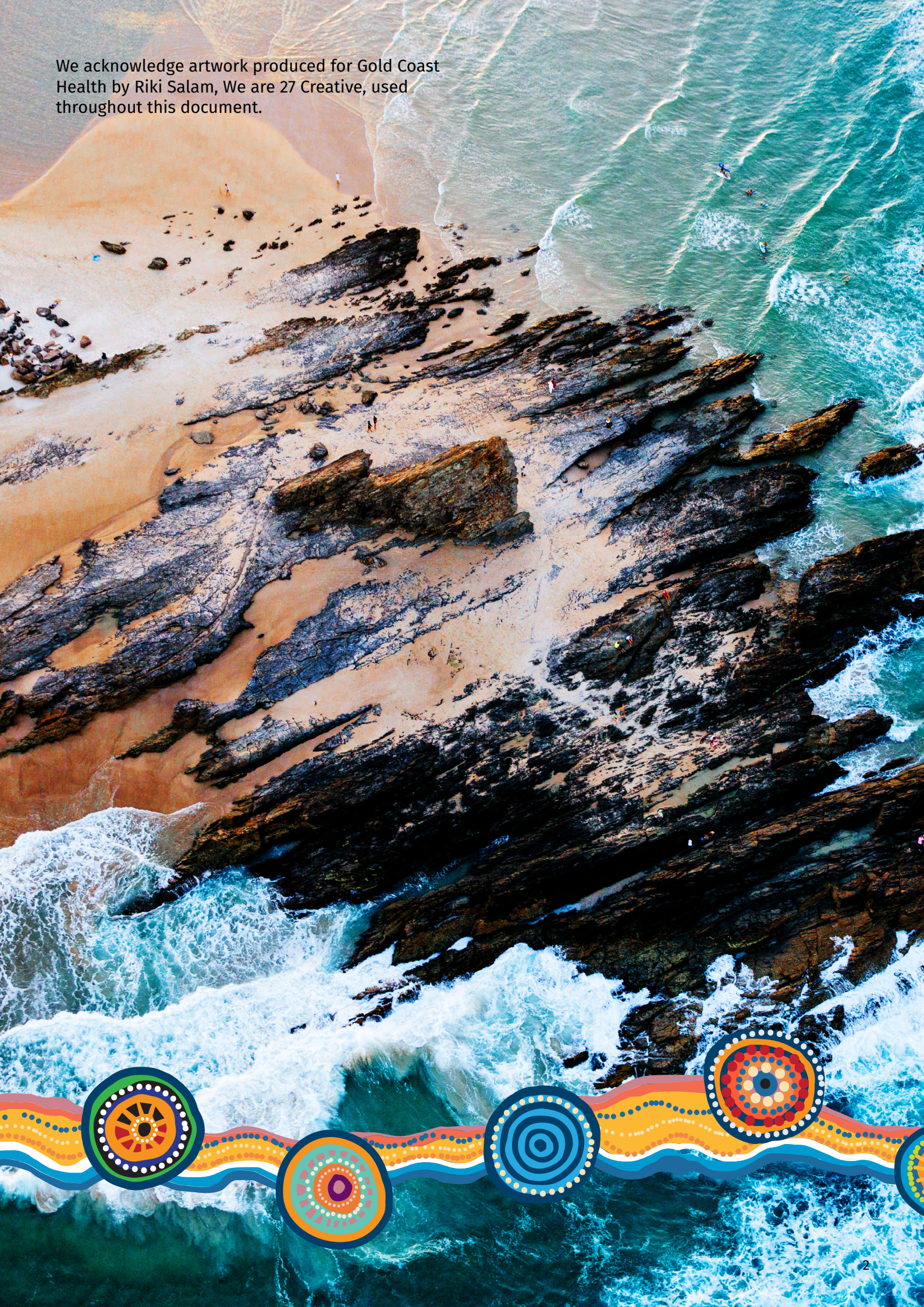


Building a Compassionate and Connected Gold Coast

**A Joint Regional Plan for Mental Health, Suicide Prevention,
and Alcohol and Other Drug Services — 2025-2028**

We acknowledge artwork produced for Gold Coast Health by Riki Salam, We are 27 Creative, used throughout this document.





Acknowledgements

Gold Coast Hospital and Health Service (GCHHS) and Gold Coast Primary Health Network (GCPHN) respectfully acknowledge Aboriginal and Torres Strait Islander peoples of the Gold Coast, the Yugambeh-speaking people, the original custodians of the land, winds and waters of the Gold Coast region.

We pay tribute to the unique cultures, traditional knowledge and significant contribution of Aboriginal and Torres Strait Islander peoples to the Gold Coast's identity, and extend respect to Elders past, present and emerging.

Gold Coast Health and GCPHN also acknowledge the valuable and ongoing contributions of people with lived and living experience of mental ill-health, suicide and substance use to our vision for a more connected and compassionate Gold Coast.

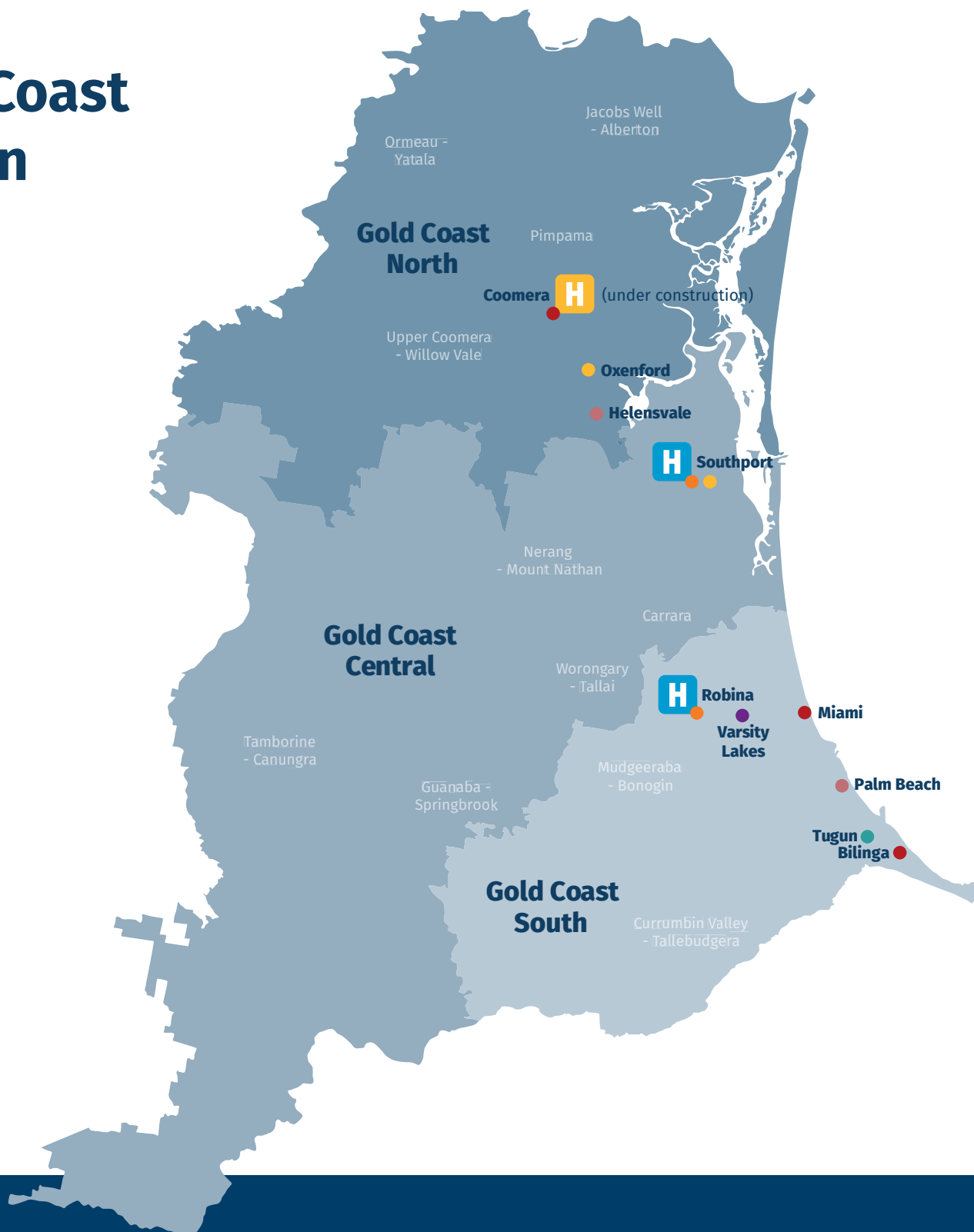
Use of language

We recognise the importance of language when communicating about mental health, suicide and drug and alcohol use.

Acknowledging that language preferences can be complex and contested at times, we have aimed to use language that is inclusive and does not contribute to stigma for people based on their identity or experiences. We have adopted the following terms in this plan:

- 'consumer': an individual who is currently and/or has previously experienced periods of mental ill-health, suicidality and/or problematic drug and alcohol use, and has accessed or will potentially access treatment or support from a public or private mental health service, primary healthcare provider or community-managed organisation.
- 'carer': an individual who provides unpaid care and support to a loved one who has experienced mental ill-health, suicidality and/or problematic drug and alcohol use.
- 'person/people with lived experience': a wider term used to include those consumer and carer perspectives above, as well as those who have their own personal experiences of mental ill-health, suicidality and/or problematic drug and alcohol use, or have been impacted by the experiences or loss of a loved one or within their community, but who may not have had contact with any formal support service.


Gold Coast Region



Gold Coast Health services:

Major public hospitals:

 Gold Coast University Hospital & Robina Hospital

 Coomera Hospital (under construction)

 1 Day Hospital

 1 Satellite Health Centre

 2 Health Precincts

 2 Community Health Centres

 2 Urgent Care Centres

General practice:

+ 212 general practices

Kalwun:

 Health clinics

Queensland Ambulance Service

+ 14 Ambulance Stations

+ 68 Class 1B ambulances

+ 11 patient transport vehicles

Contents

1 Introducing the Joint Regional Plan (JRP)

This section provides an overview of the need for developing a joint regional approach to improving mental health, suicide prevention and alcohol and other drug (AOD) services in our region. It describes why we need a JRP and how the current JRP has been developed.

