rights of consumers, carers, families and the community. Their willingness to engage openly with difficult issues, consider different perspectives and maintain the needs of Queenslanders at the centre of their advice has been deeply valued.

I am incredibly proud to have worked alongside such passionate members and thank them for their exceptional guidance and for consistently advocating with resilience and determination.

Gabrielle Vilic
Acting Chair
Queensland Mental Health and Drug Advisory Council

Our next steps

We now look forward to 2026–27 and working with our partners to deliver the final tranche of projects, research and community-based initiatives enabled by the important mental health levy investment received by the Commission.

This will include delivery of:

- The stigma-reduction health campaign and accompanying education and capability-building resources to address stigma and discrimination relating to mental health, AOD and suicide.
- A whole-of-government trauma-informed approaches framework to support Queensland Government agencies to prevent re-traumatisation and contribute to safer, more inclusive and healing-oriented systems.
- Community-led initiatives that strengthen prevention, mental health promotion and community wellbeing.
- A package of diverse resources to build the capacity of the community-based lived-living experience (peer) workforce, with a focus on regional, rural and First Nations communities.
- First Nations-led, locally-based initiatives to support healing and social and emotional wellbeing.
- Workforce capability building through tertiary education grants.
- An array of research initiatives to build mental health, AOD and suicide evidence for effective translation into reform efforts.
- Suicide prevention initiatives including community-led men and boys projects, and Queensland Government agency best practice guidelines and resources to support people who experience family and domestic violence and suicidality.
- Publication of suicide-related data and enhancements to real-time surveillance and data systems.

During the next 12 months, we will focus on strengthening accountability and governance to better align strategy, implementation and investment around

improved mental health and wellbeing outcomes for Queenslanders. This will include through the Strategic Leadership Group and broader cross-sector partnerships to implement *Shifting minds* and its sub-plans. This will have a focus on creating opportunity to better enable collective whole-of-government responsibility, recognising the importance of the social, cultural and economic conditions that shape mental health and wellbeing.

Further work will be undertaken to bring together data, research, lived-living experience and sector intelligence, to support better understanding of system pressures, gaps, interdependencies and opportunities for reform.

This will also support stronger system stewardship through clearer priorities, shared accountability, transparent investment and more consistent monitoring of whether reform is improving outcomes for people and communities.

We will continue to embed *Our Commitment to partnering with people with lived-living experience in Queensland* into our everyday ways of working—strengthening diverse and representative participation, shared decision-making and lived-living experience leadership across governance, setting strategic direction and system reform.

The Commission will also bring an independent, whole-of-system perspective to the Queensland Government's consideration of the Queensland Audit Office's findings on the management of mental health levy funding. Its advice will focus on strengthening the connection between investment, service planning and measurable reform outcomes.

Finally, at the national level, the Commission will monitor negotiations for the next *National Mental Health and Suicide Prevention Agreement* and the associated bilateral agreement. Through its membership of the National Mental Health Reference Group, the Commission will advocate for clearer Commonwealth and state roles and responsibilities, measurable outcomes, stronger accountability and sustainable investment.

Corporate performance

Agency effectiveness

The Commission’s performance indicators and effectiveness measures are detailed in its Strategic Plan 2025–2029 and the 2025–26 Service Delivery Statement. Data to measure performance during the 2025–26 year is collected via the annual stakeholder survey, conducted May to June 2026.

2025–26 Survey

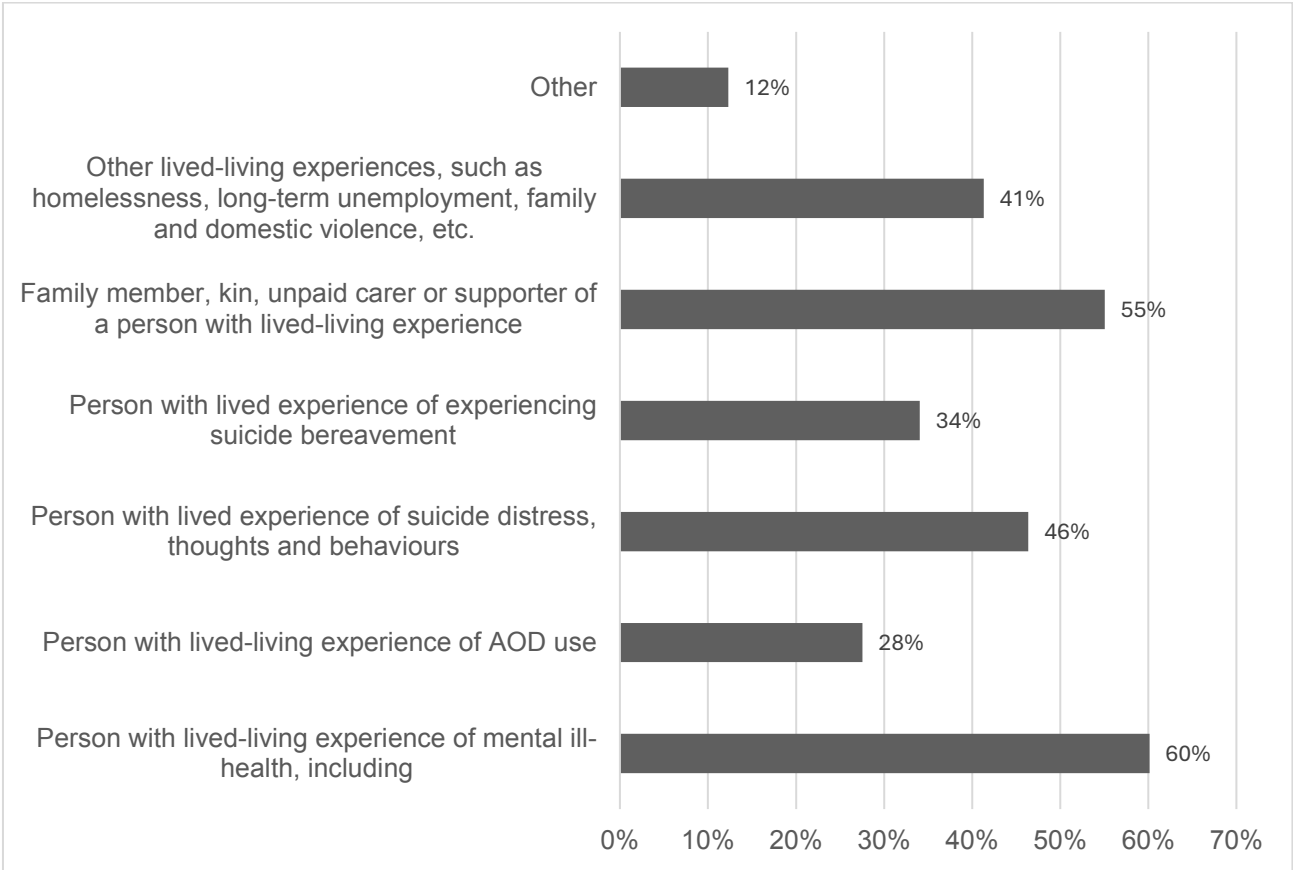
The Commission’s annual stakeholder survey provides data to measure stakeholder perspectives of the Commission’s effectiveness. The survey is targeted at people who have interacted or worked with the Commission over the 2025–26 year.

The survey was distributed to 5,473 people in the Commission’s database and a total of 421 people responded to the survey, reflecting a response rate of almost 8 per cent. Thirty-four per cent of respondents were moderately or very involved with the work of the Commission.

