GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

Annual Report

2024–25

Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. The Commission wishes to pay its respects to Elders past and present, and extend this to all Aboriginal people seeing this message.

Please be aware this publication may contain the names and/or images of Aboriginal and Torres Strait Islander people who may be now deceased.

Feedback

We value your feedback to help improve future annual reports. Contact us by emailing contactus@mhc.wa.gov.au or writing to GPO Box X2299, Perth Business Centre WA 6847.

Copies of this document may be available in alternative formats upon request.

If you have a hearing or speech impairment, you can contact us through the National Relay Service: 133 677.

Recognition of Lived Experience

The Mental Health Commission recognises the individual and collective expertise of those with living and lived experience of mental health, alcohol and other drug issues and suicidal crisis, including their families and carers.

Statement of compliance

For year ended 30 June 2025
The Hon Meredith Hammat MLA
Minister for Mental Health

and

The Hon Sabine Winton MLA
Minister for Preventative Health

Dear Ministers,

In accordance with section 63 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Mental Health Commission for the reporting period ended 30 June 2025.

The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

Maureen Lewis
Commissioner
Mental Health Commission

2 September 2025

 ISSN: 2208-4347

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Who we are

The Mental Health Commission (Commission) is a Western Australian Government agency that facilitates the delivery of more than $1.5 billion per annum of mental health, alcohol and other drug (AOD) services and programs, while leading the transformation required across the system to better meet the needs of the community into the future.

The Commission partners with a range of stakeholders, including Health Service Providers (HSPs) and more than 160 Non-Government Organisations (NGOs), to deliver services and programs to the community. The Commission also works across state government agencies to progress strategic policy priorities.

The Commission was established on 8 March 2010 to lead mental health reform throughout the state and work towards a modern, effective mental health system that places the individual and their loved ones at the centre of its focus. On 1 July 2015, the Commission and the Drug and Alcohol Office amalgamated, establishing an integrated approach to mental health and AOD service delivery for Western Australia (WA). On 1 July 2024, the Commission established a dedicated Office of Alcohol and Other Drugs to strengthen and elevate alcohol and other drugs governance.

The Commission is guided by the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025*. A new Mental Health, Alcohol and Other Drugs Strategy for 2025-2030 is being developed. This year, the Commission also developed an internal *Strategic Plan 2025-2030* (Strategic Plan) which outlines the Commission's role, purpose and priorities during 2025-2030.

The Commission was established by the Governor in Executive Council under section 35 of the *Public Sector Management Act 1994* and is the agency principally assisting the Minister for Mental Health (Minister) and the Minister for Preventative Health in the administration of the *Mental Health Act 2014* (Act) and the *Alcohol and Other Drugs Act 1974* (AOD Act). The accountable authority of the Commission is the Mental Health Commissioner, Ms Maureen Lewis (Commissioner).

This year, the Commission continued to engage with Uncle Charlie and Aunty Helen through the Aboriginal Elders in Residence program. They provide valuable cultural expertise and awareness to help

guide the Commission's work. This year saw an emphasis on ways of working and the importance of making time for connection, sharing and listening to deepen relationships and build strong foundations for collaboration, to achieve meaningful outcomes. Uncle Charlie and Aunty Helen shared their wisdom and knowledge with staff and embedded important cultural concepts in the Commission's planning and engagement approaches.

The Elders also participated in the Commission's Aboriginal Cultural Immersion Project - *Debakarn Koorliny Wangkiny: Building Community Partnerships For Service Excellence*. The project was curated specially for the Commission to deepen the progress already made. The learnings from the project have been used in the Commission's activities, including the development of the *Innovate Conciliation Action Plan 2025-2027* (CAP), which was launched in April 2025.

The CAP sets the Commission's vision to create a culturally safe and responsive service through genuine partnerships and collaboration that supports the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander people.

The Commission uses the term 'Conciliation' instead of 'Reconciliation', as advised by the Elders. Conciliation means moving forward together and building a future that is better than the past.

During 2024-25, the Commission launched its first Conciliation Sentiment Survey to establish a baseline that would enable us to assess and further improve the Commission's conciliation efforts.

This year, the Commission launched an internal resource, *The Dalanginy Ngarlung Bidi 'Following Our Path'* Strong Spirit Strong Mind Cultural Pathways document that provides cultural guidance and direction for staff on culturally secure ways of working to better meet the needs of Aboriginal people and communities.

Four Assistant Commissioners were appointed to the Commission on 1 July 2024. The Assistant Commissioners are sector leaders who work with the Commission by providing strategic and expert advice to inform system-wide reform in the areas of:

- Aboriginal Affairs - Mr James Christian PSM MPA.
- Alcohol and Other Drugs - Dr Stephen Bright BA (Psych) Hons, PhD (Clin Psych).
- Lived Experience (Consumer) - Ms Patricia Tran; and
- Lived Experience (Significant Other) - Ms Wendy Cream FDRP, GradD Couns.

Operational structure

The Commission is led by the Commissioner and supported by the following divisions:

System Development

System Development identifies, develops and leads reforms to deliver government objectives for mental health and AOD systems, and improve outcomes for the Western Australian community. It does this by driving the development of statewide policies and strategies, intergovernmental relations, systems governance and stakeholder and lived experience engagement. System Development is also responsible for initiatives to prevent and reduce harm from AOD use and the prevalence of mental health issues and suicide. It is also responsible for legislative reform, system and service evaluation and performance monitoring across the mental health and AOD sectors. This year, the Commission established a new Aboriginal Policy and Cultural Governance team to lead Aboriginal-specific policy and governance.

The Office of Alcohol and Other Drugs has a strategic systems focus and sits within System Development.

Commissioning and Programs

Commissioning and Programs develops and commissions new models of service and contracts service providers for the delivery of mental health and AOD services across WA. It leads the Agency Commissioning Plan, the Strategic Workforce initiatives and also delivers training to the mental health and AOD workforce. Commissioning and Programs works with other government providers and NGOs regarding National Disability Insurance Scheme (NDIS), disability and psychosocial support national reforms.

The Alcohol, Drug and Mental Health Support Service (ADMHSS) is the Commission-run service comprising:

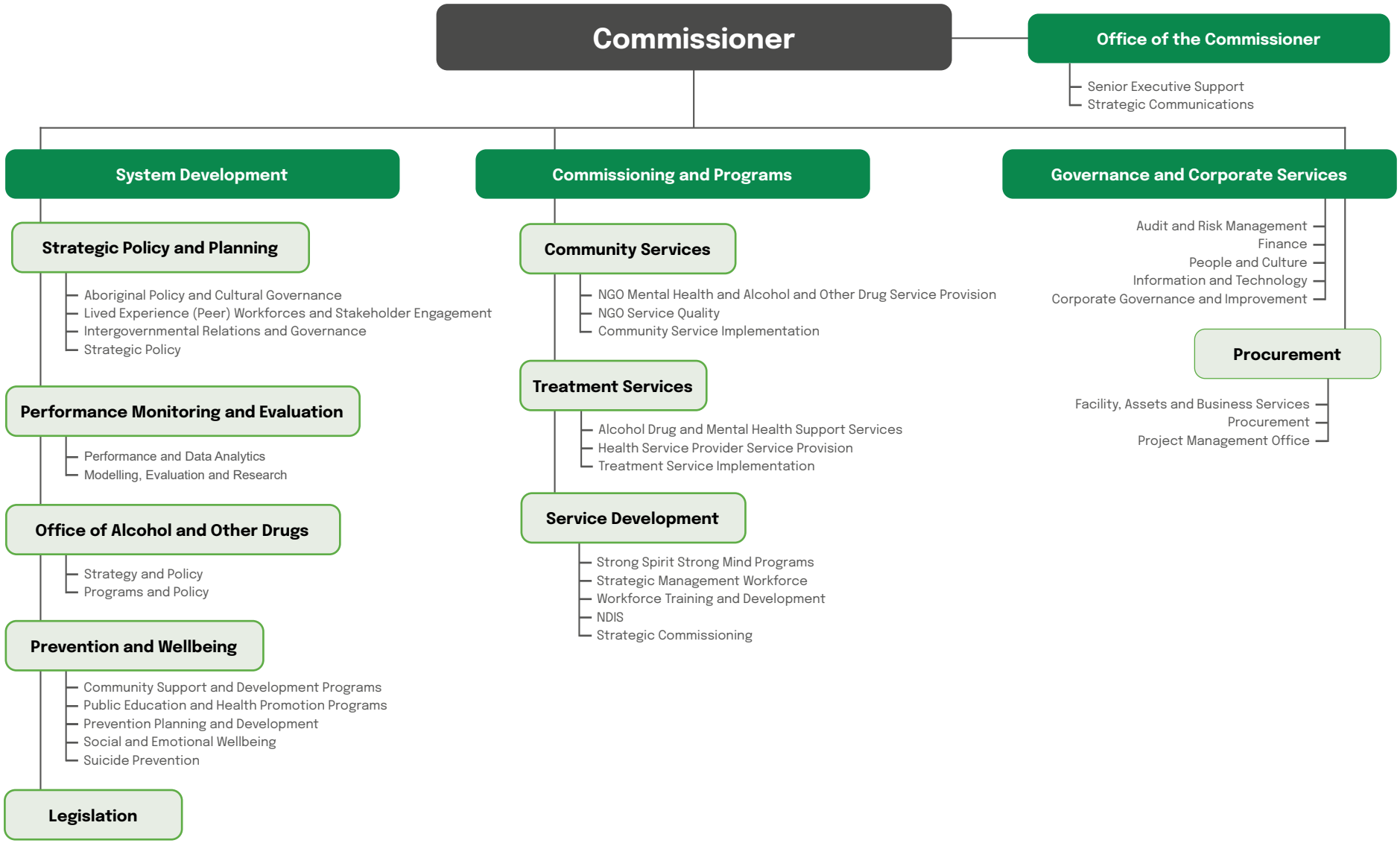
- The Alcohol and Drug Support Line, which is for people with concerns about their own AOD use;
- The Parent and Family Drug Support Line for those with concerns about the AOD use of their children, partner or other loved ones; and
- The Here For You Support Line which provides support for people with concerns surrounding their own or another's mental health and/or concurrent drug use.

Governance and Corporate Services

Governance and Corporate Services has oversight and governance of corporate functions, including the provision of procurement and contracting advice to staff and has oversight of the Commission's Strategic Asset Plan and owned assets. It also ensures appropriate controls and mechanisms are in place to proactively manage the Commission's risks and identify opportunities for business improvement.

The Commission also provides corporate support to three independent bodies – the Mental Health Advocacy Service, the Mental Health Tribunal and the Office of the Chief Psychiatrist. They operate independently but are provided corporate services support by the Commission.

Organisational structure



Responsible Ministers

Hon Meredith Hammat

BA, MIR, MLA

Minister for Health and Mental Health

Hon Sabine Winton

BA, BPS, MLA

Minister for Education; Early Childhood; Preventative Health; Wheatbelt

Vision, mission and values

Vision

Western Australians lead healthy and fulfilling lives.

Mission

Leading and transforming mental health and alcohol and other drug systems that empower people in health and wellbeing.

Our Values

Respecting individuals and culture

- We promote respect and strive for equality for everyone.
- We work to reduce the incidence and negative impacts of stigma.
- We encourage diversity.

Engaged and accountable

- We support engagement and participation at all levels.
- We take accountability for our commitments and actions and expect no less of others.
- We listen deeply, are reflective and open to feedback.

Leading with courage

- We communicate honestly and compassionately.
- We champion change to advance progress that is in the best interests of the community.
- We speak up, for ourselves and for others, when we see something that does not seem right.

Keeping integrity at our core

- We use evidence to inform our decisions, which are fair and ethical.
- We continue to research, learn and grow to deliver best practice.
- We are open, honest and trustworthy.

Value champions

In 2024-25 the Commission introduced Value Champions.

Value Champions are staff at the Commission who champion and adopt our values, reflecting who we are and how we should act in our everyday work and interactions.

December 2024

1. **Engaged and accountable**
   Tony Hartnett
2. **Leading with courage**
   Libby Walker
3. **Keeping integrity at our core**
   Cherner Dawes
4. **Respecting individuals and culture**
   Keira Bury

Our Year Highlights

2024-25

326

people working at the Commission

41

face-to-face training events

were delivered to **specialist and generalist AOD workers**

75%

women in leadership positions across the Commission

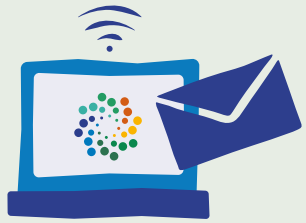
An increase of

543% ↗

new followers on LinkedIn

1,919

subscribers to the Commission's e-newsletter, Stakeholder Connect



- **67,613** people used the new interactive standard drinks tool on the Alcohol. Think Again website.

- **3,668** visitors to the careers in mental health website over 12 months and **1,065** visitors to the Careers in AOD website in the five months since it launched.
- **2,377** visitors to the Infant, Child and Adolescent Transformation Program website since it launched in January 2025.
- **213,189** visitors to the Commission's corporate website

2,907
service providers accessed the Commission's eLearning platform

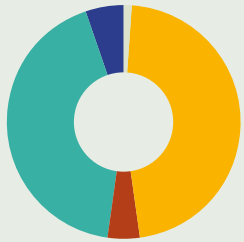
300
people
trained to supply and administer naloxone within their organisations

More than
160
NGOs partnered with in 2024-25

1,497
people attended a Gatekeeper Suicide Prevention workshop

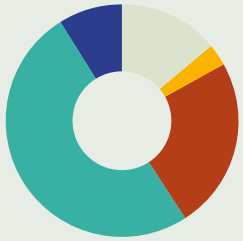
14,996
instances of one-to-one support provided by our state-wide telephone mental health and AOD support lines.

Mental Health funding



Prevention	$16.97M
Hospital Bed-Based	$637.79M
Community Bed-Based Services	$59.83M
Community Treatment	$579.10M
Community Support	$69.17M
TOTAL:	**$1.363BN**

Alcohol and Other Drug funding



Prevention	$20.17M
Hospital Bed-Based	$4.31M
Community Bed-Based Services	$34.47M
Community Treatment	$71.84M
Community Support	$12.5M
TOTAL:	**$143.283M**

Commissioner's foreword

This year we have worked hard to embed the Commission's core values, as we work towards our mission of leading and transforming mental health and AOD systems to empower people in health and wellbeing.

It was exceptionally pleasing to see a great number of staff members nominate their peers in our inauguaral Value Champion Awards, appreciating them for embodying and adopting our values, to reflect who we are as an agency and how we should act.

In the latter part of 2024, the Commission launched consultation to inform the new *Mental Health and Alcohol and Other Drugs Strategy 2025-2030* (Strategy). Once finalised, the Strategy will set the vision for the mental health and AOD systems, services and supports for the next five years. This means a more person-centred focus, allowing people to access services where they need them, and influencing how our commissioning will become more collaborative.

I would like to thank everyone from across the state for sharing your insights, experiences and expertise, particularly those with a living or lived experience of mental health, suicidal crisis, AOD issues. The diverse range of voices heard through this process will ensure the Strategy balances a broad range of perspectives, ultimately ensuring our systems empower and support people, families and communities in their wellbeing.

I would also like to take this opportunity to thank my fellow members of the Senior Executive Group and the Assistant Commissioners, who have continued to provide sound advice and progress our priority actions; our Elders, Uncle Charlie and Aunty Helen Kickett, who have once again been instrumental in guiding our staff and building cultural knowledge in our workforce; members of the Commission's governance groups for their commitment and advice to the sectors; and the Commission's dedicated staff who continue to develop and deliver meaningful programs throughout Western Australia.

I look forward to seeing our growth as an agency during 2025-2026 as we continue to work together to lead the transformation of Western Australia's mental health and AOD systems.

Maureen Lewis
Commissioner

Our Senior Executive Group

The Senior Executive Group (SEG) is responsible for the overall performance and compliance of the Commission and ensuring the delivery of consumer-focused mental health and AOD outcomes.

Maureen Lewis
Commissioner

Julia Knapton
Deputy Commissioner System Development

Monica Taylor
Deputy Commissioner
Commissioning and Programs

Matthew Richardson
Executive Director Governance
and Corporate Services

Maureen Lewis

MCN, MAICD

Commissioner

Maureen Lewis is an experienced senior executive and accomplished leader with a proven track record in driving strategy and reform. Maureen has an extensive background working in the mental health and AOD sectors across mental health commissions, clinical services, policy, reform, strategy, planning and regulatory functions.

She has experience leading and driving strategy and reform in complex service delivery environments in WA, New South Wales and across the Commonwealth.

Throughout her career Maureen has worked in significant leadership roles, making a difference to the lives of some of the most vulnerable people in our community to empower individuals and families to lead fulfilling lives. Maureen is uniquely placed to lead the necessary reforms of WA's mental health and AOD systems, informed by her grassroots clinical experience, intimate understanding of the community we serve and extensive leadership experience across Australia.

Julia Knapton

BPE, DipEd, DipHProm, GCertPSM, MPH, GAICD

Deputy Commissioner System Development

Julia Knapton joined the Commission in July 2023. In the four years prior, Julia held the position of Executive Director, Healthway, leading initiatives across systems to help create healthy environments, motivate behaviour change and influence policy to reduce and eliminate barriers to good health and wellbeing.

Julia has a long history working within the mental health and AOD sectors and previously worked at the Commission as Director Planning, Policy and Strategy and Acting Assistant Commissioner between 2015 and 2019. During this time, she was responsible for mental health and AOD strategy and services development, legislative services and consumer engagement.

Julia oversees the Commission's system-wide policy and strategy including legislation; intergovernmental relations and governance; stakeholder and lived experience engagement; performance, monitoring and evaluation; prevention and wellbeing; and the Office of Alcohol and Other Drugs.

Monica Taylor

BSc(N), MHlthAgedServMgt, MAICD, AFCHSM, AFAIM WA

Deputy Commissioner Commissioning and Programs

As Deputy Commissioner Commissioning and Programs, Monica oversees the Treatment Services, Community Services and Service Management teams.

Monica joined the Commission in April 2023 and initially held the inaugural role of Executive Director Mental Health Nursing, where she focused on leading the development of the WA Mental Health Workforce Capability Framework. Monica was appointed Deputy Commissioner in April 2024.

Monica is an experienced executive, who has held a variety of leadership roles over the past 15 years and has been a Mental Health Nurse for more than 30 years. She has a history of working in the hospital and health care industry within the WA health sector and is skilled in health care management, organisational development and patient safety.

Matthew Richardson

BA Hons, PgDipPubPol, ASA

Executive Director Governance and Corporate Services

Matthew joined the Commission in June 2024, having previously worked in Senior Executive and leadership roles across multiple State Government agencies, including the Departments of Communities; Biodiversity, Conservation and Attractions; Treasury; and the Premier and Cabinet.

Through a variety of policy, analysis, and finance and corporate roles, Matthew's career focus has been on systemic reform and continuous improvement, seeking to drive better outcomes and more efficient processes for the delivery of services to Western Australians, primarily in health and social services portfolios. While at the Treasury and as the Finance and Business Services Director for the Disability Services Commission, Matthew played key roles in the initial design, implementation and intergovernmental negotiations for the introduction of the National Disability Insurance Scheme.

Matthew is also a Non-Executive Director on the Board of a not-for-profit therapy provider and an Associate member of CPA Australia.

Sector Governance

Mental Health, Wellbeing and Alcohol and Other Drugs Ministerial Advisory Panel

The Mental Health, Wellbeing and Alcohol and Other Drugs Ministerial Advisory Panel (MAP) is an independent expert advisory and consultative body that provides direct feedback to the Minister about system performance and reform progress.

The MAP last met in December 2024. Meetings for 2025 are now being scheduled following the State Election and associated change in Ministerial portfolios.

Key matters discussed during the four meetings held in 2024 included:

- paediatrics and AOD use
- the Infant, Child and Adolescent Transformation Program
- access to services and supports for young people aged 16-17
- psychosocial supports

Joint Leadership Group

The Joint Leadership Group (JLG) is responsible for the performance of the public and community mental health and AOD systems, inclusive of strategic reform objectives. The JLG is co-chaired by the Commissioner and Director General of the Department of Health (DoH), and members include Chief Executives of all public HSPs. The JLG met five times in 2024-25. The JLG is working to deliver on its Annual Workplan, which includes priority reform items set by the Minister and associated actions for its strategic oversight.

Joint Executive Directors Sub-Group

The Joint Executive Directors Sub-Group is a working group of the JLG to support and operationalise its decisions. They meet monthly and the agendas are largely set by the items and outcomes in the preceding JLG agendas. The group brings their wealth of operational and strategic thoughts to advise the JLG on the priority items.

Clinical Advisory Group

The Clinical Advisory Group (CAG) provides expert clinical advice on mental health and AOD matters to the JLG. Members are appointed by the Minister. The group consists of 12 multidisciplinary health professionals representing expertise in varied settings.

The CAG has met five times in 2024-25 and received updates and provided advice on items which included:

- Eating Disorders Framework 2025-2030
- Outcomes Measurement Framework and Mental Health and Alcohol and Other Drugs Strategy 2025-2030
- planning for AOD service provision in health services and stigma reduction
- Mental Health Capability Framework
- psychology mental health workforce discussion paper
- access to services and supports for young people aged 16-17 years
- neurodiversity
- Community Treatment, Support and Emergency Response report
- Suicide Prevention Framework 2025-2030

Lived Experience Advisory Group

The Lived Experience Advisory Group (LEAG) provides expert advice grounded in lived experiences and human rights to the JLG. Members are appointed by the Minister. The group is responsible for ensuring the voices of consumers, familymembers, carers, significant others and community members with lived experience of mental health, alcohol and other drug issues, harms and service use are embedded in the relevant reforms undertaken across the mental health and AOD sectors.

The LEAG has met three times since being established in December 2024 and received updates and provided advice on items which included:

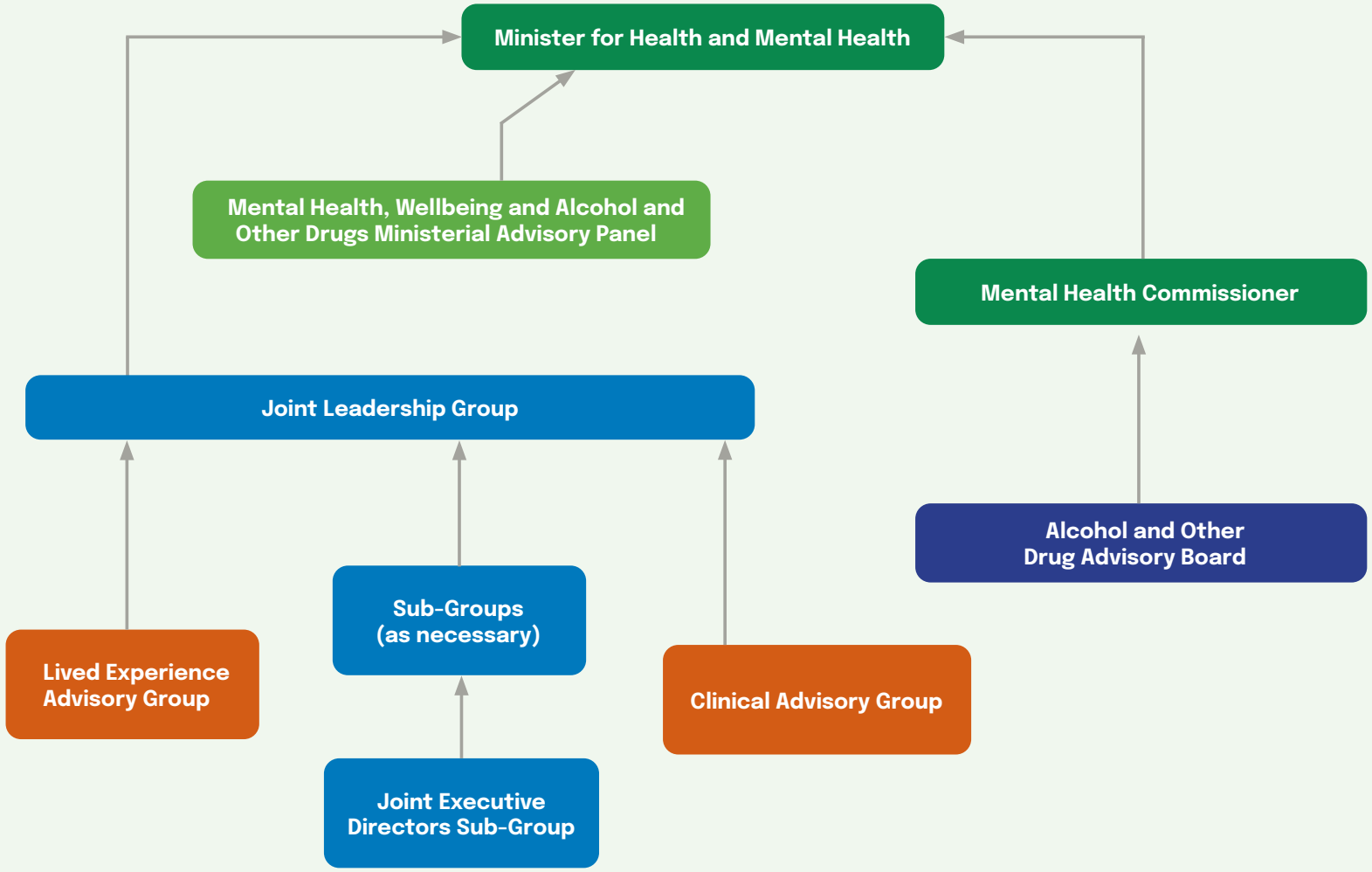
- JLG workplace and key Commission projects
- Outcomes Measurement Framework and Mental Health and Alcohol and Other Drugs Strategy 2025-2030
- AOD service provision in health services and stigma reduction
- Suicide Prevention Framework 2025-2030
- Community Treatment, Support and Emergency Response report

Alcohol and Other Drug Advisory Board

The Alcohol and Other Drugs Advisory Board (AODAB) was established pursuant to s.14 of the *Alcohol and Other Drugs Act 1974* to provide advice to the Commissioner about matters relevant to performance of functions under section 11 - the functions of the CEO.

Chaired by Professor Steve Allsop, the AODAB comprises six members with diverse perspectives and expertise in the AOD field, including prevention, community services, research, Culturally and Linguistically Diverse communities and Lived Experience.

Following a review of the Terms of Reference next year, the AODAB will be expanding its membership, with additional members to be appointed representing the Aboriginal sector, regional services, Lived and Living Experience and a psychiatrist or addiction medicine specialist.


Minister for Health and Mental Health
Mental Health, Wellbeing and Alcohol and Other Drugs Ministerial Advisory Panel
Mental Health Commissioner
Joint Leadership Group
Alcohol and Other Drug Advisory Board
Sub-Groups (as necessary)
Lived Experience Advisory Group
Clinical Advisory Group
Joint Executive Directors Sub-Group

Office of Alcohol and Other Drugs

On 1 July 2024, the Commission launched its dedicated Office of Alcohol and Other Drugs (the Office).

The Office is responsible for informing, developing, and overseeing the State Government's AOD strategy and system-wide strategic policy reform. It drives interagency coordination and strengthens intergovernmental and sector-wide relationships to achieve better outcomes for the Western Australian community.

The Office is responsible for driving progress against the *Strengthening Alcohol and Other Drugs Governance in Western Australia Implementation Plan*, which outlines the Commission's commitment to deliver strategies in alignment with guiding principles. The guiding principles represent the desired future state of AOD governance in WA. In partnership with government and non-government stakeholders, the Office completed or progressed 16 of the 17 strategies in the implementation plan in 2024-25.

Next year, the Office will be developing an Alcohol and Other Drugs Framework to provide targeted directions to guide AOD system-wide reform.

Strengthening Alcohol and Other Drugs Governance in Western Australia Implementation Plan

Guiding Principles

- Dedicated domain for the AOD system, with sustainable, accountable, transparent and impactful leadership.
- System-wide leadership and strategic coordination of AOD strategies and services within the wider system, including prevention, early intervention, harm reduction, treatment and support.
- 'Alcohol and other drugs' being in the title of the government body responsible for AOD governance.
- AOD expertise, and capability to translate evidence into policy and systems and services planning.
- Capacity to partner with the sector and consumers to achieve best system and service outcomes for the community.

As part of a cross-agency, comprehensive approach to reducing alcohol harms, the Office collaborates with the Chief Health Officer (CHO) to support and elevate the harm minimisation aspects of the *Liquor Control Act 1998* and other associated legislation. As part of the approach, the CHO makes submissions regarding options to reduce potential harm from high risk liquor licence applications.

In 2024-25, of 108 liquor licence applications reviewed, the CHO made 35 submissions to the licensing authority to minimise harm or ill health associated with the applications.

Key focus areas included:

- separating alcohol from activities at licensed venues that appeal to children, such as arcade games, cinemas and sports;
- high risk late night trading;
- co-location of liquor stores with supermarkets; and
- mine sites.

Of 27 decisions, 13 were consistent with recommendations made in the harm minimisation submissions, 11 were partially consistent, one was a loss, and two applications were withdrawn.

Agency performance

Outcome-based management framework

Government goals

State Government organisations work together to achieve specific high-level goals that support the State Government's desired outcomes. The Mental Health Commission's (the Commission) Outcome-based Management Framework was developed to help monitor and assess the agency's performance against the specific goal of achieving **Safe, Strong and Fair Communities:** Supporting our local and regional communities to thrive.

The following tables show summaries of:

1. the relationship between this Whole-of-Government goal, desired outcomes the Commission seeks, how those outcomes are measured and how we performed this year.
2. how effective and efficient the types of services we commission are in contributing to that goal.

The Commission's Outcome-based Management Framework did not change in 2024-25.
The Commission did not share any responsibilities with other agencies.

