Mental Health Services

Psychological Therapies in Residential Aged Care
Psychological Therapies for Underserviced and Hard-to-Reach Populations
Trauma Informed Recovery Service
Community Services and Private Practice including NDIS Services

ChangeFutures

Heal the Past · Live in the Present · Change the Future

Contents

Introduction

Welcome to the Annual Outcomes Report for the 2024–2025 period. This year has been one of consolidation and renewal at Change Futures. Following a decade of growth and innovation, our focus has turned to strengthening the foundations that support sustainable service delivery, workforce wellbeing, and long-term impact for the communities we serve.

Across aged care, private practice, and community programs, the demand for responsive, high-quality mental health services has continued to grow. We have worked to meet this need by refining our systems, supporting practitioner development, and embedding new approaches that ensure our services remain both accessible and effective.

This year also saw the launch of the **Trauma Recovery Program (TRP) in Brisbane South**, a pilot that extends our capacity to deliver trauma-informed care for people with complex needs. Introduced within the framework of our existing programs, TRP reflects our focus on practical innovation: meeting community demand while strengthening the supports available to practitioners working in this challenging space.

At a time when the broader sector faces uncertainty, from workforce shortages to shifting policy settings, Change Futures has continued to adapt. We have invested in new technologies and reporting systems, strengthened training and supervision pathways, and trialled new service models that respond to the realities faced by clients, practitioners, and partner organisations alike.

Our commitment to quality over volume remains central. By prioritising practitioner support, evidence-based practice, and collaboration with funders and community stakeholders, we are building the conditions for sustainable growth while ensuring that every client interaction is grounded in compassion, respect, and clinical excellence.

This report reflects the outcomes of these efforts: improved access for clients, stronger workforce capability, and deeper engagement across our programs. It also highlights the challenges that shape our context and the opportunities that lie ahead as we continue to align our work with community needs and sector priorities.

We are grateful to our staff, funders, community partners, and to all who place their trust in Change Futures. Your commitment makes this work possible, and together we remain focused on providing quality, evidence-based services that support people to feel understood, valued, and empowered.

Impact Spotlight 2024–2025

Practitioners and Workforce

- 21 provisional psychologists and graduates trained and supervised
- 22 social workers and mental health clinicians trained and supervised
- 56+ allied health staff engaged in professional development
- Expanded supervision and credentialing systems supporting retention

Reach and Growth

- Services delivered across five PHN regions in Queensland and NSW
- Supporting aged care residents, adults, young people, and First Nations communities
- Partnerships strengthened with funders, health providers, and community organisations
- Ongoing focus on program sustainability and practitioner support

Innovation and Systems

- **Trauma Recovery Program:** Pilot launched in Brisbane South, delivering trauma-informed care for clients with complex needs.
- **Secure systems:** A new secure messaging platform and online referral form ensure sensitive information can be shared safely, even when secure channels aren't available for senders or recipients.
- **Reporting and quality:** Ongoing reporting development is providing stronger visibility of case management activities, supporting compliance with MDS requirements and driving improvements in the quality of care.
- **Practitioner support tools:** Heidi Health introduced to reduce admin load and improve clinical note quality; Scribe rolling out as a central, searchable guide for internal processes.

Clients and Communities

110+ residential aged care homes received staff psychoeducation

1,900+ participations in residential aged care home staff psychoeducation

19 Resident Advisory Groups conducted to shape program delivery

11 types of clinical assessments demonstrated measurable improvements

150+ people under 18 received vital mental health support

29,657	5,483	223	80	43
Sessions Delivered	People Supported	Residential Aged Care Homes	Allied Health Practitioners	Clinicians in Training

Program Activity Overview

This year's data highlights the scale and diversity of Change Futures' work, reflecting our commitment to making quality mental health support accessible across communities. In 2024–2025, our programs supported **5,483 individuals**, underscoring the continued demand for responsive, high-quality services.

Across all programs, our practitioners delivered:

- **29,657** individual psychology sessions
- **170** group sessions, attended by **606** participants
- Services in **305** locations, tailored to regional needs
- **223** psychoeducation sessions, attended by **1,935** aged care staff and community members

Regional Service Distribution

Our regional reach continues to expand, ensuring communities across Queensland and Northern NSW receive timely and effective mental health support. Program activity by region is summarised below:

| Region	Programs	Service Contacts	Locations	Psychoed. Sessions	Psychoed. Participants
Sunshine Coast QLD	NDIS & Private Practice Psychology Support Program	2,666	6 Locations	-	-
Brisbane North QLD	ATSICHS Mylestones NDIS & Private Practice Psychology in Aged Care Psychology Support Program	5,811	93 RACHs 5 Locations	91	607
Brisbane South QLD	ATSICHS Mylestones NDIS & Private Practice Psychology in Aged Care Psychology Support Program Trauma Recovery Program (Pilot)	13,186	86 RACHs 5 Locations	49	414
Gold Coast QLD	ATSICHS Mylestones NDIS & Private Practice Psychology in Aged Care Psychology Support Program	4,245	59 RACHs 6 Locations	58	653
North Coast NSW	ATSICHS Mylestones NDIS & Private Practice Psychology in Aged Care Psychology Support Program	4,159	40 RACHs 5 Locations	25	261
Activity Totals		**30,067**	**305**	**223**	**1,935**

Psychology in Aged Care (PAC) Wellbeing Program

The PAC Wellbeing Program has been a cornerstone of Change Futures since 2015, created to address the critical gap in psychological support for older people in residential aged care. What began as a volunteer initiative has grown into a funded, evidence-based program now delivered across 260+ residential aged care homes in four PHN regions.

PAC offers a comprehensive model of care, integrating:

- **Individual Therapy** – face-to-face support addressing residents' unique psychological needs
- **Group Programs** – facilitated sessions fostering connection and resilience
- **Psychoeducation for Staff** – 13 topics equipping aged care staff to better support residents
- **Psychoeducation for Residents** – tailored group sessions
- **Resident Advisory Groups** – ensuring resident voices shape program design and delivery
- **Peer Network Meetings** – strengthening collaboration and shared learning across providers

The program is underpinned by continuous evaluation and research, including studies on clinical risk assessment and the effectiveness of psychoeducation. Findings from these projects guide service improvements and contribute to broader sector knowledge.

As PAC approaches its tenth year, its maturity and strong partnerships provide a solid foundation for the future. With an ongoing focus on practitioner capability, collaboration, and evidence-based practice, PAC continues to improve the mental health and quality of life of aged care residents across our regions.
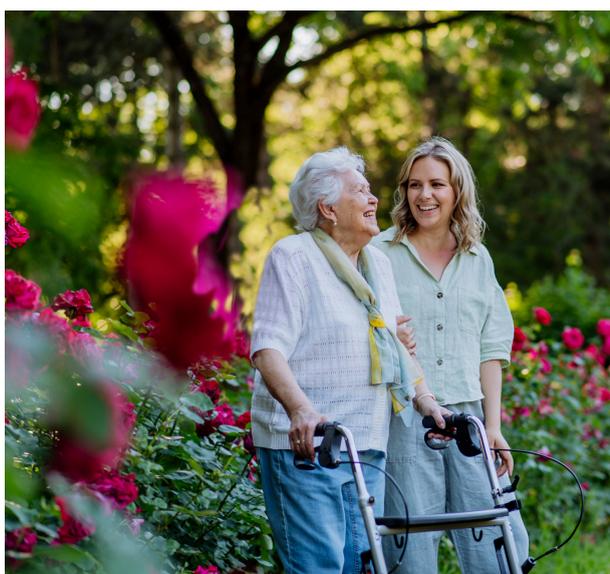
🌿 **Impact Snapshot**

- **3,100+ aged care residents supported**
- **17,300+ individual therapy sessions**
- **126 group programs across homes**
- **261 residential aged care homes (RACH)**
- **223 RACH staff psychoeducation sessions**
- **12 RACH staff psychoeducation topics**
- **1,935 RACH staff participations**
- **19 Resident Advisory Groups**
- **30 Peer Network or Community Meetings**

Presenting Issues Overview

The presenting issues data provides a window into the mental health challenges experienced by residents in aged care. It highlights both the common transitions of adjustment and mood-related concerns, as well as the broader social and emotional difficulties residents face. These insights are central to shaping the tailored, evidence-based support delivered through the PAC Wellbeing Program.

Primary & Secondary Presenting Issues in the PAC Wellbeing Program

Primary Issues	Proportion	Secondary Issues	Proportion
Adjustment	48.2%	Adjustment	22.5%
Anxiety & Depression	15.8%	Anxiety & Depression	17.0%
Depression	8.7%	Depression	14.9%
Grief	7.6%	Loneliness	13.4%
Anxiety	7.1%	Interpersonal	8.9%
Interpersonal	3.6%	Grief	7.1%
Loneliness	3.1%	Anxiety	6.3%
Trauma	2.9%	Existential	4.3%
Behavioural	1.3%	Trauma	3.5%
Existential	1.3%	Behavioural	1.7%
Addiction	0.4%	Addiction	0.4%

Key Insights

Adjustment challenges remain the most common presenting issue, making up nearly half of all primary concerns (48.2%) and over one in five secondary issues (22.5%). This reflects the ongoing psychological impact of entering residential care, including changes in independence, health, and social environment.

Anxiety, depression, and combined anxiety–depression presentations continue to feature strongly, with significant overlap across primary and secondary issues. These patterns highlight the importance of integrated therapeutic approaches that address both mood disturbances and the broader context of residents' wellbeing.

Grief, loneliness, and interpersonal difficulties further illustrate the profound impact of loss, shifting relationships, and social isolation within aged care communities. While smaller in proportion, issues such as trauma, behavioural concerns, and existential distress demonstrate the diverse and complex range of challenges faced by residents, reinforcing the need for flexible, person-centred care.

🌿**Top 6 (combined primary and secondary presenting issues)**

1. **Adjustment**
2. **Anxiety & Depression**
3. **Depression**
4. **Loneliness**
5. **Grief**
6. **Anxiety**

Outcome Measures

Outcome measures are central to understanding and improving clients' psychological well-being. They guide interventions, support tailored care, and provide reliable insights for evaluating the effectiveness of our programs.

Kessler Psychological Distress Scale (K5)

The K5 (Kessler et al., 2002) was originally developed to measure psychological distress among Aboriginal and Torres Strait Islander peoples, but has also been applied more broadly. Last financial year, Change Futures used the K5 with all older adults. In 2024–25, we transitioned to the K10+ for older adults while retaining the K5 for Aboriginal and Torres Strait Islander clients. Because of this transition period, this year's dataset includes roughly equal sample sizes for both measures.

Kessler Psychological Distress Scale (K10+)

The K10+ (Kessler et al., 2002) is a widely used 10-item tool that captures levels of non-specific psychological distress over the past four weeks. It is administered at intake and review points, helping to track symptom change over time and inform both individual care and program evaluation.

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 (Kroenke et al., 2001) is a validated tool for assessing and monitoring depressive symptoms. Widely used across primary care and aged care settings, it provides reliable insights into the severity of depression and supports tailored, evidence-based interventions.

Geriatric Anxiety Scale-10 (GAS-10)

The GAS-10 (Segal et al., 2010) is a brief, reliable measure designed to assess anxiety in older adults. Its shorter length makes it particularly practical for use in aged care, ensuring accurate assessment while minimising the burden on residents.

Brief Adjustment Scale-6 (BASE-6)

The BASE-6 (Cruz et al., 2019) provides a concise assessment of psychological adjustment. It helps identify barriers to coping with significant life changes, supporting practitioners to tailor strategies that strengthen residents' capacity to adapt.

By using the K5, K10+, PHQ-9, GAS-10, and BASE-6, Change Futures practitioners apply a comprehensive set of outcome measures to guide care. These tools help track progress, support clinical decision-making, and ensure services respond to the needs of each client.

The following pages present results from these measures, showing how they are applied in practice and the impact of our programs on psychological health.

Aggregated Results Summary

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
K5	M = 11.96 (SD = 4.40)	M = 9.50 (SD = 3.74)	$t(1269) = 20.10$	$p < .05$
K10+	M = 21.90 (SD = 8.18)	M = 18.33 (SD = 7.24)	$t(696) = 24.60$	$p < .05$
PHQ-9	M = 6.97 (SD = 5.35)	M = 4.91 (SD = 4.40)	$t(1055) = 11.61$	$p < .05$
GAS-10	M = 8.89 (SD = 5.09)	M = 6.84 (SD = 4.35)	$t(1376) = 15.93$	$p < .05$
BASE-6	M = 17.64 (SD = 8.22)	M = 14.19 (SD = 7.43)	$t(283) = 9.63$	$p < .05$

The results above present the aggregated outcomes from the PAC Wellbeing Program across all regions for the 2024–25 period. Each measure shows a statistically significant improvement from intake to final test point, reinforcing the program's effectiveness in supporting the mental health and wellbeing of aged care residents.

Key Insights

- **Psychological Distress (K5):** Mean scores decreased from 11.96 to 9.50, reflecting a meaningful reduction in distress for residents.

- **Psychological Distress (K10+):** Distress levels also improved on the K10+, with scores falling from 21.90 to 18.33, indicating consistent benefits across different measures of psychological wellbeing.

- **Depression (PHQ-9):** Scores reduced from 6.97 to 4.91, showing clear improvement in mood and a reduction in depressive symptoms.

- **Anxiety (GAS-10):** Residents experienced lower anxiety, with scores decreasing from 8.89 to 6.84, highlighting the program's effectiveness in addressing anxiety in older adults.

- **Adjustment (BASE-6):** Adjustment scores dropped from 17.64 to 14.19, demonstrating strengthened coping and adaptation to life changes in residential care.

🌿At a Glance

All five outcome measures showed statistically significant improvement (p < .05).

These findings provide strong evidence of the PAC Wellbeing Program's overall impact. The consistent improvements across all outcome measures confirm the value of tailored, evidence-based interventions and the commitment of practitioners to improving the quality of life for aged care residents.

