

# Mackay Medicare Mental Health Centre

Codesign Workshop

31<sup>st</sup> July 2025

Harrup Park, Mackay



Welcome to Country  
Uncle Phil Kemp

### Acknowledge to Country

Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land.

We respect their continued cultural and spiritual connection to country, waters, kin and community.

We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



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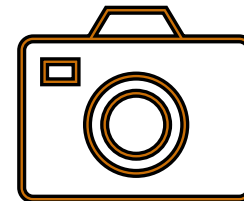
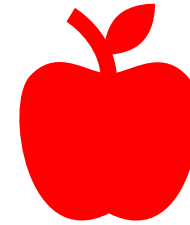
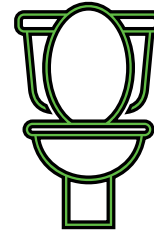
## Acknowledgment of Lived Experience

Jason Peoples – Lived Experience Advisory Group member

We acknowledge the lived experience of those with mental illness, those impacted by suicide or substance use, and those in crisis and the contribution support persons and staff make to their recovery. The strength, resilience, and compassion they demonstrate is at the heart of the work we do and a constant inspiration.

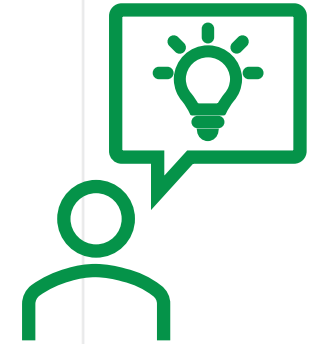
# Housekeeping

- Bathrooms.
- Breaks.
- Phones.
- Photos.



## About today

- It's about hearing from you!
- For great codesign, different ideas and experiences are needed.
- We want all to feel safe and heard and our facilitators will help make this happen.
- Today continues to be exploratory.
- It will help us take confident steps forward in our commissioning journey.



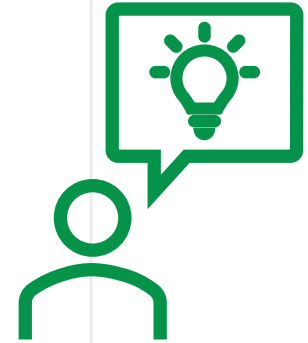
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## About today

- There may be tricky or difficult conversations or comments.
  - Please do what you need to remain ok.
  - Take a break, leave the room or observe the interactive activities if that's best for you.
  - We trust you will reach out to us at any point if you need anything.



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# Overview of today

Context setting: What is a Medicare Mental Health Centre, our approach for commissioning in Mackay, what we've heard so far.

We are workshoping:

The Journey

Transitions

Logic that lives: designing outcomes that matter

What model will get us there?

Time to get busy!

