

Annual Report

1st July 2025 to 30th June 2026

NORTHERN TERRITORY
MENTAL HEALTH
COALITION

1/18 Bauhinia Street, Nightcliff NT 0810
PO Box 157 Nightcliff NT 0814
Tel: 08 8948 2246 Email: admin@ntmhc.org.au
www.ntmhc.org.au ABN: 85 394 277 399

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About The NT Mental Health Coalition

We are the peak body for the community managed mental health sector, providing a strong voice for member organisations in the Northern Territory since 2007. We act as a reference point for governments, providing advice on all issues relating to the provision of mental health services.

Our Vision

That all Territorians have the opportunity for the best possible mental health and wellbeing.

Our Work

We focus on five key areas:

- advocacy
- sector development
- access to information, tools resources and research
- addressing stigma and discrimination
- NT Mental Health Week

Acknowledgement of Country

The NT Mental Health Coalition acknowledges the Traditional Owners of the lands we operate on, the Larrakia people. We pay our respects to Elders past, present and emerging. On behalf of our members, we extend this acknowledgement to the Traditional Owners of countries across the Northern Territory.

Acknowledgement of Lived Experience

We recognise those with lived and living experiences of mental ill-health and suicide. The Coalition acknowledges that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers, friends and communities. By being courageous, we can shape a better future for all.

Our Team



Geoff Radford
Chief Executive Officer



Bella Kotlar
Training and Education Coordinator



Ira Racines
Sector Engagement Coordinator



Lachlan Rowe
Program Manager Lived Experience Collaborative

From the Chairperson



It has been a privilege to serve my first year as Chair of the NT Mental Health Coalition. I have valued the opportunity to work with our CEO, Geoff Radford, the Coalition team, my fellow Board members and our members across the Northern Territory.

A key focus for the Board this year has been strengthening the Coalition's governance and ensuring the organisation has strong foundations for the future. Our Governance Committee has undertaken important work reviewing the Constitution and organisational policies, supporting clear accountability, good decision-making and effective Board oversight.
The Coalition is working towards meeting the Australian Service Excellence Standards. Accreditation provides independent recognition of the work undertaken across governance, policies, systems and organisational practice. It also gives the Board confidence that the Coalition has the structures and processes needed to support its work and its members.

The role of a strong and independent peak body is particularly important in mental health. The Coalition has a responsibility to represent the collective interests of the community-managed mental health sector, bring the sector together around shared issues and ensure the experiences of the Northern Territory inform policy and reform. It must also be prepared and empowered to speak up on issues affecting people experiencing mental ill-health, particularly those who may be vulnerable, marginalised or poorly served by existing systems. Advocacy is a core part of the Coalition's role, and the Board remains committed to supporting the organisation to be a credible and influential voice for its members and the broader sector. Our members are central to that role. This year we welcomed Aboriginal Resource and Development Services and Banatjarl Strongbala Wimun Group as new members. A broad and representative membership strengthens the Coalition's ability to understand the issues facing services and communities across the Territory. Growing Aboriginal representation within our membership is particularly important to ensuring Aboriginal organisations and communities have a strong voice within the Coalition.

The Coalition has continued to contribute strongly to policy and system reform, making 14 written submissions during the year on issues affecting mental health and wellbeing. Geoff also represented the Coalition before the Senate committee inquiry into Australia's youth justice and incarceration system. Having a Territory voice in these national discussions matters. The circumstances facing people and services in the NT need to be understood when national policy and reform are developed.

Our national representation has also strengthened. I congratulate Geoff on his election to the Board of Mental Health Australia, providing another avenue for Northern Territory perspectives to contribute to national mental health policy and advocacy.

The Coalition also rejoined Community Mental Health Australia, and I am proud to represent the NT Mental Health Coalition on its Board. These roles strengthen the connection between our Territory sector and national discussions affecting community mental health. The Coalition's engagement with both national bodies builds on work commenced in the previous year.

Strong partnerships are also essential for an effective peak body. The dual diagnosis training delivered across the Northern Territory with AADANT demonstrated what can be achieved when peak bodies work together to respond to identified sector needs. The Mental Health Awards were another highlight, providing an opportunity to recognise the people, services and organisations making a difference to mental health and wellbeing across the Territory.

I want to particularly acknowledge Geoff and the Coalition staff. A peak body can only be effective when it has people who understand the sector, maintain strong relationships with members and are prepared to advocate on the issues that matter. I thank the team for their professionalism, commitment and the work they have undertaken throughout the year. I also thank Geoff for his leadership and for continuing to represent the Coalition and its members across the Territory and nationally.

I also thank my fellow Board members for their time, expertise and considered oversight during my first year as Chair. Good governance relies on Board members who are prepared to ask questions, consider risk, support the organisation's strategic direction and remain accountable to our members.

As we move into the coming year, the Board will continue to focus on strong governance, sustainability and ensuring the Coalition remains connected and accountable to its members. We want the Coalition to continue doing what a strong peak body should do: bring the sector together, represent its members, influence reform and speak up for better mental health outcomes for people across the Northern Territory.

Sincerely,
Rachael Bowker
Chairperson

From the Treasurer

As Treasurer, I am pleased to report that the NT Mental Health Coalition finished the 2025–26 financial year in a sound financial position with no outstanding expenditure commitments as at the 30th of June 2026.



The Coalition held $700,427 in cash and cash equivalents at the end of this financial year, compared to $489,332 in the previous year. This is an increase of $211,000. $280,000 of this is held in term deposits and the remainder is in The Coalition's main operating account.