Agency-level government desired outcomes and key effectiveness indicators

Government Goal	**Safe, Strong and Fair Communities** Supporting our local and regional communities to thrive		
Agency Level Outcomes	**Outcome 1:** Improved mental health and wellbeing	**Outcome 2:** Reduced incidence of use and harm associated with alcohol and other drug use	**Outcome 3:** Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports
Key Effectiveness Indicators	**1.1** Percentage of the population with high or very high levels of psychological distress	**2.1** Percentage of the population aged 16 years and over reporting recent use of alcohol at a level placing them at risk	**3.1** Readmissions to acute specialised mental health inpatient services within 28 days of discharge
		2.2 Percentage of the population aged 16 years and over reporting recent use of illicit drugs	**3.2** Percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services
		2.3 Rate of hospitalisation for alcohol and other drug use (per 100,000 population)	**3.3** Percentage of closed alcohol and other drug treatment episodes completed as planned
			3.4 Percentage of the population receiving public clinical mental health care or alcohol and other drug treatment

Services and Key Efficiency Indicators

Services ▶	Prevention	Hospital Bed-Based Services	Community Bed-Based Services	Community Treatment	Community Support
Key Efficiency Indicators ▶	**1.1** 1.1 Cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities	**2.1** Average cost per purchased bed-day in specialised mental health and alcohol and other drug units	**3.1** Average cost per purchased bed-day in mental health 24 hour and non-24 hour staffed community bed-based services	**4.1** Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services	**5.1** Average cost per hour for community support provided to people with mental health issues
		2.2 Average cost per purchased bed-day in forensic mental health units	**3.2** Average cost per bed-day in mental health step up/step down community bed-based units	**4.2** Average cost per closed treatment episode in community treatment-based alcohol and other drug services	**5.2** Average cost per episode of care in safe places for intoxicated people
			3.3 Average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services		

Performance summaries - Report on operations

Summary of financial performance

Financial target	2024-25 Budget $'000	2024-25 Revised Budget $'000	2024-25 Actual $'000	Variation** $'000
Agreed salary expense level	48,785	38,311	40,802	(2,491)
Agreed Executive Salary Expense Limit	1,844	1,844	2,346	(502)
Total cost of service (expense limit)	1,453,154	1,516,459	1,506,125	10,334
Net cost of services*	1,445,999	1,507,302	1,496,595	10,707
Total equity	116,303	80,819	103,507	(22,688)
Net increase/decrease in cash held	(6,450)	(6,714)	13,963	(20,677)

**The Net cost of services 2024-25 budget figures reflects the reclassification of NHRA funding as income from state government in actual reporting.*
***The variation is the difference between the 2024-25 Revised Budget and 2024-25 Actual. Further explanation on variance to budget is contained in Note 10.1 (page 112).*

Working cash targets

	2024-25 Budget $'000	2024-25 Actual $'000	Variation $'000
Agreed working cash limit (at Budget)	72,414	84,370	(11,956)
Agreed working cash limit (at Actuals)	75,749	84,370	(8,621)

The working cash limit represents a cap limit on the Commission's working cash at bank. The working cash at bank excludes restricted cash holdings.

Key performance indicator (KPI) results against targets

The Commission reports each year on efficiency and effectiveness indicators that contribute to its agency outcomes. A summary of its performance is provided in the table below. More detailed information and analysis of its efficiency and effectiveness indicators are provided in the Key Performance Indicators section on page 120.

Indicator		2024-25 Target	2024-25 Actual
Key effectiveness indicators			
Outcome 1: Improved mental health and wellbeing			
1.1	Percentage of the population with high or very high levels of psychological distress	≤18.0%	21.2%
Outcome 2: Reduced incidence of use and harm associated with alcohol and other drug use			
2.1	Percentage of the population aged 16 years and over reporting recent use of alcohol at a level placing them at risk	≤35.1%	36.4%
2.2	Percentage of the population aged 16 years and over reporting recent use of illicit drugs	≤11.8%	12.2%
2.3	Rate of hospitalisation for alcohol and other drug use (per 100,000 population)	<965.4	848.1
Outcome 3: Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports			
3.1	Readmissions to acute specialised mental health inpatient services within 28 days of discharge	≤12.0%	14.4%
3.2	Percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services	≥75.0%	87.7%
3.3	Percentage of closed alcohol and other drug treatment episodes completed as planned	≥76.0%	69.8%
3.4	Percentage of the population receiving public clinical mental health care or alcohol and other drug treatment	≥3.7%	2.7%

Indicator		2024-25 Target	2024-25 Actual
Key efficiency indicators			
Service 1: Prevention			
1.1	Cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities	$12.77	$13.63
Service 2: Hospital Bed-Based Services			
2.1	Average cost per purchased bed-day in specialised mental health and alcohol and other drug units	$1,949	$2,142
2.2	Average cost per purchased bed-day in forensic mental health units	$1,833	$1,926
Service 3: Community Bed-Based Services			
3.1	Average cost per purchased bed-day in mental health 24 hour and non-24 hour staffed community bed-based services	$333	$363
3.2	Average cost per bed-day in mental health step up/step down community bed-based units	$973	$1,032
3.3	Average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services	$16,310	$19,068
Service 4: Community Treatment			
4.1	Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services	$653	$664
4.2	Average cost per closed treatment episode in community treatment-based alcohol and other drug services	$2,916	$3,131
Service 5: Community Support			
5.1	Average cost per hour for community support provided to people with mental health issues	$195	$197
5.2	Average cost per episode of care in safe places for intoxicated people	$710	$634

Helping Western Australians lead healthy and fulfilling lives

Paving the way forward

The Commission is developing the *Mental Health and Alcohol and Other Drug Strategy 2025-2030* (Strategy) to guide the transformation of mental health and AOD systems, to empower and support people, families and communities in their wellbeing.

Between October and December 2024, the Commission undertook statewide consultation, guided by a Discussion Paper, that identified key challenges, opportunities and emerging priorities for WA. More than 740 people and organisations participated in the consultation process, providing a broad range of voices, experiences, perspectives and insights, which will be reflected in the Strategy.

The Discussion Paper was informed by two Technical Advisory Groups, analysis of more than 135 key existing consultations, policy and strategy documents, reviews of current programs and activities, mapping of mental health and AOD services, and early engagement with key stakeholders.

The Strategy will outline the Aspirations, Strategic Pillars and key Focus Areas to guide the community, government, non-government and the private sector over the next five years.

The Commission also released the *Western Australian Eating Disorders Framework 2025-2030* in December 2024 to support the new Strategy. It sets out the statewide coordinated approach required for a comprehensive, equitable, and culturally responsive system of care for those impacted by eating disorders.

The Strategy will also be supported by the development of an Outcomes Measurement Framework to measure and track person-centred outcomes.

Transforming public mental health systems

The Commission is prioritising the ongoing transformation of the public mental health system to help ensure timely, appropriate, and effective care for people. This includes working towards more integrated and cohesive systems, as well as provision of appropriate treatment and support to individuals and families in the community, and strengthening access to services that provide alternatives to emergency departments.

The *Community Treatment, Support and Emergency Response Services (CTSER) report* was released in November 2024 to provide a vision for community mental health and emergency response services that will best meet the needs of Western Australians aged 16-64 years old.

The reform focus is to deliver community services across the system in partnership, via a coordinated and integrated approach to ensure crisis response services are appropriate, accessible, timely and effective to those who need them.

Since the *Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents (ICA) aged 0 - 18 years in Western Australia* was released in March 2022, considerable progress has been made in transforming the public mental health system for children and young people.

New mental health ambulance service

A Mental Health Ambulance Co-Response service was launched in the metropolitan area. This is a co-ordinated mental health virtual crisis response line and a mobile ambulance co-response service designed to provide immediate support, aiming to prevent admissions to emergency departments.

The service operates through a partnership between the Commission, DoH, St John WA and the East, North and South Metropolitan Health Services and aims to offer:

- virtual triage, assessment and urgent care to Triple Zero (000) callers in the metropolitan area aged 16 years and above, where mental health is the primary cause for concern - launched November 2024.
- a mobile response team comprising mental health practitioners and paramedics to provide care for people experiencing a mental health emergency - launched December 2024.

Since 2022, more than $121 million has been dedicated to transforming the ICA system. Election commitments announced in 2024-25 committed a further investment of $65.5 million to improve regional mental health services.

This year three new Acute Care and Response Teams for children and young people (0 - 17 years) began operating across the metropolitan area and the Great Southern. These teams provide rapid and mobile crisis responses.

A dedicated website – ica.mhc.wa.gov.au – was launched in January 2025 to provide updates and progress on the transformation.

Kids Hub

Children have more access to early intervention and mental health support following the opening of The Kids Hub in January 2025. The Kids Hub, operated by Parkerville Children and Youth Care Service in Midland, provides free mental health and wellbeing services for children under 12 years of age experiencing mild to moderate developmental, mental health, behavioural or emotional challenges, and their families.

The Kids Hub service emphasises strong connections and integration with services in the surrounding community to streamline access and navigation, facilitating responsive support for children and their families. The service is jointly funded by the Western Australian and Australian governments.

From an ICA Mental Health Service (ICAMHS) Bunbury client

The ICAMHS team's collaborative approach, to gather additional information, allowed for informed and accurate diagnoses. These diagnoses have been pivotal in obtaining further funding to cover the much-needed ongoing support for our child. Additionally, the referrals made into the community have provided a sense of continuity and stability that was sorely lacking in the past.

Thank you for the dedication, professionalism, and compassion demonstrated by the entire ICAMHS team. The improvement in the service over the past eight years is significant, and I am deeply grateful for the positive impact it has had on our lives.

Preventing harm and supporting those with alcohol and other drug issues

The Commission and the East Metropolitan Health Service (EMHS) partnered to pilot the Western Australian Model for Violence Prevention (WA MVP) at the Royal Perth Hospital (RPH) Emergency Department (ED). The WA MVP Pilot aims to prevent alcohol-related violence and injuries that impact EDs, frontline services and the community by using collected data to inform the development and implementation of prevention strategies.

Over a four-month data collection period, there were 2,421 presentations at the RPH ED related to alcohol. Trends in presentations are starting to emerge which will help the Commission identify and prioritise implementation of targeted prevention initiatives.

The Commission also operates the WA Naloxone Program to provide community members access to naloxone, which is a medication used to reverse the effects of opioid overdose. This year the Commission ordered more than 7,700 boxes of naloxone to support 24 organisations, services and agencies supplying and administering it.

On 31 October 2024 the State Government introduced new regulations to limit access and help reduce the health harms associated with nitrous oxide when used for intoxication purposes. Under the new regulations, nitrous oxide is only available to registered food businesses, selected businesses with a liquor licence, education and training institutes and cooking schools. The Commission engaged with impacted industries to identify supports required to comply with the proposed changes. This included developing the Nitrous Oxide Amendment Regulations Stakeholder Kit and Point of Sale signage to help businesses understand the new regulations.

The Commission supports a statewide network of Alcohol and Other Drug Prevention Officers who help develop and implement region-specific AOD Prevention Plans that provide roadmaps for addressing and responding to AOD issues across the regions.

The Commission's Alcohol. Think Again and Drug Aware education campaigns are part of a comprehensive approach that aims to reduce the level of AOD-related harm in WA.

The alcohol and pregnancy campaign, *Amazing*, launched in April 2025, with an aim to increase the proportion of Western Australians who are aware there is no safe amount or time to drink alcohol when pregnant. The campaign is a major component of the State Government's Fetal Alcohol Spectrum Disorder Prevention Project.

The *What's Your Poison?* campaign relaunched in May 2025 following promising evaluation results which indicated young risky drinkers thought the advertising was believable, relevant and made them concerned about their alcohol use.

A separate research project informed the development of advertising materials for older adults aged 65 years and above, titled *Life gets better with age, not alcohol*.

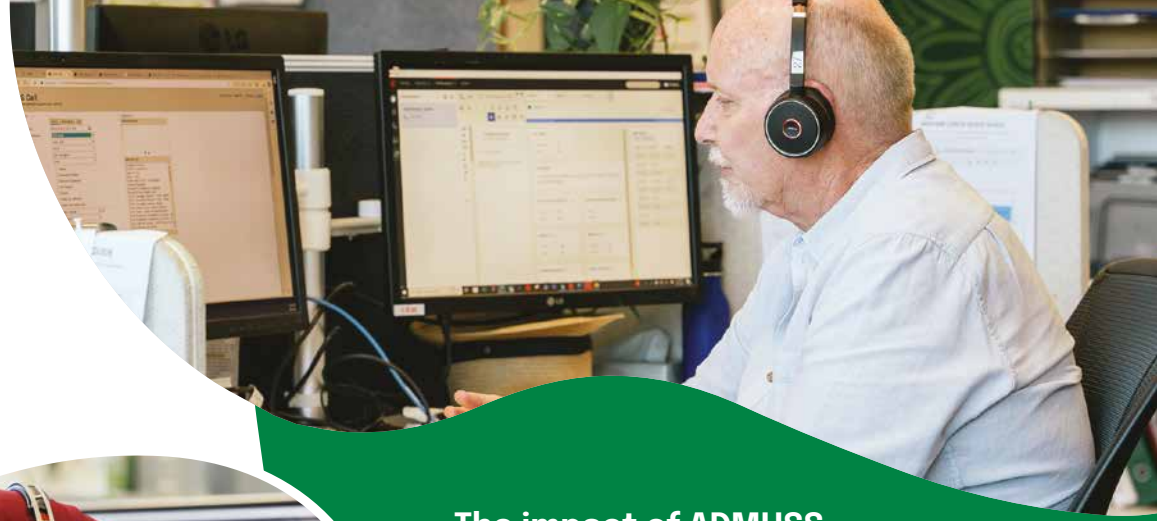
The Drug Aware *Party Smarter* campaign aims to reduce harm from MDMA use among younger audiences aged 18-35 years. It ran on social media from November 2024 to March 2025 during school 'Leavers' events and the music festival season. The campaign achieved strong audience engagement, and the evaluation found people who saw the campaign were more likely to immediately seek medical attention if they witnessed or experienced life-threatening symptoms compared to those who did not see the campaign.

Diversion workshops

The Commission hosted a diversion workshop in November to support AOD Diversion Officers to deliver the AOD Diversion Program in court settings. The AOD Diversion Program aims to divert adults who are appearing in court and have AOD related problems into treatment to provide them with an opportunity to treat and address use, addiction, and related harm, and break the cycle of AOD related offending.

Participants included court-based AOD Diversion Officers and their managers and supervisors from community AOD service providers across the state.

The workshop provided an opportunity to bring together the diversion workforce to network, support information sharing and capacity building in a peer-based environment.



The Alcohol, Drug and Mental Health Support Service

The Alcohol, Drug and Mental Health Support Service (ADMHSS) provides a state-wide information, counselling, support, referral, and system navigation contact centre to community members concerned about mental health issues and AOD use. The service provides support via telephone, Live Chat, email enquiries and the parent volunteer face-to-face and online psychoeducational and support groups.

This year, 14,996 instances of one-to-one support were provided by ADMHSS, and 794 calls were made to the Drug and Alcohol Clinical Advisory Service which is a specialist telephone consultancy service that provides clinical advice to health professionals on all issues relating to patient management of AOD use.

The service transitioned to a new digital telephony service and was rebranded from the Alcohol and Drug Support Service to the ADMHSS, with the launch of a new website.

The lady I spoke with was extremely personable and inclusive, with great listening skills and understanding. I felt validated and encouraged to continue my very difficult journey - at my own pace, but not in isolation.

I spoke to a lovely lady who made me take a step back from all the overwhelming emotions and stress I've been dealing with and gently guided me to take some time off and see a GP to get checked for depression. I felt understood. At a time when family/ friends would've panicked on behalf of me, having a third person to give me a fresh perspective was much appreciated.

I found the service to be helpful and beneficial, easy to get through and the person I spoke to spent a lot of time with me. Calling at a time of need, I felt well supported and it helped me take next steps to help the situation with my son, and I'm happy to say things have improved because of this. Thank you.

The impact of ADMHSS

Paul (not his real name) first called the service in September 2024 after he returned home from being in detox and was struggling with loneliness. Paul has a diagnosis of anxiety and depression and is on medication. His overwhelming feelings were due to multiple external factors such as caring for an elderly sick father, relationship difficulties with his sister and navigating the difficulties of sharing the care of his nine-year-old daughter with his ex-partner. Paul previously held a managerial work role, which he left due to work stress. Paul struggled with his sense of identify after leaving his job, so he self-soothed with alcohol.

Most of the phone contact has been focused on developing strategies and goals for maintaining a healthy lifestyle and positive mental health. When his daughter is present he stops drinking, however when she returns to her mother, he starts again. More recent calls have focused on making micro changes to his daily routine - small achievable goals he believes he can honour.

Paul said he finds the calls extremely helpful and through contact with the service he feels accountable for his choices, supported and that 'someone believes' in his capacity.

Everyone has a role to play in suicide prevention and increasing individual and community wellbeing

Addressing and preventing the devastating impacts of suicide felt across the whole community is the responsibility of all Western Australians.

The *Western Australian Suicide Prevention Framework 2021-2025* (Suicide Prevention Framework) seeks to support individuals, communities, government and non-government organisations, to work together to implement comprehensive approaches to reduce the rate and impacts of suicide.

The Commission has started developing the *Western Australian Suicide Prevention Framework 2025-2030*. Work this year included targeted consultation with groups disproportionately impacted by suicide, including people with lived experience, people with disability, LGBTIQA+SB communities, carers and Culturally and Linguistically Diverse communities, as well as broader public consultation. Consultation on the draft Framework will commence in 2025.

This year, the Commission partnered with Lifeline WA and Kids Helpline to increase the capacity of their telephone and virtual support services. The funding enabled Lifeline WA to engage 10 Crisis Support Workers and a Crisis Support Training Coordinator to increase the capacity of workers to better respond to people in crisis, particularly during high call volume times. The additional funding to Kids Helpline enabled them to increase their capacity to answer more calls from young Western Australians.

The Commission also continued to support communities to increase awareness of mental health issues and suicide prevention through targeted programs such as Mates in Construction, Wheatbelt Men's Health, Katitjin Blue Mind Place, and WAAC's Weekend Workshop programs, and provide long-term support for young people bereaved by suicide.

Western Australian Suicide Prevention Grants Program

$1 million was invested for the delivery of local initiatives to address the impact of suicide, with a focus on groups known to be disproportionately impacted by suicide.

Grants were awarded to the following 11 community-led groups and organisations:

- Aboriginal Family Legal Services
- Amity Health
- Australasian College of Paramedicine
- Broome Regional Aboriginal Medical Service
- City of Mandurah
- Community Broadcasting Association of Australia
- Malka Maaman
- Mindful Margaret River
- Richmond WA
- Sussex Street Community Law Services
- Legacy WA

Programs are being delivered state-wide and are designed to meet the unique needs of each community. These grassroot programs are crucial in making a meaningful difference in communities that are disproportionately impacted by suicide.

Aboriginal Community Controlled Organisations (ACCOs) were engaged to develop Regional Aboriginal Suicide Prevention Plans, aligning with the Suicide Prevention Framework. These community-endorsed regional plans are developed and implemented by Aboriginal Community Liaison Officers (CLOs), to inform the prevention activities in the 10 health regions. In May 2025, the Commission hosted a CLO Gathering to connect and share challenges and learnings.

This year, the Commission partnered with SafeSide Prevention to enhance suicide prevention through workforce training. The training will extend and complement Western Australia's current suicide prevention initiatives by supporting those working in mental health, AOD and youth services to help staff respond to suicide.

As well as delivering training for the workforce, Safeside Prevention is establishing a Restore Network to provide organisational leaders with the tools, resources and support to collaborate on suicide prevention activities across the state, and improve support for their staff and people they engage with.

The Commission's Think Mental Health education campaign is part of a comprehensive approach in Western Australia that aims to build mental health and wellbeing and reduce mental health issues with a view to reducing Western Australia's suicide rate. It supports other initiatives to prevent and reduce suicide in Western Australia.

The *Find Your Way to Okay* campaign relaunched in May 2025. The campaign acknowledges the unique circumstances and challenges experienced by Western Australian young adults and provides practical, evidenced-based strategies to gain and maintain mental health and wellbeing.

The Commission chairs the First Responders Working Group (FRWG), comprising representatives from first responder agencies. The purpose of the FRWG is to leverage best practice workplace initiatives to support and improve the mental health and wellbeing of first responder employees, volunteers and families.

To strengthen the FRWG's work, the Commission partnered with Curtin University's Future of Work Institute to develop a series of toolkit resources for first responder workplaces.

Six Thrive at Work Prevent Harm Toolkits were completed this year:

- Wellbeing on Station: A Toolkit for Firefighters and Station Officers
- Promoting Care and Careers in the WA Police Force: A Guide to Checking-in with your People
- Initiating Care and Career Check-ins at the WA Police Force: A Guide to Making Work, Work for You
- Together we Thrive: A Toolkit for Learning, Care and Career Development at DBCA
- Partnering for Success: A Guide to Enhancing Ambulance Crew Mentorship
- From Incidents to Insights: A Guide to Leveraging Frontline Perspectives in Operational Debriefs

The Commission is continuing to implement the toolkits and help ensure the resources become a sustainable and impactful part of first responders' psychosocial risk management strategies.

Social and Emotional Wellbeing

The National Agreement on Closing the Gap (Closing the Gap) is a commitment between governments and Aboriginal and Torres Strait Islander people to achieve better life opportunities and physical, mental, cultural and spiritual wellbeing for all Aboriginal and Torres Strait Islander people. The Commission is committed to meeting the socio-economic outcomes and priority reforms associated with Closing the Gap and is the lead agency for addressing Outcome 14 - *Aboriginal people enjoy high levels of social and emotional wellbeing*.

Key initiatives led by the Commission to meet this outcome and priority reform areas associated with Closing the Gap include:

- the Social and Emotional Wellbeing (SEWB) Model of Service Pilot Program;
- implementation of Regional Aboriginal Suicide Prevention Plans through the establishment of a statewide network of Community Liaison Officers through ACCOs; and
- the Stronger You, Stronger Mob campaign.

The Commission's engagement at Closing the Gap national and state governance meetings, including the National Social and Emotional Wellbeing Policy Partnership Group, Western Australian Closing the Gap Deputies Group and Aboriginal Affairs Coordinating Committee, is pivotal in supporting national leadership, coordination and cooperation, shared decision-making, and transforming the way Closing the Gap programs are delivered.

Social and Emotional Wellbeing Model of Service Pilot Program

The Commission and the Aboriginal Health Council of Western Australia (AHCWA) partner to deliver the Social and Emotional Wellbeing Model of Service Pilot Program. The model of service sets a framework for Social and Emotional Wellbeing service delivery that is flexible and allows for the recognition of place-based needs and the diversity of Aboriginal people and communities.

A recent evaluation of the program highlighted positive impacts in supporting health outcomes for Aboriginal people and communities, including:

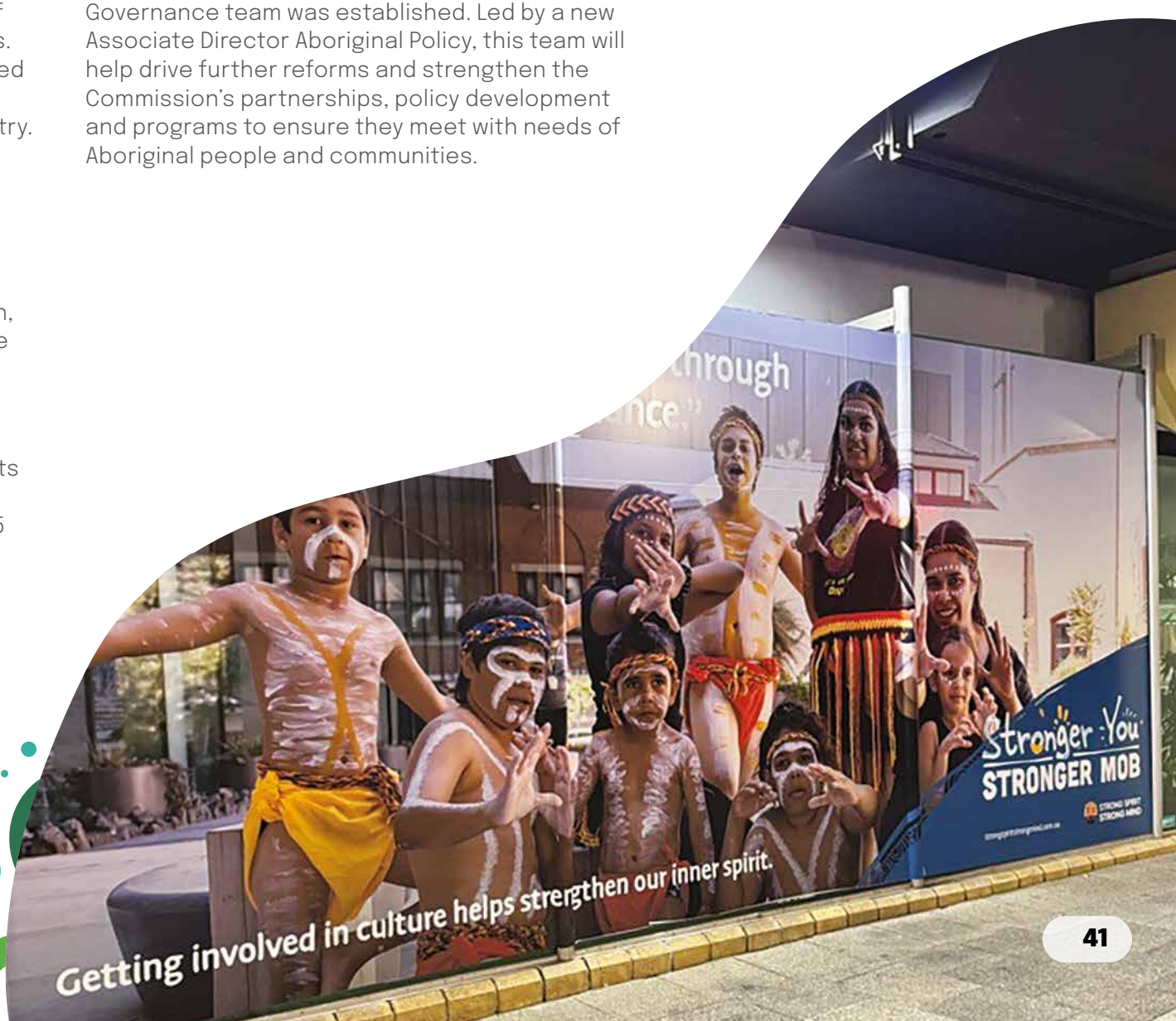
- empowering Aboriginal organisations' self-determination to lead and develop initiatives that serve their people effectively.
- effectively engaging community members by providing culturally safe, appropriate, and responsive services, drawing on cultural knowledge, community leadership, and lived experience

The Commission's *Stronger You Stronger Mob* campaign aims to improve the Social and Emotional Wellbeing (SEWB) and prevent the early uptake of AOD for young Aboriginal people aged 12-25 years. The second burst of the campaign was conducted with a point of view media strategy showcasing local Aboriginal youth and their families on country.

The *Stay Strong Look After You and Your Mob* campaign was delivered with a new culturally secure concept, 'Spend Time with Your Mob'. Culturally secure input is an ongoing process to inform the messaging, design and development of the campaign, which includes Aboriginal Youth, a Community Specialist Reference Group and the Commission's Elders in Residence.

As part of the Strong Spirit Strong Mind Youth Project, 15 Aboriginal Community Controlled Organisations were successful in receiving grants to provide local culturally secure programs and activities targeted at Aboriginal youth aged 12-25 years, to further enhance their SEWB and create awareness of the risks associated with AOD use. More than $380,000 was distributed through this grant funding.

To further enhance the Commission's work, this year a dedicated Aboriginal Policy and Cultural Governance team was established. Led by a new Associate Director Aboriginal Policy, this team will help drive further reforms and strengthen the Commission's partnerships, policy development and programs to ensure they meet with needs of Aboriginal people and communities.



Building and supporting the workforce

Attracting and retaining suitably skilled and qualified people to work in the mental health and AOD sectors remains a challenge. The Commission is working with stakeholders at a national and state level to better understand workforce needs and progress key workforce development opportunities.

The Commission continues to deliver the *Workforce Strategic Framework*, which aims to guide the growth and development of the mental health and AOD workforce to ensure it has the capacity and capabilities necessary to meet the needs of the community.

The development of the *WA Mental Health Workforces Capability Framework* is near finalisation and will outline the knowledge, skills and values of mental health professionals delivering services in public mental health settings. It will provide a valuable resource for services and managers by highlighting the range of professionals with capabilities relevant to their service area.

In partnership with Black Dog Institute's Aboriginal and Torres Strait Islander Lived Experience Centre, the Commission launched the *Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide* (Guide) in August 2024.

Development of the Guide aligns with the broader strategy to integrate culturally appropriate practices and promote inclusion of lived experience in all aspects of care within the mental health, AOD and suicide prevention systems. The resource provides guidance for organisations to establish, sustain and continuously improve Lived Experience work within their services.

Development of the AOD Skill Sets

The Commission collaborated with Community Skills WA to develop an AOD Awareness Skill Set offering a pathway for people to upskill in AOD.

Two separate Skill Sets have been endorsed for delivery in WA:

- Alcohol and Other Drugs Awareness, which is aimed at upskilling the generalist workforce to better understand AOD use.
- Alcohol and Other Drugs (Treatment), which provides entry level training for people providing specialist AOD support services.

The Commission is exploring opportunities to promote the delivery of mental health and AOD Skill Sets.

The Commission offers Gatekeeper Suicide Prevention training to workers within government, non-government and human service organisations to improve their skills, ability and confidence to work with people who are experiencing suicidal thoughts and behaviours. Participants will learn how to identify and respond to people who are at risk of suicide.

The Commission delivered Fetal Alcohol Spectrum Disorder (FASD) Prevention training across WA, including a two-day Valuable Conversations workshop and a one-day FASD Prevention with Communities Stakeholder workshop.

The Commission also offers professional development opportunities for the specialist and generalist workforce in the AOD sector, including webinars, face-to-face training events, blended and online learning.

The Commission delivers Strong Spirit Strong Mind: Ways of Working (WOW) with Aboriginal People cultural awareness training – Part 1 and Part 2 to its staff and external workers in the sector.

Training and Development

- More than **41 face-to-face training events** were delivered to the specialist and generalist AOD sectors.
- **2,907 service providers** accessed the Commission's eLearning platform.
- **21 people completed** the 2024 Volunteer Alcohol and Drug Counsellors Training Program and **22 people were enrolled** into the 2025 program.
- **145 people attended** WOW Part 1 training over the nine scheduled events.
- **300 people trained** to supply and administer naloxone within their organisations, service or agency.
- Four *Valuable Conversations for reducing the impact of alcohol use in childbearing years* training events were held in the Great Southern, Wheatbelt, Pilbara and Metro regions - **40 people attended these events.**
- **1,497 people attended a Gatekeeper workshop** with 94% reporting their ability to intervene in a risk situation improved.
- **Seven FASD Prevention with Communities Stakeholder workshops were held** in the Wheatbelt, Kimberley, Goldfields Southwest and Metro regions - **70 people attended these workshops.**

Infrastructure projects

Community-based Step Up/Step Down (SUSD) services provide support for people experiencing mental health issues, in a home-like setting close to their community, friends and family.

The Commission is establishing SUSD services, in partnership with DoH and the Department of Housing and Works (formerly the Department of Finance), in the Kimberley, Pilbara and a youth service in the Perth metropolitan area which will be the first SUSD youth service in WA.

The Department of Housing and Works (DHW) has awarded the Construction tender for the Karratha SUSD Service and construction began in March 2025. Early Constructor Involvement was awarded for the South Hedland SUSD Service in February 2025 and for the Broome SUSD Service in January 2025.