Morning Tea: 10.50am | Lunch around 12.30pm | Finish by 2.30pm

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## About today

We  
are  
here



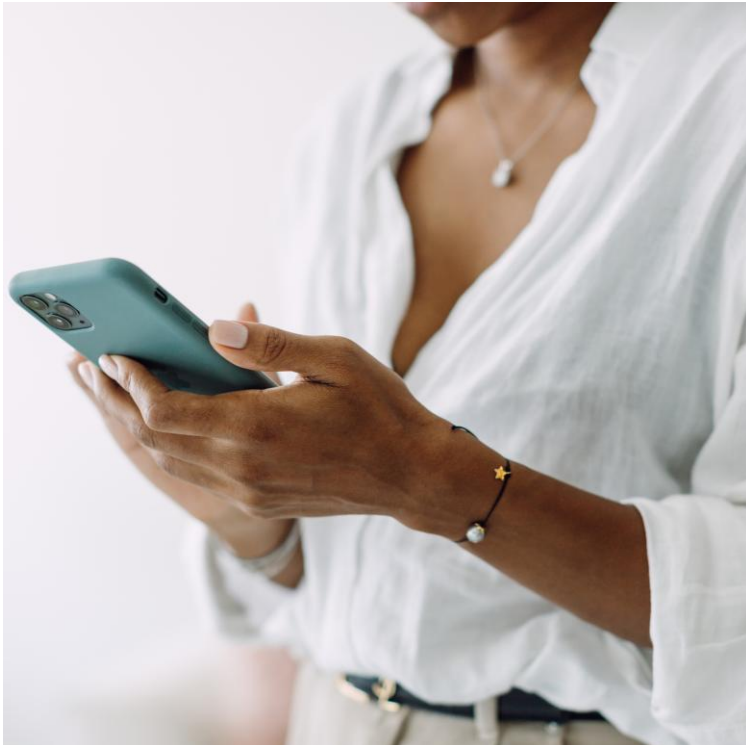
10% = not much done

50% = core components are coming together

99% = double checking, detailed editing



# Icebreaker



- Get your phones out!
- Jump into menti.com
- Use the code on screen

# Have you been to something related to this project before?



# Medicare Mental Health Centres

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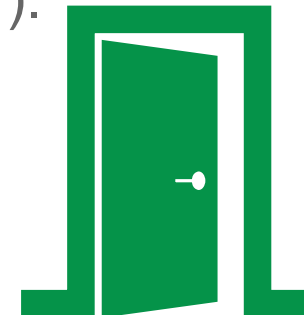
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## Background

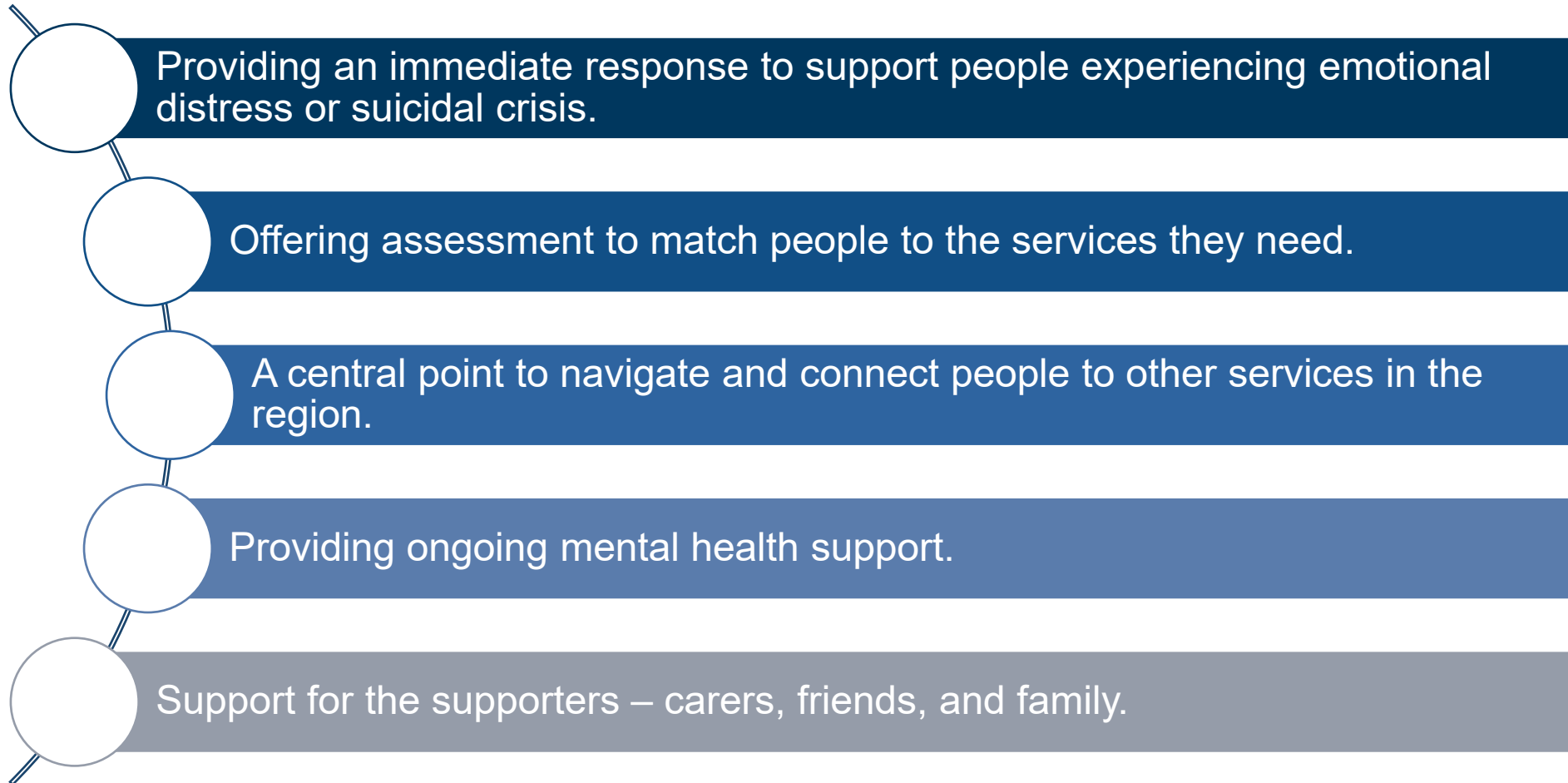
- The Australian Government has committed to investing in the establishment the Medicare Mental Health network (formerly the Head to Health network) including a website, phone service, and physical centres.
  - **Jointly funded** by the Commonwealth and Queensland governments.
  - **NEW services** – won't replace or duplicate other services.
  - Aim to address increasing demand for mental health support including providing an alternative to presenting to emergency departments (EDs).
  - Strong focus on integrating with existing mental health, alcohol and other drug (AOD), suicide prevention, and other services in the region.

