



QCMHR

Queensland Centre for
Mental Health Research

ANNUAL REPORT

2025

Acknowledgment of Country

The Queensland Centre for Mental Health Research (QCMHR) acknowledges the Jagera, Yuggera, Ugarapul and Turrbal people as the Traditional Owners of the land on which QCMHR operates and their continuing connections to land, waters and community. We pay our respects to their Elders, past and present and stand together with all Aboriginal and Torres Strait Islander peoples.

Recognition of lived experience

We acknowledge people in our communities with lived experience of mental health, drug and alcohol concerns and those who care for them. We respect and value their generous contributions to our research.

qcmhr.org





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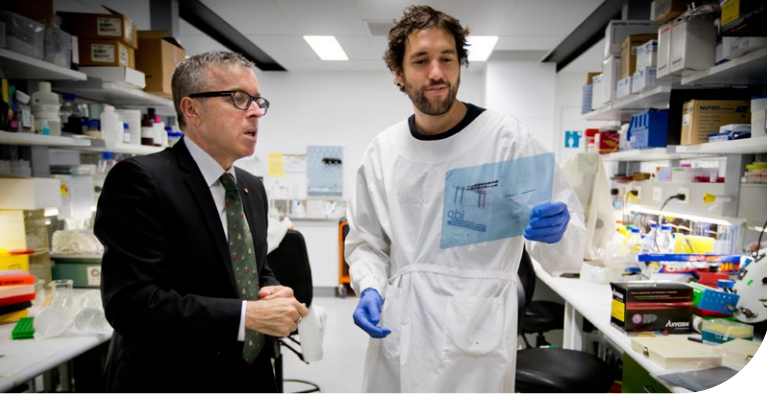
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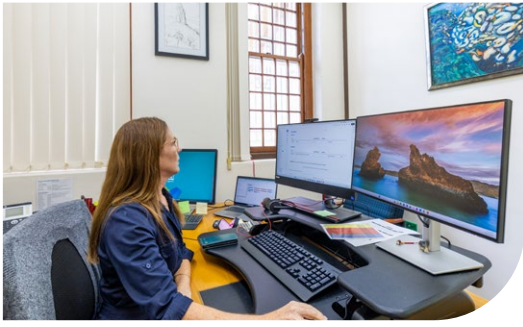
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This annual report is more than a record of activity. It is a statement of who we are, what we stand for and the impact we are working toward. I hope it gives you a genuine sense of the richness of work happening here in Queensland and helps you feel connected to a community of researchers

dedicated to improving the lives of people affected by mental illness.

Associate Professor Nicola Warren

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Our Vision

To reduce the impact of mental illness on our communities.



Our Mission

To conduct high-quality mental health research that:



improves the lives of people with mental illness,



strengthens mental health systems,



informs policy and practice,



promotes mental well-being in the community, and



grows the future mental health workforce and leaders.

Our Values

Leadership

Excellence

Collaboration

Integrity

Innovation

Compassion

Vision, Priorities & Values



Strategic Priorities

PILLAR 1:

Research Excellence



To deliver rigorous, ethical, and community-relevant mental health research that attracts competitive funding and produces high-quality outputs.



GOAL 1:

Conduct the mental health research our communities need

GOAL 2:

Deliver high-quality research

GOAL 3:

Ensure safe and ethical research

PILLAR 2:

Translation and Impact



To ensure QCMHR research informs real-world policy, practice, and system improvement in equitable and meaningful ways.



GOAL 1:

Translate research into practice

GOAL 2:

Communicate impact and outcomes

PILLAR 3:

Workforce Development



To build a connected, capable, and sustainable mental health research workforce with equitable access to opportunity and participation.



GOAL 1:

Strengthen internal culture

GOAL 2:

Build statewide research capability

GOAL 3:

Support early and mid-career researchers

GOAL 4:

Strengthen partnerships

Director's Message

Associate Professor Nicola Warren

Welcome to the Queensland Centre for Mental Health Research's annual report.

I have had the privilege of leading QCMHR over the last year following the remarkable tenures of Professors Harvey Whiteford and John McGrath, whose vision, rigour and dedication shaped this Centre into what it is today. Taking over from two giants in the field is, I won't pretend otherwise, a little daunting. But it is a responsibility I carry with deep pride and genuine excitement for what lies ahead.

I want to express my gratitude for the collective efforts and dedication of the QCMHR team in 2025. The QCMHR staff and students truly are a remarkable group of people who are invested in delivering impactful research and evaluations, all focused on reducing the impact of mental illness in our communities. They are committed to not only high-quality work, but work that is meaningful and makes a difference. I am grateful for the kindness and welcome they have afforded me and the way they have engaged in thinking about how we should shape the next chapter of the Centre.





QCMHR has always been a place that works hard to build capacity, nurture researchers, strengthen partnerships and contribute meaningfully. Its 38 year history exists through the sustained foresight of Queensland Health, in funding and supporting the growth of mental health research. We are also importantly supported by the close relationships we hold with many government, non-government, community and individual connections. These connections span from local, to across the country and to many places internationally. There is a distinct ethos at the Centre to being a collaborator and a research partner.

This year we saw many highlights and great achievements. We should absolutely celebrate them. But equally it is the challenges, the slow pushing forward, the gradual progress, that should be recognised. Often it is in those moments of reflection that innovation is inspired.

It has also been a year of beginnings and endings. We farewelled Professor John McGrath as he moved into a well-deserved retirement. He leaves behind an era of extraordinary contributions that have left a lasting mark on our Centre and the global mental health research landscape.

Professor Harvey Whiteford, who led QCMHR with such distinction for many years, has also begun stepping back from his leadership responsibilities as he prepares for his own retirement, and it is in that transition that I find myself privileged to take up the directorship. At the same time, we have been busy laying new foundations, including completing the reorganisation of our Centre's structure and formalising our relationship with The University of Queensland. This partnership strengthens our research platform and our ability to attract and retain world-class talent.

This annual report is more than a record of activity. It is a statement of who we are, what we stand for and the impact we are working toward. I hope it gives you a genuine sense of the richness of work happening here in Queensland and helps you feel connected to a community of researchers dedicated to improving the lives of people affected by mental illness. 🌱

Associate Professor Nicola Warren
DIRECTOR, QUEENSLAND CENTRE
FOR MENTAL HEALTH RESEARCH

About us

Since 1987, the Queensland Centre for Mental Health Research (QCMHR) has been dedicated to improving mental health in our communities.

Based at West Moreton Health and funded by Queensland Health, we work closely with The University of Queensland and clinicians to turn research into real-world impact.

EXECUTIVE COMMITTEE



Associate Professor Nicola Warren
Director



Emeritus Professor Harvey Whiteford
QCMHR Founder, Former Director
Director of Policy and Epidemiology



Kate Gadenne
Assistant Director – Research



Dr Duncan McLean
Assistant Director – Operations



Pamela Winter
Assistant Business Manager



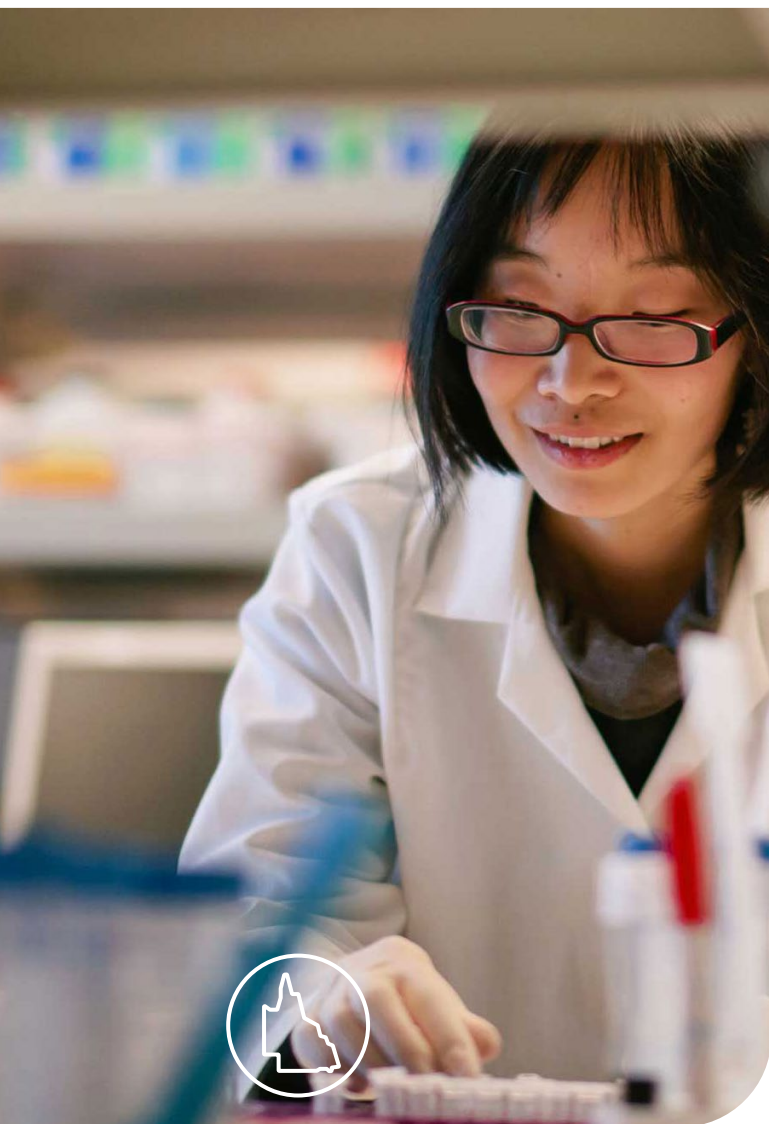
GOVERNANCE AND EXECUTIVE FUNCTIONS

With core funding provided by Queensland Health, QCMHR is hosted by West Moreton Health and led by Associate Professor Nicola Warren. The Director is supported by the Executive, Operations and Research and Engagement Committees.

PROGRAM STRUCTURE

QCMHR's broader activities are structured around four foundational work programs that address local, national and global research priorities as well as mental health research capacity-building.





STATEWIDE PROGRAM

We're driving better mental health care across Queensland through:

- **Evaluation projects** – assessing and improving services for consumers, families and providers.
- **Clinical trials** – helping clinicians lead research that expands treatment options.
- **First Nations partnerships** – working with the Institute for Urban Indigenous Health (IUIH) to gather new data, evaluate services, and strengthen community-designed hubs.



NATIONAL PROGRAM

Our decades-long partnership with The University of Queensland powers 11 research streams and has helped QCMHR to:

- **achieve** global recognition with five Highly Cited Researchers,
- **attract** hundreds of millions in research funding,
- **train** the next generation of mental health researchers and clinicians, and
- **deliver** evidence that shapes policy, practice, and services nationwide.





GLOBAL PROGRAM

We collaborate worldwide to understand and reduce the burden of mental illness. Highlights include:

- **Psychiatric** epidemiology in Denmark with Aarhus University and Harvard,
- **Adolescent** mental health surveys in Kenya, Vietnam and Indonesia with support from Pivotal Ventures,
- **Global burden** of disease research with the University of Washington's Institute for Health Metrics and Evaluation, and
- **Contributions** to WHO reports and the World Mental Health Survey.



WORKFORCE PROGRAM

We're shaping the future mental health workforce through:

- **teaching and supervising** 40+ PhD students, many working in health services,
- **registrar**, psychology and allied health training placements,
- **creating training** for GPs, psychiatrists and frontline staff, and
- **developing national tools** like the Mental Health Service Planning Framework.