Survey respondents

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

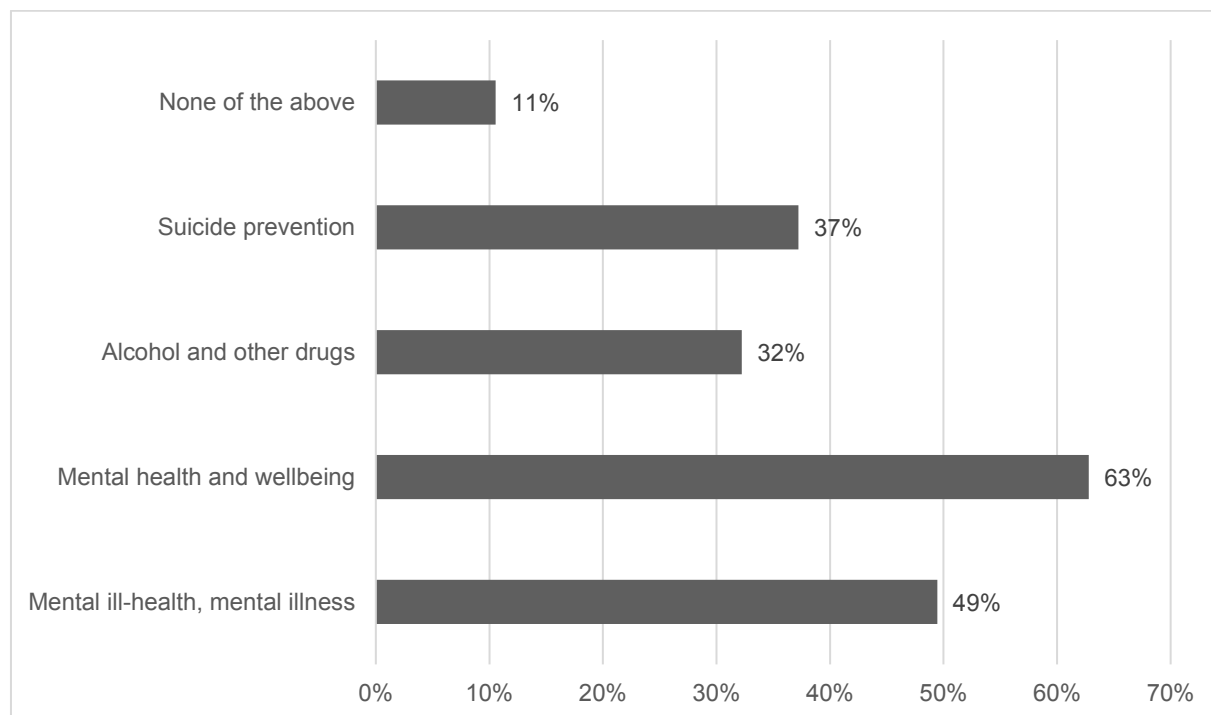
Figure 1: Nominated lived-living experience identity



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

Forty-three 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**).

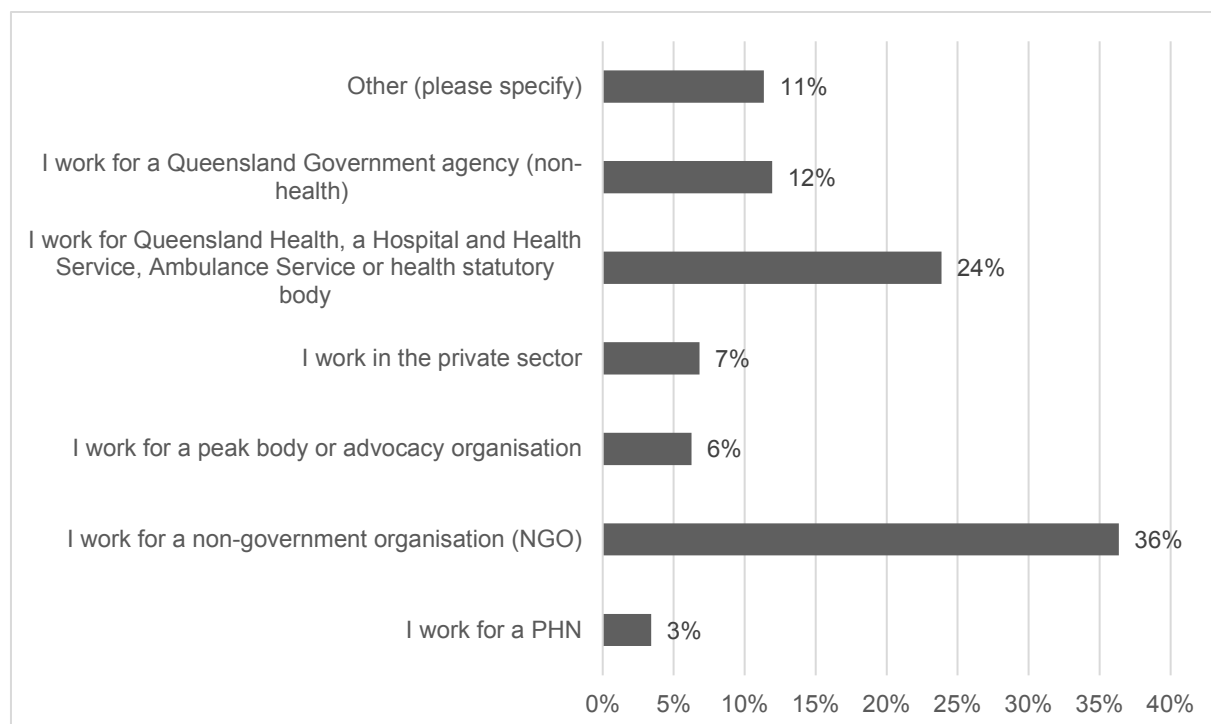
Figure 2: Primary focus of respondents from the mental health, AOD and suicide prevention workforce



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



Agency service areas and service standards

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	89%
The Commission is facilitating strategic partnerships and collaboration to progress reform	83%
The Commission's work is underpinned by evidence (e.g. pilot initiatives, research, data, best practice and knowledge translation)	82%
The Commission's reforms respond to current and emerging issues and trends	84%
The Commission's work helps build system capacity and capability (e.g. grants, sponsorship, policies, guidelines, frameworks, pilot initiatives, etc.)	87%
The Commission strengthens lived-living experience representation in system reform	82%
The Commission is helping to improve cross-government collaboration (e.g. between health, justice, housing, education, employment, etc.)	77%
The Commission's work helps drive implementation of reform (e.g. co-planning, co-design, grants, governance, monitoring and evaluation)	84%
Overall, Queensland's mental health, AOD and suicide prevention services and responses are improving	71%

Table 2: Queensland Mental Health Commission service standards

Service area	2025–26 target / estimate	2025–26 actual
Effectiveness measures		
Stakeholder satisfaction with:	65%	86%
• opportunities to provide those with lived-living experience, support person and provider perspectives on mental health, AOD, and suicide prevention issues		
• 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%	80%
• the range of stakeholders involved in developing and implementing reform	50%	67%
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	86%
	2. Satisfaction with Commission initiatives to reduce stigma and discrimination	76%
System reform is supported and advanced	3. Cross-agency and NGO partnerships facilitated by the Commission	83%
	4. Stakeholders view positive reform to be underway	78%
Policy and practice is grounded in evidence and best practice	5. Number of Commission submissions, research and evaluation reports	20
Lived-living experience, and First Nations expertise drives system reform	6. Lived-living experience representation	82%
	7. First Nations representation	64%
	8. Stakeholders view the Commission's work is informed by people with lived-living experience, families & carers	80%

Communication and engagement

Stakeholder engagement

During the year, we have continued to focus our effort on strengthening the quality and depth of our stakeholder relationships, including forging partnerships and collaboration across our work programs. This includes working with people with lived-living experience, families, kin and unpaid carers, community members, and the government and non-government sectors.

In 2025–26, this has included webinars and events to support engagement and consultation and governance forums, such as the Queensland Mental Health and Drug Advisory Council and the Strategic Leadership Group.

During 2025–26, project-specific stakeholder engagement included:

- *Every life* development consultations
- World Suicide Prevention Day
- Trauma Strategy webinars
- Lived-living experience consultations
- Mental health and wellbeing investment package roundtables.