The Commission is also working closely with DHW to establish a permanent and fit for purpose 26-bed facility to operate a Broome Sobering Up Centre (SUC).

The Broome SUC currently operates from an interim 12-bed facility with additional funding from the Commission for assertive outreach and transportation services, to help ensure people can access the interim SUC while it is located away from the town centre.

In 2024, independent First Nations consultancy Yamagigu Consulting Pty Ltd was engaged to conduct a Sobering Up Centre Service Model Review and consult with service providers, stakeholders, Aboriginal Elders, members of the public and local communities at SUCs across the state.

As part of the review, consultation about the location of the new Broome SUC was undertaken. The location, 18 Napier Terrace Djugun, was confirmed based on community and stakeholder engagement, ease of access and proximity to local community and health services.

A Preferred Service Provider procurement process, informed by the 2024 Review, will be undertaken in 2025-26 with service providers of seven of the nine SUCs in WA, including the Broome SUC.

National Disability Insurance Scheme

This year, the Commission has been focused on supporting the Department of Communities (Communities) with the implementation of a national disability reform agenda as it relates to mental health and psychosocial disability. This includes being responsive to the NDIS Review and legislative changes as they relate to psychosocial disability and demand for psychosocial supports outside of the NDIS.

The Commission has engaged in policy activities collaboratively with the Commonwealth Department of Health, Disability and Ageing, Department of Social Services, National Disability Insurance Agency and Communities. The Commission consulted with 73 people from the psychosocial support sector, and people with a lived experience of mental health challenges, and their significant others, and will continue to collaborate on the ongoing development of a National Psychosocial Support Plan and Psychosocial Foundational Support Strategy.

Next Step transition

The Next Step Service was transitioned from the Commission to East Metropolitan Health Service (EMHS) on 18 November 2024. The transition was jointly coordinated by the Commission and EMHS transition project team, ensuring service sustainability and optimal clinical safety and clinical governance. The transition was complex and involved a broad range of service functions, including finance and budget, workforce, and safety and quality, with the end goal to support a seamless and smooth transition.

Agency Commissioning Plan

The Commission's *Agency Commissioning Plan (ACP)* sets out the guiding principles, intentions and focus areas for commissioning over the short and medium term. The ACP is supported by a Commissioning Schedule, providing a timeline of planned commissioning for new and existing mental health and alcohol and other drug community services.

In our next ACP, our commissioning intentions will be informed by the Strategy and will be released in 2026. This is in line with State Commissioning Strategy for Community Services requirement that ACPs be developed every two years.

The Commission's accompanying Commissioning Framework will be updated in line with insights from our Commissioning Maturity Assessment, demonstrating our commitment to strengthen and embed a strategic commissioning approach that identifies community needs, designs services collaboratively, manages contracts for outcomes and evaluates service effectiveness.

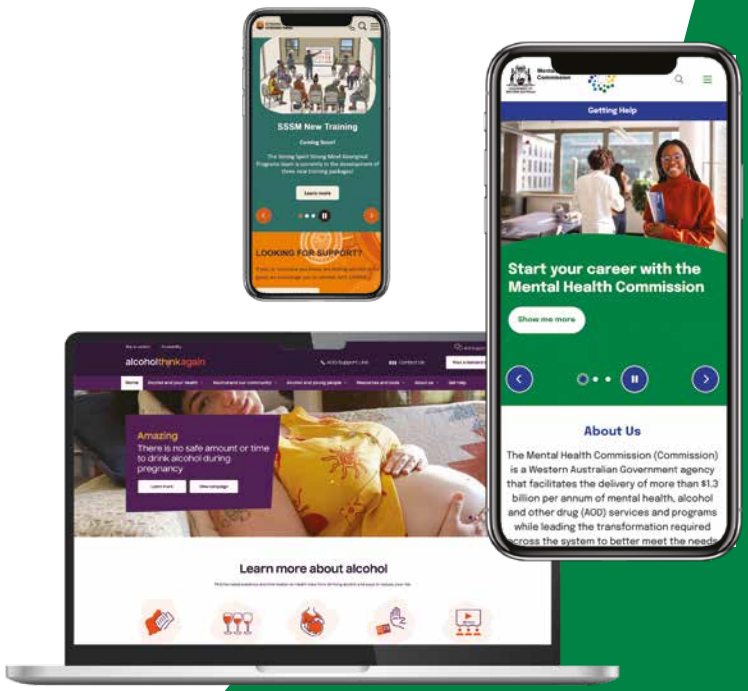
Our digital presence

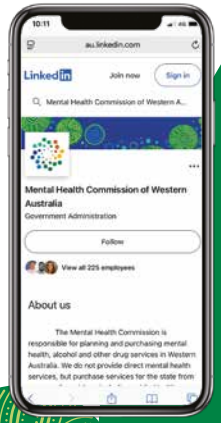
The Commission uses social media to educate, promote and raise awareness of mental health, wellbeing and AOD issues, and increase public knowledge of the work of the Commission.

Our ability to reach and engage with our stakeholders was vastly improved this year, following steady growth in the number of followers across our LinkedIn (28 per cent increase), Facebook (3 per cent increase) and Instagram (14 per cent increase) pages. As a result, engagement has also seen a marked increase, particularly on LinkedIn where the number of times our posts appeared in people's newsfeeds (organic impressions) increased by more than 500 per cent this financial year.

Our Stakeholder Connect newsletter provides regular updates on the progress of key sector reform projects, initiatives and opportunities to actively contribute to our work through consultation, working groups and governance committees and has more than 1900 subscribers, an increase of 11 per cent since the end of the last financial year.

The Commission manages 18 web pages and this year launched a dedicated website on the ICA Transformation Project. In its first five months, more than 2,300 people visited the page.





Making our mark in the digital world

1,919
subscribers to Stakeholder Connect

301,326
organic impressions on LinkedIn

7,500
followers on Facebook

1,027
engagements on instagram

In the community

The Commission partnered with the Western Australian Association for Mental Health to deliver Mental Health Week, the WA Mental Health Awards and the Mental Health Conference 2024. Mental Health Week kicked off with a community fair in Geraldton on 4 October. The 2024 theme was *Empowering Communities, thriving workforces: A Journey Towards Investing in Our Mental Health*.

In keeping with the theme, the Commission launched its internal Strategic Plan on 10 October to coincide with World Mental Health Day.

The week concluded with a panel discussion and luncheon attended by mental health sector representatives. Panellists Mineral Resources Ltd Head of Mental Health Chris Harris, Lived Experience Leader Michele Burniar and WA's Chief Mental Health Advocate Dr Sarah Pollock discussed the week's key focus areas of employment, empowerment and expectations for the future of the sector.

The WA Mental Health Awards were held on 24 November 2024. There were 11 winners awarded over nine categories for their outstanding contributions to the WA mental health sector.

The fifth Mental Health Conference was held on 26-27 November 2024 at the Perth Exhibition and Convention Centre. *Solutions in Motion* was the theme for the conference, which reflected the future of mental health in WA as we work towards recovery-orientated and community-focused systems.

The Commission also partnered with organisations to deliver the Mental Health Nursing Conference awards and the National Suicide Prevention Conference 2025, held in Perth for the first time in more than 10 years. The conference, hosted by Suicide Prevention Australia, brought together suicide prevention experts to showcase evidence-based solutions and foster discussions focussed on saving lives.

Legislative reform

The *Mental Health Act 2014* (The Act) and the *Alcohol and Other Drugs Act 1974* (AOD Act) are undergoing processes of reform. In April 2024, the State Government accepted-in-principle all 54 legislative recommendations made in the Report of the *Statutory Review of the Mental Health Act 2014* (Review Report).

The Commission has been working towards preparing for the implementation of the recommendations, which are aimed at further enhancing consumer rights; improving access to culturally appropriate care for Aboriginal and Torres Strait Islander people and improving various processes undertaken under the Act.

Part of this work is undertaking further consultation recommended in the Review Report, about the use of reasonable force in certain circumstances under the Act. Additionally, the Commission, Department of Health and Health Service Providers have been working together on several strategies for increasing knowledge and compliance with the Act.

The Commission has been preparing for a statutory review of the operation and effectiveness of the AOD Act.

The *Criminal Law (Mental Impairment) Act 2023* (CLMI Act) received Royal Assent on 13 April 2023 and began operation on 1 September 2024. The CLMI Act, administered by the Department of Justice under the Attorney General's portfolio, establishes new legal provisions for people who are unfit to stand trial or found not guilty by reason of mental impairment in the criminal justice system.

The reforms introduced through the CLMI Act will significantly improve the treatment and management of people with mental impairment caused by mental health issues in the justice system.

The State Government has committed $17 million to the Commission, to fund service delivery costs for the operationalisation of the CLMI Act. This includes funding to the Mental Health Advocacy Service and the Office of the Chief Psychiatrist to support the implementation of the CLMI Act.

Significant issues impacting the Commission

Mental health, AOD and suicide-related issues continue to impact individuals and communities across WA.

Any death by suicide is tragedy and everyone has a role to prevent and reduce suicide.

In 2023 there were 417 suicides in WA, equating to 14.3 suicides per 100,000 people – one of the highest jurisdictional rates of suicide in Australia.

The Commission is developing a new Suicide Prevention Framework, which will set the Western Australian approach to suicide prevention for the next five years and inform funding of suicide prevention strategies and actions.

In 2024-25, $32.2 million was invested to continue existing suicide prevention initiatives while the new framework is developed. A further $2.1 million was announced for grants to address the impact of suicide in local communities and to increase the availability of support during high-risk times.

Access to AOD services, including withdrawal and residential rehabilitation, continues to be a priority, particularly in regional areas. A new Alcohol and Other Drugs Framework will be developed to guide system-wide priorities to prevent and reduce AOD-related harm.

There is an expectation services will continue to evolve to meet the changing needs of people who need them. The Commission is leading the transformation and improvement of the public mental health system to meet the needs of young people in Western Australia from the day they are born until they turn 18 years old. Since 2022, more than $121 million has been dedicated to transforming the Infant, Child and Adolscent system. Election commitments announced in 2024-25 committed a further investment of $65.5 million to improve regional mental health services.

The CTSER report was also released to provide a vision for community mental health and emergency response services that will best meet the needs of Western Australians aged 16-64 years old.

The Commission has also been developing a new system-wide strategy. It will identify whole-of-system priorities and focus areas required over the next five years across prevention and early intervention, supporting people in the community to stay well, strengthening specialised services for those who need them and building foundations required for contemporary, person-centred systems.

The CLMI Act received Royal Assent on 13 April 2023 and commenced operation on 1 September 2024. The CLMI Act, administered by the Department of Justice under the Attorney General's portfolio, establishes new legal provisions for people who are unfit to stand trial or found not guilty by reason of mental impairment in the criminal justice system.

The CLMI Act has direct implications for the State Forensic Mental Health Services and other Health Service Providers, as well as the Mental Health Advocacy Service, Ruah Legal Services and the Office of the Chief Psychiatrist. The Commission has begun monitoring activity to measure the impact of the CLMI Act on forensic mental health service delivery.

Financial statements

In this section

Auditor General

INDEPENDENT AUDITOR'S REPORT

2025

Mental Health Commission

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Mental Health Commission (Commission) which comprise:

- the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended
- administered schedules comprising the administered assets and liabilities as at 30 June 2025 and administered income and expenses by service for the year then ended
- notes comprising a summary of material accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Commission for the year ended 30 June 2025 and the financial position as at the end of that period
- in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

Basis for opinion

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my report.

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

Responsibilities of the Commissioner for the financial statements

The Commissioner is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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In preparing the financial statements, the Commissioner is responsible for:

- assessing the entity's ability to continue as a going concern
- disclosing, as applicable, matters related to going concern
- using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the Commission.

Auditor's responsibilities for the audit of the financial statements

As required by the *Auditor General Act 2006*, my responsibility is to express an opinion on the financial statements. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are 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 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 the financial statements. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website. This description forms part of my auditor's report and can be found at https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

Report on the audit of controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Commission. The controls exercised by the Commission are those policies and procedures established to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with the State's financial reporting framework (the overall control objectives).

In my opinion, in all material respects, the controls exercised by the Commission are sufficiently adequate to provide reasonable assurance that the controls within the system were suitably designed to achieve the overall control objectives identified as at 30 June 2025, and the controls were implemented as designed as at 30 June 2025.

Other Matter

The Commission has made payments using the direct payments to third parties pathway throughout the year. The Department of Health has approved this pathway to be used in limited circumstances as expenditure is not subject to levels of approval required under Treasurer's Instruction 5 Expenditure and Payments.

While this is not a primary pathway for expenditure for the Commission, we have identified weaknesses in how this pathway is used and the types of transactions processed using this pathway, which increases the risk of fraud.

To allow for more detailed reporting of these concerns, the Auditor General has decided to report these matters separately as a performance audit tabled in Parliament.

My opinion is not modified in respect of this matter.

The Commissioner's responsibilities

The Commissioner is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer's Instructions and other relevant written law.

Auditor General's responsibilities

As required by the *Auditor General Act 2006*, my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and were implemented as designed.

An assurance engagement involves performing procedures to obtain evidence about the suitability of the controls design to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including an assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

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

Limitations of controls

Because of the inherent limitations of any internal control structure, it is possible that, even if the controls are suitably designed and implemented as designed, once in operation, the overall control objectives may not be achieved so that fraud, error or non-compliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Commission for the year ended 30 June 2025 reported in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions (legislative requirements). The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

In my opinion, in all material respects, the key performance indicators report of the Commission for the year ended 30 June 2025 is in accordance with the legislative requirements, and the key performance indicators are relevant and appropriate to assist users to assess the Commission's performance and fairly represent indicated performance for the year ended 30 June 2025.

The Commissioner's responsibilities for the key performance indicators

The Commissioner is responsible for the preparation and fair presentation of the key performance indicators in accordance with the *Financial Management Act 2006* and the Treasurer's Instructions and for such internal controls as the Commissioner determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Commissioner is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instruction 3 Financial Sustainability – Requirement 5: Key Performance Indicators.

Auditor General's responsibilities

As required by the *Auditor General Act 2006,* my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the entity's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 3 - Requirement 5 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments, I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

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

My independence and quality management relating to the report on financial statements, controls and key performance indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements,* the Office of the Auditor General maintains a comprehensive system of quality management including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Other information

The Commissioner is responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2025, but not the financial statements, key performance indicators and my auditor's report.

My opinions on the financial statements, controls and key performance indicators do not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, controls and key performance indicators my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and key performance indicators or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I did not receive the other information prior to the date of this auditor's report. When I do receive it, I will read it and if I conclude that there is a material misstatement in this information, I am required to communicate the matter to those charged with governance and request them to correct the misstated information. If the misstated information is not corrected, I may need to retract this auditor's report and re-issue an amended report.

Matters relating to the electronic publication of the audited financial statements and key performance indicators

This auditor's report relates to the financial statements and key performance indicators of the Mental Health Commission for the year ended 30 June 2025 included in the annual report on the Commission's website. The Commission's management is responsible for the integrity of the Commission's website. This audit does not provide assurance on the integrity of the Commission's website. The auditor's report refers only to the financial statements, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from the annual report. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to contact the entity to confirm the information contained in the website version.

Grant Robinson
Assistant Auditor General Financial Audit
Delegate of the Auditor General for Western Australia
Perth, Western Australia
16 September 2025

Certification of financial statements

For the reporting period ended 30 June 2025

The accompanying financial statements of the Mental Health Commission have been prepared in compliance with provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ended 30 June 2025 and the financial position as at 30 June 2025.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Byron Savage
Chief Finance Officer
Mental Health Commission

2 September 2025

Maureen Lewis
Commissioner
Mental Health Commission
Accountable Authority

2 September 2025

Statement of comprehensive income For the year ended 30 June 2025

For the year ended 30 June 2025

	Notes	2025 ($000)	2024 ($000)
COST OF SERVICES			
Expenses			
Employee benefits expenses	3.1(a)	45,475	52,887
Service agreement - WA Health	3.2	1,180,690	1,032,857
Service agreement - non government and other organisations	3.2	249,974	218,244
Grants and subsidies	3.3	4,229	7,216
Supplies and services	3.4	17,939	18,431
Depreciation expense	5.1.1, 5.2, 7.4.2	608	806
Finance costs	5.2, 7.3	7	9
Accommodation expenses	3.5	3,100	3,099
Other expenses	3.6	4,103	4,116
Total cost of services		**1,506,125**	**1,337,665**
Income			
Commonwealth grants and contributions	4.2	3,633	3,531
Other income	4.3	5,897	1,563
Total Income		**9,530**	**5,094**
NET COST OF SERVICES		**1,496,595**	**1,332,571**
Income from State Government			
Service appropriation	4.1	1,102,032	938,161
Service agreement funding - Commonwealth	4.1	375,892	329,981
Income from other public sector entities	4.1	2,576	3,004
Resources received	4.1	3,033	3,182
Royalties for Region Fund	4.1	30,212	31,341
Total income from State Government		**1,513,745**	**1,305,669**
SURPLUS/(DEFICIT) FOR THE PERIOD		**17,150**	**(26,902)**
OTHER COMPREHENSIVE INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation surplus	9.9	1,221	(440)
Total other comprehensive income		**1,221**	**(440)**
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		**18,371**	**(27,342)**

The Statement of comprehensive income should be read in conjunction with the accompanying notes.

Statement of financial position

For the year ended 30 June 2025

	Notes	2025 ($000)	2024 ($000)
ASSETS			
Current assets			
Cash and cash equivalents	7.4.1	84,370	70,112
Restricted cash and cash equivalents	7.4.1	7,479	7,774
Receivables	6.1	743	515
Inventories	6.3	-	10
Other current assets	6.4	400	1,628
Total current assets		**92,992**	**80,039**
Non-current assets			
Receivables	6.1	1,221	1,501
Amounts receivable for services	6.2	8,840	8,361
Property, plant and equipment	5.1	12,118	20,147
Right-of-use assets	5.2	88	125
Total non-current assets		**22,267**	**30,134**
TOTAL ASSETS		**115,259**	**110,173**
LIABILITIES			
Current liabilities			
Payables	6.5	2,925	4,410
Employee related provisions	3.1(b)	6,692	8,246
Lease liabilities	7.1	30	42
Total current liabilities		**9,647**	**12,698**
Non-current liabilities			
Employee related provisions	3.1(b)	2,043	2,599
Lease liabilities	7.1	62	90
Total non-current liabilities		**2,105**	**2,689**
TOTAL LIABILITIES		**11,752**	**15,387**
NET ASSETS		**103,507**	**94,786**
EQUITY			
Contributed equity	9.9	29,604	39,254
Reserves	9.9	3,503	2,282
Accumulated surplus	9.9	70,400	53,250
TOTAL EQUITY		**103,507**	**94,786**

The Statement of financial position should be read in conjunction with the accompanying notes.

Statement of changes in equity

For the year ended 30 June 2025

	Notes	2025 ($000)	2024 ($000)
CONTRIBUTED EQUITY	9.9		
Balance at start of period		39,254	48,841
Transactions with owners in their capacity as owners:			
Capital appropriation		59	6,049
Other contributions by owners - Digital Capability Fund		403	2,309
Other contributions by owners - Royalties for Region Fund		1,400	-
Distributions to owner		-	(3,037)
Other distributions to owner - Department of Health		-	(4,017)
Other distributions to owner - East Metropolitan Heath Service		(11,512)	-
Other distributions to owner - Department of Communities		-	(10,891)
Balance at end of period		**29,604**	**39,254**
RESERVES			
Asset Revaluation Reserve			
Balance at start of period		2,282	2,722
Other comprehensive income for the period		1,221	(440)
Balance at end of period		**3,503**	**2,282**
ACCUMULATED SURPLUS	9.9		
Balance at start of period		53,250	80,152
Surplus/(Deficit) for the period		17,150	(26,902)
Balance at end of period		**70,400**	**53,250**
TOTAL EQUITY	9.9		
Balance at start of period		94,786	131,715
Total comprehensive income/(loss) for the period		18,371	(27,342)
Transactions with owners in their capacity as owners		(9,650)	(9,587)
Balance at end of period		**103,507**	**94,786**

The Statement of changes in equity should be read in conjunction with the accompanying notes.

Statement of cash flows

For the year ended 30 June 2025

	Notes	2025 ($000)	2024 ($000)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		1,101,553	937,686
Capital appropriations	9.9	59	6,049
Digital Capability Fund	9.9	403	2,309
Service agreement funding - Commonwealth		375,892	329,981
Income from other public sector entities		2,209	2,907
Royalties for Regions Fund - Capital	9.9	1,400	-
Royalties for Regions Fund - Recurrent	4.1	30,212	31,341
Return of Royalties for Regions Fund	9.9	-	(3,037)
Payment to Department of Health	9.9	-	(4,017)
Payment to Department of Communities	9.9	-	(10,891)
Payment to East Metropolitan Health Services	9.9	(2,969)	-
Net cash provided by State Government		**1,508,759**	**1,292,328**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits expenses		(44,986)	(51,920)
Service agreement - WA Health		(1,180,690)	(1,032,857)
Service agreement - non government and other organisations		(250,078)	(219,139)
Grants and subsidies		(4,229)	(7,216)
Supplies and services		(14,230)	(17,021)
Finance costs		(7)	(9)
Accommodation expenses		(3,357)	(3,053)
Other payments		(4,341)	(3,396)
Receipts			
Commonwealth grants and contributions		3,587	3,481
Other receipts		5,961	1,633
Net cash used in operating activities	7.4.2	**(1,492,370)**	**(1,329,497)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current assets	5.1	(2,160)	(101)
Net cash used in investing activities		**(2,160)**	**(101)**

Statement of cash flows

For the year ended 30 June 2025

	Notes	2025 ($000)	2024 ($000)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Lease payments		(38)	(49)
Payments to accrued salaries account		(228)	(229)
Net cash used in financing activities		**(266)**	**(278)**
Net increase/(decrease) in cash and cash equivalents		13,963	(37,548)
Cash and cash equivalents at the beginning of the period		77,886	116,705
Adjustment for the reclassification of accrued salaries account		-	(1,271)
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	7.4.1	**91,849**	**77,886**

The Statement of cash flows should be read in conjunction with the accompanying notes.

Summary of consolidated account appropriations

For the year ended 30 June 2025

	2025 Budget ($000)	2025 Section 25 transfers ($000)	2025 Additional funding ($000)	2025 Revised budget ($000)	2025 Actual ($000)	2025 Variance ($000)
Delivery of Services						
Item 58 Net amount appropriated to deliver services	1,033,516	17,353	50,759	1,101,628	1,101,628	-
Amount Authorised by Other Statutes						
- Salaries and Allowances Act 1975	404	-	-	404	404	-
Total appropriations provided to deliver services	**1,033,920**	**17,353**	**50,759**	**1,102,032**	**1,102,032**	**-**
Capital						
Item 139 Capital appropriations	309	-	-	309	59	(250)
Administered Transactions						
Administered grants, subsidies and other transfer payments	15,974	359	1,067	17,400	17,400	-
Amount Authorised by Other Statutes						
- Salaries and Allowances Act 1975	836	-	-	836	836	-
Total administered transactions	**16,810**	**359**	**1,067**	**18,236**	**18,236**	**-**
Total consolidated account appropriations	**1,051,039**	**17,712**	**51,826**	**1,120,577**	**1,120,327**	**(250)**

Additional funding includes supplementary funding and new funding authorised under section 27 of the Financial Management Act 2006 and amendments to standing appropriations.

Administered schedules

For the year ended 30 June 2025

Administered income and expenses by service	Notes	2025 ($000)	2024 ($000)
		Hospital bed based services	Hospital bed based services
Income			
Appropriations from Government for transfer to			
Mental Health Tribunal		4,330	4,145
Mental Health Advocacy Service		8,278	5,795
Office of Chief Psychiatrist		5,628	4,730
Services received free of charge (a)		2,057	1,517
Other revenue		417	333
Total administered income		**20,710**	**16,520**
Expenses			
Employee benefits expense		13,759	11,263
Supplies and services		3,344	2,753
Depreciation expense		11	11
Grants and subsidies		467	100
Finance costs		3	2
Accommodation expense		722	475
Other expenses		1,399	355
Total administered expenses		**19,705**	**14,959**

(a) Service received free of charge in 2024-25 includes $1,998,851 ($1,436,875 in 2023-24) from MHC (refer to note 9.10 'Services provided free of charge'), $18,649 ($53,675 in 2023-24) from the State Solicitor's Office and $39,942 ($26,656 in 2023-24) from the Department of Finance.

Administered schedules

For the year ended 30 June 2025

Administered assets and liabilities	Notes	2025 ($000)	2024 ($000)
ASSETS			
Current assets			
Cash and cash equivalents		6,271	5,517
Receivables		23	30
Total administered current assets		**6,294**	**5,547**
Non-current assets			
Right-of-use assets		42	42
Property, plant and equipment		19	-
Total administered non-current assets		**61**	**42**
TOTAL ADMINISTERED ASSETS		**6,355**	**5,589**
LIABILITIES			
Current liabilities			
Payables		481	649
Provisions		1,558	1,653
Lease Liabilities		12	11
Total administered current liabilities		**2,051**	**2,313**
Non-current liabilities			
Provisions		227	204
Lease Liabilities		33	32
Total administered non-current liabilities		**260**	**236**
TOTAL ADMINISTERED LIABILITIES		**2,311**	**2,549**

Notes to the financial statements

For the year ended 30 June 2025

1. Basis of preparation

The Mental Health Commission (MHC) is a Government not-for-profit entity controlled by the State of Western Australia, which is the ultimate parent. These annual financial statements were authorised for issue by the accountable authority of the MHC on 2 September 2025.

Statement of compliance

The financial statements constitute general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, the Framework, Statement of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by Treasurer's instructions (TI). Several of these are modified by Treasurer's instructions to vary application, disclosure, format and wording.

The Financial Management Act 2006 and Treasurer's instructions are legislative provisions governing the preparation of financial statements and take precedence over Australian Accounting Standards, the Framework, Statement of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board. Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

Basis of preparation

These financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis). Where this is the case the different measurement basis is disclosed in the associated note. All values are rounded to the nearest thousand dollars ($'000).

Judgements and estimates

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements and estimates made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements and/or estimates are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances.

Accounting for Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of goods and services tax (GST), except that the:
(a) amount of GST incurred by the MHC as a purchaser that is not recoverable from the Australian Taxation Office (ATO) is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
(b) receivables and payables are stated with the amount of GST included.

Contributed equity

Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated as contributions by owners (at the time of, or prior, to transfer) before such transfers can be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by TI 8 Requirement 8.1(i) and will be credited directly to Contributed Equity.

Administered items

The MHC administers, but does not control, certain activities and functions for and on behalf of Government that do not contribute to the MHC's services or objectives. It does not have discretion over how it utilises the transactions in pursuing its own objectives. Transactions relating to the administered activities are not recognised as the MHC's income, expenses, assets and liabilities, but are disclosed in the accompanying schedules as 'Administered income and expenses', and 'Administered assets and liabilities'. The accrual basis of accounting and applicable Australian Accounting Standards have been adopted.

Notes to the financial statements

For the year ended 30 June 2025

2. The MHC outputs

How the MHC operates

This section includes information regarding the nature of funding the MHC receives and how this funding is utilised to achieve the MHC's objectives. This note also provides the distinction between controlled funding and administered funding:

	Notes
The MHC objectives	2.1
Schedule of income and expenses by service	2.2
Schedule of assets and liabilities by service	2.3

2.1 The MHC's objectives

Mission

Leading and transforming mental health and alcohol and other drugs systems that empower people in health and wellbeing.

The MHC is predominantly funded by Parliamentary appropriations and Commonwealth Grants and Contributions.

Services

The MHC is responsible for planning and purchasing the State's mental health services, alcohol and other drug services from a range of providers including public health systems, other government agencies, private sector providers and non-government organisations.

The MHC provides the following services.

Prevention
Prevention and promotion in the mental health and alcohol and other drug sectors include activities to promote positive mental health, raise awareness of mental illness, suicide prevention, and the potential harms of alcohol and other drug use in the community.

Hospital Bed Based Services
Hospital bed based services include acute and sub-acute inpatient units, mental health observation areas and hospital in the home.

Community Bed Based Services
Community bed based services are focused on providing recovery-oriented services and residential rehabilitation in a home-like environment.

Community Treatment
Community treatment provides clinical care in the community for individuals with mental health, alcohol and other drug problems. These services generally operate with multidisciplinary teams, and include specialised and forensic community clinical services.

Community Support
Community support services provide individuals with mental health, alcohol and other drug problems access to the help and support they need to participate in their community. These services include peer support, home in-reach, respite, recovery and harm reduction programs.

Notes to the financial statements

For the year ended 30 June 2025

2.2 Schedule of income and expenses by service

	Prevention		Hospital bed based services		Community bed based services		Community treatment		Community support		Total	
	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)
COST OF SERVICES												
Expenses												
Employee benefits expenses	1,121	1,396	19,387	21,123	2,847	4,268	19,654	22,424	2,466	3,676	45,475	52,887
Service agreement - WA Health	29,111	27,267	503,352	412,523	73,923	83,352	510,286	437,931	64,018	71,784	1,180,690	1,032,857
Service agreement - non government and other organisations	6,163	5,762	106,569	87,167	15,651	17,612	108,037	92,535	13,554	15,168	249,974	218,244
Grants and subsidies	104	190	1,803	2,882	265	582	1,828	3,060	229	502	4,229	7,216
Supplies and services	442	487	7,648	7,361	1,123	1,487	7,753	7,815	973	1,281	17,939	18,431
Depreciation expense	15	21	259	322	38	65	263	342	33	56	608	806
Finance costs	-	-	3	3	1	1	3	4	-	1	7	9
Accommodation expenses	76	82	1,322	1,238	194	250	1,340	1,314	168	215	3,100	3,099
Other expenses	101	109	1,749	1,644	257	332	1,773	1,745	223	286	4,103	4,116
Total cost of services	**37,133**	**35,314**	**642,092**	**534,263**	**94,299**	**107,949**	**650,937**	**567,170**	**81,664**	**92,969**	**1,506,125**	**1,337,665**
Income												
Commonwealth grants and contributions	-	-	-	-	-	-	3,633	3,531	-	-	3,633	3,531
Other income	43	71	606	79	109	16	4,864	380	275	1,017	5,897	1,563
Total income	**43**	**71**	**606**	**79**	**109**	**16**	**8,497**	**3,911**	**275**	**1,017**	**9,530**	**5,094**
NET COST OF SERVICES	**37,090**	**35,243**	**641,486**	**534,184**	**94,190**	**107,933**	**642,440**	**563,259**	**81,389**	**91,952**	**1,496,595**	**1,332,571**
Income from State Government												
Service appropriation	32,575	24,783	477,228	374,720	85,474	75,671	425,159	397,791	81,596	65,196	1,102,032	938,161
Service agreement funding - Commonwealth	-	-	170,278	166,733	-	-	205,614	163,248	-	-	375,892	329,981
Income from other public sector entities	247	700	92	180	17	65	2,204	2,028	16	31	2,576	3,004
Resources received	90	84	1,313	1,271	235	257	1,170	1,349	225	221	3,033	3,182
Royalties for Region Fund	4,686	6,854	-	-	9,795	9,356	14,910	14,333	821	798	30,212	31,341
Total income from State Government	**37,598**	**32,421**	**648,911**	**542,904**	**95,521**	**85,349**	**649,057**	**578,749**	**82,658**	**66,246**	**1,513,745**	**1,305,669**
SURPLUS/(DEFICIT) FOR THE PERIOD	**508**	**(2,822)**	**7,425**	**8,720**	**1,331**	**(22,584)**	**6,617**	**15,490**	**1,269**	**(25,706)**	**17,150**	**(26,902)**

The Schedule of income and expenses by service should be read in conjunction with the accompanying notes.

