# Mackay Medicare Mental Health Centre

## Stakeholder Summary

October 2025

phn NORTHERN QUEENSLAND
An Australian Government Initiative

Mackay
Hospital and Health Service

## Acknowledgement of country

As a collective, we acknowledge Aboriginal and Torres Strait Islander people as Australia's First Nations people and the Traditional Custodians of this land. We respect their continued connection to land, sea, country, kin and community. We also pay our respects to Elders past and present as the custodians of knowledge and lore.

## Acknowledgement of lived experience

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.

# Contents

From March 2025 to July 2025, a significant consultation and codesign process was undertaken to inform the design and approach to market for the establishment of Mackay Medicare Mental Health Centre. This report provides an overview of key findings and insights. Led by Northern Queensland Primary Health Network (NQPHN) and Mackay Hospital and Health Service (HHS) more than 350 stakeholders participated, sharing their experiences, insights and recommendations to help shape this important new service for the region.

# Background

The National Mental Health and Suicide Prevention Agreement and supporting Bilateral Agreement sets out the shared intention of the Commonwealth and Queensland governments to work in partnership to improve the mental health of all Australians, reduce the rate of suicide, and enhance the mental health and suicide prevention system.

Medicare Mental Health Centres are a national network of community-based services that offer mental health support and a range of co-located services that can address the social determinants of mental ill-health. The Commonwealth and state governments are jointly funding this network of services under the Mental Health and Suicide Prevention Bilateral Agreements.

This service is being commissioned by NQPHN in partnership with Mackay HHS. The service will deliver a locally tailored approach to supporting individuals with their mental health, social and emotional wellbeing needs. This support extends to and is inclusive of family, friends, loved ones, and carers.

The centre will provide a welcoming, low-stigma and soft entry point people who are experiencing distress, crisis or other mental health challenges including drug and alcohol challenges. Support will be immediate with no need for a referral, appointment or Medicare card. People 16 years and above can access the service, and where younger people arrive, they will be supported to connect at the right time to a more age-appropriate service.

## What is a Medicare Mental Health Centre?

Delivery of services by Medicare Mental Health Centres align with the Medicare Mental Health Centres National Service Model April 2025 and are underpinned by the following four core service elements:

- Responding to people experiencing a crisis or in significant distress
- Providing a central point to connect people to other services in the region
- Providing in-house assessment, including information and support to access other services
- Providing evidence-based and evidence-informed immediate, and short to medium term care.

The service is intended to:

- Meet growing demand for mental health support, providing an alternative to emergency departments without replacing or duplicating existing services
- Provide holistic, in-house collaborative care through a multidisciplinary team approach
- Provide a single point of assessment so that people do not need to tell their story more than once
- Increase service integration and avoid fragmentation in care, making optimal use of existing services in the region, including primary health care providers
- Provide culturally safe responses to the needs of First Nations peoples, South Sea Islander peoples, culturally and linguistically diverse communities, and priority populations
- Respond to the physical health needs of people, to drug and alcohol comorbidities or risks of substance misuse.

You can find more information about Medicare Mental Health Centre's here.

# Engagement and codesign

The Mackay Medicare Mental Health Governance Group was established in 2024 with the Mackay HHS to ensure there is region-specific oversight and collaboration with the Hospital and Health Service. The group provided guidance and oversight of the codesign phase, and will be ongoing to provide clinical governance, service integration and quality improvement oversight, and act as a platform to escalate issues and disseminate important updates on the establishment of the Centre. The group will include senior leadership representation of the lead agency following the execution of the contract.

### Lived Experience Advisory Group

The Lived Experience Advisory Group (LEAG) for the Mackay Mental Health Centre was established in June 2025 following an expression of interest process. After receiving 32 responses, a review process was conducted and Roses in the Ocean were engaged to undertake readiness calls, with the final group established with 11 members representing a diverse range of perspectives.