Our Research

Our research teams are passionate about uncovering new insights into mental health, spanning everything from lab discoveries to real-world impact in clinics and communities

Guided by what matters most to people, and aligned with state and national priorities, we:



Pinpoint causes and prevalence of mental illness



Identify risk and protective factors that shape vulnerability to mental illness



Create smarter, more effective treatments



Strengthen services and systems



Turn evidence into action through better policy and practice

4 Pillars of Research



Discovery
Science



Population
Research



Intervention
Research



Health
Systems &
Translation



Expertise

Our expertise spans populations, methodologies and discipline areas:

Populations and focus areas (What we study)	Methodologies (How we study it)	Disciplinary expertise
 Child, adolescent, and youth mental health First Nations mental health Forensic mental health Suicide crisis Military and veterans' mental health Treatment-refractory schizophrenia Mental health training Physical and mental health comorbidity Mental health in climate change	 Randomised controlled trials Intervention studies Mixed methods Qualitative Quantitative Consumer co-design Data linkage, analysis and reporting Service design	 Psychiatric epidemiology, risk factors, and burden of disease Mental health systems, services, and evaluation Psychiatric neurobiology Health economics Alcohol and substance use Translation of research into policy and practice

You can learn more about our individual research streams later in the report.

Our History

In the mid-1980s, Dr Harvey Whiteford, a young psychiatrist with Queensland Health, was awarded a Government Fellowship which sent him to Stanford University's world-renowned Palo Alto Veterans Medical Center. The experience sparked a vision: that Queensland could lead the way in mental health research.

In 1987, that vision came to life. Queensland Health established the Clinical Studies Unit at Wolston Park Hospital, with Harvey as its first Director. As mental health care moved from large hospitals into communities in the 1990s, the unit transformed too, becoming the Queensland Centre for Mental Health Research (QCMHR). Under the leadership of Harvey, and Professors John McGrath and Bryan Mowry, and hosted by West Moreton Health, it grew into a state-wide centre dedicated to discovery and impact.

Since then, QCMHR's reach has expanded far beyond its Wacol base. With steady support from Queensland Health and strong national and international partnerships, our researchers have led breakthroughs in prevention, treatment and mental health services. We've built specialist research streams, a clinical trials unit and trained the next generation of mental health clinicians and researchers.

For nearly four decades, QCMHR has been driven by its vision to reduce the impact of mental illness in our communities.

Queensland Health's foresight in funding mental health research in the 1980s helped grow some of the world's leading experts in the field. None exemplifies this better than Professor John McGrath, who joined the Centre near its inception and retired in mid-2025 after more than four decades of extraordinary contributions to mental health clinical care and research. Over the page, Professor McGrath reflects on a remarkable career dedicated to improving the lives of people living with schizophrenia and other mental illnesses. 🌱



Emeritus Professor Harvey Whiteford



A photograph of a three-story brick building with white window frames and metal grates. A large, leafy green tree is in the foreground on the left. A black lamppost stands on the right. The bottom third of the image is covered by a semi-transparent teal overlay containing white text.

“For nearly four decades,
QCMHR has been driven
by its vision to reduce the
impact of mental illness in
our communities.”

A man with short grey hair and black-rimmed glasses stands in a laboratory. He is wearing a dark suit, a white shirt, and a green tie with a small red and gold pattern. He has his hands in his pockets and is looking towards the camera. The background is a blurred laboratory setting with shelves containing various bottles and equipment.

A Pioneer for Mental Health Research

Celebrating
Professor
John McGrath's
Extraordinary
Career

With an impressive career spanning more than four decades, Professor John McGrath has shown a remarkable dedication to improving the lives of people with schizophrenia and other mental illnesses.

From his earliest days as a medical student working nights in a psychiatric hospital, Professor McGrath was drawn to psychiatry. He was later appointed as the Director of the Clinical Studies Unit, helping it grow from a small inpatient unit into an internationally recognised institution, now known as the Queensland Centre for Mental Health Research (QCMHR). Professor McGrath retired from QCMHR in mid-2025, leaving behind a legacy of outstanding contributions to mental health research in Australia and overseas.

Professor McGrath discovered his passion for psychiatry while he was studying medicine at The University of Queensland. Night shifts as an assistant nursing orderly in a mental hospital also provided valuable insights as he spent time with staff and patients on locked wards.

“Even as a medical student, I was interested in the brain and always did research projects on mental health,” he says.

“I remember getting this journal out of the university library called the Schizophrenia Bulletin,” he says. “It was a beautiful journal and had artwork by people with a serious mental illness on the cover. It also included stories by people with schizophrenia about what it was like for them.”

“It opened my eyes to how disabling serious mental disorders like schizophrenia were, and how much more work was needed to find ways to prevent and treat this poorly understood group of disorders.”

When Professor McGrath began his psychiatry training in 1982, he immediately knew he was on the right path.

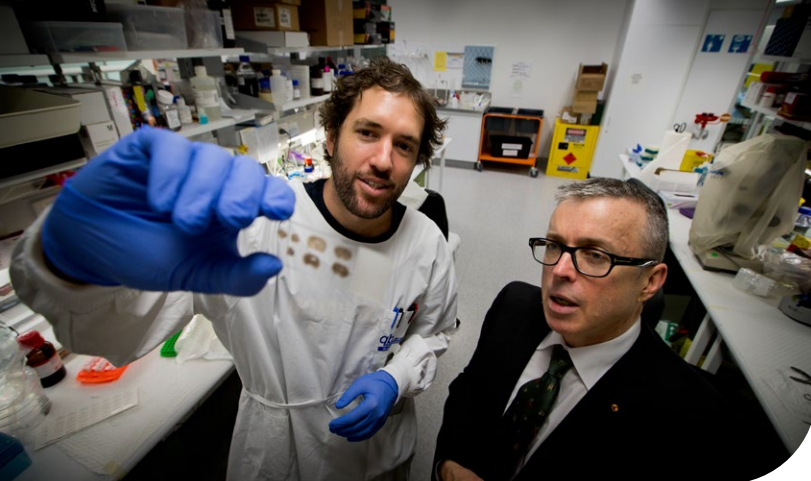
“I loved it,” he says. “There was no turning back and I was thrilled to study it. When you have a job you like, it’s not work, it’s a passion. It was a pleasure to do it.”

A NEW ROLE IN THE CLINICAL STUDIES UNIT

In 1988, Professor McGrath was invited to join the newly established unit at Wolston Park. He took over as Director two years later. The 26-bed inpatient unit was initially staffed by around 30 people including nurses, administrative staff, psychologists, data analysts and statisticians. It was a busy time as he juggled the new role, a young family and completed his PhD.

“I think I was drawn to the challenge of a very tough area of research,” he says.

“There was also a great need with patients, caregivers, doctors and clinical staff all asking for better treatments.”



The team focused on investigator-initiated and industry-sponsored clinical trials, and were involved in improving some of the early treatments for schizophrenia.

By 1996, the organisation had shifted its focus and the inpatient unit was closed.

“It was a critical defining point for our organisation,” Professor McGrath says. “We began building new skills in psychology and wet bench neuroscience, and a wide range of other new projects.”

In the following decades, the Clinical Studies Unit became QCMHR and five of its staff would be awarded high-cite status. This placed them in the top one percent of researchers whose work is commonly referenced by others and subsequently helped shape how an entire field thinks, measures and responds to mental health problems.

“Many of the highly productive and highly cited researchers in our group came to us as ‘baby researchers’ doing their PhDs with us, and now they’re rockstars. I’m really proud of that,” Professor McGrath says.

“That didn’t happen by chance. We built up the machinery that allowed people to excel. We got staff who loved their jobs and were really motivated. They worked so hard. We also had a senior leadership group who knew what they were doing and took it very seriously.”

Professor McGrath is also recognised as one of the world’s highest cited researchers.

CLOZAPINE TRANSFORMS TREATMENT

In the late 1990s, Clinical Studies Unit researchers were the second mental health team in Australia to explore if clozapine could be safely reintroduced to treat people with schizophrenia.

“The existing drugs weren’t fully effective, not everyone would respond and they had dreadful side effects including stiffness and muscle shaking. People would sometimes relapse as well,” Professor McGrath says.

“We had one of the first patients in Australia placed onto clozapine and they responded brilliantly.

“Now, it’s widely used and is the most effective treatment for schizophrenia, even though it still has a lot of side effects.”

NATIONAL RECOGNITION AND A PRESTIGIOUS FELLOWSHIP

Professor McGrath was awarded a Member of the Order of Australia for his services in the field of schizophrenia research in 2007. This was followed by a prestigious fellowship six years later.

The five-year John Cade Fellowship from the National Health and Medical Research Council was used to establish a new team with a focus on clinical trials of medications and other interventions. The team was spear-headed by nurse, Andrea Baker.

“It’s now one of the most productive groups in the QCMHR,” Professor McGrath says. “It’s self-funded and we’ve built up huge skill sets.”



“I nearly fell off my chair. We’d discovered that Vitamin D was not only important for healthy bones – it was also important to build healthy brains.”

In the same year, he was invited to be the Associate Editor for the Schizophrenia Bulletin.

“It was a flashback moment to when I was a student in that dusty library, getting that journal down in the 1970s.”

VITAMIN D AND THE BRAIN

Professor McGrath’s research was primarily focused on epidemiology and the numbers, causes and effects of illnesses in certain populations.

“We started looking at season of birth because if you’re born in winter or spring you have a slightly increased risk of getting schizophrenia. We thought it could be viruses or influenza. Then I had this ‘Aha!’ moment. I remember it vividly. I thought it could be early life low Vitamin D as well. Someone had said that once or twice before...but no one had done the necessary research to reject the hypothesis.”

A joint experiment with his colleague, Allan Mackay Sim (who was interested in spinal repair) found the removal of Vitamin D from young rats made their brains develop differently and they also demonstrated different behaviours.

“I nearly fell off my chair. We’d discovered that Vitamin D was not only important for healthy bones – it was also important to build healthy brains.”

THE DANISH CONNECTION

In 2016, Professor McGrath was awarded the \$6M Niels Bohr Professorship from the Danish National Research Foundation. This provided an opportunity to further his research into the role of Vitamin D in schizophrenia.

Researchers had access to all the samples from newborn bloodspot screening tests taken in Denmark over several decades.

This biobank provided a large collection of neonatal blood data and the resulting studies confirmed low neonatal Vitamin D levels were associated with an increased risk of not only schizophrenia, but also autism and attention deficit hyperactivity disorder (ADHD).

“These findings lent weight to our hypothesis that early life vitamin D status influenced brain development,” Professor McGrath says.

“The professorship really allowed me to do some of my best research.”