Key activities

Leading Reform Summit

In May 2026, we hosted our annual stakeholder event—the Leading Reform Summit. The Summit is an opportunity to bring sector leaders together and develop a shared vision for reform, as well as engaging leaders in driving reform action in their own contexts. We purposefully bring together the mental health, AOD, suicide prevention and broader human services sectors to learn from each other, understand how different systems interact and influence each other, and find consensus on reform.

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 2025–26, the Summit focused on the following key enablers to drive system reform:

- strong system governance, stewardship and accountability
- data, outcomes and evidence-driven decision making
- community-led and place-based system design
- lived-living experience leadership
- sustainable funding and commissioning models.

There continued to be strong growth in representation from people with lived-living experience at the Summit, with the Commission's bursary program supporting 11 people with lived-living experience from regional and rural areas to attend. There were a total of 356 attendees across the two-day event, and 37 local and national speakers who donated their time to prepare and present at the summit.

The event receives positive feedback from the sector, with high overall satisfaction, appropriate topics, alignment around key drivers and system challenges for reform, and sharing evidence and best practice, including a focus on youth and wellbeing first approaches.

Community events

Queensland Mental Health Week (QMHW) continues to be the major annual community engagement activity funded by the Commission. In 2025–26, the week was coordinated by CheckUP on behalf of the Commission.

As part of their coordination role, CheckUP facilitated a working group of key stakeholders, as well as marketing strategy and campaign activity for the week. The Commission continued its investment in the QMHW Community Grants program, which supports mental health and wellbeing events across Queensland. More information about QMHW 2026 is on page 13.

Prior to the end of the financial year, we announced that the Queensland Alliance for Mental Health would take forward coordination of Queensland Mental Health Week in 2026–27 on the Commission's behalf. We thank CheckUp for their work on QMHW, which resulted in a higher profile, increased events and greater sector and community engagement during its 8-year term.

Commissioner engagement

The Commissioner leads the Commission's engagement activities, contributing to various meetings and events with key stakeholders, often supported by Commission staff. These interactions provide the Commissioner and the Commission with valuable insight about the real-world experiences of stakeholders and hear their views on necessary reforms. It is also an opportunity to contribute to the work of others and to discuss the work of the Commission.

During the year, the Commissioner engaged with people with lived-experience and their families, kin, unpaid carers and other supporters, First Nations people, multicultural Queenslanders, Queensland 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.

Organisations and events the Commissioner engaged with include:

- Accoras
- Australian College of Mental Health Nurses
- Addiction Z
- African Professionals of Australia
- Arafmi
- Athei Foundation
- Australian Psychosis Conference 2025
- Australian Drug Foundation
- Australian Men's Health Forum - National Men's Health Gathering
- Beyond Blue
- Black Cockatoo Foundation
- Brave Brothers
- Brisbane North PHN—Safe Spaces Roundtable
- Cairns LGBTQIA+ Sector Forum

- CheckUP
- Cherbourg Aboriginal Shire Council
- Commemorate Australian South Sea Islanders: Queensland celebrating 25 years of recognition
- Common Ground Queensland
- Darling Downs and West Moreton PHN
- Department of Housing and Public Works
- Department of Families, Senior, Disability Services and Child Safety
- Department of Justice
- Department of Primary Industries
- Dream Machine
- Department of Women, Aboriginal and Torres Strait Islander Partnerships
- Eating Disorders Queensland—Voices of Recovery Launch
- Gold Coast Youth Service
- Gold Coast Health
- Gold Coast Homelessness Network—2026 Gold Coast Homelessness Symposium
- Gold Coast University Hospital Lavender Mother-Baby Inpatient Unit—Queensland Perinatal and Infant Mental Health Symposium
- Griffith University Centre for Mental Health Research—2025 Research Showcase
- GROW Australia
- Gyeonggi Province Suicide Prevention Delegation
- Hawthorn Hawks
- Health and Wellbeing Queensland
- Health Translation Queensland—Indigenous Cultural and Intellectual Property Event
- Homelessness Ministerial Advisory Council
- Homelessness Australia
- Karakan
- Karuna Hospice Services
- Life Promotion and Suicide Prevention FNQ Collaborative
- Lives Lived Well
- Mater Refugee and Multicultural Mental Health Team
- MATES In Construction
- Mental Awareness Foundation
- Micah Projects
- Mental Illness Fellowship Australia

- Moreton Bay Chamber of Commerce—Building Stronger Businesses Through Mental Wellbeing
- Mornington Shire Council
- Motherhood Village
- Movember
- National Mental Health Sector Reference Group
- New Zealand Minister for Mental Health
- Ngarnal Health Service
- Office for Liquor and Gaming Regulation
- Office of Social Impact
- Office of the Health Ombudsman
- Omega Leo Club
- Open Minds
- Productivity Commission
- Queensland Aboriginal and Islander Health Council
- Queensland Aboriginal and Torres Strait Islander Child Protection Peak
- Queensland Alliance for Mental Health—Connecting for Impact Conference
- Queensland Audit Office
- Queensland Centre for Mental Health Research
- Queensland Council of Social Service
- Queensland Corrective Services
- Queensland Family and Child Commission
- Queensland Fire Department
- Queensland Human Rights Commission
- Queensland Infant Mental Health Symposium
- Queensland Kids Partnership
- Queensland LGBTQIA+ Alliance—Carswell Forum
- Queensland Network of Alcohol and Other Drug Agencies
- Queensland Police Service
- Queensland Remote Aboriginal Media
- QShelter
- Queensland Transcultural Mental Health Centre—30th Anniversary
- Queensland Treasury
- QuIVAA
- QuIHN
- Queenslanders With Disability Network
- Richmond Fellowship Queensland
- Safer Gambling Advisory Committee
- Sheltered by Grace
- Stride Mental Health
- Suicide Prevention Australia
- Supported Accommodation Providers Association—SAPA Conference
- TAFE Queensland
- TheMHS
- Thirrili
- Transcend
- Upbeat Arts
- University of Queensland
- Veteran Gaming Australia
- Victoria Health
- Victims Advocate Service
- Victims Commissioner
- White Cloud Foundation
- Windsor Group
- Workers' Compensation Regulatory Services Forum
- Western Queensland PHN—Paving our way together celebration

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 obligations

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 is led by the Executive Leadership Team (ELT), which consisted of the following staff members at 30 June 2026.

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

It also oversees internal bodies, including the Commission Finance and Risk Committee (FRC) and the Commission Oversight Group (COG).

Table 4: ELT membership

Position	Name
Commissioner	Ivan Frkovic
Executive Director	Bretine Curtis
Director, Alcohol and Other Drugs Reform	Sean Popovich
Director, Lived-Living Expertise	Michelle Sanders
Director, Mental Health and Wellbeing Reform	Deborah Pratt
Director, Operations and Communications	Catherine Gardiner
Director, Suicide Prevention Reform	Jordan Cotter

Staffing

As at 30 June 2026, the Commission maintained a core staffing establishment of 26 FTE. Additional fixed-term temporary positions were established to support the delivery of specific, time-limited programs of work. At 30 June 2026, the Commission's total funded workforce was 52 FTE, representing a headcount of 57 employees.