Property plant and equipment had a written down value of $14,319, primarily to the motor vehicle and office equipment.

There were no unanticipated events impacting the finances since that time. The organisation has remained financially compliant and has completed its financial reporting accurately and on time. Thank you to Ruby, Judy, Ashok and Jodie from KAS Accounting for their strategic financial support and Hoang from SAMAF Consultants for the smooth audit process. This work happens behind the scenes but is essential to maintaining strong governance, the confidence of our members, funders and stakeholders.

Overall, The Coalition finished the year with a strong financial position, no outstanding expenditure commitments and sound financial management.

Well done and thank you to Geoff and the team for their hard work and oversight throughout the year.

Sincerely,
Pam Marwood
Treasurer

From the Chief Executive Officer



The 2025/26 operational plan has an overarching theme of allyship.

Allyship as a way of describing The Coalition's purpose: to be a strong voice for member organisations and a reference point to government, providing advice on all issues relating to mental health services in the Northern Territory.

The team set goals aligned to the 2024-2029 Strategic Plan and with the direction of the board to strengthen relationships with an intentional focus on Lived Experience, Aboriginal and Torres Strait Islander Territorians and grass roots.

While there will always be plenty more to be done, we are proud of what we have achieved by working through the lens of **allyship**:

- The NT Lived Experience Collaborative received an additional year of co-funding from the NTPHN and NT Health following the hard work and comprehensive evaluation of the outcomes achieved by the Expert Group, Advisory Group, NT Lived Experience Network (now renamed Lived Experience NT) and our team. Congratulations again to Lived Experience NT, who are now an Incorporated Association and co-located with The Coalition for the medium term whilst they establish their organisation and set their place in the reform landscape. We are proud to be working alongside such dedicated, focused and warm hearted colleagues.

- We have established and grown new relationships with Aboriginal and Torres Strait Islander organisations. ARDS Aboriginal Corporation and Banatjarl Strongbala Wimun Group became members this year. We have solidified relationships with broader stakeholders working across intersectional issues, including:
    - Aboriginal Medical Services Alliance NT (AMSANT)
    - Northern Australian Aboriginal Justice Agency (NAAJA)
    - Northern Australian Aboriginal Family Legal Service (NAAFLS)
    - Indigenous Australian Lived Experience Centre (IALEC)
    - Gayaa Dhuwi
    - Danila Dilba

- We partnered with the Association for Alcohol And Other Drug Agencies of the Northern Territory (AADANT) to deliver much needed dual diagnosis training across regional centres and remote communities in the NT. This is a small step in in addressing the workforce challenge.

- The NT Mental Health Week Awards highlighted allyship through the award categories and work being done across the Territory.

Allyship has been front of mind in the development of formal policy submissions as we sit at governance, reform and advisory tables. Our team seeks every opportunity to represent our members, their service users and communities to give voice to those who need to be heard. While this comes with political and reputational risks, the need to be forthright and blunt is beyond the steadfast approach we have taken in previous years.

I expect this to continue in the current policy and political environment, with key issues continually escalated to us by members across our sector and not receiving the action it needs. Notably:

- Engagement with Lived Experience and the sector to inform the Bilateral Agreement for Mental Health and Suicide Prevention, expiring 30 June, 2027
- Workforce pressures and short-term contracting continue to impact the continuity of service delivery
- The need to amend and modernise the Mental Health and Related Services Act
- Australians with psychosocial disability finding it extremely challenging to get onto the NDIS, and upcoming legislative amendments cementing this internal practice. This further widens the gap for Territorians with moderate to severe and complex mental health issues who are not having their needs met by the system.

A big **thank you** to our members - you generously offer your insights, advice and case studies through phone calls, emails, face-to-face meetings, submission feedback sessions and every incidental opportunity at sector and stakeholder events. This ensures we accurately and adequately are your mouthpiece where it matters.

Thank you to the board for your incredibly supportive approach to maintaining strong governance and to our team who demonstrate their professionalism, flexibility and ability to see the important, not just the urgent to achieve the most impact with limited resourcing. We have been more intentional in sharing the impact we are making and we measure our success through member and stakeholder feedback, your readiness to renew your membership and presence at our flagship events such as the AGM. We look forward to driving sustained change alongside you in the coming year.

Sincerely,
Geoff Radford
Chief Executive Officer

Organisational Members

In September of 2025, we welcomed the **Bantjarl Strongbala Wimun Group** (Jawoyn Association) to The NT Mental Health Coalition, in the midst of setting up the new Walk In Talk In Space in Katherine. In April 2026, we also welcomed **Aboriginal Resource Development Service (ARDS)** as an Organisational Member. Their core purpose is to increase Yolŋu control of all aspects of Yolŋu life, through equal and genuine access to information, resources and decision-making. Both are valued additions to The Coalition, giving depth to the diversity and footprint of our advocacy voice.

ermha 365

Darwin Community Legal Service

mifant
Supporting Mental Wellness & Recovery

CatholicCare NT

The Salvation Army

MATES 4 MATES

MHACA
Mental Health Association of Central Australia

TEMHCO
Top End Mental Health Consumers Organisation

AnglicareNT

neami national

Relationships Australia · NT

Melaleuca Australia
Everyone belongs

ARDS Aboriginal Corporation
Language Centre - Yolŋu Radio - Community Control

Team Health

Banatjarl
Strongbala Wimun Grup

Katherine West Health Board
Aboriginal Corporation

Laynhapuy Homelands
Aboriginal Corporation

Two Two One
Mental health charity

STANDBY®
Support After Suicide

Re-Empower
Hoops 4 Health
Resilience · Regulate · Healing Centred Sport

Associate Members

the flourish collective

AADANT
Association of Alcohol and Other Drug Agencies NT
Together we make a difference

menzies
School of Health Research

R U OK?
A conversation could change a life.