# What is a Medicare Mental Health Centre?

- A welcoming and safe place/s in our community.
- An accessible and visible soft entry point for people to receive on-the-spot care, advice, and support.
- No referral, appointment, or Medicare card is needed.
- Care is holistic and collaborative.
- A no wrong door approach (we call it the **Yes Right Door**).
- There is no cost.



## Core service elements



## Intent

- Services delivered in house through collaborative care and/or referred on to the most appropriate support
- People accessing the service should not be required to go through two stages of assessment, nor tell their story more than once.
- Avoid further fragmentation and make optimal use of already available services.
- Culturally safe responses to the needs of Aboriginal and Torres Strait Islander people, culturally and linguistically diverse, priority populations.
- In-reach support (or other integrated arrangements) from local acute mental health services.
- Responsive to the physical health needs of people, to drug and alcohol comorbidities or risks of substance misuse.

## Examples from other regions – what was designed

Extended hours	Eg. Townsville open 10am-8.30pm, 365 days of the year, Launceston open 9am-9pm Mon-Fri, 10am-2pm weekends and public holidays.
Embedding tertiary services within the service	Eg. Darwin co-located with the Acute Care Team, Cairns will collocate with Acute Care and MH Call Teams.
Innovative partnerships	Eg. AOD services, housing, and CALD-specific service provision, Better Rights Qld.
Workforce profiles	Eg. OTs, RNs, social workers, psychologists, peer workers (inc. identified roles for First Nations, LGBTI), psychiatric consultancy, GP.
Look and feel	Sensory and modulation rooms, open foyers rather than reception desks, soft and comfortable spaces.



# Darwin



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# Cleveland



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# How are we commissioning in Mackay?