Redundancy, retirement, retrenchment

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

Table 5: Workforce data profile as at 30 June 2026

Position	Status
Total staffing FTE	52 FTE
Total staffing (headcount)	57
Appointment type by FTE	Permanent 26 FTE Temporary 26 FTE
Occupation types by FTE	100% corporate
Employment status by headcount	Full-time 84% Part-time 16%

Figure 4: Organisational structure

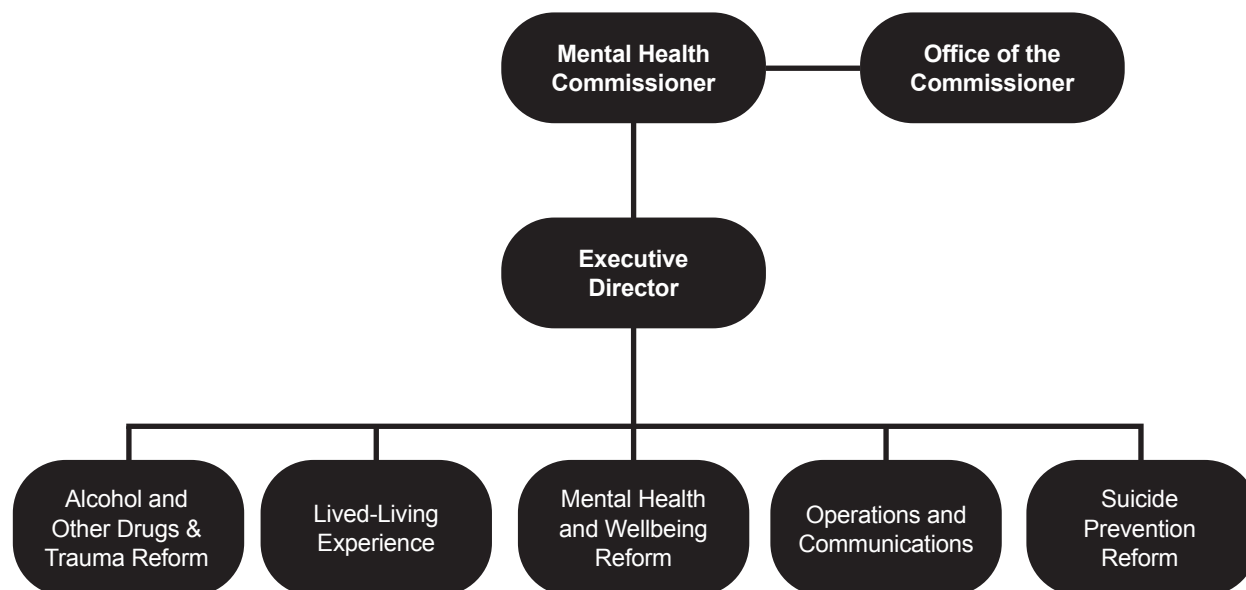


Table 6: Gender, diversity and women in leadership as at 30 June 2026

Gender	Number (headcount)	Percentage of total workforce (calculated on headcount)
Female	46	81%
Male	11	19%
Non-binary	0	0%

Diversity Groups	Number (headcount)	Percentage of total workforce (calculated on headcount)
Women	46	81%
Aboriginal peoples and Torres Strait Islander peoples	<5	3.64%
People with disability	<5	10.91%
Culturally and linguistically diverse -speak a language at home other than English	<5	23.64%

	Women (headcount)	Women as percentage of total leadership cohort (calculated on headcount)
Senior Officers (classified and s122 equivalent combined)	<5	60%
Senior Executive Service and Chief Executives (classified and s122 equivalent combined)	<5	50%

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

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

Training

The Commission facilitates a range of professional development opportunities throughout the year to support staff capability, leadership and continuous learning. This includes mandatory Queensland Government training delivered through the ELMO online learning platform, together with role-specific and professional development activities.

During 2025–26, staff participated in training including the People Matters core leadership program, AI Executive Leadership Program, AIM People Leadership course, IAP2 Engagement Essentials, Mental Health First Aid, procurement certification, program evaluation, Microsoft Access, and lived and living experience-led training and workshops. Staff also attended sector conferences and specialised learning opportunities, including the National Suicide Prevention Conference, to strengthen professional knowledge and capability.

The Commission also provides ongoing training and development in corporate governance and operational responsibilities, including budget management, project management, public interest disclosures, contact officer responsibilities and recruitment practices. Staff are encouraged to pursue learning opportunities aligned with their individual development goals and the Commission's strategic priorities.

Cultural Capability Action Plan 2025-2028

In February 2025, the Commission renewed its internal Cultural Capability Action Plan 2025-2028 to affirm its commitment to reconciliation with Aboriginal and Torres Strait Islander people and the Queensland Government's First Nations reform agenda.

Cultural capability is a fundamental requirement for achieving equitable mental health, social and emotional wellbeing outcomes for First Nations people and communities. Within the Commission's reform agenda, cultural capability extends beyond cultural awareness to encompass the knowledge, skills, behaviours and organisational commitment needed to deliver culturally safe, trauma-informed and person-

centred services. It requires recognition of the enduring impacts of colonisation, intergenerational trauma and systemic racism, while acknowledging the strengths of First Nations culture, communities and healing practices.

During the 2025–26 period Commission staff attended the Ration Shed Tour on Wakka Wakka Country. The training opportunity was led by colleagues at the Department of Women, Aboriginal and Torres Strait Islander Partnership and Multiculturalism. The tour was a deeply moving experience which incorporated real-life stories of strength, history and the intended and unintended impacts of past policy.

Strengthening cultural capability supports the priorities of the National Agreement on Closing the Gap, particularly the commitment to transforming government organisations so they are culturally safe, accountable and responsive to the needs of First Nations peoples. Embedding cultural capability across policy development, commissioning, service delivery and evaluation enables government agencies and health services to build trust, improve access and engagement, reduce inequities and deliver more effective, culturally responsive care. From the Commission's perspective, investing in cultural capability is vital to achieve lasting system reform work by supporting First Nations peoples and communities to thrive.

Workplace flexibility

The Commission supports flexible working arrangements for all staff, including telecommuting, part-time working arrangements, flexible working agreements, and compressed working hours (subject to operational requirements).

Public sector ethics

The Code of Conduct for the Queensland Public Service is adhered to by all Commission staff, who receive Code of Conduct training through the ELMO online learning portal to ensure community and legislative expectations of ethical standards are met. Code of Conduct knowledge and obligations are also incorporated into induction processes and built into the Commission's Performance and Development Agreements.

Human rights

The Commission did not receive or refer any human rights complaints relative to the *Human Rights Act 2019* in 2025–26.

Risk management

The Commission's risk management approach is consistent with the requirements of the *Financial Accountability Act 2009* and is outlined in its Risk Management Framework corporate standard, that identifies strategic and operational risks and calibrates the organisation's risk appetite across its program of work.

Identified risks with a rating of high or above are formally reviewed quarterly by the Finance and Risk Committee (FRC), to either reassess the risk or implement appropriate mitigation strategies. The Commission's Risk Register is scheduled for review on a six-monthly basis.

Risk management is also a standing item on the ELT's monthly agenda, in addition to the reviews conducted by the FRC to ensure compliance.

Audit committee and internal audit

The FRC meets 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.

The Corporate Administration Agency (CAA) administers an internal audit program each year, in addition to the Commission's own work plan regarding the ongoing review and improvement of internal controls and management assurance measures. The 2025–26 internal audit program focused on the Commission's project management practices. Recommendations arising from the audit are currently being considered, with an implementation plan to be developed and progressed during 2026–27.

Information management and record-keeping

The Commission's information management and recordkeeping practices support its obligations under the *Public Records Act 2023*. Records management enhances operational efficiency and documents a range of corporate decisions, transactions and activities.

The Commission's electronic information and records management system is delivered by CAA. All staff are internally 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 the Charter of Victims' Rights.

Overseas travel

During 2025–26, one overseas trip was undertaken by the Mental Health Commissioner to New Zealand. The total cost of the travel was \$3,446.20, fully funded by the Commission. The travel supported collaboration with Australian and New Zealand Mental Health Commissioners on national mental health system performance measures and the development of a common approach to reporting outcomes across jurisdictions.

Queensland Language Services Policy

Interpreter services are available on request for Commission on-site meetings, publications, online information, events and activities delivered by third parties on behalf of the Commission through TIS National.

During 2025–26, the Commission also provided accessibility supports, including Auslan interpreting and live captioning, where required to support participation in Commission activities.

Consultancies and contractors

The Commission engages a range of consultancies and contractors to supplement staff expertise and capacity across its broad responsibilities, and to maximise flexibility in the way it achieves its work program. It may engage consultancies or contractors to deliver specialist advice and expertise, deliver specific initiatives, meet challenging timeframes, conduct research, draft technical reports, enhance opportunities for sector partnership and collaboration, and to build sector capacity. Consultancies or contractors may include academic and research organisations, peak bodies and people with lived-living experience in systems reform.

