CMHA
Community Mental Health Australia

Annual Report Summary
2025 - 2026

Ambitious for change, with human rights at the heart of mental health system reform.



Cover artwork by Ray Landers

ACKNOWLEDGEMENT OF COUNTRY

Community Mental Health Australia acknowledges the Traditional Custodians of the lands on which we live, learn and work, and pays respect to Elders past and present. We recognise the right of Aboriginal and Torres Strait Islander peoples to self-determination.

RECOGNITION OF LIVED EXPERIENCE

We recognise and value people with lived and living experience of mental health challenges, their families, carers and supporters. Their insight and leadership shape everything we do.



ABOUT THE COVER ARTWORK

Ray Landers

Artist

This very special artwork has been created by Ray Landers, one of the team members who has been working with Community Mental Health Australia throughout the year as part of one of the Assisting Communities through Direct Connection (ACDC) projects.

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WHO WE ARE

A national voice for community managed mental health

Community Mental Health Australia is the national peak for community managed mental health organisations, bringing together state and territory peaks to advocate for a mental health system that works for everyone.

Our Purpose

To be ambitious for change where human rights are at the heart of mental health system interactions driven by the Community Managed Sector Organisations (CMOs) in partnership with Lived Experience.

Our Commitment

Fearless human rights action for a fairer mental health future for all.

Our Values

- Human rights approach
- Collaboration and co-production
- Community Managed Organisations and Lived Experience leadership
- Fearless representation
- Curious approach to challenge the status quo



OUR MEMBERS

State and territory community mental health peaks, representing hundreds of community managed organisations nationally

Mental Health Community Coalition ACT

Northern Territory Mental Health Coalition

qamh leading community mental wellbeing

Mental Health Coalition South Australia

Mental Health Council of Tasmania

WAAMH Western Australian Association for Mental Health

Membership changed during 2025 - 2026, and some organisations were members for part of the year. We thank every member for their contribution to our shared work.

A MESSAGE FROM THE PRESIDENT

Building momentum across the country



“

On behalf of the Board, I am pleased to present the 2025 - 2026 Annual Report of Community Mental Health Australia (CMHA). This was the year our Statement of Strategic Intent 2025 - 2027 moved from intent to execution, and I am proud of the discipline with which the organisation delivered against it.

CMHA has shown genuine leadership, influence and reform. We continued to lead and influence key Australian Government policy negotiations to deliver service and system transformation, and to bring a collective, cohesive and trusted Community Managed Organisation voice to government. We shaped the sector’s contribution to the Productivity Commission’s review of the National Mental Health and Suicide Prevention Agreement, and joined the national Lived Experience peaks in a joint statement on its final report.

We strengthened the evidence behind our influence, commissioning the Centre for Social Impact at the University of Western Australia to capture the economic value of psychosocial support. Working collaboratively with the Indigenous Australian Lived Experience Centre, Gayaa Dhuwi (Proud Spirit) Australia, the National Mental Health Consumer Alliance and Mental Health Carers Australia, we then presented these findings to government at the Lived Experience and Community-Managed Alliance Parliamentary Breakfast at Parliament House in March 2026. It was collaboration and co-production in practice, and a reminder that our influence is strongest when we stand alongside others.

Our Assisting Communities through Direct Connection (ACDC) project has now reached 52,000 doors in 27 communities across every state and territory, building the capacity of communities to shape their own support.

Strong and respectful engagement with Lived Experience peaks, members and representative organisations remains central to how we work. Delivering Making Rights Real with the National Mental Health Consumer Alliance, which now leads it, is a clear example of the progressive, values-based partnerships we champion.

The Board has maintained a disciplined focus on organisational effectiveness and sustainability. Responsible financial management delivered a net surplus of $191,137 for the year, and we laid the governance groundwork for CMHA to become a company limited by guarantee while maintaining our ACNC registration, ensuring our governance and policies continue to meet legislative requirements.

Effective governance depends on a strong partnership between the Board and management. My sincere thanks to Kerry Hawkins, Chief Executive Officer, to our staff, and to Edna Coetzee, Company Secretary. The close alignment between strategy and operational delivery has been the hallmark of this year. I also thank the Finance, Audit and Risk Management (FARM) Committee and the Governance, Remuneration and Nomination Committee (GRAN) for their rigorous oversight, my fellow Board members for their stewardship, and our members for their commitment.

As we continue to deliver on our Statement of Strategic Intent, CMHA is prepared, principled and ambitious. The Board remains committed to fearless human rights action for a fairer mental health future for all.

Cathy

Cathy O’Toole
President



“We’re proud that we are working with real people shaping real reform in real communities across Australia.”

Kerry Hawkins
CEO, Community Mental Health Australia

FROM THE CHIEF EXECUTIVE OFFICER

Working collaboratively across the sector



This year has been one of growing momentum for Community Mental Health Australia (CMHA). It has been incredibly motivating to see the strength and commitment across our member organisations, our Board and our dedicated team, and to see the foundations we laid last year begin to carry real weight in the national conversation.