Page 11

2 Previous achievements of the JRP 2020-2025

This section shows how we are building on the foundations of the previous plan that was implemented during 2020-2025. It summarises key achievements against the outcomes that were set in our last JRP strategic roadmap.

Page 15

3 Current needs of our region

This section summarises the needs of our region relating to mental health, suicide prevention and AOD services based on population health planning and engagement with key stakeholders and community representatives over the last few years.

Page 19

4 Future direction for 2025-2028

This section outlines the vision, principles, priorities and activities that will guide our work together towards a compassionate and connected Gold Coast over the coming years.

Page 26

5 Implementing the plan

This section introduces the approach and arrangements that will support the implementation of the plan, including governance, action planning and performance measurement and reporting.

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Joint statement by Gold Coast PHN and Gold Coast Health CEOs

We are proud to present the Joint Regional Plan 2025-2028, a collaborative effort between Gold Coast Primary Health Network and Gold Coast Hospital and Health Service aimed at building a compassionate and connected Gold Coast. This plan represents our shared commitment to improving consumer outcomes across the mental health, suicide prevention, and alcohol and other drug sectors within our region.

The Joint Regional Plan is a testament to the power of collaboration and integration. It outlines our strategic direction towards better outcomes through working together across sectors and systems. By building on the strong foundations and progress achieved in our previous plan, we are confident that this new plan will guide us towards a brighter future for our community.

We invite everyone to join us in this journey. Understanding and supporting the Joint Regional Plan is crucial for its success. We encourage you to learn about the plan, engage with its principles and priorities, and contribute to its implementation. Together, we can create a Gold Coast where everyone has the opportunity to live life with meaning and purpose within a compassionate, connected, and diverse community.

Thank you for your continued dedication to making the Gold Coast a supportive, connected, compassionate place where people from all walks of life can thrive and prosper.

Sincerely,



Matt Carrodus
CEO, Gold Coast Primary Health Network



Ron Calvert
CE, Gold Coast Health

Perspectives

Lived Experience

Including lived experience voices in developing policies and frameworks is essential to creating systems that are genuinely responsive to the needs of individuals and communities. Lived experience provides an authentic perspective that cannot be replicated by theoretical knowledge or professional expertise alone. By incorporating these voices, policymakers can better understand the real-world implications of their decisions, ensuring that policies are well-intentioned and effective in addressing the complexities of human experiences. This approach fosters empathy, builds trust, and bridges the gap between institutions and those they exist to support.

Involving individuals with lived experience in the development of the JRP enhances inclusivity and equity. It acknowledges the value of diverse perspectives, particularly those who have navigated challenges such as mental health distress, systemic inequities, or social exclusion. During this process, we have seen our lived experience insights illuminate blind spots in traditional models of care that might otherwise be overlooked. Ultimately, this collaborative process will lead to a JRP that truly reflects the needs of community members and leads to more sustainable and impactful outcomes, benefiting all stakeholders involved.

Cristy Welsh – Lived Experience Representative

First Nations

The Joint Regional Plan for Mental Health, Suicide Prevention and Alcohol and Other Drug Services for the Gold Coast has significant implications for Aboriginal and Torres Strait Islander people in our region. This plan aims to facilitate a wrap-around approach for Aboriginal and Torres Strait Islander people with mental health and/or alcohol and other drug issues, addressing the higher prevalence, service access challenges, and poorer health outcomes experienced by these communities. By uniting key stakeholders in the region, this plan fosters collaboration on service and system improvements, ultimately aiming to improve health outcomes for our people.

Over the next three years, this plan will be crucial in optimising the increased investment in the Gold Coast for services supporting local Aboriginal and Torres Strait Islander communities. It will serve as a crucial vehicle for establishing new services that are embedded, integrated, culturally appropriate and safe, and holistically meet the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander communities. Additionally, this plan will play a key role in ensuring existing services are well-utilised and thriving, providing essential support to the people in our region who need it most.

Despite the progress made, significant work remains to close the gap in service access and enhance health outcomes for Aboriginal and Torres Strait Islander people in our region. By working together in a collaborative, transparent, and outcome-focused manner, we can advance our mandate to achieve health equity for our Aboriginal and Torres Strait Islander community.

Kieran Chilcott, CEO, Kalwun Development Corporation Ltd



KALWUN





Clinical

Working as a GP on the Gold Coast for the past eight years has provided deep insight into our incredible community. As a local medical educator, I've connected with many of our dedicated healthcare providers. Growing up and living in the vibrant Gold Coast has been an important part of shaping my journey so far, including attending local state schools, studying at Griffith University, and working with vulnerable groups at Salvation Army Recovery Services during my GP training.

I'm excited to introduce this updated Joint Regional Plan for Mental Health, Suicide Prevention and Alcohol and Other Drug Services for 2025-2028. This initiative is all about bringing people and services together to tackle some of our most pressing challenges. The JRP promotes partnerships across sectors to ensure individuals have better access to mental health support, suicide prevention resources, and assistance with alcohol and substance misuse.

Having worked with individuals in recovery, I've seen firsthand the difficulty people can face when trying to access the right support. This updated plan will continue to pave the way for a more inclusive and accessible health system, ensuring no one is left to navigate these challenges alone.

I am grateful for the collaborative efforts of Gold Coast Health, Gold Coast Primary Health Network, our community stakeholders, and lived experience representatives for their commitment to this work. I encourage everyone to join us in continuing to build stronger connections and more meaningful care for everyone in our community.

Dr Jardin Taha – Local GP and General Practitioner Lead (Primary Health Care, GCPHN)

Gold Coast Suicide Prevention Collaborative

The Gold Coast is a place of strength, diversity, and resilience. Yet, like many communities across Australia, we are also deeply affected by the tragedy of suicide. Its impact is far-reaching, touching families, friends, colleagues, first responders, and entire communities. For every life lost, many more are left grieving, often in silence.

The Gold Coast Suicide Prevention Collaborative believes that preventing suicide is a shared responsibility that requires a unified, inclusive approach, tailored to the specific needs of the Gold Coast community. We recognise the disproportionate impact suicide has on our most vulnerable community members and are dedicated to implementing thoughtful, targeted strategies to address this. The Joint Regional Plan 2025-2028 will support our purpose of connecting services, amplifying lived experience, building stronger partnerships, and ensuring that support is there when and where it's needed most.

When we come together with compassion and shared purpose, we create a more supportive and effective system — one that can truly save lives. We acknowledge that this is complex and ongoing work, and that meaningful change takes time. But we are driven by the belief that change is possible. Together, we can create a safer, more connected Gold Coast, where no one feels they have to face their struggles alone.

The Gold Coast Suicide Prevention Collaborative



**SUICIDE PREVENTION
COLLABORATIVE**
GOLD COAST

Statement of Commitment

Working together to support Aboriginal and Torres Strait Islander Social and Emotional Wellbeing in South East Queensland

As Primary Health Networks (PHNs) and Hospital and Health Services (HHSs) across South East Queensland, we acknowledge the Traditional Custodians of the lands on which we work and serve and pay our respects to Elders past and present. We acknowledge the continuing sovereignty of Aboriginal and Torres Strait Islander people, their inherent rights to self-determination, and their role in shaping a more just, equitable and culturally safe health system.

Together, we - **Brisbane South PHN and Metro South Health (Yuggera, Ugarapul, Jandai Peoples); Brisbane North PHN and Metro North Health (Turrbal, Yuggera, Ningy Ningy, Wakka, Gubbi Gubbi Peoples); Gold Coast PHN and Gold Coast Health (Yugambah Peoples); Darling Downs and West Moreton PHN, Darling Downs Health and West Moreton Health (Yuggera, Ugarapul, Wakka Peoples)** - alongside the **Institute for Urban Indigenous Health (IUIH)** and Aboriginal Community Controlled Organisations reaffirm our [shared commitment](#)¹ to improving mental health, suicide prevention, and alcohol and other drug outcomes for First Nations peoples in our region.

We acknowledge that many Aboriginal and Torres Strait Islander peoples live, work and move across multiple regions in SEQ, and that our systems must work in stronger partnership to provide seamless, culturally safe and responsive care—regardless of location.

This commitment will be actively driven through our continued and accountable participation in the Strategy's governance structures and working groups. We will ensure transparency and responsibility in all aspects of our involvement, including shared planning, implementation, workforce development, community engagement, and rigorous monitoring and evaluation. We will achieve this through the Key Performance Areas (KPAs)²:

We commit to:

- **KPA1: Eliminating racism**
- **KPA2: Increasing access**
- **KPA3: Addressing the determinants of health**
- **KPA4: Delivering sustainable care**
- **KPA5: Working in partnership**
- **KPA6: Strengthening the workforce**

Through continued collaboration and accountability within the **SEQ First Nations Health Equity Strategy**, we remain committed to walking together—grounded in truth-telling, mutual respect and shared purpose - towards a future where First Nations peoples in South East Queensland can thrive in mind, body, spirit and culture³.



¹SEQ First Nations Health Equity Statement of Commitment between the Hospital and Health Services of South East Queensland, the Mater Misericordiae Ltd, Children's Health Queensland, the Queensland Ambulance Service and the Primary Health Networks of South East Queensland and the Aboriginal and Torres Strait Islander Community Controlled Health Organisations that comprise the Institute for Urban Indigenous Health regional network (June 2024) accessible via: https://www.seqfnhe.org.au/wp-content/uploads/2024/10/FNHE_Statement_of_Commitment_JUNE_2024_.pdf. ²South East Queensland First Nations Health Equity Strategy (2024). Accessible via: [Regional_FNHE_Strat_FINAL.pdf](#). ³See section 17 & 28 of the QLD Human Rights Act 2019. Accessible via: <https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2019-005>

Overview of the Joint Regional Plan 2025-2028

Our vision

The people of the Gold Coast live life with meaning and purpose within a compassionate, connected, and diverse community.