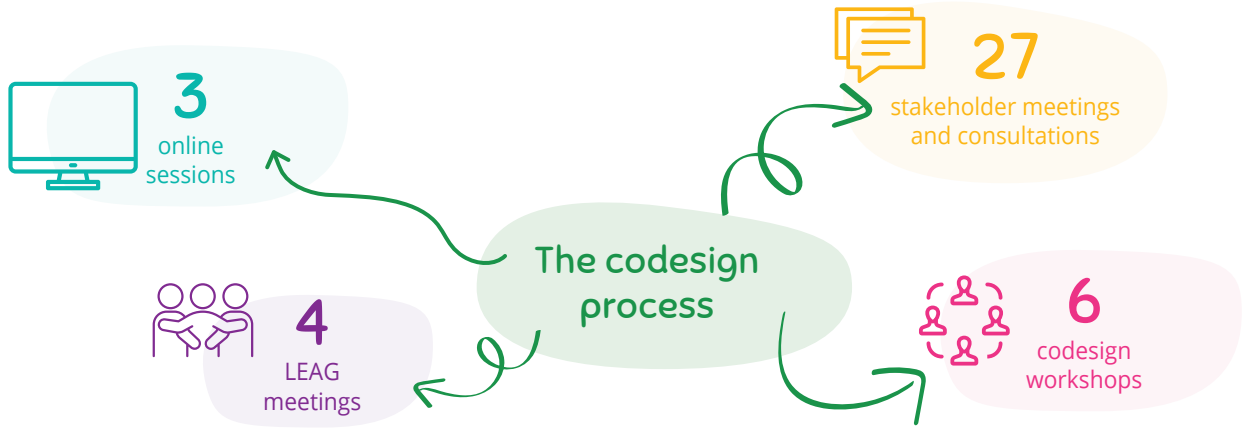
The LEAG was formed to ensure that the voices from people in our region with a personal experience of mental health challenges or mental illness, suicide related experiences or drug and alcohol challenges was heard throughout the commissioning process.

The LEAG meets monthly and has provided advice on aspects of the codesign process, methods of engagement, the current experience of accessing services in the region, and what matters most in the future service. The LEAG will continue to meet throughout the establishment and delivery of the service, and it is anticipated that members of the LEAG will have a role in ongoing governance of the service.

## The codesign process

From March to July 2025, NQPHN in partnership with MHHS led a comprehensive consultation and codesign process to inform the design and delivery of the Mackay Medicare Mental Health Centre. A diverse range of stakeholders engaged in a variety of consultation and codesign activities: Service providers from mental health, housing and homelessness, drug and alcohol sectors, people with lived experience of mental health challenges, carers and community members, staff from government agencies, child and youth and family support services, community hubs and emergency relief agencies.

More than 350 stakeholders participated and shared their experiences, insights and recommendations to help shape this important new service. The process was grounded in human-centred design principles and worked to build the optimal consumer journey experience.




## Codesign workshops

Codesign workshops were held in May, June and July 2025. In addition to the structured codesign workshops, individual and group consultations were held, including sessions specific to the needs of people living outside of the Mackay region. There was deep exploration of:

### May

- the current experience of why and how people seek support across the Mackay region
- what is working well and not so well when people need help
- what supports should the future service provide

### June

- the promotion of the service, how people will hear about it and what language should be used
- where the service should be located
- what a welcoming and safe service looks and feels like
- the arrival experience and what is essential for a great first interaction
- how we will know people trust the service and felt listened to

### July

- validating the optimal consumer journey
- designing great transitions and pathways
- outcomes that truly matter and how we measure them
- service model options

# What we heard

We have developed a deeper understanding of the community vision for the Mackay Medicare Mental Health Centre, with key learnings and feedback validated throughout the process. The following is a summary of findings from what was heard across the codesign process.

## The current experience

When in emotional distress or heightened risk of suicide, people in Mackay most often use the options below for help. However, for those that are reaching out for support, there are many who are redirected to other places, having to re-tell their story or wait for a meaningful response

- Emergency department
- Crisis Safe Space – Safe Harbour
- 000 and co-responder option
- Presenting to another service - who may be limited in what support they can offer. They may provide support or call 000
- Family and friends
- General Practitioners

### Stigma

It was striking that no matter who we were speaking with or what questions were asked, stigma was raised as a concern and an issue for the Mackay region. Stigma is a fundamental barrier to people who require support and is a barrier to reaching out for help at the time of need. Those who may need and want to reach out for help may not do so due to fear of local gossip, risk of employment, self-stigma, judgment and losing face with family and friends and concerns about confidentiality.