Charles Darwin University
Australia

RITE 2 RISE

Our 2025/2026 Year in Review

The NT Mental Health Coalition has been involved in numerous activities, consultations and discussions relating to the NT across the year. These included:

Rejoining Community Mental Health Australia·(CMHA)
The Coalition rejoined CMHA, which has opened opportunities to further relationships between The Coalition and the Indigenous Australian Lived Experience Centre, Gayaa Dhuwi (the Social and Emotional Wellbeing peak body), National Mental Health Consumers Alliance and National Mental Healths Carers Australia.

Elected to join the board of Mental Health Australia
Our CEO's election to the board created an opportunity for NT specific representation on national policy and advocacy conversations.

NT Regional Plan for Mental Health and Suicide Prevention
The Coalition is a member of the Implementation Working Group, alongside the Lived Experience Collaborative. This group will have a role in holding the levels of government to account in the implementation of the plan.



L-R: Member for Solomon Luke Gosling, Assistant Minister for Mental Health Emma McBride and NTMHC CEO Geoff Radford

Dual Diagnosis Training
This training package was developed by 360Edge, in partnership with the AADANT. It aimed to create a dialogue for workers in both sectors on the intersections of mental health and AOD and provide them with practical skills to support their communities.

The first round of training was completed in late 2025 across Darwin, Wadeye, Groote Eylandt, Nhulunbuy, Katherine, Tennant Creek and Alice Springs .The second round was delivered in early 2026, with the addition of the Tiwi Islands. Overall feedback from the workshops was extremely positive, with evaluation demonstrating the training was very much needed, suitable for staff working across a range of roles and industries and met or exceeded expectations.



Global Worker Attraction Program

In July 2025, our CEO travelled to Christchurch and Auckland as part of the NT Global Worker Attraction Program delegation. This initiative was led by the Department of Trade, Business and Asian Relations. Alongside colleagues from NTCOSS, NT Shelter and a range of industry peak bodies, the trip successfully raised awareness of the opportunities in the sector across the NT. In preparation for the event, two videos were created, one of which focused on Donna Heller and her experience of moving from New Zealand to the NT.

Supporting headspace activities
Our Sector Engagement Coordinator, Ira, has supported the headspace Darwin, headspace Palmerston and headspace Katherine services by:

- chairing the quarterly headspace Consortiums in their respective regions
- facilitating the annual headspace Strategic Planning Day, where all three services came together to discuss their ideas and plans for the year ahead.

Ira also attended the National headspace Forum, learning from and sharing ideas with others from across the broader headspace network.



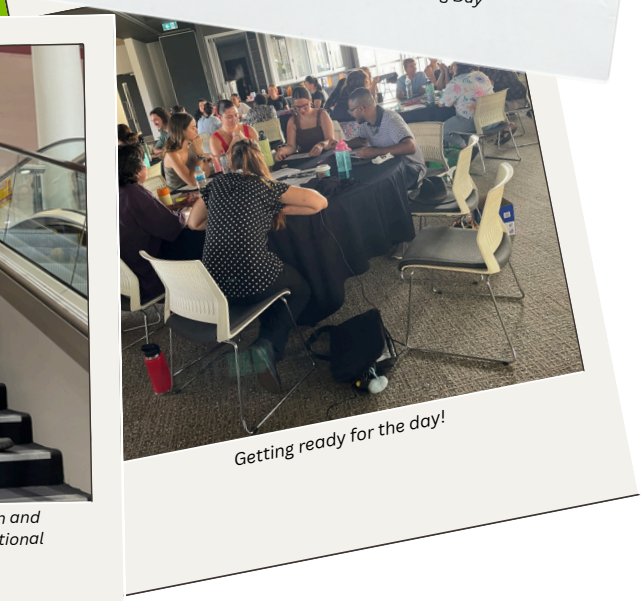
Teams from headspace Darwin, headspace Palmerston and headspace Katherine at the headspace Planning Day



The headspace Palmerston Enhanced Care Team at the headspace Planning Day



headspace Darwin, headspace Palmerston and headspace Katherine delegation at the National headspace Forum



Getting ready for the day!

Connecting with Ministers

The Coalition actively engaged with a number of Ministers, Elected Members and their offices as part of their work. This includes

- Minister McCarthy's Electorate Officers, discussing psychosocial supports in the NT in detail and the intersection with the Remote Jobs and Economic Development programs.
- MLAs Laurie Zio and Oly Carlson, who visited our new office location.
- Member for Nightcliff, Ed Smelt to congratulate him on his new appointment and provide an orientation to the work of the NT Mental Health Coalition, as our office is located in his electorate.
- Member for Johnston, Justine Davis raised a motion on mental health and consulted with The Coalition and NT Lived Experience Network on the draft wording.
- Member for Fong Lim, Dr Tanzil Rahman and Chief Minister Lia Finnochiaro.
- Numerous engagements with the Member for Solomon, Luke Gosling in Darwin and Canberra.