Guiding principles

- Shared accountability
- Prioritising people and communities
- Open and transparent communication
- Focus on implementation
- Continuously learning and improving



Key Priorities

Enabling community wellbeing and early connection to support	Ensuring access and responding to demand	Providing high quality, safe and equitable care	Developing workforce capacity and capability	Working as one coordinated system
Objectives <ul style="list-style-type: none">- Improve health, wellbeing, and resilience among Gold Coast communities.- People being connected early to the right type of support to meet their needs.- Ensure community members and service providers are aware of available services, especially early intervention, and support for mental and physical wellbeing.	Objectives <ul style="list-style-type: none">- Ensure people experiencing mental ill-health, emotional distress, problematic drug and alcohol use, and/or those impacted by suicide can access appropriate local services.- Ensure barriers to accessing services and support are identified, understood and addressed.	Objectives <ul style="list-style-type: none">- Ensure local services meet the needs and expectations of the people that they are intended to support.- Continuously learn and improve, to deliver the best outcomes for communities.	Objectives <ul style="list-style-type: none">- Build a skilled and diverse workforce, within a compassionate culture, equipped with the necessary tools and resources to meet the needs of the community.- Create a thriving and supported Lived Experience Peer workforce.- Develop a knowledgeable, confident, and capable volunteer workforce from the community.	Objectives <ul style="list-style-type: none">- Collaborate across roles and settings to plan, oversee, and evaluate system improvement.- Encourage the use of resources more efficiently across the system.

1 Introducing the Joint Regional Plan

A joint approach towards better outcomes

Gold Coast Health, GCPHN and others key regional stakeholders and members of the community are committed to building a compassionate and connected Gold Coast by improving mental health and wellbeing outcomes for people and communities across the region. This JRP outlines our strategic direction for achieving better outcomes through collaboration and integration across sectors and systems. It builds on the progress achieved in the foundational plan (2020-2025), which guided the development of mental health, suicide prevention and alcohol and other drug (AOD) services across the Gold Coast. A summary of the achievements from the JRP 2020-2025 are outlined in Appendix A. The JRP acknowledges the complexity of mental health and wellbeing in Gold Coast communities, as influenced by many factors which emphasises the need for a joint approach. This approach includes not only state-funded health services delivered by Gold Coast Health and Commonwealth-funded health services commissioned by GCPHN but also non-health services, government agencies and community organisations working in areas such as education, housing and homelessness support, violence prevention, justice, child safety and First Nations communities.

Over the last decade, we have worked on improving services and integrating systems to better support people experiencing mental ill-health, problematic drug and alcohol use, and those at risk of or impacted by suicide. Recent government inquiries and planning documents, including the [Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services](#), have highlighted these efforts. The National Mental Health and Suicide Prevention Agreement and the associated Bilateral Agreement between the Commonwealth and Queensland (2022) outline system reform and funding priorities, committing additional funding for new and enhanced services. This agreement outlines specific responsibilities for Hospital and Health Services (HHSs) and Primary Health Networks (PHNs) across Queensland to:

“... develop and implement joint regional mental health and suicide prevention plans between PHNs, HHSs, consumers, carers and service providers ...

this includes supporting the use of planning tools and methodologies including the National Mental Health Service Planning Framework, undertaking activities in accordance with these plans, supporting the joint planning and commissioning of services to meet local needs, and establishing governance to enable shared decision making and evaluation”.

Benefits of a joint regional approach

1. **Integrated Care:** Ensures seamless care for individuals by integrating mental health, suicide prevention, and AOD services, addressing co-occurring issues more effectively.
2. **Resource Optimisation:** Pooled resources are utilised more efficiently, avoiding duplication of services and directing funding where it is most needed.
3. **Comprehensive Coverage:** Ensures services are available across different communities, including rural and underserved areas, reducing disparities in access to care.
4. **Consistency in Service Delivery:** Joint planning and coordination lead to consistent service delivery standards across the region.
5. **Enhanced Data Sharing and Analysis:** Facilitates better data sharing and analysis, crucial for understanding trends, identifying gaps, and measuring the effectiveness of interventions.
6. **Community Engagement:** Encourages community involvement and stakeholder engagement, ensuring services are tailored to meet specific community needs.
7. **Holistic Support:** Allows for a more holistic approach to individual well-being, leading to better overall health outcomes.

By adopting a joint regional approach, we can *create a more effective, efficient, and equitable* system that meets the needs of individuals in our Gold Coast community, particularly those that are more vulnerable.

How the plan was developed

Gold Coast Health and GCPHN are committed to using evidence-based frameworks and approaches for service planning, governance and performance measurement supported by the input and feedback from people with lived experience and local knowledge of our region and community.

To develop the JRP we:

- Drew on extensive learning and insights shared through the JRP implementation governance structure, including the Strategic Oversight Committee and four partnership groups with representation from Gold Coast Health, GCPHN, people with lived experience, Kalwun, NGOs, and Queensland Health.
- Analysed health and service needs relating to mental health, suicide and AOD issues emerging from the Joint Regional Needs Assessment, an extensive process of population health planning undertaken by Gold Coast Health and GCPHN in partnership with Kalwun and Queensland Ambulance Service.
- Facilitated regular sector engagement, including the Gold Coast Mental Health Symposium and a dedicated JRP planning event in late-2024 to hear from service providers, clinicians, community organisations and people with lived experience.
- Engaged with General Practitioners (GPs), primary health care providers, First Nations community and lived experience representatives.



To ensure the JRP aligns with current evidence and policy on mental health, suicide prevention and AOD service planning, we reviewed and incorporated the following frameworks and resources:

- [National Mental Health Service Planning Framework](#) (NMHSPF)— an evidence-based tool used by the Commonwealth and Queensland Health to plan, coordinate and resource mental health services to meet population needs. Estimated service demand using the NMHSPF is described in a later section.
- [National Suicide Prevention Strategy](#) — outlines the national approach to improve suicide prevention outcomes in Australia across governments, communities and service providers.
- [Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028](#) — the Queensland Government’s five-year plan to improve the mental health and wellbeing of all Queenslanders.
- [Queensland-Commonwealth Partnership Joint Regional Governance Framework](#) — commissioned by Queensland Health to support strengthened regional governance across Queensland’s health system.
- *Gold Coast Crisis Continuum of Care* — a coordinated approach to transforming mental health crisis care across the Gold Coast region, developed locally as part of the JRP approach and can be seen outlined below.

Gold Coast Crisis Continuum of Care

Together WE are making a difference

Current state:

Implementing the Gold Coast Crisis Reform Strategy through regional partnerships and leadership

Guiding principles:

Experience we want people, their families, and carers to have when seeking care

Goal:

Continue to embed and enhance crisis responses while expanding pre-crisis and post-crisis initiatives

Coordinated network from upstream to downstream

available as part of a broader continuum of care to prevent, respond to and resolve crises

Pre-crisis



Outreach & engagement

Early identification, early intervention and targeted support to prevent crisis

Distress / Crisis



Someone to talk to

Phone, digital and in-person services, support, advice and triage for community and professionals



Someone to respond

Community-based and mobile options to improve support for people where they are at



Somewhere to go

Improving people's experience of crisis care including alternatives to the emergency department



Support after a crisis

Services and models to support people and communities following a crisis



2 Previous achievements of the JRP

Reflections on the Joint Regional Plan 2020-2025

The first JRP, *Planning for a Compassionate and Connected Gold Coast 2020-2025*, was developed by Gold Coast Health and GCPHN in 2020. This foundational plan utilised collaboration and integration across the region. It brought together stakeholders from various sectors to create a shared vision, strategic roadmaps, performance indicators and shared governance and accountability to drive progress.

Key stakeholders, including consumer and carer representatives, clinicians from public mental health services and primary health care, Aboriginal community-controlled services, non-government community-based service providers and the wider community, played a crucial role in implementing the JRP. They participated through the JRP governance structure and its four partnership groups, as well as in the local implementation of activities aimed at strengthening services and systems.

Foundational Joint Regional Plan Governance Structure

Strategic Oversight Committee



Ongoing governance, engagement and planning involving many stakeholders has contributed to significant progress against our shared priorities throughout 2020-2025. Successful outcomes have included establishing new services, enhancing existing services and responding to the emerging needs of people and communities across the Gold Coast. Stakeholders have also contributed to 'lessons learnt' from implementing the foundational plan and opportunities to inform successful development and implementation of the JRP for 2025-2028.

Key achievements 2020-2025

Here is a snapshot of some of the achievements from the 2020-2025 JRP. More detail on these achievements and the learnings against each of the strategic roadmaps from the foundational plan is available at Appendix A.