Brisbane North

The PAC Wellbeing Program has continued to play a key role in Brisbane North, where it has been established since 2017. In 2024–25, the program supported **870 residents** and delivered **4,674 service contacts** across **80 residential aged care homes**.

Alongside direct client support, the program provided **91 psychoeducation sessions** for aged care staff, with **607 participants** building knowledge and skills to better support resident mental health.

These outcomes highlight both the reach of the program in Brisbane North and its ongoing commitment to strengthening the wellbeing of residents and the capacity of staff.
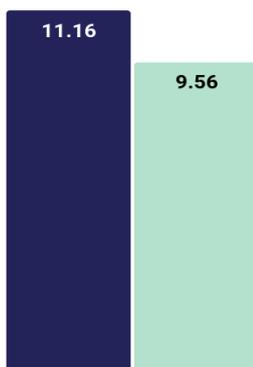
K5 Mean Scores

First Test Point (SD = 4.09)
Last Test Point (SD = 3.74)
T-test: t(363) = 7.97
Significance: p <.05
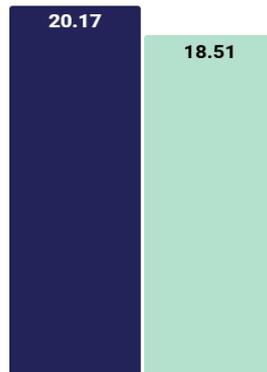
K10+ Mean Scores

First Test Point (SD = 7.43)
Last Test Point (SD = 7.54)
T-test: t(185) = 2.99
Significance: p <.05
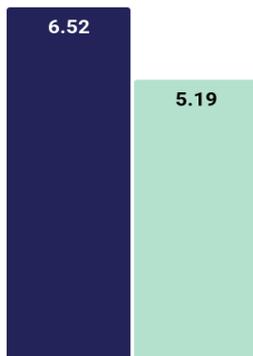
PHQ-9 Mean Scores

First Test Point (SD = 5.13)
Last Test Point (SD = 4.80)
T-test: t(369) = 5.52
Significance: p <.05

GAS-10 Mean Scores

First Test Point (SD = 4.65)
Last Test Point (SD = 4.30)
T-test: t(462) = 9.37
Significance: p <.05

BASE-6 Mean Scores

First Test Point (SD = 9.65)
Last Test Point (SD = 7.34)
T-test: t(62) = 2.59
Significance: p <.05

Changes in Severity Levels

Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.

K5 Severity Commencement and Completion

Low-Moderate	High/Very-High
61%	39%
77%	23%

Legend: ▮ Low-Moderate ▮ High/Very-High

K10+ Severity Commencement and Completion

Minimal	Mild	Moderate	Severe
52%	24%	11%	13%
66%	16%	10%	9%

Legend: ▮ Minimal ▮ Mild ▮ Moderate ▮ Severe

PHQ-9 Severity Commencement and Completion

None-Minimal	Mild	Moderate	Moderately Severe	Severe
43%	33%	15%	6%	
55%	30%	9%	5%	

Legend: ▮ None-Minimal ▮ Mild ▮ Moderate ▮ Moderately Severe ▮ Severe

GAS-10 Severity Commencement and Completion

Minimal	Mild	Moderate	Severe
39%	26%	13%	22%
62%	20%	7%	11%

Legend: ▮ Minimal ▮ Mild ▮ Moderate ▮ Severe

BASE-6 Severity Commencement and Completion

None-Minimal	Mild	Moderate	Moderately Severe	Severe
84%	6%	4%	6%	
84%	8%	4%	4%	

Legend: ▮ None-Minimal ▮ Mild ▮ Moderate ▮ Moderately Severe ▮ Severe
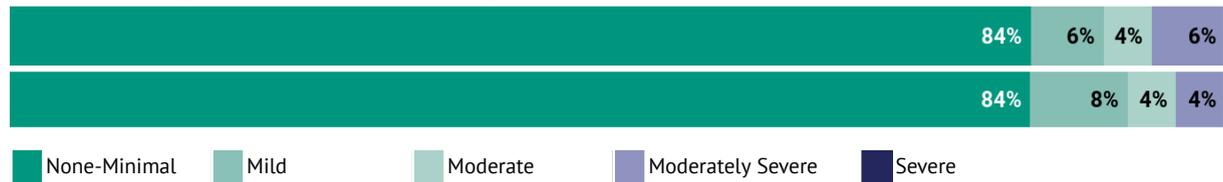
Brisbane South

The PAC Wellbeing Program has been established in Brisbane South since 2020, providing ongoing mental health support to aged care residents. In 2024–25, the program supported **1,058 residents** and delivered **6,272 service contacts** across **81 residential aged care homes**.

Alongside resident care, the program conducted **49 psychoeducation sessions** with **414 staff participants**, equipping aged care staff with practical skills to better support resident wellbeing.

These results reflect the program's growing reach in Brisbane South and its continued contribution to improving both resident outcomes and staff capability in aged care.

K5 Mean Scores
First Test Point (SD = 4.14)
Last Test Point (SD = 3.71)
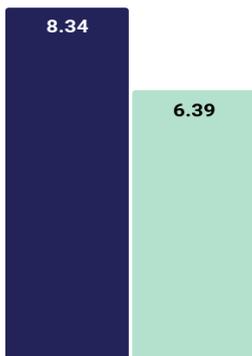T-test: t(350) = 13.38
Significance: p <.05
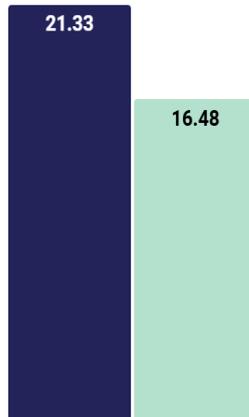
K10+ Mean Scores
First Test Point (SD = 8.53)
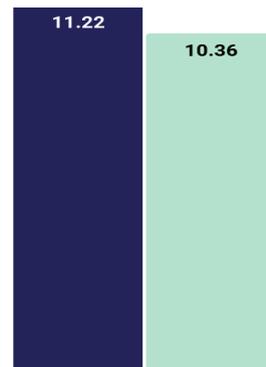Last Test Point (SD = 6.31)
T-test: t(220) = 9.47
Significance: p <.05
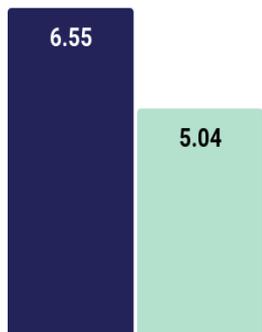
PHQ-9 Mean Scores
First Test Point (SD = 5.01)
Last Test Point (SD = 4.54)
T-test: t(161) = 4.30
Significance: p <.05
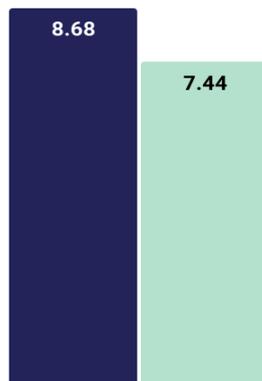
GAS-10 Mean Scores
First Test Point (SD = 5.10)
Last Test Point (SD = 4.71)
T-test: t(277) = 4.30
Significance: p <.05
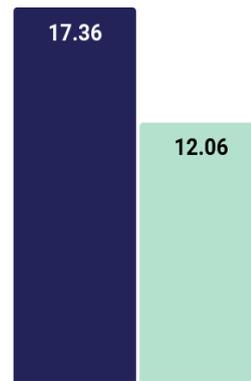
BASE-6 Mean Scores
First Test Point (SD = 9.04)
Last Test Point (SD = 6.42)
T-test: t(50) = 5.07
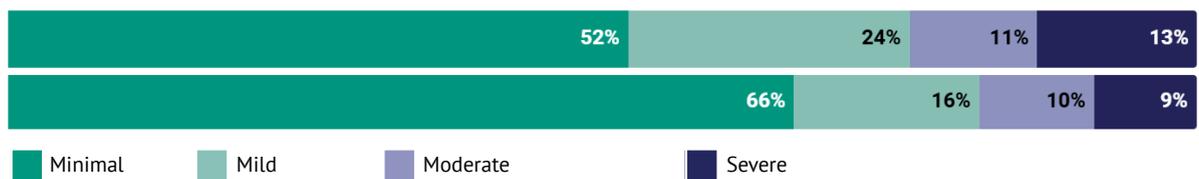Significance: p <.05

Changes in Severity Levels

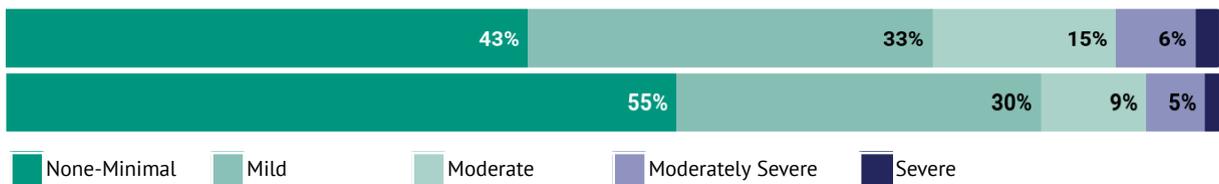Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.

K5 Severity Commencement and Completion

44%	56%
76%	24%

■ Low-Moderate ■ High/Very-High

K10+ Severity Commencement and Completion

48%	18%	15%	19%
72%	15%	8%	5%

■ Minimal ■ Mild ■ Moderate ■ Severe

PHQ-9 Severity Commencement and Completion

40%	34%	19%	5%	
57%	30%	7%	5%	

■ None-Minimal ■ Mild ■ Moderate ■ Moderately Severe ■ Severe

GAS-10 Severity Commencement and Completion

44%	28%	10%	18%
38%	23%	13%	27%

■ Minimal ■ Mild ■ Moderate ■ Severe

BASE-6 Severity Commencement and Completion

36%	40%	17%	6%
66%	28%	4%	

■ None-Minimal ■ Mild ■ Moderate ■ Moderately Severe ■ Severe

Gold Coast

The PAC Wellbeing Program has been operating on the Gold Coast since 2019, delivering dedicated psychological support to aged care residents and staff. In 2024–25, the program supported **706 residents** and delivered **3,770 service contacts** across **58 residential aged care homes**.

In addition, **58 psychoeducation sessions** were provided, with **653 staff participants** gaining knowledge and skills to strengthen resident mental health care.

These outcomes demonstrate the program's continued impact on the Gold Coast and its dual focus on improving resident wellbeing and building staff capability.

K5 Mean Scores

11.60 | 10.11
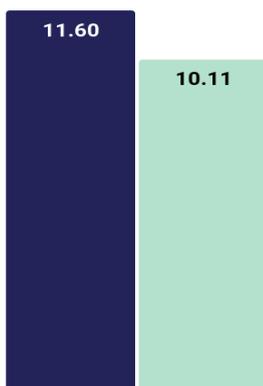
First Test Point (SD = 4.20)
Last Test Point (SD = 3.97)
T-test: t(340) = 6.23
Significance: p <.05

K10+ Mean Scores

22.77 | 19.34
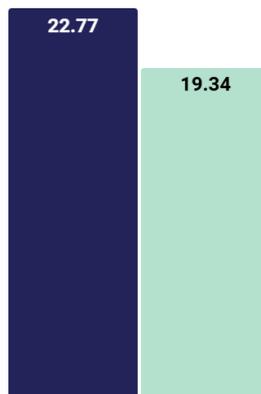
First Test Point (SD = 8.69)
Last Test Point (SD = 7.88)
T-test: t(150) = 6.64
Significance: p <.05

PHQ-9 Mean Scores

6.74 | 5.60

First Test Point (SD = 4.54)
Last Test Point (SD = 4.17)
T-test: t(333) = 4.48
Significance: p <.05

GAS-10 Mean Scores

8.42 | 6.71

First Test Point (SD = 5.29)
Last Test Point (SD = 4.29)
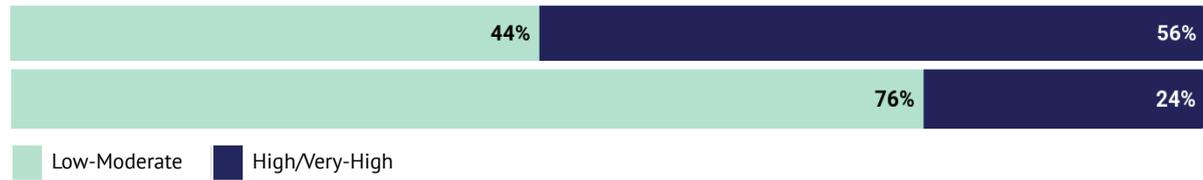T-test: t(379) = 6.88
Significance: p <.05

BASE-6 Mean Scores

16.74 | 15.59

First Test Point (SD = 7.21)
Last Test Point (SD = 7.20)
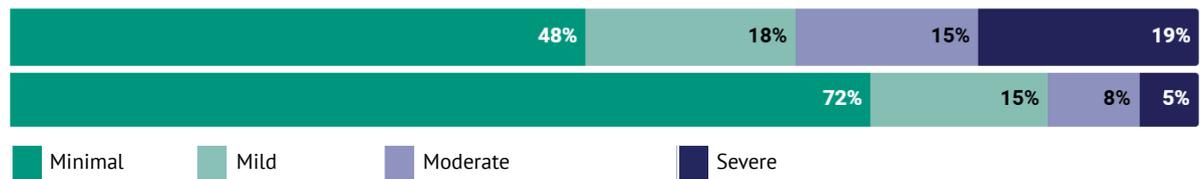T-test: t(95) = 0.87
Significance: p <.05

Changes in Severity Levels

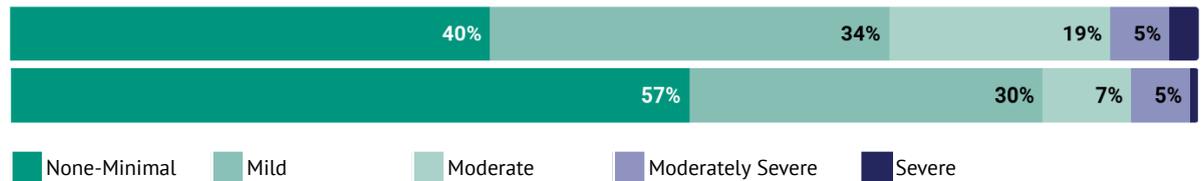Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.