The Commission enters a range of other contractual arrangements to deliver its work program, including:

- Memorandums of Understanding 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 the delivery of a range of corporate support services
- general contracts with external suppliers and organisations to administer and deliver the Commission's reform work program or coordinate specific events or initiatives on its behalf.

Financial performance

Income

The Commission's total income for 2025–26 was \$33.305 million, comprising:

- \$8.858 million in Queensland Health funding to undertake the Commission's legislative functions

- \$18.430 million received from the Mental Health Levy through Queensland Health's Better Care Together work program to deliver approved reform initiatives
- \$3.349 million for the final year of the Mental Health and Wellbeing Community Grant Program
- \$2.668 million in interest revenue earned on cash balances held to support approved future program commitments.

Expenses

The Commission's total expenditure for 2025–26 was \$27.592 million, comprising:

- \$8.737 million in employee expenses to maintain core staffing, plus the engagement of a temporary/project workforce throughout the year
- \$9.644 million in supplies and services, including consultants and contractors, corporate service charges, accommodation and other operating costs
- \$8.709 million in grants supporting research, pilots, projects and initiatives aligned with the Commission's strategic objectives
- \$0.502 million in other expenses, including sponsorships, bursaries, audit fees and insurance.

Bursaries

A bursary is a grant used by the Commission, or a third party acting on behalf of the Commission, to pay for an eligible individual to attend a specified event (e.g. a relevant conference) and costs associated with attending the event.

During the year, the Commission supported 7 events with bursaries, totalling \$56,015.10.

Financial statements

for the financial year ended 30 June 2026

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 for the Commission is:

Level 24, 400 George Street
Brisbane QLD 4000

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

Queensland Mental Health Commission Financial Statements 2025-26

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Queensland Mental Health Commission

Statement of Comprehensive Income for the year ended 30 June 2026

		2026 Actual	2026 Original Budget	Budget Variance*	2025 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Income from Continuing Operations					
Grants and contributions	3.	30,637	8,858	21,779	37,075
Interest		2,668	50	2,618	2,330
Total Income from Continuing Operations		33,305	8,908	24,397	39,405
Expenses from Continuing Operations					
Employee expenses	4.	8,737	6,764	1,973	7,218
Supplies and services	5.	9,644	913	8,731	10,035
Grant expenses	6.	8,709	876	7,833	4,221
Depreciation		-	20	(20)	-
Other expenses	7.	502	335	167	468
Total expenses from Continuing Operations		27,592	8,908	18,684	21,943
Operating result from Continuing Operations		5,713	-	5,713	17,463
Total Comprehensive Income		5,713	-	5,713	17,463

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

The accompanying notes form part of these financial statements.

Queensland Mental Health Commission

Statement of Financial Position as at 30 June 2026

		2026 Actual	2026 Original Budget	Budget Variance*	2025 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Current Assets					
Cash and cash equivalents	8.	56,441	32,857	23,584	47,018
Receivables	9.	648	166	482	4,247
Total Current Assets		57,089	33,023	24,066	51,265
Non-current Assets					
Plant and equipment		-	(40)	40	-
Total Non-current Assets		-	(40)	40	-
Total Assets		57,089	32,983	24,106	51,265
Current Liabilities					
Payables	10.	1,767	1,012	755	1,750
Accrued employee benefits		336	160	176	242
Total Current Liabilities		2,103	1,172	931	1,992
Total Liabilities		2,103	1,172	931	1,992
Net Assets		54,986	31,811	23,175	49,273
Equity					
Contributed equity		230			230
Accumulated surplus		54,756			49,043
Total Equity		54,986			49,273

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

The accompanying notes form part of these financial statements.

Queensland Mental Health Commission

Statement of Changes in Equity for the year ended 30 June 2026

	Contributed Equity \$'000	Accumulated Surplus \$'000	Total \$'000
Balance as at 1st July 2024	230	31,581	31,811
Operating result			
Operating result from continuing operations	-	17,463	17,463
Balance as at 30 June 2025	230	49,043	49,273
Balance as at 1st July 2025	230	49,043	49,273
Operating result			
Operating result from continuing operations	-	5,713	5,713
Balance as at 30 June 2026	230	54,756	54,986

The accompanying notes form part of these financial statements.

Queensland Mental Health Commission

Statement of Cash Flows for the year ended 30 June 2026

		2026 Actual	2026 Original Budget	Budget Variance*	2025 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and Contributions		34,437	8,858	25,579	33,258
GST collected from customers		7	-	7	34
GST input tax credits from ATO		1,528	-	1,528	1,154
Interest receipts		2,668	50	2,618	2,330
<i>Outflows:</i>					
Employee expenses		(8,691)	(6,764)	(1,927)	(7,154)
Supplies and services		(9,610)	(913)	(8,697)	(9,297)
GST paid to suppliers		(1,673)	-	(1,673)	(1,427)
GST remitted to ATO		(32)	-	(32)	(8)
Grant expenses		(8,709)	(876)	(7,833)	(4,221)
Other		(502)	(335)	(167)	(468)
Net cash provided by operating activities		9,423	20	9,403	14,201
Net increase in cash held		9,423	20	9,403	14,201
Cash at beginning of financial year		47,018	32,837	14,181	32,817
Cash at end of financial year	8.	56,441	32,857	23,584	47,018

*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)	5,713	17,463
Changes in assets and liabilities:		
(Increase)/decrease in receivables	3,599	(4,080)
Increase/(decrease) in accounts payable	17	738
Increase/(decrease) in accrued employee benefits	94	82
Net cash provided by operating activities	9,423	14,201

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

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

Note 7: Other Expenses

Section 3: Notes about our Financial Position

Note 8: Cash and Cash Equivalents

Note 9: Receivables

Note 10: Payables

Section 4: Notes about Risk and Other Accounting Uncertainties

Note 11: Contingencies

Note 12: Events After the Balance Date

Note 13: Financial Risk Disclosures

Section 5: Notes about our Performance Compared to Budget

Note 14: Budgetary Reporting Disclosures

Section 6: Other Information

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

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

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 2025.

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 2024-25 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 Acting 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.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

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, monitoring and reporting on the current 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 (2019-2029) and Achieving balance: The Queensland Alcohol and Other Drugs Plan (2022-2027), and the Queensland Trauma Strategy 2024-2029 and working with government agencies to supporting the plans' implementation.
- Reporting on issues impacting people experiencing mental health and alcohol and other drug use challenges and those affected by suicide and suicidal distress;
- Supporting and advancing strategies to promote community awareness to reduce stigma and enable social inclusion, prevent mental health and alcohol and other drugs challenges and suicide and enable early
- Promoting knowledge sharing and research of mental health, alcohol and other drug use and suicide and engagement of people with lived experience in system reform.

	2026 \$'000	2025 \$'000
3. Grants and Contributions		
Queensland Health	30,637	36,175
Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism	-	900
Total	30,637	37,075

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 (2025: \$8.858M) from Queensland Health in 2025-26 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 distributed.

The Commission has also received a further \$18.430M in 2025-26 (2025: \$20.630M) from the Mental Health Levy through Queensland Health's Better Care Together work program. These funds are to implement recommendations allocated to the Commission from the Mental Health Select Committee and support implementation of Every life, the Trauma Strategy and Achieving balance, in addition to \$3.348M for the final year the Mental Health and Wellbeing Community Grant Program (2025: \$3.161M).

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS for the year ended 30 June 2026

4. Employee Expenses

	2026 \$'000	2025 \$'000
Employee Benefits		
Wages and salaries	6,399	5,329
Employer superannuation contributions	926	748
Annual leave levy/expense	722	580
Long service leave levy/expense	170	149
Employee Related Expenses		
Workers' compensation premium	58	35
Payroll tax and fringe benefits tax	391	315
Other employee related expenses	71	62
Total	8,737	7,218
	2026 No.	2025 No
Full-Time Equivalent Employees	52	50

The number of employees as at 30 June 2026 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.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

4. Employee Expenses (cont'd)

Accounting Policy - Employee Expenses (cont'd)

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.