Submissions

During this period, the NT Mental Health Coalition contributed written submissions relating to a series of policy reforms, including:

- Fair Work Commission's review of the SCHADS Award
- National Lung Cancer Screening Program for Priority Populations
- Disability Discrimination Act Review
- Early Childhood Alliance on Foundational Supports
- HumanAbility Workforce Plan
- National Psychosocial Supports
- MHA Psychosocial Network - Next Steps on Addressing Unmet Need
- Productivity Commission Review on the Bilateral Agreement
- ISACNT Consultation: Labour Market Report
- Consultation and submission on the NT Workforce Development strategy
- Contribution to NTCOSS SCHADS Submission
- NT and Commonwealth Pre-Budget Submission
- Integrity and Ethics Commissioner Bill 2025
- PHN Review of Primary Health Networks

The Coalition's submissions can be read in full on our website.



Senate Committee inquiring into Australia's youth justice and incarceration system

Alongside colleagues from NTCOSS and AADANT, The Coalition presented evidence to the Senate Committee in relation to the intersection of the youth justice system and mental health.

The Coalition's opening statement can be viewed here.





Additional consultations, advocacy and engagements include:

- Centre of Excellence Regional and Remote Essential Care Services - Industry Advisory Group
- The NT Prevention Alliance
- The AADANT Conference, where our CEO co-presented on the Dual Diagnosis training with the CEO of AADANT. Lachlan also spoke in one of the panel discussions related to Lived Experience.
- National Mental Health Workforce Sector Advisory Group
- AMSANT Social and Emotional Wellbeing Forum
- CDU MHAOD Expert Advisory Group
- Disability Rights Network Meeting
- Mental Illness Fellowship of Australia NT Advocacy and Schizophrenia Awareness Week Events
- The Gayaa Dhuwi Conference

Sustainability



New Office Space

In February of 2026, The Coalition relocated to a bigger premises within the Nightcliff Community Centre. As our team had grown in size with the addition of the Lived Experience Collaborative, more space became a requirement.

In April, we welcomed the NT Lived Experience Network team into our new location, co-locating whilst they entered a period of transition.

Funding Sources

During this period, the following grants contributed to the organisation's funding and operations:

- Mental Health NT Website grant (NTPHN)
- Katherine Community of Practice (NTPHN)
- Lived Experience Collaborative Project (NTPHN)
- ACDC Project (CMHA)
- NT Mental Health Week (PHN)

Child Safe Organisations

The Assisting Communities through Direct Connection (ACDC) contract with CMHA prompted an organisational review against the National Principles for Child Safe Organisations. Two staff members independently completed the Self Assessment Tool created by the Australian Human Rights Commission. The results recommended that the organisation not pursue formal accreditation, but instead commit to a bi-annual review.

Although the organisation is not engaged in direct service delivery and has limited contact with children, we recognised that contact may occur on occasions, such as:

- Visiting member organisations
- Attending activities delivered by member organisations (e.g. Anglicare NT's Couch Surfing)

Measures to enhance child safety relating to recruitment processes included:

- Mandate all staff to hold a current Ochre Card and must proactively renew.
- Questions relating to child safety have been added to interview questions during recruitment
- Staff induction training updated to include NAPCAN Child Safety workshop(s)

Accreditation - Australian Service Excellence Standards (ASES)

The Coalition is undertaking accreditation against the ASES in collaboration with AADANT. The intention is to demonstrate a visible commitment to quality and continuous improvement to our members, stakeholders and funders. It will also reflect accreditation expectations placed on our member organisations.

This work was led by Dr Jenny Summerville, who was contracted to AADANT and The Coalition.

As policies and operations for both peaks are similar, it reduced duplication and allowed for a mutual sharing of information. This process will be completed by the end of 2026.

Lived Experience Collaborative

The Collaborative is an independent, collaborative network that brings together lived/living experience people to support each other and bring systemic change. Unlike a single peak body, the Collaborative creates an alliance of diverse, geographically distributed voices and organisations who work together towards shared goals, to reflect the uniqueness of the NT, and makes sure that regional, remote and diverse communities are included.

Tayla McKechnie commenced as the Program Manager and Lachlan Rowe commenced as the Peer Advocate and Facilitator in July, 2025. Upon Tayla's departure in February 2026, Bella Kotlar stepped into the Program Manager role.

The Collaborative achieved strong progress against its objectives during this period. It has established governance structures, strengthened relationships across the mental health, alcohol and other drugs, disability, homelessness, youth, research and community sectors, and created practical resources and workshops to support lived experience advocacy, governance participation and organisational readiness.

To support further funding, The Coalition engaged Dr Noemi Tari-Keresztes of Flinders University to undertake a formal evaluation and produce a report on their work. This aimed to increase the fidelity of the findings and align with the existing evaluations undertaken on the work of the NTLEN and Peer-led Projects in the NT.



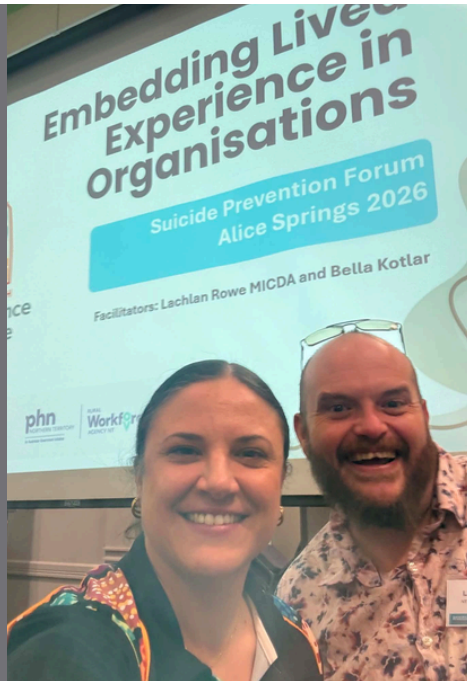
L-R: Lachlan, Ira, Claire, Geoff and Tayla.