K5 Severity Commencement and Completion

52%	48%
70%	30%

■ Low-Moderate ■ High/Very-High

K10+ Severity Commencement and Completion

42%	21%	18%	19%
54%	21%	13%	12%

■ Minimal ■ Mild ■ Moderate ■ Severe

PHQ-9 Severity Commencement and Completion

37%	39%	17%	5%	
47%	37%	12%	3%	

■ None-Minimal ■ Mild ■ Moderate ■ Moderately Severe ■ Severe

GAS-10 Severity Commencement and Completion

43%	20%	11%	26%
53%	21%	13%	13%

■ Minimal ■ Mild ■ Moderate ■ Severe

BASE-6 Severity Commencement and Completion

28%	56%	15%
41%	43%	15%

■ None-Minimal ■ Mild ■ Moderate ■ Moderately Severe ■ Severe
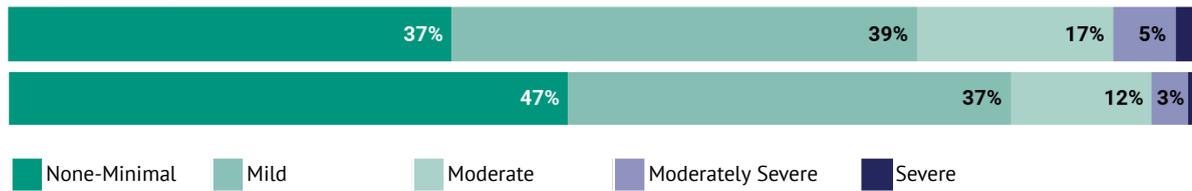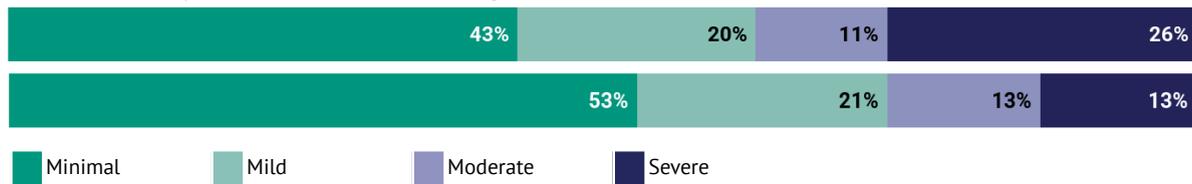
North Coast

The PAC Wellbeing Program has been supporting aged care residents on the North Coast since 2019, providing accessible psychological care across the region. In 2024–25, the program supported **521 residents** and delivered **3,184 service contacts** across **37 residential aged care homes**.

Alongside direct resident care, **25 psychoeducation sessions** were held with **261 staff participants**, building knowledge and confidence to support residents' mental health.

These outcomes highlight the program's important role on the North Coast, improving resident wellbeing while strengthening the skills of the aged care workforce.
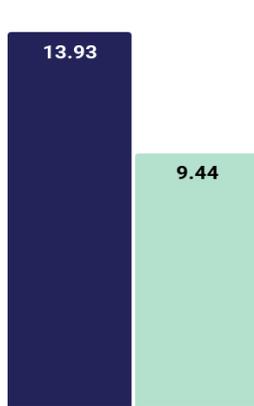
K5 Mean Scores

First Test Point (SD = 5.01)
Last Test Point (SD = 2.90)
T-test: t(217) = 14.76
Significance: p <.05
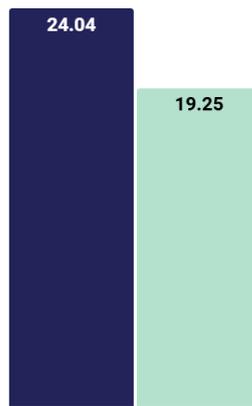
K10+ Mean Scores

First Test Point (SD = 7.67)
Last Test Point (SD = 6.68)
T-test: t(164) = 10.78
Significance: p <.05
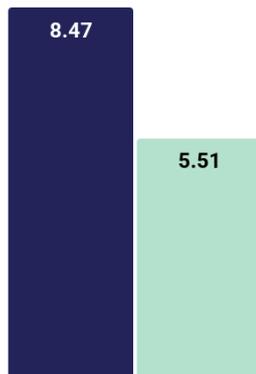
PHQ-9 Mean Scores

First Test Point (SD = 4.64)
Last Test Point (SD = 4.00)
T-test: t(213) = 10.63
Significance: p <.05
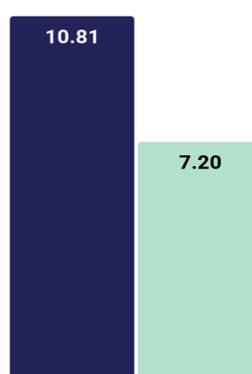
GAS-10 Mean Scores

First Test Point (SD = 5.06)
Last Test Point (SD = 3.94)
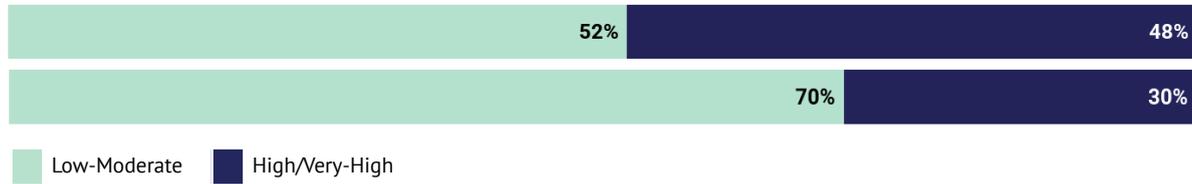T-test: t(258) = 12.39
Significance: p <.05
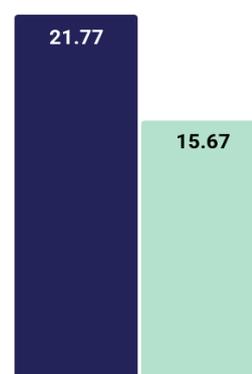
BASE-6 Mean Scores

First Test Point (SD = 8.22)
Last Test Point (SD = 7.54)
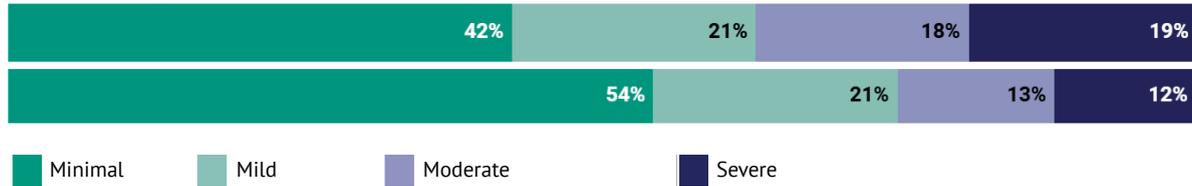T-test: t(105) = 9.49
Significance: p <.05

Changes in Severity Levels

Observing changes in pre- and post-treatment severity levels provides insight into the program's impact.

K5 Severity Commencement and Completion

Low-Moderate	High/Very-High
34%	66%
78%	22%

■ Low-Moderate ■ High/Very-High

K10+ Severity Commencement and Completion

Minimal	Mild	Moderate	Severe
29%	27%	20%	24%
58%	21%	13%	8%

■ Minimal ■ Mild ■ Moderate ■ Severe

PHQ-9 Severity Commencement and Completion

None-Minimal	Mild	Moderate	Moderately Severe	Severe
23%	37%	26%	13%	
50%	33%	14%		

■ None-Minimal ■ Mild ■ Moderate ■ Moderately Severe ■ Severe

GAS-10 Severity Commencement and Completion

Minimal	Mild	Moderate	Severe
21%	19%	17%	43%
47%	31%	12%	10%

■ Minimal ■ Mild ■ Moderate ■ Severe

BASE-6 Severity Commencement and Completion

None-Minimal	Mild	Moderate	Moderately Severe	Severe
13%	40%	28%	16%	
49%	31%	13%	6%	

■ None-Minimal ■ Mild ■ Moderate ■ Moderately Severe ■ Severe
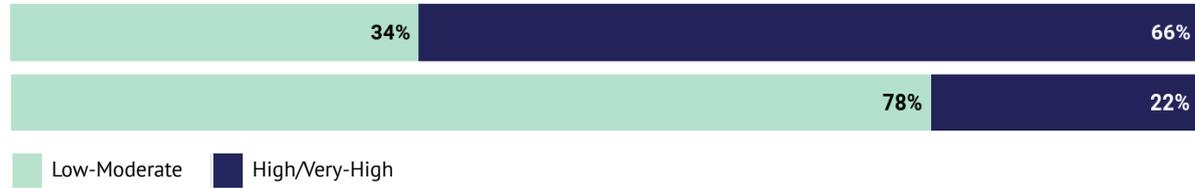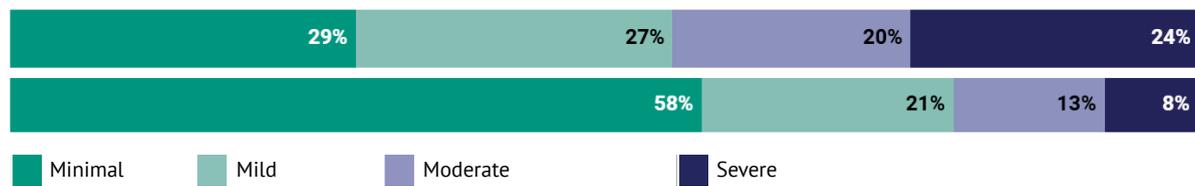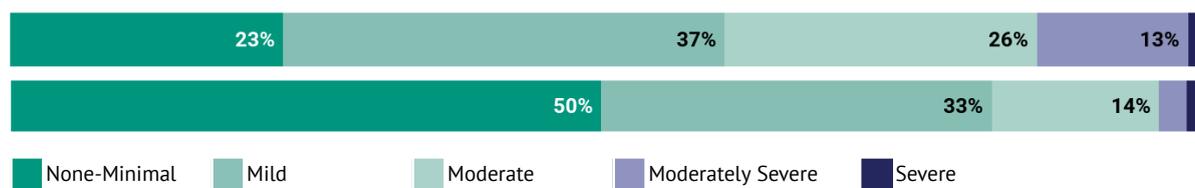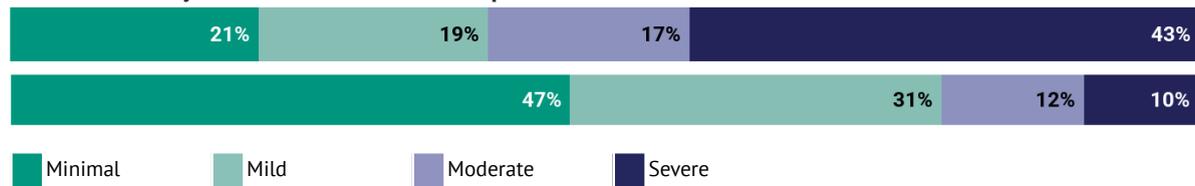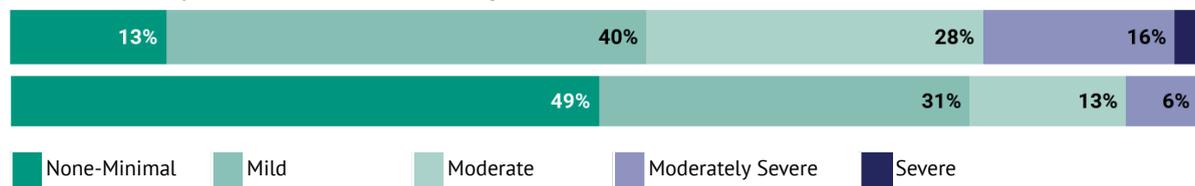
Residential Aged Care Staff Psychoeducation

Activity	Total	Activity	Total
Psychoeducation Sessions	223	Topics Delivered	12
Psychoeducation Participants	1,935	Homes Attended	114

Psychoeducation is a key element of the PAC Wellbeing Program, helping aged care staff build the knowledge and confidence to support residents' mental health. In 2024–25, the program expanded significantly, with sessions delivered in **114 residential aged care homes**, almost **three times more** than in the previous year (38). This growth reflects both stronger demand and broader reach across the sector.

Alongside this expansion, the curriculum grew from 18 to 20 modules, with two new Bereavement modules commissioned by Gold Coast PHN. Demand remained strongest for sessions on self-care and resident support strategies, reflecting the need to support both workforce wellbeing and everyday care practice.

The 20 modules cover 12 key topics relevant to aged care, including:

- **Adjustment in Aged Care**
- **Anxiety (3 modules)**
- **Behaviour Management (2 modules)**
- **Bereavement (2 modules)**
- **Chronic Pain (2 modules)**
- **Communication & Validation (2 modules)**
- **Depression (2 modules)**
- **End of Life Stage**
- **Grief in Aged Care**
- **Palliative Care (2 modules)**
- **Self-Care for Staff Working in Aged Care**
- **Suicide in Aged Care**

Sessions are interactive and applied, with activities that translate directly to day-to-day care. Feedback continues to rate the training highly for usefulness, organisation, and relevance, with most participants indicating they would recommend it to colleagues. Suggestions for longer sessions and deeper specialist content are informing ongoing improvements to delivery and content.