Notes to the financial statements

For the year ended 30 June 2025

2.3 Schedule of assets and liabilities by service

	Prevention		Hospital bed based services		Community bed based services		Community treatment		Community support		Total	
	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)	2025 ($000)	2024 ($000)
Assets												
Current assets	2,293	2,113	39,644	31,968	5,822	6,459	40,191	33,936	5,042	5,563	92,992	80,039
Non-current assets	549	796	9,493	12,035	1,394	2,432	9,624	12,777	1,207	2,094	22,267	30,134
Total assets	**2,842**	**2,909**	**49,137**	**44,003**	**7,216**	**8,891**	**49,815**	**46,713**	**6,249**	**7,657**	**115,259**	**110,173**
Liabilities												
Current liabilities	238	335	4,113	5,072	604	1,025	4,169	5,384	523	882	9,647	12,698
Non-current liabilities	52	71	897	1,074	132	217	910	1,140	114	187	2,105	2,689
Total Liabilities	**290**	**406**	**5,010**	**6,146**	**736**	**1,242**	**5,079**	**6,524**	**637**	**1,069**	**11,752**	**15,387**
NET ASSETS	**2,552**	**2,503**	**44,127**	**37,857**	**6,480**	**7,649**	**44,736**	**40,189**	**5,612**	**6,588**	**103,507**	**94,786**

The Schedule of assets and liabilities by dervice should be read in conjunction with the accompanying notes.

Notes to the financial statements

For the year ended 30 June 2025

3. Use of our funding

Expenses incurred in the delivery of services

This section provides additional information about how the MHC's funding is applied and the accounting policies that are relevant for an understanding of the items recognised in the financial statements. The primary expenses incurred by the MHC in achieving its objectives and the relevant notes are:

	Notes	2025 ($000)	2024 ($000)
Employee benefits expenses	3.1(a)	45,475	52,887
Employee benefits provisions	3.1(b)	8,735	10,845
Service agreements	3.2	1,430,664	1,251,101
Grants and subsidies	3.3	4,229	7,216
Supplies and services	3.4	17,939	18,431
Accommodation expenses	3.5	3,100	3,099
Other expenses	3.6	4,103	4,116

Notes to the financial statements

For the year ended 30 June 2025

3.1 (a) Employee benefits expense

	2025 ($000)	2024 ($000)
Employee benefits	40,708	47,760
Superannuation - defined contribution plans (a)	4,545	5,118
Termination benefits	222	9
Total employee benefits expense	**45,475**	**52,887**
Add: AASB 16 Non-monetary benefits (not included in employee benefits expense)	22	44
Less: Employee Contribution (forming part of Note 4.3 'Other income')	(28)	(31)
Net employee benefits	**45,469**	**52,900**

(a) Defined contribution plans include West State (WSS), Gold State (GSS), GESB Super and other eligible funds. Super contribution paid to GESB for West State, Gold State and GESB Super is $2,926,034 (2023-24 $3,497,558).

Employee benefits include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave and non-monetary benefits such as fringe benefits tax recognised under accounting standards other than AASB 16 (such as medical care, housing, cars and free or subsidised goods or services) for employees.

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the MHC is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

Superannuation is the amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the WSS, other GESB schemes or other superannuation funds.

AASB 16 Non-monetary benefits are non-monetary employee benefits predominantly relating to the provision of vehicle benefits that are recognised under AASB 16 which are excluded from the employee benefits expense.

Employee contributions are those made to the MHC by employees towards employee benefits that have been provided by the MHC. This includes both AASB 16 and non-AASB 16 employee contributions.

3.1 (b) Employee related provisions

Current		
Employee benefits provision		
Annual leave	3,515	4,440
Long service leave	3,177	3,783
Deferred salary schemes	-	23
Total current employee related provisions	**6,692**	**8,246**

Notes to the financial statements

For the year ended 30 June 2025

3.1 (b) Employee related provisions (continued)

	2025 ($000)	2024 ($000)
Non-current		
Employee benefits provision		
Long service leave	2,043	2,599
Total non-current employee related provisions	**2,043**	**2,599**
Total employee related provisions	**8,735**	**10,845**

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.

Annual leave liabilities are classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	1,953	3,144
More than 12 months after the end of the reporting period	1,562	1,296
	3,515	**4,440**

The provision for annual leave is calculated at the present value of expected payments to be made in relation to services provided by employees up to the reporting date.

Long service leave liabilities are unconditional long service leave provisions are classified as current liabilities as the MHC does not have a right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the MHC has the right to defer the settlement of the liability until the employee has completed the requisite years of service.

Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	964	1,138
More than 12 months after the end of the reporting period	4,256	5,244
	5,220	**6,382**

The provision for long service leave are calculated at present value as the MHC does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to services provided by employees up to the reporting date. These payments are estimated using the remuneration rate expected to apply at the time of settlement, and discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Deferred salary scheme liabilities are classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period.

Actual settlement of the liabilities is expected to occur as follows:

Within 12 months of the end of the reporting period	-	-
More than 12 months after the end of the reporting period	-	23
	-	**23**

Notes to the financial statements

For the year ended 30 June 2025

3.1 (b) Employee related provisions (continued)

Key sources of estimation uncertainty – long service leave

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Several estimates and assumptions are used in calculating the MHC's long service leave provision. These include :

- Expected future salary rates
- Discount rates
- Employee retention rates; and
- Expected future payments

Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision. In estimating the non-current long service leave liabilities, employees are assumed to leave the MHC each year on account of resignation or retirement at 9.6%. This assumption was based on an analysis of the historical turnover rates exhibited by employees in the WA health services including the MHC. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

3.2 Service agreement

	2025 ($000)	2024 ($000)
Service agreement - WA Health		
East Metropolitan Health Service	295,969	265,459
North Metropolitan Health Service	349,887	313,092
South Metropolitan Health Service	244,473	193,646
Child and Adolescent Health Service	99,845	88,960
WA Country Health Service	184,425	171,700
Department of Health	6,091	-
Total service agreement - WA Health	**1,180,690**	**1,032,857**

The Metropolitan Health Service was abolished on 1 July 2016 and 5 Health Services Providers were established including Health Support Services due to proclamation of Health Services Act 2016. WA Health comprises the Department of Health, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, Health Support Services and WA Country Health Service. Under the MHC service agreements, public hospitals in WA Health provide specialised mental health services to the public patients and the community.

Service agreement - non government and other organisations		
Non-government and other organisations	**249,974**	**218,244**
Non-government and other organisations are contracted to provide specialised mental health, alcohol and other drug services to the community.		
Total service agreements	**1,430,664**	**1,251,101**

Notes to the financial statements

For the year ended 30 June 2025

3.3 Grants and subsidies

	2025 ($000)	2024 ($000)
Recurrent grants		
Commitment to Aboriginal Youth Wellbeing	641	-
Community Services Grants	1,123	1,170
NDIS Access Support for People with Psychosocial Disability	129	380
Enhanced Psychiatric Hostel & Long Stayers Funding (a)	404	310
Other recurrent grants (b)	917	356
Total recurrent grants and subsidies	**3,214**	**2,216**
Capital grants		
Refurbish building grants for Nickoll Ward - Hollywood Private Hospital	-	5,000
Refurbish building grants for Youthfocus youth centre - Geraldton	850	-
Plant and equipment Step Up Step Down project - Kalgoorlie (b)	165	-
Total capital grants	**1,015**	**5,000**
Total grants and subsidies	**4,229**	**7,216**

(a) Grants and subsidies include payments to the Mental Health Advocacy Services $404,000 (2023-24 $310,000).
(b) Other recurrent grants and capital grants include payments to the Department of Communities $329,408 (2023-24 $nil).

Transactions in which the MHC provides goods, services, assets (or extinguishes a liability) or labour to another party without receiving approximately equal value in return are categorised as 'Grant or subsidy expenses'. These payments or transfers are recognised at fair value at the time of the transaction and are recognised as an expense in the reporting period in which they are paid. They include transactions such as: grants, subsidies, personal benefit payments made in cash to individuals, other transfer payments made to public sector agencies, local government, non-government schools, and community groups.

The MHC is not responsible for administering a government subsidy scheme.

3.4 Supplies and services

	2025 ($000)	2024 ($000)
Purchase of outsourced services (a)	9,955	10,877
Corporate support services (b)	2,927	3,032
Computer related services (c)	924	1,024
Consulting fees (d)	3,090	2,290
Consumables	497	668
Communications	157	166
Printing and Stationery	352	317
Other supplies and services	37	57
Total supplies and services	**17,939**	**18,431**

Notes to the financial statements

For the year ended 30 June 2025

3.4 Supplies and services (continued)

Supplies and services are recognised as an expense in the reporting period in which they are incurred.

(a) Includes supplies and services from the Department of Finance $nil (2023-24 $5,074), the Landgate of WA $467 (2023-24 $2,093) and the Department of Health $nil (2023-24 $77,594).
(b) Health Support Services has provided supply services, IT services, human resource services and finance services to the MHC free of charge.
(c) Includes supplies and services from the Department of The Premier and Cabinet $nil (2023-24 $14,326).
(d) Includes supplies and services from the Public Sector Commission $nil (2023-24 $137,342), the Department of Finance $16,036 (2023-24 $39,055), the Landgate WA $588 (2023-24 $3,352) and the Department of Health $nil (2023-24 $53,259).

3.5 Accommodation expenses

	2025 ($000)	2024 ($000)
Office rental	2,976	2,902
Utilities	124	197
Total accommodation expenses	**3,100**	**3,099**

Office rental is expensed as incurred as Memorandum of Understanding Agreements between the MHC and the Department of Finance for the leasing of office accommodation contain significant substitution rights.

3.6 Other expenses

Workers compensation (a)	142	132
Other employee related expenses (f)	676	828
Consumable equipment, repairs and maintenance (b)	2,287	1,410
Travel related expenses (c)	45	116
Audit fees (d)	380	513
Legal fees (e)	90	166
Administration	86	71
Advertising	13	53
Other insurance (a)	183	165
Disposal of assets	3	-
Other (g)	198	662
Total other expenses	**4,103**	**4,116**

Other expenditures generally represent the day-to-day running costs incurred in normal operations.

(a) Includes expense to RiskCover $142,362 has been classified as workers' compensation insurance and $183,026 as other insurance (2023-24 $132,142 workers' compensation insurance and $165,230 other insurance).
(b) Includes expense to Department of Finance $235,486 (2023-24 $321,319) and Department of Fire and Emergency $5,130 (2023-24 $5,130).
(c) Includes expense to Department of Finance - Statefleet $311 (2023-24 $136).

Notes to the financial statements

For the year ended 30 June 2025

3.6 Other expenses (continued)

(d) Includes expense to Office of the Auditor General $309,456 (2023-24 $216,074).
(e) Includes expense to Department of Justice - State Solicitor's Office $78,967 (2023-24 $146,111) inclusive of resources received free of charge.
(f) Includes expense to Public Sector Commission $4,841 (2023-24 $27,622), Department of Communities $12,324 (2023-24 $nil), Department of Justice $nil (2023-24 $941), State Library of WA $nil (2023-24 $601), the Department of Training and Workforce Development $nil (2023-24 $1,130) and the Pathwest Laboratory Medicine WA $nil (2023-24 $2,222).
(g) Includes expense to the Department of Health $nil (2023-24 $12,755), the State Library of WA $113 (2023-24 $5,878) and Department of Communities $nil (2023-24 $10,618).

Consumable equipment, repairs and maintenance costs are recognised as expenses as incurred, except where they relate to the replacement of a significant component of an asset. In that case, the costs are capitalised and depreciated.

Any other employee related cost liability associated with the recognition of annual and long service leave liability is included at Note 3.1(b) Employee benefit provision. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in other employee related expenses.

Notes to the financial statements

For the year ended 30 June 2025

4. Our funding sources

How we obtain our funding

This section provides additional information about how the MHC obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the MHC and the relevant notes are:

	Notes	2025 ($000)	2024 ($000)
Income from State Government	4.1	1,513,745	1,305,669
Commonwealth grants and contributions	4.2	3,633	3,531
Other income	4.3	5,897	1,563

Notes to the financial statements

For the year ended 30 June 2025

4.1 Income from State Government

	2025 ($000)	2024 ($000)
Service appropriation received during the period		
Amount appropriated to deliver services	1,101,628	937,347
Amount authorised by other statutes:		
Salaries and Allowances Act 1975	404	814
Total service appropriation received	**1,102,032**	**938,161**
Commonwealth service agreement funding from State Pool Account during the period		
National Health Reform Agreement	**375,892**	**329,981**

As from 1 July 2012, activity based funding and block grant funding have been received from the Commonwealth Government under the National Health Reform Agreement for services, health teaching, training and research provided by local hospital networks. This funding arrangement established under the Agreement requires the Commonwealth Government to make funding payments to the State Pool Account from which distributions to the local hospital networks (health services) are made by the Department of Health of WA and the MHC.

Income from other public sector entities during the period		
Department of Health	152	283
Department of Education	-	80
WA Police	1,808	1,617
Healthway	-	270
Insurance Commission of WA	199	257
Department of Communities	-	29
Department of Justice	3	50
Department of Mines, Industry Regulation and Safety	241	418
Department of Treasury	173	-
Total income from other public sector entities	**2,576**	**3,004**
Resources received from other public sector entities during the period		
Services received free of charge		
State Solicitor's Office - legal advisory services	73	131
Department of Finance - office accommodation leasing services	13	13
Department of Health	20	6
Health Support Services (a)	2,927	3,032
Total services received free of charge	**3,033**	**3,182**

(a) Metropolitan Health Service was abolished on 1 July 2016 and established 5 Health Services Providers including Health Support Services. Health Support Services has provided (previously within Metropolitan Health Service) supply services, IT services, human resource services, finance services to the MHC since 2010.

Royalties for Regions Fund		
Regional Community Services Account	**30,212**	**31,341**
Total income from State Government	**1,513,745**	**1,305,669**

Notes to the financial statements

For the year ended 30 June 2025

4.1 Income from State Government (continued)

Service Appropriations are recognised as income at fair value of consideration received in the period in which the MHC gains control of the appropriated funds. The MHC gains control of appropriated funds at the time those funds are deposited in the bank account or credited to the holding held at Treasury.

Income from other public sector entities are recognised as income when the MHC has satisfied its performance obligation under the funding agreement. If there is no performance obligation, income will be recognised when the MHC receives the funds.

Resources received from other public sector entities is recognised as income equivalent to the fair value of assets received or the fair value of services received that can be reliably determined and which would have been purchased if not donated.

Regional Community Services Account is a sub-fund within the over-arching 'Royalties for Regions Fund'. The recurrent funds are committed to projects and programs in WA regional areas and are recognised as income when the MHC receives the funds or when the performance obligations have been met.

4.2 Commonwealth grants and contributions

	2025 ($000)	2024 ($000)
National Mental Health and Suicide Prevention	2,837	2,745
Specialist Dementia Care Program	486	437
WA Peer Workforce Scholarships	-	54
Take Home Naloxone Pilot	310	295
Total commonwealth grants and contributions	**3,633**	**3,531**

Commonwealth grants and contributions are recognised as income when the grants are receivable.

4.3 Other income

Refund of prior year's payment on contract for services (a)	1,365	140
Interest revenue	-	184
Services to external organisations	14	152
Grants and contributions	4,321	1,021
Other income	197	66
Total other income	**5,897**	**1,563**

(a) Refunds were received from non-government organisations in 2024-25 and 2023-24, as the funds paid in prior year were in excess of the requirement.

Revenue is recognised at a point-in-time for services provided. The performance obligation for these revenue are satisfied when the services have been provided.

Notes to the financial statements

For the year ended 30 June 2025

5. Key assets

Assets the MHC utilises for economic benefit or service potential

This section includes information regarding the key assets the MHC utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets:

	Notes	2025 ($000)	2024 ($000)
Property, plant and equipment	5.1	12,118	20,147
Right-of-use assets	5.2	88	125

Notes to the financial statements

For the year ended 30 June 2025

5. Key assets

5.1 Property, plant and equipment

Reconciliations of the carrying amounts of property, plant, and equipment at the beginning and end of the reporting period are set out in the table below.

Year ended 30 June 2025	Land ($'000)	Buildings ($'000)	Works in progress ($'000)	Computer equipment ($'000)	Medical equipment ($'000)	Other Plant and equipment ($'000)	Artworks ($'000)	Leasehold improvements ($'000)	Total ($'000)
1 July 2024									
Cost or fair value	5,721	13,448	-	156	205	361	18	1,053	20,962
Accumulated depreciation	-	-	-	(70)	(180)	(271)	-	(294)	(815)
Carrying amount at start of period	**5,721**	**13,448**	**-**	**86**	**25**	**90**	**18**	**759**	**20,147**
Additions	826	-	179	-	1,113	42	-	-	2,160
Transfers [(a)] (at written down value)	(4,760)	(4,857)	-	-	(1,097)	(82)	-	-	(10,796)
Expensed	-	-	-	(41)	-	-	-	-	(41)
Other disposals (at written down value)	-	-	-	-	-	(2)	-	-	(2)
Revaluation increments	129	1,092	-	-	-	-	-	-	1,221
Depreciation	-	(354)	-	(3)	(41)	(26)	-	(147)	(571)
Carrying amount at 30 June 2025	**1,916**	**9,329**	**179**	**42**	**-**	**22**	**18**	**612**	**12,118**
Gross carrying amount	1,916	9,329	179	65	-	245	18	1,053	12,805
Accumulated depreciation	-	-	-	(23)	-	(223)	-	(441)	(687)
Year ended 30 June 2024									
1 July 2023									
Cost or fair value	6,357	13,793	492	70	205	361	18	1,038	22,334
Accumulated depreciation	-	-	-	(65)	(155)	(237)	-	(145)	(602)
Carrying amount at start of period	**6,357**	**13,793**	**492**	**5**	**50**	**124**	**18**	**893**	**21,732**
Additions	-	-	-	86	-	-	-	15	101
Expensed	-	-	(492)	-	-	-	-	-	(492)
Revaluation increments	(636)	197	-	-	-	-	-	-	(439)
Depreciation	-	(542)	-	(5)	(25)	(34)	-	(149)	(755)
Carrying amount at 30 June 2024	**5,721**	**13,448**	**-**	**86**	**25**	**90**	**18**	**759**	**20,147**
Gross carrying amount	5,721	13,448	-	156	205	361	18	1,053	20,962
Accumulated depreciation	-	-	-	(70)	(180)	(271)	-	(294)	(815)

(a) Next Step Drug and Alcohol Services' assets were transferred to the East Metropolitan Health Service in November 2024. (Refer to note 9.9 Equity)

Notes to the financial statements

For the year ended 30 June 2025

5.1 Property, plant and equipment (continued)

Initial recognition

Items of property, plant and equipment, costing $5,000 or more are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is valued at its fair value at the date of acquisition. Items of property, plant and equipment costing less than $5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

The cost of a leasehold improvement is capitalised and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the leasehold improvement.

Subsequent measurement

Subsequent to initial recognition of an asset, the revaluation model is used for the measurement of land and buildings.

Land is carried at fair value. Buildings are carried at fair value less accumulated depreciation and accumulated impairment losses.

Plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Land and buildings are independently valued annually by the Western Australian Land Information Authority (Landgate). The effective date was at 1 July 2024, with valuations performed during the year ended 30 June 2025 and recognised at 30 June 2025.

In addition, for buildings under the current replacement cost basis, estimated professional and project management fees are included in the valuation of current use assets as required by AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities.*

These valuations are undertaken annually to ensure that the carrying amount of the assets does not differ materially from their fair value at the end of the reporting period.

5.1.1 Depreciation expense	2025 ($000)	2024 ($000)
Buildings	354	542
Computer equipment	3	5
Medical equipment	41	26
Leasehold improvements	147	149
Other plant and equipment	26	34
Total depreciation for the period	**571**	**755**

As at 30 June 2025 there were no indications of impairment to property, plant or equipment.

All surplus assets at 30 June 2025 have either been classified as assets held for sale or have been written-off.

Notes to the financial statements

For the year ended 30 June 2025

5.1.1 Depreciation expense (continued)

Useful lives

All property, plant and equipment having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits. The exceptions to this rule include assets held for sale, land and investment properties.

Depreciation is calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life.
Typical estimated useful lives for the different asset classes for current and prior years are below:

Asset	Useful life in years
Buildings	16 - 50 years
Computer equipment	3 - 4 years
Medical equipment	7 - 10 years
Leasehold improvements	7 years
Other plant and equipment	8 - 10 years

The estimated useful lives and residual values are reviewed at the end of each annual reporting period, and adjustments should be made where appropriate.

Land and works of art, which are considered to have an indefinite life, are not depreciated. Depreciation is not recognised in respect of these assets because their service potential has not, in any material sense, been consumed during the reporting period.

Impairment

There were no indications of impairment to property, plant and equipment at 30 June 2025. The MHC held no goodwill during the reporting period.

Non-financial assets, including items of plant and equipment, are tested for impairment whenever there is an indication that the asset may be impaired. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised.

Where an asset measured at cost is written down to its recoverable amount, an impairment loss is recognised through profit or loss. Where a previously revalued asset is written down to its recoverable amount, the loss is recognised as a revaluation decrement through other comprehensive income.

As the MHC is a not-for-profit agency, the recoverable amount of regularly revalued specialised assets is anticipated to be materially the same as fair value.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

Notes to the financial statements

For the year ended 30 June 2025

5. Key assets (continued)

5.2 Right-of-use assets

	2025 ($000)	2024 ($000)
Vehicles		
Gross carrying amount	264	258
Accumulated depreciation	(139)	(107)
Carrying amount at start of period	**125**	**151**
Additions	37	25
Disposals	(143)	(19)
Reversal of accumulated depreciation on disposal	106	19
Depreciation expense	(37)	(51)
Carrying amount at the end of year	**88**	**125**
Gross carrying amount	158	264
Accumulated depreciation	(70)	(139)

Initial recognition

At the commencement date of the lease, the MHC recognises right-of-use assets are measured at cost comprising of:
- the amount of the initial measurement of lease liability
- any lease payments made at or before the commencement date less any lease incentive received;
- any initial direct costs; and
- restoration costs, including dismantling and removing the underlying asset.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 7.1 Lease liabilities.

The MHC has leases for vehicles and office accommodations. The MHC has also entered into a Memorandum of Understanding Agreements (MOU) with the Department of Finance for the leasing of office accommodation. These are not recognised under AASB 16 because of substitution rights held by the Department of Finance and are accounted for as an expense as incurred.

The MHC has elected not to recognise right-of-use assets and lease liabilities for short-term leases (with a lease term of 12 months or less) and low value leases (with an underlying value of $5,000 or less). Lease payments associated with these leases are expensed over a straight-line basis over the lease term.

Subsequent measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

Notes to the financial statements

For the year ended 30 June 2025

5.2 Right-of-use assets (continued)

Depreciation and impairment of right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the underlying assets.

If ownership of the leased asset transfers to the MHC at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 5.1.1

The following amounts relating to leases have been recognised in the statement of comprehensive income:

	2025 ($000)	2024 ($000)
Depreciation expense of right-of-use assets	37	51
Lease interest expense	7	9
Expenses relating to variable lease payments not included in lease liabilities	2	1
Total amount recognised in the statement of comprehensive income	**46**	**61**

The total cash outflow for leases in 2024-25 was $44,876 (2023-24 $60,035).

As at 30 June 2025 there were no indications of impairment to right-of-use assets.

Notes to the financial statements

For the year ended 30 June 2025

6. Other assets and liabilities

This section sets out those assets and liabilities that arose from the MHC's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes	2025 ($000)	2024 ($000)
Receivables	6.1	1,964	2,016
Amounts receivable for services	6.2	8,840	8,361
Inventories	6.3	-	10
Other current assets	6.4	400	1,628
Payables	6.5	2,925	4,410

Notes to the financial statements

For the year ended 30 June 2025

6.1 Receivables

	2025 ($000)	2024 ($000)
Current		
Receivables (a)	395	139
Allowance for impairment of receivables	(16)	(32)
Accrued revenue (a)	337	270
GST receivables	27	138
Total current receivables	**743**	**515**

(a) This include amounts owing from the WA Police $149,050 (2023-24 $68,000), Small Business Development Corporation $nil (2023-24 $28,929), Department of Primary Industries and Regional Development $1,000 (2023-24 $nil), the Department of Mines, Industry, Regulation and Safety $241,148 (2023-24 $nil) and The Department of Treasury $33,211 (2023-24 $nil).

Non-Current		
Accrued salaries account	**1,221**	**1,501**

Funds transferred to Treasury for the purpose of meeting the 27th pay in a reporting period that generally occurs every 11 years. This account is classified as noncurrent except for the year before the 27th pay year.

Total receivables	**1,964**	**2,016**

Receivables are initially recognised at their transaction price or, for those receivables that contain a significant financing component, at fair value. The MHC holds the receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less an allowance for impairment.

The MHC recognises a loss allowance for expected credit losses (ECLs) on a receivable not held at fair value through profit or loss. The ECLs based on the difference between the contractual cash flows and the cash flows that the MHC expects to receive, discounted at the original effective interest rate. Individual receivables are written off when the MHC has no reasonable expectations of recovering the contractual cash flows.

For receivables, the MHC recognises an allowance for ECLs measured at the lifetime expected credit losses at each reporting date. The MHC has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. There were no ECLs expensed in the current and prior financial years.

Accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office (ATO) and responsibilities to make payments for GST have been assigned to the 'Department of Health'. This accounting procedure was a result of application of the grouping provisions of “A New Tax System (Goods and Services Tax) Act 1999" whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The entities in the GST group include the Department of Health, Mental Health MHC, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, Health Support Services, WA Country Health Service, QE II Medical Centre Trust, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health and Disability Services Complaints Office.

Revenues, expenses and assets are recognised net of the amount of associated GST. Payables and receivables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from the ATO is included with Receivables in the Statement of Financial Position.

The accrued salaries account contains amounts paid annually into a Treasurer’s special purpose account. It is restricted for meeting the additional cash outflow or employee salary payments in reporting periods with 27 pay periods instead of the normal 26. No interest is received on this account.

Notes to the financial statements

For the year ended 30 June 2025

6.1 Receivables (continued)

6.1.1 Movement in the allowance for impairment of receivables

	2025 ($000)	2024 ($000)
Reconciliation of changes in the allowance for impairment of receivables:		
Opening balance	32	35
Amount recovered during the period	(14)	(3)
Amount written off during the period	(2)	-
Allowance for impairment at the end of the period	**16**	**32**

The maximum exposure to credit risk at the end of the reporting period for receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table at Note 8.1(c) 'Financial instruments disclosures'. The MHC does not hold any collateral as security or other credit enhancements for receivables.

6.2 Amounts receivable for services

Non-current amounts receivable for services	**8,840**	**8,361**

Amounts receivable for services represents the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability.The amounts receivable for services are financial assets at amortised cost, and are not considered impaired (i.e. there is no expected credit loss of the holding accounts).

6.3 Inventories

Pharmaceutical stores - at cost	**-**	**10**

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a weighted average cost basis. Inventories not held for resale are measured at cost unless they are no longer required in which case they are measured at net realisable value.

6.4 Other current assets

Prepayments	**400**	**1,628**

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

6.5 Payables

Trade payables (a)	933	663
Accrued salaries	1,411	1,730
Accrued expenses (a)	581	2,017
Total payables at the end of period	**2,925**	**4,410**

(a) Includes amounts not yet paid to the Public Sector Commission $nil (2023-24 $2,598), the Department of Finance $3,116 (2023-24 $418,547), the Department of Health $nil (2023-24 $7,000), the Health Support Services $nil (2023-24 $8,525) and the Department of Primary Industries and Regional Development $nil (2023-24 $913).

Payables are recognised at the amounts payable when the MHC becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as settlement for the MHC is generally within 15-20 days.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight of the reporting period end. The MHC considers the carrying amount of accrued salaries to be equivalent to its fair value.

Notes to the financial statements

For the year ended 30 June 2025

7. Financing

This section sets out the material balances and disclosures associated with the financing and cashflows of the MHC.

	Notes
Lease liabilities	7.1
Assets pledged as security	7.2
Finance costs	7.3
Cash and cash equivalents	7.4
Reconciliation of cash	7.4.1
Reconciliation of operating activities	7.4.2
Capital commitments	7.5

Notes to the financial statements

For the year ended 30 June 2025

7.1 Lease Liabilities

	2025 ($000)	2024 ($000)
Current	30	42
Non-current	62	90
Total lease liabilities	**92**	**132**

Initial measurement

At the commencement date of the lease, the MHC recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the MHC uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the MHC as part of the present value calculation of lease liability include:

- Fixed payments (including in-substance fixed payments), less any lease incentives receivable;
- Variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
- Amounts expected to be payable by the lessee under residual value guarantees;
- The exercise price of purchase options (where these are reasonably certain to be exercised);
- Payments for penalties for terminating a lease, where the lease term reflects the MHC exercising an option to terminate the lease.

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by the MHC if the lease is reasonably certain to be extended (or not terminated). Variable lease payments, not included in the measurement of lease liability, that are dependant on sales are recognised by the MHC in profit or loss in the period in which the condition that triggers those payment occurs.

This section should be read in conjunction with note 5.2.

Subsequent measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

7.2 Assets pledged as security

The carrying amounts of non-current assets pledged as security are:

Right-of-use assets: vehicles	88	125
Total assets pledged as security	**88**	**125**

The MHC has secured the right-of-use assets against the related lease liabilities. In the event of default, the rights to the leased assets will revert to the lessor.

7.3 Finance costs

Lease interest expense	**7**	**9**

Finance costs relate to the interest component of lease liability repayments.