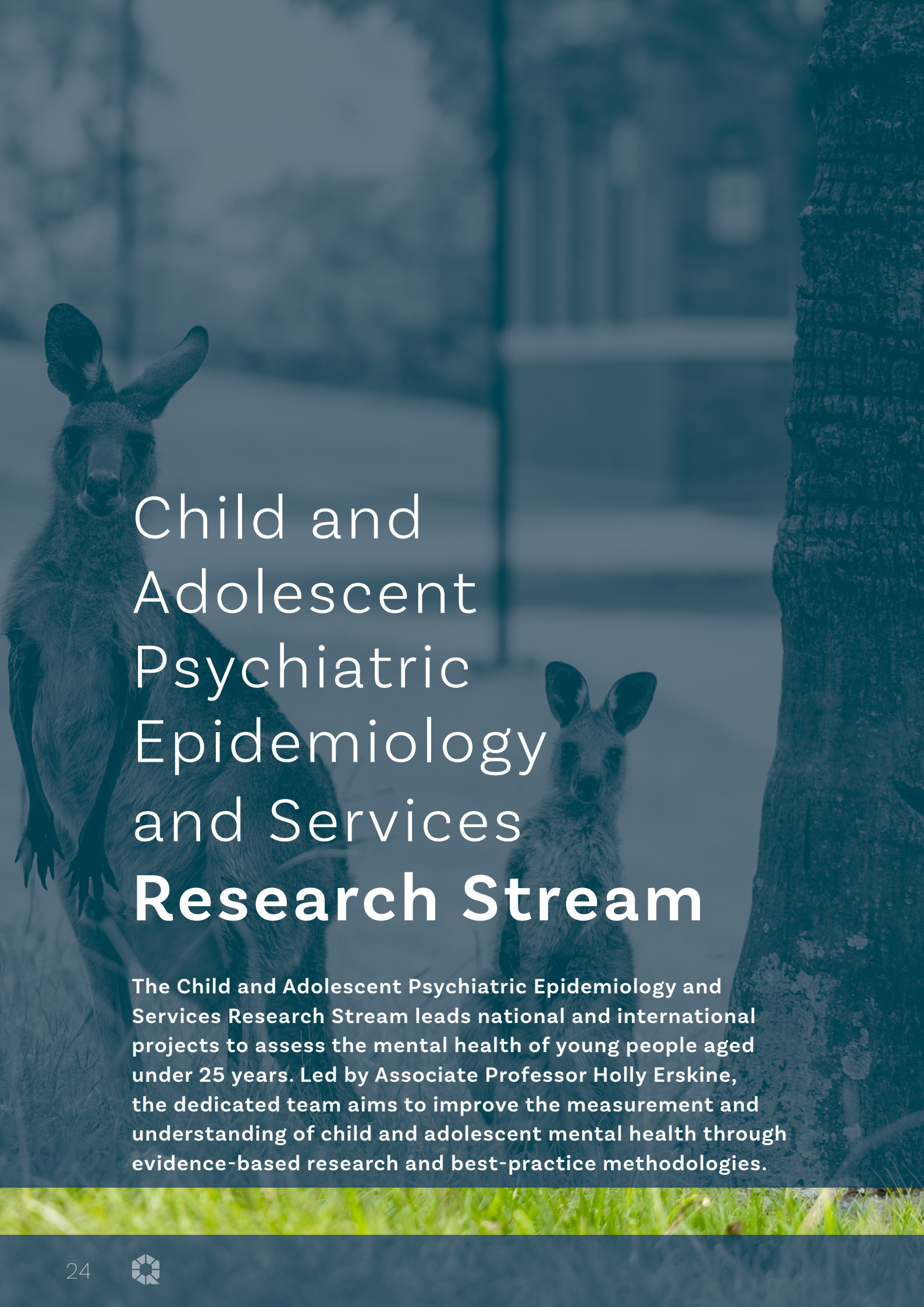
A NEW ERA BEGINS

Professor McGrath’s commitment to research excellence and his leadership has played a central role in establishing QCMHR as a world-leading research institution.

He retired in June 2025 and, although he continues some project work, his focus has turned to more relaxing interests like gardening and tending to his property in Maleny.

“I’m really happy with my research career and content to see that QCMHR has built capacity in mental health research. We have talented people with the skills to guide QCMHR over the next few years,” he says.

On behalf of everyone at QCMHR, we wish Professor McGrath well and thank him for his incredible contributions to mental health research. 🌱



Child and Adolescent Psychiatric Epidemiology and Services **Research Stream**

The Child and Adolescent Psychiatric Epidemiology and Services Research Stream leads national and international projects to assess the mental health of young people aged under 25 years. Led by Associate Professor Holly Erskine, the dedicated team aims to improve the measurement and understanding of child and adolescent mental health through evidence-based research and best-practice methodologies.



HIGHLIGHTS

Several key projects have progressed over the past 12 months including the third National Child and Adolescent Survey of Mental Health and Wellbeing, Young Minds: Our Future. Our researchers are co-leading the survey and began gathering information from parents and young people in November 2025.

The latest findings from the groundbreaking National Adolescent Mental Health Surveys (NAMHS) conducted across Kenya, Indonesia and Vietnam were also released in July 2025. These showed links between mental health and bullying across all three countries. Low rates of service use and the protective role of social support were also identified through the surveys.

WHERE TO NEXT?

Data collection for the Young Minds: Our Future survey will continue across Australia throughout 2026 with analysis expected to begin next year.

More NAMHS findings will also be released over the coming months covering topics such as mental health care needs for young people and the impact of COVID-19. Further data analysis will be conducted in collaboration with our study partners and researchers involved in the Global Burden of Disease Study.

The development of a computerised adaptive test for depression and anxiety for adolescents in sub-Saharan Africa (AfriCAT-DA) will also continue over the coming months. This important work is funded through the Mental Health Data Prize-Africa and undertaken in partnership with University of Witwatersrand, South Africa. The team is using NAMHS data from Kenya to develop a screening tool to identify young people with depression and anxiety, and monitor treatment impacts. The research goal is to develop a tool that can be scaled and used across a range of environments, such as primary health and education. AfriCAT-DA will be finalised and disseminated through engagement with stakeholders across sub-Saharan Africa in the coming months. Opportunities to expand this work into Indonesia and Vietnam are also being explored and this highlights the continuing value of NAMHS data.

Additionally, the new Centre for Research Excellence in Effective Action for Adolescent Health will commence in 2026. As part of this initiative, the team will co-lead work to map determinants of mental health among adolescents in Australia, Indonesia, the Philippines, Fiji and Papua New Guinea.

In the future, this information
will be used to compare the
experiences of young Australians
with their international peers.



15,000

**FAMILIES &
INTERVIEWS**



First-ever study across Kenya, Indonesia and Vietnam finds links between mental health and bullying among young people

When our researchers led the first-ever national surveys of mental health in young people across Kenya, Indonesia, and Vietnam, they weren't sure what they would find. The National Adolescent Mental Health Surveys (NAMHS) involved interviews with more than 15,000 families and explored how adolescents were coping with common experiences. The findings showed bullying was linked to high levels of mental disorders among victims and perpetrators. In the future, this information will be used to compare the experiences of young Australians with their international peers.

Bullying is one of the most talked about issues impacting adolescents in Australia and has been linked to poor mental health. But it's not just our young people who are experiencing these challenges.

The ambitious NAMHS project found bullying was also connected to mental disorders among young people in Kenya, Indonesia and Vietnam.

The surveys assessed social phobia, generalised anxiety disorder, major depressive disorder, post-traumatic stress disorder, conduct disorder, attention-deficit/hyperactivity disorder, suicidal behaviour and self-harm. They also covered physical, verbal, relational and cyber bullying.

Principal Investigator, Associate Professor Holly Erskine, says the international team worked collaboratively to develop questions that would be relevant, effective and appropriate across diverse cultures and languages.

"Our researchers conducted more than 15,000 interviews with parents and young people aged 10 to 17 years in randomly selected households," she says.

"We found adolescents who had been bullied were far more likely to have a mental disorder than their peers in all three countries. We also found young people who bullied others had higher rates of mental disorders than their peers in Kenya and Indonesia."

FIRST-EVER SURVEY OPENS DOORS FOR FUTURE RESEARCH

The project was the first of its kind to report on the links between bullying and mental health among young people in Kenya, Indonesia and Vietnam. It also incorporated many of the methodologies and measures now being used in the current Young Minds: Our Future survey.

"Adapting and using consistent approaches across multiple studies means we're not only building data for one area, country or group. We're also developing a critical mass of data that becomes very difficult for policymakers to ignore," Associate Professor Erskine says.



Funded by:

The University of Queensland in America through support from Pivotal Ventures, a Melinda French Gates company.

Associate Professor Holly Erskine

An Australia-wide survey is helping young people share their first-hand experiences of mental health

As many children and young people continue to experience mental health challenges, our researchers are working to uncover the realities of their daily lives. Over the next 12 months, the Young Minds: Our Future survey will gather information from Australian families about the mental health of children and young people. This data will help inform government decision making and guide critical services and support in the future.

From COVID-19 to rapid technology changes and global upheaval, children and young people continue to face challenges that impact their mental health. Ensuring they can access the best mental health support, when and where they need it, is a top priority for researchers involved in the Young Minds: Our Future survey.

Co-lead and Chief Investigator Associate Professor Holly Erskine says the research will capture the perspectives of 6,500 parents and carers of young people aged 4 to 17 years. Around 3,500 adolescents will also participate.

“The survey will help the Australian Government understand the current mental health challenges experienced by this generation of children and young people” she says.

WHO CAN PARTICIPATE IN THE SURVEY?

Households will be randomly selected across Australia to ensure insights are gathered from a broad cross-section of the community.

Parents and carers will undertake a face-to-face interview for around 60 minutes, usually in their home. Young people aged 11-17 years will also be invited to complete a 30-minute survey using a tablet provided by the interviewer.

Associate Professor Erskine says it’s designed to help young people feel they can share their experiences honestly, without judgement, and no-one else in the family will be able to see their responses.

“The parent or carer will be our main source of information, but we believe it’s important for the young person to have their own voice,” she says.

WHAT QUESTIONS WILL BE ASKED?

The survey will measure mental disorders such as anxiety, depression and attention-deficit/hyperactivity disorder. It will also include questions about service use, and risk and protective factors like bullying and social media.

“We need to find out what is working and what isn’t, so we can help young people receive the best possible mental health support,” Associate Professor Erskine says.

“Good data is the starting point that says this is the problem, and then the onus is on policy makers to do something about it.”



WHY IS THIS IMPORTANT?

Young Minds: Our Future is the third national survey to gather information about young people's mental health.

"The first survey in 1998 established that around 14% of young people aged 4-17 years had a mental disorder, and very few were getting help," Associate Professor Erskine says.

"The second study in 2013-14 found similar numbers. Although service use had gone up, only half of them were seeking or able to get help. Of those who did get help, only 20 percent got the help they needed.

"Since then, young people have lived through huge changes. We're now dealing with a different cohort of young people who are in a completely different environment with different challenges.

"This survey will help us learn more about their experiences, so we can support them now and into the future.

"Because of this work and the changes it will bring about, there will be a real child or adolescent whose life is actually better."



Funded by:

Department of Health, Disability and Ageing, Australian Government.



Research partners:

Led by Curtin University in partnership with the Queensland Centre for Mental Health Research and The University of Queensland.

"Good data is the starting point that says this is the problem, and then the onus is on policy makers to do something about it."

6500

**AUSTRALIAN
HOUSEHOLDS**

3500

**CHILDREN AND
YOUNG PEOPLE
(11-17 YEARS)**

Child and Youth Mental Health Research Stream



The Child and Youth Mental Health Research Stream aims to improve the mental health and wellbeing of young Australians and reduce the impacts of mental disorders for young people. Led by Professor James Scott, the team works closely with researchers at the Child Health Research Centre (The University of Queensland) and clinicians at Children's Health Queensland.

Focus areas include epidemiological and observational studies to examine the lifestyle, environmental and social risk factors for mental illness in young people. The team also conducts clinical trials to improve treatments and evaluations to inform service delivery and patient care.

HIGHLIGHTS

Two projects have delivered particularly positive outcomes for children and young people over the past 12 months.

Funded by a National Health and Medical Research Council (NHMRC) Partnership Project Grant, the Watch Me Grow clinical trial is already improving screening for developmental delays in children (18-36 months). Researchers use a digital platform to assess speech and language, motor skills, delays in learning, autism and other factors. Initial findings show the platform can identify developmental delays much earlier than standard general practitioner assessments. This allows very young children with delays in social skills, speech or motor skills to receive early interventions so they can 'catch up' with other children.