Lived Experience Collaborative Planning with Bella, Lachlan and Geoff

Assisting Communities through Direct Connection (ACDC)
Early findings have been extremely promising and describe psychosocial supports for a cohort largely unrepresented in other ACDC projects nationally. The yarning-workshop style consultation occurred with Aboriginal and Torres Strait Islander participants experiencing a cross section of homelessness, mental health, disability, AOD, gambling and other challenges in the Katherine region.

Additional Achievements

- Engaged more than 112 individual stakeholders across the NT and nationally, exceeding the original stakeholder plan.
- Maintained strong Advisory Group participation, with five meetings held and quorum achieved at each meeting.
- Created a valued Expert Group space for lived experience advice, connection, co-design and resource development.
- Held the first joint Advisory Group and Expert Group meeting, with strong support for a combined governance model in the next phase.
- Developed and piloted advocacy, governance and organisational capacity-building workshops for lived experience individuals, groups and service providers.
- Created practical resources including lived experience definitions, organisational support mechanisms, a policy bank and workshop materials.
- Built an evidence base through evaluation, survey feedback, meeting data, interviews, activity reflection and stakeholder engagement records.
- Developed resources to support dual diagnosis work



NTMHC and the Media

The Coalition are frequently asked to contribute commentary on relevant topics relating to the community mental health sector.



Get Real: Talking Mental Health and Disability - ermha365
Our CEO was invited to take part in a podcast episode, hosted by Emily Webb and the CEO of ermha365, Karenza Louis Smith. The 40 minute episode explored the NT context, mental health service delivery, workforce shortages, and the intersections of lived experience, NDIS and the justice system.

"That relational piece of therapeutic work is the most important part… the therapy is in the relationship."

Safer Communities Statement on OC Spray

The Coalition was invited to sign onto the Safer Communities Statement on OC Spray and provide a direct quote on the topic. A number of members and community stakeholders were also signatories to the letter. The Coalition provided the following statement:

"To be mentally well you must be physically safe, have food to eat, a safe place to sleep, healthy relationships where you're not at risk and a sense of belonging in your community. Arming the public will not make us safer. Real safety comes from investing in community-led healing and mental health care. Without this we are deepening harm, not reducing it and it will have ongoing effects for Territory children."

Medicare Mental Health Centre in Alice Springs

"The Coalition hopes the new Alice Springs Centre translates to more mental health Peer Workers trained in the Red Centre. "The evidence is really clear that Peer Workers – persons who have a lived experience of mental health and qualification as a Mental Health Peer Worker – are well placed to provide support people on their journey of recovery and help others to navigate the system,".

"We've been calling out for more resources to support people at the early stages, when they start to feel unwell. A culturally safe service reduces the stigma and anxiety in reaching out for help. "There is not enough resourcing to provide care across vast, isolated regions."



"The Territory government is not thinking forward and projecting significant investment in our sector for future years, which means that gap is only going to grow."

CEO, NT Mental Health Coalition on the 2026/27 Budget

Marketing and Communications



L-R: Geoff, Claire and Ira

In January 2026, our Health Promotion and Communications Officer, Claire Williams, finished up with the NT Mental Health Coalition. She was due to commence her third year of the NT Medical Program, undertaking placement at Alice Springs Hospital. Claire was a valued member of the NT Mental Health Coalition team and we wish her all the best on the next stage of her journey.

Following Claire's departure, Ira took on some of the marketing and communications responsibilities, with a view of building The Coalition's public profile, brand and reputation. As part of this process, The Coalition took steps towards improving external communication pathways.

Newsletters

We refined the design of our newsletter communications to improve readability. Newsletters are now also sent fortnightly to accomodate for a steady stream of information sharing.

46 mail campaigns were delivered to our members, including **16** newsletters.

Development of a new website

After a review of the organisation's ICT support needs, we migrated from Area9 to Ategra. As part of this process, we also reviewed our website operations and decided that our current site was no longer fit for purpose. Through recommendations and support from our new IT provider, a new website was designed and launched, allowing us to improve our online presence, accessibility and engagement with our members and broader community.

Social Media

The Coalition's current social media focused largely around Facebook. We have created a new YouTube channel, allowing us to host existing video content and showcase new videos, such as the spotlights of our member organisations.

In April 2026, we created a new presence on LinkedIn. This has increased our visibility, enhanced our information sharing capacity and allows us to contribute to meaningful discussions relating to the sector in real time.

MENTAL HEALTH NT

Mental Health NT is a resource designed to support people in locating community mental health and wellbeing supports across different regions of the NT. The Coalition worked on updating the website and improving accessibility, which was completed in January, 2026.

The management of the website has been officially handed back to the NTPHN. The Coalition continues to provide relevant content as capacity allows.



2025 NT Mental Health Week

The theme for 2025 was "Take a Little Step" which was selected and developed in collaboration with the NT Lived Experience Collaborative.