Notes to the financial statements

For the year ended 30 June 2025

7.4 Cash and cash equivalents

7.4.1 Reconciliation of cash

	2025 ($000)	2024 ($000)
Cash and cash equivalents	84,370	70,112
Restricted cash and cash equivalents	7,479	7,774
Total cash and cash equivalents at end of period	**91,849**	**77,886**
Restricted cash and cash equivalents		
Current		
Commonwealth special purpose account (a)	2,791	4,089
Royalties for Regions Fund (b)	2,319	1,414
Digital Capability Fund	2,324	1,986
Specialist Dementia Program	45	285
Total current restricted cash and cash equivalents	**7,479**	**7,774**

(a) Funds are held for specific purposes for programs relating to drug diversion, development, implementation and administration of initiatives and activities to reduce drug abuse.
(b) Unspent funds are committed to projects and programs in WA regional areas.

For the purpose of the statement of cash flows, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

Notes to the financial statements

For the year ended 30 June 2025

7.4 Cash and cash equivalents (continued)

7.4.2 Reconciliation of net cost of services to net cash flows used in operating activities

	Notes	2025 ($000)	2024 ($000)
Net cost of services		(1,496,595)	(1,332,571)
Non-cash items:			
Resources received free of charge	4.1	3,033	3,182
Depreciation expense	5.1.1, 5.2	608	806
Net loss/(gain) from disposal of non-current assets	3.6	3	-
Adjustment for other non-cash items		(169)	492
(Increase)/decrease in assets:			
Current receivables (a)		139	143
Inventories		10	(3)
Other current assets		1,228	(1,516)
Increase/(decrease) in liabilities:			
Current payables		(1,485)	(588)
Current provisions		(1,555)	482
Non-current provisions		(556)	76
Net liabilities trasnferred to East Metropolitan Health Services		2,969	-
Net cash used in operating activities		**(1,492,370)**	**(1,329,497)**

(a) This excludes allowances for impairment of receivables and receivable amounts related to income from statement government, as these do not form part of the reconciling item.

7.5 Capital commitments

Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:

	2025	2024
Within 1 year	14,730	1,967
Later than 1 year and not later than 5 years	10,911	9,341
	25,641	**11,308**

Notes to the financial statements

For the year ended 30 June 2025

8. Risks and contingencies

This note sets out the key risk management policies and measurement techniques of the MHC.

	Notes
Financial risk management	8.1
Contingent assets and liabilities	8.2
Fair value measurements	8.3

Notes to the financial statements

For the year ended 30 June 2025

8.1 Financial risk management

Financial instruments held by the MHC are cash and cash equivalents, restricted cash and cash equivalents, receivables and payables. The MHC has limited exposure to financial risks. The MHC's overall risk management program focuses on managing the risks identified below.

(a) Summary of risks and risk management

Credit risk

Credit risk arises when there is the possibility of the MHC's receivables defaulting on their contractual obligations resulting in financial loss to the MHC.

Credit risk associated with the MHC's financial assets is minimal because the debtors are predominantly government bodies. The main receivable of the MHC is the amounts receivable for services (holding account). For receivables other than government agencies, MHC trades only with recognised, creditworthy third parties. In addition, receivable balances are monitored on an ongoing basis with the result that the MHC's exposure to bad debts is minimised. Debt will be written-off against the allowance account when it is improbable or uneconomical to recover the debt. At the end of the reporting period, there were no significant concentrations of credit risk.

Liquidity risk

Liquidity risk arises when the MHC is unable to meet its financial obligations as they fall due. The MHC is exposed to liquidity risk through its normal course of operations.

The MHC has appropriate procedures to manage cash flows including drawdowns of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Market risk

Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the MHC's income or the value of its holdings of financial instruments. The MHC does not trade in foreign currency and is not materially exposed to other price risks.

(b) Categories of financial instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2025 ($000)	2024 ($000)
Financial Assets		
Cash and cash equivalents	84,370	70,112
Restricted cash and cash equivalents	7,479	7,774
Receivables (a)	1,600	1,608
Accrued revenue	337	270
Amounts receivable for services	8,840	8,361
Total financial assets	**102,626**	**88,125**
Financial Liabilities		
Financial liabilities measured at amortised cost	3,017	4,542
Total financial liabilities	**3,017**	**4,542**

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).

Notes to the financial statements

For the year ended 30 June 2025

8.1 Financial risk management (continued)

(c) Credit risk exposure

The following table details the credit risk exposure on the MHC's trade using a provision matrix.

	Total ($000)	Current ($000)	<30 days ($000)	30-60 days ($000)	61-90 days ($000)	90-180 days ($000)	>180 days ($000)
30 June 2025							
Expected credit loss rate		0.00%	0.00%	0.00%	0.00%	0.00%	8.87%
Estimated total gross carrying amount at default	**395**	179	10	-	-	28	178
Loss allowance	**16**	-	-	-	-	-	16
30 June 2024							
Expected credit loss rate		0.00%	0.00%	0.00%	0.00%	0.00%	27.85%
Estimated total gross carrying amount at default	**139**	8	1	1	-	15	114
Loss allowance	**32**	-	-	-	-	-	32

Notes to the financial statements

For the year ended 30 June 2025

8.1 Financial risk management (continued)

(d) Liquidity risk and Interest rate exposure

The following table details the MHC's interest rate exposure and the contractual maturity analysis of financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amount of each item.

Interest rate exposure and maturity analysis of financial assets and financial liabilities

		Interest rate exposure					Maturity dates				
	Weighted average effective interest rate %	Carrying amount ($000)	Fixed interest rate ($000)	Variable interest rate ($000)	Non-interest bearing ($000)	Nominal amount ($000)	up to 1 month ($000)	1-3 months ($000)	3 months to 1 year ($000)	1 - 5 years ($000)	More than 5 years ($000)
2025											
Financial assets											
Cash and cash equivalents	-	**84,370**	-	-	84,370	**84,370**	84,370	-	-	-	-
Restricted cash and cash equivalents	5.01%	**7,479**	-	2,791	4,688	**4,688**	4,688	-	-	-	-
Receivables[(a)]	-	**1,600**	-	-	1,600	**1,600**	1,600	-	-	-	-
Accrued revenue	-	**337**	-	-	337	**337**	337	-	-	-	-
Amounts receivable for services	-	**8,840**	-	-	8,840	**8,840**	-	-	-	-	8,840
		102,626	**-**	**2,791**	**99,835**	**99,835**	**90,995**	**-**	**-**	**-**	**8,840**
Financial liabilities											
Payables	-	**2,925**	-	-	2,925	**2,925**	2,925	-	-	-	-
Lease liabilities[(b)]	7.15%	**92**	92	-	-	**103**	3	6	26	68	-
		3,017	**92**	**-**	**2,925**	**3,028**	**2,928**	**6**	**26**	**68**	**-**

		Interest rate exposure					Maturity dates				
	Weighted average effective interest rate %	Carrying amount ($000)	Fixed interest rate ($000)	Variable interest rate ($000)	Non-interest bearing ($000)	Nominal amount ($000)	up to 1 month ($000)	1-3 months ($000)	3 months to 1 year ($000)	1 - 5 years ($000)	More than 5 years ($000)
2024											
Financial assets											
Cash and cash equivalents	-	**70,112**	-	-	70,112	**70,112**	70,112	-	-	-	-
Restricted cash and cash equivalents	4.20%	**7,774**	-	4,089	3,685	**7,774**	7,774	-	-	-	-
Receivables[(a)]	-	**1,608**	-	-	1,608	**1,608**	1,608	-	-	-	-
Accrued revenue	-	**270**	-	-	270	**270**	270	-	-	-	-
Amounts receivable for services	-	**8,361**	-	-	8,361	**8,361**	-	-	-	-	8,361
		88,125	**-**	**4,089**	**84,036**	**88,125**	**79,764**	**-**	**-**	**-**	**8,361**
Financial liabilities											
Payables	-	**4,410**	-	-	4,410	**4,410**	4,410	-	-	-	-
Lease liabilities[(b)]	6.30%	**132**	132	-	-	**149**	5	9	35	98	2
		4,542	**132**	**-**	**4,410**	**4,559**	**4,415**	**9**	**35**	**98**	**2**

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).
(b) The amount of lease liabilities $92,451 (2023-24 $131,759) is from leased vehicles.

Notes to the financial statements

For the year ended 30 June 2025

8.1 Financial risk management (continued)

(e) Interest rate sensitivity

The following table represents a summary of the interest rate sensitivity of the MHC's financial assets and liabilities at the end of the reporting period on the surplus for the period and equity for a 1% change in interest rates. It is assumed that the change in interest rates is held constant throughout the reporting period.

	Carrying amount ($000)	-100 basis points		+100 basis points	
		Surplus ($000)	Equity ($000)	Surplus ($000)	Equity ($000)
2025					
Financial liabilities					
Restricted cash and cash equivalents	2,791	(28)	(28)	28	28
Total increase/(decrease)	**2,791**	**(27.9)**	**(27.9)**	**27.9**	**27.9**
2024					
Financial liabilities					
Restricted cash and cash equivalents	4,089	(41)	(41)	41	41
Total increase/(decrease)	**4,089**	**(41)**	**(41)**	**41**	**41**

8.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position but are disclosed and, if quantifiable, are measured at best estimate.

At the reporting date, the MHC is not aware of any contingent assets and liabilities.

The MHC does not have any pending litigation that are not recoverable from RiskCover insurance at the reporting date.

Contaminated sites

Under the Contaminated Sites Act 2003, the MHC is required to report known and suspected contaminated sites to the Department of Water and Environmental Regulation (DWER). In accordance with the Act, DWER classifies these sites on the basis of the risk to human health, the environment and environmental values. Where sites are classified as contaminated – remediation required or possibly contaminated – investigation required, the MHC may have a liability in respect of investigation or remediation expenses.

At the reporting date, the MHC does not have any suspected contaminated sites reported under the Act.

8.3 Fair value measurements

Assets measured at fair value: 2025	Level 1 ($000)	Level 2 ($000)	Level 3 ($000)	Fair value at end of period ($000)
Land (Note 5.1)	-	1,005	911	1,916
Buildings (Note 5.1)	-	465	8,864	9,329
	-	**1,470**	**9,775**	**11,245**
2024				
Land (Note 5.1)	-	159	5,561	5,720
Buildings (Note 5.1)	-	425	13,023	13,448
	-	**584**	**18,584**	**19,168**

There was no transfer between Levels 1 and 2 during the current nor previous period.

Valuation techniques and inputs

Level 2 assets

Fair values of non-current assets held for sale, and market type land and buildings (office accommodation) are derived using the market approach. Market evidence of sales prices of comparable assets in close proximity is used to determine price per square metre.

Level 3 assets

Land assets

Fair value for restricted use land is based on comparison with market evidence for land with low level utility (high restricted use land). The relevant comparators of land with low level utility are selected by Landgate and represents the application of a significant Level 3 input in this valuation technique. The fair value measurement is sensitive to values of comparator land, with higher values of comparator land correlating with higher estimated fair values of land.

Building assets

Fair value for current use buildings is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset. Current replacement cost is generally determined by reference to the market observable replacement cost of a substitute asset of comparable utility and the gross project size specifications, adjusted for obsolescence. Obsolescence encompasses physical deterioration, functional (technological) obsolescence and economic (external) obsolescence.

Valuation using current replacement cost utilises the significant Level 3 input of obsolescence estimated by Landgate. The fair value measurement is sensitive to the estimate of obsolescence, with higher values of the estimate correlating with lower estimated fair values of buildings.

In addition, professional and project management fees estimated and added to the current replacement costs provided by Landgate for current use buildings represent significant Level 3 inputs used in the valuation process. The fair value of these assets will increase with a higher level of professional and project management fees.

Notes to the financial statements

For the year ended 30 June 2025

8.3 Fair value measurements (continued)

Fair value measurements using significant unobservable inputs (Level 3)

	Land ($000)	Buildings ($000)	Total ($000)
2025			
Fair value at start of period	5,561	13,023	18,584
Revaluation (decrements)/ increments recognised in Other Comprehensive Income	110	1,043	**1,153**
Transfers to EMHS	(4,760)	(4,968)	**(9,728)**
Depreciation expense	-	(234)	**(234)**
Fair value at end of period	**911**	**8,864**	**9,775**
2024			
Fair value at start of period	5,926	12,807	**18,733**
Revaluation (decrements)/ increments recognised in Other Comprehensive Income	(645)	164	**(481)**
Transfers from/(to) Level 2	280	60	**340**
Depreciation expense	-	(8)	**(8)**
Fair value at end of period	**5,561**	**13,023**	**18,584**

Transfers in and out of a fair value level are recognised on the date of the event or change in circumstances that caused the transfer. Transfers are generally limited to assets newly classified as non-current assets held for sale as Treasurer's guidance deem valuations of land and buildings to be categorised within Level 3 where the valuations will utilise significant Level 3 inputs on a recurring basis.

Basis of valuation

In the absence of market-based evidence, due to the specialised nature of some non financial assets, these assets are valued at Level 3 of the fair value hierarchy on a current use basis (presumed to be the highest and best use), which recognises that restrictions or limitations have been placed on their use and disposal when they are not determined to be surplus to requirements. These restrictions are imposed by virtue of the assets being held to deliver a specific community service.

Notes to the financial statements

For the year ended 30 June 2025

9. Other disclosures

This section includes additional material disclosures required by accounting standards or other pronouncements for the understanding of this financial report.

Notes to the financial statements

For the year ended 30 June 2025

9.1 Events occurring after the end of the reporting period

The MHC is not aware of any events occurring after the end of the reporting period that have significant financial effect on the financial statements.

9.2 Future impact of Australian standards issued but not yet operative

The MHC cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 9 – Requirement 4 *Application of Australian Accounting Standards and Other Pronouncements* or by an exemption from TI 9. Where applicable, the MHC plans to apply the following Australian Accounting Standards from their application date.

		Operative for reporting periods beginning on/after
Operative for reporting periods beginning on/after 1 Jan 2025		
AASB 2023-5	*Amendments to Australian Accounting Standards – Lack of Exchangeability*	1 January 2025
	This Standard amends AASB 121 and AASB 1 to require entities to apply a consistent approach to determining whether a currency is exchangeable into another currency and the spot exchange rate to use when it is not exchangeable. The Standard also amends AASB 121 to extend the exemption from complying with the disclosure requirements for entities that apply AASB 1060 to ensure Tier 2 entities are not required to comply with the new disclosure requirements of AASB 121 when preparing their Tier 2 financial statements. There is no financial impact.	
Operative for reporting periods beginning on/after 1 Jan 2026		
AASB 2024-2	*Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments*	1 January 2026
	This Standard amends AASB 7 and AASB 9 as a consequence of the issuance of Amendments to the Classification and Measurement of Financial Instruments (Amendments to IFRS 9 and IFRS 7) by the International Accounting Standards Board in May 2024. The MHC has not assessed the impact of the Standard.	
AASB 2024-3	*Amendments to Australian Accounting Standards – Annual Improvements Volume 11*	1 January 2026
	This Standard amends AASB 1, AASB 7, AASB 9, AASB 10 and AASB 107 as a consequence of the issuance of *Annual* Improvements to IFRS Standards – Volume 11 by the International Accounting Standards Board in July 2024. The MHC has not assessed the impact of the Standard.	

Notes to the financial statements

For the year ended 30 June 2025

9.2 Future impact of Australian standards issued but not yet operative (continued)		Operative for reporting periods beginning on/after
Operative for reporting periods beginning on/after 1 Jan 2027		
AASB 18(FP)	*Presentation and Disclosure in Financial Statements (Appendix D) [for for-profit entities]* This Standard replaces AASB 101 with respect to the presentation and disclosure requirements in financial statements applicable to for-profit entities. This Standard is a consequence of the issuance of International Financial Reporting Standard 18 Presentation and Disclosure in financial Statements by the International Accounting Standards Board in April 2024 This Standard also makes amendments to other Australian Accounting Standards outlined in Appendix D of the Standard. There is no financial impact.	1 January 2027
Operative for reporting periods beginning on/after 1 Jan 2028		
AASB 2014-10	*Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture* This Standard amends AASB 10 and AASB 128 to address an inconsistency between the requirements in AASB 10 and those in AASB 128 (August 2011), in dealing with the sale or contribution of assets between an investor and its associate or joint venture. There is no financial impact.	1 January 2028
AASB 2024-4b	*Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 [deferred AASB 10 and AASB 128 amendments in AASB 2014-10 apply]* This Standard defers (to 1 January 2028) the amendments to AASB 10 and AASB 128 relating to the sale or contribution of assets between an investor and its associate or joint venture. The Standard also includes editorial corrections. There is no financial impact.	1 January 2028
AASB 18 (NFP/super)	*Presentation and Disclosure in Financial Statements (Appendix D) [for not-for-profit and superannuation entities]* This Standard replaces AASB 101 with respect to the presentation and disclosure requirements in financial statements applicable to not-for-profit and superannuation entities This Standard is a consequence of the issuance of IFRS 18 Presentation and Disclosure in financial Statements by the International Accounting Standards Board in April 2024. This Standard also makes amendments to other Australian Accounting Standards. The MHC has not assessed the impact of the Standard.	1 January 2028

Notes to the financial statements

For the year ended 30 June 2025

9.3 Key management personnel

The MHC has determined that key management personnel include the responsible Cabinet Minister and senior officers of the MHC. However, the MHC is not obligated for the compensation of the responsible Minister and therefore no disclosure is required. The disclosure in relation to the responsible Minister's compensation may be found in the Annual Report on State Finances.

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of the MHC for the reporting period are presented within the following bands:

Compensation band ($)	**2025**	**2024**
450,001 - 500,000	1	-
400,001 - 450,000	-	2
250,001 - 300,000	2	-
200,001 - 250,000	7	4
150,001 - 200,000	1	5
100,001 - 150,000	3	-
50,001 - 100,000	2	2
00,001 - 50,000	1	-

	($000)	**($000)**
Short-term employee benefits	2,447	2,321
Post-employment benefits	300	271
Other long-term benefits	300	218
Termination benefits	198	-
Total senior officer compensation	**3,245**	**2,810**

Total compensation includes the superannuation expense incurred by the MHC in respect of senior officers.

9.4 Related party transactions

The MHC is a wholly owned public sector entity that is controlled by the State of Western Australia.

Related parties of the MHC include:

- all cabinet ministers and their close family members, and their controlled or jointly controlled entities;
- all senior officers and their close family members, and their controlled or jointly controlled entities;
- all departments and public sector entities, including their related bodies, that are included in the whole of government consolidated financial statements;
- associates and joint ventures, that are included in the whole of Government consolidated financial statements; and
- the Government Employees Superannuation Board (GESB).

Notes to the financial statements

For the year ended 30 June 2025

9.4 Related party transactions (continued)

Significant transactions with Government-related entities

In conducting its activities, the MHC is required to transact with the State and entities related to the State. These transactions are generally based on the standard terms and conditions that apply to all agencies. Such transactions include:

- service appropriation (Note 4.1);
- contribution by owners (Note 9.9);
- services received free of charge from the other state government agencies (Note 4.1);
- royalties for regions fund (Note 4.1);
- income received from other public sector entities (Note 4.1);
- services agreement WA Health (Note 3.2);
- grants and subsidies payment to other government agencies (Note 3.3);
- legal fees and employment related payments (Note 3.6) - Department of Justice including State Solicitor's Office;
- corporate support services - Health Support Services (Note 3.4);
- purchase of outsourced services from Department of Health (Note 3.6);
- valuation services and purchase of other outsourced services payment (Note 3.4) to Landgate WA;
- media monitoring service payments to the Department of Premier and Cabinet (Note 3.4);
- purchase of outsourced services and consulting fees (Note 3.4), leases and accommodation (Note 3.5) and travel related and repairs and maintenance expense (Note 3.6) from the Department of Finance;
- employee related payments to the Department of Communities (Note 3.6);
- consulting expense (Note 3.4) and employment related payments (Note 3.6) to the Public Sector Commission;
- lease rentals related payments to Department of Finance (Note 3.5);
- workers' compensation and other insurance payment to Riskcover (Note 3.6);
- audit fee payments to the Office of the Auditor General (Note 3.6) and (Note 9.8);
- annual monitoring related payments to the Department of Fire and Emergency Services (Note 3.6);
- services provided free of charge to other state government agencies (Note 9.10).

Material transactions with related parties

Outside of normal citizen type transactions with the MHC, there were no other related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

Material transactions with other related parties

- Superannuation payments to the Government Employees Superannuation Board (GESB) (Note 3.1(a)).

9.5 Related bodies

A related body is a body that receives more than half of its funding and resources from the MHC and is subject to operational control by the MHC. The MHC had no related bodies during the financial year.

Notes to the financial statements

For the year ended 30 June 2025

9.6 Affiliated bodies

An affiliated body is a body that receives more than half of its funding and resources from the MHC but is not subject to operational control by the MHC.

During the financial year the following affiliated bodies received funding from the MHC:	2025 ($000)	2024 ($000)
Albany Halfway House Association Incorporated	2,052	2,010
Alcohol and Other Drug Consumer & Community Coalition (a)	558	-
Fresh Start Recovery Programmes (a)	3,581	-
Garl Garl Walbu Aboriginal Corporation	815	739
Goldfields Rehabilitation Services Inc	3,612	2,628
Grief Centre of Western Australia (a)	92	-
Holyoake Australian Institute for Alcohol and Drug Addiction Resolution Inc	7,873	6,870
Home Health Pty Ltd (trading as Tender Care)	1,635	1,536
Palmerston Association Inc.	13,785	12,920
Pathways Southwest Inc.	1,572	1,472
Perth Inner City Youth Service (a)	1,152	-
Richmond Wellbeing Incorporated	23,573	22,594
Tenacious House (a)	1,338	-
The Radiance Network South West (a)	256	-
WA Council on Addictions (trading as Cyrenian House)	19,312	17,657
Total financial assistance to affiliated bodies	**81,206**	**68,426**

(a) The MHC has provided funding to these organisations; however, they received less than half of their funding and resources from MHC in the respective financial years and were therefore not considered affiliated bodies.

In addition, Mental Health MHC has three affiliated bodies as determined by the Treasurer pursuant to Section 60(1)(b) of the Financial Management Act 2006 in 2015/16 financial year.

Mental Health Tribunal is a government administered body that received administrative support from, but is not subject to operational control by the MHC (Note 9.10). It is funded by parliamentary appropriation of $4,330,000 for 2024-25 ($4,145,000 for 2023-24).

Mental Health Advocacy Service is a government administered body that received administrative support from, but is not subject to operational control by the MHC (Note 9.10). It is funded by parliamentary appropriation of $8,278,000 for 2024-25 ($5,795,000 for 2023-24).

Office of Chief Psychiatrist is a government administered body that received administrative support from, but is not subject to operational control by the MHC (Note 9.10). It is funded by parliamentary appropriation of $5,628,000 for 2024-25 ($4,730,000 for 2023-24).

Notes to the financial statements

For the year ended 30 June 2025

9.7 Special purpose accounts

State Managed Fund (Mental Health) Account (a)

The purpose of the special purpose account is to hold money received by the Mental Health MHC, for the purposes of health funding under the National Health Reform Agreement that is required to be undertaken in the State through a State Managed Fund.

	2025 ($000)	2024 ($000)
Balance at start of period	-	-
Receipts:		
Service appropriations (State Government)	433,804	353,333
Royalties for Region Fund (State Government) (b)	4,463	4,595
Commonwealth grants and contributions	217,356	174,357
Total receipts	**655,623**	**532,285**
Payments:		
Block grant funding to local hospital networks in WA Health	(626,688)	(497,028)
Block grant funding to non-government organisation	(15,887)	(14,782)
Block grant funding to next step drug and alcohol services (c)	(8,499)	(20,475)
Total payments	**(651,074)**	**(532,285)**
Balance at end of period	**4,549**	**-**

(a) Established under section 16(1)(b) of FMA.
(b) The Commonwealth provides block funding for subacute services which is partially funded by the Royalties for Regions fund. The funding is provided to non-government organisations to deliver the services.
(c) Next Step drug and alcohol services are delivered through the local hospital network in WA Health from mid November 2024.

9.8 Remuneration of auditors

Remuneration paid or payable to the Auditor General in respect of the audit for the current financial year is as follows:		
Auditing the accounts, controls, financial statements and key performance indicators	**254**	**233**

Notes to the financial statements

For the year ended 30 June 2025

9.9 Equity	2025 ($000)	2024 ($000)
Contributed equity		
Balance at start of period	39,254	48,841
Transactions with owners in their capacity as owners		
Capital appropriation	59	6,049
Other contribution by owners - Digital Capability Fund	403	2,309
Other contribution by owners - Royalties for Region Fund	1,400	-
Distribution to owners		
Return of Royalties for Regions Fund	-	(3,037)
Other distribution to owner - Department of Health	-	(4,017)
Other distribution to owner - East Metropolitan Health Service (a)	(11,512)	-
Other distribution to owner - Department of Communities	-	(10,891)
Total contributions by owners	**29,604**	**39,254**
(a) Net assets transferred to the East Metropolitan Health Service relating to Next Step Drug and Alcohol Services.		
Assets:		
Cash and cash equivalents	2,969	-
Receivables	565	-
Inventory	29	-
Propertty, plant and equipment	10,796	-
Other assets	139	-
Total assets	**14,498**	**-**
Liabilities:		
Employee benefits provisions	(2,986)	-
Total liabilities	**(2,986)**	**-**
Net assets transferred to East Metropolitan Health Services	**11,512**	**-**
Reserves		
Asset revaluation surplus		
Balance at start of period	2,282	2,722
Net revaluation increments / (decrements) :		
Land	129	(636)
Buildings	1,092	196
Total asset revaluation surplus at end of period	**3,503**	**2,282**
Accumulated surplus/(deficit)		
Balance at start of period	53,250	80,152
Result for the period	17,150	(26,902)
Total Accumulated surplus / (deficit) at end of period	**70,400**	**53,250**
Total equity at end of period	**103,507**	**94,786**

Notes to the financial statements

For the year ended 30 June 2025

9.10 Services provided free of charge

	2025 ($000)	2024 ($000)
Services provided free of charge to other agencies during the period		
Mental Health Tribunal - corporate services	474	334
Mental Health Advocacy Service - corporate services	757	478
Office of the Chief Psychiatrist - corporate services and accommodation	768	625
Total services provided free of charge	**1,999**	**1,437**

9.11 Supplementary financial information

Write-offs

During the financial year 2024-25 $3,145 ($nil in 2023-24) was written off the MHC's asset register under the authority of:

The Mental Health Commissioner	3	-
	3	**-**

Notes to the financial statements

For the year ended 30 June 2025

10. Explanatory statements

This section explains variations in the financial performance of the MHC.

Notes to the financial statements

For the year ended 30 June 2025

10.1 Explanatory statement for controlled operations

This explanatory section explains variations in the financial performance of the MHC undertaking transactions under its own control, as represented by the primary financial statements.

All variances between annual estimates (original budget) and actual results for 2025, and between the actual results for 2025 and 2024 are shown below. Narratives are provided for major variances which are more than 10% from the comparative and which are also more than 1% of the following:

1) Estimate and actual results for the current year:

- Total Cost of Services of the annual estimates for the Statement of comprehensive income and Statement of cash flows (i.e.1% of $1,453.2m) and;
- Total Assets of the annual estimates for the Statement of financial position (i.e.1% of $132.0m).

2) Actual results between the current year and the previous year:

- Total Cost of Services of the previous year for the Statements of comprehensive income and Statement of cash flows (i.e.1% of $1,337.7m), and
- Total Assets of the previous year for the Statement of financial position (i.e.1% of $110.2m).

10.1.1 Statement of comprehensive income variances

	Variance Note	Estimate 2025 ($000)	Actual 2025 ($000)	Actual 2024 ($000)	Variance between estimate and actual ($000)	Variance between results for 2025 and 2024 ($000)
Expenses						
Employee benefits expenses		55,062	45,475	52,887	(9,587)	(7,412)
Service agreement - WA Health	a	1,094,227	1,180,690	1,032,857	86,463	147,833
Service agreement - non government and other organisations	b	275,930	249,974	218,244	(25,956)	31,730
Grants and subsidies		315	4,229	7,216	3,914	(2,987)
Supplies and services		19,178	17,939	18,431	(1,239)	(492)
Depreciation expense		477	608	806	131	(198)
Finance costs		11	7	9	(4)	(2)
Accommodation expenses		3,198	3,100	3,099	(98)	1
Other expenses		4,756	4,103	4,116	(653)	(13)
Total cost of services		**1,453,154**	**1,506,125**	**1,337,665**	**52,971**	**168,460**
Income						
Commonwealth grants and contributions		3,022	3,633	3,531	611	102
Other income		4,133	5,897	1,563	1,764	4,334
Total Income		**7,155**	**9,530**	**5,094**	**2,375**	**4,436**
NET COST OF SERVICES		**1,445,999**	**1,496,595**	**1,332,571**	**50,596**	**164,024**

Notes to the financial statements

For the year ended 30 June 2025

10.1.1 Statement of comprehensive income variances (continued)

	Variance Note	Estimate 2025 ($000)	Actual 2025 ($000)	Actual 2024 ($000)	Variance between estimate and actual ($000)	Variance between results for 2025 and 2024 ($000)
Income from State Government						
Service appropriation	c	1,033,920	1,102,032	938,161	68,112	163,871
Service agreement funding - Commonwealth	d	362,994	375,892	329,981	12,898	45,911
Income from other public sector entities		2,886	2,576	3,004	(310)	(428)
Resources received		4,305	3,033	3,182	(1,272)	(149)
Royalties for Region Fund		39,852	30,212	31,341	(9,640)	(1,129)
Total income from State Government		**1,443,957**	**1,513,745**	**1,305,669**	**69,788**	**208,076**
SURPLUS/(DEFICIT) FOR THE PERIOD		**(2,042)**	**17,150**	**(26,902)**	**19,192**	**44,052**
OTHER COMPREHENSIVE INCOME						
Items not reclassified subsequently to profit or loss						
Changes in asset revaluation surplus		-	1,221	(440)	1,221	1,661
Total other comprehensive income		**-**	**1,221**	**(440)**	**1,221**	**1,661**
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		**(2,042)**	**18,371**	**(27,342)**	**20,413**	**45,713**

Major Actual (2025) and Comparative (2024) Variance Narratives

(a) The increase of $147.833m (14.31%) in Service agreement - WA Health expenditure is largely due to cost and demand escalation for public mental health hospital services, additional funding in 2024-25 for the Cockburn Clinic Expansion and Perth Children Hospital 5A Decant and other initiatives including Infants, Children and Adolescents (ICA) Taskforce; Adult Community Treatment Uplift and Criminal Law Reforms.

(b) The increase of $31.730m (14.54%) in Service agreement - non government and other organisations is due to additional funding for ongoing initiatives to improve mental health, alcohol and other drug services.