2 in 5

AUSTRALIAN
CHILDREN
GROW UP IN
HOMES WITH
FAMILY VIOLENCE

Professor James Scott

Researchers were also awarded three significant NHMRC and Medical Research Future Fund grants (\$5.42 million) to support leading-edge studies to:



examine the use of pharmacogenomic information to inform prescribing of antidepressants for children and adolescents



investigate the benefits and harms of screen time among children and adolescents



conduct a clinical trial comparing a digital intervention for the treatment of children with obsessive compulsive disorder with in-person care.

A new sexual and reproductive health care program was also successfully implemented into the Child and Youth Mental Health Service at Children's Health Queensland. The program aimed to address the high levels of sexually transmitted infections, unplanned pregnancies, sexual dysfunction (due to medications) and other issues often experienced by adolescents with mental health problems. The trial found it was feasible for mental health clinicians to provide sexual and reproductive health care and highly acceptable to staff, patients and their families.

Professor James Scott received the Inaugural RANZCP Section of Youth Mental Health Excellence Award for his outstanding contribution through his clinical research to the advancement of youth mental health in Australia.

WHERE TO NEXT?

Almost two in five Australian children grow up in homes with family violence and more research is urgently needed to understand how they are impacted. This will be the focus of a new project co-designed with policymakers, government representatives and lived experience contributors. Our researchers will explore how children experience anxiety, depression and psychosocial adversity when they live with family violence, and aim to increase understanding that children are victims, not passive witnesses in these environments.

Climate Change and Mental Health Research Stream

The Climate Change and Mental Health Research Stream is dedicated to understanding and addressing the mental health impacts of climate change. Led by Associate Professor Fiona Charlson, the team conducts innovative research to support and strengthen the mental health of our communities as climate change events increase in severity and frequency.

The team co-designs projects and collaborates with industry, government, and academic and community organisations to ensure its evidence-based research can meaningfully inform policy, interventions and practice.

HIGHLIGHTS

Pioneering research by the Climate Change and Mental Health Research Stream was prominently cited in Australia's first National Health and Climate Strategy and its expertise sought for the National Climate Risk Assessment and the National Adaptation Plan. The team's role in the national conversation about climate-related mental health and research has continued with several key projects and activities.

The team presented insights into the mental health risks of climate change to elected representatives at the Parliamentary Friends of Climate Action event at Parliament House in October 2025. This was part of the launch

of the How Climate Change Affects Mental Health in Australia report delivered by Doctors for the Environment Australia.

The team also presented at the Australian Women's Health Alliance webinar on women's mental health and wellbeing, and other key national and international conferences in 2025. These included the Climate and Health Summit, Healthy Environment and Lives Conference, Australia and New Zealand Disaster and Emergency Management Conference, and the European Climate Change Adaptation Conference.

Another highlight was the completion of the Systems Modelling for Mental Health project. This involved developing a digital decision-making tool to plan and implement mental health support strategies in communities experiencing extreme weather events. This important work aims to support local governments and health services, and guide evidence-based interventions.



Our commitment to conducting strategic, high-impact research to address the growing mental health challenges caused by climate change will continue throughout 2026 and beyond.



WHERE TO NEXT?

Our commitment to conducting strategic, high-impact research to address the growing mental health challenges caused by climate change will continue throughout 2026 and beyond. Key priorities include:



Quantifying the mental health burden:

This project will generate robust epidemiological and economic estimates of the mental health impacts of heatwaves and droughts. Researchers will leverage national datasets to develop standardised indicators to help inform future planning and resource allocations.



Developing solutions:

The team will assess the effectiveness and appropriateness of mental health programs currently delivered in communities impacted by climate change events. This will provide a clear picture of service gaps and opportunities for scaling successful models such as early heat wave warning systems for people living with a severe mental illness.



Policy development and integration:

Through detailed policy analysis and direct engagement with policymakers, our researchers will track how climate and mental health considerations are integrated into public policy. This will support evidence-based recommendations to inform national strategies such as Australia's National Health and Climate Strategy.

Associate Professor Fiona Charlson



Epidemiology and Burden of Disease Research Stream

The Epidemiology and Burden of Disease Research Stream generates new data about mental disorders, measures fatal and non-fatal consequences, and develops frameworks to improve how epidemiological information is collected and analysed. Led by Associate Professor Damian Santomauro, the team also supplies the mental disorder estimates component of the Global Burden of Disease (GBD) Study led by the Institute of Health Metrics and Evaluation at The University of Washington, Seattle USA. This world-leading study includes estimates for more than 200 countries and tracks mental health trends across the globe.

Associate Professor
Damian Santomauro



HIGHLIGHTS

The team's estimates were showcased in the recent launch of the 2023 GBD Study. This research involved large-scale efforts to estimate how many people have been impacted by mental disorders over time. Our researchers were responsible for systematic reviews and grey literature searches for epidemiological data, and the advanced epidemiological modelling of mental disorders. The estimates will be used by policymakers and service planners across the world to inform their decision-making, planning and resource allocation.

The team also conducted two systematic reviews and meta-analyses to build the epidemiological datasets and pooled prevalences for somatoform and personality disorders. Somatoform disorders feature physical symptoms generated by psychological factors. Researchers found this disorder creates a non-fatal impact globally that is potentially larger than most of the mental disorders represented in the GBD Study. Additionally, an evidence base was established to pitch and officially secure the inclusion of personality disorder in the study.

WHERE TO NEXT?

Over the coming months, the team will continue updating the epidemiological datasets for all mental disorders for the next GBD Study. Researchers will also progress work to include unrepresented mental disorders such as somatoform and binge eating disorders, and other feeding and eating disorders.

Additionally, the team will lead the migration of non-fatal epidemiological modelling across all disorders, diseases and injuries from legacy software (DisMod-MR 2.1) to a novel and innovative methodology (DisMod-AT). This will substantially improve the precision of GBD estimates of prevalence and incidence of conditions across countries and time. It will also expose the team to new methodologies which can subsequently be applied to mental disorder epidemiological modelling.

Forensic Mental Health Research Stream

The Forensic Mental Health Research Stream focuses on improving outcomes for people with mental health disorders who have been in contact with the criminal justice system, or those who have experienced a mental health crisis or attempted suicide while in the community. Led by Professor Ed Heffernan, these dedicated researchers study touch points across the criminal justice system and crisis care. Priorities for this team include:



*Professor
Ed Heffernan*



social and emotional wellbeing for Aboriginal and Torres Strait Islander young people in custody



policing and suicidality



physical health and activity among forensic inpatients.





HIGHLIGHTS

The team worked closely with members of the Aboriginal and Torres Strait Islander community over the past 12 months to develop and implement two projects to support young people who experience detention. GEM-Youth provides a novel and culturally relevant measure of social and emotional wellbeing for use in therapeutic and research contexts. The second project, *The Healing Journey*, is an Aboriginal and Torres Strait Islander-led model of service which promotes healing, identity, and social and emotional wellbeing through connection to culture, community and self. Both projects were co-designed with young Aboriginal and Torres Strait Islander people in detention. This research included strong cultural governance from Aboriginal and Torres Strait Islander leaders with oversight provided by the Indigenous Mental Health Intervention Program (IMHIP)-Youth Cultural Governance Group.

The team also finalised a multimorbidity audit to understand how experiencing multiple physical and mental health conditions affects people using public mental health, alcohol and drug services in Queensland. The study used linked health records to identify common combinations of these conditions and its findings will help improve consumer care in the future.

This team also worked closely with the Military and Veterans Mental Health Research Stream to develop the Moments that Matter eLearning package in 2025 (discussed later in report).

WHERE TO NEXT?

Over the coming months, researchers will produce a GEM-Youth handbook and a manual for *The Healing Journey* to help guide health professionals, Indigenous health workers, researchers, policymakers and facilitators. A final report for the IMHIP-Youth project will also be released.

With continued funding, the next phase of the multimorbidity audit will link current data with national health records, including Medicare and pharmaceutical prescription data. This will help researchers to understand which treatments were accessed and identify health conditions that were previously missed. An additional study will integrate state government datasets for people involved in police negotiation incidents in Queensland to understand their characteristics, precipitating factors and health service use.

Mental Health Evaluation Research Stream

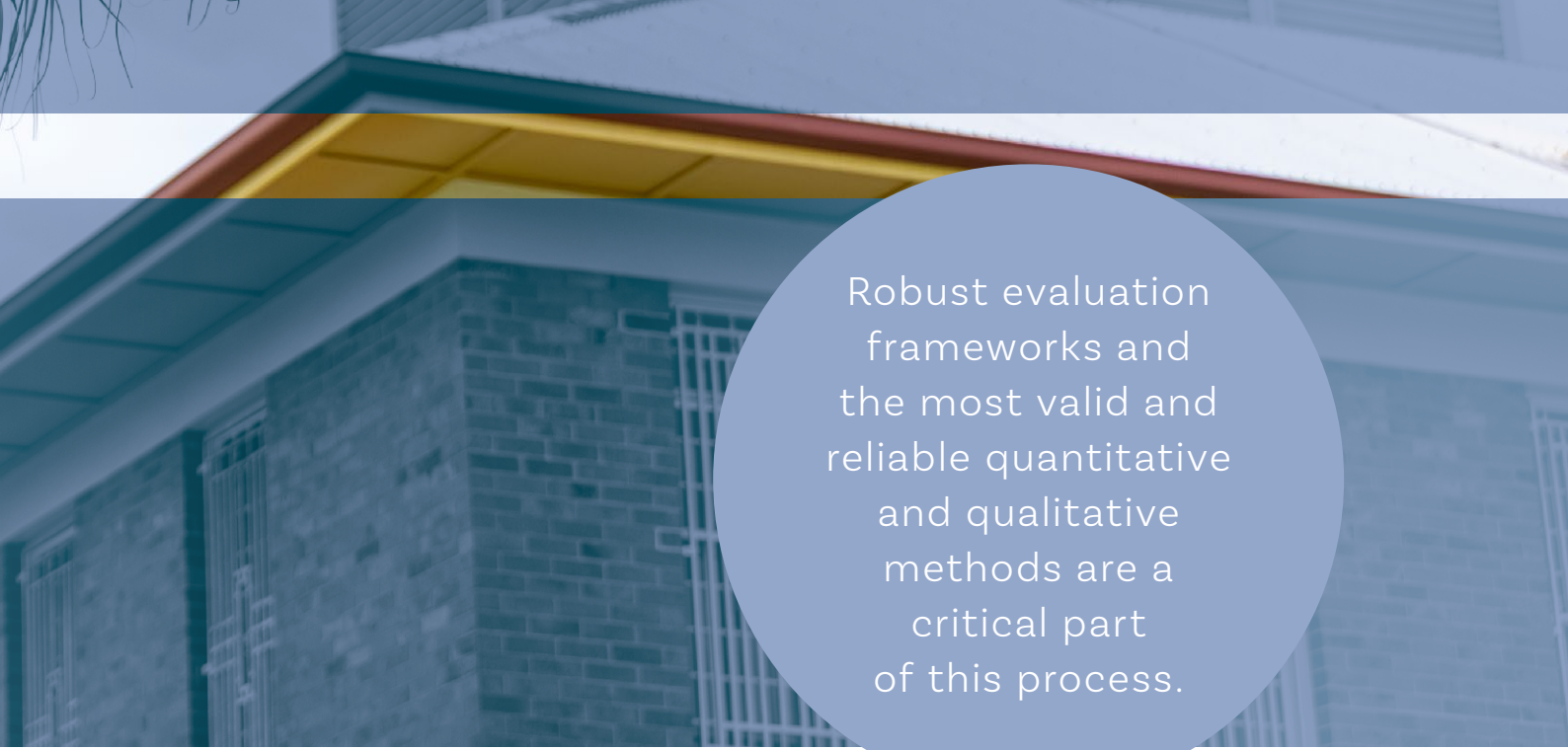
The Mental Health Evaluation Research Stream uses implementation science and evaluation methodologies to improve outcomes for people who use mental health services and programs. Led by Associate Professor Zoe Rutherford, the team works closely with project sponsors to ensure research projects' scope, governance and design align with population needs. Robust evaluation frameworks and the most valid and reliable quantitative and qualitative methods are a critical part of this process.