Many don't feel able to reach out or are just 'white knuckling it', getting through, with the perception that it is 'weak' to ask for help. Additionally, we heard that the drivers of someone's mental health challenges or emotional distress are not viewed as mental health related with issues referred to in varying ways. Frequently we heard reference to

> 'I don't know what I need but I know I need help'.

Lots of people are struggling with no idea where to turn.

## Who the Mackay Medicare Mental Health Centre will support

- People who are experiencing overwhelming situational distress
- People with mental health concerns, particularly those feeling isolated or unsure of what's wrong, People with co-occurring issues (e.g. alcohol and other drugs, and mental health)
- People supporting loved ones in distress or with mental health challenges.

We also heard specific reference to specific population groups or needs relevant to the region

- First Nations peoples
- South Sea Islander peoples
- Culturally and linguistically diverse communities
- Families and carers, including children, impacted by parental mental health
- People experiencing domestic violence, homelessness, and gambling addiction
- Individuals disconnected from primary health support or with negative hospital experiences
- People experiencing grief, loss, relationship breakdowns, or financial stress.

## How the Mackay Medicare Mental Health Centre should be promoted

For Mackay, promoting the service is a key trust building process. When we asked in codesign workshops 'I knew I could trust this service because…', overwhelmingly the response what 'I knew someone that had used it and heard they had a good experience'. Using real life stories about people who have used the service is preferred, particularly for building trust with sections of the community including men.

Language is critical and how the service is promoted needs to be informed by the community. Different messages for different age groups and demographics will be needed. We were told to use words that mean something for people in the area i.e. 'are things a bit shit right now?', 'I need help to audit my thoughts', 'I'm at the end of my tether'.

It was important to describe what happens when a person access the centre and being transparent about what it can

or cannot provide. Additionally, there was an emphasis on linking with workplaces to help focus on changing workplace culture and reach people in different ways.

Other feedback includes:

- Use appealing signage, images on the door or windows, and imagery that reflects the local region
- Information at workplaces, QR codes on coasters, in camp room (mines), on the back of the toilet door at the pub to help link people seamlessly and discreetly
- Presence at community or service provider events, and community groups such as men's shed
- Use radio, newspaper, billboard, and flyers in other services
- Use promotion as health literacy and community education and awareness raising opportunity through running sessions at the service
- Focus on the peaks and troughs of life in the region such as the shift change days for those working in the mining industry, or during the crushing season for those in the sugar industry
- Promote people's value, that they are important and 'we've got your back'.

## The location of Mackay Medicare Mental Health Centre

- It is highly desirable if the location is central, visible and near existing infrastructure.
- The location must consider accessibility for those people most likely to need access to the centre. Whilst the exact physical location will be influenced by many factors including cost and availability, it is essential that the location is accessible by public transport and has access to free parking.
- Of note, outreach is an essential element of the Mackay Medicare Mental Health Centre to varying levels which may evolve over time. Options to meet people outdoors (by the river, in a park etc.) and at other services in the region need to be considered.

## The look and feel of the Mackay Medicare Mental Health Centre

- A welcoming, non-clinical environment with comfortable seating, soothing colours and indoor plants
- Automatic doors, supporting seamless entry and trust in the service, and a feeling of I know I'm allowed to go inside'
- Open but quiet spaces, private rooms also available, no bright lights or loud music
- Potentially different 'zones' so people can self-select based on their immediate needs i.e. *I need time to gather my thoughts before talking to someone, I'd like to talk to a peer worker, I just need a safe space right now.*
- Signage that isn't overwhelming, engaging artwork such as a graffiti wall or mural inside,
- No glass panel for reception
- A room large enough for group programs, access to telehealth and online support.
- Access to refreshments – tea, coffee, water, snacks
- Family friendly space for children or young people to play or wait,
- Friendly staff, avoiding people feeling like a number or just another tick and flick. *It should feel like visiting a friend*
- Safety: security presence without intimidation, trauma-informed design

## The arrival experience at Mackay Medicare Mental Health Centre

We have been reminded regularly throughout this process of the enormous amount of courage and vulnerability it takes to reach out for help, regardless of whether it is the 1st or 21st time.