# Mackay Medicare Mental Health Centre

- Partnership between Mackay Hospital and Health Service and NQPHN.
- Funding (based on population) is for establishment and service delivery.
- Planning and codesign 2025, service delivery from 1 July 2026.
- Will need to leverage/use existing service infrastructure.
- No service boundaries – anyone can arrive and get support. Considerations for our regional/rural areas.
- 16+ years but won't turn away younger people if they arrive and will at the right time connect them to a more age-appropriate service.

## Our commissioning approach

- Localising to the needs of Mackay and surrounds.
- Building on what has come before.
- A dedicated Lived Experience Advisory Group to help guide codesign and establishment.
- Tapping into existing networks, events, services and groups.
- A focus on the outcomes we want to see for the Mackay community.
- Inclusive approach for stakeholders, including the procurement phase – we want to leverage the strengths of providers.

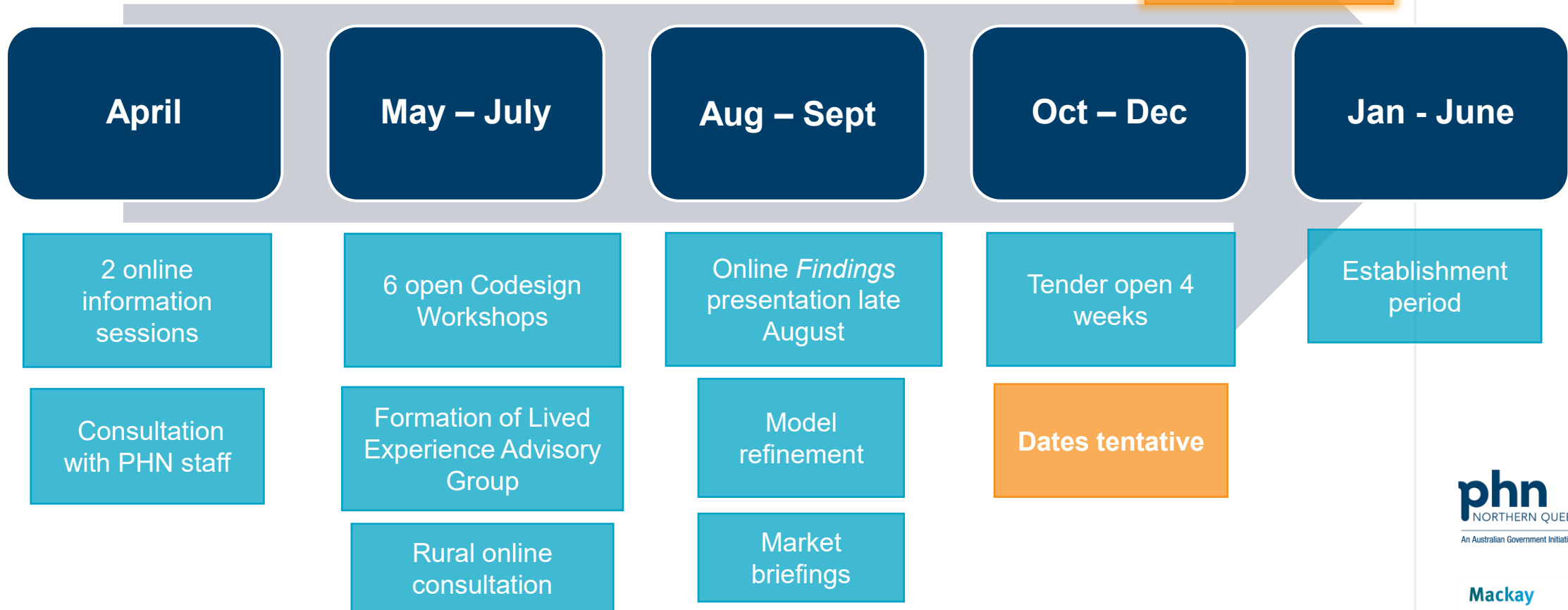
## Guiding principles

- Developed through extensive codesign (~580 points of engagement) during the redesign of stepped care services.
- Endorsed by codesign participants, including lived experience.
- Will be applicable to the Mackay Medicare Mental Health Centre.