Joint Regional Plan governance structure established

4 partnership groups

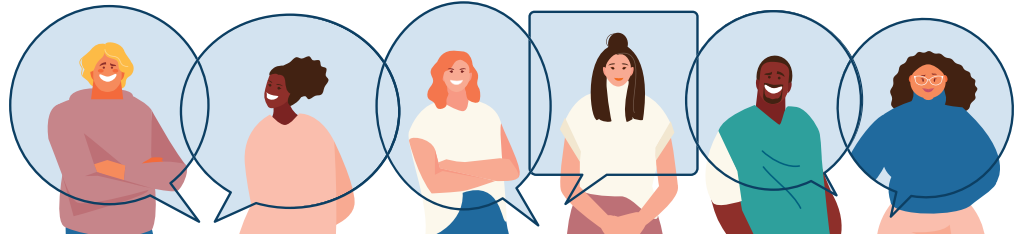
Dedicated roles were established to support implementation:

Joint Regional Plan Coordinator

Year: 2022

Regional Suicide Prevention Coordinator

Year: 2023



including 14 people with lived experience

New community-led

Gold Coast Suicide Prevention Collaborative launched in 2024 to connect community, service providers and lived experience representatives



285+ frontline workers, gatekeepers and community members trained in suicide prevention

Increased lived experience involvement in the region:

32+ roles within various local services
commissioned by GCPHN

Active consultation and participation in national forums

47 new staff increasing the workforce by 500% from 2020 within GCHHS



Collaborative planning progressed for expansion of services in the northern Gold Coast region:

Strategic functional brief for future design of a co-located service hub

Year: 2023

Partnership established

between **City of Gold Coast, Gold Coast Health and Gold Coast PHN**



Improved metrics of care

Discharge summaries (1 day)

82.9% in 2023/2024

+25.6%
from 2019/2020

Readmission within 28 days

5.6% in 2023/2024

-7.7%
from 2019/2020

7-day suicide risk follow-up

97.7% in 2023/2024

+35.6%
from 2019/2020

99% Indigenous status completion rate maintained for GCHHS mental health services



90% of providers

have met 100% target for completing training and **providing culturally appropriate services**

GCPHN Commissioned Services

280,727 service contacts

through GCPHN commissioned services **from 2021-2024**



Medicare Mental Health Phone Service

(formerly Head to Health) established in 2022 supporting a consistent intake, assessment and referral process for **3,769 contacts in 2023/2024**

1,144+ clients

supported by community and distress services -

Community Support Program, Supporting Minds LGBTQIAP+ & Situational Distress and **a new** Out-of-Hospital Pathway or The Way Back Support Service



66 service providers

attended **Drug and Alcohol First Aid Training**

338 professionals

trained in **Initial Assessment and Referral (IAR)**

93 GPs and nurses

attended **local mental health training**



100% attendees

rated all education sessions as **'Good'** or **'Excellent'**

Increase in people being supported in more appropriate settings:

Crisis Stabilisation Unit

ED alternative supported 400+ people/month

which was 53% of hospital mental health presentations



8,599 people supported

by After Hours Safe Spaces (ED alternative) since opening in 2021/2022 with **75% of people accessing this service instead of hospital EDs** (2023/2024)

New community-based

services established Mental Health Hospital in the Home and Head to Health Kids - Queensland

644 attendees

attended the **Mental Health Symposiums** for the regional mental health, AOD and suicide prevention stakeholders



3 Current needs of our region

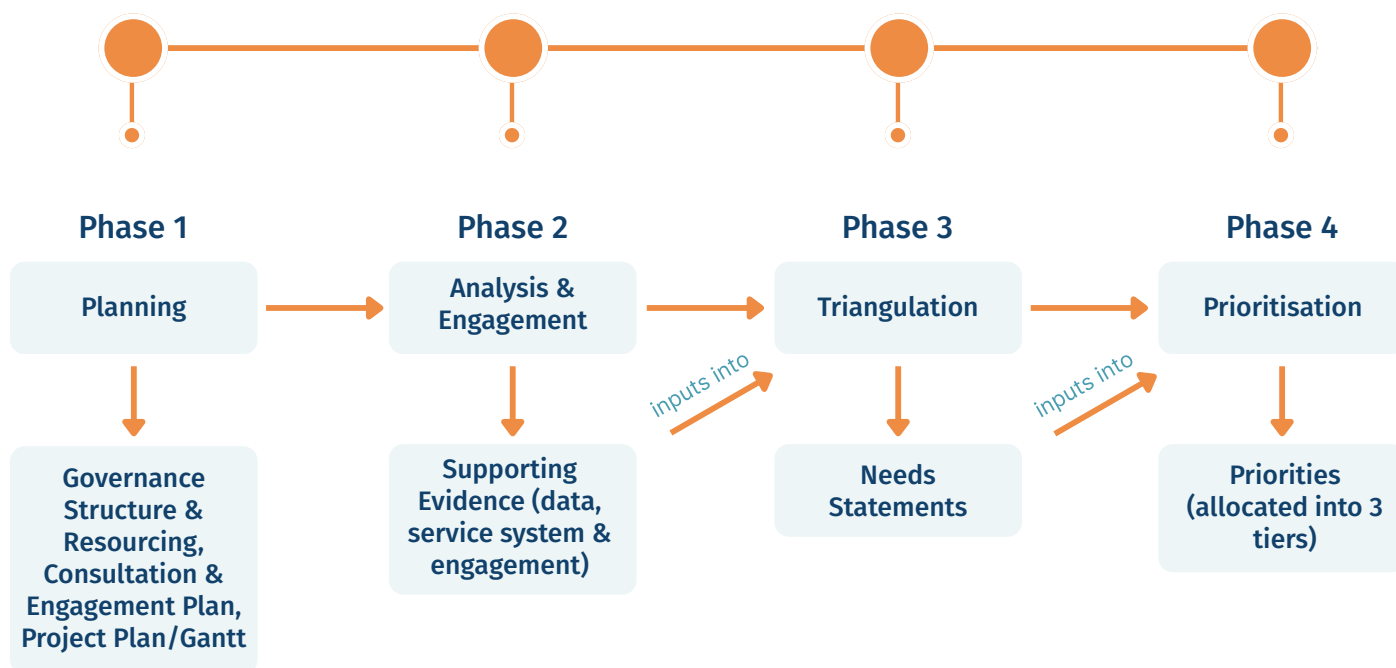
Overview of the current needs of our region

Building on the achievements of the foundational JRP we have deepened our understanding of the region's needs.

We have engaged with key stakeholders and analysed population health needs data and service utilisation trends through the 2024 Gold Coast Joint Regional Needs Assessment (JRNA). The Joint Regional Plan for 2025-28 addresses these needs to strengthen outcomes in mental health, suicide prevention and alcohol and other drugs outcomes.

Gold Coast Health and Gold Coast PHN partnered with Kalwun and Queensland Ambulance Service to develop the JRNA in 2024. A comprehensive, multi-staged process was undertaken that identified the health needs of people living on the Gold Coast. This process helped us identify health priority areas in the region, including those for mental health, suicide prevention and alcohol and other drugs.

Joint Regional Needs Assessment Methodology



Joint Regional Needs Assessment

Key Findings



1,858km⁵ from the Logan River to the NSW border

Traditional lands of the Kombumerri, Wangerriburra, Bullongin, Minjungbal and Birinburra peoples of the Yugambah language group

682,488

**estimated population
in 2023**



**The Gold Coast
is one of the fastest
growing regions
in Australia:**

**+ ~128,000
people
in last 10 years**

**>1 million
population
by 2046⁴**

**Ormeau-
Oxenford**

**Fastest growing area:
+~67,000 people
in last 10 years⁵**

**Compared to Queensland,
the Gold Coast population:**

Is older

**median age 39.5
vs Qld: 38.6⁵**

Year: 2023

Lives longer

**life expectancy at birth 83.7
vs Qld: 82.3**

Year: 2021-2023

More culturally diverse

**34.7% born overseas
vs Qld: 28.6%⁷**

Year: 2021



2.2%

**of people identify
as First Nations**

Year: 2021



5.5%

**residents have
a profound or
severe disability**

Year: 2021

1 in 5 people

born in a non-English speaking country

Year: 2021

China (excluding SAR and Taiwan), India, Philippines,
Brazil, Japan and Republic of South Korea).



⁴Queensland Government population projections, 2023 edition. ⁵Australian Bureau of Statistics Estimated Resident Population by SA4 and above (ASGS Edition 3).

⁶Australian Bureau of Statistics – Life expectancy at birth. ⁷Australian Bureau of Statistics, Census of Population and Housing 2021: QuickStats. ⁸Australian Bureau of Statistics, Aboriginal and/or Torres Strait Islander people QuickStats. ⁹City of Gold Coast, Statistics for people with disability. ¹⁰Australian Bureau of Statistics Census 2021.

Key findings

The Gold Coast region faces significant mental health challenges, with 8.4% of the population having a mental health condition. In 2022-23, 83,394 residents used Medicare-subsidised mental health services, and there were 21,088 mental health-related hospitalisations. In 2023-24, Gold Coast EDs recorded 3,447 suicide-related presentations. Addressing these issues requires a multi-faceted approach, focusing on early intervention, sub-acute services, and better care coordination. Vulnerable groups such as First Nations people, multicultural communities, LGBTIQAP+ individuals, and those experiencing (or at risk of) homelessness need targeted support, and enhanced access to Alcohol and Other Drug (AOD) services and psychological therapies.

High demand for community mental health services

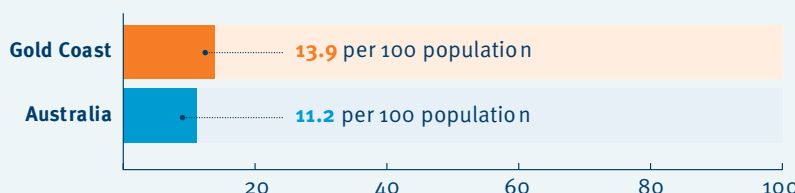
83,000+

people accessed community mental health services in 2022-23¹⁰



...higher than national rate

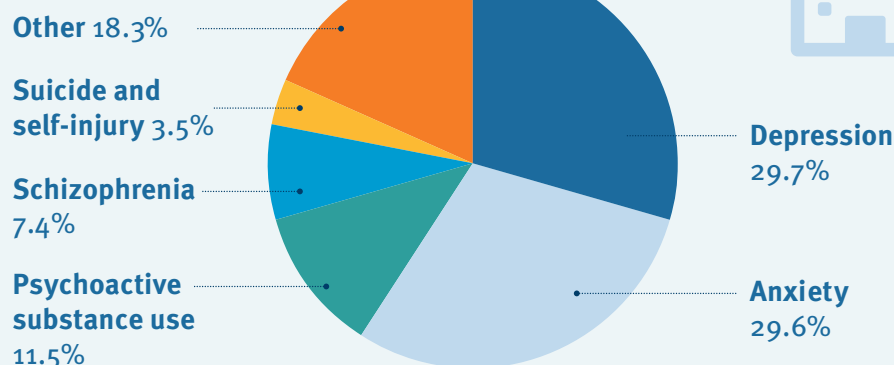
Mental health primary MBS items per 100 population, 2022-23¹¹