What people want is for the first interaction to support them feeling heard, listened to, and understood.

- Immediate connection, being greeted as you walk in by a friendly face, no glass barriers between people. Gaining trust and feeling heard in the first response is a priority.

- Someone dedicated to greeting people so that they don't have to work out where to go or who to speak with. It can be hard to make decisions or navigate new places when I'm distressed.
- Staff are kind and aren't worried if you are super stressed, frustrated or can't get your thoughts out. I can take my time and don't feel rushed
- No paperwork to fill in or assessments to do straight away. People can just talk and don't feel like they are being judged as 'too hard' or 'too sick'.
- There is somewhere for the carer/s to sit and rest. Sometimes the carer needs support as it can be overwhelming, and they need help too - Remember to ask me how I am.
- There is an area for children to play and be supervised so that parents can focus on getting help.
- Staff say:
  - *We're glad to see you.*
  - *You're in the right place.*
  - *Yes, we can help.*
  - *Take as long as you need.*

## Service delivery needs for the Mackay Medicare Mental Health Centre

- People can access the centre outside of normal business hours, including at weekends.
- Meeting the community where they are comfortable and not requiring them to come to unfamiliar or unsuitable spaces for intake, assessment or support, which can occur outside of the Centre. This is particularly important for priority population groups in the region.
- Providing real-time answers, not just referrals.
- Ability, resources and connections to manage complex needs, and or concurrent treatment of mental health and drug and alcohol challenges
- Telehealth and digital health options are available, and people can access these
- Providing ongoing support, working with the person and their family to understand the ongoing clinical needs and their other needs and linking in with other services for best fit, particularly when long-term care is required.
- Involving families to help during major distress. Obtaining different viewpoints to best care for individuals. Carers and support people to be allowed to stay as per their loved one's choice.
- It could be "a space where hands can be kept busy". Group programs and broader engagement in community and social activities an opportunities to be considered.

## What transitions will look like for the Mackay Medicare Mental Health Centre

- Relationships are well established between the staff and other services, with regular communication being a key enabler.
- Transitions are hot handovers; where people are supported to access the next service in person and transitions happen between staff.
- Staff can walk with the person to navigate between services (or access ACT), to achieve 'Not sending them on a wild goose chase to seek other services'
- Staff can pick up the phone and call ahead where they have made a connection or a referral, and they do a *'Follow-up phone call to ensure the connection was made or if further support is required.'*
- A warm introduction via video or phone can be facilitated to build trust, reduce anxiety
- Being able to link back into original worker, and peer first peer last continuum of care options.
- Direct communication between the Acute Care Team and the centre
- Effective step up/step down options, supported by awareness of capacity of other services
- Liaison roles or journey coordinators that can help walk alongside people and help to hold and share information as required.

## Outcomes that matter

Outcomes that really matter is a guiding principle. There were more than 100 outcomes identified in codesign as being a priority, with the following a high-level summary of these:

### Individual

- Improved mental health (and medication management)
- Increased mental health literacy
- Early intervention – getting help before in crisis
- Choice and control of the journey and supports (people, types of supports, location options)
- Reduced harmful drug and alcohol use
- Feeling culturally safe and heard
- Feeling heard and empowered
- Feeling safe and valued and supported
- Feeling of being understood and not having to worry that support is going to be cut off
- Trust in the service and empowered to seek support in the future
- The whole family is supported
- Connected to next steps easily and quickly
- Feeling in control again

### Services and system:

- Improved collaboration and communication between services
- Reduced presentations to ED that are better suited to a psychosocial service
- A more integrated mental health / health sector
- Streamlined connections for people between services
- Improved matching and support for people based on need
- Positive experience for staff delivering the service

### Community

- Reduced stigma and barriers to help seeking
- Reduced loneliness
- Happier and healthier community
- Increase mental health literacy
- Reduction in completed suicide and self-harm
- Reduced need for services
- Positive experience for people accessing support

## Workforce considerations

The Mackay Medicare Mental Health Centre requires multidisciplinary clinical support (e.g. psychologists, social workers, mental health nurses, counsellors) and peer workers who have their own lived experiences.