# The timeline

Over 300  
people  
engaged so far



**Plus** - 31 stakeholder meetings, online consultation and network presentations  
3 Lived Experience Advisory Group meetings

## What we've explored

The current experience  
in Mackay and  
surrounds when people  
reach out for help

What 'welcoming  
and safe' actually  
means for people

What the first  
interaction should  
look and feel like

Rural access  
challenges and  
opportunities

How the service  
should be  
promoted

Design and  
location aspects

How services  
want to work  
together

What builds trust  
or gets in the way

The way AOD  
needs should be  
responded to

Workforce profile

What matters  
most



## The Lived Experience lens



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# Activity 1 | The Journey

40 mins

## What we know

- When in emotional distress or heightened risk of suicide, people in Mackay most often use these options for help:
  - Emergency department
  - Crisis Safe Space – Safe Harbour
  - 000 and co-responder option
  - Presenting to the closest service - who may be limited in what support is on offer
  - Family and friends
  - GP

## What was strong

- **Stigma** is significant and is a barrier to accessing help.
  - People who may need and want to reach out for help may not do so due to fear of gossip, risk to employment, self stigma, losing face with family and friends and many other reasons.
  - Many don't feel able to reach out or are just '*white-knuckling it*'.
- The **language** used to promote the service is critical.
  - Often people don't recognise what they are going through is related to mental health, so don't see themselves reflected in the language or service information.
  - People are reaching out around grief, loss, relationship breakdown, or financial stress.
  - People are seeking connection.
  - It's seen as a life issue, not a mental health issue.

## What was strong

- It takes enormous courage and vulnerability to reach out for help, regardless of whether it is the 1st or 21st time.
  - ***Am I just another tick and flick*** or are they really listening? People know.
  - *I don't know what I need but I know I need help*, must be met with ***'You're in the right place'***.
  - People want to be met with patience and can take their time.
  - ***It's like visiting a friend.***
- A place to go where *'They **don't overreact** to suicidal thoughts'*.
- It is **family friendly**; *I can get support while my kids have somewhere to play and I know they are safe.*
- **Practical needs being met** – something to eat and drink before having to answer heaps of questions. Somewhere to shower, wash clothes, .

## What was strong

- It needs to be **away from the hospital**, discrete but accessible, clear signage but not too obvious that it is a mental health service.
- **Outreach** is needed, both locally and into rural areas.
- The ability to **respond to all types of presentations** and needs - but is dependent on the skills and experience of the workforce.
- There are **concerns** about the availability of the workforce required – recruitment is a constant challenge. And consistency of staff is a key enabler of people trusting the service and achieving outcomes.
- **Embedding the service within the community**, delivering supports or activities that bring people in for something else, to build trust and pave the way for reaching out.

## Activity 1 – The Journey

You each have the Journey detailing some of what we have heard to date, reflecting **how people want it to work**.

- It isn't one person's journey or linear – but moving through important elements identified by those involved so far.
- We want to **pressure test the proposed ideal journey** and find **the specific risks and gaps** that could undermine it (especially the hidden or unintentional ones)



## Activity 1 – The Journey

Take a read of the Journey. Consider:

- What do we need to watch out for?
- What could trip us up here in the real world?
- What assumptions are we making that might not hold?
- What would make someone not come back after this step?
- Where are the biggest gaps or risks?

**1. Individually on post its write down what comes to mind as you move through.**

**2. As a table discuss and add to the Journey.**



# Think about the people you support at work, your family or friends.

How strongly does the journey reflect what is needed?