(c) The increase of $163.871m (17.47%) in Service appropriation is largely due to supplementary funding in 2024-25 for expansion of the Cockburn clinic, Perth Children's Hospital 5A Decant and wages policy provisions; and additional funding for new and existing initiatives including Ambulance Co-Response Model, Infants, Children and Adolescents (ICA) Taskforce and Public Mental Health Hospital Services cost and demand updates

(d) The increase of $45.911m (13.91%) in Service agreement funding - Commonwealth is primarily due to an increase in the amount of service deemed in-scope to receive funding under the National Health Reform Agreement.

Notes to the financial statements

For the year ended 30 June 2025

10.1.2 Statement of financial position variances

	Variance Note	Estimate 2025 ($000)	Actual 2025 ($000)	Actual 2024 ($000)	Variance between estimate and actual ($000)	Variance between results for 2025 and 2024 ($000)
ASSETS						
Current assets						
Cash and cash equivalents		90,268	84,370	70,112	(5,898)	14,258
Restricted cash and cash equivalents		2,835	7,479	7,774	4,644	(295)
Receivables		561	743	515	182	228
Inventories		6	-	10	(6)	(10)
Other current assets	a	112	400	1,628	288	(1,228)
Total current assets		**93,782**	**92,992**	**80,039**	**(790)**	**12,953**
Non-current assets						
Receivables		1,416	1,221	1,501	(195)	(280)
Amounts receivable for services		8,840	8,840	8,361	-	479
Property, plant and equipment	1, b	27,848	12,118	20,147	(15,730)	(8,029)
Right-of-use assets		120	88	125	(32)	(37)
Total non-current assets		**38,224**	**22,267**	**30,134**	**(15,957)**	**(7,867)**
TOTAL ASSETS		**132,006**	**115,259**	**110,173**	**(16,747)**	**5,086**
LIABILITIES						
Current liabilities						
Payables		5,287	2,925	4,410	(2,362)	(1,485)
Employee related provisions	c	7,765	6,692	8,246	(1,073)	(1,554)
Lease liabilities		38	30	42	(8)	(12)
Total current liabilities		**13,090**	**9,647**	**12,698**	**(3,443)**	**(3,051)**
Non-current liabilities						
Employee related provisions		2,523	2,043	2,599	(480)	(556)
Lease liabilities		90	62	90	(28)	(28)
Total non-current liabilities		**2,613**	**2,105**	**2,689**	**(508)**	**(584)**
TOTAL LIABILITIES		**15,703**	**11,752**	**15,387**	**(3,951)**	**(3,635)**
NET ASSETS		**116,303**	**103,507**	**94,786**	**(12,796)**	**8,721**
EQUITY						
Contributed equity		35,336	29,604	39,254	(5,732)	(9,650)
Reserves		3,329	3,503	2,282	174	1,221
Accumulated surplus		77,638	70,400	53,250	(7,238)	17,150
TOTAL EQUITY		**116,303**	**103,507**	**94,786**	**(12,796)**	**8,721**

Notes to the financial statements

For the year ended 30 June 2025

10.1.2 Statement of financial position variances (continued)

Major Estimate and Actual (2025) Variance Narratives

(1) Property, plant and equipment is $15.730m (56.48%) under its estimate due to the transfer of assets from Next Step services to East Metropolitan Health Services and delays relating to the 20-Bed Alcohol and Other Drugs Rehabilitation Facility.

Major Actual (2025) and Comparative (2024) Variance Narratives

(a) The decrease of $1.228m (75.43%) in Other current assets is because of a higher prepaid balance at the end of 2023-24 financial year relating to Fibroscan equipment that has not been received as at 30 June 2024.

(b) The decrease of $8.029m (39.85%) in Property, plant and equipment is primarily due to the transfer of assets from Next Step services to East Metropolitan Health Services and offset by minor capital expenditure in relation to the Broome Sobering Up Centre.

(c) The decrease of $1.554m (18.85%) in Employee related provisions is primarily due to the transfer of employee leave entitlements from Next Step services to East Metropolitan Health Services.

10.1.3 Statement of cash flows variances

	Variance Note	Estimate 2025 ($000)	Actual 2025 ($000)	Actual 2024 ($000)	Variance between estimate and actual ($000)	Variance between results for 2025 and 2024 ($000)
CASH FLOWS FROM STATE GOVERNMENT						
Service appropriation	a	1,033,443	1,101,553	937,686	68,110	163,867
Capital appropriations		876	59	6,049	(817)	(5,990)
Digital Capability Fund		764	403	2,309	(361)	(1,906)
Service agreement funding - Commonwealth	b	362,994	375,892	329,981	12,898	45,911
Income from other public sector entities		2,319	2,209	2,907	(110)	(698)
Royalties for Regions Fund - Capital		1,400	1,400	-	-	1,400
Royalties for Regions Fund - Recurrent		39,852	30,212	31,341	(9,640)	(1,129)
Return of Royalties for Regions Fund		-	-	(3,037)	-	3,037
Payment to Department of Health		-	-	(4,017)	-	4,017
Payment to Department of Communities		-	-	(10,891)	-	10,891
Net cash provided by State Government		**1,441,648**	**1,511,728**	**1,292,328**	**70,080**	**219,400**

Notes to the financial statements

For the year ended 30 June 2025

10.1.3 Statement of cash flows variances (continued)

	Variance Note	Estimate 2025 ($000)	Actual 2025 ($000)	Actual 2024 ($000)	Variance between estimate and actual ($000)	Variance between results for 2025 and 2024 ($000)
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits expenses		(54,370)	(44,986)	(51,920)	9,384	6,934
Service agreement - WA Health	c	(1,094,803)	(1,180,690)	(1,032,857)	(85,887)	(147,833)
Service agreement - non government and other organisations	d	(275,901)	(250,078)	(219,139)	25,823	(30,939)
Grants and subsidies		(315)	(4,229)	(7,216)	(3,914)	2,987
Supplies and services		(15,017)	(14,230)	(17,021)	787	2,791
Finance costs		(11)	(7)	(9)	4	2
Accommodation expenses		(3,167)	(3,357)	(3,053)	(190)	(304)
Other payments		(4,643)	(4,341)	(3,396)	302	(945)
Receipts						
Commonwealth grants and contributions		3,022	3,587	3,481	565	106
Other receipts		4,133	5,961	1,633	1,828	4,328
Net cash used in operating activities		**(1,441,072)**	**(1,492,370)**	**(1,329,497)**	**(51,298)**	**(162,873)**
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Purchase of non-current assets		(6,967)	(2,160)	(101)	4,807	(2,059)
Receipts						
Proceeds from sale of non-current assets		-	-	-	-	-
Net cash used in investing activities		**(6,967)**	**(2,160)**	**(101)**	**4,807**	**(2,059)**
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Lease payments		(59)	(38)	(49)	21	11
Payments to accrued salaries account		-	(228)	(229)	(228)	1
Net cash used in financing activities		**(59)**	**(266)**	**(278)**	**(207)**	**12**
Net increase/(decrease) in cash and cash equivalents		(6,450)	16,932	(37,548)	23,382	54,480
Cash and cash equivalents at the beginning of the period		100,969	77,886	116,705	(23,083)	(38,819)
Adjustment for the reclassification of accrued salaries account		-	-	(1,271)	-	1,271
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD		**94,519**	**94,818**	**77,886**	**299**	**16,932**

Notes to the financial statements

For the year ended 30 June 2025

10.1.3 Statement of cash flows variances (continued)

Major Actual (2025) and Comparative (2024) Variance Narratives

(a) The increase of $163.867m (17.48%) in Service appropriation is largely due to supplementary funding in 2024-25 for expansion of the Cockburn clinic, Perth Children's Hospital 5A Decant and wages policy provision; and additional funding for new and existing initiatives including Ambulance Co-Response Model, Infants, Children and Adolescents (ICA) Taskforce and Public Mental Health Hospital Services cost and demand updates.

(b) The increase of $45.911m (13.91%) in Service agreement funding - Commonwealth is primarily due to an increase in the amount of service deemed in-scope to receive funding under the National Health Reform Agreement.

(c) The increase of $147.833m (14.31%) in Service agreement - WA Health is largely due to cost and demand escalation for public mental health hospital services, additional funding in 2024-25 for the Cockburn Clinic Expansion and Perth Children Hospital 5A Decant and other initiatives including Infants, Children and Adolescents (ICA) Taskforce; Adult Community Treatment Uplift and Criminal Law Reforms.

(d) The increase of $30.939m (14.12%) in the spend against Service agreement - non government and other organisations is due to increased funding for new initiatives and maintaining sustainability of established mental health, alcohol and other drug services.

Notes to the financial statements

For the year ended 30 June 2025

10.2 Explanatory statement for administered items

This explanatory section explains variations in the financial performance of the MHC undertaking transactions that it does not control but has responsibility to the government for, as detailed in the administered schedules.

All variances between annual estimates (original budget) and actual results for 2025, and between the actual results for 2025 and 2024 are shown below.
Narratives are provided for major variances which are more than 10% of the comparative and which are more than 1% of the Total Administered Income of each comparative (i.e.1% of $18.570m for the estimate and 1% of $16.520m for the previous year in the table below).

Income from administered items	Variance Note	Estimate 2025 ($000)	Actual 2025 ($000)	Actual 2024 ($000)	Variance between estimate and actual ($000)	Variance between results for 2025 and 2024 ($000)
For transfer:						
Administered appropriation						
Mental Health Tribunal		4,175	4,330	4,145	155	185
Mental Health Advocacy Service	1, a	7,106	8,278	5,795	1,172	2,483
Office of Chief Psychiatrist	b	5,529	5,628	4,730	99	898
Services received	2, c	1,760	2,057	1,517	297	540
Other revenue	3	-	417	333	417	84
Total income from administered items		**18,570**	**20,710**	**16,520**	**2,140**	**4,190**
Administered expenses						
Employee benefits expense	4, d	15,732	13,759	11,263	(1,973)	2,496
Supplies and services	5, e	1,930	3,344	2,753	1,414	591
Depreciation expense		9	11	11	2	-
Grants and subsidies	6, f	-	467	100	467	367
Finance costs		2	3	2	1	1
Accommodation expense	7, g	449	722	475	273	247
Other expenses	8, h	448	1,399	355	951	1,044
Total administered expenses		**18,570**	**19,705**	**14,959**	**1,135**	**4,746**

Notes to the financial statements

For the year ended 30 June 2025

10.2 Explanatory statement for administered items (continued)

Major Estimate and Actual (2025) Variance Narratives

(1) Mental Health Advocacy Service appropriations are $1.172m (16.49%) higher than its estimate due to additional funding received for office fitouts and the Criminal Law Mental Impairment Act 2023 (CLMI) received at the Mid Year Review (MYR).

(2) Services received are $0.297m (16.88%) higher than its estimate primarily due to an increase relating to corporate services received from MHC, services received from the State Solicitors Office and an increased value in accommodation leasing from the Department of Finance.

(3) The variance of $0.417m (100%) against estimate in Other revenue is due to funding received for the Enhanced Psychiatric Hostel Visiting program which was not budgeted for in 2024/25.

(4) Employee benefits expense is $1,973m (12.54%) under its estimate due to vacancies and delays in the recruitment of positions.

(5) Supplies and services are $1.414m (73.26%) over its estimate primarily due to increased expenditure in CLMI statutory obligations which was only funded at the MYR.

(6) The variance of $0.467m (100%) against estimate in Grants and subsidies is primarily due to the payment of mental health grants by the Office of the Chief Psychiatrist related to research on health services pathways for consumers seeking urgent care (for suicidal behaviours and deliberate self-harm).

(7) Accommodation expense is $0.273m (60.80%) over its estimate due to the uptake of increased office space occupied by the Mental Health Advocacy Service and the Office of Chief Psychiatrist. Accommodation expenses are services received from the Mental Health Commission.

(8) Other expenses are $0.951m (212.28%) over its estimate due to the fit out of new office accommodation for the Mental Health Advocacy Services which was funded at the MYR.

Major Actual (2025) and Comparative (2024) Variance Narratives

(a) The increase of $2.483m (42.85%) in appropriations for Mental Health Advocacy Services is largely due to additional funding for office fitouts and the CLMI.

(b) The increase of $0.898m (18.99%) in appropriations for the Office of the Chief Psychiatrist is due to an increase in funding received related to the CLMI bill, increase in aged weighted population growth funding, escalation in salaries and non salaries and funding related to programs such as The Youth Long Term Housing & Support Program.

(c) The increase of $0.540m (35.60%) in Services received is due to an increase relating to corporate services received from MHC, services received from the State Solicitors Office and an increased value in accommodation leasing from the Department of Finance.

(d) The increase of $2.496m (22.16%) in Employee benefits expense relates to pay increases in line with public sector wages policy and increased expenditure on the CLMI.

(e) The increase of $0.591m (21.47%) in Supplies and services is due to increased services received costs and an increase in the purchase of other outsourced services.

(f) The increase of $0.367m (367.00%) in Grants and subsidies is primarily due to payment of payment of mental health grants by the Office of the Chief Psychiatrist related to research on health services pathways for consumers seeking urgent care (for suicidal behaviours and deliberate self-harm).

(g) The increase of $0.247m (52.00%) in Accommodation expense is due to the uptake of increased office space occupied by the Mental Health Advocacy Service and the Office of Chief Psychiatrist. Accommodation expenses are services received from the Mental Health Commission.

(h) The increase of $1.044m (294.08%) in Other expenses is primarily due to the increase of the Mental Health Advocacy Service office refurbishment costs.

Certified Key Performance Indicators

Detailed Key Effectiveness Indicators

Certification of Key Performance Indicators

I hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the performance of the Mental Health Commission and fairly represent the performance of the Mental Health Commission for the financial year ended 30 June 2025.

Maureen Lewis
Commissioner
Mental Health Commission
Accountable Authority

2 September 2025

Outcome 1

Improved mental health and wellbeing

Key Effectiveness Indicator 1.1: Percentage of the population with high or very high levels of psychological distress

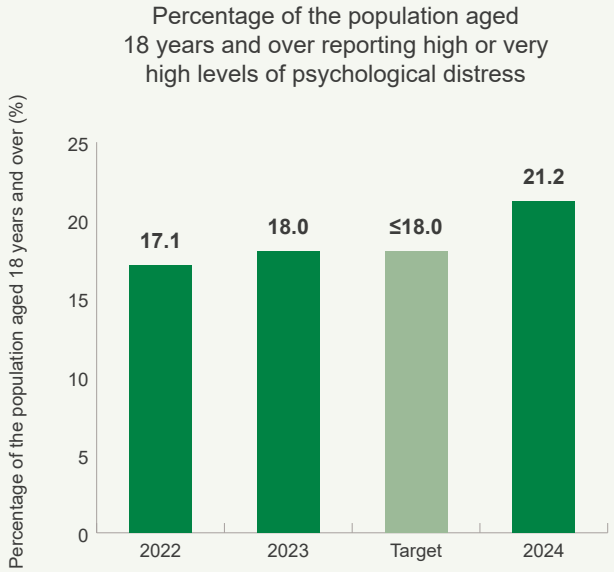
Measures the psychological distress of the Western Australian population aged 18 years and over. A higher proportion of people with high or very high levels of psychological distress is indicative of the potential population requiring mental health and other support services. Data for the indicator is derived from the 10-item Kessler Psychological Distress Scale collected by the Epidemiology Directorate, Department of Health in the Western Australia Health and Wellbeing Surveillance System (HWSS), which is reported by calendar year.

The HWSS is a population-based survey representative of a wide range of WA residents. The collection of information for the HWSS is through telephone interviews by trained interviewers or online surveys[1]. In 2024, there were 13,151 responses collected from individuals aged 16 years and over[2]. The Department of Health applies population weightings to estimate the prevalence of the WA population experiencing high or very high psychological distress.

In 2024-25, the target for the percentage of the population with high or very high levels of psychological distress was ≤18.0%. This target was based on the 2023 preliminary results from the HWSS, which was the best available data at the time the target was set. Achieving a lower percentage indicates better performance.

The most recent HWSS result (2024) indicated that 21.2% of the Western Australian population aged 18 years and over reported experiencing high or very high levels of psychological distress in the previous four weeks. This result was 3.2 percentage points higher than in 2023 and the 2024-25 target. Psychological distress may be affected by multiple factors such as increases in the cost of living, job security, and chronic illness. The State Government will continue to deliver on approaches that support wellbeing for everybody. This will be guided by the new Mental Health and Alcohol and Other Drugs Strategy 2025-2030 (in development).

1. The HWSS design and methodology is available from the Department of Health website: https://www.health.wa.gov.au/-/media/Files/Corporate/Reports-and-publications/Population-surveys/Technical-paper-no1-Design-and-Methodology.pdf
2. Sourced from the Epidemiology Directorate, Department of Health



The figures presented in the above are not comparable to figures published in, and prior to, the 2022-23 Mental Health Commission annual reports due to a change in data source from the Australian Bureau of Statistics National Health Survey to the HWSS. The figure for 2022 presented in the above is unaudited.

Outcome 2

Reduced incidence of use and harm associated with alcohol and other drug use

Key Effectiveness Indicator 2.1: Percentage of the population aged 16 years and over reporting recent use of alcohol at a level placing them at risk

Measures the percentage of the Western Australian population aged 16 years and over reporting alcohol consumption at levels placing them at risk. Data for the indicator is derived from the Western Australia Health and Wellbeing Surveillance System (HWSS) which is reported by calendar year. This indicator reflects the population-level impact of prevention initiatives across a range of government departments, including the Commission, on reducing the incidence of use and harm associated with alcohol use.

The HWSS is a population-based survey representative of a wide range of WA residents. The collection of information for the HWSS is through telephone interviews by trained interviewers or online surveys[3]. In 2024, there were 13,151 responses collected from individuals aged 16 years and over[4]. The Department of Health applies population weightings to estimate the prevalence of the WA population reporting recent use of alcohol at a level placing them at risk.

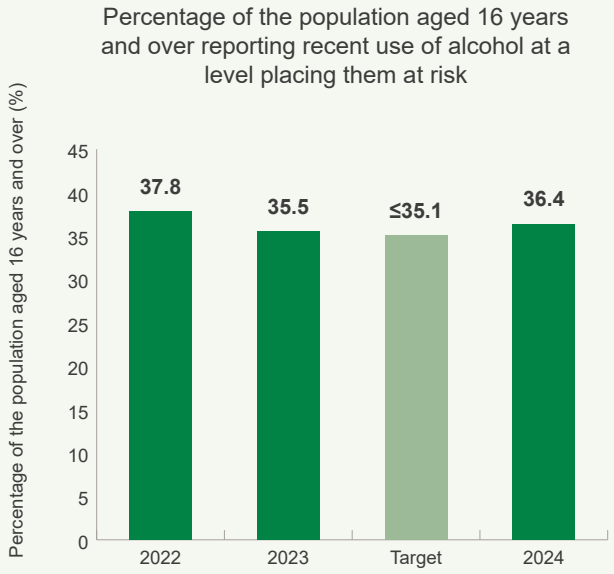
The data presented was collected from 2022 onwards and alcohol-related risk of harm was determined using the 2020 National Health and Medical Research Council (NHMRC) guidelines. Those guidelines recommend that healthy men and women aged 18 years and over should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day to reduce the risk of harm from alcohol-related disease or injury. Additionally, children and people under 18 years of age should not drink alcohol.

The 2024-25 target for the percentage of the population aged 16 years and over reporting recent use of alcohol at a level placing them at risk of harm was ≤35.1%, which is the same as the 2023-24 target. This target was set based on the 2022 preliminary results from the HWSS. Achieving a lower percentage indicates better performance.

The most recent HWSS survey conducted in 2024 indicated that 36.4% of the Western Australian population aged 16 years and over reported use of alcohol at risky levels. This result was comparable to the 2024-25 target (1.3 percentage points higher than 35.1%) and 2023 result (0.9 percentage points higher than 35.5%).

3. The HWSS design and methodology is available from the Department of Health website: https://www.health.wa.gov.au/-/media/Files/Corporate/Reports-and-publications/Population-surveys/Technical-paper-no1-Design-and-Methodology.pdf

4. Sourced from the Epidemiology Directorate, Department of Health



The figures presented in the above are not comparable to annual reports published in, and prior to, the 2022-23 Mental Health Commission annual reports due to a change in data source and use of the updated NHMRC guidelines, whereas previous annual reports sourced from the National Drug Strategy Household Survey using the 2009 NHMRC guidelines. The 2022 figure presented in the above is unaudited.

Key Effectiveness Indicator 2.2: Percentage of the population aged 16 years and over reporting recent use of illicit drugs

Measures the proportion of the Western Australian population aged 16 years and over reporting recent use of illicit drugs. The term 'illicit drugs', as reported in the Western Australia Health and Wellbeing Surveillance System (HWSS), includes illegal drugs (such as cannabis, ecstasy, methamphetamines, amphetamines, heroin, cocaine, and hallucinogens), pharmaceuticals (such as painkillers, tranquillisers, steroids, buprenorphine, and methadone) used for non-medical purposes, and other drugs. The term 'recent use' refers to the use of drugs within twelve months prior to being surveyed for the HWSS. Data is sourced from the Epidemiology Directorate, Department of Health.

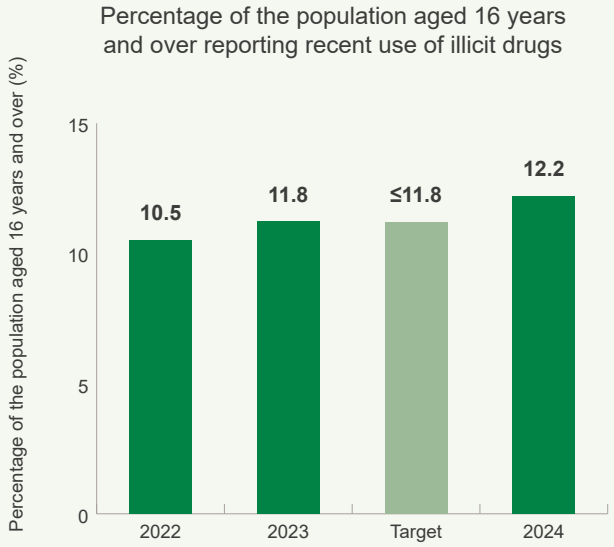
The HWSS is a population-based survey representative of a wide range of WA residents. The collection of information for the HWSS is through telephone interviews by trained interviewers or online surveys[5]. In 2024, there were 13,151 responses collected from individuals aged 16 years and over[6]. The Department of Health applies population weightings to estimate the prevalence of the WA population reporting recent use of illicit drugs.

Reducing illicit drug use lowers the impact of short-term risk and contributes to the prevention of long-term health related harm. This indicator reflects the population-level impact of prevention initiatives across a range of government departments, including the Commission, on reducing the incidence of use and harm associated with illicit drug use.

In 2024-25, the target for the percentage of the population aged 16 years and over reporting recent use of illicit drugs was ≤11.8%. This target was based on the 2023 preliminary results from the HWSS, which was the best available data for Western Australia at the time the target was set. Achieving a lower percentage indicates better performance.

The most recent survey conducted in 2024 stated that 12.2% of the Western Australian population aged 16 years and over reported using illicit drugs in the previous 12 months. This result was comparable to 2023 and the 2024-25 target.

5. The HWSS design and methodology is available from the Department of Health website: https://www.health.wa.gov.au/-/media/Files/Corporate/Reports-and-publications/Population-surveys/Technical-paper-no1-Design-and-Methodology.pdf
6. Sourced from the Epidemiology Directorate, Department of Health



The figures presented in the above are not comparable to figures published in, and prior to, the 2022-23 Mental Health Commission annual reports due to a change in data source from the National Drug Strategy Household Survey to the HWSS. The figure for 2022 presented in the above is unaudited.

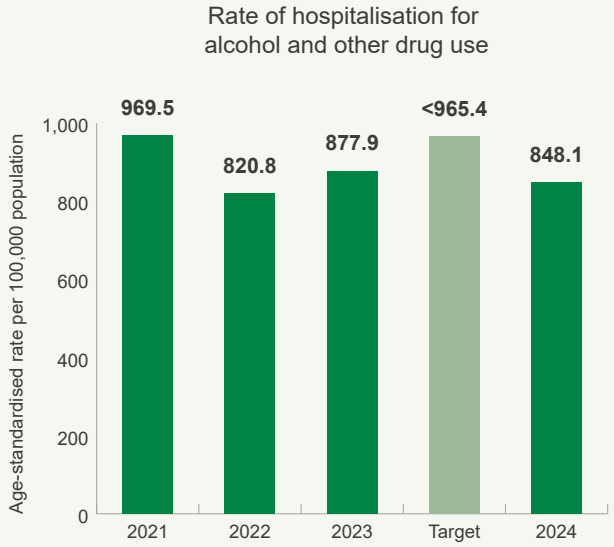
Key Effectiveness Indicator 2.3: Rate of hospitalisation for alcohol and other drug use

Measures the age-standardised rate of hospitalisations attributable to alcohol and other drug use per 100,000 population. To determine what proportion of hospitalisations are likely due to the effects of alcohol and other drugs, estimates are used. These estimates are called aetiological fractions and are based on published literature. Hospitalisation data is a robust measure of harmful health effects attributable to the use of alcohol and other drugs in the community. The most recent data available is provided by the Department of Health's Epidemiology Directorate for the calendar year using the Hospital Morbidity Data Collection.

This indicator reflects the impact of prevention initiatives across a range of government departments, including the Commission, and the effectiveness of alcohol and other drug services that aim to provide high quality and appropriate treatments and supports to reduce the harm associated with alcohol and other drug use. It can be broadly interpreted as a measure of the impact of alcohol and other drug use on the health of the general population of Western Australia.

In 2024-25, the target for the rate of hospitalisations for alcohol and other drug use was <965.4 per 100,000 population. This is the same as the 2021-22 target set for the pre-COVID period, as there has been an upward trend in alcohol and other drug related harm since COVID related restrictions were lifted. Achieving a lower rate indicates better performance.

The latest available data is for the 2024 calendar year, and the age-standardised rate of hospitalisations attributable to alcohol and other drug use is 848.1 per 100,000 population. This result is 12.2% below the 2024-25 target and 3.4% below the 2023 result. The result reflects successful across-government action making a difference in communities, delivering on prevention strategies, supporting at-risk groups and expanding treatment and support services.



Outcome 3

Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports

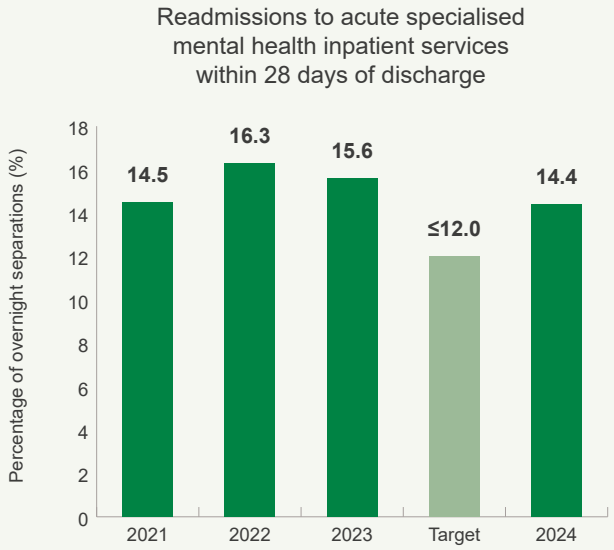
Key Effectiveness Indicator 3.1: Readmissions to acute specialised mental health inpatient services within 28 days of discharge

Measures the proportion of overnight separations from acute specialised mental health inpatient units that are followed by a readmission to the same or another specialised mental health inpatient unit within 28 days of discharge. This indicator measures the appropriateness and quality of care provided by acute mental health inpatient services. The readmission rate is an indicator of the objective to provide effective care and continuity of care in the delivery of mental health services.

Admissions to a specialised mental health inpatient unit following a recent discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was inappropriate or inadequate to maintain the person out of hospital. It should be noted that the readmission rate does not differentiate between planned and unplanned readmissions, which can affect the overall readmission rates. Planned readmissions may be part of a staged discharge plan or component of the care plan for the presenting diagnosis. Data is provided by the Department of Health's Hospital Morbidity Data Collection for the calendar year, which is the most recent available.

In 2024-25, the target set for the percentage of readmissions to acute specialised mental health inpatient services within 28 days of discharge was ≤12.0%, which is the national target[7]. Achieving a lower percentage indicates better performance.

The latest available data is for the 2024 calendar year, and the result for the readmission rate to acute mental health inpatient facilities within 28 days of discharge was 14.4%. This result is 2.4 percentage points higher than the 2024-25 target of ≤12.0% and 1.2 percentage points lower than the 2023 result of 15.6%. The Commission is continuing to work with Health Service Providers to further improve performance.



7. Agreed National target under the Fourth National Mental Health Plan, Performance Indicator 14 – Readmission to hospital within 28 days of discharge https://www.aihw.gov.au/getmedia/d8e52c84-a53f-4eef-a7e6-f81a5af94764/fourth-national-mental-health-plan-measurement-strategy-2011.pdf.aspx

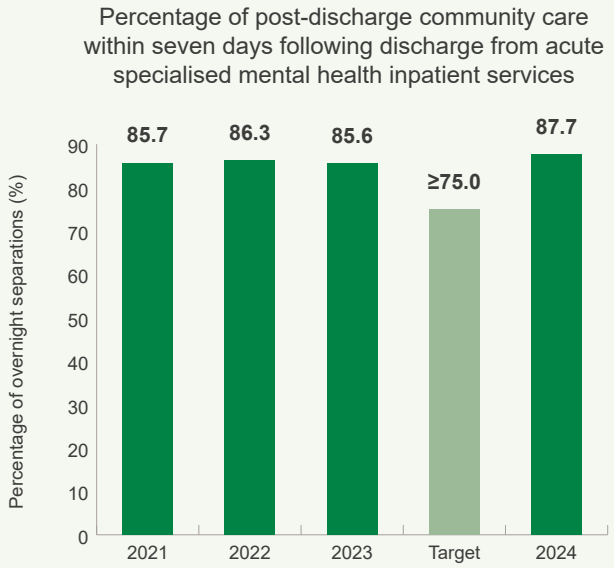
Key Effectiveness Indicator 3.2: Percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services

Measures the proportion of overnight separations from public mental health inpatient units where a community-based mental health service contact occurred within seven days following discharge (post-discharge follow-up). Seven days was recommended nationally as an indicative time period for contact within the community following discharge from hospital. This indicator measures the quality of care provided by mental health services. More specifically, it is an indicator of continuity of care in the delivery of mental health services. Data is sourced from the Department of Health's Mental Health Information Data Collection and Hospital Morbidity Data Collection for the calendar year, which is the most recent available.