Participant Feedback and Outcomes

Psychoeducation continues to be well received across all regions, with sessions delivered from Kyogle to Tweed Heads, through Brisbane, and across the Gold Coast. Feedback reflects the value of both the content and delivery:

- *"This training is helpful for all health care workers."*
- *"Relaxed setting, easy to understand, and great strategies for behaviour management."*
- *"Nothing to change. It was engaging and informative."*
- *"Very informative, fun and engaging facilitator."*

The newly commissioned **Bereavement modules** were rolled out on the Gold Coast in 2024–25 and received encouraging feedback, including:

- *"The training helps us to know it's okay and where I might be able to put my grief."*
- *"It's a good reflection time and a better learning of the situation; we can deal with it in a better way."*

This feedback highlights the program's ability to meet staff needs with practical strategies, while also creating space for reflection and shared understanding.

Client Experience and Co-Design

Resident Advisory Groups

In 2024–25, Resident Advisory Groups continued to provide a forum where residents and staff could openly reflect on the impact of therapy and share ideas for strengthening mental health support in aged care. Their feedback shows not only the personal benefits of the PAC Wellbeing Program but also its broader role in shaping culture within residential homes.

Feeling Heard and Valued

Residents repeatedly described how therapy sessions gave them a voice, reduced feelings of loneliness, and offered a sense of comfort in difficult times. One resident captured this by saying:

"I can finally say what I'm feeling and know someone is really listening."

These experiences highlight the program's ability to restore confidence, foster hope, and provide meaningful support in navigating the emotional challenges of ageing, grief, and change.

Practical Changes Driven by Feedback

RAGs directly informed service improvements this year. New flyers and pre-session reminders were introduced to make services more visible to residents. Requests for more group activities led to expanded offerings, including the introduction of resident psychoeducation sessions on "Achieving Contentment & Adjusting to Change." These were described as empowering, giving residents strategies for resilience while also building a sense of community.

Staff Perspectives

Staff highlighted how the program eases their own workload while strengthening the quality of care. One participant described it as *"the best program I've seen in 40 years of aged care,"* while others emphasised how PsychoEducation sessions gave them practical strategies that benefit both residents and staff. Staff also advocated strongly for expansion, including more frequent sessions, family-focused psychoeducation, and mandatory mental health training in aged care.

Stories of Change

The groups also shared stories that capture the depth of the program's impact.

A resident who had long resisted therapy became a strong advocate, telling peers: *"I didn't realise how much I needed this until I started. Now I feel lighter."*

Another described finding the courage to reach out to estranged family members, saying the program gave them *"the strength to rebuild relationships."*

Staff involved in the new Bereavement modules reflected that the training gave them permission to express grief and tools to navigate it: *"It's a good reflection time... I can deal with it in a better way."*

Session Rating Scale

The Session Rating Scale (SRS), developed by Miller, Duncan, and Johnson (2002), is a brief but powerful tool for capturing resident feedback on therapy sessions. It assesses four dimensions of the therapeutic relationship:

- **Feeling Heard and Understood** – the client's sense of being listened to and connected with.

- **Relevance of the Session** – how well the session aligns with the client's needs and goals.

- **Therapeutic Approach** – the client's comfort with the therapist's style and methods.

- **Overall Fit** – the client's perception of the session as a whole.

Scores range from 0 to 40, with scores above 36 reflecting a strong therapeutic alliance, a key predictor of client satisfaction, engagement, and positive outcomes.

Why it Matters

The SRS is administered routinely in the PAC Wellbeing Program to ensure therapy remains client-centred and responsive. Its short format makes it easy for residents to provide feedback, which can be discussed immediately at the end of a session. This open dialogue allows practitioners to adjust their approach in real time, strengthening trust and collaboration.

Impact in Practice

- **Improved Outcomes:** Evidence consistently shows that a strong therapeutic alliance is one of the best predictors of therapy success.

- **Client Empowerment:** Residents are given a direct voice in shaping their care, reinforcing dignity and agency.

- **Program Evaluation:** Aggregated SRS data contributes to broader quality monitoring, highlighting areas of strength and opportunities for refinement.

This simple yet effective tool ensures that the PAC Wellbeing Program continues to deliver therapy that is collaborative, meaningful, and aligned with the needs of those it supports.
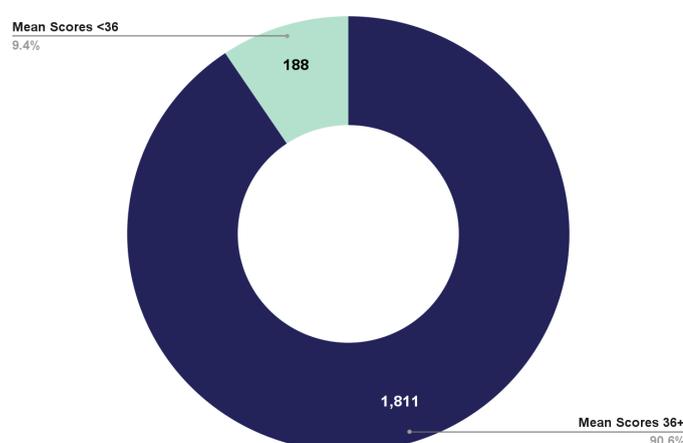
Fig 1. Aggregated SRS scores PAC Wellbeing Program 2024-2025.

Client Journeys and Outcomes

Through the PAC Wellbeing Program, residents are supported as they navigate the complex realities of ageing, grief, health decline, and transition. These stories illustrate the resilience of residents and the role of therapy in restoring confidence, connection, and dignity.

Client T: Overcoming Fear to Reconnect
Age: 84 | **Gender:** Male

After a hospital admission and subsequent move into residential aged care, T became fearful of leaving his room, worried about falls and the judgment of others. He withdrew from activities he once enjoyed, leading to isolation and sadness.

Therapy combined gentle exposure techniques, reminiscence work, and relaxation strategies. Step by step, T grew more confident, eventually attending the dining room again and reconnecting with peers. He reflected: **"I didn't think I'd have the courage, but being supported to try a little at a time made all the difference."**

Client S: Finding Balance in a New Environment
Age: 76 | **Gender:** Female

S struggled with anxiety and low mood after her move into care, compounded by worries about her family and declining health. Therapy sessions focused on mindfulness, problem-solving, and supportive grief counselling, helping her acknowledge her worries while finding practical ways to cope.

Over time, she re-established routines that gave her a sense of control and began participating in small group activities. **"I still have my hard days,"** she shared, **"but I don't feel so lost anymore."**

Client J: Facing End-of-Life with Peace
Age: 89 | **Gender:** Male

When J was referred, he was distressed, angry, and often in conflict with staff. As his physical health declined, therapy shifted to focus on life review and acceptance. Talking through memories of his work and family gave him meaning, and anxiety management techniques helped him remain calm in his final months.

His family later said: ***"The support he received gave him peace, and gave us the reassurance of knowing he felt heard and valued until the very end."***

Client P: Rebuilding Confidence and Purpose

Age: 79 | Gender: Female

P entered the PAC Wellbeing Program during a time of multiple challenges. She had recently moved into residential aged care following the loss of her husband, and she struggled with significant grief, health concerns, and anxiety about her new environment. The transition left her feeling powerless and uncertain about her future.

Over 20 sessions, therapy took a holistic approach:

- Grief counselling gave her space to process her husband's death, honouring memories while supporting her through waves of sadness.

- Behavioural activation encouraged small steps back into social life, such as attending group music sessions and walking in the garden.

- Cognitive strategies helped her challenge self-critical thoughts and begin to recognise her strengths.

- Advocacy support enabled her to communicate with her care team about medical needs, ensuring she felt involved in decisions about her health.

Slowly, P regained confidence and began describing herself as "part of things again." She reported finding joy in everyday activities, from painting with visiting volunteers to helping new residents settle in.

Reflecting on her journey, she said:

"When I first came here, I thought my life was over. Now I've realised there are still chapters to write. I feel stronger, I have friends around me, and I've found a sense of purpose again."

Her story demonstrates the power of psychological care to not only reduce distress but to create pathways to hope, connection, and dignity in later life.

Meeting Diverse Needs in Residential Aged Care

The PAC Wellbeing Program is committed to providing culturally safe, inclusive, and responsive care for older adults in Residential Aged Care Homes. Demographic data from across the program highlights the diversity of residents supported and reinforces the importance of delivering services that respect individual identities, histories, and needs.

Age Brackets	Brisbane South	Brisbane North	Gold Coast	North Coast
50-59	0.1%	0.2%	0.2%	0.5%
60-69	4.4%	2.8%	1.5%	3.9%
70-79	28.6%	24.9%	20.1%	17.9%
80-89	43.9%	46.6%	49.6%	46.4%
90-99	23.6%	24.8%	28.1%	30.0%
100+	0.4%	0.8%	0.5%	1.2%

🌿Nearly **half of residents (44–49%)** are aged 80–89.

Age and Gender

Residents supported through PAC span all age brackets, with the majority between 70 and 99 years. Almost half of all clients are aged 80–89, reflecting the high demand for mental health support later in life. Gender representation shows that while women form the largest group (64%), men (30%) and residents identifying outside the male/female binary (5.5%) are also engaging in services. This underlines the importance of maintaining inclusive approaches that recognise all gender identities.

Gender	Proportion
Female	64.2%
Male	30.0%
Other	5.5%
Nonbinary	0.2%
Not Stated	0.1%

🌿**5.5% identify outside the male/female binary**, showing the importance of inclusivity.

Disability

In 2024–25, disability status was recorded for 77% of PAC clients. This reflects the reality that most residents in aged care live with one or more disabilities. Practitioners integrate this into their work by adapting therapy approaches to support accessibility, communication, and engagement, ensuring clients with diverse functional needs are included and supported.

Cultural and Linguistic Diversity

PAC clients represent a wide range of cultural backgrounds, with residents born in 40 different countries including Russia, Egypt, Canada, Argentina, Serbia, and Italy. This diversity highlights the value of culturally informed practice, ensuring that therapy reflects and respects residents' heritage, language, and customs.

🌿Residents were born in **40 different countries**, demonstrating the cultural and linguistic diversity of aged care communities.
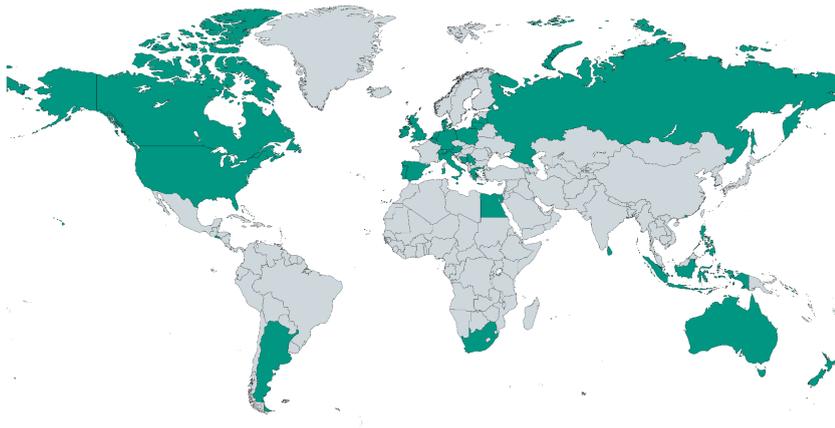
First Nations Clients

Residents identifying as Aboriginal and/or Torres Strait Islander made nearly 2% of the PAC client group in 2024–25. Ongoing efforts to embed culturally safe practices and ensure Aboriginal and Torres Strait Islander voices are heard remain central to the program's commitment to equity and respect. Practitioners also now have access to regular cultural supervision alongside their clinical supervision arrangements, strengthening their ability to deliver culturally responsive care.

🌿**Regular cultural supervision** ensures care is both clinically and culturally responsive.

Aboriginal and Torres Strait Islander Identity	Proportion
Aboriginal but not Torres Strait Islander origin	1.6%
Aboriginal or Torres Strait Islander origin	0.4%
Both Aboriginal and Torres Strait Islander origin	0.2%
Torres Strait Islander but not Aboriginal origin	0.2%

LGBTQIA+ Inclusion

Data collection also captures residents identifying as LGBTQIA+, ensuring that inclusive practices are embedded and visible within service delivery. This reflects PAC's commitment to creating environments where residents feel safe, accepted, and understood.

Psychology Support Program

The Psychology Support Program (PSP) provides mental health support for people who may otherwise be unable to access care. Operating across Brisbane South (PSP-BS), Sunshine Coast (PSP-SC), and the North Coast (PSP-NC), the program is funded through the Psychological Therapies for Underserviced and Hard-to-Reach Groups initiative. Services are delivered from Change Futures' offices and through outreach in community settings, ensuring care is accessible to those facing barriers.

The PSP prioritises people from low-income backgrounds, culturally and linguistically diverse (CALD) communities, and individuals experiencing social or geographic isolation. While designed to address mild to moderate presentations, the program frequently supports clients with more complex needs, with around 40% of participants presenting with significant risk factors. To support safe and effective care, practitioners are supported by Change Futures' Risk Advisory Service, which provides consultation and guidance.

Key Features of Service Delivery

- **Individual Therapy:** Structured, evidence-based interventions delivered through collaboratively developed treatment plans.

- **Psychosocial and Service Support:** Assistance with navigating wider systems of care, including GPs, acute mental health teams, and social services.

- **Continuity of Care:** Practical help with long-term planning, such as NDIS applications and referrals, to ensure progress is sustained.