Researchers also engage with stakeholders and people with lived experience to ensure projects deliver realistic and impactful findings. The team aims to bridge the evidence implementation gap and support the translation of their research into practice.



*Associate Professor
Zoe Rutherford*





Robust evaluation frameworks and the most valid and reliable quantitative and qualitative methods are a critical part of this process.

HIGHLIGHTS

The team developed, launched and completed several projects throughout the year. These included evaluation frameworks for Jacaranda Place (Children's Health Queensland) and the Mental Health - Hospital in the Home, and Child and Youth Acute Response programs (Queensland Health).

An interim report for the Staying Deadly Hubs Pilot evaluation was presented in November 2025 and yarning with stakeholders and clients, along with the analysis of program and health service data, is continuing. The final report will be delivered to the Institute for Urban Indigenous Health in June 2026.

As co-investigators for the West Moreton Health Research Translation Grant, our researchers will support the delivery of a project that aims to increase task sharing to a specially trained dietetic assistant to support patients with mental ill health conditions and free up mental health dietitian time during complex service delivery.

Additionally, advice was provided to national and international organisations about best practice for evaluation research. The Productivity Commissions also invited Associate Professor Rutherford to provide insights for the Mental Health and Suicide Prevention Agreement Review.

WHERE TO NEXT?

Over the coming months, our dedicated researchers will develop an evaluation of the Mental Health Intellectual and Developmental Disability teams, review the Child and Youth Mental Health Eating Disorder Program, and evaluate Brisbane South's Public Health Network Child and Youth Universal Aftercare pilot.

The team will also explore whether additional or improved care pathways are needed between emergency departments and mental health units across South East Queensland to improve care for people experiencing a mental health crisis.

Another key focus area will be reviewing and improving the team's skills, processes and methodological approaches. This will include a particular emphasis on lived experience engagement and co-design principles.

Integrating education with mental health support is creating positive outcomes for young people in Queensland

For some young people, Adolescent Day Programs provide their first positive experience of the mental health system. The statewide initiative helps adolescents continue their education while living with a severe mental illness. Our Mental Health Evaluation team assessed program operations at six sites and made several recommendations to help improve cross-agency collaboration and service delivery.

Adolescent Day Programs support young people aged 13-18 years who have been unable to attend mainstream schooling due to severe, complex and persistent mental health concerns. Health professionals, peer workers, educators and guidance counsellors support the young person's mental health journey and help them transition back into schools, training programs or universities.

In 2023, our Mental Health Evaluation Research Stream were invited to review the Adolescent Day Programs in Townsville, Toowoomba, Chermiside, South Brisbane, Logan and the Gold Coast.

Associate Professor Zoe Rutherford says their objectives included reviewing the model of service, and identifying areas of risk and opportunities for improvement.

"The programs support the psychosocial, wellbeing and holistic health of young people who've had an extended period away from school," Associate Professor Rutherford says.

"Our researchers linked education and health data to understand how the programs impacted the health and academic achievements of consumers."

The team also conducted interviews with parents, carers and young people to understand their experiences and perspectives.

Associate Professor Rutherford says some consumers had their first positive experience with a mental health system when they interacted with the program.

"I did not want to come here at all. I was really skeptical...It kind of felt like I'd tried everything...I'd tried every type of therapy... every medication...I was just like no, there is no way this is going to help...but it did."
(Male, 16 years)

"We found that having a multidisciplinary team who could develop a thorough understanding of the young person contributed to these positive experiences. This meant they didn't have to retell their story over and over again – we know that can be retraumatising," Associate Professor Rutherford says.

"Both in Queensland and nationally, we know it is a key priority for school and mental health systems to better integrate and coordinate to respond to the needs of children, young people and their families."





RECOMMENDATIONS TO STRENGTHEN THE MODEL OF CARE

The final report included a series of recommendations to improve cross-agency cooperation and information sharing. Researchers found services could be connected more effectively to further support data collection, resourcing and other functions.

“Both in Queensland and nationally, we know it is a key priority for school and mental health systems to better integrate and coordinate to respond to the needs of children, young people and their families. Our findings provide early evidence and tangible guidance for this across Adolescent Day Programs in Queensland,” Associate Professor Rutherford says.

“We recommended the Departments of Health and Education collaborate to strengthen governance by establishing a project advisory board. These recommendations have already been used to inform a draft project plan which aims to revise the integrated model of care across the state.”



Funded by:

The Queensland Department of Health and the Department of Education.

Study period

7 months

Sites assessed

6

Interviews conducted

young people n=21

parents/carers n=7

mental health staff n=18

education staff n=7

Stakeholders

**young people, parents,
carers, mental health staff,
education staff**

Recommendations

9

There are now
15 CSS providing
much-needed support
for people experiencing
a mental health crisis
across the state.

Queensland-first research transforms practice in real-time and improves support for mental health consumers

Watching research translate into practice, in real-time, was a highlight for Associate Professor Zoe Rutherford and her team during their evaluation of Crisis Support Spaces (CSS) across Queensland. The project was co-designed with staff and mental health consumers, and improved collaboration across the CSS. Its comprehensive recommendations were also used to support a successful \$2.4M bid to expand and improve the statewide service.

In 2019, the Queensland Government established eight sites to help meet an increasing demand for acute mental health services. The initiative aimed to divert people experiencing mental health difficulties and/or suicidality away from emergency departments which were often ill-equipped to support people in mental health crisis.

Each site included peer workers and clinicians who provide tailored support within a welcoming, home-like environment. Seven sites were located on hospital campuses, one site in community care, and all generally operated after-hours when other support services were closed.

Three years later, Associate Professor Zoe Rutherford and her team were invited to evaluate the effectiveness of the services in Cairns, Chermside, Hervey Bay, Ipswich, Mackay, Townsville and Woolloongabba, and provide recommendations for improvements.

CO-DESIGN INCREASES SERVICE-WIDE COLLABORATION

Associate Professor Rutherford says co-designing the evaluation framework with CSS staff and people who had lived experience helped ensure the project's success.

"Staff can offer valuable insights about the Queensland mental health system, and consumers and their families know what it feels like to live with mental health difficulties or suicidality, and navigate health services in vulnerable moments," she says.

"Working together, we collated this expertise to develop a framework grounded in lived experiences which could drive meaningful recommendations for service improvements."

Researchers also worked closely with CSS mental health information managers to develop a dashboard that captured data from across the state.

"Everyone could see how their site was tracking within a live digital environment," Associate Professor Rutherford says.

"This facilitated information sharing, and enabled teams to learn from the successes of their peers and develop improvements."

"Sharing information as it's learned during an evaluation, and watching it inform and shape emerging models of care, was a sign we'd moved from a theoretical to practical application. Our work was assisting teams and staff in real time. Essentially, we were translating research into practice.



Research period

Jan 2022 to June 2024

Sites visited

7

Recommendations

14

Interviews

32 visitors and carers

29 Crisis Support Spaces staff

10 hospital staff

7 other staff

Outcome

7 new Crisis Support
Spaces in Queensland

QUEENSLAND-FIRST RESEARCH SUPPORTS SERVICE EXPANSION

In a Queensland-first, the team collated emergency presentations, lengths of stay and inpatient admission data to assess the effectiveness of the CSS.

Interviews were also conducted with mental health consumers, staff and other key partners to understand their views and experiences of the service.

Some of the findings included:

- The CSS provided a more helpful and safer environment than an emergency department for mental health consumers
- People experienced less psychological distress and felt better emotionally at the end of their visit
- Wait times were reduced for people who needed mental health care
- The CSS helped prevent some inpatient admissions
- Some mental health consumers may have visited an emergency department less often for mental health care.

The final report included fourteen recommendations to help guide future service design, delivery and sustainability.

Russell Evans, Acting Director, Clinical Governance Unit, Mental Health and Other Drugs Branch, Queensland Health says the research provided valuable insights about the service.

“The evaluation helped us demonstrate the benefits of this new service from the perspective of visitors and services. It’s also helped pinpoint the areas we need to focus on in our quality improvement efforts,” Mr Evans says.

The project recommendations were also used to support a bid to expand the service with an additional \$2.4M over three years. There are now 15 CSS providing much-needed support for people experiencing a mental health crisis across the state.

“We take a really pragmatic approach. We’re state funded and want to improve services for Queenslanders. The best way we can do that is to not let them fail and help them make things better...I really love the practicality of it,” Associate Professor Rutherford says.



Funded by:

Commissioned by the Mental Health Alcohol and Other Drugs Branch, Queensland Health. Conducted by the Mental Health Evaluation Stream, Queensland Centre for Mental Health Research and the School of Public Health, The University of Queensland.

Mental Health Services Research Stream



The Mental Health Services Research Stream looks at how the mental health system can be improved to effectively respond to population needs. Led by Associate Professor Sandra Diminic, the team works closely with governments, primary healthcare networks, community organisations and other partners to support and improve regional and national mental health service planning.

Research focus areas include:



developing and implementing service planning models that provide estimates of service requirements for different settings, regions and populations



analysing population surveys and healthcare data to understand how and when healthcare services are used, and identify service gaps



using research, and provider and lived experience expertise to build the evidence base for best practice mental health care



building the capacity of policymakers, health planners and researchers to develop and use data and models in mental health decision-making.





Supporting and improving regional and national mental health service planning.

Associate Professor Sandra Diminic

HIGHLIGHTS

Releasing the Australian Suicide Prevention Planning Model (AuSPPM) was a significant milestone for the team this year. This national, needs-based model helps planners estimate the levels of support and resourcing required to meet suicide prevention service needs in Australia. It is the first model of its kind and aligns with the National Suicide Prevention Strategy to help planners identify opportunities to improve systems and services.

Our researchers also delivered training, expert technical advice and resources to help planners use the National Mental Health Service Planning Framework (NMHSPF) to plan mental health services. Additionally, a new version of the NMHSPF forensic model was released to guide mental health planning within the justice system.

Improving access to mental health services for Aboriginal and Torres Strait Islander peoples was also a focus area for MHSRS over the past 12 months. Researchers found this group experienced challenges accessing Medicare-subsidised psychotherapy and telehealth services, and psychosocial disability support under the National Disability Insurance Scheme. This was part of a collaborative project to co-design innovative, client-centred models for Indigenous mental health services in South East Queensland.

WHERE TO NEXT?

The team will continue supporting NMHSPF partners over the coming months and will use new national mental health survey data to update the framework.

Researchers will also deliver workshops and create new resources to encourage use of the AuSPPM for suicide prevention service planning. Other refinements to further support planning for Aboriginal and Torres Strait Islander populations are underway in partnership with a national expert advisory group.

Another priority will be the delivery of workshops as part of our partnership with Acumen – Alliance for Mental Health Systems Models. Acumen is a national network of researchers, service planners and policy professionals who collaborate to improve the quality, usefulness and impact of systems models for mental health.

Mental Health Outcomes and Case Complexity Research Stream

The Mental Health Outcomes and Case Complexity Research Stream conducts research that is closely linked to national mental health reform. Led by Associate Professor Meredith Harris and Professor Philip Burgess, the team's flagship project is the Australian Mental Health Outcomes and Classification Network (AMHOCN).