I am particularly proud of 31 March 2026, when we came together at Parliament House in Canberra for the Lived Experience and Community-Managed Alliance Parliamentary Breakfast. It was the first time five national peaks jointly led an event at Parliament House: the Indigenous Australian Lived Experience Centre, Gayaa Dhuwi (Proud Spirit) Australia, the National Mental Health Consumer Alliance, Mental Health Carers Australia and CMHA. Professor Paul Flatau, Director of the Centre for Social Impact at the University of Western Australia, presented new findings on the economic value of psychosocial support.

That morning was the launch point for our national campaign. Each piece of this work builds on the last, and by working with other sector peaks we are making sure community managed mental health organisations are represented in the right rooms, alongside the voices of lived experience, carers and First Nations communities.

Our member working groups at CEO and communications levels have continued to grow. These networks now have strong momentum, clear purpose and a renewed sense of collective identity. They are powerful engines of collaboration, bringing member perspectives to the forefront and strengthening our influence nationally.

The Assisting Communities through Direct Connection (ACDC) Project continues to deliver, and we are now taking it to the next level. Together with our research with the Centre for Social Impact at the University of Western Australia, the insights from ACDC are strengthening our advocacy and building the evidence base the sector deserves for community led, rights based psychosocial support.

Internally, CMHA remains in a fiscally responsible and stable position, and we have continued to strengthen our governance as the Board prepares the organisation for its next stage.

None of this progress would be possible without our dedicated staff and the commitment of our members. Their expertise, passion and willingness to collaborate have been essential in shaping our national voice, and we are profoundly grateful. I also thank our Board for their strategic vision and their commitment to system transformation and to our sector.

As we look to the year ahead, we are energised by the clarity of our vision and the collective strength of our sector. Together, we will continue working for a mental health system where human rights are not an aspiration but a lived reality.

Kerry

Kerry Hawkins
Chief Executive Officer

Our strategic objectives

1 Leadership, Influence and Reform

1.1	Lead and influence key Australian Government policy negotiations to deliver service and system transformation across federal departments.
1.2	Deliver a collective, cohesive and trusted Community Managed Organisation (CMO) voice to the Australian Government.

2 Organisational Effectiveness and Sustainability

2.1	Deliver responsible financial management and investigate revenue diversification.
2.2	Consolidate membership to ensure national peak status.
2.3	Establish reporting mechanisms that identify impact measurements aligned with the Strategic Plan.
2.4	Ensure governance and policies meet legislative requirements and a healthy workplace culture.

3 Stakeholder Engagement, Communications and Capacity Building

3.1	Deliver strong and respectful engagement with Lived Experience peaks, members, representative organisations and other relevant stakeholders that is progressive, and values based.
3.2	Deliver informative reports to members, relevant stakeholders and the wider communities through collaborative strategic communications and engagement activity.

OUR YEAR

Our work in 2025 - 2026

- A collective voice for the sector
- Building the evidence for psychosocial support
- Community-led research and connection
- Partnerships, events and national standards

ADVOCACY

A collective voice for the sector

Throughout the year we brought the voices of our members, and of people with lived experience, into national decisions about mental health.

Our submissions are shaped by the sector. Our response to the Productivity Commission's review of the National Mental Health and Suicide Prevention Agreement drew on our State and Territory Policy Officer Network, the CEOs of our member organisations and the national Lived Experience peaks.

As a member of the National Mental Health Workforce Sector Advisory Group, we advocated strongly for the urgent prioritisation of investment in the community managed mental health sector workforce in the next Agreement. This is part of our broader, ongoing advocacy for the sustainable growth of the sector workforce.

When the Productivity Commission's final report was released in November 2025, we joined the Indigenous Australian Lived Experience Centre, the National Mental Health Consumer Alliance and Mental Health Carers Australia in a joint statement welcoming it.

We responded to key moments through the year, from the Mid-Year Economic and Fiscal Outlook to the 2026 - 2027 Federal Budget, where we welcomed the $3 billion commitment to Foundational Supports outside the NDIS and called for an independent, adequately funded National Mental Health Commission.

In June 2026 we lodged our submission to the Senate inquiry into the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026, highlighting the risks for people with psychosocial disability.

Psychosocial support, inside and outside the NDIS

We argued that no one should leave the NDIS without a funded, accessible alternative already in place, and that psychosocial supports are a cornerstone of the system, not an add-on.

Human rights at the centre

We co-signed the Joint NGO Report to the United Nations Universal Periodic Review, calling for a national Human Rights Act within two years.

A recognised, valued workforce

With the Queensland Alliance for Mental Health, we asked the Australian Bureau of Statistics to recognise peer work and psychosocial disability in the national occupation classification.

"Psychosocial supports are not an add-on; they are a cornerstone of a system that genuinely meets people where they are."

Kerry Hawkins
CEO, Community Mental Health Australia

Our year of advocacy

A snapshot of some of our advocacy activity during 2025 - 2026.