Strongly disagree

Strongly agree

# Activity 2 - Transitions

70 mins

## What we know

Good transitions are a critical success factor in a persons journey of care

People falling through the cracks can often be traced back to poor transitions / handovers, or lack of support to help journey between services

The needs of people in Mackay indicate multiple services are often needed

Being able to access the service and come back at any time is essential

It is likely that some people who present to the service will require a transition to the hospital

## Activity 2 – Transitions

### We want to know more about

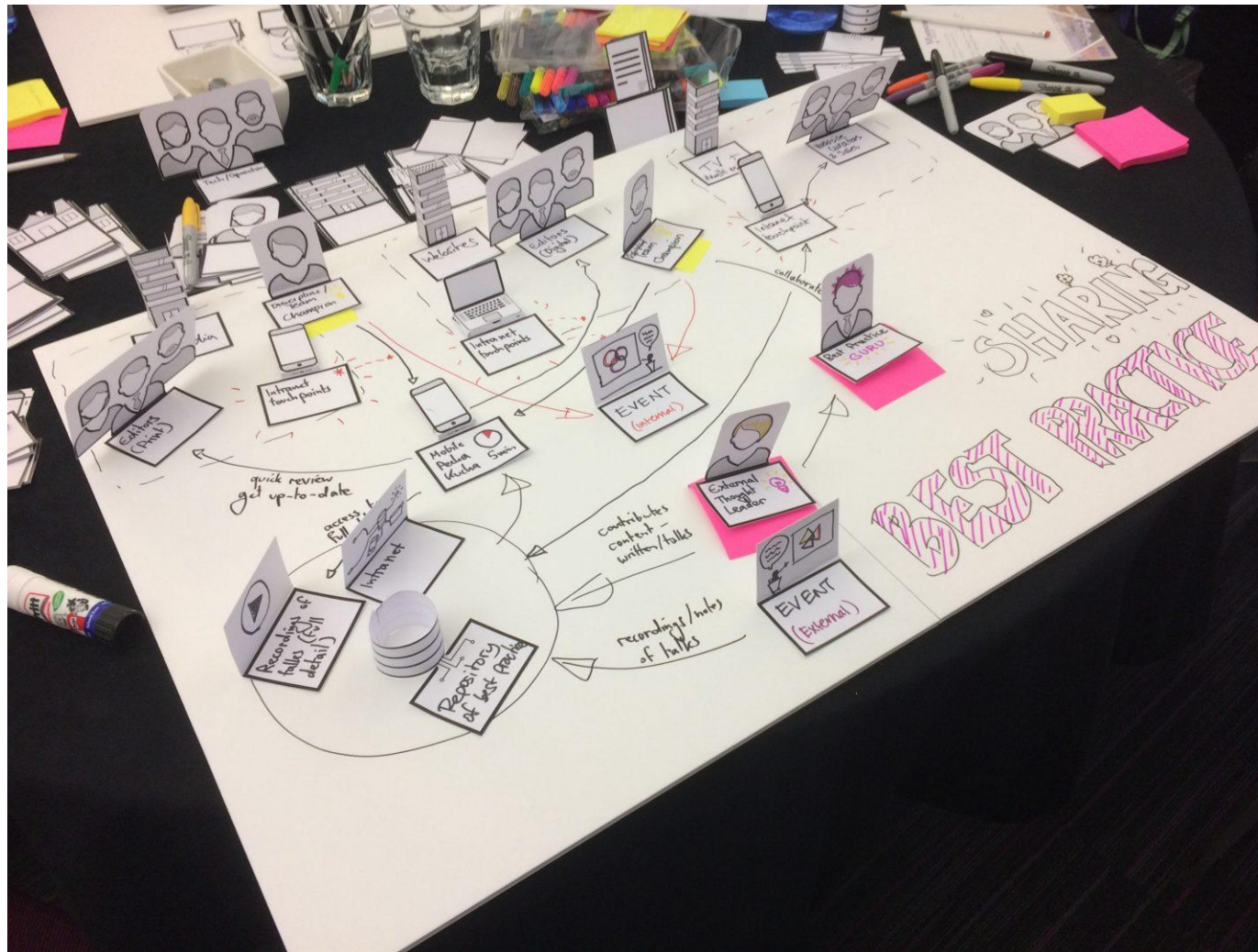
- What should transitions **feel** like?
- How should they physically happen?
- To **What** support and how should people be connected?
- If someone is **coming from the hospital or actually needs the hospital instead** how should this be handled?
- What is the **Coming back** process?
- What **enables great** transitions?