This Australian Government initiative supports the assessment of consumer outcomes across specialised public sector mental health services and is guided by the National Outcomes and Casemix Collection. As part of the AMHOCN, the team analyses National Outcomes data and produces public reports that show how consumers' mental health changes after receiving support from mental health services.

Our researchers also:



develop outcome measures, key performance indicators, benchmarking frameworks and casemix classifications for mental health settings

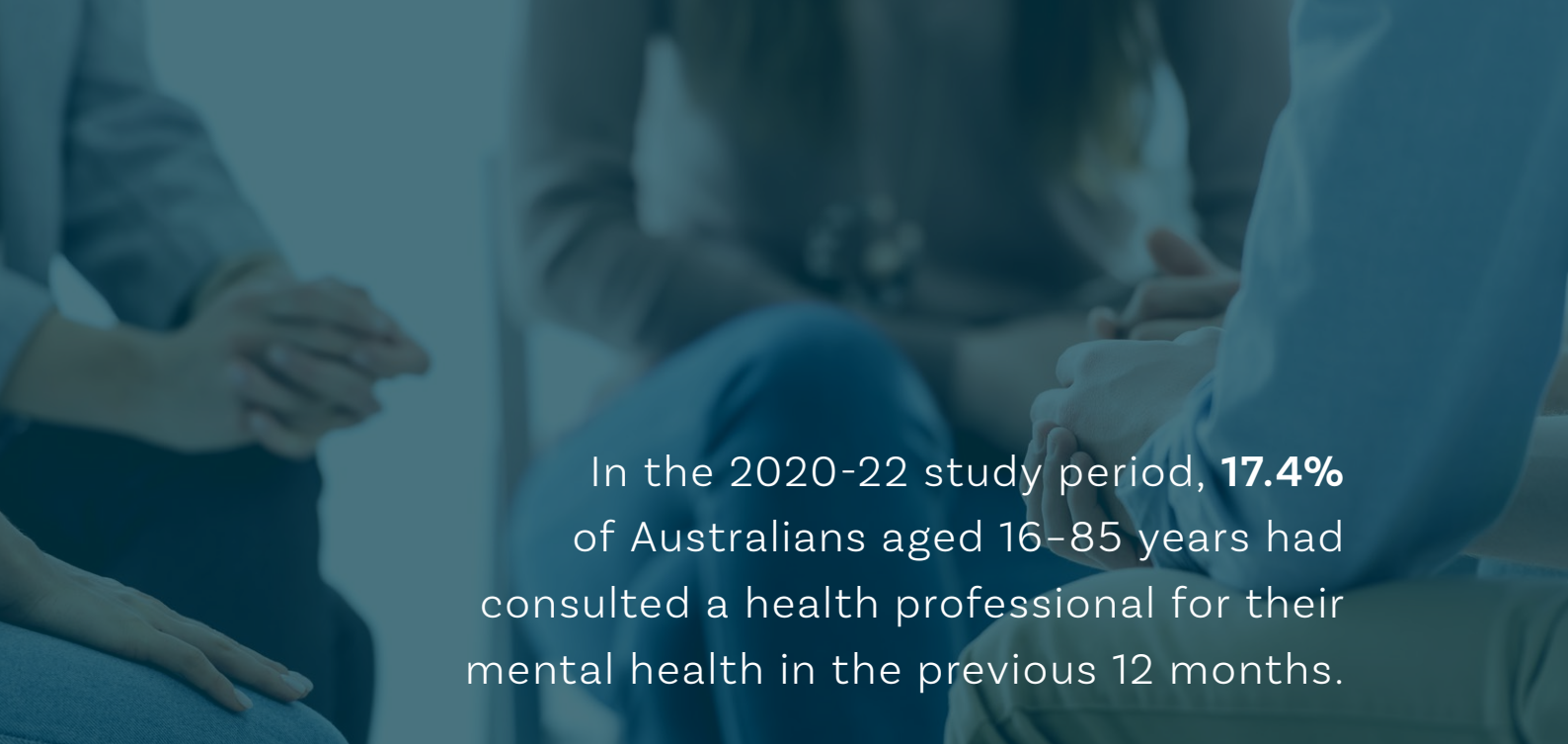


evaluate primary care, specialised mental health and suicide prevention programs and interventions



analyse epidemiological and administrative data to answer questions about the equity and quality of mental health care in Australia and globally.





In the 2020-22 study period, **17.4%** of Australians aged 16–85 years had consulted a health professional for their mental health in the previous 12 months.

HIGHLIGHTS

In 2025, the team successfully negotiated with the Australian Institute of Health and Welfare to deliver AMHOCN services until 30 June 2026. The team has been funded to lead this important analysis and reporting work since 2003.

As part of a multi-institution Australian collaboration, our researchers also delivered findings which showed people were increasingly seeking mental health support. In the 2020-22 study period, 17.4% of Australians aged 16–85 years had consulted a health professional for their mental health in the previous 12 months. This was an increase from 11.9% in 2007. The research was part of a series updating population estimates of mental disorder prevalence, suicidality and service use, and used data from the 2020-22 National Study of Mental Health and Wellbeing.

Another highlight was the team's collaboration on six papers describing the mental health 'coverage cascade' across more than

20 countries. The coverage cascade is a framework which traces a consumer's progress from need through to potentially effective treatment. The papers identified factors which prevent consumer progress through different levels of the cascade. This project was part of the World Mental Health Survey Initiative.

Researchers also contributed to the analysis and reporting of the Mental Health Living Longer project. This collaboration with InforMH led to a new paper examining cardiovascular and all-cause mortality following acute coronary syndromes in mental health service users.

WHERE TO NEXT?

Over the next 12 months, our team will develop options for expanded analysis and reporting of National Outcomes data. This will focus on describing the social and environmental characteristics of people receiving care from Australia's public sector mental health services.



Associate Professor Meredith Harris



Professor Philip Burgess



Creating new knowledge to support current and former Australian Defence Force personnel and their families who are impacted by mental health distress and suicide.

Military and Veterans' Mental Health Research Stream

The Military and Veterans' Mental Health Research Stream creates new knowledge to support current and former Australian Defence Force personnel and their families who are impacted by mental health distress and suicide. Led by Professor Ed Heffernan, the team focuses on data linkage, training resources and eLearning, and research training and capacity exchange.

Professor Ed Heffernan



HIGHLIGHTS

In 2025, researchers completed the Moments that Matter eLearning package, consisting of 24 videos and animations. Featuring voiceovers by first responders, health professionals, and veterans with a lived experience of suicidality, the package will help police feel more equipped to support veterans experiencing mental health distress in the community. These practical resources were co-designed with Gallipoli Medical Research, Insight (an alcohol and drug training and workforce development service provider) and lived experience contributors, and involved researchers from the Forensic and Military and Veterans' Research Streams.

Researchers also collaborated with Gallipoli Medical Research and Griffith University to study the health and wellbeing of Middle East Area of Operations (MEAO) veterans. Funded by RSL Australia, the project included a comprehensive review of the short- and long-term impacts of traumatic brain injuries on MEAO veterans. It also explored how moral injuries affect these veterans and their families during and after deployment. Our team contributed two literature reviews which highlighted key evidence gaps and will help guide future research, policy and service development.

Additionally, the team progressed a data linkage study examining suicidality among veterans in Queensland. The study is focusing on state and Commonwealth administrative data, with high-level advice provided by an expert reference group and a lived experience group. Our researchers have completed several desktop reviews, and published a project protocol and scoping review in 2025. The study is part of an ongoing project exploring the incidence of suicidality, individual characteristics and health pathways among Australian veterans.

WHERE TO NEXT?

The Queensland Police Service will trial the Moments that Matter eLearning package in the coming months. Researchers will subsequently evaluate the trial with an analysis of quantitative and qualitative feedback.

As part of the data linkage study, the team will soon publish two additional reviews regarding veteran suicidality and the use of social services, and expects to deliver data analysis results in late 2026.

Another significant project will involve real-time monitoring to understand how alcohol consumption potentially fuels suicidal thoughts or helps facilitate suicide attempts among Australian veterans. This will involve a collaboration between the team and the Australian Institute for Suicide Research and Prevention at Griffith University.

Physical and Mental Health Research Stream

The Physical and Mental Health Research Stream aims to improve mental and physical health outcomes for people living with treatment-resistant schizophrenia. Led by Professor Dan Siskind, the highly skilled team uncovers new knowledge and treatments, and aims to empower people with schizophrenia to live longer and healthier lives.

HIGHLIGHTS

In 2025, the team published findings for the world's first randomised controlled trial showing that semaglutide can safely help people with schizophrenia lose weight while on clozapine treatment. The study was awarded Trial of the Year by the Mental Health Australia General Clinical Trial Network and our researchers are now leading advocacy to help all schizophrenia patients access the medication.

The team also co-designed a visual participant information and consent form which simplifies clinical trial procedures for people with a severe mental illness. The form has been adopted and adapted by three Queensland hospitals.

A study showing that monthly neutropenia monitoring is not required after two years of clozapine treatment has recently led to policy changes globally, reducing unnecessary testing for patients and health systems.

Meanwhile, the researchers have led the development of a suite of global Delphi consensus schizophrenia guidelines with two published in 2025. These world-first guidelines have been implemented by six countries and endorsed by international peak bodies.

The Schizophrenia, Nutrition and Choices in Kilojoules Study was also completed and showed food preparation skills are impaired in people living with schizophrenia. Researchers found pre-prepared meals and meal kits were effective solutions and explored the behavioural and structural barriers to healthy eating for study participants.



Empowering
people with
schizophrenia
to live longer and
healthier lives.

WHERE TO NEXT?

Over the coming months, the team will continue working on several world-first projects including:



a watch-based app to reduce sedentary behaviours in people with a severe mental illness (further development and a pilot in three sites)



testing of a new medication, tirzepatide, to investigate its weight loss effectiveness in people with schizophrenia (clinical trial)



analysis of results for a randomised controlled trial to assess the effectiveness of cannabidiol for people with schizophrenia on clozapine



implementation of a metabolic health-focused digital intervention tailored for people with schizophrenia.

The team will also test the effectiveness of trimetazidine in reducing psychosis symptoms and examine if clusters of lifestyle behaviours in early adulthood can help predict how people with schizophrenia will use mental health-related health services.

Professor Dan Siskind

From celebrities to people with schizophrenia: a new weight-loss drug is changing lives

While celebrities were talking about a new weight-loss wonder drug (semaglutide, also known as Ozempic) in 2021, our researchers were using it to improve the quality and length of life for people with schizophrenia. Their studies have shown the possibilities of the new drug and led to changes in how clozapine, a vital medication used to treat schizophrenia, is administered and monitored across the world.

Empowering people with schizophrenia to live longer and healthier lives is a top priority for Professor Dan Siskind and his colleagues in the Physical and Mental Health Research Stream. This includes focusing on the life-altering impacts of the mental health disorder and the medications used to treat it.

Professor Siskind says people with schizophrenia die around 15-20 years earlier than the general population and this is often caused by weight-related health issues.

“The major driver for this early mortality isn’t suicide, it is cardio-metabolic diseases such as heart disease, stroke and diabetes,” he says.

“This is due to the extreme weight gain caused by the medications used to treat schizophrenia, including the most effective medication, clozapine.”

Professor Siskind and his team wanted to know if the new weight-loss drug, semaglutide, could help people live longer and healthier lives.

“Our trial explored whether semaglutide could help people lose weight and if it caused side effects, interfered with the metabolism of clozapine, or worsened someone’s psychosis or cognition levels.”