Jul 2025	Joined Disability Representative Organisations calling for an independent inquiry after the NDIA acted to remove a person from the NDIS
Aug 2025	Submission to the Productivity Commission review of the National Mental Health and Suicide Prevention Agreement
Nov 2025	Joint statement with the national Lived Experience peaks on the Productivity Commission final report
Mar 2026	Showcased ACDC to Members of Parliament at the Mental Health Australia Sector Expo, Parliament House
Apr 2026	With QAMH, asked the ABS to recognise peer work in Australia's next occupation classification
May 2026	Welcomed the new Australian Association of Peer Workers
Jul 2025	Co-signed the Joint NGO Report for the UN Universal Periodic Review, calling for a national Human Rights Act
Oct 2025	Anti-Poverty Week: shared ACDC data showing how financial distress drives psychological distress
Dec 2025	Called for urgent investment in psychosocial supports for half a million Australians, in response to MYEFO
Mar 2026	Co-hosted the first Parliamentary Breakfast led by five national peaks
May 2026	Federal Budget response: welcomed $3 billion for Foundational Supports and called for an independent National Mental Health Commission
Jun 2026	Submission to the Senate inquiry into the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026

WORKFORCE

Peer work on the map

In April 2026, CMHA and the Queensland Alliance for Mental Health called for lived experience to be recognised within relevant roles, for psychosocial disability to be named in disability support classifications, and for a new Mental Health Support Worker classification. The ABS consultation draft released since now describes peer work in the Mental Health Worker classification.

HUMAN RIGHTS

A national Human Rights Act

"A national Human Rights Act would provide the impetus to help transform the Australian mental health system into one that is human-centred, connected, and grounded in rights."

Kerry Hawkins, CEO

JOINT STATEMENT, 12 NOVEMBER 2025

Leading reform together

When the Productivity Commission released its Mental Health and Suicide Prevention Agreement Review Final Report, we joined the Indigenous Australian Lived Experience Centre, the National Mental Health Consumer Alliance and Mental Health Carers Australia in a joint statement as system reform Leadership Peaks.

"This moment is a once-in-a-generation opportunity to invest in community-connected, rights-affirming psychosocial supports through the holistic lens of Social and Emotional Wellbeing."

The four peaks welcomed the Government's prompt release of the Final Report and supported its findings that the mental health and suicide prevention system in Australia needs to be improved.

As a leadership collective, each peak brings a distinct pillar of reform: Lived Experience leadership across diverse cohorts, cultural and structural leadership on Social and Emotional Wellbeing with Gayaa Dhuwi (Proud Spirit) Australia, and Community Mental Health Australia as the leading voice for the community managed mental health sector.

"This transfer of power is the single most important commitment. Without it, system transformation will fail."

System reform Leadership Peaks
Joint statement, 12 November 2025

We called on the Australian Government to commit to

1

Lived Experience Leadership

through the three national Lived Experience Peaks (IALEC, the Alliance and MHCA) at all levels.

2

Transformational Change Investment

to break the cycle of roundtables, reviews and reports.

3

Accountability and Transparency

embedded in both the reporting of Agreement progress and in the new policy and system architecture.



Gathering evidence through every activity to inform future approaches.

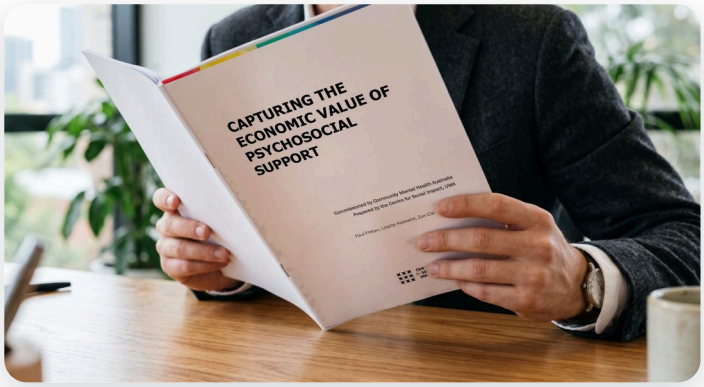
RESEARCH

BUILDING THE EVIDENCE

Capturing the Economic Value of Psychosocial Support

Commissioned by Community Mental Health Australia on behalf of its members, the question at the heart of this research by Professor Paul Flatau and his team at the Centre for Social Impact | University of Western Australia (CSI-UWA) was **'what is psychosocial support worth?'**

> **'Investing in psychosocial support is not a cost to be managed, but an opportunity to be seized.'**
>
> Kerry Hawkins, Chief Executive Officer, Community Mental Health Australia



For the thousands of Australians and their families who have experienced the transformative power of psychosocial support firsthand, who credit these supports with saving their lives and opening new futures, the answer is self-evident.

The community-managed mental health sector, too, in delivering psychosocial support in local communities and witnessing these changes, has advocated for decades for this support to be made available on an equitable basis to all Australians. But in the Australian mental health system, the case must be made in the language of economics as much as in the language of human experience. That is precisely why Community Mental Health Australia commissioned this work.

Australia's mental health system remains overwhelmingly oriented toward crisis response: acute hospital care, specialist clinical services, emergency intervention. This is the most expensive way to support people, and the least likely way to help them build the lives they want. Psychosocial support does something different. It meets people in their communities, at their pace, around their goals. And when it works, when people get the right support at the right time, they need less of everything else. Less emergency care, less inpatient treatment, and less crisis intervention. And more of what matters most, to individuals, to families, and to the economy: participation, connection, contribution, and the capacity to live a full life.

Flatau, P., Kaleveld, L., Callis, Z. and Kuppers, D. (2026). Capturing the Economic Value of Psychosocial Support. Centre for Social Impact, The University of Western Australia. Commissioned by Community Mental Health Australia.