A higher percentage of contact with community mental health services within seven days post-discharge should lead to a lower proportion of readmissions. These community treatment services provide ongoing clinical treatment and access to a range of programs that maximise an individual's independent functioning and quality of life. Discharge from mental health inpatient units is a critical transition point in the delivery of mental health care. People leaving hospital after an admission for an episode of mental illness have heightened levels of vulnerability and, without adequate follow-up, may relapse and/or need to be readmitted into hospital.

In 2024-25, the target for the percentage of post-discharge community care within seven days following discharge from acute specialised mental health inpatient services was ≥75.0%, which is the national target[8]. Achieving a higher percentage indicates better performance.

The latest available data is for the 2024 calendar year, and the percentage of post-discharge follow-up was 87.7%. This result is 12.7 percentage points higher than the 2024-25 target and 2.1 percentage points higher than the 2023 result of 85.6%. Since 2021, performance above the target has been consistently achieved due to the Health Service Providers implementing strategies and formal processes to ensure patients discharged from inpatient mental health services have a follow-up within seven days. The Commission continues to monitor this indicator and regularly reviews results with the Health Service Providers to further improve performance.



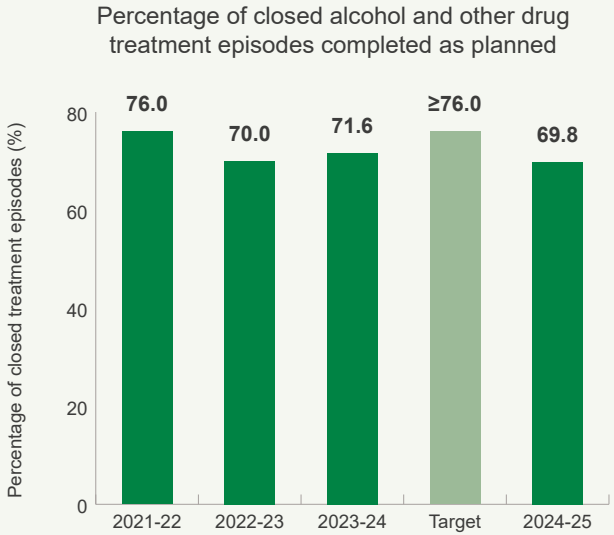
8. Agreed National target under the Fourth National Mental Health Plan, Performance Indicator 16 - Rates of post-discharge community care. https://www.aihw.gov.au/getmedia/d8e52c84-a53f-4eef-a7e6-f81a5af94764/fourth-national-mental-health-plan-measurement-strategy-2011.pdf.aspx

Key Effectiveness Indicator 3.3: Percentage of closed alcohol and other drug treatment episodes completed as planned

Measures the percentage of closed treatment episodes in alcohol and other drug treatment services that were completed as planned. An episode is the period of care between the start and end of treatment. A high percentage of closed alcohol and other drug treatment episodes completed as planned is indicative of high quality and appropriate care in alcohol and other drug treatment and support. Data is sourced from the Commission's Alcohol and Other Drug Treatment Data Collection and is for the twelve-month period from April to March to allow for a three-month lag for coding and auditing purposes.

In 2024-25, the target for the percentage of closed alcohol and other drug treatment episodes completed as planned was ≥76.0%, which is the same as previous years. Achieving a higher percentage indicates better performance.

In 2024-25, the percentage of closed treatment episodes that were completed as planned was 69.8%. This result is 6.2 percentage points below the 2024-25 target and 1.8 percentage points lower than the 2023-24 result of 71.6%. The increasing complexity of clients, particularly in relation to co-occurring mental health issues, continues to impact treatment episode completion rates. The pressure on community mental health services has also resulted in more clients with co-occurring issues being managed in services such as the Community Alcohol and Drug Services. The Commission is continuing to work towards the target to ensure high quality and appropriate care.



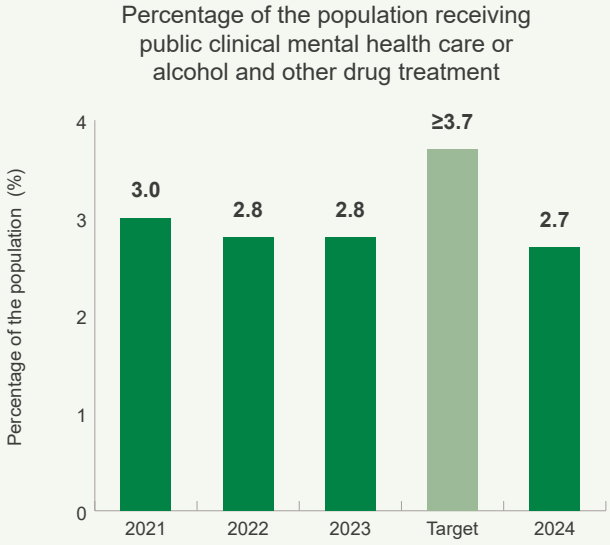
Key Effectiveness Indicator 3.4: Percentage of the population receiving public clinical mental health care or alcohol and other drug treatment

Measures the proportion of the Western Australian population using a specialised public mental health service or receiving public alcohol and other drug treatment. Data on public clinical mental health care is for the 2024 calendar year and is sourced from the Department of Health's Mental Health Information Data Collection and the Hospital Morbidity Data Collection. The population figures are sourced from the Australian Bureau of Statistics (ABS). Data is based on the ABS June 2024 population estimate released for December 2024 and last updated on 19 June 2025.

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) collection covers most of the publicly funded alcohol and other drug treatment services, including government and non-government organisations. It is noted that it is difficult to fully quantify the scope of alcohol and other drug services in Australia as people receive treatment for alcohol and other drug-related issues in a variety of settings not in scope for the AODTS NMDS. The out-of-scope services include but are not exclusive to private treatment agencies, prisons, accommodation services and general practitioners. Alcohol and other drug treatment data is for the 2023-24 financial year.

In 2024-25, the target for the percentage of the population receiving public clinical mental health care or alcohol and other drug treatment was ≥3.7%, which was based on the 2024-25 estimated result approved through the WA State Budget process. A higher percentage is indicative of greater accessibility to services by those in need.

In 2024, the percentage of the Western Australian population receiving public mental health care or alcohol and other drug treatment was 2.7%. The 2024 result is comparable to the 2023 result and 1.0 percentage point lower than the 2024-25 target. The lower than expected result was due to the reduced number of clients receiving alcohol and other drug treatment during the 2023-24 period, which can be attributed to the increasing complexity and acuity of clients. The Commission is continuing to work with Health Service Providers to further improve access to public mental health system.



The 2023, 2024 and target figures presented above include 10-year-olds and above for the population receiving the alcohol and other drug treatment, while the 2021 and 2022 figures use the whole Western Australian population.

Certified Key Performance Indicators

Detailed Key Efficiency Indicators

Service 1

Prevention

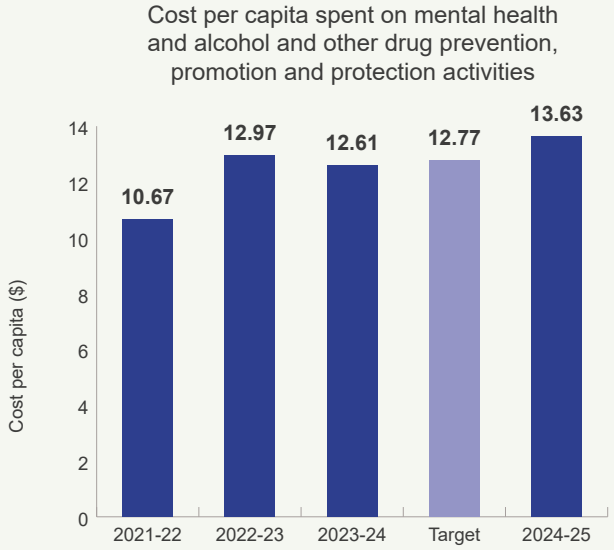
Key Efficiency Indicator 1.1: Cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities

Measures the per capita expenditure by the Commission on mental health and alcohol and other drug prevention, promotion and protection activities for the Western Australian population. Mental health prevention, promotion and protection activities target all ages while alcohol and other drug initiatives target individuals 14 years of age and over. This indicator monitors investment by the Commission in activities that aim to eliminate or reduce modifiable risk factors associated with individual, social and environmental health determinants to enhance mental health and wellbeing and prevent mental illnesses and alcohol and other drug related harm before they occur. The aim is to increase the proportional investment in prevention activities and gain a return in health, economic and social benefits for the Western Australian community.

Data is sourced from the Commission's financial systems, while population figures for Western Australia are from the Australian Bureau of Statistics. The population data for the 2024-25 result is based on the ABS June 2024 population estimate for Western Australia, released for December 2024 and last updated on 19 June 2025. Cost data is for the financial year.

In 2024-25, the target for the cost per capita spent on mental health and alcohol and other drug prevention and promotion activities was $12.77, which is based on estimated funding on mental health and alcohol and other drug prevention, promotion and protection activities set during the WA State Budget process. A higher cost per capita indicates greater funding towards prevention and promotion activities in Western Australia.

In 2024-25, the cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities was $13.63. The result is 6.7% higher than the 2024-25 target and 8.1% higher than the 2023-24 result of $12.61. The higher result compared to the target is primarily due to the implementation of additional suicide prevention funding in 2024-25.



Service 2

Hospital Bed-Based Services

Key Efficiency Indicator 2.1: Average cost per purchased bed-day in specialised mental health and alcohol and other drug units

Measures the average cost per purchased bed-day in specialised acute, sub-acute and hospital in the home mental health and alcohol and other drug inpatient units. Cost per inpatient bed-day is defined as expenditure on inpatient services divided by the number of inpatient bed-days. Financial year data is drawn from the Commission's financial systems, bed-days are sourced from BedState[9] from the Department of Health and Next Step data is extracted from the Commission's Alcohol and Other Drug Treatment Data Collection[10].

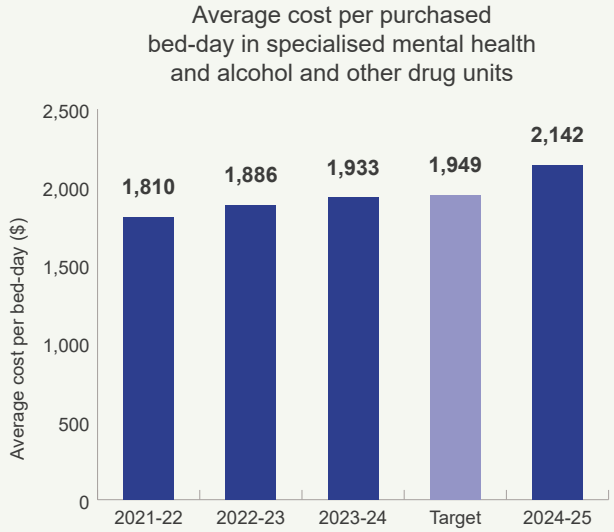
Acute hospital beds provide hospital-based inpatient assessment and treatment services for people experiencing severe episodes of mental illness. Acute inpatient services also include the Next Step inpatient withdrawal unit. Sub-acute hospital services provide hospital-based treatment and rehabilitation for people with unremitting and severe symptoms of mental illness and an associated significant disturbance in behaviour. Sub-acute services provide mental health treatment, rehabilitation and support for adults, older adults and young people (18 years old and over). The Hospital in the Home Mental Health (HITH-MH) program offers individuals the opportunity to receive hospital level treatment in their home, where clinically appropriate. HITH-MH is delivered by multidisciplinary mental health teams with a service focus of mental health interventions and support towards recovery. HITH-MH is delivered in the community, but measured and funded as inpatient hospital activity, and therefore falls under the hospital beds stream for funding purposes.

In 2024-25, the target for the average cost per purchased bed-day in specialised mental health and alcohol and other drug units was $1,949, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more bed-days or less funding provided than expected. A result above target indicates there were fewer bed-days or more funding provided than expected.

In 2024-25, the average cost per bed-day in specialised mental health and alcohol and other drug units was $2,142. This result is 9.9% higher than the 2024-25 target and 10.8% higher than the 2023-24 result of $1,933. The higher result in 2024-25 is primarily due to increased funding received by the Commission to operationalise mental health and alcohol and other drug beds.

9. A bed-day is the number of occupied beds as at midnight census of patients in specialised mental health inpatient units. BedState does not report beds being occupied if patients are on leave from hospital at the time of the census (midnight).

10. A bed-day sourced from the Commission's Alcohol and Other Drug Treatment Data Collection is the number of days for patients who were admitted for an episode of care during a specified reference period. A patient who is admitted and separated on the same day is allocated one bed day.



Results for 2021-22 and 2022-23 have been recalculated to include hospital in the home mental health units to align with current reporting and are therefore not comparable with annual reports published prior to 2023-24.

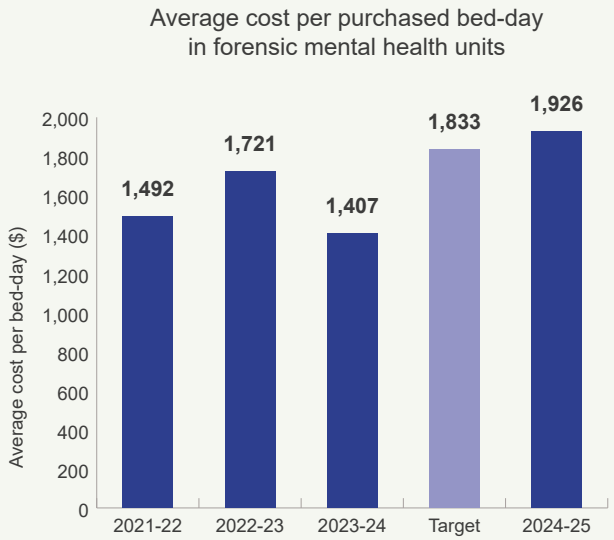
Key Efficiency Indicator 2.2: Average cost per purchased bed-day in forensic mental health units

Measures the average cost per inpatient bed-day in forensic mental health units. The unit cost of admitted patient care in forensic specialised mental health units is closely monitored to ensure cost effectiveness. Data is for the financial year and is sourced from the Commission's financial systems and BedState from the Department of Health.

Forensic beds include both acute and sub-acute beds. Forensic mental health acute inpatient beds are authorised to provide secure mental health care for people within the criminal justice system on special orders. These beds provide specialist multidisciplinary forensic mental health care including close observation, assessment, evidence-based treatments, court reports and physical health care. Forensic sub-acute beds are for those people who may have been in an acute forensic inpatient bed and are awaiting discharge into the community or back to prison. People in this service are likely to be there due to a special court order. Cost per inpatient bed-day is defined as expenditure on forensic inpatient services divided by the number of forensic inpatient bed-days.

In 2024-25, the target for the average cost per purchased bed-day in forensic mental health units was $1,833, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more bed-days or less funding provided than expected. A result above target indicates there were fewer bed-days or more funding provided than expected.

In 2024-25, the average cost per bed-day in forensic units was $1,926. This result is 5.1% higher than the 2024-25 target of $1,833 and 36.9% higher than the 2023-24 result of $1,407. The lower result in 2023-24 was due to the higher number of bed-days, which resulted in a lower average cost per purchased bed-day in forensic mental health services.



Service 3

Community Bed-Based Services

Key Efficiency Indicator 3.1: Average cost per purchased bed-day in mental health 24 hour and non-24 hour staffed community bed-based services

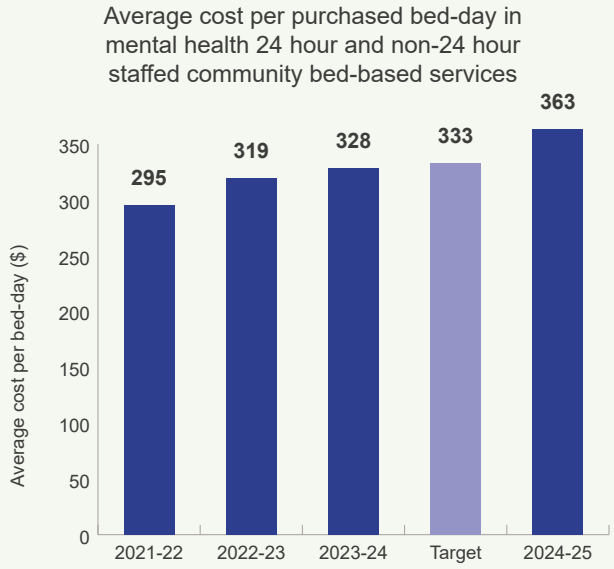
Measures the average cost per bed-day in mental health 24 hour and non-24 hour staffed community bed-based services. Data is for the financial year and is sourced from the Commission's financial systems and the Commission's Contract Acquittal Data Collection. Activity data is for six months (July 2024 to December 2024) extrapolated to twelve months.

Non-government organisations provide accommodation in residential units for people affected by mental illness who require support to live in the community. Services include support with self-management of personal care and daily living activities as well as initiating appropriate treatment and rehabilitation to improve the quality of life. These services provide support for adults who have severe and persistent symptoms of mental illness, who have significant behavioural problems, and who have support and care needs above those that would enable them to live independently in the community.

Services can be staffed either 24 hours a day for those who require more intensive support or less than 24 hours a day for people with less severe mental health and behavioural problems. Where services are staffed less than 24 hours a day, appropriate staff are still available (e.g., on call) when required.

In 2024-25, the target for the average cost per purchased bed-day in mental health 24 hour and non-24 hour staffed community bed-based services was $333, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more bed-days or less funding provided than expected. A result above target indicates there were fewer bed-days or more funding provided than expected.

In 2024-25, the average cost per purchased bed-day for 24 hour and non-24 hour staffed community bed-based services was $363. This result is 9.0% above the 2024-25 target and 10.7% higher than the 2023-24 result of $328. The higher result in 2024-25 compared to the target can be attributed to increasing costs of community bed-based services delivery, including increased staff costs to meet licensing requirements and increased complexity of consumers. In addition, occupancy levels have been lower than anticipated at some sites due to clinical staff resourcing and bed closures.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 is unaudited.

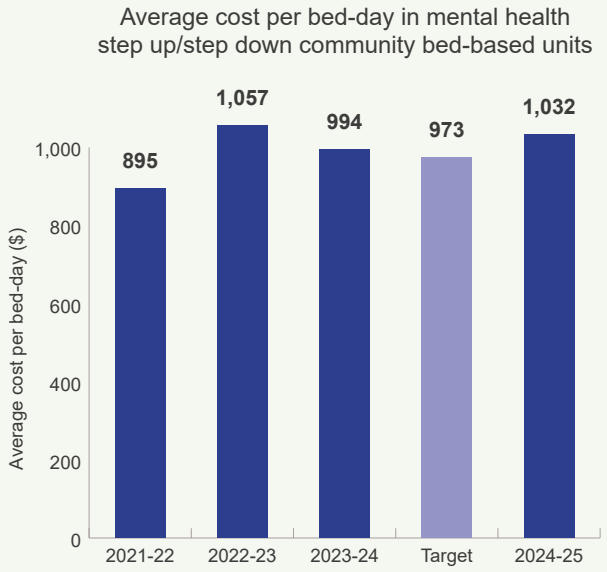
Key Efficiency Indicator 3.2: Average cost per bed-day in mental health step up/ step down community bed-based units

Measures the average cost per bed-day in mental health step up/step down community bed-based units. Cost data is for the financial year and is sourced from the Commission's financial systems. Activity data is for six months (July 2024 to December 2024) extrapolated to twelve months and is sourced from the Commission's Contract Acquittal Data Collection.

The mental health step up/step down service in Western Australia provides short-term mental health care in a residential setting that promotes recovery and reduces the disability associated with mental illness. These are comprehensive services designed to deliver support to individuals that is aimed at improving symptoms, encouraging the use of functional abilities and assists in facilitating a return to the usual environment. This is achieved within a framework of recovery and rehabilitation and is delivered predominantly through non-clinical activities. This service is provided to people who have recently experienced, or who are at risk of experiencing, an acute episode of mental illness. This usually requires short-term treatment and support to reduce distress that cannot be adequately provided in the person's home but does not require the treatment intensity provided by acute hospital inpatient services.

In 2024-25, the target for the average cost per bed-day in mental health step up/ step down community bed-based units was $973, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more bed-days or less funding provided than expected. A result above target indicates there were fewer bed-days or more funding provided than expected.

In 2024-25, the average cost per bed-day in mental health step up/step down community bed-based units was $1,032. This is 6.1% higher than the 2024-25 target of $973 and 3.8% higher than the 2023-24 result of $994. The higher result for 2024-25 compared to the target is due to the lower than expected occupancy in Step Up/Step Down services.



An exemption was obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 is unaudited.

Key Efficiency Indicator 3.3: Average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services

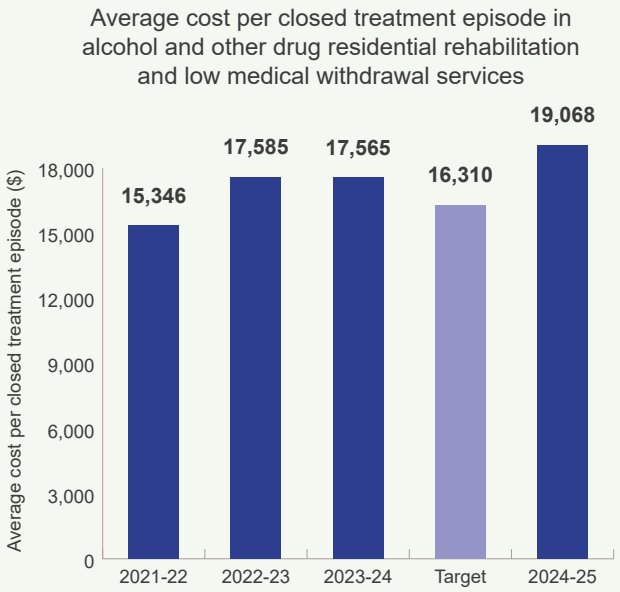
Measures the average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services. Treatment episode data is sourced from the Commission's Alcohol and Other Drug Treatment Data Collection for the twelve-month period from April to March and allows for a three month lag for coding and auditing purposes. Cost data is for the financial year and is sourced from the Commission's financial systems.

Alcohol and other drug community bed-based services include residential rehabilitation and low medical withdrawal services which provide 24 hour, seven days per week, recovery orientated treatment in a residential setting. Bed-based low medical withdrawal provides a supportive care model, based on non-medical or low medical interventions with support provided by a visiting doctor or nurse specialist. These programs are most appropriate when the withdrawal symptoms are likely to be low to moderate and there is a lack of social support or an unstable home environment.

Residential rehabilitation provides clients (following withdrawal) with a structured program of medium to longer-term duration that may include counselling, behavioural treatment approaches, recreational activities, social and community living skills and group work.

In 2024-25 the target for the average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services was $16,310, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more closed treatment episodes or less funding provided than expected. A result above target indicates there were fewer closed treatment episodes or more funding provided than expected.

In 2024-25, the average cost per completed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services was $19,068. This is 16.9% above the 2024-25 target of $16,310 and 8.6% above the 2023-24 result of $17,565. The above target result is due to the lower than expected number of closed treatment episodes and higher than expected costs. The complexity of clients impacts closed treatment episodes in alcohol and other drug residential rehabilitation and low medical withdrawal services. In addition, there were delays with the commencement of a new low medical withdrawal service, funding provided for a pilot in a residential service, and additional funding for other services to ensure sustainability of residential services.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 is unaudited.

Service 4

Community Treatment

Key Efficiency Indicator 4.1: Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services

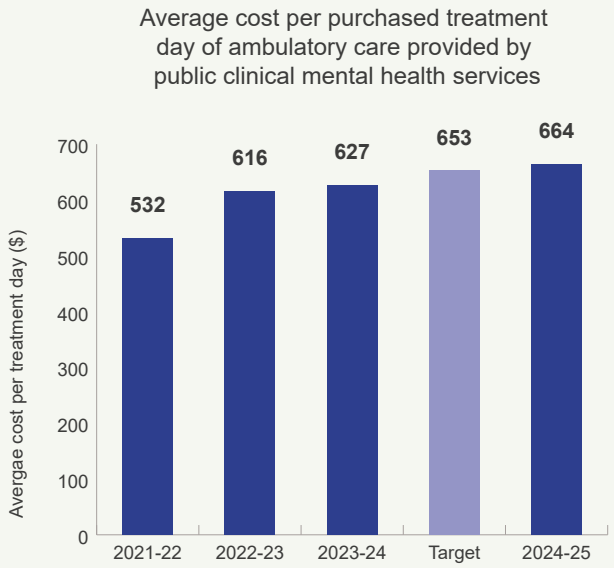
Measures the average cost per purchased treatment day of ambulatory care provided by public clinical mental health services. Treatment days is sourced from the Department of Health's Mental Health Information Data Collection (MIND), the Commission's Contract Acquittal Data Collection and non-government organisations. Treatment days from the Department of Health is for the financial year, while for non-government organisations it is for six months (July 2024 to December 2024) extrapolated to twelve months. Cost data is for the financial year and is sourced from the Commission's financial systems.

An ambulatory mental health care service (i.e., community treatment) is a specialised mental health organisation that provides services to people who are not currently admitted to a mental health inpatient or residential service. Services are delivered by health professionals with specialist mental health qualifications or training.

This indicator is the total funding divided by the number of community treatment days provided by ambulatory mental health services.

In 2024-25, the target for the average cost per purchased treatment day of ambulatory care provided by public clinical mental health services was $653, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates that there were more treatment days or less funding provided than expected. A result above target indicates that there were fewer treatment days or more funding provided than expected.

In 2024-25, the average cost per purchased treatment day of ambulatory care provided by public clinical mental health services was $664. This result is 5.9% higher than the 2023-24 result of $627 due to additional Government investment in community treatment relating to Infants, Children and Adolescents Taskforce initiatives, extension of the Active Recovery Team pilot and Ambulance Co-Response programs in 2024-25. Compared to the target of $653, the 2024-25 result is 1.7% higher primarily due to costs escalation in the delivery of services.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 is unaudited. The unit measure for non-government organisations data for 2023-24 was changed from number of hours to number of sessions as each session is delivered within a day, and as such, historical figures are not comparable with the 2023-24 result, 2024-25 result and target.

Key Efficiency Indicator 4.2: Average cost per closed treatment episode in community treatment-based alcohol and other drug services

Measures the average cost per closed treatment episode in community treatment-based alcohol and other drug services. Treatment episode data is sourced from the Alcohol and Other Drug Treatment Data Collection and is for the 12-month period between April to March to allow for a three-month lag for coding and auditing purposes. Cost data is for the financial year and is sourced from the Commission's financial systems.

The Commission supports a comprehensive range of outpatient counselling, pharmacotherapy and support and case management services, including specialist Indigenous, youth, women's and family services, which are provided primarily by non-government agencies specialising in alcohol and other drug treatment.

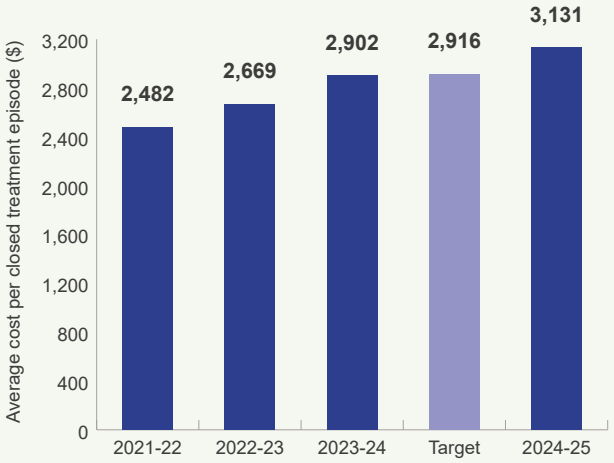
The Western Australian Diversion Program aims to reduce crime by diverting offenders with drug use problems away from the criminal justice system and into treatment to break the cycle of offending and address their drug use. The Alcohol and Drug Support Service (ADSS) is a 24-hour, statewide, confidential telephone service providing information, advice, counselling and referral to anyone concerned about their own or another person's alcohol and other drug use. Callers have the option of talking to a professional counsellor, a volunteer parent or both.

This indicator is the cost for these community-based services divided by the combined number of treatment episodes provided and the number of ADSS contacts answered with an outcome of counselling (excluding tobacco-related contacts). A treatment episode is the period of care between the start and end of treatment, whereas for ADSS this refers to a single contact (e.g., a phone call).

In 2024-25, the target for the average cost per closed treatment episode in community treatment-based alcohol and other drug services was $2,916, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more closed treatment episodes or less funding provided than expected. A result above target indicates there were fewer closed treatment episodes or more funding provided than expected.

In 2024-25, the average cost of a completed treatment episode in community-based alcohol and other drug services was $3,131. This is 7.4% higher than the 2024-25 target of $2,916 and 7.9% higher than the 2023-24 result of $2,902. The higher complexity of clients is likely to impact closed treatment episodes. The above target result can also be attributed to Non-Government Human Services Sector Indexation funding to support increasing costs of services for non-government organisation service providers.

Average cost per closed treatment episode in community treatment-based alcohol and other drug services



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 is unaudited.

Service 5

Community Support

Key Efficiency Indicator 5.1: Average cost per hour for community support provided to people with mental health issues

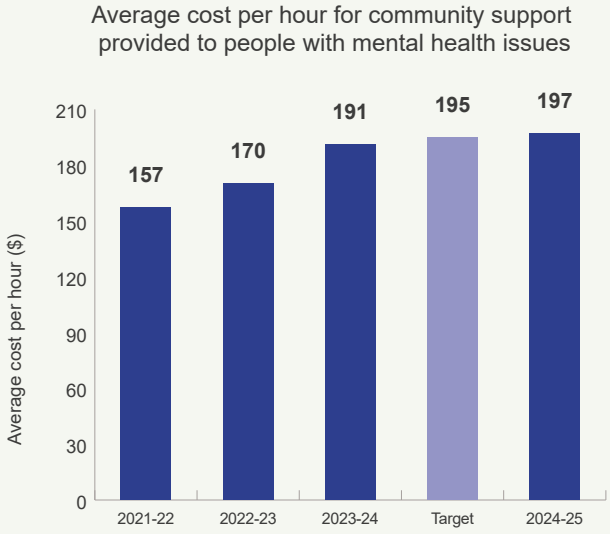
Measures the average cost per hour for community support provided to people with mental health issues. Cost data is for the financial year and is sourced from the Commission's financial systems. Activity data is for 6 months (July 2024 to December 2024) extrapolated to 12 months and is sourced from the Commission's Contract Acquittal Data Collection and the Individualised Community Living Strategy (ICLS) service providers.

Community-based support programs support people with mental health issues to develop/maintain skills required for daily living, improve personal and social interaction, and increase participation in community life and activities. They also aim to decrease the burden of care for carers. These services are provided primarily in the person's home or in the local community. The range of services provided is determined by the needs and goals of the individual.