PARTICIPANTS LOSE WEIGHT AND PULL ON THEIR SKATES

Although the trial ended prematurely due to global shortages of semaglutide, the findings were overwhelming positive and published in *The Lancet*.

Participants lost 13.5% of their body weight on average, and the drug didn’t interfere with the effectiveness of clozapine, or impact psychosis or cognition levels.

Professor Siskind says the trial was life-changing for many participants.

“One person lost a lot of weight, and this meant he could get back into his skates and go ice skating again,” he says.

“When people think about schizophrenia they often think about voices and paranoia, but some of the symptoms cause people to emotionally shutdown. They don’t want to be active or engage in society, and their thinking gets slowed. This means people are often shut into their houses.

“But this guy said, ‘No! I want to go ice-skating again’. It was huge that he could physically do it and wanted to do it.

“These outcomes are really exciting because we’ve helped people re-engage and reconnect to the social roles that are important for their personal identity.”

The research team believe semaglutide can potentially help more people who need clozapine to manage schizophrenia.





Participants lost 13.5% of their body weight on average, and the drug didn't interfere with the effectiveness of clozapine, or impact psychosis or cognition levels.

“The important next step is, how do we make this drug available? How do we convince the government to prioritise funding it for people living with schizophrenia?” Professor Siskind says.

HOW CAN WE MAKE CLOZAPINE MORE WIDELY AVAILABLE

Despite its effectiveness, clozapine is often difficult to access and there are some concerns about its side effects, particularly neutropenia. This occurs when clozapine reduces the number of neutrophils (white blood cells) that are needed to fight infections in the body.

People who currently take clozapine in Australia need monthly blood tests to monitor their neutrophil levels. This is an invasive, painful and inconvenient medical procedure for people who are already struggling with their mental health.

In 2024, Professor Siskind and his team conducted an epidemiological study of people taking clozapine over the past 30 years in Australia and New Zealand. This showed the risk of developing neutropenia dropped substantially after taking clozapine for two years.

These findings were presented to a panel of international experts in 2025 who found monthly monitoring for neutropenia wasn't necessary after two years of taking the drug. However, they also identified other side effects needed more effective management.

“The panel found there needs to be more discussion about a range of side effects including constipation which is the main killer of people on clozapine, drooling which can cause pneumonia, postural hypertension and dizziness,” Professor Siskind says.

“These are some of the aspects we'll be focusing on into the future.

“In the meantime, two million people in North America and Europe who need this life-altering drug to manage their symptoms now have improved access to clozapine and their level of testing has been decreased. Our research has made a very real and positive impact on their daily lives.

“We're now advocating for the Therapeutic Goods Association to make similar changes in Australia.”



Funded by:

National Health and Medical Research Council Investigator Grant, Metro South Health Research Support Scheme and the Queensland Health Advancing Clinical Research Fellowship.

Can text messages help people with schizophrenia prevent and manage diabetes? Our research says, yes.

Phone apps aren't always accessible for people who experience cognitive challenges due to a serious mental illness. This was a top consideration for Dr Urska Arnautovska and her international team when they set out to help people with schizophrenia prevent and manage diabetes. Their research has led to an SMS solution grounded in behavioural change techniques and motivational support that can potentially change people's lives for the better.

People with schizophrenia are three to five times more likely to develop type 2 diabetes than other Australians. This is often due to extreme weight gain caused by antipsychotic medications and lifestyle factors.

The mental health disorder can also impair cognition and executive functions such as planning and processing. As a result, people may find phone apps difficult to install and use.

Dr Urska Arnautovska led a multidisciplinary team to develop an accessible solution that could reach large numbers of people with schizophrenia and improve their health.

Australian and international researchers, clinicians, software engineers and lived experience representatives collaborated to design and develop the schizophrenia and diabetes mobile-assisted remote trainer (SMART).

This SMS solution uses evidence-based behavioural change techniques and motivational support to help people prevent and manage diabetes.

It delivers daily text messages which are easy-to-understand, interactive and relevant for the receiver.

I found it was very easy to use. I thought it was going to be difficult but it's just so, so simple.
(Male, 51 years)

The messages focus on physical activity, nutrition, weight management, coping with stress, blood glucose monitoring and smoking cessation.

SMART MAKES LIVES BETTER

Dr Arnautovska says personalising the SMART messages helped improve accessibility and effectiveness.

"Participants were able to choose their preferred name, the timing and frequency of the messages, and the topics that were most important to them," she says.

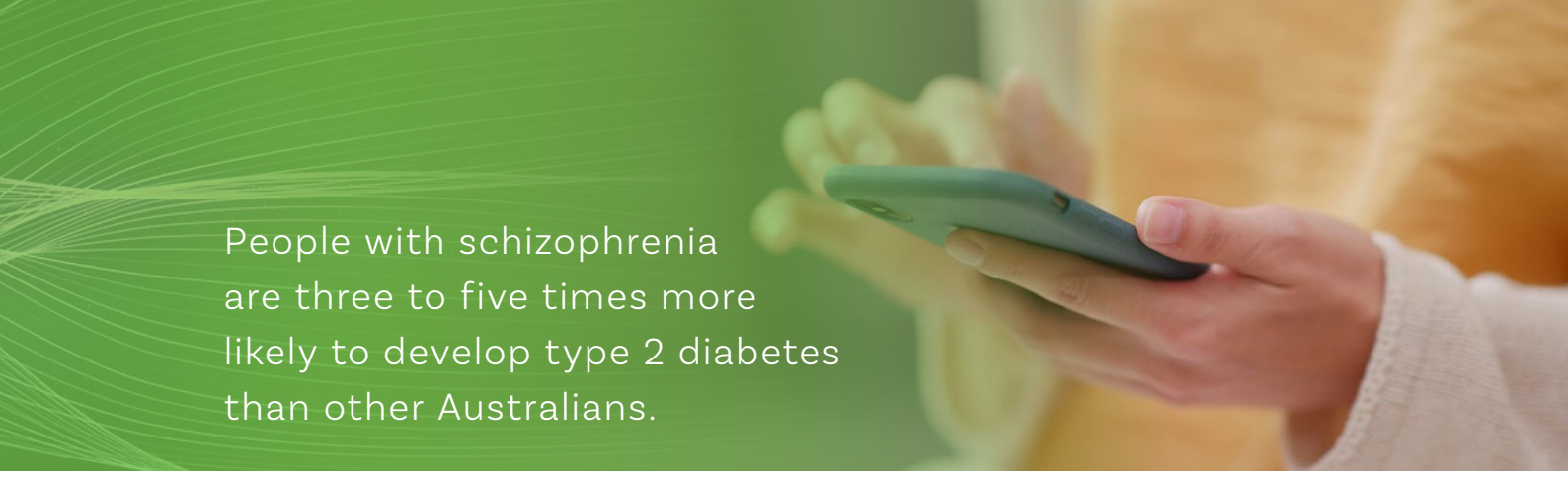
"The SMART text messages provide evidence-based psychoeducation and motivational prompts to increase participants' knowledge, skills and confidence about their metabolic health and lifestyle behaviours."

I really liked it. I found it encouraging... it just felt like, you know, someone cared.
(Female, 47 years)



Dr Urska Arnautovska





People with schizophrenia are three to five times more likely to develop type 2 diabetes than other Australians.

A total of 291 messages were developed including:

- ‘Many people find that when they plan exercise into their day, they feel more motivated to do it. Do you plan your workouts in advance?’
- ‘Had enough water today? Keep a water bottle handy and sip on it throughout the day.’
- ‘There are lots of different ways to quit smoking or vaping like cold turkey or gradually cutting down. Do you know what quitting method would work for you?’

The research findings showed the SMART solution helped people feel supported while creating meaningful and positive changes for their health and wellbeing.

For me, it was the fact that this wasn't overwhelming. I think that with diabetes, there's so much information that you got to get around your head and when it was just one message a day, that kind of just seemed achievable to be honest.

(Male, 38 years)

LIVED EXPERIENCE PLAYS A VITAL ROLE IN RESEARCH SUCCESS

Dr Arnautovska says people living with schizophrenia were an important part of the project's development and success.

“One of the lived experience representatives is now considered a research partner in all our SMART-related activities,” Dr Arnautovska says.

“Positive feedback from these representatives and study participants shows SMART is needed early in someone's mental health journey, before problems with metabolic health pile on. They've also confirmed that a simple intervention like SMART, instead of a more sophisticated, app-based approach, is the most acceptable and beneficial for this population group.”

I've decided to try to get healthier and every day it's a reminder to stick to my goals, so it helped me... It was a daily reminder to make better decisions.

(Male, 46 years)

“It's a highly accessible and empowering intervention that is low cost and can be easily scaled and adapted to different health settings and subgroups. We're currently exploring options to translate the solution into other languages so it can be adapted for other cultural settings,” Dr Arnautovska says.

The SMART solution will be implemented into routine mental health care across four pilot sites in Metro South Health, Brisbane in 2026. The team is also seeking funding for a randomised controlled trial across multiple sites in Australia including regional and remote areas.



Funded by:

Metro South Health Research Support Scheme (Early Career Researcher Grant), The University of Queensland (Early to Mid-Career Researchers' Seed Grant) and the Queensland Centre for Mental Health Research.

Psychiatric Neurobiology Research Stream

The Psychiatric Neurobiology Research Stream is based at the Queensland Brain Institute at The University of Queensland. The stream includes two research groups which receive partial funding through the National Health and Medical Research Council (NHMRC).

Led by Professor Darryl Eyles, the Eyles Group explores how changing the way antipsychotic treatments are delivered to patients may radically reduce medication side effects for people living with schizophrenia. Alongside this, the team is investigating how increased dopamine in the brain – a feature of schizophrenia – may disrupt small RNA molecules that regulate protein production. This work may provide new insight into the biology of the disorder and potential pathways for treatment.