Cost & availability limit access

to psychology & community mental health services¹²

Reasons for mental health hospitalisation, 2022-23¹³



+14.4%

ED presentations for AOD in 5 years to 2023-24



Suicide is a leading cause of death among people aged <45¹⁴

448 suicide deaths in 2018-2022

>50% suicide deaths occurred in people aged under 45 in 2020-22

Limited community AOD capacity & coordination leading to client disengagement¹⁵

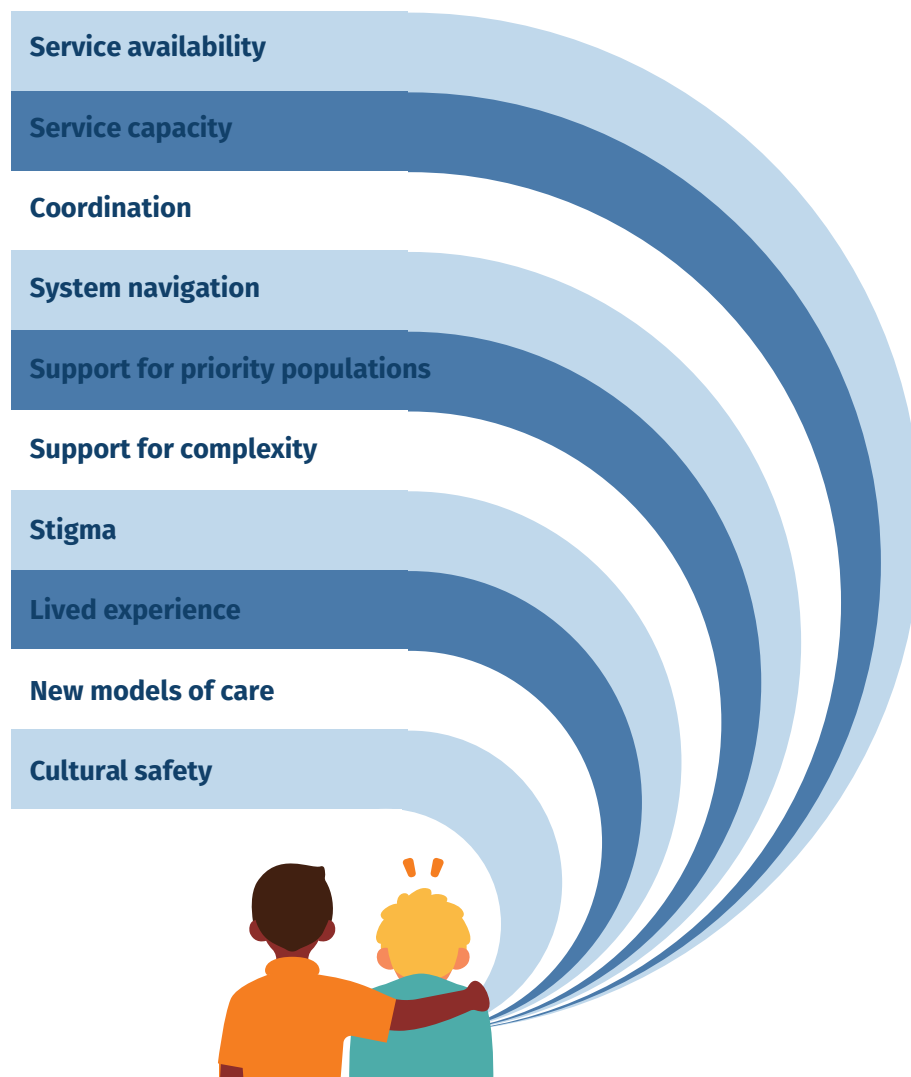
↓ withdrawal & residential detox capacity

↓ service coordination, risk of disengagement ↑

~50% of treatment seekers aged 10-29

¹⁰AIHW (2024), Medicare Mental Health Services 2022-23. ¹¹AIHW analysis of Department of Health, Medicare Benefits claims data. ¹²Gold Coast Mental Health Symposium, consultation finding, 2024. ¹³Gold Coast Health, Emergency Department Collection ¹⁴Cause of Death Unit Record File, Australian Coordinating Registry. ¹⁵GCPHN, Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drugs Services, consultation finding, 2020.

Key needs identified relating to mental health, suicide prevention and/or drug and alcohol use for the Gold Coast region include:



- **Service availability** — gaps in local services, especially publicly-funded AOD treatment services (including after-hours options, detox, and withdrawal support), sub-acute community-based mental health services, and age and developmentally appropriate services across the lifespan.
- **Service capacity** — ensure services can meet the increasing demand of population growth, particularly in the northern Gold Coast and for psychological therapies.
- **Coordination** — improve care coordination information sharing among mental health, AOD and suicide prevention providers, especially during transitions between acute or inpatient care to community-based services.
- **System navigation** — connect people with suitable mental health, AOD and suicide prevention services.
- **Support for priority populations** — prioritise support for mental health, suicide prevention and wellbeing of LGBTQIAP+ people.
- **Support for complexity** — readdress the needs of people with complex and multi-specialty needs, such as eating disorders requiring medical stabilisation and management.
- **Stigma** — combat stigma and shame associated with mental health, suicidality and drug and alcohol issues.
- **Lived experience** — enable people with lived experience to be engaged in planning and service delivery that is supported, psychologically safe and meaningful.
- **New models of care** — invest in alternate models of care, including digital opportunities to manage and mitigate demand.
- **Cultural safety** — ensure equitable access to culturally safe services for First Nations people and promote culturally-informed holistic approaches to wellbeing and prevention, while actively eliminating racism and discrimination.

There are broader health system gaps that affect care for people with mental health issues, suicidality, and AOD concerns, such as:

- **Service demand** — increasing demand for acute and primary care services, especially in the northern Gold Coast requires more service capacity and alternative care models.
- **First Nations health** — we need more culturally informed approaches and must eliminate discrimination and institutional racism to improve cultural safety when providing services to First Nations people.
- **Inequity** — certain groups, like people experiencing (or at risk of) homelessness, multicultural, First Nations and LGBTQIAP+ communities, face barriers to accessing services and have worse outcomes and lower health literacy levels.
- **Health workforce** — increasing shortages in the primary, secondary and community services, and practitioner capability to manage complex consumer needs.
- **Determinants of health** — socioeconomic disadvantage and higher levels of need are growing, particularly in the northern Gold Coast.

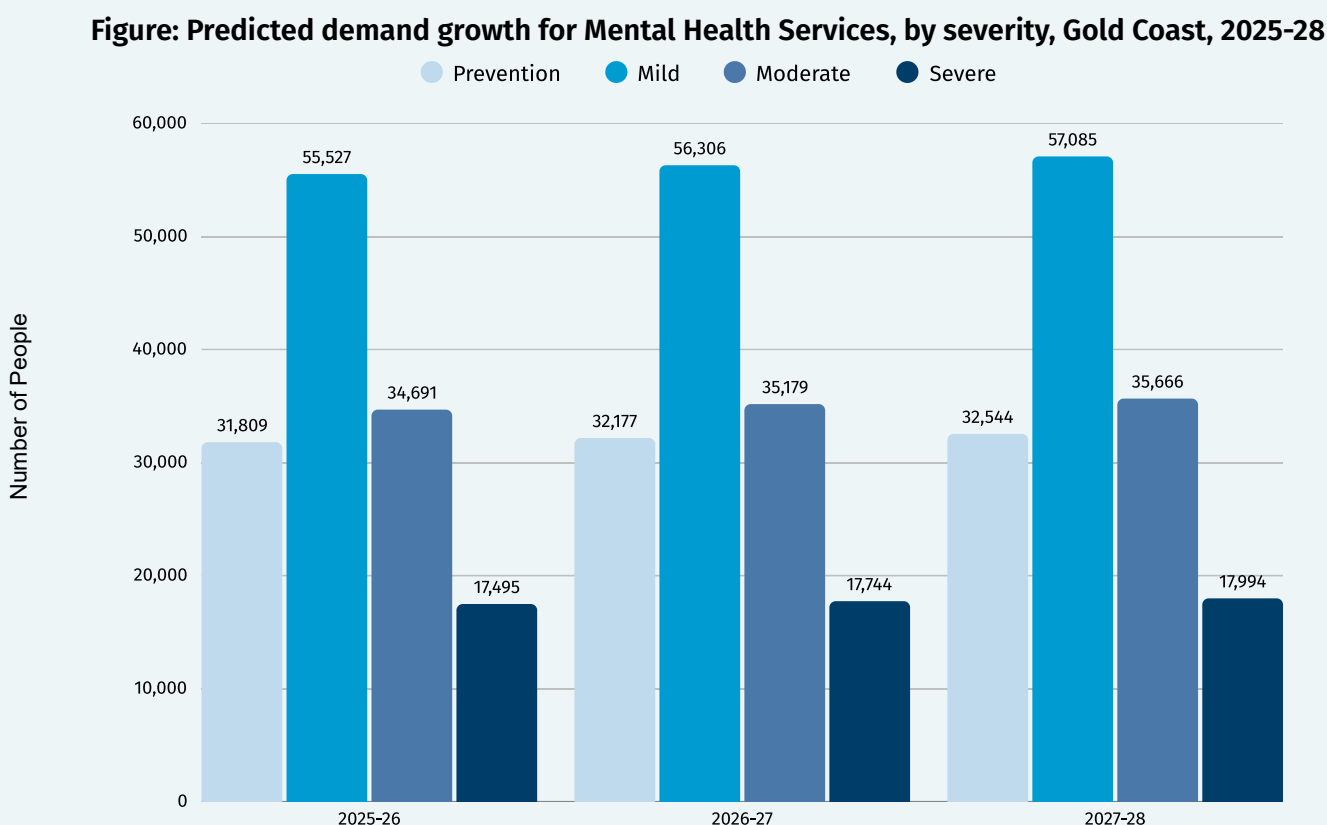
Modelling of regional demand

The National Mental Health Service Planning Framework (NMHSPF) supports evidence-based planning and service development by guiding the right mix and level of services and the workforce required for the region. It can be applied regionally to support joint planning and resource allocation consistently across the nation, providing an overview of expected service demand within the stepped care framework. It is the role of PHNs, local hospitals, and other key regional stakeholders to use the evidence produced by the NMHSPF to determine regional priorities, consider what is feasible with current or anticipated resources and workforce, and determine what can be achieved within the local context.