Other considerations

- Diversity of the workforce:
  - Gender and age
  - Roles and experiences
  - Cultural diversity
  - Lived experience
- Empathetic staff, who listen to connect and not assess
- A workforce culture where 'they don't overreact to suicidal thoughts' by having the right balance of risk aversion, as staff and as an organisation
- They are skilled in responding to people who are intoxicated, and have compassion, training and the experience to deal with people in a heightened state using a harm minimisation approach.
- Consistency of staff is a key enabler of people trusting the service and achieving outcomes
- A workforce with local knowledge
- Culturally safe and equipped to engage in ways that are culturally sensitive and respectful
- Specific skills are needed to ensure care is trauma informed

## Partnerships and integration

Building partnerships is crucial for the Mackay Medicare Mental Health Centre to successfully deliver integrated mental health care that meets the diverse needs of the Mackay community. Key points of consideration are outlined below:

### Partnerships that address the breadth of a person's needs:

Effective partnerships are needed between mental health services, government agencies, non-government organisations, community groups, and primary care providers to address all aspects of individuals' wellbeing. The Mackay Medicare Mental Health Centre

will need to actively build partnerships within the region to ensure the service is trusted and people are supported in and out of care.

**Co-location and collaboration:**
Many Medicare Mental Health Centre models work alongside existing local services like Aboriginal and Torres Strait Islander organisations, drug and alcohol support, domestic violence services and shelters, and homelessness services. The Mackay Medicare Mental Health Centre should follow suit for better reach and resource sharing and building a connected service system.

**Avoiding service duplication:**
Understanding existing service offerings such as group therapy initiatives, carer programs or workforce development opportunities in Mackay is required and should be identified and, where possible, collaborations should be explored to avoid duplication of services and effective use of resources.

# Rural Communities

In June 2025 we held a rural online consultation session in addition to hearing about the needs of people in regions outside of Mackay, including Bowen, Proserpine, Dysart, Sarina and Moranbah. Valuable insights were received covering topics such as access and availability of services and service gaps, telehealth and hybrid models of care, workforce and system navigation.

There is no geographical boundary imposed on who can access the Mackay Medicare Mental Health Centre and thus there is a need to consider people who may access the service who reside across the region, or in other parts of Queensland or Australia. It is expected that the centre will support smooth transitions and connections for people back to these communities, including links to ongoing services where needed.

## Challenges

- People often only receive help when in acute crisis, with ambulance transport to Mackay often the only option for an acute/ emergency-based response
- ACT teams and crisis lines (e.g. Lifeline) are perceived as unresponsive or underutilised. There is frustration with current systems and lack of responsiveness
- No clear pathway for those with moderate needs (not acute but still at risk)
- Limited access to mental health professionals in rural areas like Bowen, Proserpine, and Moranbah.
- Long wait times for GP appointments and Mental Health Care Plans (MHCPs).
- Minimal outreach services and inconsistent professional presence
- Lack of bulk billing and high costs deter people from seeking help
- Transport barriers to Mackay for treatment
- Stigma is prevalent, especially in small towns
- Lack of awareness among GPs about available services. New GPs are unfamiliar with local mental health pathways.

## Opportunities

- Hope and enthusiasm for new models that are community informed
- Urgency for change and desire for collaboration
- Staff often support referrals but feel unequipped to manage mental health issues. Community centres are willing and eager to collaborate but lack clinical expertise
- Collaborative, co-location or hybrid models may address this
- Strong support for telehealth services, especially as a first point of contact
- On-demand telehealth and regional facilitation by hospitals are an opportunity
- Regular, consistent presence of mental health professionals via outreach. Drop-in services in community centres with non-clinical, welcoming environments.