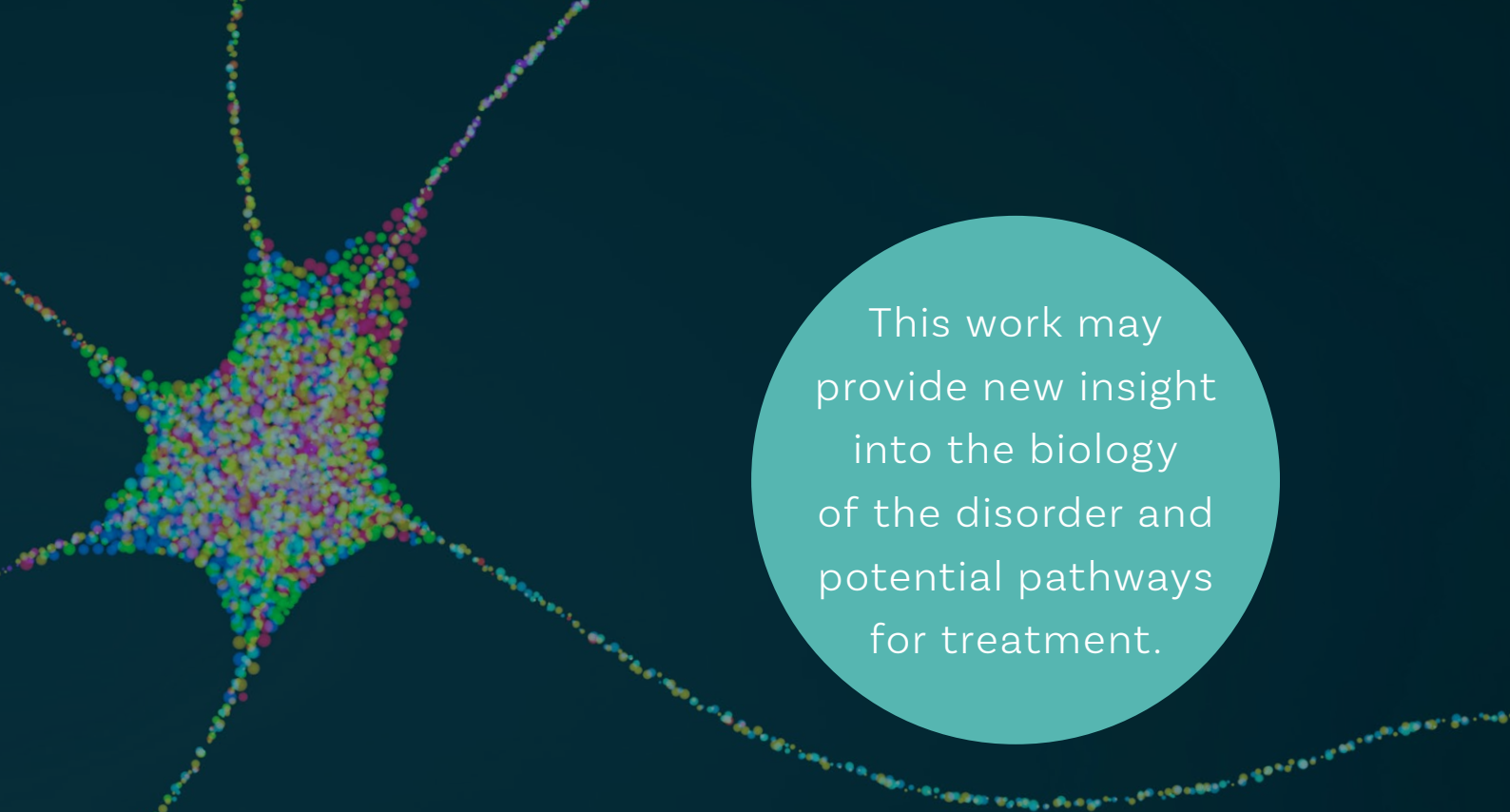
Led by Professor Thomas Burne, the Burne Group studies the underlying biological basis for schizophrenia and identifies public health interventions that will help reduce the burden of this disease. Researchers are seeking to create better models that more closely reflect the cognitive problems experienced by people with schizophrenia.

HIGHLIGHTS

The researchers recently established that similar concentrations of clozapine (one of the drugs used to treat schizophrenia) can be achieved in the brain when it is administered via the nose (intranasal) versus more standard routes such as the mouth. It also leads to acute and chronic antipsychotic effects and reduces gut and metabolic-related side effects at a fraction of the equivalent oral dose. This groundbreaking research was conducted in collaboration with the Physical and Mental Health Research Stream and is now attracting interest from international researchers and industry partners.

The Eyles Group have also continued their work examining RNA molecules and recently found that patients with schizophrenia produce different variants in their genes.





This work may provide new insight into the biology of the disorder and potential pathways for treatment.

Studying cognitive dysfunction in people who are ageing or living with neuropsychiatric disorders has been a significant focus area for the Burne Group. Unfortunately, current treatments remain limited, in part because findings from preclinical research do not always translate reliably to humans. Funding has allowed our team to create and test a new way of measuring mental flexibility in laboratory models. Researchers have also discovered a new way that general anaesthesia works in the body which could be partially responsible for delayed recovery and cognitive decline after surgery.

WHERE TO NEXT?

Four papers are currently under review in major journals regarding the antipsychotic properties of acute intranasal clozapine, a new mechanism of action of antipsychotic drugs, epigenetic regulation of brain development by vitamin D and how clozapine affects gut metabolism. In the coming months, three manuscripts dealing with the chronic antipsychotic effects of intranasal clozapine, the absence of diabetes in pre-clinical models, and links between RNA modifications and dopamine will also be submitted.



Additionally, the team will begin trialling the intranasal clozapine delivery process in healthy humans and then in patients. Funding will also be sought to conduct positron emission tomography studies in London to identify a clinical intranasal clozapine dose. Further work will include a comprehensive program of pharmacodynamic and pharmacokinetic studies of intranasal clozapine and the novel antipsychotic xanomeline, supporting translation from preclinical discovery to clinical application.

The team will continue testing potential therapies on flexible thinking, helping researchers better predict which treatments might work in people. In the coming year, this will include testing drugs already used for diabetes and weight loss to help improve thinking and memory for conditions like schizophrenia. Researchers also aim to reduce slow recovery and memory problems after surgery and will be investigating how general anaesthesia affects the brain.

Professor Thomas Burne



Professor Darryl Eyles

The Mental Health Clinical Trials Unit

The Mental Health Clinical Trials Unit plays a critical role in translating research into real-world impact by expanding access to new and improved treatments for people experiencing mental illness.

Building on a strong legacy of investigator-initiated trials over nearly two decades, the unit has undergone a significant remodelling throughout 2025 to align with changes to international clinical trials governance frameworks and contemporary best practice. This has strengthened the unit as a flexible, high-quality site research organisation capable of delivering complex mental health trials across diverse settings.

A key feature of this design is a centralised trial delivery model with referral site partnerships. Under this model, QCMHR operates as the primary trial site, responsible for participant consent, clinical oversight, safety monitoring and trial conduct. Partner health services act as referral sites, identifying and referring suitable participants without the need to establish full clinical trial infrastructure locally.

A core strength of the Clinical Trials Unit is its dedicated team of specialist mental health nurses, who deliver trials in real-world settings. The team works directly with participants, including conducting visits in people's homes, allowing research to take place in the context of everyday life. This approach improves accessibility, supports participant engagement, and ensures high-quality data collection grounded in real-world experience.

The Unit is led by Assistant Director of Nursing, Andrea Baker, with Sarah Price-Smith stepping in to manage the CTU during Andrea's period of long service leave, ensuring continuity of leadership and operations.

HIGHLIGHTS

Over the past 12 months, the Clinical Trials Unit has focused on establishing a scalable and sustainable model for clinical trial delivery across the mental health system. Key achievements include:

- Remodeling of the unit operating procedures to align international clinical trials best practice
- Establishment of a centralised trial delivery model with referral site partnerships
- Development and application of a clinical trials capacity calculator to model workforce requirements and delivery feasibility
- Ongoing partnerships with health services to support referral pathways and participation
- Continued delivery of high-quality, participant-centred research through a specialist mental health nursing workforce



Andrea Baker



The CTU also successfully delivered multiple clinical trials across pharmacological, digital and lifestyle interventions, including:

- **CAN-CLOZ** – investigating whether cannabidiol (CBD), a non-psychotropic compound, can reduce symptoms for people with schizophrenia or schizoaffective disorder
- **SNACK (Schizophrenia, Nutrition and Choices in Kilojoules)** – exploring the acceptability of meal-based interventions, including pre-prepared meals and simple meal kits, to support nutrition and physical health
- **SMART (Schizophrenia and Diabetes Mobile-Assisted Remote Trainer)** – testing a text message-based intervention to support diabetes self-management for people with severe mental illness
- **COaST (Clozapine Obesity and Semaglutide Treatment)** – a randomised controlled trial examining the effectiveness of semaglutide in reducing body weight among people with schizophrenia taking clozapine

“The feedback we get from our trial participants is that no clinician has ever spent so much time with them before, nor asked them many of the questions that we ask. It lets them know that we are genuinely listening and hope that, in the future, our trial results will improve care.”

Andrea Baker

WHERE TO NEXT?

Over the coming 12 months, the unit will focus on consolidating and scaling its centralised delivery model to increase reach, efficiency and impact. Key priorities include:



Expanding referral site partnerships across Queensland to further increase access to clinical trials



Strengthening governance, systems and processes to support efficient trial start-up and delivery



Building workforce capability, including continued development of specialist clinical trial nursing roles



Supporting a growing portfolio of trials across pharmacological, digital and service innovation domains



Continuing to offer flexible delivery models, including both centralised and traditional site-led approaches, to meet the needs of partners and funders



Supporting industry-led trials where relevant and aligned

Through this work, the Clinical Trials Unit will continue to play a central role in ensuring that clinical research at the centre delivers tangible benefits for people, services and communities.



Together, these partnerships create a connected ecosystem spanning research, clinical care, lived experience, and community investment, positioning us to deliver high-impact, translational mental health research.



Partnerships and Collaborations

Partnerships are central to the Queensland Centre for Mental Health Research (QCMHR), enabling the translation of research into meaningful outcomes for individuals, health services, and communities.

Our long-standing partnership with The University of Queensland (UQ), established in 2001, underpins our model as an academic health research partnership. This collaboration integrates research, clinical practice and education, providing access to funding pathways, infrastructure, and research capability. Our researchers contribute to UQ teaching programs, supervise higher degree research students, while UQ benefits from QCMHR's strong connections to health services, clinical populations, and real-world data.

Our partnership with Gallipoli Medical Research Foundation focuses on advancing military and veteran mental health. Formalised through a five-year Memorandum of Agreement, this collaboration brings together complementary strengths in qualitative research, data linkage, and mental health science. Initial projects include co-designed, lived experience-informed training for first responders supporting veterans in crisis, alongside research to better understand risks and predictors of suicide in veteran populations.

We also maintain a strong and long-standing relationship with ARAFMI Queensland, supporting research that centres the experiences of families and carers. This includes collaboration on research into First Nations mental health carers, highlighting the need for culturally grounded, kinship-based models of care, and co-design approaches to service improvement. In addition, philanthropic contributions originating from ARAFMI, in partnership with Ipswich Hospital Foundation and matched by UQ, have established an enduring PhD scholarship program. These scholarships support the next generation of mental health researchers and have already contributed to important advances in understanding and treating mental illness.

Philanthropic support is further enabled through the West Moreton Health Foundation, which manages community donations to QCMHR. This funding supports innovative and early-stage research to improve understanding, treatment, and prevention of mental illness.

Together, these partnerships create a connected ecosystem spanning research, clinical care, lived experience, and community investment, positioning us to deliver high-impact, translational mental health research.

Workforce Capacity Building

Mental Health Education and Research Training

QCMHR is committed to strengthening the mental health workforce by developing both the next generation of researchers and supporting clinicians to engage meaningfully with research. Through close partnerships with The University of Queensland and other leading institutions, the Centre provides a training environment that is directly connected to real-world mental health challenges.

QCMHR supervises more than 40 Higher Degree Research students (PhD and Masters) across psychiatric epidemiology, mental health services research, neurobiology and clinical trials. Students are embedded within multidisciplinary teams working on nationally and internationally recognised projects, gaining hands-on experience in research design, data analysis and the translation of evidence into policy and practice.

This commitment extends beyond academic training to the broader mental health workforce. QCMHR supports registrar, psychology and allied health placements, and delivers training for GPs, psychiatrists and frontline staff. Through university teaching, mentoring and collaborative research, clinicians and early-career researchers are supported to build capability in research and evaluation, contributing to a learning health system where evidence and practice continuously strengthen each other.

A particular strength of our approach is the opportunity for trainees to contribute to large-scale research initiatives spanning global mental health epidemiology, service evaluation, clinical trials and translational neuroscience. These programs also support the development of national tools, including the Mental Health Service Planning Framework, demonstrating the Centre's role in translating research into practical outcomes for services and systems.

Strong partnerships with universities, health services and international collaborators underpin this work, creating integrated training environments that prepare researchers and clinicians to lead innovative, high-impact work that improves mental health outcomes for communities in Queensland and beyond.

QCMHR
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Strong partnerships with universities, health services and international collaborators underpin this work, creating integrated training environments that prepare researchers and clinicians to lead innovative, high-impact work that improves mental health outcomes for communities in Queensland and beyond.



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