- **Skilled Practitioners:** Experienced clinicians with advanced training, supported by supervision and workforce development pathways for early-career psychologists.
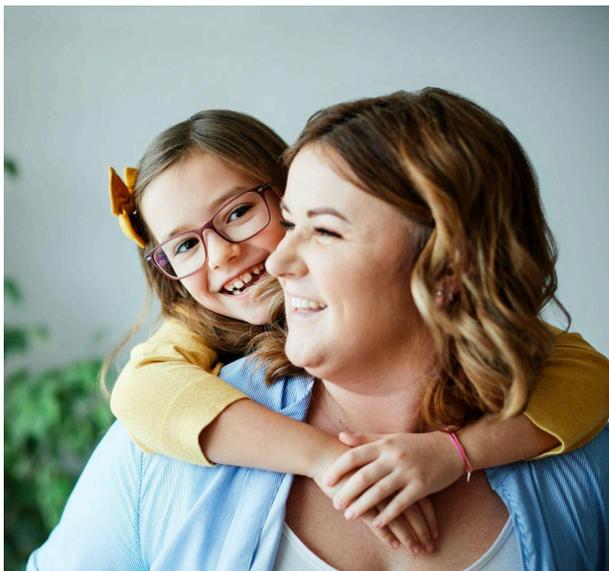
🌿 **Impact Snapshot**

- **8,000+ individual therapy sessions**
- **1,600+ unique clients**
- **150+ young clients (<18 years)**
- **40+ allied health practitioners**

Presenting Issues Overview

The presenting issues data for the Psychology Support Program (PSP) continues to reflect the complex and varied mental health challenges of people accessing care through this initiative. Although the program is designed for mild to moderate presentations, many clients arrive with layered concerns, including trauma histories, co-occurring conditions, and psychosocial stressors that heighten their overall risk profile.

Primary & Secondary Presenting Issues in the Psychology Support Program

Primary Issues	Proportion	Secondary Issues	Proportion
Anxiety & Depression	36.7%	Anxiety & Depression	22.0%
Trauma	17.6%	Trauma	21.2%
Anxiety	10.0%	Interpersonal	19.5%
Depression	10.0%	Anxiety	9.3%
Interpersonal	9.00%	Loneliness	7.6%
Adjustment	7.3%	Adjustment	6.4%
Grief	4.8%	Addiction	4.2%
Addiction	1.7%	Behavioural	3.8%
Behavioural	1.4%	Grief	3.4%
Existential	1.4%	Depression	2.1%

Key Insights

Anxiety and depression remain the most common concerns among PSP clients, with 36.7% of primary and 22.0% of secondary presentations. Many clients present with overlapping symptoms of anxiety and depression, reinforcing the importance of comprehensive assessment and integrative therapeutic approaches.

Trauma is also a prominent issue, identified in 17.7% of primary and 21.2% of secondary presentations. This high prevalence underscores the need for trauma-informed practice as a foundation of care across all PSP regions.

Interpersonal difficulties and loneliness feature strongly as secondary concerns, with 19.5% of clients reporting interpersonal issues and 7.6% loneliness. These patterns reflect the importance of addressing social connection and support alongside symptom management.

Adjustment and grief were reported less frequently, at around 7.3% and 6.4% of primary issues respectively, but continue to represent meaningful challenges for clients navigating major life transitions and personal loss.

Although less common, addiction, behavioural concerns, and existential distress still appear across client presentations. These smaller but significant cohorts illustrate the diversity of need within the program and reinforce the value of flexible, person-centred approaches that extend beyond standard models of care.

Outcome Measures

Outcome measures are central to understanding and improving the mental health of clients accessing the Psychology Support Program (PSP). They guide interventions, support tailored care, and provide reliable insights into program effectiveness. Alongside standardised tools, clinicians also draw on additional assessments as clinically relevant to address individual client needs.

Outcome Rating Scale (ORS)

The ORS (Miller & Duncan, 2000) is a brief client-reported measure of overall wellbeing across personal, relational, social, and functional domains. Administered at the start of each session, it captures immediate concerns and tracks progress over time, offering valuable insights for both clinical practice and program evaluation.

Session Rating Scale (SRS)

The SRS (Duncan et al., 2003) gathers client feedback on the therapeutic relationship, session relevance, and practitioner alignment with client goals. Its routine use ensures therapy remains client-centred and adaptive, strengthening therapeutic alliance, a key predictor of positive outcomes.

Kessler Psychological Distress Scale (K10+)

The K10+ (Kessler et al., 2002) is a widely used tool for assessing non-specific psychological distress related to depression and anxiety. Administered at intake and review points, it tracks the severity of distress and supports early identification, symptom monitoring, and program-level evaluation.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ (Goodman, 1997) is used with younger clients to assess emotional symptoms, conduct issues, hyperactivity, peer relationships, and prosocial behaviour. The tool provides clinicians with actionable insights for tailoring interventions that meet the unique developmental needs of children and adolescents.

Depression, Anxiety, and Stress Scale (DASS-21)

The DASS-21 (Lovibond & Lovibond, 1995) is a concise self-report measure that differentiates between depression, anxiety, and stress symptoms. Its use enables targeted intervention, tracks symptom reduction over time, and contributes to evaluating the overall effectiveness of PSP services.

Suicide Assessment Questionnaire (SAQ)

The SAQ (Pinninti et al., 2002) is a structured assessment that evaluates suicidal thoughts, behaviours, and associated risk factors. It plays a critical role in ensuring client safety by enabling timely identification and intervention for those presenting with elevated risk.

By employing the ORS, SRS, K10+, SDQ, DASS-21, and SAQ, the PSP applies a comprehensive framework to assess mental health needs and track client outcomes. These tools collectively strengthen diagnostic precision, support individualised care, and ensure the program remains responsive to the diverse and often complex needs of its clients.

The following pages present results from these measures, demonstrating their application in practice and the impact of the PSP on client wellbeing.

Brisbane South

Since its establishment in 2022, the Psychology Support Program in Brisbane South has become an important source of accessible, tailored mental health care. Services are delivered through both office-based and outreach settings, ensuring individuals who may otherwise face barriers can engage with support.

In 2024–25, the program:

- **Supported 1,150 clients**, delivering **5,458 therapy sessions** across the region.
- Worked closely with GPs, acute mental health teams, and other providers to maintain continuity of care.
- Supported safety planning for **467 clients (41%)** who presented with heightened risk.
- Provided services to **138 young people (12%) under 18 years**, meeting the needs of children and adolescents alongside adult clients.
- Assisted with NDIS applications and referrals to ensure clients had sustained access to care and supports beyond the program.

These outcomes reflect the program's growing presence in Brisbane South and its capacity to respond to diverse and complex presentations. By combining direct therapy with system navigation and risk management, the program continues to strengthen mental health outcomes and resilience for individuals and families in the region.

Outcome Measure Results

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 17.46	M = 22.79	$t(649) = 14.47$	$p < .05$
	(SD = 8.99)	(SD = 9.70)		
K10+	M = 32.32	M = 26.34	$t(594) = 16.39$	$p < .05$
	(SD = 8.78)	(SD = 9.55)		
SDQ	M = 21.83	M = 17.83	$t(47) = 3.45$	$p < .05$
	(SD = 5.92)	(SD = 8.07)		
DASS-21 Depression Subscale	M = 22.61	M = 16.53	$t(310) = 9.86$	$p < .05$
	(SD = 11.20)	(SD = 11.74)		
DASS-21 Anxiety Subscale	M = 17.79	M = 13.16	$t(310) = 8.96$	$p < .05$
	(SD = 9.87)	(SD = 9.47)		
DASS-21 Stress Subscale	M = 23.38	M = 18.50	$t(310) = 8.26$	$p < .05$
	(SD = 9.73)	(SD = 10.40)		

Key Insights

- **Overall Wellbeing (ORS):** Clients reported clear gains in overall wellbeing, with mean scores rising from 17.46 to 22.79. This growth reflects improvements across personal, relational, and social domains of life.

- **Psychological Distress (K10+):** Distress levels decreased significantly, dropping from 32.32 to 26.34, showing the program's impact in reducing the severity of anxiety and depressive symptoms.

- **Depression, Anxiety, and Stress (DASS-21):** Across all three subscales, clients experienced meaningful reductions in symptoms. Depression fell from 22.61 to 16.53, anxiety from 17.79 to 13.16, and stress from 23.38 to 18.50, highlighting the effectiveness of evidence-based interventions used within the program.

- **Children and Young People (SDQ):** Scores on the SDQ showed a measurable improvement, with mean scores reducing from 21.83 to 17.83. This indicates better emotional regulation and social functioning among younger clients, reinforcing the PSP's capacity to meet the needs of children and adolescents.

Workforce Development and Supervision

The PSP in Brisbane South continues to provide valuable training and supervision opportunities for provisionally registered psychologists and early-career practitioners. This dual focus, delivering client care while strengthening the workforce, ensures the program has both an immediate and lasting impact.

The program offers a unique opportunity for emerging clinicians to engage with diverse and multifaceted client presentations, ranging from moderate to complex needs. Practitioners are supported within a strong governance framework that includes structured supervision, quality assurance processes, and access to the Risk Advisory Service. This environment not only safeguards clients but also supports the professional growth and confidence of the next generation of psychologists and mental health clinicians.

One practitioner reflected:

"I've found the work really challenging, in a good way. I'm still seeing new presentations and leaning into the supports to make sure I'm doing the best for the client. I've learnt more in a short time in this program than I think I would in several years in my private practice."

Program Impact

The Psychology Support Program in Brisbane South continues to demonstrate its value in meeting the diverse and often complex needs of the community. By combining evidence-based therapy with system navigation, risk management, and workforce development, the program delivers meaningful outcomes for clients while building long-term capacity in the mental health sector. These efforts ensure that individuals not only experience immediate support but also have the foundations for sustained wellbeing and resilience.

Sunshine Coast

The Psychology Support Program on the Sunshine Coast has been part of the region's mental health service landscape since 2022. Through a combination of office-based therapy and outreach services, the program provides accessible, evidence-based support to individuals who might otherwise face barriers to care.

In 2024–25, the program:

- Supported **369 clients**, delivering **2,096 therapy sessions**.

- Coordinated with GPs, community mental health teams, and other services to ensure continuity of care.

- Supported safety planning for **164 clients (44%)** at heightened risk.

- Provided services to **11 young clients (4%) under 18 years of age**.

- Assisted with NDIS applications and referrals to maintain longer-term supports.

Outcome Measure Results

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 17.00	M = 21.71	t(229) = 7.82	p <.05
	(SD = 7.97)	(SD = 7.58)		
K10+	M = 32.22	M = 27.92	t(230) = 8.72	p <.05
	(SD = 8.25)	(SD = 8.44)		
DASS-21 Depression Subscale	M = 22.81	M = 20.43	t(248) = 4.95	p <.05
	(SD = 10.98)	(SD = 11.58)		
DASS-21 Anxiety Subscale	M = 17.50	M = 15.75	t(248) = 3.77	p <.05
	(SD = 9.18)	(SD = 9.17)		
DASS-21 Stress Subscale	M = 22.34	M = 20.92	t(248) = 3.02	p <.05
	(SD = 8.69)	(SD = 9.29)		

Key Insights

Clients demonstrated significant gains across all measures:

- **Overall Wellbeing (ORS):** Scores increased from 17.00 to 21.71, indicating improved quality of life and functioning.

- **Psychological Distress (K10+):** Scores decreased from 32.22 to 27.92, reflecting greater emotional stability.

- **Depression, Anxiety, and Stress (DASS-21):** Scores improved across all subscales, with depression decreasing from 22.81 to 20.43, anxiety from 17.50 to 15.75, and stress from 22.34 to 20.92. These reductions highlight the program's effectiveness in addressing complex symptom profiles.

Contribution to Sector and Regional Workforce

The Sunshine Coast PSP has continued to demonstrate its adaptability and reach, with 2024–25 seeing an increase in referrals from rural and remote areas, including Central Queensland and the Central Highlands. This growth highlights the program's expanding role in ensuring access for clients who might otherwise struggle to engage with psychological services.

The program has also seen higher engagement from financially disadvantaged clients, reflecting its capacity to reduce barriers to care and provide vital support to people facing both psychological and socioeconomic challenges.

Clients presented with a wide range of risk factors and complex diagnoses, many requiring long-term support and connection to additional services. Practitioners emphasised the importance of having strong, integrated care pathways to ensure continuity and safety. Despite this complexity, the PSP team maintained a timely and compassionate response, ensuring clients received prompt support and meaningful contact at critical times.

A key strength of the Sunshine Coast PSP remains its contribution to workforce capability. Through supervision, mentoring, and hands-on experience, the program continues to equip clinicians with the skills needed to work effectively with complex client presentations, ensuring long-term benefits not only for current clients but also for the broader sector.

Program Impact

By improving access for rural, remote, and disadvantaged clients, responding effectively to diverse and high-risk presentations, and building sector workforce capacity, the Sunshine Coast Psychology Support Program continues to deliver both immediate and lasting impact. The program's combination of tailored care, responsiveness, and professional development ensures it remains a valued service within the region's mental health landscape.

North Coast

The Psychology Support Program in North Coast has been providing accessible, evidence-based mental health care since 2022. Services are delivered through both office-based therapy and outreach, ensuring individuals across the region can access support when and where they need it.

In 2024–25, the program:

- Supported 105 clients, delivering 510 therapy sessions.
- Coordinated care with GPs, hospitals, and community services to ensure clients received comprehensive support.
- Facilitated safety planning for 42 clients (40%) identified as being at significant risk.
- Provided services to 14 young clients (9%) under 18 years.
- Assisted with NDIS applications and referrals, enabling clients to transition to longer-term care.

Outcome Measure Results

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 16.21	M = 17.11	t(18) = 0.95	p <.05
	(SD = 7.87)	(SD = 9.62)		
K10+	M = 32.19	M = 27.84	t(230) = 8.85	p <.05
	(SD = 8.24)	(SD = 8.36)		
DASS-21 Depression Subscale	M = 27.94	M = 24.12	t(64) = 3.67	p <.05
	(SD = 10.95)	(SD = 11.87)		
DASS-21 Anxiety Subscale	M = 17.60	M = 14.68	t(64) = 2.88	p <.05
	(SD = 9.15)	(SD = 9.77)		
DASS-21 Stress Subscale	M = 25.48	M = 23.69	t(64) = 1.97	p <.05
	(SD = 8.91)	(SD = 9.18)		

Key Insights

Clients showed meaningful improvements across several domains:

- **Overall Wellbeing (ORS):** Scores increased from 16.21 to 17.11, reflecting gradual but positive shifts in daily functioning and quality of life.