CAPTURING THE ECONOMIC VALUE OF PSYCHOSOCIAL SUPPORT

$119,873

total cost saving per person

found for one psychosocial program examined in the report

Report, page 29

$14,690 to $58,759

estimated cost savings per person for another program

Report, page 30

$18,109 to $43,451

estimated cost offsets per person for a third program

Report, page 43

$255 to $280 billion

the estimated annual cost of mental health challenges to Australia

Productivity Commission, March 2026 dollars

Key findings

1. Economic evaluations of psychosocial support programs that do exist show strong results in terms of value and cost offsets.
2. There is a very limited number of economic evaluation studies of psychosocial support.
3. Systemic factors seem to be limiting effective economic evaluation.

> **"Where economic evaluations of psychosocial support programs have been undertaken, the results are strong."**
>
> **Professor Paul Flatau**
> Director, Centre for Social Impact, The University of Western Australia

The evidence gap

63 psychosocial support programs reviewed

10 had economic evidence

6 included a cost offset analysis

The report points to longer funding cycles and evaluation timeframes, agreed definitions and methods, and access to linked data, so the value of psychosocial support can be properly measured.

Read the full report
Capturing the Economic Value of Psychosocial Support



RESEARCH

BUILDING THE EVIDENCE

Rethinking Evidence

Elevating Community Knowledge in Mental Health Advocacy

With thanks to a grant from the Fay Fuller Foundation, Community Mental Health Australia is working in partnership with the Centre for Social Impact | University of Western Australia (CSI-UWA), exploring how community knowledge can sit alongside traditional evidence in shaping mental health policy and services. Drawing on a rapid literature review, an online consultation, two sector roundtables and a South Australian case study, the project developed a model for gathering community knowledge.

The model is grounded in principles of preserving diversity, human rights, epistemic justice, cultural safety and strength-based approaches. It gives communities a legitimate voice in identifying needs and solutions. The suggested next steps could include testing the model in communities, co-developing guides, and engaging Aboriginal and Torres Strait Islander communities.

The project commenced in the 2025 - 2026 financial year and will continue into 2026 - 2027.

The gap in current evidence

Mental health services in Australia are planned using tools such as the National Mental Health Service Planning Framework. These rely mostly on quantitative, clinically defined evidence, applying standardised, top-down methods to very diverse communities.

This misses many people who need support: people without a diagnosis, people who have never had contact with services, and people facing barriers such as language, cost, a lack of trust, or services that do not feel culturally safe. The result is significant underuse of mental health supports.

Why rethink evidence

Clinical tools can work well in a therapeutic setting, but in policy they can be too narrow, focused on biomedical symptoms and built on assumptions that do not hold for communities. Lived experience and consumer-led movements have long argued these approaches can be extractive and deficit-focused, and can overlook the people most affected.

Rethinking Evidence positions community members as co-researchers, active in designing, uncovering and making sense of evidence within their own communities.

Community knowledge can help ensure that services and solutions remain relevant to the communities they serve.

What community knowledge brings together

1

Diverse perspectives and experiences within communities

2

The systematic collection of local, place-based knowledge

3

Professional expertise brought together with lived experience

4

A broader lens that takes in whole-of-life experience and the social determinants of mental health

IMMEDIATE BENEFITS

- Hearing 'less heard' and 'hardly reached' voices
- Reducing power imbalances in whose knowledge counts
- Grounding evidence in lived and living experience
- Better data, through methods that suit community members
- Reaching people outside service settings, through locally designed outreach

LONGER-TERM BENEFITS

- Building community capacity to support local decision-making
- Embedding relational ways of knowing, by bringing community members together to create knowledge

ADVOCACY

NDIS ADVOCACY AND REFORM

Keeping psychosocial disability on the NDIS agenda

This was a year of significant change for the National Disability Insurance Scheme (NDIS). Many of the reforms so far have tightened access and supports, which made it more important than ever that people with psychosocial disability had a voice in how those changes were designed.

As a funded Disability Representative and Carer Organisation (DRCO), Community Mental Health Australia represents people with psychosocial disability and the community managed mental health sector in the NDIA's co-design of NDIS reforms.

Throughout 2025 - 2026, CMHA took part in forums, consultations and working groups across the reform program, working to make sure the realities of psychosocial disability were understood as new rules, assessments and planning approaches took shape.

Where CMHA had a seat at the table

1 Shaping how the NDIS works

Quarterly Reform Outcome Forums
following the progress of NDIS reforms with the National Disability Insurance Agency (NDIA)

New Framework Planning consultations
on the new way NDIS plans and budgets will be put together

Support Needs Assessment consultations
on the new assessment that will inform participants' plans

Assessments and Budgeting Working Group
on how assessments link to the funding people receive

Employment Working Group
on supporting participants into work

2 Access, eligibility and support outside the NDIS

Eligibility Reassessment Experience consultations
on what it is like for participants to have their eligibility reassessed

Foundational Supports consultations
on supports for people with disability outside the NDIS

NDIS Engagement Pathways Project consultation
on how the NDIA engages with people with disability and their representatives

3 Systemic advocacy

Quarterly DRCO forums
bringing representative organisations together with the NDIA

NDIS Systemic Advocacy Working Group
raising issues that affect many participants, not just one

NDIA

National Mental Health Sector Reference Group

CMHA is a member of the NDIA's National Mental Health Sector Reference Group, which gives feedback on the Agency's psychosocial disability priorities and workplan. In 2026 these priorities included access to the scheme, the Psychosocial Recovery Coach role and New Framework Planning.