	2026 \$'000	2025 \$'000
5. Supplies and Services		
Consultants and contractors	7,948	8,560
Corporate service charges	666	425
Lease expenses	387	371
Administration costs	250	291
Building Maintenance and Services	150	84
Information and Communication Technology	112	178
Advertising and promotion	76	57
Travel	55	69
Other	-	2
Total	9,644	10,035

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).

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

	2026 \$'000	2025 \$'000
6. Grant Expenses		
Grant payments	8,709	4,221
Total	8,709	4,221

Accounting Policy - Grant Expenses

Grant payments are made in line with meeting the strategic objectives of the Commission. It includes funding for research, pilots, projects and initiatives to support agencies, organisations and the community to gain and share knowledge, build community and workforce capacity, promote awareness, prevention and early intervention of mental health, alcohol and other drugs and suicide. 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.

	2026 \$'000	2025 \$'000
7. Other Expenses		
Sponsorships and Bursaries	471	418
Queensland Audit Office - external audit fees for the audit of financial statements *	30	49
Insurance	1	2
Total	502	468

Disclosure relating to Other Expenses

- * Total audit fees payable to the Queensland Audit Office relating to the 2025–26 financial statements are \$30,000 excluding GST (2025: \$25,500). The prior year audit expense included outstanding fees relating to the previous financial year.

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 to raise community awareness, and engaging with and promoting collaboration within the mental health, alcohol and other drugs and suicide prevention sectors including 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.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS for the year ended 30 June 2026

	2026 \$'000	2025 \$'000
8. Cash and Cash Equivalents		
Cash at bank	56,441	47,018
Total	56,441	47,018

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.

	2026 \$'000	2025 \$'000
9. Receivables		
GST receivable	418	273
Annual leave reimbursements	163	137
Long service leave reimbursements	45	14
Trade debtors	22	3,822
Total	648	4,247

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.

	2026 \$'000	2025 \$'000
10. Payables		
Current		
Accrued expenses	1,539	1,539
Trade creditors	194	160
Payroll tax	34	26
GST payable	-	26
Total	1,767	1,750

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 2026.

12. Events After the Balance Date

There were no significant events occurring after balance date.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

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	2026 \$'000	2025 \$'000
Financial Assets			
Cash and cash equivalents	8.	56,441	47,018
Financial assets at amortised cost:			
<i>Receivables</i>	9.	648	4,247
Total Financial Assets		57,089	51,265
Financial Liabilities			
Financial liabilities measured at amortised cost:			
<i>Payables</i>	10.	1,767	1,750
Total Financial Liabilities		1,767	1,750

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

Risks Arising from Financial Instruments

Risk Exposure

Financial risk management is implemented pursuant to Government policy and the Commission's Risk Management Framework, with a focus on minimising potential adverse effects from internal and external events which could impact the financial performance of the Commission. Risk management practices comply with the Financial Accountability Act 2009 and are based on the Australian/New Zealand/International Standard Risk Management Principles. The Commission's Finance and Risk Committee oversees and monitors risk management including financial risk.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

13. Financial Risk Disclosure (cont'd)

Risks Arising from Financial Instruments (cont'd)

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.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

14. Budgetary Reporting Disclosures

This section contains explanations of major variances between the Commission's actual 2025-26 financial results and the original budget presented to Parliament.

The original 2025-26 Service Delivery Statement (SDS) budget reflects only the Commission's Core funding and does not include funding for the Mental Health Levy through Queensland Health's Better Care Together (BCT) program received during the year. Accordingly, significant variances between the original budget and actual results are expected across both income and expenditure. In addition, Australian Accounting Standards require BCT funding to be recognised as revenue when received, while expenditure occurs progressively over the life of the program.

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

Grants and Contributions:

The Commission received \$8,858M from Queensland Health in the 2025-26 financial year to undertake its legislative obligations (2025: \$8,858M).

The Commission has also received a further \$18,430M in 2025-26 (2025: \$20,630M) from the Mental Health Levy through Queensland Health's Better Care Together work program. These funds are to implement recommendations allocated to the Commission from the Mental Health Select Committee and support implementation of Every life and Achieving balance, in addition to \$3,348M for the final year the Mental Health and Wellbeing Community Grant Program (2025: \$3,161M).

The original 2025-26 Service Delivery Statement (SDS) budget reflects only the Commission's Core funding and did not include funding for the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) program or estimated bank interest, and was only reported at \$0.050M. Cash at bank is attributed to both Core operational and Project Funds, with the latter related to planned initiatives funded through the MHL through BCT work program.

Interest:

The Commission received \$2,618M in bank interest, based on earnings against accumulated funds in the opening cash balance, held for most of the year (\$47,018M). The original 2025-26 Service Delivery Statement (SDS) budget did not include Better Care Together (BCT) funding or estimated bank interest, and was only reported at \$0.050M. Cash at bank is attributed to both Core operational and Project Funds, with the latter related to planned initiatives funded through Better Care Together.

Employee Expenses:

The \$1.973M variance in Employee Expenses primarily reflects temporary staffing costs associated with initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program, which were not included in the Commission's original budget.

Supplies and services:

Actual supplies and services were \$8,731M greater than the budget and primarily reflects expenditure on contractors, consultants and corporate service arrangements supporting delivery of initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program, together with higher corporate service charges and the timing of some prior year labour hire invoices.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

14. Budgetary Reporting Disclosures (cont'd)

(a) Explanations of major variances - Statement of Comprehensive Income (cont'd)

Grant expenses:

Actual grant expenses were \$7.833M greater than the budget and primarily reflect grant expenditure associated with initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program.

Expenditure for these BCT initiatives were as follows: Achieving balance Alcohol and Other Drugs (\$2.698M); Every life Suicide Prevention (\$143K); Lived-Living Experience (\$352K); and the Mental Health and Wellbeing Strategy (\$3.600M). Core grant expenditure included including Better Futures (\$716K) and Suicide Prevention Research (\$189K) grant programs.

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

Cash and cash equivalents:

The 2025–26 opening cash balance of \$47.018M increased to \$56.441M at 30 June 2026. The actual closing cash balance is higher than expected and primarily represents Better Care Together funding for the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) program, received in advance to meet identified staffing, grant and contractual commitments through to 30 June 2027, together with retained Core funding to support the Commission's ongoing reform agenda.

Receivables:

The \$0.482M variance in Receivables primarily reflects higher GST receivable associated with expenditure on initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program, which was not included in the original budget.

Payables:

The \$0.755M variance in Payables primarily reflects higher year-end liabilities associated with initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program, which were not included in the original budget.

Accrued Employee Benefits:

The \$0.176M variance in Accrued employee benefits primarily reflects employee entitlements associated with temporary staffing supporting initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program, which were not included in the original budget.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

14. Budgetary Reporting Disclosures (cont'd)

(c) Explanations of major variances - Statement of Cash Flows

<i>Grants and Contributions:</i>	The \$25.579M variance in Grants and Contributions reflects the fact that 2025–26 Service Delivery Statement (SDS) budget included only the Commission's Core funding of \$8.858M and did not include funding for the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) program received during the year. Most of this funding will support approved initiatives funded through Better Care Together and contractual commitments to be delivered during 2026–27.
<i>GST input tax credits from ATO:</i>	Actuals were greater than the budget, with a variance of \$1.528M. This was due to a higher quantity of invoices paid that required a GST input tax credit.
<i>Interest:</i>	Actual interest received was greater than the budget. The \$2.618M variance in Interest received reflects higher interest earned on cash balances held to support future commitments funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program and the Commission's ongoing operations. The original SDS budget included a historical estimate of \$0.050M, while actual interest earned for 2025–26 was \$2.668M.
<i>Employee expenses:</i>	The \$1.927M variance primarily reflects employee expenditure associated with temporary positions supporting delivery of initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program, together with temporary Core positions approved during the year and funded from retained earnings.
<i>Supplies and services:</i>	The \$8.697M variance primarily reflects expenditure on contractors, consultants and corporate service arrangements supporting delivery of initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program.
<i>GST paid to suppliers:</i>	Variance of \$1.673M, based on taxable supplier invoices settled during the period. This is not required to be built into the Commission's operating budget, but is monitored as required.
<i>Grants expenses:</i>	The \$7.833M variance in Grant Expenses, primarily reflects grant expenditure associated with initiatives funded by the Mental Health Levy (MHL) through Queensland Health's Better Care Together (BCT) work program, together with Core grant expenditure, including the Better Futures grant and the Suicide Prevention Research grant programs.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

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 2025-26. 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	The Executive Director provides strategic leadership for the Commission's policy and program and research functions and is a member of the Executive Leadership Team.
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.
Director, Operations and Communications	The Director leads the Operations and Communications 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.