# Local vision

When zooming out and reviewing the feedback, a local vision emerges. The community wants a service that:

Creates a sense of **belonging, hope and connection**

Is focused on **resilience building** and early intervention in someone's experience of distress

Provides a **safe place** for both people needing support, and the staff providing it

Is **embedded in the community**, delivering supports or activities that bring people in for something else, to build trust and pave the way for reaching out

Drives relationship-based **partnerships** backed up by good processes to achieve a system of allies

Avoids the need for people to be vulnerable over and over again

Is for **everyone**

# Other service design considerations

## Guiding principles for the delivery of mental health services in northern Queensland

NQPHN completed a significant process to redesign investment in mental health stepped care services across the greater Cairns, Townsville, and Mackay regions during 2023. Underpinning this future service model are five principles that emerged through codesign and received strong endorsement from the sector and people with a lived experience of mental health challenges and will form an important part of the future mental health stepped care model of care, and accordingly, these principles will also apply to the way the organisation delivering the service will operate.


## Care pathways

The Mackay Medicare Mental Health Centre will support people with varying types of mental illnesses and mental health challenges. Ensuring all people interacting with the Mackay Medicare Mental Health Centre are met with dignity requires special consideration relating to referrals and transition pathways in and out of the Centre.

### Accessing

The Mackay Medicare Mental Health Centre will address a gap in current service provision for the Mackay region. Community members will be able to arrive at the Mackay Medicare Mental Health Centre and access immediate support, without the need for a referral or booked appointment.

Where it is the case that a service provider, healthcare professional, community group or anyone else, wishes to refer a person to the Mackay Medicare Mental Health Centre, the establishment of trusted information sharing procedures will be important. The lead agency for Mackay Medicare Mental Health Centre is expected to develop and implement these procedures with a range of important stakeholders including, but not limited to, General Practitioners, Mackay HHS Mental Health Services, and a range of government and non-government organisations.

### Referrals to other services or supports

When internal services aren't suitable for the person's needs, referrals to external providers may be necessary. For the Centre to make a difference for the Mackay community, seamless referrals and smooth transitions are crucial, especially those experiencing high levels of distress and needing long-term care.

Warm transfers, where with consent, the Mackay Medicare Mental Health Centre actively shares client information with the new service provider are vital to ensuring continuity and consistency of care. It is also important that Mackay Medicare Mental Health Centre provides ongoing support where a person is waiting to access another service.

## Transitioning to hospital-based services

Mackay Medicare Mental Health Centre will support some people whose immediate needs will be best served through Mackay HHS Mental Health Services and the codesign process identified the following important points:

- This process should be openly discussed with the person in a way that gives them a sense of control, and of feeling supported
- A key worker, ideally, a Peer Worker, will provide a warm introduction to the Mackay HHS Mental Health Service, and have the option to potentially attend hospital with the person
- Wherever possible, the transfer to hospital is smooth and fast tracked through effective information sharing.

## Moving on from

It is important for people to have a smooth transition on leaving Mackay Medicare Mental Health Centre, regardless of the next destination, with key points outlined below.

- Informed consent: People feel informed when transitioning to an external service provider or another health service, and they know what will happen next.
- Follow up: There are check-ins to ensure the person has accessed the next intended service or support.
- Coming back: People understand they can come back to the centre at any time, and ideally, see the same worker.

# About Northern Queensland Primary Health Network

NQPHN is one of 31 PHNs established nationally by the Commonwealth Department of Health, Disability and Ageing to provide local communities with better access to improved primary healthcare services. The NQPHN region is home to approximately 700,000 people, and extends from St Lawrence in the south coast, up to the Torres Strait in the north, and west to Croydon and Kowanyama.