RESEARCH

Fixing the NDIS for People with Psychosocial Disability

CMHA sits on the Core Advisory Group for this University of Sydney project, a five-year Australian Research Council Industry Laureate project (2024 to 2029) with the NDIA as a partner. It is building new evidence on the outcomes, costs and experiences of people with psychosocial disability in the NDIS.

DISABILITY RIGHTS

Disability Representative Organisation partnership

Through our Disability Representative Organisation (DRO) partnership with the National Mental Health Consumer Alliance, CMHA took part in quarterly forums reviewing the implementation of Australia's Disability Strategy 2021 - 2031 and of the Disability Royal Commission recommendations relating to psychosocial disability.

10 NDIS forums, consultations and working groups through our DRCO role

3 further national NDIS and disability advisory roles

Making the case in writing

In July 2025, our submission on the NDIS Supports Rules called for genuine co-design with people with lived experience at all levels of NDIS policy, and for changes that do not exclude people with psychosocial disability from supports.

In June 2026, we also made a submission to the Senate inquiry into the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026, highlighting the risks for people with psychosocial disability.

RESEARCH

LOOKING TO THE WORLD FOR WHAT WORKS

Open Dialogue

At CMHA, we look around the world for evidence-based mental health systems and supports that deliver results. Open Dialogue is one we followed closely through 2025 - 2026.

Open Dialogue is a person-centred, family and community-oriented approach to crisis care. It puts relationships and continuity at the centre, rather than diagnosis and hand-offs between teams.

Waiting on the evidence

For decades, Open Dialogue has been one of the most talked-about ideas in mental health reform, but its evidence has come largely from long-term, non-randomised studies. Throughout the year we followed ODDESSI, the largest randomised controlled trial of Open Dialogue yet undertaken, involving community crisis services across five NHS trusts in England. We are hopeful its findings will lay a strong foundation for how crisis care is approached in Australia.

What is happening in Australia

We have been talking with Open Dialogue Centre Australia to understand what is happening here. The Centre has grown with the support of philanthropy to enable the widespread adoption of Open Dialogue in Australia.

In Victoria, Goulburn Region Open Dialogue Connect is taking a whole-of-community approach to youth mental health, led by the Greater Shepparton Lighthouse Project with Goulburn Valley Health and Berry Street. Around 35 professionals, from psychiatrists and peer workers to school wellbeing and youth housing staff, have been training in Open Dialogue, with promising early feedback.

We are working with Open Dialogue Centre Australia and our members to understand how Open Dialogue can be used in Australia. We also provided advice to the Centre and supported its vocational education and training (VET) accreditation process, as part of our commitment to supporting the development of a contemporary community managed mental health workforce.

"Seeing Open Dialogue delivered in real NHS crisis teams, woven into the day-to-day work of stretched services, was a turning point for me."

Kerry Hawkins
Chief Executive Officer, on visiting England in 2024

Origins and the Australian context

1981	Open Dialogue emerges in Finland.
Internationally	The World Health Organization references Open Dialogue as a way to address many of the issues inherent in a biomedically based mental health system.
2024	Our CEO, Kerry Hawkins, sees Open Dialogue delivered in NHS crisis teams in England during the ODDESSI trial.
In Australia	The approach aligns with the National Mental Health and Suicide Prevention Plan, and features in the recommendations of the Victorian Royal Commission into Mental Health.

Lived Experience leaders, including Flick Grey, played an important role in establishing Open Dialogue in Australia. We believe any new initiative must have Lived Expertise built into its governance, development and delivery from the start.





ASSISTING COMMUNITIES THROUGH DIRECT CONNECTION

It started with a knock on the door

Many Australians only seek support for their mental wellbeing when they reach crisis point, often unaware of the preventative care and social support that already exists in their own community. Assisting Communities through Direct Connection (ACDC) began with a simple idea: rather than waiting for people to find help, go to them.

Between 2021 and 2024, trained People Connectors from local community mental health organisations knocked on more than 52,000 doors in 27 metropolitan and regional communities across every state and territory. They held 9,287 conversations, shared free information about local supports, helped people connect with services, and invited householders to complete a survey. Almost 5,000 did, giving CMHA and our research partner, the Centre for Social Impact at The University of Western Australia, a detailed picture of mental health and wellbeing at the front door.

What people told us was clear. One in three rated their mental health as fair or poor, and many who had wanted help in the past year had not been able to get it. The pressures sitting underneath were rarely clinical. Money, housing, not having enough work and loneliness came up again and again, and each one was linked to higher distress and lower wellbeing. Many people did not know what help existed close to home, and more than four in ten of those already getting support were finding it in their local community rather than in a clinic. People asked for someone to talk to, someone who had been through it too, and practical help with everyday life.

52,000+
doors knocked

27
communities across every state and territory

9,287
conversations

5,000
householder surveys (almost)

200+
Community Co-Researchers

We also learned that no single approach works for everyone. Carers rarely have time to look after themselves. Older women spoke of loneliness and a lack of transport. South Asian community members told us conversations start more easily over a game of carrom or a cup of chai, and Aboriginal organisations asked for yarning outdoors rather than another survey.