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.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

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.

2025-26

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Total Expenses
	Monetary Expenses \$'000	Non-Monetary \$'000	\$'000	\$'000	\$'000
Mental Health Commissioner	275	8	7	36	326
Executive Director	192	7	5	23	227
Director, Mental Health & Wellbeing Reform	137	2	4	18	161
Director, Lived-Living Experience (Identified)	175	7	5	22	209
Director, Suicide Prevention Reform	130	7	3	20	160
A/Director, Suicide Prevention Reform (20/08/2025 - 22/09/2025 and 05/01/2026 - 25/03/2026)	54	2	1	7	64
Director, Alcohol & Other Drugs Reform	161	7	4	21	193
A/Director, Operations and Communications (From 15/09/2025)	168	-	4	17	189
Total Remuneration	1,292	40	33	164	1,529

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

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

2024-25

Position (date resigned if applicable)	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Total Expenses
	Monetary Expenses \$'000	Non-Monetary \$'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

* Position abolished after 22 June 2025.

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

16. Related Party Transactions

Transactions with people/entities related to KMP

There are no transactions to disclose for the 2025-26 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 received funding for work it undertakes on behalf of the Queensland Government from the Mental Health Levy through Queensland Health's Better Care Together work program. These funds are to implement recommendations allocated to the Commission from the Government's response to the Mental Health Select Committee Recommendations and support implementation of Every life, the Trauma Strategy and Achieving balance, in addition to \$3.348M for the final year of the Mental Health and Wellbeing Community Grant Program (2025: \$3.161M). (refer to Note 3).
- The Commission paid \$3.894M in grant funding to initiatives undertaken in partnership with other Queensland Government departments, including:
 - West Moreton Hospital and Health Service – \$5K
 - Metro North Hospital and Health Service – \$174K
 - Arts Queensland – \$1.000M
 - Children's Health Queensland Hospital and Health Service – \$10K
 - Department of Youth Justice and Victim Support – \$20K
 - Darling Downs and West Moreton Primary Health Network – \$1.485M
 - Department of Housing and Public Works (Housing) – \$200K
 - Department of Primary Industries – \$1.000M
- The Commission incurred \$666K 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 \$387K (refer to Note 5).
- All other transactions in the year ended 30 June 2026 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 2025-26 had any material impact on the financial statements.

Accounting Standards Early Adopted

No Australian Accounting Standards have been early adopted for 2025-26.

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. AASB 18 will only affect presentation and disclosure, it will not affect the recognition or measurement of any reported amounts.

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Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

Queensland Mental Health Commission

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2026

17. First Year Application and Future Impact of New Accounting Standards (con't)

AASB 18 Presentation and Disclosure in Financial Statements (con't)

In October 2025, the AASB released Exposure Draft ED 338 which proposed several amendments that, if legislated, would permit relief from the majority of the presentation and disclosure requirements by not-for-profit public sector entities via an explicit accounting policy choice.

The Commission will further assess the expected impacts of AASB 18 in subsequent reporting periods once the AASB issues a final amending standard and Queensland Treasury has communicated its policy intentions in respect of accounting policy choices permitted by the standard.

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.treasury.qld.gov.au/policies-and-programs/climate/>

The Queensland Sustainability Report (QSR) outlines the Queensland Government's approach to managing key Environmental, Social and Governance (ESG) risks and opportunities, including governance structures, major commitments and policies, and how these risks and opportunities are measured, monitored and managed across government. The QSR is supported by comprehensive datasets and data dictionaries. 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

The Commission considers climate-related risks when assessing material accounting judgements and estimates used in preparing its financial report. Key estimates and judgements identified include the potential for changes in asset useful lives, changes in the fair value of assets, impairment of assets, the recognition of provisions or the possibility of contingent liabilities.

The Commission continues to monitor the emergence of material climate-related risks that may impact the financial statements of the Commission, including directives from Government or Queensland Treasury.

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.

**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 2026 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.



Bretine Curtis
Acting Commissioner
Queensland Mental Health Commission

Date: 1 September 2026



Emma Foreman
Acting Executive Director
Queensland Mental Health Commission

Date: 1 September 2026

INDEPENDENT AUDITOR'S REPORT

To the Commisisoner 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 2026, 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 accordance with s. 40 of the *Auditor-General Act 2009*, for the year ended 30 June 2026:

- 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.
- c) In my opinion, the financial report:
 - i. gives a true and fair view of the entity's financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended
 - ii. 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 such internal control as they determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error

- the establishment and keeping of accounts in accordance with prescribed requirements
- 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:

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

A further description of my responsibilities under the *Auditor-General Act 2009* and *Auditor-General Auditing Standards* is located at the Queensland Audit Office website at:

www.qao.qld.gov.au/audit-program/audit-standards

These descriptions form part of my auditor's report.



D J Toma
as delegate of the Auditor-General

2 September 2026

Queensland Audit Office
Brisbane

Appendices

Appendix 1—Executive leadership team profiles

Queensland Mental Health 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* and its associated sub-plans — *Every life*, *Achieving balance*, and the *Trauma Strategy*.

Bretine Curtis brings over 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, including in mental health and AOD, as well as 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.

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.

Director, Lived-Living Expertise

Michelle Sanders

Michelle Sanders has almost 30 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.

Director, Alcohol and Other Drugs Reform

Sean Popovich

Over the last 15 years, Sean Popovich has worked in government and non-government alcohol and other drug (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 is the Director of Suicide Prevention Reform at the Queensland Mental Health Commission. Jordan has more than 10 years' experience working in the government and non-government sectors in a range of policy and frontline roles. Jordan is passionate about death prevention and has led many projects to enhance system responses in the areas of domestic and family violence prevention, child death prevention and suicide prevention.

Jordan is responsible for leading the implementation of Queensland's whole-of government suicide

prevention plan, *Every life*. Jordan is also responsible for the Commission's suicide data and analytics team, including the Queensland Suicide Register, and leading a policy and data integration capability to support data-driven suicide prevention policy.

Director, Operations and Communications

Catherine Gardiner

Catherine Gardiner joined the Commission in September 2025, as Director of Operations and Communications. Catherine has more than 25 years' experience across the Queensland public sector, leading organisational improvement, digital transformation, and corporate services. She is passionate about user-centred design, bringing together people, technology, and evidence to improve the way government works for Queenslanders. Her perspective is strengthened by her lived experience as a carer, reinforcing her commitment to accessible, inclusive, and practical solutions.

Catherine oversees the Commission's business services and communications and engagement functions including finance, planning, risk, reporting, ICT, human resources, stakeholder engagement and integrated communications.

Appendix 2—2025–26 Sponsorships

The below table lists the sponsorships approved in the 2025–26 financial year, however the sponsorship may be expensed in the next financial year.