Gold Coast region estimates for 2024/2025:

- Over 167,000 Gold Coast residents (23.8% of the population) need support for mental health concerns.
- The highest demand is for support for mild mental health concerns (9.0% of the population), followed by prevention and early intervention (6.4%), moderate mental health concerns (5.6%) and severe mental illness (2.8%).

The anticipated demand for the Gold Coast region over the next three years is shown below:



Source: National Mental Health Service Planning Framework Planning Support Tool, 2024

Insights and opportunities identified by local stakeholders

Building on the needs identified in the JRNA, we engaged with local stakeholders to explore opportunities to readdress these needs. This included representatives from the JRP Steering Committee, partnership groups, mental health and other services, general practice and primary care providers, non-government organisations and people with lived experience.

The following inputs identified by local stakeholders have shaped the JRP for 2025-2028.

- **Leadership, governance, and partnership** — improve collaboration across organisations and sectors to translate JRP priorities into local actions, and measure performance and outcomes.
- **Promoting community wellbeing** — address the wider determinants of wellbeing, build mental health literacy and resilience, promote wellbeing within existing settings and communities (e.g. schools, workplaces), and make it easier to find and navigate services early in a person's journey.
- **Service accessibility** — offer flexible and innovative approaches to delivering compassionate support that meets people's needs and leads to positive experiences, including making services community-led and closer to home.
- **Health equity** — respond to the barriers and needs of diverse people and communities throughout the region to ensure services are equitable and appropriate for marginalised groups including First Nations, multicultural and LGBTQIAP+ communities, people living with a disability, and those experiencing domestic and family violence.
- **Workforce development** — take a regional approach to developing and supporting our workforce to enhance capability, capacity, responsiveness, culture, and career progression. This means considering the types of roles, skills and perspectives that make up the workforce, across acute care, primary care, community support services and local community members.

Refer to Appendix B for further details on stakeholder engagement insights.





RECOVERY

4 Future direction for 2025-2028

This section outlines the strategic direction for mental health, suicide prevention and AOD services in the Gold Coast region for 2025-2028 — consisting of a shared vision, five guiding principles and five priorities. This strategic direction forms the basis of ongoing governance and implementation activities to occur over the next three years.

Our vision

The people of the Gold Coast live life with meaning and purpose within a compassionate, connected, and diverse community.

Guiding principles

The guiding principles outline how the implementation of the JRP will be delivered over the period:

- **Shared accountability** — involving partners from health and non-health settings who contribute to a shared agenda through good planning, implementation and learning.
- **Prioritising people and communities** — seeking to design services and activities around what people and communities need and value to support their wellbeing, while upholding the values of compassion, dignity and equity.
- **Open and transparent communication** — underpinned by the two-way sharing of progress, insight and feedback with partners and local communities.
- **Focus on implementation** — aspirations of the plan are translated into tangible actions and outcomes which can be measured.
- **Continuously learning and improving** — seeking to build on what's been achieved so far, while considering the emerging needs of communities to inform what happens in the future.

Our priorities

The priorities outline the five areas of action that describe and organise what will be delivered through the Joint Regional Plan 2025-28:



Key Priorities

Enabling community wellbeing and early connection to support	Ensuring access and responding to demand	Providing high quality, safe and equitable care	Developing workforce capacity and capability	Working as one coordinated system
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These priorities are described in more depth over the following pages. Each includes *objectives* to achieve or work towards by 2028 and *activities* to deliver during 2025-2028. Additional activities may be added as opportunities arise throughout implementation.

Priority: Enabling community wellbeing and early connection to support

Objectives

- Improve health, wellbeing, and resilience among Gold Coast communities.
- People being connected early to the right type of support to meet their needs.
- Ensure community members and service providers are aware of available services, especially early intervention, and support for mental and physical wellbeing.

Activities for 2025-28

- **Promote mental health literacy and resilience** through community-led activities including education, peer-led support, and social connection.
- Address **stigma and discrimination** related to mental ill-health, emotional distress, suicidal behaviours, and drug and alcohol concerns within service settings and the wider community.
- Improve the reach and quality of **information** about available services and what to expect when accessing them.
- Develop **service navigation and referral pathways** to help primary care, community and First Nations service providers to connect people with the most appropriate support when they need it.
- Support communities in building the **skills, knowledge, and confidence needed** to support each other and respond compassionately to mental health challenges, suicide, emotional distress and problematic drug and alcohol use.





Priority: Ensuring access and responding to demand

Objectives

- Ensure people experiencing mental ill-health, emotional distress, problematic drug and alcohol use, and/or those impacted by suicide can access appropriate local services.
- Ensure barriers to accessing services and support are identified, understood and addressed.

Activities for 2025-28

- Expand innovative and **alternative service delivery methods** such as home visits, outreach, non-clinical models, and social prescribing.
- Expand **shared care** models to build capability and capacity within the primary care workforce.
- Develop **partnerships** with government, NGOs, and local communities to improve access especially across the northern corridor of the Gold Coast.
- Support the establishment of a **Medicare Mental Health Centre** in the northern Gold Coast.
- Plan and expand mental health and AOD service **infrastructure** across the region.
- Develop **tailored support models for key populations**, including children, adolescents, and young adults, older people, people requiring detox and withdrawal management, and people requiring sub-acute residential services.
- Develop **digital and technology-enabled** models of services and support.
- Maintain **mapping of available services and support** to identify gaps and opportunities.

Priority: Providing high quality, safe and equitable care

Objectives

- Ensure local services meet the needs and expectations of the people that they are intended to support.
- Continuously learn and improve to deliver the best outcomes for communities.

Activities for 2025-28

- **Engage and partner with** consumers, carers, people with lived experience and First Nations communities to share feedback, identify barriers and inform system improvements.
- Prioritise **health equity in service commissioning**, focussing on marginalised populations, including First Nations Peoples, multicultural communities, LGBTQIAP+ communities, people living with disability, neurodiverse people, and those experiencing domestic and family violence.
- Contribute to the Gold Coast **First Nations Health Equity plan** to improve health outcomes, address barriers and eliminate systemic racism for Aboriginal and Torres Strait Islander peoples.
- Strengthen **quality improvement, performance monitoring and evaluation** approaches within local services to continuously improve the experiences and outcomes for individuals and communities.
- Build **connections with community groups** and community leaders, especially those representing marginalised populations, to improve accessibility and cultural safety within service settings.
- Support consumers accessing mental health and AOD services to **improve physical health outcomes** through more holistic care planning and coordination.





Priority: Developing workforce capacity and capability

Objectives

- Build a skilled and diverse workforce, within a compassionate culture, equipped with the necessary tools and resources to meet the needs of the community.
- Create a thriving and supported Lived Experience Peer workforce.
- Develop a knowledgeable, confident, and capable volunteer workforce from the community.

Activities for 2025-28

- Implement **workforce development strategies** in primary care, mental health, suicide prevention and AOD services to create career pathways from early career to advanced practice, including specialist and identified roles.
- Improve access to **quality professional supervision** and reflective practice opportunities.
- Develop and deliver a **coordinated approach to education and training** targeted to regional needs.
- Support regional workforce development activities to grow the **Lived Experience (peer) workforce**.
- Enable GPs and primary care providers to respond effectively to mental health, distress, problematic drug and alcohol use and/or domestic and family violence (DFV) through access to specialist advice, learning and resources.
- **Increase the use of technology** within services to allow the workforce to spend more time directly supporting people.
- Influence training content provided through **tertiary institutions**, to focus on relevant capabilities and local needs.
- Equip community members with the **knowledge, resources, and skills** that better support and respond to those with mental health, suicide prevention and AOD needs in their communities.

Priority: Working as one coordinated system

Objectives

- Collaborate across roles and settings to plan, oversee, and evaluate system improvement.
- Encourage the use of resources more efficiently across the system.

Activities for 2025-28

- Establish and implement a JRP **governance structure** with broad involvement from health and community service agencies, local government, people with lived experience and community representatives.
- Improve data quality, consistency, and **utilisation** (including data linkage) to gain better insights into service need, access trends and care outcomes across mental health, suicide prevention and AOD services.
- Monitor and further develop the **Gold Coast Crisis Continuum of Care** to prevent, respond to and resolve crises.
- Continue developing the **Gold Coast Suicide Prevention Collaborative** to work on a collective impact and place-based approach to suicide prevention.
- Develop systems and processes to **facilitate information sharing** across the system, especially during care transitions between Gold Coast Health, general practice, and community-based services.
- Embed **centralised referral, intake and triage** mechanisms to match people to the right service as soon as possible.
- Progress **co-commissioning and co-delivery** of service models between hospital and community-based services where appropriate (e.g. Aftercare, headspace in-reach, Head to Health Kids - Queensland).
- Communicate the **JRP's direction and progress regularly and widely** to mobilise action and ensure stakeholders and communities understand, use, and learn from the plan.



5 Implementing the plan

Developing the updated Joint Regional Plan for 2025-2028 marks an important milestone in our journey towards a compassionate and connected Gold Coast. To achieve our desired outcomes, we must commit to continuously implementing the outlined priorities and activities.

Successful implementation of the Joint Regional Plan for 2025-2028 involves:

Joint governance and partnership arrangements

We will continue with a dedicated governance structure to enable partnership across organisations and sectors, facilitating shared planning, decision-making and learning. This structure will include representation from Gold Coast Health, Gold Coast PHN, and other key stakeholders, such as government agencies, primary care providers, local community organisations and people with lived experience. Regular communication, meetings, and collaboration will support these governance arrangements.

Operational planning

We will conduct annual planning and prioritisation of activities to advance each priority in the Joint Regional Plan. The annual plan will detail specific programs of work, timelines and responsibilities shared across agencies. It will focus on current priorities and allocate resourcing based on needs. A centralised coordination role will manage and oversee all activities delivered as part of the Joint Regional Plan.