The theme highlighted how small actions can significantly enhance mental health and wellbeing, using examples such as taking a walk, making a special meal, or chatting with a friend. Additionally, 'Take A Little Step' emphasised the value of lived and living experiences and encouraged small steps to inclusion of lived experience voices.

As part of NT Mental Health Week, mini-grants were auspiced on behalf of the NTPHN, which saw 17 applications received. The funded activities were spread across the NT and helped support the messaging of 'Take a Little Step' in their respective communities. These activities were collated into a publicly available calendar and also disseminated to our members.

TAKE A little STEP

NT Mental Health Week 2025
11 – 19 October, 2025



897 people attended NT Mental Health Week activities across the NT in 2025

Activities for 2025 NT Mental Health Week included:

- Step into Respect - Mental Health and DV Awareness *(Tiwi Islands - Darwin Youth Services)*
- Lift the Lid on Mental Illness Walk *(Rotary Club of Litchfield/Palmerston)*
- Take a Little Step...With a Furry Friend *(CDU)*
- 2025 Mental Health Week Seminar *(Menzies)*
- Take a Step Together – A Path to Celebrate Our Strength *(TEMHCO and STEPS)*
- Origami for Wellbeing
- Little Steps Fest *(Katherine)*
- Paint It Together *(MIFANT)*
- Time Out *(Playgroup NT)*
- Wellbeing Lunch *(Alawa Primary)*
- Little Steps Toward Growing Stronger *(NT Lived Experience Network)*
- One Reel Step At A Time *(headspace Katherine)*

2025 NT Mental Health Week Awards

The NT Mental Health Week Awards were held on the 8th of October, 2025 at Parliament House, hosted by the Minister for Health, Steve Edgington MLA.



The event celebrated the dedication, achievements and collaborative spirit of the community mental health sector, recognising the people and initiatives making a meaningful difference in the lives of others. The award categories included:

- **Leadership in Lived Experience**
- **Aboriginal Social and Emotional Wellbeing**
- **Innovation in Practice and Workforce Development**
- **Integration and Collaborative Practice**

Our 2025 NT Mental Health Week Award winners were:



Leadership in Lived Experience
Winner: Roslyn Havard

Residing in Alice Springs, Roz is a dedicated advocate with a commitment to ensuring high-quality service delivery for people impacted by mental illness. Her profound interest lies in mental health policy and legislation, reflecting her dedication to advocating for robust frameworks in the field.



Aboriginal Social and Emotional Wellbeing
Winner: Mamulbak

Mamulbak is an organisation that embodies strength, culture and community leadership. Based in Nauiyu (Daly River), Mamulbak has been formally evaluated, having created culturally grounded, community-led programs that bring people together for healing, connection and empowerment.



Innovation in Practice and Workforce Development
Winner: Darwin Medicare Mental Health Centre

The Centre introduced integrated Dialectical Behaviour Therapy and Radically Open Dialectical Behaviour Therapy programs. These evidence-based approaches support people with complex trauma, mood disorders, and interpersonal difficulties, helping them build meaningful connections and healthier lives.



Integration and Collaborative Practice
Winner: Peer Voices and Research Partnership: Together for Personal Recovery in the Northern Territory (NT Lived Experience Network and Flinders University)

Since 2019, Noelene Armstrong and researchers led by Dr Noemi Tari-Keresztes have worked side by side to introduce and evaluate peer recovery models that amplify lived experience voices, improve personal recovery, and strengthen services across Darwin, Katherine and Alice Springs.

Northern Territory Mental Health Coalition Incorporated
ABN 85 394 277 399

Special Purpose Financial Report
For the year ended 30 June 2026

Northern Territory Mental Health Coalition Incorporated
Members of the Committee's Report
30 June 2026

The Members of the Committee present their report, together with the financial statements, on the incorporated association for the year ended 30 June 2026.

Members of the Committee
The following persons were Members of the Committee of the incorporated association during the whole of the financial year and up to the date of this report, unless otherwise stated:

Chairperson	Rachael Bowker
Deputy Chairperson	Julia Wormer (resigned 28/01/26). Appointed to casual vacancy 13/04/26
Treasurer	Pam Marwood
Secretary & Public Officer	Paul Royce
Committee Member	Nicole Pietsch
Committee Member	Nathalia Perez Alfonso
Committee Member	Karen McGlashan
Co-opted Member	Anthony Ah Kit

Principal Activities
The activity of the incorporated association include but not limited to:
1. Promote and influence the development of the non-government mental health sector;
2. Represent the interests of NT non-government organisations at local, state/territory and federal levels;
3. Develop and implement strategies to raise community awareness and reduce stigma.

Significant changes
No significant change in the nature of these activities occurred during the year.

Performance for the year
The surplus from ordinary activities amounted to $41,275 (2025: Surplus $53,141).

Matters subsequent to reporting date
No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association, the results of those operations, or the state of affairs of the association in future financial years.

Signed in accordance with the resolution of the Members of the Committee:

RB

Rachael Bowker
Chair
29/09/2026

P. Marwood.
29/9/26

Northern Territory Mental Health Coalition Incorporated
Special Purpose Financial Report
30 June 2026

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General information

The financial report covers Northern Territory Mental Health Coalition Incorporated as an individual entity. The financial report is presented in Australian dollars, which is Northern Territory Mental Health Coalition Incorporated's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the Members of the Committee declaration.