Recipient	Activity	Value ex GST
Accent HR Pty Ltd (Suicide Programs)	Equipping First Nations People with suicide prevention skills	\$4,500.00
Australian International Military Games	Defence Community Sports Expo	\$6,000.00
Bhuminanda Dhaulidevi Foundation	Resilient Futures: Community Wellbeing & Youth Empowerment Workshop	\$10,000.00
Birdwings Forest School	Wildflow Series	\$10,000.00
Buddy Up Australia	Queensland's First Responders are Thriving	\$9,200.00
Bungaru Aboriginal Corporation	Bungaru Men's Healing Camp 2026	\$10,000.00
Cairns Pride Inc	Cairns Pride Festival	\$10,000.00
Campfire Healing Indigenous Corporation	Yallambee Strong Spirit Healing Summit	\$10,000.00
Circup Youth Arts Inc	Mind in Motion	\$7,500.00
Crusader Entertainment Pty Ltd	Orange Sky—A New Start Screening	\$9,088.00
For A Mate Pty Ltd	Mates Supporting Good Times	\$10,000.00
For a Mate Pty Ltd	R.I.P. People Pleaser: A Mental Health Screening and Community Conversation	\$10,000.00
Fossung Multicultural and Education Services	Belonging Builds Wellbeing: Multicultural Youth and Family Mental Health Forum—Ipswich LGA	\$10,000.00
Griffith University	Griffith Centre for Mental Health (GCMH) 2026 Annual Research Showcase: "With, Not For: Where Research Partnership Meets Purpose"	\$9,786.00
Karakan Ltd	Belonging Begins With Us—Schizophrenia Awareness Week Event	\$10,000.00
Multicultural Families Organisation Inc	Ready Together: Supporting CALD Youth into High School	\$7,750.00
Multicultural Families Organisation Inc	Youth Voices: Breaking Barriers to Mental Health Support	\$10,000.00
My Kind of Tribe Pty Ltd	Maternal Wellbeing Symposium	\$14,897.00
Neurokindred	Thriving Autistically—Online Wellbeing Event for Autistic Adults	\$10,000.00
Parenting Research Centre	Parenting Today—Queensland Mental Health Policy Roundtable	\$10,000.00
Peach Tree Perinatal Wellness Inc	Perinatal and First 2000 Days Mental Health Forum	\$10,000.00
Picabeen Community Association	Mental Health Week Community Wellbeing Event	\$3,000.00
PTSD Resurrected Inc	REBOOT Trauma Recovery Workshop	\$10,000.00
Royal Flying Doctor Service of Australia (Queensland Section) Limited	RFDS Bucklands Health and Mental Wellbeing Field Day	\$8,568.00
The Migrant Centre Organisation Inc	Mental Health Matters	\$10,000.00
The Trustee for The Huggin Family Trust	Quilpie Stories of Resilience—A Community Digital Storytelling Project for Recovery and Connection	\$10,000.00

Thompson Brain and Mind Healthcare Ltd	Brain and Mind Hub Sunshine Coast	\$2,419.00
Thought Compass Pty Ltd	Thriving in Life	\$10,000.00
Topology Inc	Voices Unleashed	\$9,480.00
Townsville Suicide Prevention Network Inc	Suicide Prevention Forum	\$7,000.00
Tweed Coast Junior AFL Club	Stand Together—Junior Mental Health Activation Week	\$10,000.00
Zonta Club of Mackay Inc	Breaking the Cycle—Empowering Youth, Men and Community Workers to Prevent Violence, Strengthen Mental Health and Build Safer Futures in Mackay She Is Not Your Rehab Mackay: Building Community Resilience Through Education and Action	\$10,000.00

A number of additional Sponsorships were directly funded, based on their alignment to specific strategic plans and objectives of the Commission.

Recipient	Activity	Value ex GST
Australia & New Zealand Mental Health Association Inc	AddictionZ 2026 Conference	\$9,000.00
Family Drug Support	International Family Drug Support Day 2026	\$1,000.00
Mental Awareness Foundation	Walk for Awareness for Queensland Mental Health Week (Year 3)	\$10,000.00
Mental Illness Fellowship Australia	Out from the Mist for Queensland Mental Health Week (Year 2)	\$10,000.00
Open Minds	Queensland Mental Health Week Awards (Year 2)	\$10,000.00
Queensland Network of Alcohol and Other Drug Agencies Ltd	Australian Winter School Conference	\$15,000.00

Appendix 3—Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7 Page 3
Accessibility	- Table of contents - Glossary	ARRs – section 9.1 Page 1 Appendix 4
	Public availability	ARRs – section 9.2 Inside front cover
	Interpreter service statement	Queensland Government Language Services Policy ARRs – section 9.3 Inside front cover
	Copyright notice	Copyright Act 1968 ARRs – section 9.4 Inside front cover
	Information licensing	QGEA – Information Licensing ARRs – section 9.5 Inside front cover
General information	Introductory information	ARRs – section 10 Page 4
Non-financial performance	Government's objectives for the community and whole-of-government plans/specific initiatives	ARRs – section 11.1 Page 5
	Agency objectives and performance indicators	ARRs – section 11.2 Page 7
	Agency service areas and service standards	ARRs – section 11.3 Page 38
Financial performance	Summary of financial performance	ARRs – section 12.1 Page 46
Governance – management and structure	Organisational structure	ARRs – section 13.1 Page 43
	Executive management	ARRs – section 13.2 Appendix 1
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3 Page 31
	Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 Page 44
	Human rights	<i>Human Rights Act 2019</i> ARRs – section 13.5 Page 45
	Queensland public service values	ARRs – section 13.6 Page 7

Summary of requirement	Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 14.1 Page 45
	• Audit committee	ARRs – section 14.2 Page 45
	• Internal audit	ARRs – section 14.3 Page 45
	• External scrutiny	ARRs – section 14.4 N/A
	• Information systems and recordkeeping	ARRs – section 14.5 Page 45
	• Information security attestation	ARRs – section 14.6 N/A
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1 Page 42–43
	• Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2 Page 42
Open Data	• Statement advising publication of information	ARRs – section 16 Page 45
	• Consultancies	ARRs – section 31.1 https://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2 https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3 https://data.qld.gov.au
	• Charter of Victims' Rights	VCSVRB Act 2024 ARRs – section 31.4 https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 Page 71 FPMS – sections 38, 39 and 46 ARRs – section 17.1
	• Independent Auditor's Report	FAA – section 62 Page 72 FPMS – section 46 ARRs – section 17.2
FAA	<i>Financial Accountability Act 2009</i>	
FPMS	Financial and Performance Management Standard 2019	
ARRs	Annual report requirements for Queensland Government agencies	
QGEA	Queensland Government Enterprise Architecture	
VCSVRB	<i>Victims' Commissioner and Sexual Violence Review Board Act 2024</i>	

Appendix 4—Glossary

Achieving balance	Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027
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	Better Care Together: A plan for Queensland's state-funded mental health
CAA	Corporate Administration Agency
COG	Commission Oversight Group
COTA Queensland	Council on the Ageing Queensland
DFV	Domestic and family violence
DWATSIPM	Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism
ELT	Executive Leadership Team
Every life	Every life: The Queensland Suicide Prevention Plan 2019–2029
FASD	Fetal Alcohol Spectrum Disorder
FRC	Finance and Risk Committee
FTE	Full-Time Equivalent
GPs	General Practitioners
HMAC	Homelessness Ministerial Advisory Council
iQSR	interim Queensland Suicide Register
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.
MHiPS	Mental Health in Primary Schools program
NDIS	National Disability Insurance Scheme
NGO	non-government organisation
QMHWA	Queensland Mental Health Week
QNADA	Queensland Network of Alcohol and Other Drug Agencies
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	Queensland Injectors for Advocacy and Action is 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	Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028
SLG	Strategic Leadership Group—a Queensland Government cross-agency

	group providing oversight of <i>Shifting minds</i> implementation
The Act	Queensland Mental Health Commission Act
The Trauma Strategy	The Queensland Trauma Strategy 2024-2029

Thriving Lives, Connected Communities	Thriving Lives, Connected Communities: Queensland's Commitment to Mental Health and Wellbeing
VET	Vocational Education and Training