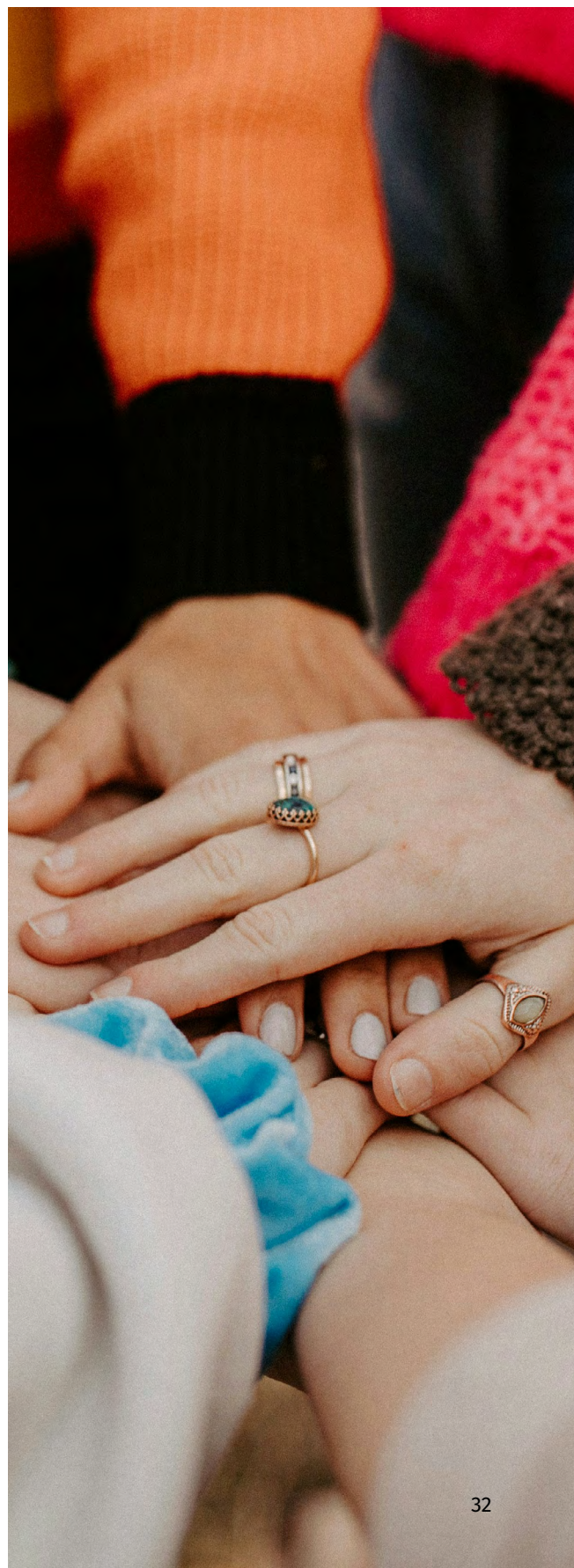
Performance measurement

We will identify key performance indicators (KPIs) that align with the objectives of the Joint Regional Plan to track progress and ensure accountability. This will include planning for data collection requirements, monitoring KPIs and evaluating outcomes.

Communication and reporting

We will communicate the direction and outcomes of the Joint Regional Plan to promote awareness, local implementation, and visibility of achievements. Regular reporting will be shared with stakeholders to promote learning about effective strategies and future opportunities.

The *Governance, Implementation and Performance Measurement Framework* will support the implementation of the Joint Regional Plan throughout 2025-2028 providing necessary guidance and structure for governance arrangements, action planning and performance measurement and reporting.





Appendices

Appendix A: Summary of Achievements and Outcomes against the Joint Regional Plan 2020-2025

1. Leadership, governance and partnership that includes lived experience

Our aim / desired state

Bring together organisational leaders, people with lived experience, service providers, commissioners, and cultural expertise as partners to guide the work, mobilise resources, advocate for needs and coordinate activities.

- Support organisations to work towards shared outcomes.
- Ensure all services are accredited or working towards recognised quality and safety standards.
- Establish a culture of openness, trust and inclusion that supports people with lived experience at all levels.

Foundational JRP Performance Domain KPI / Headline Measure	PROGRESS <i>What we achieved</i>
Establish Joint Regional Plan governance to support leadership, planning, decision-making, progress reporting and inclusion of lived experience.	<ul style="list-style-type: none"> • Established Joint Regional Plan governance structure including: <ul style="list-style-type: none"> ◦ four partnership groups that report into an overarching steering committee, with all groups having lived experience representation. ◦ monitoring and reporting mechanisms to the Commonwealth, Queensland Health, Gold Coast Health Board, GCPHN Board, service providers and community members to evidence progress and obtain feedback to inform future planning. ◦ Annual workplans of activities that were appropriate and responsive to the changing needs of the community and service system. • Implemented regular 'health checks' of governance groups to identify strengths and areas of improvement. The results showed strong collaborative relationships and agreement on the need for the partnership. The challenge is to maintain its impetus and build on our success. • Establishment of the new community-led Gold Coast Suicide Prevention Collaborative (GCSPC) in 2024 with three members with lived experience.
Joint working arrangements established for significant pieces of work.	<ul style="list-style-type: none"> • Established a jointly funded Joint Regional Plan Coordinator role in 2022 to support implementation of the Joint Regional Plan. • Jointly planned and established a range of new services in the region through Commonwealth, Bilateral Schedule and Better Care Together funding arrangements, including: <ul style="list-style-type: none"> ◦ Crisis Stabilisation Unit, the first of its kind in Australia, offering an alternative to emergency departments for people experiencing a mental health crisis. ◦ After Hours Safe Spaces (Southport and Mermaid Beach) for people experiencing distress, with brief intervention and de-escalation support available in a warm and friendly environment in the community. These services collectively performed 3,662 occasions of service to consumers over a 12-month period (23/24FY), with 75% of consumers indicating that they used the service as an alternative to a hospital emergency department. ◦ Universal Aftercare services that support people after a suicide attempt and/or suicidal crisis, including development of an 'out of hospital' pathway with referrals from General Practice, Head to Health Phone Service and Aboriginal Medical Services. ◦ Head to Health Kids - Queensland service supporting children under 12 years of age experiencing developmental, behavioural or emotional issues affecting their mental health. ◦ Enhanced model of care for local headspace services, improving accessing to multidisciplinary treatment for young people. ◦ Community Support Program Suicide Prevention Service adapted its service model in 2022 to co-locate with services in the region where people were feeling distress and lacked support. ◦ Rapid establishment of COVID-19 service responses for people who requiring mental health, AOD and suicide prevention support during the pandemic. ◦ Design and establishment of required distress-based services for people in the community: <ul style="list-style-type: none"> • Community Support Program supported 525 clients • Supporting Minds LGBTIQ and Adults Programs supported 619 clients

Joint working arrangements established for significant pieces of work.	<ul style="list-style-type: none"> • Successful EOI to commence the new Out-of-Hospital Pathway for The Way Back Support Service ◦ Prioritisation and implementation of targeted regional suicide initiatives for suicide prevention to deliver on key areas of the Gold Coast Suicide Prevention Community Action Plan.
Maturity of governance structures and Joint Regional Plan strategy reviewed.	<ul style="list-style-type: none"> • External review completed to assess joint commissioning readiness and governance maturity (June 2023). Review informed development of a joint GCPHN and Gold Coast Health Business Case to outline areas for improvement and resourcing requirements for Joint Regional Plan strategic planning and governance moving forward.
Lived experience involvement at every level (individual, service, organisational, strategy).	<ul style="list-style-type: none"> • 14 people with lived experience involved in Joint Regional Plan governance groups. • GCPHN development of lived experience induction and engagement plan to better support new GCPHN lived experience advisors (November 2021). • GCPHN attendance at the National Mental Health Lived Experience and Engagement Network (MHLEEN) Annual Meetings (2023, 2024, 2025) to ensure currency in knowledge of approaches to co-design, lived experience engagement and development of a peer workforce. • Consultation with people with a lived experience facilitated by Roses in the Ocean to understand how we can better involve people with a lived experience to contribute to planning and outcomes of the Plan (May 2024). Report of findings and recommendations developed May 2024. • In addition to the GCHHS-wide Consumer Advisory Group and GCPHN Community Advisory Committee, MHSS maintains two dedicated consumer and carer engagement groups (within CYMHS and AODs) to gather consumer experiences and input.
Gold Coast Health, GCPHN agreement on quality and safety standards for commissioned services.	<ul style="list-style-type: none"> • GCPHN annual review of quality accreditation standards for commissioned mental health, AOD and suicide prevention services. • GCPHN Safety and Quality policy finalised March 2025 with defined quality accreditation standards across mental health, suicide prevention and AOD services.

Lessons Learned and Opportunities

- To achieve more integrated joint commissioning, we need to overcome systemic, organisational, and operational barriers.
- While the governance structure has been effective, we need more cross-sectoral engagement to drive further change. This includes collaborating with the City of Gold Coast, Department of Communities, educational institutions, and peak bodies.
- People with lived experience, First Nations community, people from culturally and linguistically diverse backgrounds, and General Practice were actively involved in development and implementation of the Joint Regional Plan. Moving forward, we will use new and dedicated approaches to deepen and broaden our engagement with these stakeholders. Dedicated resources are required to manage and oversee more complex joint projects and activities.
- The Bilateral Agreement and Better Care Together investment have significantly advanced Joint Regional Plan priorities and created opportunities for joint working arrangements. With extensive collaboration across numerous services, we can explore how to achieve efficiencies in process and governance.

2. Planning for a common agenda

Our aim / desired state

- A shared approach to change through a shared understanding of the regional priorities, desired outcomes and agreed actions.
- Leaders and decision-makers have a shared understanding of the region's mental health, suicide prevention and alcohol and other drug infrastructure to inform decision making.
- Improved quality and utilisation of Gold Coast data.