That evidence has changed how ACDC works. Instead of knocking on more doors, the project now works alongside priority communities to co-design place-based activities with them. Together with Local Councils, community mental health organisations and more than 200 Community Co-Researchers, communities are designing their own activities in under-used Council spaces, from traditional weaving and bush medicine walks to yoga, chai and chat. This work continues into the next round, and each activity adds to a growing evidence base that Local Councils and community organisations can use to make help easier to find and to increase participation and inclusion for priority populations.

Assisting Communities through Direct Connection reflects CMHA's commitment to placing human rights and true co-design at the centre of mental health systems and supports, so that everyone has the opportunity to access the care they need. ACDC is a national initiative led by Community Mental Health Australia and funded by the Australian Government Department of Health, Disability and Ageing.

At the front door

1 in 3
rated their mental health fair or poor

6 in 10
said money was a problem

44%
got support only from their local community

ACDC householder survey. Research by the Centre for Social Impact, The University of Western Australia.



ACDC PRIORITY POPULATIONS

Aboriginal and Torres Strait Islander communities

Culture, Country and connection as protective factors for social and emotional wellbeing.

Aboriginal Co-Researchers are leading data collection in Northern and Western Adelaide, working closely with Nunkuwarrin Yunti and KWY Aboriginal Corporation, to understand how best to meet the social, emotional and physical support needs of Aboriginal people.

The removal of generations of Aboriginal and Torres Strait Islander children systematically undermined the cultural knowledge, connection and family ties that protect against trauma and distress. Co-Researchers are exploring traditional activities as a way to help survivors and descendants process grief and manage complex trauma: being on Country, speaking traditional languages, weaving, bush medicine, running and bread making.

A film presenting this work is being co-produced, with a screening for Members of Parliament. First Nations Consultants have also been funded in Katherine, Cairns and Cherbourg.

Activity models built by Co-Researchers

- Traditional Weaving, First Nations Women's Group
- Bush Medicine and Bush Walking, First Nations Women's Group
- Mud Crabbing, Aboriginal Men's Group
- Running, Aboriginal Men's Group
- Bread Making, Aboriginal Men's Group







South Australian activities delivered by the Mental Health Coalition of South Australia (MHCSA), an ACDC Round 5 delivery partner.



ACDC PRIORITY POPULATIONS

South Asian communities

Culture and nostalgia bringing generations together.

A South Asian Co-Research Group developed surveys in Hindi, Punjabi, Gujarati and English. Their consultations led to the Healthy Minds, Happy Families program, which uses cultural activities to collect data, share wellbeing information and support, build connection and reduce isolation.

Carrom is a classic tabletop game played across India, Pakistan, Bangladesh, Sri Lanka and Nepal. For the South Asian diaspora it connects generations and opens conversations in a relaxed, familiar way. A fortnightly Carrom event in the Port Adelaide Enfield Council area now doubles as an ACDC research activity, with up to 50 people at each session.

Healthy Minds, Happy Families has been selected by the Centre for Social Impact for a Fay Fuller research study into its community research methodology.

200,000+

members of South Asian Facebook groups reached with activity posters, now shared in under 5 minutes thanks to relationships with group administrators

Watch *Carrom: Nostalgia as a Tool for South Asian Wellbeing*







Yoga, Chai and Chat, South Asian Women's Group

South Australian activities delivered by the Mental Health Coalition of South Australia (MHCSA), an ACDC Round 5 delivery partner. South Asian Consultants are now funded in Adelaide and Launceston.

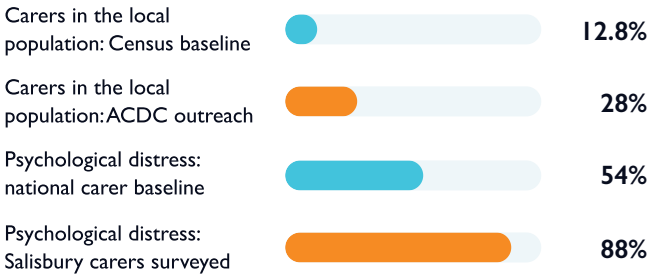


ACDC PRIORITY POPULATIONS

Carers in the City of Salisbury

From a door-knock to a funded Carer Peer Worker model, designed by carers themselves.

What ACDC found



Baselines: 2021 ABS Census; Carers Australia.

How often carers need support

In ACDC consultations, 28% of carers said they needed mental health support daily and a further 35% weekly.

Watch *Frontlines: Carers in the City of Salisbury*

PHASE 1

Door-knock and survey

Door-knocking identified 28% of City of Salisbury residents as carers. Carers formed a working group and built their own survey, shared through GP clinics and local Facebook groups. 83 carers responded.

PHASE 2

Community-led research

Local Council provided space at no cost for a monthly carer roundtable. Carers presented their model through grassroots film, to Parliamentary Members at the SA Statewide Carer Roundtable and at TheMHS Conference 2025.