The financial report was authorized for issue on 02 September 2026

Northern Territory Mental Health Coalition Incorporated
Income and expenditure and other comprehensive income
For the year ended 30 June 2026

	2026	2025
	$	$
Income		
Project Income	38,370	-
Grant Income	722,022	406,936
Phn Website Income	-	63,000
Membership Fees	550	13,300
Other Income	22,452	18,749
Total Income	**783,394**	**501,985**
Expenses		
Accounting and Audit	31,001	22,932
Advertising	979	13,970
Bad Debts	2,021	2,800
Bank Charges	170	44
Computer Expenses	8,948	8,077
Consultancy	91,714	14,725
Depreciation	6,415	5,827
Licenses and Permits	-	168
FBT	4,403	-
Health and Safety	77	256
Insurance	8,235	8,160
Legal Fees	-	343
Meeting Expenses	7,905	1,495
Membership Fees Paid	1,223	273
Mental Health Week Costs	10,659	10,000
Motor Vehicle Expense	5,437	3,256
Office Admin	4,461	-
Payroll Expense	494,347	312,710
Printing and Stationery	6,502	4,298
Rent/Venue Hire	9,435	6,774
Repairs and Maintenance	1,878	1,229
Staff Amenities	3,417	1,051
Staff Training	10,072	11,654
Subscriptions and Memberships	6,606	2,865
Telephone Fax and Internet	4,701	2,219
Travel and Accommodation	19,815	12,715
Utilities	1,698	1,006
Total Expense	**742,119**	**448,844**
Total comprehensive income for the year	**41,275**	**53,141**

The statement of financials should be read in conjunction with the notes to the financial statements.

Northern Territory Mental Health Coalition Incorporated

Statement of Financial Position
As at 30 June 2026

	Note	2026 $	2025 $
Assets			
Current Assets			
Cash and cash equivalents	2	700,427	489,332
Accounts Receivable		-	23,139
ATO Integrated account		(23,990)	(6,952)
Accrued Revenue		-	9,974
Prepaid Insurance		10,984	-
Total current assets		**687,421**	**515,493**
Non-current assets			
Property, plant and equipment	3	14,319	16,220
Total non-current assets		**14,319**	**16,220**
Total assets		**701,739**	**531,713**
Liabilities			
Current liabilities			
Accounts Payable		22,477	16,241
Accrued Expense		11,585	14,210
Unexpended Funds		181,818	84,738
Provision for Annual Leave		38,890	22,634
Provision for Sick leave		9,329	9,403
Superannuation Payable		14,321	7,828
Total current liabilities		**278,420**	**155,054**
Non-current liabilities			
Provision for LSL		10,839	5,455
Total Non-current liabilities		**10,839**	**5,455**
Total liabilities		**289,259**	**160,509**
Net assets		**412,480**	**371,204**
Equity			
Current Year Earnings		41,275	53,141
Retained Surplus		371,204	318,063
Total equity		**412,480**	**371,204**

The statement of financials should be read in conjunction with the notes to the financial statements.

Note 1. Statement of significant Accounting Policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted
The incorporated association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the incorporated association for the annual reporting period ended 30 June 2026. The incorporated association has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

Basis of preparation
In the Members of the Committee's opinion, the incorporated association is not a reporting entity because there are no users dependent on general purpose financial statements.

These are special purpose financial statements that have been prepared for the purposes of complying with the *Northern Territory Associations Act,* and the *Australian Charities and Not-for-Profits Commission Act 2012* and associated regulations. The Members of the Committee have determined that the accounting policies adopted are appropriate to meet the needs of the members of Northern Territory Mental Health Coalition Incorporated.

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of AASB 101 'Presentation of Financial Statements', AASB 108 'Accounting Policies, Changes in Accounting Estimates and Errors' and AASB 1048 'Interpretation and Application of Standards', as appropriate for not-for-profit oriented entities. These financial statements do not conform with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

Historical cost convention
The financial statements have been prepared under the historical cost convention.

Revenue recognition
Revenue is recognized when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Interest
Interest revenue is recognized as interest accrues using the effective interest method. This is a method of calculating the amortized cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue
Other revenue is recognized when it is received or when the right to receive payment is established.

Income tax
The Association is exempt from tax as per subsection 50-5 of the Income Tax Assessment Act 1997, as amended.

Note 1. Significant accounting policies (continued)

Property, Plant and Equipment

Plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives.

The residual values, useful lives and depreciation methods are reviewed and adjusted if appropriate at each reporting date.

An item of property, plant and equipment is derecognized upon disposal or when there is no future economic benefit to the Association. Gains and losses between carrying value amount and the disposal proceeds are taken to profit and loss.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on the current and non-current classification.

An asset is current when: it is expected to be realized or intended to be sold or consumed in the normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realized within twelve months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-- current.

A liability is current when: it is expected to be settled in the normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classified as non-current

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, other short- term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Other receivables

Other receivables are recognized at amortized cost, less any provision for impairment.

Other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due 'to their short-term nature they are measured at amortized cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Note 1. Significant accounting policies (continued)

Employee benefits

Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognized in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incur.

Note 2. Cash and Cash Equivalents

	2026 $	2025 $
Bendigo Debit Card Acc 1202	4,207	4,405
Bendigo Main Account 08438	416,272	216,206
Term Deposit Account #7825	226,594	218,720
Term Deposit Account #8059	53,355	50,000
	700,427	**489,332**

Note 3. Property, Plant and Equipment

	2026 $	2025 $
Motor Vehicle at Cost	24,910	24,910
Less: Accumulated Depreciation	(15,168)	(12,054)
Office Equipment at Cost	12,248	7,735
Less: Accumulated Depreciation	(7,672)	(4,370)
	14,319	**16,220**

Note 4. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2026.