As a type of community support service, the ICLS is a collaborative partnership approach between Health Service Providers, Community Managed Organisations, Community Housing Organisations and the Department of Housing and Works to provide clinical and psychosocial supports and services, in addition to appropriate housing (individual packages of support exclusive of housing are also provided) for individuals to maximise their success in recovery and living in the community.

In 2024-25, the target for the average cost per hour for community support provided to people with mental health issues was $195 which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more hours for community support or less funding provided than expected. A result above target indicates there were fewer hours for community support or more funding provided than expected.

In 2024-25, the average cost per hour of community support provided to people with mental health issues was $197. This result is 1.0% higher than the 2024-25 target and 3.1% higher than the 2023-24 result of $191. The slightly higher result in 2024-25 is likely associated with additional community support funding to support consumers with increased acuity and complexity and the ongoing roll out of new services such as the Youth Transitional Housing and Support Package program.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 is unaudited.

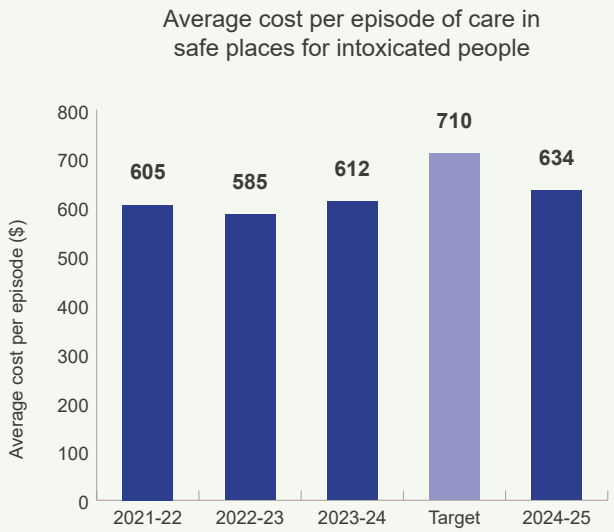
Key Efficiency Indicator 5.2: Average cost per episode of care in safe places for intoxicated people

Measures the average cost per episode of care in safe places for intoxicated people. Cost data is presented for the financial year. Data is sourced from the Commission's financial systems and the Sobering Up Centre database.

Safe places for intoxicated individuals or Sobering Up Centres provide residential care overnight for intoxicated individuals. As of 30 June 2025, there were nine Sobering Up Centres in Western Australia providing a safe, care-oriented environment in which people found intoxicated in public may sober up. Sobering Up Centres help to reduce the harm associated with intoxication for the individual, their families, and the broader community, and play a key role in the response to family and domestic violence. People may refer themselves to a centre or be brought in by the police, a local patrol, health/welfare agencies, or other means. Attendance at a centre is voluntary and is influenced by seasonal factors such as wet seasons, transient populations (particularly in regional and remote areas), cultural requirements and liquor restrictions imposed in some areas.

In 2024-25, the target for the average cost per episode of care in safe places for intoxicated people was $710, which was based on the 2024-25 estimated result approved through the WA State Budget process. A result below target indicates there were more episodes of care or less funding provided than expected. A result above target indicates there were fewer episodes of care or more funding provided than expected.

In 2024-25, the average cost per treatment episode of care in safe places for intoxicated people was $634. This result is 10.7% lower than the 2024-25 target of $710 and 3.6% higher than the 2023-24 result of $612. The lower result in 2024-25 compared to the target is due to the higher than expected number of admissions to Sobering Up Centres.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 is unaudited.

Statutory Information

Ministerial Directives

The transition of the Next Step Drug and Alcohol Service from the Commission to the East Metropolitan Health Service (EMHS) was directed by the former Minister for Health; Mental Health, Hon Amber-Jade Sanderson and was scheduled to be finalised by 30 June 2024.

The transition date was initially delayed to 7 October 2024, then deferred to 18 November 2024 due to industrial determinations and to ensure the scope and complexity of work involved with the transition was overseen in alignment with legislative, governance and service provisions.

The deferral of the transition date resulted in the extension of the EMHS project management team to ensure continued management of the transition process and the anticipated post-transition workload.

Legal, Governance and Policy Requirements

Pricing policies of services provided

The Commission does not receive any fees or charges from users. However, it recoups the cost of services rendered to other public sector agencies on a full or partial cost recovery basis. In addition, the Commission provides services free of charge to MHAS, OCP and MHT. The fair value of these services is disclosed Note 9.10 of the financial statements. These affiliated bodies are determined by the Treasurer pursuant to Section 60(1)(b) of the Financial Management Act 2006 and receive administrative support, including finance, business services, human resources, information and technology, procurement and contract management, communications, and other corporate services. As a result, these are also included in Note 9.6 of the financial statements.

Capital works

The Commission's Asset Investment Program includes:

- 20-Bed Alcohol and Other Drug Rehabilitation Facility, total estimated cost $10 million, is estimated to be complete in 2026-27.
- Broome Sobering Up Centre, total estimated cost $11.6 million, is estimated to be complete in 2026-27. The actual expenditure as of 30 June 2025 is $1.1 million which includes the cost of purchase of land $0.8 million. The Broome Sobering Up Centre will provide a safe place in which intoxicated people can stay overnight.
- Derby Wellness Centre, total estimated cost $6 million, is estimated to be complete in 2027-28. The centre will be used to deliver AOD services, mental health support, family and domestic violence services and aged care and traditional healing on the ground in Derby.
- Buildings maintenance, total estimated cost $0.6 million, is estimated to be complete in 2025-26. This targeted capital program is to meet priority maintenance that ensures building assets meet customer, stakeholders and regulatory expectations.

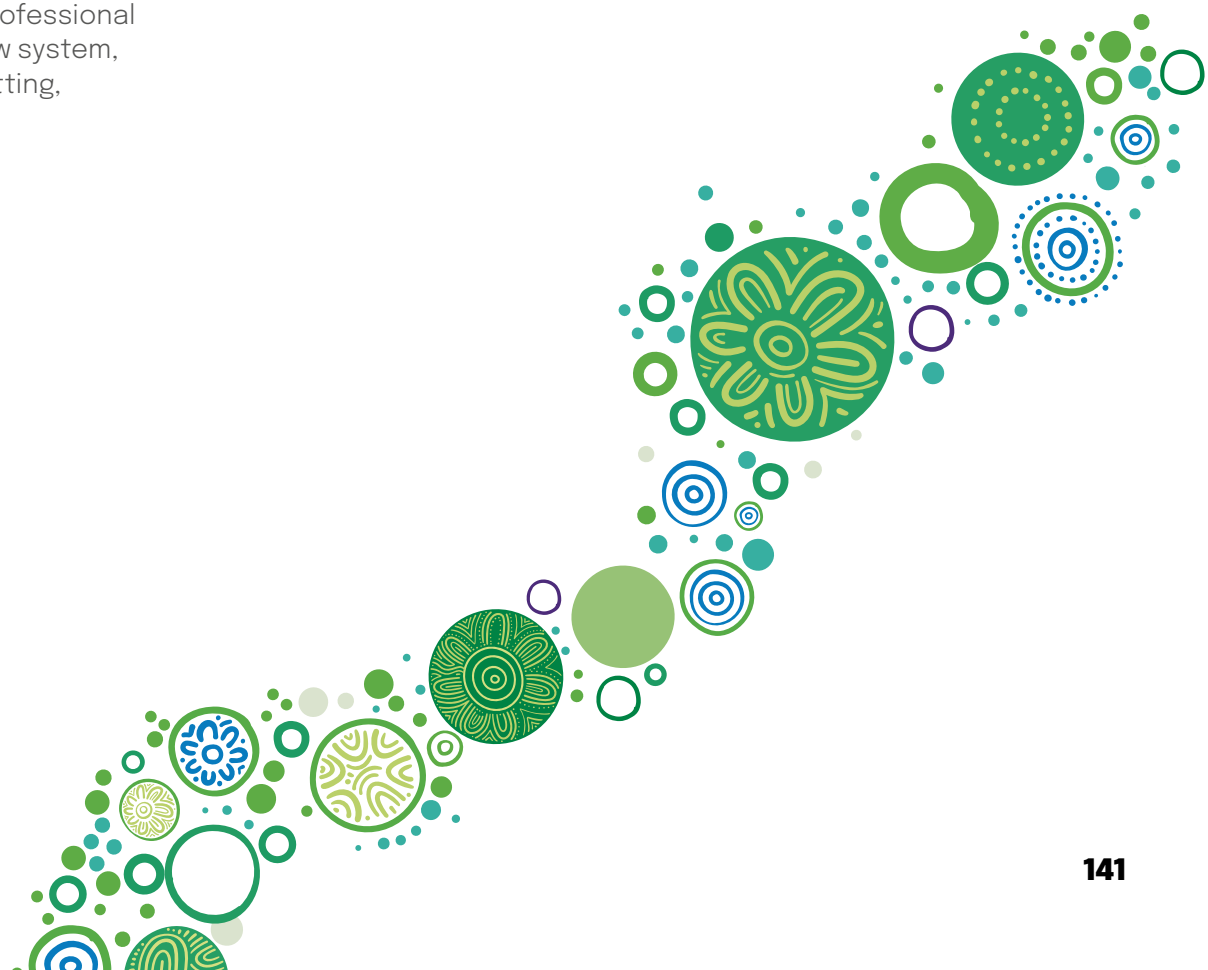
Employment and industrial relations

Staff Headcount	2023-24	2024-25
Full-time employment	267	232
Part-time employment	132	75
Casual employment	41	19
Total staff headcount	**440**	**326**
On Secondment into MHC (included in Full time & Part time employment)	3 (FT)	7 (6 FT and 1 PT)

Staff development

The Commission has strengthened its commitment to building a capable, inclusive, and future ready workforce through a range of strategic initiatives. A major focus this year was the design and rollout of a new leadership development program aimed at strengthening capability across all management levels at the Commission.

To support broader staff development, the Commission introduced a new Learning Management System providing a centralised platform for accessing training and development resources. As part of this rollout, the Professional Development Plans policy was revised and embedded into the new system, enabling a more streamlined and consistent approach to goal setting, feedback, and career development across the Commission.



Workers' compensation and injury management

The Commission is committed to assisting injured employees to return to work as soon as medically appropriate, in accordance with the *Workers Compensation and Injury Management Act 2023*. The return-to-work process is a consultative one, with input from the injured worker, their treating medical team, managers, and support from the People and Culture team. The focus is on a safe and early return to meaningful work.

Measures	Results 2022-23	Results 2023-24	Results 2024-25	Targets	Comment on result
Number of workers' compensation claims received[1]	0	2	4	0	
Number of fatalities	0	0	0	0	
Lost time injury and disease incidence rate	0	0.57%	1.06%	0 or 10% improvement on the previous 3 years	
Lost time injury and severity rate	0	50	100	0 or 10% improvement on the previous 3 years	
Percentage of injured workers returned to work: **(i) within 13 weeks** **(ii) within 26 weeks**	(i) N/A (ii) N/A	(i) 0% (ii) 0%	(i) 0% (ii) 0%	Greater than or equal to 80% return to work within 26 weeks	(i) Based on 1 compensable claim for lost time (ii) Based on 1 compensable claim for lost time
Percentage of managers trained in work health and safety injury management responsibilities, including refresher training within three years	43%	14%	19%	Greater than or equal to 80%	The Commission introduced a new Learning Management system in the second half of 2024, impacting completion results.

1. Number of workers' compensation claims received refers to claims submitted that liability has been either accepted or deferred.

Occupational safety, health and injury management

The Commission is committed to providing a healthy and safe environment to all our people, including workers, volunteers, contractors and visitors. Everyone who works towards achieving the Commission's goals plays a part in health and safety.

The Commission has committed an additional two permanent resources and a dedicated project position to health safety and wellness in order to improve the safety management system and to further develop exisiting health safety and wellness initiatives.

The Commission's Health and Safety Committee consists of management representatives, worker representatives, all health and safety representatives, and is chaired by the Executive Director Governance and Corporate Services. To further strengthen governance mechanisms, safety management system performance and reform initiatives are reported to the Senior Executive Group, as well as the Audit and Risk Committee.

During 2024-25, the Commission implemented a wellbeing calendar, which included influenza vaccinations, a skin check, a fitness challenge, salary packaging and superannuation seminars, an R U OK? Day event and various other activities, guest speakers and cultural celebrations.

Work Health and Safety

- Six trained health and safety representatives operated across the Commission
- Six site inspections were conducted
- 19 per cent of managers were trained in Work Health and Safety
- 11 hazards and 24 incidents were reported, investigated and resolved
- Three trained Mental Health First Aid Officers
- Ten ergonomic assessments of workstations were completed
- 259 WHS remote work assessments

Advertising, market research, polling and direct mail

In accordance with section 175ZE of the *Electoral Act 1907*, the following table outlines all expenditure incurred by, or on behalf of, the Commission on advertising agencies, market research, polling, direct mail and media advertising during the reporting period:

Name	Category	Spend
303Mullenlowe	Advertising	$9,295.00
Public education campaigns via Cancer Council of Western Australia (inc)	Advertising	$4,124,334.75
Meta	Advertising	$1,064.18
First Nations Collective Consulting Pty Ltd	Market research	$19,981.63
Gatecrasher Advertising Pty Ltd	Advertising	$94,211.85
Kantar Public Australia Pty Ltd	Market research	$432,433.00
MBC Studios Ltd	Advertising	$70,000.00
MM Research Pty Ltd	Market research	$50,960.00
Painted Dog Research Pty Ltd	Market research	$265,280.00
The Behaviour Change Collaborative Pty Ltd	Market research	$43,300.00
The Cancer Council Victoria	Market research	$157,006.16
The George Institute for Global Health	Market research	$40,000
The Social Research Centre Pty Ltd	Market research	$206,550.88
Total		**$5,514,417.45**

Personal expenditure

In accordance with section 903 of the Treasurer's Instructions, personal expenditure incurred on a WA Government Purchasing Card must be disclosed. During the reporting period there were 11 instances of personal expenditure incurred by Commission staff, as per below:

Number of instances a purchasing card has been used for personal use	11
Aggregate amount	$421.99
Aggregate amount settled by due date	$146.54
Aggregate amount settled after due date	$275.45
Aggregate amount outstanding	Nil
Number of referrals for disciplinary action	Nil

Disability Access and Inclusion Plan outcomes

The *Disability Access and Inclusion Plan 2022-2026* demonstrates the Commission's commitment to reducing barriers that may exclude people from accessing information, services, facilities, events and employment opportunities. As at 30 June 2025, 1.7 per cent of Commission staff live with disability.

This year we:

- celebrated International Day of People with Disability with an emphasis on hidden disabilities to raise awareness among Commission staff.
- purchased a membership to become a Sunflower Friendly workplace. The Hidden Disabilities Sunflower training video has been made mandatory to educate all staff on supporting people living with non-visible disabilities.
- provided grants to some community organisations, including People with Disabilities WA, to enable them to undertake targeted consultation with their communities and develop reports.
- funded $1.2 million to support 166 people with a psychosocial disability to access the NDIS.
- committed actions to the *State Disability Strategy 2020-2030 Third Action Plan* to ensure people with disability have access to health and mental health services that attain the highest possible health and wellbeing outcomes throughout their lives.
- committed to actioning recommendations of the Disability Royal Commission that support the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.

WA Multicultural Policy Framework

19.5 per cent of Commission employees are from a Culturally and Linguistically Diverse (CaLD) background.

The Commission's existing *Multicultural Action Plan (MCAP) 2022-2025* expired in July 2025 and at the time of writing, the Commission's new MCAP 2025-2028 has been finalised, pending ministerial approval.

During 2025, the Commission launched its first Multicultural Sentiment Survey intended to capture a baseline on which to track MCAP improvements in employee understanding, experiences and awareness. During Harmony Week, the Commission held a Multicultural Lunch. Staff shared cultural dishes that reflected their backgrounds and experiences, while some wore cultural dress and plotted on a world map the place of their ancestry.

Compliance with public sector standards and ethical codes

The Commission encourages ethical behaviour and reporting of instances of misconduct so they can be managed appropriately.

The Code of Conduct guides employee code of conduct. All employees are made aware of the behaviour standards and requirements for public sector employees, through activities such as induction and mandatory training.

The Commission has procured and implemented a new Learning Management System, which will strengthen compliance with mandatory training and professional development plans across the Commission.

The public sector standards in human resource management and approved policies and procedures guide our management of employees and public sector functions. This year, one formal breach claim was received against the public sector standards, which is being resolved at agency level at the time of preparing this report.

This period there were two occurrences of non-compliance with the Commission's Code of Conduct resultant from one misconduct process for which appropriate action was taken.

This year, the Commission developed its Integrity Framework to formally describe the instruments, structures and cultural factors that guide how the Commission and its employees practice, manage and account for integrity.

Risk management and internal audit

This year an annual data validation audit was conducted of performance information provided by Non-Government Organisations that informs the Commission's key efficiency performance indicators.

The Enterprise Risk Management Framework and Risk Appetite Statement were updated and new Strategic Risks were developed, which are aligned with the Commission's Strategic Plan.

This work included updating the policies and processes relating to the management of risk and preventative measures to ensure the Commission's risk is within acceptable levels.

The Audit and Risk Committee Charter was also updated to align with the Office of the Auditor General Better Practice Guide on Audit Committees.

Recordkeeping plans

The Commission uses the State Records Commission's standards and principles to govern best practice recordkeeping across the Commission. The Commission is compliant with s.28 of the *State Records Act 2000*, with our existing Recordkeeping Plan being approved in 2019. A review of the Plan has been undertaken and the new plan is being developed.

All new employees are enrolled in mandatory online recordkeeping awareness training as part of the employee induction process and provided with a suite of resources including policies, guidelines, fact and advice sheets, which are also available to users through our corporate intranet. Individual assistance is also available through the Information Management Team, along with scheduled Electronic Document and Records Management System (EDRMS) training in both face-to-face and virtual environments.

The Commission undertook an EDRMS upgrade program of works alongside the broader WA Health system and saw delivery of Content Manager 23 as the new agency EDRMS in 2025.

The Commission is also continuing its readiness program in relation to Privacy and Responsible Information Sharing legislative reforms. The legislation reforms personal privacy protections and accountability for information sharing within the State Government.

Agency capability review

In October 2024 the Executive Summary of Agency Capability Review (Review) for the Commission was published by the Public Sector Commission.

The Review identified the Commission as a leader in engaging with consumers with lived experience, driving greater effectiveness, efficiency and far-reaching impact of mental health, AOD support services. At the same time, the Review acknowledged that the Commission is also commencing a multi-year rebuilding process to meet requirements of our future operating environment and meet challenges associated with key observations made by the Review to more effectively execute integrated service delivery across multiple sectors.

The Commission considered the key observations and findings of the Review and implemented a multifaceted approach toward delivering practical responses that drive continuous improvement.

Many of the key observations within the Review relate to strategic commissioning and the contract management lifecycle. To address these observations, the Commission sourced an independent Commissioning Maturity Assessment (in line with the Western Australian State Commissioning Strategy) and has drafted a *Commissioning Maturity Action Plan* (CMAP) to ensure there is a formal, monitored approach toward delivery of improvements. Actions under the CMAP will begin in 2025-26.

The Commission will continue to progress other initiatives that directly address the key observations of the Review while we continue to progress our rebuild.

Workforce inclusiveness requirements

The Commission is committed to creating and sustaining an inclusive, representative, and culturally responsive workforce that aligns with contemporary best practice and community needs. A diverse workforce brings a wealth of perspectives, experiences and skills that enhance our ability to connect with customers and stakeholders, ensuring their needs are understood and met with sensitivity and respect.

This year, the Commission's new *Workforce and Diversity Plan 2025-2027* was launched, with a comprehensive action plan to continue our focus on the six diversity areas identified through the Public Sector Commission's Diversification and Inclusion Strategy. Additional workforce priorities are focussing on increasing employment opportunities for people with lived experience.

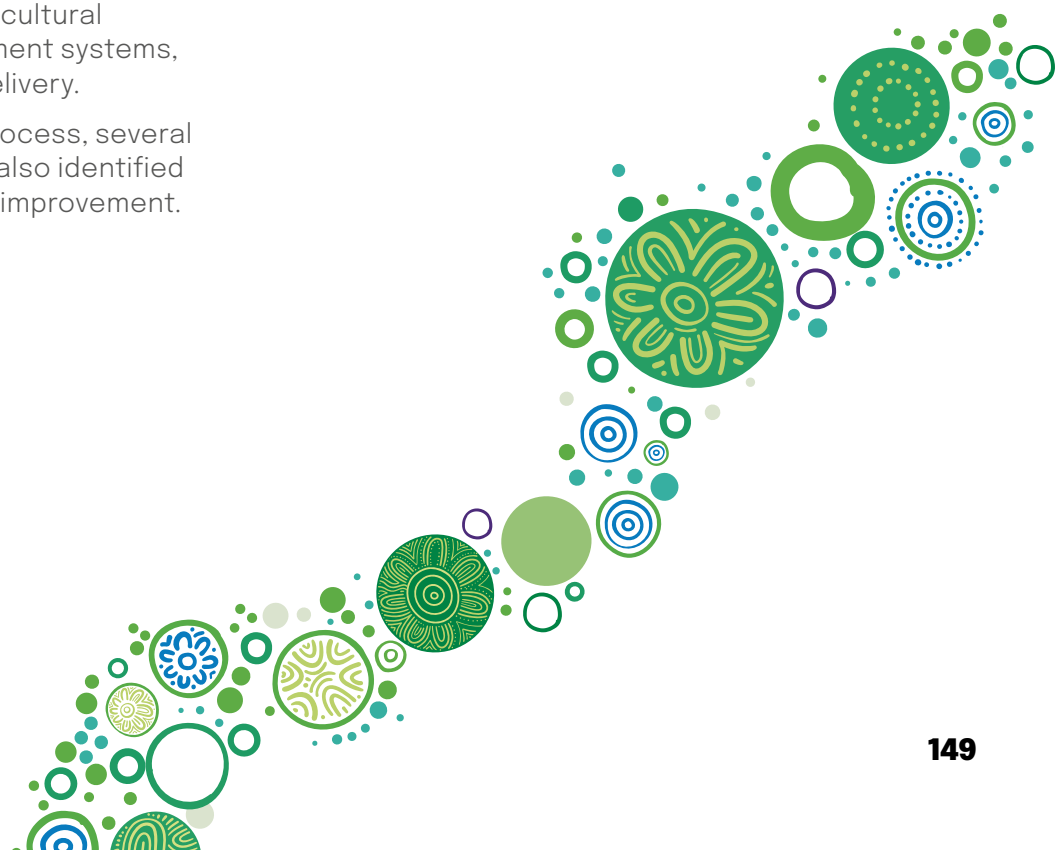
Additionally, this year the Commission progressed a number of internal initiatives including becoming a Hidden Disabilities Sunflower member, increasing our employment of school-based trainees, launch of the Commission's new Conciliation Action Plan along with a number of internal diversity recognition and celebration events.

Alcohol, Drug and Mental Health Support Service and Next Step accreditation

In September 2024, the Commission's ADMHSS and Next Step undertook accreditation against five standards of QIC Health and Community Services Standards (Standards) with the survey team indicating compliance against all of the standards.

The Standards support organisations in improving consumer and community engagement, diversity and cultural appropriateness, management systems, governance and service delivery.

During the accreditation process, several areas of opportunity were also identified and taken on as actions of improvement.



Board and Committee remuneration

Alcohol and Other Drugs Advisory Board

Position	Member's name	Type of remuneration	Period of membership	Term of appointment/tenure	Base salary/ Sitting fees	Gross remuneration
Chairperson	**Professor Steve Allsop**	Annual	1 July 2024 – 30 June 2025	1 Sept 2022 – 30 Aug 2025: 3 years	**$26,147.00pa**	$29,153.92
Deputy Chairperson	**Ms Julia Stafford**	Annual	1 July 2024 – 30 June 2025	1 Jan 2022 – 7 Apr 2024 (appointed as member) 8 Apr 2024 – 31 Dec 2024: (appointed as Deputy Chairperson): 2 years 1 Jan 2025 – 31 Dec 2027: 2 years	**$16,996.00pa**	$17,743.43
Member	**Ms Miriam Rudd**	Sessional	1 July 2024 – 30 June 2025	1 Jan 2022 – 31 Dec 24: 2 years 1 Jan 2025 – 31 Dec 2027: 2 years	**$680 per day** **$442 per half day**	$3,449.81
Member	**Commander Lawrence Panaia**	N/A	1 July 2024 – 30 June 2025	27 Jan 2023 – 26 Jan 2026: 3 years	**N/A**	0.00
Member	**Mr Ethan James**	N/A	1 July 2024 – 30 June 2025	26 Jan 2023 – 25 Jan 2026: 3 years	**N/A**	0.00
Member	**Ms Nafiso Mohamed**	N/A	1 July 2024 – 30 June 2025	8 Apr 2024 – 7 Apr 2027: 3 years	**N/A**	0.00
Total						$50,347.16

Mental Health, Wellbeing and Alcohol and Other Drugs Ministerial Advisory Panel

The Mental Health, Wellbeing and Alcohol and Other Drugs Ministerial Advisory Panel is an expert advisory and consultative body that provides direct feedback to the Minister about system performance and reform progress.

Members are appointed for two years, the total sitting fees paid to members was $5,500.50 and the total gross renumeration paid to members was $6133.06 in 2024-25.

Clinical Advisory Group

The Clinical Advisory Group is an advisory body and provides contemporary, practical and achievable expert advice on clinical mental health and AOD matters in a range of settings inclusive of both inpatient and community settings.

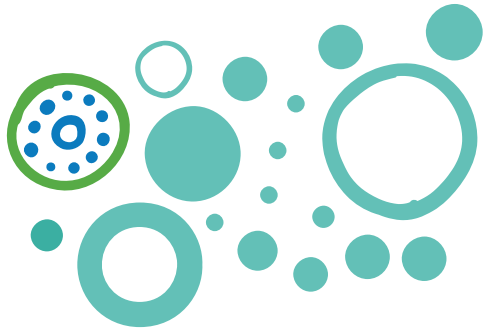
Members are appointed for three years, the total sitting fees paid to members was $8,025 and the total gross renumeration paid to members was $8,947.93 in 2024-25.

Lived Experience Advisory Group

The Lived Experience Advisory Group is an advisory body, responsible for ensuring the voices of consumers, family members and significant others and community members with lived and living experience of mental health, AOD issues, harms and service use are embedded in the relevant work being undertaken across the mental health and alcohol and other drug systems.

Members are appointed for three years, the total sitting fees paid to members was $25,425 and the total gross renumeration paid to members was $29,028.28 in 2024-25.

Glossary



Acute Care and Response Team

Mobile teams that provide rapid response and support to young people experiencing a mental health crisis, as well as their families and carers.

Community bed-based

24-hour, seven days per week services provided in a residential style setting.

Community support

Services that aim to holistically meet people's needs close to where they live while supporting them to remain connected to their family, friends and community and, for Aboriginal people, their Country.

Community treatment

Crisis intervention, support, and an appropriate level of specialist and individualised care to people experiencing mental health or AOD issues or conditions, and support for their families and significant others.

Forensics

Programs of service that aim to divert or prevent people from becoming engaged within the criminal justice system, or for those already engaged, providing treatment and supports.

Health Service Provider

Health Service Providers are established as statutory authorities and are each governed by a board and/or chief executive. These statutory authorities are responsible and accountable for delivering public health services or health support services. Mental health and AOD health services are purchased from health service providers by the Commission through service agreements.

Hospital-based

Support for more people experiencing acute issues that require medical support in a hospital setting.

National Disability Insurance Scheme

Provides funding to eligible people with disability to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.

Prevention

Initiatives that focus on keeping people well by increasing protective factors and reducing risk factors.

Sobering Up Centres

Provide a safe, care-oriented environment, in which people who are intoxicated with alcohol can sober up, diverting them from police lock-ups or the local emergency department.

Specialised services

Targeted interventions, shared care, comprehensive care and rehabilitation for extended periods, and support to general services.

Step Up/Step Down services

Provide contemporary, therapeutic mental health care through short-term residential support and individualised care, for up to 28 days. This includes a combination of psychosocial and clinical services, to help people manage their mental health, avoid hospitalisation and live well in the community.

Step Up services provide additional support for a person to manage a decline in their mental health, where an admission to hospital is not required.

Step Down services provide support for a person who has received hospital care and no longer requires that level of care but could benefit from some additional support to help them re-establish themselves in their home and community.

Acronyms

ACCOs	Aboriginal Community Controlled Organisations
Act	*Mental Health Act 2014*
ADMHSS	Alcohol, Drug and Mental Health Support Service
AHCWA	Aboriginal Health Council of Western Australia
AODAB	Alcohol and Other Drugs Advisory Board
AOD Act	*Alcohol and Other Drugs Act 1974*
AOD Framework	Alcohol and Other Drugs Framework
ARGG	Aboriginal Regional Governance Group
CaLD	Culturally and Linguistically Diverse
CAP	Conciliation Action Plan
CHO	Chief Health Officer
CLO	Community Liaison Officer
CLMI ACT	*Criminal Law (Mental Impairment) Act 2023*
CMAP	Commissioning Maturity Action Plan
Commitment	The Commitment to Aboriginal Youth Wellbeing
Communities	Department of Communities
CTSER	Community Treatment, Support and Emergency Response
DHW	Department of Housing and Works
DACAS	Drug and Alcohol Clinical Advisory Service
DAIP	Disability Action Inclusion Plan
DoH	Department of Health
ED	Emergency Department
EDRMS	Electronic Document and Records Management System
EMHS	East Metropolitan Health Service
FRWG	First Responders Working Group
Guide	Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide
HSPs	Health Service Providers
ICA	Infant, Child and Adolescent

ICAMHS	Infant, Child and Adolescent Mental Health Service
KAWYSC	Kimberley Aboriginal Youth Wellbeing Steering Committee
MCAP	Multicultural Action Plan
NDIS	National Disability Insurance Scheme
Office	Office of Alcohol and Other Drugs
Review	Agency Capability Review
Review Report	Statutory Review of the Mental Health Act 2014
RPH	Royal Perth Hospital
SEG	Senior Executive Group
SEWB	Social and Emotional Wellbeing
Strategic Plan	Strategic Plan 2025-2030
Strategy	Mental Health and Alcohol and Other Drug Strategy 2025-2030
SUC	Sobering Up Centre
Suicide Prevention Framework	Western Australian Suicide Prevention Framework 2021-2025
SUSD	Step Up/Step Down
WA	Western Australia
WA MVP	Western Australian Model for Violence Prevention
WOW	Strong Spirit Strong Mind: Ways of Working

GOVERNMENT OF WESTERN AUSTRALIA

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