PHASE 3

Community-led support model

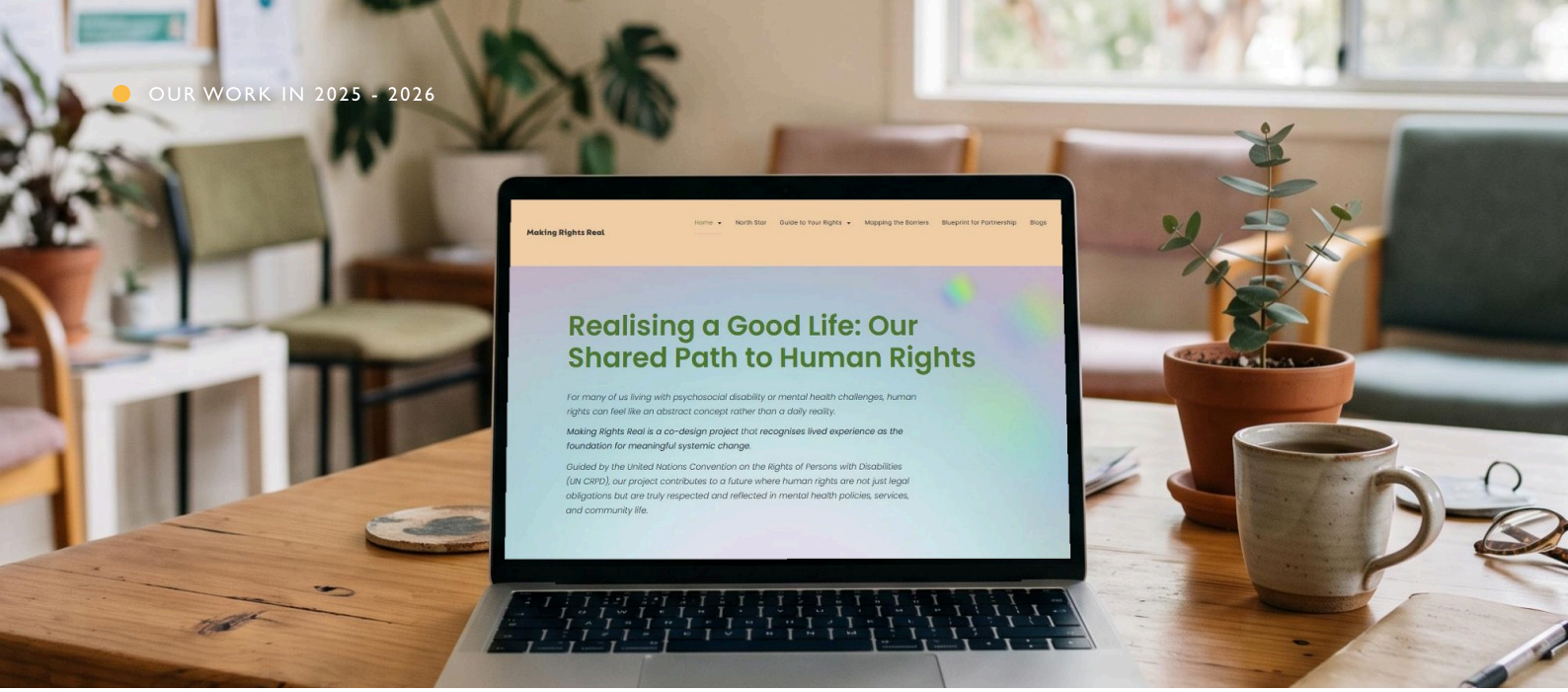
Carers designed a Carer Peer Worker model, from the job and person specification to workplace policies, a welcome pack and an after-hours roster for when support is most needed.

PHASE 4

Recruitment and evaluation

Funding was secured, Carer Peer Workers were recruited by community mental health services, and an independent university evaluation was undertaken.

Delivered in South Australia by the Mental Health Coalition of South Australia (MHCSA), an ACDC Round 5 delivery partner.



IN DEPTH

Making Rights Real

Making Rights Real is a co-design project that recognises lived experience as the foundation for meaningful systemic change.

Guided by the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), the project works towards a future where human rights are truly respected and reflected in mental health policies, services and community life.

Its resources were authored by the Making Rights Real Co-Design Group, led by the National Mental Health Consumer Alliance: 16 people from across Australia with lived experience of psychosocial disability and mental health challenges, including people from Trans, Non-binary, Queer, First Nations and culturally and racially marginalised communities.

Over 12 months, from June 2025 to May 2026, the group worked through a seven-stage co-design cycle, from a living safety agreement to 19 refinement sessions reviewing every draft and illustration. Together they created practical tools including the Blueprint for Partnership and the Warm Entry Protocol.

CMHA delivered Making Rights Real in partnership with the National Mental Health Consumer Alliance, and the project has now been handed over to the Alliance to lead.

Now led by

NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

makingrightsreal.org.au

"We want to move from a system that asks, 'What is wrong with you?' to a community that says, 'You belong here'."

Making Rights Real
Co-Design Group





31 March 2026

Professor Paul Flatau, Director, Centre for Social Impact, University of Western Australia, delivering the keynote

HISTORIC EVENT

Stronger Together at Parliament House

On 31 March 2026, we came together at Parliament House in Canberra for the Lived Experience and Community-Managed Alliance Parliamentary Breakfast.