Note 5. Events after the reporting period

No matter or circumstance has arisen since 30 June 2026 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial year

Northern Territory Mental Health Coalition Incorporated

Declaration by Members of Committee

In the members of the Committee's opinion:

- The incorporated association is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purposes of complying with the *NT Associations Act,* and the *Australian Charities and Not-for-Profits Commission Act 2012* and associated regulations;
- The attached financial statements and notes thereto comply with the Accounting Standards as described in note 1 to the financial statements;
- The attached financial statements and notes thereto present fairly the incorporated association's financial position as at 30 June 2026 and of its performance for the financial year ended on that date; and
- There are reasonable grounds to believe that the incorporated association will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

Rachael Bowker - 29/9/2026

P. Marwood 29/9/26.

Darwin

SAMAF GROUP PTY LTD
trading as
SAMAF CONSULTANTS

Shop 3/2 Harriet Place
Darwin NT 0800
Australia
ABN: 76 641 389 399

Independent Audit Report to the members of Northern Territory Mental Health Coalition Incorporated

Scope of Audit

We have audited the attached special purpose financial report of Northern Territory Mental Health Coalition Incorporated for the year ended 30 June 2026 as set out on pages 3 to 8.

The Management Committee is responsible for the preparation and presentation of the financial report and the information it contains and has determined that the accounting policies used and described in note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Constitution and are appropriate to meet the needs of the members.

We have also conducted an independent audit of the financial report in order to express an opinion to the members of the Association on their preparation and presentation. No opinion is expressed as to whether the accounting policies used, and described in note 1, is appropriate to the needs of the members.

The financial report has been prepared for distribution to members and to satisfy the reporting requirements of the Associations Constitution. We disclaim any assumption of responsibility for reliance on this audit report or the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

The audit has been conducted in accordance with Australian Auditing Standards. The procedures included examination on a test basis, of evidence supporting the amounts and other disclosures in the financial report and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in note 1 so as to present a view consistent with our understanding of the financial position and performance of Northern Territory Mental Health Coalition Incorporated as represented by the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion the financial report presents fairly the financial position of Northern Territory Mental Health Coalition Incorporated and the results of its operations at 30 June 2026 in accordance with Australian Accounting Standards.

Takunda Chiduku CA
Darwin, Northern Territory
25 September 2026

Liability limited by a scheme approved under Professional Standards Legislation.

NORTHERN TERRITORY MENTAL HEALTH COALITION

2024 - 2029 Strategic Plan

LEADERSHIP, ADVOCACY & INFLUENCE

Collaborate with stakeholders, cultivate reputation and strategically impact reform

Strategically escalate our presence nationally to impact national mental health reform agenda around Territory needs.

Maintain a high profile and presence with Territory decision makers.

Work collaboratively with members, stakeholders, Aboriginal Community Controlled Organisations, and peak bodies to forward our mutual aims.

Cultivate our reputation for reliability and expert knowledge.

Grow and sustain an engaged membership for greater advocacy influence, elevated organisational profile, and future collaboration potential.

SUPPORTING OUR MEMBERS AND THE SECTOR

Drive workforce development, facilitate consultations and support emergent sector needs

Initiate and support workforce development & sustainability initiatives.

Information provision on pathways to quality improvement and best practice.

Multiple consultation forums for member input on advocacy and system change.

Become a Territory sector 'go-to' organisation for up-to-date resources and industry information on best practice and recovery-oriented service delivery in the Territory.

AMPLIFY THE VOICE OF LIVED EXPERIENCE

Elevate Lived Experience voices in mental health reform through capacity building

Be led by people with Lived Experience in our advocacy for mental health sector reform.

Support the establishment and stated aims of a Lived Experience peak body in the Territory.

Create mechanisms and platforms from people with Lived Experience to provide participation and feedback on the work of the Coalition and broader sector.

Elevate Lived Experience voices in all anti-stigma and help seeking messaging.

ACTIVELY CONTRIBUTE TO CLOSING THE GAP

Build relationships, promote and advocate for culturally responsive workforce development

Support priorities of the Aboriginal Medical Services Alliance Northern Territory peak body and Aboriginal Peak Organisations Northern Territory to advance mental health and wellbeing and address social determinants across the Territory.

Actively participate in elevating the crucial role of cultural safety in the delivery of mental health and wellbeing supports.

Provide information and education pathways for expansion of knowledge and understandings in Aboriginal and Torres Strait Islander social and emotional wellbeing and trauma informed practice.

Advocate for, and support initiatives that develop culturally meaningful training and employment for Aboriginal and Torres Strait Islander people in regional and remote communities seeking participation in the wellbeing workforce.

SUSTAINABILITY

Secure diverse funding, foster high performing team culture and enhance advocacy through governance

Grow and diversify funding for long term sustainability and strategic flexibility.

Maintain an internal culture as a preferred employer with the ability to attract, recruit and retain high quality employees.

Embrace diversity, and embed a well-supported and rewarding team culture that builds capability, cohesiveness, and workplace wellbeing.

Continue to centralise ourselves as the key informant to an effective, coordinated response to mental health and suicide prevention in the NT.

Maintain a high performing board through effective capacity building and succession planning.

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2026 Annual Report designed by Ira Racines.