## Activity 2 – Transitions

Using the “**Business Origami**” method we will paper-prototype the interactions among people, things and environments in the system.

- It is a useful method to **unpack complexity**
- We will create a **visual map** of the processes and people in the ecosystem
- It will help us understand the different types of **behaviours, feelings, actions, touchpoints.**
- It will help reveal the problems and look to what should happen.

## Activity 2 - Transitions





## Activity 2 – Transitions

Each table has **paper cut-outs** that represent

- People
- Communications
- Buildings
- Transport
- Value exchange

We want to document the **actions, touchpoints, behaviours** between people. What do they say and do? What are people feeling and when?

**Think of it like creating a miniature movie set, with props and actors.  
We want to tell the story.**

Time to  
get  
creative!!

## Activity 2 – Transition journey options

1. Tell us about the person who presents to Medicare Mental Health Centre but their needs will be better met by the hospital in this instance.
2. Someone has presented to the hospital / acute care team / community mental health but would be better supported by the centre.
3. The person has needs that would be better supported by other services (in distress but needs other supports not mental health related e.g housing).
4. The person is from a rural community (outside of Mackay).
5. As a table create your own.



## Activity 2 – Transitions

### As a table

#### Choose your transition

Prompts on table

### Choose your characters

**Who** will be involved in this transition? (person, staff, family, other clients)

Write these on the cut outs

Choose your other props - buildings/transport etc

### Table discussion

The **actions and behaviours** between people – what people say and do

Consider the family and supports – where are they in the story

Interactions between **objects and technology**

### Create the map

Cut-outs are **placed on the large piece of paper**

**Lines are drawn** between cut-outs to show **connections and flow**

**Flag** Challenges, Tension points, Opportunities

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## What is your one must-have (in relation to the 'optimal' journey)?



# What's the most important thing we need to get right to make this journey work in the real world?



# Activity 3 | Logic that lives – designing outcomes that matter

50 mins

# Program logic

## Needs which will be addressed

What is the gap that currently exists to achieve the goal?

## Project goal

What is the program / project aiming to deliver?

## Current state

What is the current situation?

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			SHORT-TERM (0-2 years)	INTERMEDIATE (3-5 years)	LONG-TERM

## Assumptions

## Contextual factors

# Program Logic

A program logic is basically a way of showing how a service is meant to work, from the need or problem, to what we put in, to what we do, and most importantly, to the changes we hope to see.

It helps make sure we're all clear on:

- Why the service exists
- Who it's for
- What it actually does
- And what should be different if it's working well

## Activity 3 – Logic that lives

- We want to **create a co-owned program logic** that feels 'liveable ' and speaks to what outcomes we care about.
- Your input will tell us what this mental health service is really here to do, what people need from it, and **what changes will show us it's working.**
- It's about making sure the service actually delivers what matters. Especially outcomes that people in Mackay care about, even if they're hard to measure.
- Nudging forward towards outcomes-based commissioning.



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## Activity 3 – Logic that lives

On your table is a program logic template – some areas have been pre-filled based on some ideas that have come up so far.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			SHORT-TERM (0-2 years)	INTERMEDIATE (3-5 years)	LONG-TERM
What will we need in place to make this work?  e.g., funding, human resources, partnerships, physical spaces, marketing etc.	What does the service actually do?  Service model elements  What else?	What will be delivered or offered?  (service offered, programs run, resources developed, partnerships)	Outcomes <b>are the changes you would expect to see</b> as a result of the work.		
			What early changes matter to the person?	What changes in their life because of this? What's different?	What are the ripple effects for families, community, system?