The breakfast was the culmination of a collaborative partnership between the Indigenous Australian Lived Experience Centre, the National Mental Health Consumer Alliance, Gayaa Dhuwi (Proud Spirit) Australia, Mental Health Carers Australia and Community Mental Health Australia. It was the first time these five national peaks had jointly led an event at Parliament House.

Our keynote speaker, Professor Paul Flatau, Director of the Centre for Social Impact at the University of Western Australia, presented the summary findings of new economic analysis, Capturing the Economic Value of Psychosocial Support. The findings suggest that greater use of psychosocial supports could deliver value through improved quality of life, employment benefits and cost offsets.

Together, the five peaks called for a mental health system that is relational, culturally informed, community-based and grounded in lived experience.

> **"We recognise that people's lives cannot be reduced to numbers alone."**
>
> **The five national peaks**
> Joint statement, 31 March 2026



Kerry Hawkins, CEO, Community Mental Health Australia, addressing the Parliamentary Breakfast



The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention, and Assistant Minister for Rural and Regional Health



Aunty Vicki McKenna, CEO, Indigenous Australian Lived Experience Centre



Jen Nixon, National Policy and Research Manager, National Mental Health Consumer Alliance



Katrina Armstrong, CEO, Mental Health Carers Australia



Tom Hodge, Operations Manager, Gayaa Dhuwi (Proud Spirit) Australia







Guests at the Parliamentary Breakfast, Parliament House, Canberra



Kerry Hawkins, Chief Executive Officer, presenting on behalf of Community Mental Health Australia

EVENTS

Conferences and presentations

On behalf of Community Mental Health Australia, our Chief Executive Officer, Kerry Hawkins, often presents at conferences to showcase the work of the community managed mental health sector and the research within it.

Our National Policy Director, Kate Hawtin, also presents on behalf of CMHA at conferences around Australia, sharing what we are learning through projects such as ACDC. Together, these presentations help carry the voice and evidence of our sector to new audiences.



Kate Hawtin, National Policy Director

TheMHS Conference 2025

Brisbane

ACDC research findings from the Salisbury carers project were presented to the Mental Health Services Conference.

Gayaa Dhuwi (Proud Spirit) Australia National Conference

Garramilla (Darwin), Larrakia Country, August 2025

Our CEO Kerry Hawkins and President Cathy O'Toole attended. We were proud to sponsor the Community Impact Award and present it to Michelle Gissara.

SA Statewide Carer Roundtable

Adelaide

ACDC carers presented their Carer Peer Worker model through film and a panel discussion with Parliamentary Members.



Kerry Hawkins
Chief Executive Officer

SAFETY AND QUALITY

A voice in national health care standards

In September 2025, Kerry Hawkins, Chief Executive Officer, was invited to represent Community Mental Health Australia on the Mental Health Advisory Group of the Australian Commission on Safety and Quality in Health Care.

19 Sep 2025	3rd edition	31 Dec 2027
appointment begins	of the national health service standards in development	appointment ends

About the Commission

The Commission was established under the National Health Reform Act 2011 as a statutory authority. It leads and coordinates improvements in safety and quality in health care in Australia by identifying issues and policy directions, and recommending priorities for action.

About the Advisory Group

Established in 2015, the Advisory Group provides advice on key projects in the Commission's work plan. This covers services delivered by specialist mental health and suicide prevention services, and services provided to people with lived experience of mental health and suicide across all healthcare settings.

THE KEY ROLE

Over the next three years, the Advisory Group will provide strategic advice as the Commission develops the third edition of the National Safety and Quality Health Service (NSQHS) Standards, to be released for consultation in 2026 and finalised during 2028.

The Advisory Group also

- Providing advice on actions to address mental health and suicide prevention priorities, aligned with the National Mental Health and Suicide Prevention Agreement
- Reviewing drafts of key documents and resources
- Alerting the Commission to emerging safety and quality issues affecting services delivered to people with lived experience of mental health and suicide

GOVERNANCE AND FINANCIALS

Our financial statements

Our audited financial statements for 2025 - 2026, including the independent auditor's report, are published in the full Annual Report 2025 - 2026.

LOOKING AHEAD

2026 - 2027

> "Ambitious for change, with human rights at the heart of mental health system reform."

Leadership, Influence and Reform

We will continue to lead and influence Australian Government policy negotiations to deliver service and system transformation, and to bring a collective, cohesive and trusted Community Managed Organisation voice to government, keeping psychosocial disability on the agenda as reform of the NDIS and Foundational Supports unfolds.

We will build on Capturing the Economic Value of Psychosocial Support, making the case for longer funding cycles and stronger evaluation, so that the full human and economic value of psychosocial support can be measured. Rethinking Evidence and Assisting Communities through Direct Connection both continue into 2026 - 2027, and our Chief Executive Officer will continue to represent the community managed sector as the third edition of the National Safety and Quality Health Service Standards is developed.

Organisational Effectiveness and Sustainability

Working closely with our members, we will continue to consolidate our membership and our status as a national peak. The Board will continue the governance work for CMHA to become a company limited by guarantee while maintaining our registration with the Australian Charities and Not-for-profits Commission, alongside responsible financial management and a healthy workplace culture.

Stakeholder Engagement, Communications and Capacity Building

We will keep building strong, respectful and values-based relationships with Lived Experience peaks, our members and our partners, and keep members, stakeholders and communities informed through collaborative strategic communications.





CMHA

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