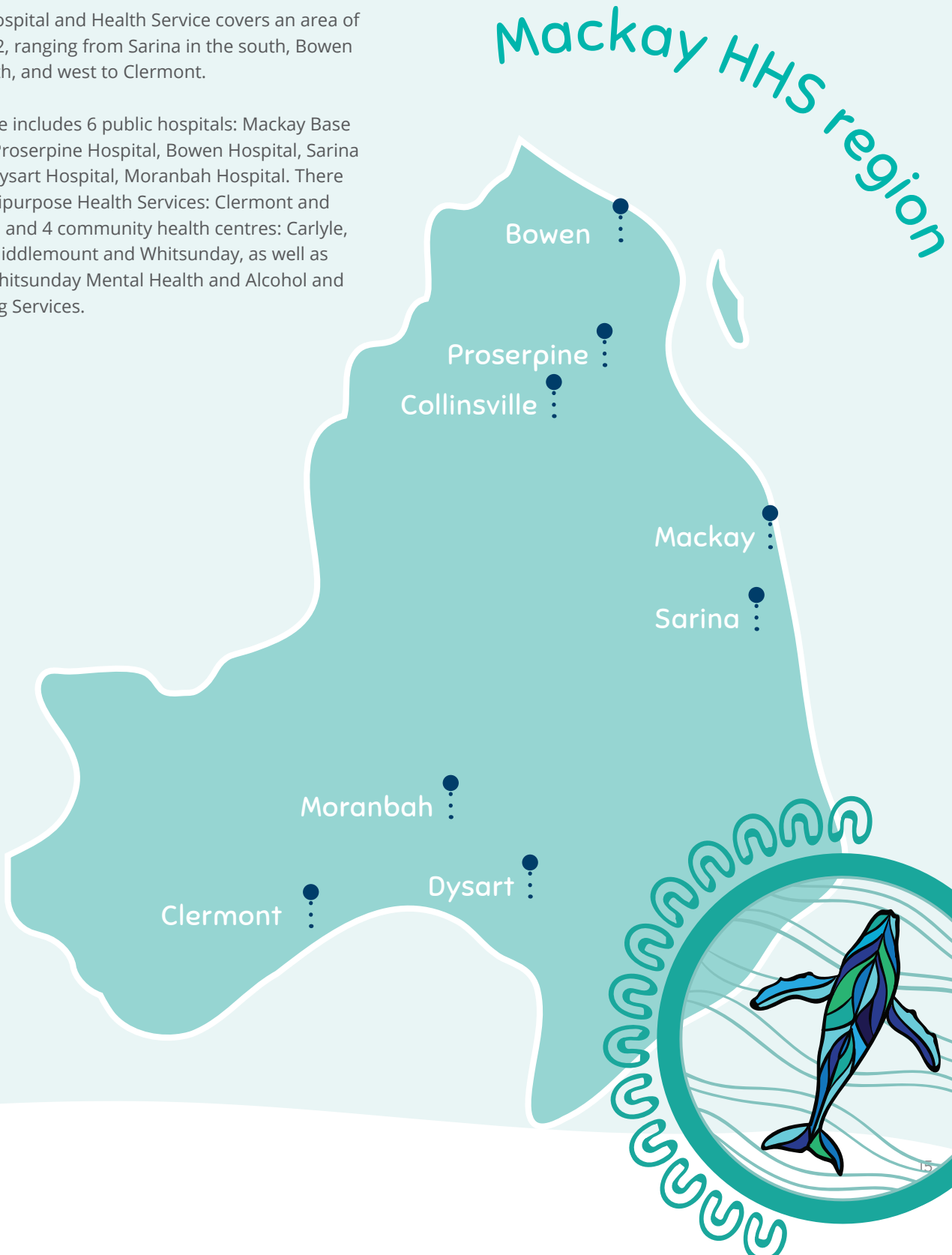
Our vision is to shape a healthy future for all northern Queenslanders. We aim to improve health outcomes for all residents by supporting, investing in, and working collaboratively with other health organisations and the community to deliver better primary care. You can find more information about NQPHN here.

As part of a commitment to deliver on actions within the Fifth National Mental Health and Suicide Prevention Plan, NQPHN worked in partnership with the Torres and Cape, Cairns and Hinterland, Townsville, and Mackay Hospital and Health Services (HHSs) partners to develop the foundational Joint Regional Wellbeing Plan which you can find here.

## About Mackay Hospital and Health Service

Mackay Hospital and Health Service covers an area of 90,000km2, ranging from Sarina in the south, Bowen in the north, and west to Clermont.

The Service includes 6 public hospitals: Mackay Base Hospital, Proserpine Hospital, Bowen Hospital, Sarina Hospital Dysart Hospital, Moranbah Hospital. There are 2 Multipurpose Health Services: Clermont and Collinsville and 4 community health centres: Carlyle, Mackay, Middlemount and Whitsunday, as well as Greater Whitsunday Mental Health and Alcohol and Other Drug Services.



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