- **Psychological Distress (K10+):** Distress levels fell from 32.19 to 27.84, showing reduced severity of emotional challenges.

- **Depression, Anxiety, and Stress (DASS-21):** Scores improved across all subscales, with depression decreasing from 27.94 to 24.12, anxiety from 17.60 to 14.68, and stress from 25.48 to 23.69, reinforcing the effectiveness of the program's interventions.

Evolving Service Context

The North Coast PSP continues to achieve strong outcomes, though the referral landscape has shifted in recent years. The introduction of Medicare-supported referral pathways has contributed to a decline in direct referrals to Change Futures. At the same time, practitioners note that earlier peaks in referrals were driven by the combined impacts of COVID-related stressors and regional natural disasters, with many clients continuing to experience long-term triggers linked to these events.

Building Depth of Experience

The program's current team brings a wealth of accumulated expertise, developed through years of working with complex client presentations in the region. This depth of experience has reinforced the PSP's ability to deliver safe, effective, and tailored care, even as sector dynamics evolve. Practitioners highlight that this program has provided unique opportunities to build specialist skills in responding to trauma, adjustment, and psychosocial stressors, a capability that strengthens the region's overall workforce capacity.

Program Impact

Despite a changing referral environment, the North Coast Psychology Support Program remains a valued contributor to the regional mental health system. Its focus on quality, individualised care and continuity of support ensures that clients continue to achieve meaningful progress and long-term resilience.

Client Experience and Co-Design

Session Rating Scale

The Session Rating Scale (SRS), developed by Miller, Duncan, and Johnson (2002), is a short client-reported tool that captures immediate feedback on therapy sessions. It assesses four key dimensions of the therapeutic relationship:

- Feeling Heard and Understood – whether clients feel listened to and supported.
- Relevance of the Session – how well the session aligns with their needs and goals.
- Therapeutic Approach – comfort with the therapist's style and methods.
- Overall Fit – the client's perception of the session as a whole.

Scores range from 0 to 40, with scores above 36 indicating a strong therapeutic alliance, a critical predictor of engagement and outcomes.

Why It Matters in PSP

Clients in the PSP often present with complex needs, high distress, and multiple psychosocial barriers. For this reason, satisfaction scores may be lower than in lower-intensity programs, making the SRS particularly valuable. It provides practitioners with real-time feedback to adapt their approach, ensuring sessions remain meaningful even in challenging contexts.

Impact in Practice

- **Engagement:** The SRS facilitates open discussion about the therapy process, helping to strengthen trust and collaboration with clients who may otherwise disengage.
- **Responsiveness:** Practitioners can make immediate adjustments to better align with client needs, supporting more effective care.
- **Program Evaluation:** Aggregated SRS data contributes to ongoing service monitoring, highlighting both strengths and areas for refinement in supporting higher-needs clients.

As one PSP client reflected:

"I feel like if I wasn't asked the questions directly and asked for open feedback I might just feel too reluctant to say something, and go along with it, and not be really getting what I need."

This use of the SRS ensures that the PSP continues to deliver therapy that is collaborative, client-centred, and responsive to the realities faced by people with complex mental health challenges.

Score <36
1.2%

979

Score 36+
98.8%
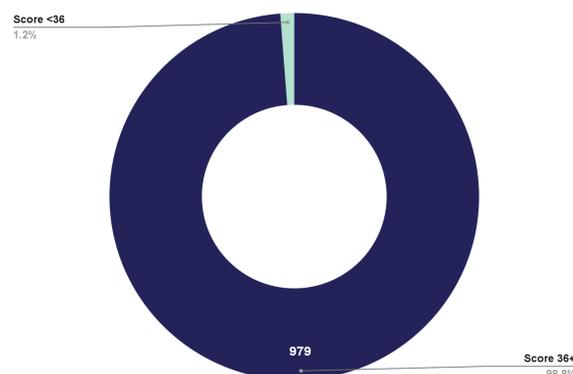
Client Journeys and Outcomes

The Psychology Support Program provides accessible, tailored mental health care for individuals facing diverse challenges. Below are examples of how the program has supported clients in achieving meaningful progress and improved well-being.

Client J: Achieving Sobriety and Rebuilding Health

Age: Not specified | **Gender:** Female

J self-referred to the program with the goal of reducing her alcohol use, which had become a significant concern following a previous substance-induced psychotic episode. Her journey was complicated by the emotional distress of two relationship breakups during her four months in therapy. Through consistent motivational interviewing, she not only met her initial goal but surpassed it, achieving complete abstinence from alcohol. J is now focused on improving her overall wellbeing, including increasing exercise and exploring a potential neurodivergence diagnosis.

Client L: Reconnecting with Life After Hospitalisation

Age: 49 | **Gender:** Female

Following a psychiatric hospitalisation, L presented with low mood, anxiety, and significant social isolation. Her primary goals were to rebuild her relationship with her daughter and increase her social connections, with a long-term hope of returning to work. Therapy utilised a mix of mindfulness, ACT, and communication skills training. In parallel, she joined a local women's group, which became a vital source of support. After 11 sessions, L reported reduced psychological distress, had reconnected with her daughter, and felt confident enough to begin planning her return to the workforce.

Client A: Building Trust and Safety Amidst Crisis

Age: 42 | **Gender:** Female

A was referred in a state of high distress, experiencing symptoms of PTSD, aggressive auditory hallucinations, and a recent history of self-harm. She was fearful and socially withdrawn, making trust a significant initial barrier. Using a trauma-informed approach, the practitioner collaborated with her to create a safety plan and provided psychoeducation on trauma and psychosis. With strategies to manage intrusive thoughts and regulate emotions, the client's self-harm urges decreased. She is now more engaged, feels safer in sessions, and has expressed hope for the future.

Client R: From Overwhelm to Renewed Hope

Age: 54 | Gender: Female

R was referred to the Psychology Support Program following a crisis point. After months of compounding stressors including financial strain, sole responsibility for her mother's care, and supporting others in her home, she had driven for eight hours without contact, a sign of being completely overwhelmed. While she had a history of depression and trauma, she presented as utterly exhausted, expressing a wish for the pressures in her life to "just stop."

Over ten sessions, therapy provided a structured path back to stability:

- Cognitive Behavioural & Mindfulness Strategies: To help her manage overwhelming thoughts and re-establish a sense of control over her daily life.

- Practical Planning Tools: To create structured routines that supported both her own wellbeing and her mother's care, fostering independence for both.

- Psychoeducation & Boundary Setting: To empower her to recognise her own needs and confidently ask for support from others, reducing her caregiver burden.

- Art Therapy & Self-Care: To explore her identity beyond her role as a carer and re-engage with activities that brought her a sense of self-worth and joy.

With this support, she transformed her situation. She reported feeling more productive and in control than she had in years, developing the confidence and resilience to balance her responsibilities without sacrificing herself.

Reflecting on her progress, she shared:

"I came in feeling like everything was collapsing, that I just couldn't go on. Now, I feel like I have the reins back in my own hands. I'm not just surviving anymore; I'm planning for a future I'm actually excited about."

Her journey is a powerful testament to how targeted psychological support can help an individual move from a point of crisis to a place of stability, confidence, and renewed purpose.

Diversity in the Psychology Support Program

The Psychology Support Program (PSP) supports clients across a wide spectrum of ages, identities, and circumstances, reflecting the diversity of the communities it serves in Brisbane South, Sunshine Coast, and North Coast. Tailored, culturally informed care is central to the program's approach, ensuring that therapy is responsive to each client's identity, circumstances, and lived experience.

Age Brackets	Brisbane South	Sunshine Coast	North Coast
Middle childhood: 6–11	4.6%	1.1%	1.4%
Adolescence: 12–17	6.4%	2.9%	0.0%
Emerging adulthood: 18–24	13.7%	11.1%	9.9%
Early adulthood: 25–44	40.8%	38.0%	23.9%
Mid-adulthood: 45–64	27.1%	36.9%	53.5%
Early older adulthood: 65–74	5.3%	9.0%	7.0%
Later older adulthood: 75–84	2.0%	1.1%	2.8%
Advanced older adulthood: 85+	0.2%	0.0%	1.4%

🌿Across all regions, working-age adults (25–64 years) make up the vast majority of clients, ranging from 68% to 77% of the cohort.

Age and Gender

PSP clients span the full life course, from childhood through to older adulthood. The largest cohorts are in early adulthood (25–44 years, 41% in Brisbane South; 38% in Sunshine Coast) and mid-adulthood (45–64 years, 54% in North Coast), reflecting the program's role in supporting working-age adults while also providing services to children, adolescents, and older people.

Women account for the majority of clients (65%), with 32% identifying as male and 3% identifying outside the male/female binary. This reinforces the importance of inclusive approaches that recognise and respect diverse gender identities.

Gender	Proportion
Female	65%
Male	32%
Nonbinary	3%

🌿**3% identify outside the male/female binary**, showing the importance of inclusivity.

Disability

In 2024–25, disability status was recorded for approximately one-quarter of PSP clients. Practitioners adapt therapy approaches to ensure accessibility, engagement, and inclusion, recognising that mental health challenges often intersect with functional or physical conditions.

Cultural and Linguistic Diversity

PSP clients were born in 25 different countries, including Denmark, Ghana, India, Papua New Guinea, Taiwan, and Vietnam. This cultural and linguistic diversity highlights the need for flexible, culturally informed practice. Practitioners work with interpreters, use culturally relevant frameworks, and adapt therapy to align with clients' heritage and values.

🌿Residents were born in **25 different countries**, demonstrating the cultural and linguistic diversity of aged care communities.
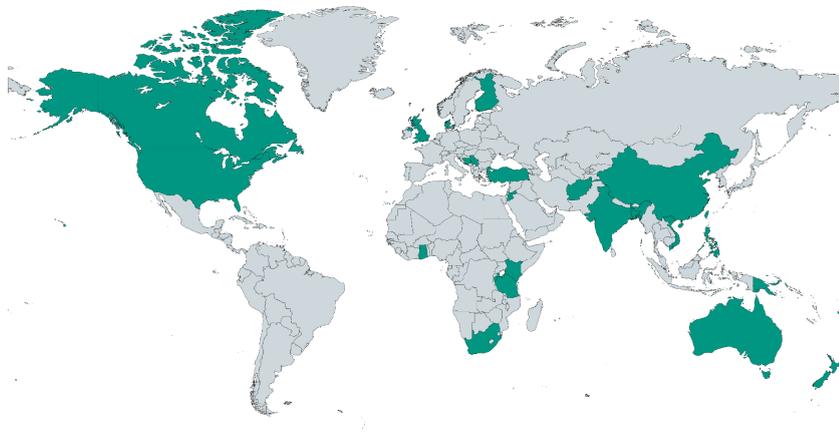
First Nations Clients

Six percent of PSP clients identified as Aboriginal and/or Torres Strait Islander in 2024–25. Practitioners have access to cultural supervision alongside their clinical supervision, strengthening the capacity to deliver care that is both clinically sound and culturally responsive.

Aboriginal and Torres Strait Islander Identity	Count
Aboriginal but not Torres Strait Islander origin	57
Aboriginal or Torres Strait Islander origin	27
Both Aboriginal and Torres Strait Islander origin	4
Torres Strait Islander but not Aboriginal origin	1
Total	**89 individuals (6% of program client group)**

LGBTQIA+ Inclusion

Eight percent of PSP clients identify as LGBTQIA+. Practitioners create affirming spaces where clients feel safe, accepted, and understood, an essential foundation for effective therapeutic engagement.

Practitioner and Staff Perspectives

The Psychology Support Program is more than individual therapy sessions, it's the combined effort of practitioners, managers, and support teams working together to provide safe, equitable care in complex circumstances. Each part of the team plays a role in making sure clients are supported not just clinically, but practically and systemically.

Meeting Complex Needs

Practitioners continue to highlight the realities of working with clients who face multiple and overlapping challenges, from financial hardship and unstable housing to trauma histories and ongoing risk. Supporting these clients requires balancing empathy with structure, making use of supervision, risk advisory input, and collaboration with community services. Many note that the intensity of the work stretches them professionally, while also offering deep opportunities for growth.

Intake and Reception: The First Step

For many clients, the first call to Intake or first interaction at Reception sets the tone for their entire experience. Staff describe the importance of being responsive and compassionate, particularly for clients who may be nervous, distrustful, or in crisis. This first step is where barriers begin to ease, and where continuity of care starts to take shape.

Risk Advisory: A Safety Net

High-risk presentations remain common across PSP. The Risk Advisory service provides an immediate safety net, giving practitioners real-time support in managing complex cases. Having a reliable team to consult means practitioners can focus on the therapeutic relationship, knowing that risk is being shared and managed with oversight. This safety net also supports practitioner wellbeing, reducing the sense of isolation when working with clients in crisis.

Technology and Information Services

Behind the scenes, the TIS team continues to strengthen systems for reporting, data management, and quality review. Practitioners note that reliable tools and responsive support make a tangible difference, helping them spend less time troubleshooting and more time with clients. Ongoing development in secure messaging and case review processes has also improved confidence that client information is managed safely and effectively.

Growth Through the Work

Working within PSP is challenging, but staff repeatedly reflect that it sharpens clinical skills and strengthens resilience. Practitioners describe becoming more flexible and creative, learning to manage diverse presentations, and building confidence through supervision and peer collaboration. For many, the greatest reward is seeing clients make meaningful changes despite significant barriers, a reminder of the value of persistence, teamwork, and hope.

Trauma Recovery Program (Pilot)

The Trauma Recovery Program (TRP-BS) was launched in Brisbane South in 2024–25 as a pilot initiative, designed to address the critical need for specialised psychological support for individuals with trauma histories. Building on the framework of the Psychology Support Program, TRP provides intensive, trauma-informed care that integrates therapy, safety planning, and system coordination.

The program supports clients with diverse and often overlapping trauma experiences, including domestic and family violence, child sexual abuse, and sexual violence, ensuring interventions are tailored to both immediate needs and longer-term recovery. With a strong governance framework, TRP practitioners are supported through supervision, risk advisory, and quality systems to deliver safe and effective care in highly complex circumstances.