## Activity 3 – Logic that lives

**Individually**, take a few minutes to review the logic elements. Consider:

- What resources or activities should there be?
- What should be offered by the service?
- What changes should we expect to see if this was working?
- What is the impact or benefit to the person receiving support?

**Write what comes to mind on post its.**

## Activity 3 – Logic that lives

### Next

1. As a group, use the large blank template and start to populate. Moving through the elements and discuss what is important.
2. Identify the outcomes that matter most
  - What are they for the people of Mackay and surrounds?
  - What might we measure to show this change?

## Whole group debrief

- Table reflections and **outcome that matter most.**
- What are the changes you want to see in your community? For your clients?
- What's hard to measure?

# What outcome is most important to you?



## Activity 4 | What model will get us there?

20min

## What we know

The Mackay service system is connected but perhaps informally or relationship dependent + lack of time to network.

Many preferences about where it should be located – city centre, city adjacent, Northern Beaches, away from the hospital, on a bus route.

Community hub vibe, as opposed to a 'mental health service'. Bringing in groups, education, activities that work in parallel to clinical supports.

Physical space that is multi purpose, outdoor area or garden, works for men, family friendly.

Being in proximity to other helps navigating to the right place in a timely way.

## What we know

- The way the service is pieced together can impact its ability to achieve the wanted and needed outcomes.
- We are viewing the model as an enabler.
- Not just a vehicle for funding, staff or service delivery.

### Model goals

- Reduce fragmentation – increase integration between needed supports
  - Leverage strengths – maximising the gold we have in the region
    - Stigma reducing to increase access
  - Whole of community approach, not isolated or individual service



## Ideas around other models (some real, some not)

Provider and Acute Care  
Team collocated/  
integrated

Consortia approach with  
many / diverse agencies

1 provider delivering all  
service components

A lead provider and sub-  
contracted providers with  
speciality areas

A partnership between a  
clinical service and lived  
experience organisation

A community /  
neighbourhood centre  
employing qualified staff

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## Activity 4 – Model exploration

Getting specific on **how** the service needs to be pieced together to enable those outcomes we just talked about.

- This activity is entirely exploratory. In no way are we indicating one is better than the other.
- No decisions have been made about what the Mackay model should be.
- It is about ideas generation from you.



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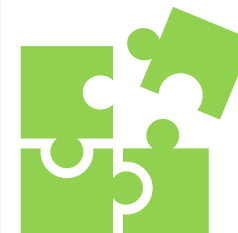
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## Activity 4 – Model exploration

### As a table discuss

- What must be built into the Mackay model (not just added later)?
- What colocation or integration arrangements have you seen work well?
- Is there anywhere that makes sense for this service to go?
- What will get in the way of working towards an integrated service?
- What parts of the model will help deliver the outcomes we talked about earlier?
- **Your facilitator will scribe. Write on post it notes.**



**If you had to start this service next month, what are the must haves?**



## Wrap up and next steps

## Wrap up

- Reflections from today.
- Expectations vs reality.
- Today's contribution will be feeding into the design of the model.
- Early September there will be a 'Findings' online session which will bring together everything we've heard and run through the procurement approach.
  - We will email you information and registration link.
  - There will be a summary document also.

# The timeline





## Procurement approach

- The way we run our procurement and tender process will be reflective of what we have learned through the codesign phase.
- We will present the approach at the September findings session
- Hang in there!



It's July 2026. What's one thing that will let us know we've design well?



I am optimistic that we can design a service that will work for the Mackay community.

We can do this.



Strongly disagree

Strongly agree



65

Thank you!

We appreciate your time, openness and collaboration.

Stay in touch: [mhaodplanning@nqphn.com.au](mailto:mhaodplanning@nqphn.com.au)