TRP's model of care integrates:

- **Individual Therapy** – evidence-based interventions focused on stabilisation, recovery, and resilience

- **Safety Planning** – structured approaches for clients at heightened risk, delivered in collaboration with sector partners

- **System Coordination** – active engagement with the Local Care Team, GPs, acute mental health services, and specialist providers to ensure continuity of care

- **Workforce Development** – structured supervision and professional development opportunities, equipping clinicians to manage complex trauma presentations with confidence

At the conclusion of its first year, TRP-BS is demonstrating the value of a dedicated trauma stream alongside our Psychology Support Program. The program highlights how specialist trauma services can reduce risk, strengthen resilience, and expand sector capacity to respond effectively to clients with highly complex needs.

🌿 **Impact Snapshot**

- **144 clients supported**
- **1,655 therapy sessions delivered**
- **33 young clients (23%) under 18 years**

Presenting Issues Overview

The presenting issues within the Trauma Recovery Program reflect the depth and complexity of trauma faced by clients in Brisbane South. Unlike other programs, where adjustment or mood-related challenges are most common, all participants present with trauma histories, often involving multiple, intersecting forms of violence and abuse.

Trauma Types Reported

- 56% reporting experiences of domestic and family violence (DFV),

- 24% reporting child sexual abuse (CSA), and

- 24% reporting sexual violence (SV).

Nearly one-third (31%) experienced DFV as their only trauma, while 20% reported overlapping histories across CSA, DFV, and SV, highlighting the prevalence of complex trauma within the cohort.

Trauma Profiles

Feedback from clinical assessments highlights the depth and complexity of trauma experienced:

- Adulthood trauma exposure: 38%

- Childhood trauma exposure: 29%

- Core PTSD symptoms: intrusion (39%), avoidance (29%), negative mood/cognitions (40%), arousal/reactivity (33%)

- Functional impairment: 36%

- Dissociation symptoms: 33%

- PTSD likelihood: 39% full PTSD, 38% partial PTSD

These findings confirm the high intensity of need within this cohort, underscoring the importance of targeted trauma-informed care.

Key Insights

The presenting issues in TRP highlight a client group facing significant and often long-standing trauma, with a high likelihood of PTSD and functional impairment. These findings underscore the program's role in:

- Delivering **specialist trauma-informed interventions** that address both safety and recovery.

- Supporting clients through the challenges of **complex trauma presentations**, including dissociation and overlapping trauma types.

- Building pathways to recovery that prioritise stabilisation, resilience, and long-term healing.

Outcome Measures

Outcome measures are central to understanding and improving the care provided through the Trauma Recovery Program (TRP). They guide clinical decision-making, support tailored interventions, and provide reliable insights into the effectiveness of services for clients with complex trauma histories.

STRESS (Adult Self-Report)

The STRESS Adult Self-Report (Grasso, Ford, Reid-Quiñones, & Felton, 2018) assesses trauma exposure, PTSD symptoms, dissociation, and functional impairment, estimating the likelihood of full or partial PTSD. Its structured scope makes it particularly suited to TRP, where clients often present with multiple and intersecting trauma experiences.

Outcome Rating Scale (ORS)

The ORS (Miller & Duncan, 2000) is a brief measure of overall wellbeing across personal, relational, social, and functional domains. Administered session-by-session, it captures immediate client concerns and tracks progress over time.

Session Rating Scale (SRS)

The SRS (Duncan et al., 2003) captures client feedback on the therapeutic relationship, session relevance, and practitioner approach. Routine use ensures therapy remains client-centred, strengthening engagement and alliance.

Kessler Psychological Distress Scale (K10+)

The K10+ (Kessler et al., 2002) measures non-specific psychological distress associated with depression and anxiety. Regular use tracks symptom change, supports early identification, and informs program evaluation.

Depression, Anxiety, and Stress Scale (DASS-21)

The DASS-21 (Lovibond & Lovibond, 1995) provides differentiated measures of depression, anxiety, and stress. It is widely used to monitor symptom reduction and evaluate treatment impact in trauma-informed care.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ (Goodman, 1997) is used with young clients to assess emotional, behavioural, and social functioning. It informs age-appropriate, targeted interventions.

Suicide Assessment Questionnaire (SAQ)

The SAQ (Pinninti et al., 2002) is a structured assessment of suicidal thoughts, behaviours, and associated risks, playing a critical role in ensuring timely safety planning and intervention.

Together, these measures provide a comprehensive framework for evaluating outcomes in the TRP. They capture both trauma-specific and general mental health needs, ensuring services are evidence-based, responsive, and effective in supporting recovery.

The following pages present results from these measures, illustrating their role in practice and the impact of TRP services on client wellbeing and recovery.

Program Outcomes

The Trauma Recovery Program (TRP) was introduced in 2024–25, designed to provide specialist trauma-informed care for individuals with complex trauma histories. Services are delivered through a mix of office-based therapy and outreach, ensuring accessibility for clients who may otherwise struggle to engage with traditional supports.

In its first year, the program:

- Supported **159 clients**, delivering **2,069 therapy sessions**.
- Coordinated care with GPs, acute mental health services, and specialist providers to ensure safety and continuity.
- Facilitated safety planning for **clients identified at heightened risk (31%)**.
- Provided services to **young people under 18 years of age (23%)**, reflecting the breadth of trauma impacts across age groups.

Outcome Measure Results

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
STRESS Tool PTSD Subscale	M = 45.74 (SD = 11.82)	M = 37.82 (SD = 13.43)	t(37) = 4.00	p <.05
ORS	M = 17.12 (SD = 8.48)	M = 24.09 (SD = 9.36)	t(90) = 8.00	p <.05
DASS-21 Depression Subscale	M = 25.45 (SD = 10.05)	M = 19.20 (SD = 10.09)	t(39) = 4.02	p <.05
DASS-21 Anxiety Subscale	M = 20.75 (SD = 9.77)	M = 16.05 (SD = 9.52)	t(39) = 3.81	p <.05
DASS-21 Stress Subscale	M = 28.35 (SD = 8.73)	M = 23.00 (SD = 9.17)	t(39) = 4.14	p <.05
K10+	M = 34.48 (SD = 7.17)	M = 30.50 (SD = 8.32)	t(59) = 4.94	p <.05

Key Insights

Clients engaged in TRP demonstrated significant improvements across all outcome measures:

- **PTSD Symptoms (STRESS Tool):** Scores decreased from 45.74 to 37.82, reflecting reduced severity of trauma-related symptoms such as intrusion, avoidance, and hyperarousal.
- **Overall Wellbeing (ORS):** Scores increased from 17.12 to 24.09, showing meaningful gains in daily functioning, relationships, and quality of life.
- **Psychological Distress (K10+):** A reduction from 34.48 to 30.50 highlights improvements in managing general distress and emotional strain.
- **Depression, Anxiety, and Stress (DASS-21):** All subscales demonstrated statistically significant reductions, underscoring the program's effectiveness in alleviating core mood and stress-related symptoms.

- **Session Rating Scale (SRS):** 97% of clients reported a strong therapeutic alliance, reflecting high levels of satisfaction with the relevance of sessions, the therapeutic approach, and feeling heard and understood.

Score <36
3.3%

3

89

Score 36+
96.7%
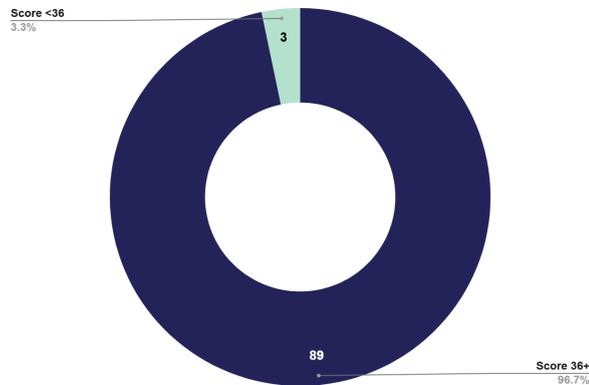
Program Impact

Although in its first year, the TRP pilot has already demonstrated strong outcomes. The program is successfully engaging individuals with complex trauma histories, many of whom face significant risk factors and functional impairments. With evidence of improved wellbeing, reduced distress, and meaningful symptom reduction, TRP is emerging as a valued service for Brisbane South. Its trauma-informed model of care not only provides immediate support but also builds foundations for longer-term recovery and resilience.

Diversity in the Trauma Recovery Program

The Trauma Recovery Program (TRP) supports a client group with diverse backgrounds and lived experiences, many of whom present with multiple layers of complexity. Tailored, culturally safe, and inclusive care is central to the program's design, ensuring that all clients feel respected, supported, and able to engage meaningfully in therapy.

Age Brackets	Proportion
Early childhood: 2–5	1.1%
Middle childhood: 6–11	7.4%
Adolescence: 12–17	10.1%
Emerging adulthood: 18–24	9.0%
Early adulthood: 25–44	45.5%
Mid-adulthood: 45–64	25.9%
Early older adulthood: 65–74	1.1%

Age and Gender

TRP clients span a wide range of life stages, from early childhood to older adulthood. The largest cohort is early adulthood (25–44 years), making up over 40% of clients, followed by mid-adulthood (45–64 years). This reflects the program's focus on working with adults and families impacted by trauma, while also engaging children and adolescents where appropriate.

Women represent the majority of participants (82.7%), consistent with higher prevalence of trauma-related service use among females, while 14.0% of clients are men and 3.2% identify outside the male/female binary. This diversity underlines the importance of inclusive, gender-responsive care.

Gender	Proportion
Female	82.7%
Male	14.0%
Other	3.2%

🌿**3.2% identify outside the male/female binary**, showing the importance of inclusivity.

Disability

Disability status was recorded for 35% of TRP clients in 2024–25. This aligns with the evidence that trauma often intersects with disability and functional impairment. Practitioners adapt therapy approaches to meet accessibility needs, ensuring clients with diverse abilities can fully engage in trauma-informed care.

Cultural and Linguistic Diversity

Clients in the TRP represent multiple cultural and linguistic backgrounds, reflecting the diversity of the Brisbane South region. In recognition of this, Change Futures contracted World Wellness Group to provide trauma therapy to CALD clients. In the 2025 financial year, WWG saw 55 clients from 27 nationalities. Practitioners draw on culturally informed practice to ensure therapy is sensitive to clients' heritage, language, and lived experience. This includes awareness of migration-related trauma and culturally specific barriers to care.

First Nations Clients

Eighteen percent of TRP clients identify as Aboriginal and/or Torres Strait Islander, significantly above the 2.8% of population in the region. This reflects the First Nations experience of multi-generational trauma. Embedding culturally safe practices and providing access to cultural supervision alongside clinical supervision ensures services are both clinically sound and culturally responsive.

🌿**Regular cultural supervision** ensures care is both clinically and culturally responsive.

Aboriginal and Torres Strait Islander Identity	Proportion
Aboriginal but not Torres Strait Islander origin	6%
Aboriginal or Torres Strait Islander origin	9%
Both Aboriginal and Torres Strait Islander origin	3%

LGBTQIA+ Inclusion

One in ten TRP clients (10%) identify as LGBTQIA+. Practitioners foster affirming, inclusive environments that validate identity and create safety, which is particularly critical in supporting recovery from trauma.

Client Journeys and Outcomes

Through our program, clients are supported to understand the impacts of trauma and develop practical skills for recovery. These stories illustrate the profound changes that are possible with consistent, accessible, and compassionate therapeutic support, restoring hope, stability, and a sense of self.

Client C: Understanding Trauma and Regaining Control
Age: 15 | **Gender:** Female

Referred for support with her mental health, C was struggling with the overwhelming symptoms of OCD. She felt a lack of control and understanding about why she was experiencing these challenges, which impacted her daily life and wellbeing.

Therapy focused on psychoeducation, helping her connect her OCD symptoms to their trauma-related roots. With this new awareness, she learned practical coping strategies to manage her anxiety. C reported a significant positive shift in her mindset and highlighted that the no-cost, accessible nature of the program was what made it possible for her to receive this essential support.

Client N: From Regulation to Rebuilding a Life
Age: 50 | **Gender:** Female

N was struggling with racing thoughts that left her feeling unregulated and unconfident. This made it difficult for her to connect with her community and created significant instability in her life, including a lack of secure housing.

In her sessions, Mrs. N learned and began practicing relaxation techniques to manage her thoughts. This newfound skill gave her the confidence to build relationships within her church community. As a direct result of these supportive connections, N successfully secured stable housing, a life-changing outcome she attributes to the support she received through the program.

Client P: Finding Stability and Skills for Healing
Age: 56 | **Gender:** Male

After previous negative experiences "bouncing between sites," P found it difficult to engage in the deep work required to address his trauma history. The lack of consistency in other services had become a barrier to his healing.
He described the program's stable, no-cost, weekly sessions as "eye-opening," providing the safety and consistency he needed to make progress. Therapy focused on building coping skills, and he now feels better able to "fight" trauma-related thoughts rather than dwell on them. His confidence in the care has been so profound that he has since referred his own GP and other clients to the service.

Client Z: Reclaiming a Future After Decades of Trauma

Age: 54 | Gender: Female

Z was referred to the program by a friend, seeking support to heal from the trauma of a 25-year marriage defined by relentless sexual, verbal, and psychological abuse. Although she had found the strength to divorce her ex-husband, his sudden death earlier this year brought decades of suppressed pain to the surface. She was confronted with intrusive memories, nightmares, panic, and a pervasive sense of shame, and knew she could no longer carry the burden alone.

Over 28 sessions, therapy has provided a structured and compassionate path toward healing:

- Stabilisation and Safety: The initial focus was on managing her immediate distress. Z learned practical DBT skills for emotional regulation and was supported to implement firm interpersonal boundaries, which provided immediate relief from family-related stress.

- Trauma-Informed Processing: Using a Cognitive Processing Therapy (CPT) framework, she has begun to gently explore her experiences. This has allowed her to identify and re-evaluate the deeply ingrained, damaging beliefs about herself that were forged through years of abuse.

- Building a Support Network: Therapy has been complemented by the unwavering emotional support of close friends, who have consistently encouraged her on her healing journey.

The consistency of weekly therapy has given Z a safe and non-judgmental space to discuss her trauma in a depth she never has before. This process has been transformative, significantly reducing the feelings of shame that had isolated her for so long. Her progress is also reflected in improved scores on clinical assessments measuring stress and distress.

Reflecting on her journey, Z shared that therapy has been the first space where she can discuss her trauma without the pervasive shame that has followed her for so long. She described the process as one of making sense of her past while reconstructing a new sense of self and purpose, centered on her own values.

While the path forward still has challenges, Z is deeply committed to the process. She is moving from a life defined by trauma toward one of purpose, with goals of building genuine connections and returning to strength training, an activity that has previously given her a powerful sense of confidence. Her story is a profound testament to the power of therapy to help survivors not only heal the wounds of the past but also reclaim a future filled with hope and possibility.

Community and Private Practice Services

Change Futures continues to deliver a broad range of mental health services across community programs and private practice, ensuring care is accessible, inclusive, and responsive to the needs of individuals and families. Our work is grounded in evidence-based practice, strong partnerships, and a commitment to supporting resilience and long-term wellbeing.

Community Services

Our community partnerships ensure tailored support for people who may otherwise face barriers to mental health care. In 2024–25, this included expanding our partnership with ATSICHS Brisbane, now delivering culturally informed psychological care across several of their programs in Brisbane North and South. We also continue to deliver services in partnership with Mylestones Disability Employment and Kurbingui Youth and Family Development, alongside Employee Assistance Programs for workplaces across the region.

Private Practice Services

Our private practice provides high-quality, person-centred therapy through a range of funding pathways:

- **Medicare** – psychological therapy under the Better Access initiative
- **NDIS** – therapy, skills training, and support for individuals with disabilities
- **Department of Veterans' Affairs (DVA)** – trauma-informed care for veterans and families
- **WorkCover** – psychological treatment and return-to-work planning after injury
- **Assessment Services** – Autism, ADHD, and cognitive functioning assessments (WAIS and WISC)

Beyond funded pathways, private practice also gives us flexibility to respond to diverse and complex client needs, including pro bono support where appropriate. This ensures that individuals who don't fit within the scope of other programs can still access quality psychological care.

Presenting Issues Overview

The presenting issues data for Community Services and Private Practice highlights the diverse and often complex challenges faced by clients across these programs. Community Services continues to support people who experience financial, social, and systemic barriers, where trauma and interpersonal difficulties frequently intersect with broader life stressors. In Private Practice, presentations reflect a wide spectrum of mental health needs, from early intervention and short-term support to long-term therapy for complex trauma and mood disorders.

Primary & Secondary Presenting Issues in Community Services

Primary Issues	Proportion	Secondary Issues	Proportion
Anxiety & Depression	32.1%	Trauma	42.0%
Interpersonal	17.9%	Interpersonal	26.9%
Trauma	14.3%	Anxiety & Depression	15.4%
Anxiety	10.7%	Adjustment	3.9%
Addiction	7.1%	Anxiety	3.9%
Adjustment	7.1%	Behavioural	3.9%
Depression	3.6%	Grief	3.9%
Existential	3.6%		
Grief	3.6%		

Key Insights

Anxiety and Depression remains the most common primary presentation (32.1%), though trauma emerges as the most frequent secondary issue (42.1%), underscoring the depth of overlapping concerns within this cohort.

Interpersonal issues are also highly prevalent, featuring as both primary (17.9%) and secondary (26.9%) concerns, highlighting the impact of relationship strain, conflict, and isolation.

Other concerns include addiction, grief, adjustment, and existential distress, each reflecting the program's role in addressing a wide spectrum of challenges that extend beyond clinical symptoms into daily functioning and resilience.

🌿 **Top 5 (combined primary and secondary issues – Community Services)**

1. **Trauma**
2. **Interpersonal**
3. **Anxiety & Depression**
4. **Anxiety**
5. **Addiction / Grief (tied)**

Primary & Secondary Presenting Issues in Private Practice

Primary Issues	Proportion	Secondary Issues	Proportion
Trauma	20.5%	Trauma	41.9%
Anxiety	18.0%	Interpersonal	19.6%
Anxiety & Depression	15.4%	Anxiety & Depression	9.7%
Interpersonal	15.4%	Adjustment	6.5%
Depression	10.3%	Depression	6.5%
Grief	7.7%	Grief	6.5%
Adjustment	5.1%	Addiction	3.2%
Existential	5.1%	Anxiety	3.2%
Loneliness	2.3%	Loneliness	3.2%

Key Insights

Trauma is the most significant presenting issue across private practice, reported as a primary concern for 20.5% of clients and a secondary concern for 41.9%.

Anxiety, depression, and interpersonal difficulties make up much of the remaining presentations, often overlapping and requiring flexible, individualised therapeutic approaches.

Grief, adjustment, existential concerns, and loneliness are present in smaller proportions but remain meaningful drivers of distress, emphasising the broad reach of private practice in supporting varied client needs.

🌿 **Top 5 (combined primary and secondary issues – Private Practice)**

1. **Trauma**
2. **Interpersonal**
3. **Anxiety**
4. **Depression**
5. **Grief**

Results Summary

The aggregated outcomes from Community Services and Private Practice once again demonstrate significant improvements in client well-being across both settings. Statistically reliable changes were observed across key measures of psychological distress (K10+), symptom reduction (DASS-21), and overall well-being (ORS). These results highlight the value of providing tailored care through multiple pathways, whether supporting clients with complex social barriers in Community Services or addressing diverse presentations in Private Practice.

Community Services Outcome Measure Results

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 18.98 (SD = 8.88)	M = 25.56 (SD = 7.83)	t(49) = 5.34	p <.05
DASS-21	M = 74.83 (SD = 29.51)	M = 57.17 (SD = 30.47)	t(23) = 3.67	p <.05
K10+	M = 33.56 (SD = 8.43)	M = 27.76 (SD = 7.76)	t(24) = 4.34	p <.05

Private Practice Outcome Measure Results

Outcome Measure	First Test Point	Last Test Point	t-test	Significance
ORS	M = 21.37 (SD = 8.69)	M = 22.67 (SD = 8.97)	t(155) = 2.02	p <.05
DASS-21	M = 65.48 (SD = 21.89)	M = 60.00 (SD = 25.12)	t(102) = 2.57	p <.05
K10+	M = 31.78 (SD = 7.08)	M = 29.87 (SD = 8.20)	t(98) = 2.73	p <.05

Key Insights

Community Services clients demonstrated marked improvements across all measures, underscoring the strength of combining psychological care with practical supports to address systemic and social barriers.

Private Practice clients also achieved positive outcomes, with reductions in symptoms and distress that reflect the program's ability to flexibly respond to diverse needs, from early intervention to long-term therapy.

Together, these results confirm that Change Futures' blended model of Community and Private Practice services provides effective, evidence-based mental health care that meets clients where they are, while continuing to adapt to varied and often complex presentations.

Referrals and Access to Support

Meeting the Complexity of Demand

Across all programs, the demand for psychological support remained high in 2024–25, with many clients presenting with multiple, overlapping needs. Practitioners consistently balanced urgency with equitable access, ensuring that those at highest risk were prioritised without compromising broader service availability. This ability to adapt reflects the maturity of our systems and the dedication of our workforce in responding to complex demand.

Strengthening Risk and Clinical Support

The Risk Advisory Service continues to play a central role in supporting practitioners working with high-risk clients. This year, its focus on mentoring early-career practitioners and embedding structured safety planning processes has helped strengthen confidence and consistency across the workforce. Risk processes are now more streamlined, enabling timely intervention and clearer pathways for escalation when needed.

Collaboration and Integration

Our partnerships with GPs, PHNs, and community organisations remain critical to effective client care. In 2024–25, Change Futures placed greater emphasis on shared planning and feedback loops with external providers. These collaborations are increasingly moving beyond simple referral pathways to genuine co-management of client needs, reducing duplication and improving continuity of care.

Timeliness of Access

Despite continued sector pressures, most clients were seen within 30 days of referral, with a strong proportion receiving care within 10 days. These results highlight the ongoing commitment to timely access in programs designed to reach those who may otherwise face barriers to support.

- **PAC Wellbeing Program:** 52% seen within 10 days, 65% within 20 days, 74% within 30 days
- **Psychology Support Program:** 41% seen within 10 days, 61% within 20 days, 73% within 30 days

Looking Ahead

To keep pace with demand, Change Futures is refining the way it monitors referral trends and case complexity. Enhanced data reporting now helps forecast workforce needs and inform future planning. At the same time, we continue to explore new technologies and tools, such as system integrations that better track risk, case management, and quality review data, to ensure care remains both timely and safe.

Workforce Training and Development

Building practitioner capability has remained a priority in 2024–25, with Change Futures continuing to invest in training, supervision, and structured development pathways. As our programs expand and client needs become more complex, ensuring a skilled and supported workforce is central to delivering safe and effective care.

Strengthening Clinical Confidence

Practitioners across all service streams have engaged in ongoing supervision, mentoring, and targeted training designed to support reflective practice and evidence-based decision making. This year, the Risk Advisory Service played an increasingly important role, not only supporting high-risk cases but also providing tailored guidance for early-career practitioners. This has helped embed a culture where practitioners feel equipped to manage complexity with confidence.

Expanding Pathways for Growth

In response to sector changes and the end of the psychology 4+2 pathway, we have continued to develop structured training options that fill critical gaps:

- The Mental Health Clinician Training Program has provided social workers and early-career psychologists with the structured oversight, mentorship, and experiential learning they need to develop advanced clinical skills.

- The Clinical Excellence Program has supported emerging leaders, giving practitioners the opportunity to build specialist expertise and prepare for senior clinical roles within Change Futures.

These programs demonstrate our commitment not only to immediate service delivery but also to growing the next generation of mental health professionals.

Service Stream Training

Our Service Stream Training Program continues to provide a structured pathway for developing role-specific expertise. Streams in Older Persons Services, Professional Services, Community Services, Private Practice, and NDIS Services combine compulsory, core, and advanced modules, leading to a Change Futures Practice Certificate on completion. With training streams spanning up to 200 hours, this framework ensures comprehensive preparation for practitioners entering or developing within each service area.

Keeping Training Relevant

This year we focused on ensuring training stays practical and aligned with the realities practitioners face across programs. Many of our core modules were reviewed and updated, and we also integrated access to high-quality external training resources such as MHPOD, giving staff opportunities to broaden their learning.

A major milestone was the transition to a new Learning Management System (LMS), which has improved both the staff experience and organisational oversight. The new platform offers a more intuitive interface, streamlined compliance tracking, and clearer visibility of progress, ensuring training remains accessible, trackable, and responsive to workforce needs.

Governance and Quality Improvement

Change Futures remains committed to strong governance as the foundation of safe, accountable, and effective service delivery. In 2024–25, we focused on translating policy into practice, embedding continuous improvement, and ensuring systems keep pace with the complexity of modern mental health care.

Strengthening Clinical Governance

Our governance framework continues to evolve to support practitioners working with diverse and high-risk client groups. The Risk Advisory Service provided real-time guidance to practitioners, while program managers and supervisors worked closely with teams to ensure safe decision-making. Key developments included updated Work Instructions and the rollout of Scribe resources to make governance tools easier to use day-to-day.

Embedding Policy and Compliance

Policy and procedure documents were transitioned into Employment Hero, creating a centralised platform for staff access, acknowledgement, and compliance. This has improved visibility and consistency, while reducing reliance on manual processes. We also prepared for NDIS reaccreditation, strengthening systems and confirming our alignment with national quality and safety benchmarks.

Continuous Improvement

This year's improvements included updated work instructions across service streams, refinements to secure systems (new secure messaging platform and online referral form), enhanced reporting linking case management and quality review data, and the introduction of cultural supervision to complement clinical oversight.

Collaboration and Looking Ahead

Collaboration with funders, Primary Health Networks, and sector partners remained central, with feedback loops and co-design strengthening shared accountability. Looking ahead, governance priorities include refining quality assurance processes, preparing for accreditation under the National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO), including the revised Digital Health Standards component, and further embedding practitioner development pathways.

By combining robust governance systems with practical tools that support staff every day, Change Futures ensures accountability, safety, and quality remain at the heart of everything we do.

Innovation and Evaluation

Innovation and evaluation remain central to Change Futures' commitment to delivering responsive, evidence-based mental health care. In 2024–25, our focus has been on building new service models and extending program evaluation to ensure our work continues to meet community need.

Trauma Recovery Program

The launch of the Trauma Recovery Program pilot in Brisbane South, funded by Brisbane South PHN, has been a major milestone this year. TRP delivers trauma-informed therapy for clients with complex trauma histories, including domestic and family violence, sexual violence, and child sexual abuse. Robust evaluation accompanies the program, using outcome tools such as the STRESS Adult Self-Report and DASS-21 to track changes in PTSD symptoms, wellbeing, and daily functioning. Early results show statistically significant improvements across all measures, demonstrating TRP's value as a specialised model of care.

Continuing Evaluation

- Therapeutic Drumming: Data collection has progressed through the year, positioning us to expand this work within the new Creative Therapies Pilot.

- Psychoeducation in Aged Care: Staff feedback continues to demonstrate strong impact, with high confidence gains in supporting resident wellbeing.

- Suicide Risk Assessment in Older Adults: Work toward tailored assessment tools has paused during 2024–25, though validated interim measures remain in use.

Looking Ahead

Together, these initiatives highlight Change Futures' ongoing commitment to innovation in program design and robust evaluation. By trialling new models such as the trauma recovery program, while continuing to refine existing approaches, we ensure services remain adaptable, evidence-based, and responsive to the diverse needs of the communities we serve.

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