Foundational JRP Performance Domain KPI / Headline Measure	PROGRESS <i>What we achieved</i>
Development of Comprehensive Joint Regional Mental Health, Alcohol and Other Drug, and Suicide Prevention Plan by June 2022.	<ul style="list-style-type: none"> • New policy directions resulted in updated regional planning timeframes. In line with Commonwealth and Queensland Government commitments, a Joint Regional Plan progress report was published in March 2024. The report includes an update on the Bilateral Agreement initiatives in the Gold Coast region, plans for development of comprehensive Joint Regional Plans, and reflections on the Gold Coast's Foundational Joint Regional Plan. • Gold Coast Health, GCPHN, Kalwun Development Corporation and Queensland Ambulance Service jointly developed the Joint Regional Needs Assessment to be released in early 2025, underpinning joint regional planning.

Implementation of the Community Action Plan on Suicide Prevention (2020).	<ul style="list-style-type: none"> Established a Regional Suicide Prevention Coordinator role in 2023 to support planning and delivery of the Community Action Plan on Suicide Prevention. Establishment of a new community-led Gold Coast Suicide Prevention Collaborative (GCSPC) in 2024, which brings together community, service provider and lived experience representatives to work on a collective impact and place-based approach to suicide prevention across the region.
Agreement and implementation of standardised tools to measure consumer outcomes and consumer satisfaction across services.	<ul style="list-style-type: none"> GCPHN has worked with commissioned providers on numerous quality improvements to improve collection of outcome and experience measures. GCPHN have also invested heavily in efforts to streamline, store, standardise, and analyse this data to ensure that we can effectively monitor outcome and experience moving forward. GCHHS conducts the “Your Experiences and Expectations” Patient Satisfaction survey each quarter. The survey, conducted by Best Practice Australia, allows GCHHS to benchmark patient satisfaction performance against other healthcare organisations across Australia. GCHHS utilises the Mental Health Carer Experience Survey (CES) to capture carer experiences.
Exploration of a co-located mental health hub in the Northern Corridor.	<ul style="list-style-type: none"> Regional service providers contributed to development of a Strategic Functional Brief outlining high-level functional, operational and spatial requirements to guide future design and planning for a co-located service hub in northern Gold Coast region (October 2023). Establishment of a partnership between City of Gold Coast, Gold Coast Health and Gold Coast PHN – formal Memorandum of Understanding in place in October 2024 to support exploration of infrastructure options in northern Gold Coast region.

Lessons Learned and Opportunities

- There is an opportunity to collaborate with funders to explore the scope and flexibility of local commissioning to better meet local needs, despite the current limitations in how resources can be utilised.
- More sophisticated use of the National Mental Health Service Planning Framework to inform joint planning activities. Review primary and specialist clinical services provided in the community, alongside psychosocial services to improve the consumer's journey while also making more efficient use of resources.
- Community members are willing and capable to be involved in activities that promote awareness of suicide and promote suicide prevention activities in the region. Significant support to establish this group and gain momentum was required.
- Leadership and project management resources will be required to maintain initial momentum and results from the Gold Coast Suicide Prevention Collaborative in 2025/2026.
- Establishment of the Gold Coast Medicare Mental Health Centre in the Northern Corridor and enhancing MHAOD service delivery work in hand-in-hand with planning.
- Continued collaboration with Council and other sectors on joint planning and co-location to increase access.

3. Responsive and connected workforce

Our aim / desired state

- The people who deliver services are skilled, culturally safe and supported to confidently and compassionately meet the needs of people in the region.
- Identification and access to shared development and networking to develop more standardised skills across the sector.
- Increased support for primary care providers to respond to people presenting with mental health, alcohol and other drugs concerns and/or at risk of suicide.
- Increased capacity in the region to deliver culturally safe and responsive services.
- Strengthened role of lived experience and peer workers in the region through expanded opportunities and consistent support.

Foundational JRP Performance Domain KPI / Headline Measure	PROGRESS <i>What we achieved</i>
Build a competent and capable workforce to support consumers.	<ul style="list-style-type: none"> Education and training workshops delivered across a range of areas relating to service delivery and navigating the local service system. Support to local general practices in implementing Strengthening Medicare initiatives, including two Gold Coast Urgent Care Centres (Oxenford and Southport) and patient registration. GCPHN quarterly meetings delivered to commissioned service providers to educate providers on quality and safety standards, legislation requirements, quality improvements, reporting and budgeting (from August 2023).
Workforce knowledge of intake, assessment and referral.	<ul style="list-style-type: none"> Recruitment of a dedicated role to oversee improvements in Intake, Assessment and Referral in the region, including training in the use of the Initial Assessment and Referral Decision Support Tool (IAR-DST), providing an evidence-based approach to conducting initial assessment and referral of individuals presenting with mental health conditions in primary health care settings (February 2021 to June 2024).

Workforce knowledge of intake, assessment and referral.	<ul style="list-style-type: none"> • Delivery of Initial Assessment and Referral training to 338 people across the sector, including General Practitioners, community/NGO clinicians and GCHHS Mental Health and Specialist Services staff.
Proportion of workforce who are employed in a lived experience role.	<ul style="list-style-type: none"> • Benchmark numbers have not been established given very regular changes in workforce numbers over the past three years and inconsistent reporting on this specific workforce cohort. • GCHHS had 7.5 Lived Experience Peer Workers in 2020 which had increased to 47 lived experience peer/carer peer workers by March 2025. • As of March 2025, the current numbers for lived experience and peer worker roles in GCPHN Commissioned Services are as follows. It is important to note that the specific roles and functions vary across service providers, as reflected in the different categories listed below: <ul style="list-style-type: none"> ◦ 2 x Peer workers ◦ 1 x Identified worker with lived experience ◦ 18 x Lived Experience and/or Peer Worker roles ◦ 2 x Youth Peer Support Workers ◦ 2 x LGBTQIAP+ Peer support Workers ◦ 3 x Family Carer Peer Support Workers ◦ 3 x Peer Support Workers ◦ 1 x Youth Engagement and Peer Workforce Coordinator ◦ Various identified First Nations roles • Pilot of a review tool for clients and families to provide quantitative and qualitative feedback on their experience in receiving peer support.
Year on year increase of joint training sessions in the region.	<ul style="list-style-type: none"> • Delivery of Mental Health Symposium to regional mental health, AOD and suicide prevention workforce: <ul style="list-style-type: none"> ◦ 2021 - 215 attendees ◦ 2022 - 216 attendees ◦ 2024 - 213 attendees • Reciprocal in-services by commissioned service providers conducted in GCHHS and in-services by GCHHS in commissioned service providers, particularly for alcohol and drug services. • Alcohol and Other Drug First Aid Training provided to 66 service providers across the Gold Coast. • 93 GPs and nurses working General Practices attended a local mental health, drug and alcohol education sessions for General Practice facilitated jointly by GCPHN and Gold Coast Health. 100% of attendees rated the event 'Good' or 'Excellent'.
Identified elements for a consistent approach to training in the region.	<p>Delivered targeted training to service providers and frontline workers in the Gold Coast region, including:</p> <ul style="list-style-type: none"> • 2023: <ul style="list-style-type: none"> ◦ Introduction to Disaster Recovery and Resilience (70 attendees) ◦ Psychological preparedness, Self Care and Burnout (55 attendees) ◦ Disaster & Emergency Management Aged Care Sector Resilience Forum (46 attendees) ◦ Moral Injury and Psychosocial Hazards (39 attendees) ◦ Supporting Children Following Disasters (21 attendees) ◦ Psychological First Aid (46 attendees) • 2024: <ul style="list-style-type: none"> ◦ Trauma Informed Practice and Introduction to Sound Therapy (101 attendees) ◦ Understanding and Preventing Fatigue (23 attendees) ◦ Considering Autism in Crisis Response & Recovery (44 attendees) ◦ Psychological First Aid (90 attendees) ◦ Exploring Moral Injury – Building Resilience in Disaster Response (52 attendees) ◦ Leading Through Crisis – Ethical Leadership & Resilience in Disaster (39 attendees) ◦ Disaster Ready Residential Aged Care Homes (10 attendees) ◦ Thriving Kids in Disaster (22 attendees) ◦ Vicarious Trauma (48 attendees) • 2025: <ul style="list-style-type: none"> ◦ Psychological First Aid (28 attendees) ◦ Mental Health First Aid (30 attendees)
Proportion of Aboriginal and Torres Strait Islander workforce.	<ul style="list-style-type: none"> • In March 2025, 1.5% of Gold Coast Health's MHAOD workforce identified as Aboriginal and/or Torres Strait Islander which is consistent with the rate in June 2020 and slightly less than the % of the Gold Coast population that identifies as Aboriginal and/or Torres Strait Islander.

Proportion of Aboriginal and Torres Strait Islander workforce.	<ul style="list-style-type: none"> All GCPHN Commissioned Service Providers are contractually obligated to complete Culturally Competency Training. As of March 2025, 90% of GCPHN Commissioned Service Providers have met 100% target for completing training and providing culturally appropriate services.
Mainstream services have the capacity to safely and effectively work with Aboriginal and Torres Strait Islander people.	<ul style="list-style-type: none"> As of 30 April 2025, 67.6% (n=140 of 207 Gold Coast general practices) registered for Practice Incentives Program (PIP) Indigenous Health Incentive (<i>Source: GCPHN CRM</i>). As of 30 April 2025, 73% (n= 11 of 15 GCPHN Commissioned Services) have a Reconciliation Action Plan (RAP) in place, are in final stages of RAP development, or are an Aboriginal Community Controlled Organisation. In June 2024, 25.0% of Aboriginal and Torres Strait Islander people had received an Aboriginal and Torres Strait Islander Peoples Health Assessment within the last 12 months (<i>Source. Health checks and follow-ups for Aboriginal and Torres Strait Islander people, Australian Institute of Health and Welfare, 2023/24</i>).
Enhanced suicide prevention knowledge and skills in the regional workforce and community members.	<ul style="list-style-type: none"> Identified and delivered appropriate suicide prevention training for 239 frontline workers and community members, including Mindframe, Suicide Prevention for Seniors, Black Dog Institute Capacity Building Program, and Question Persuade Refer (QPR). Mindframe suicide prevention training delivered to 46 GCPHN staff.

Lessons Learned and Opportunities

- Despite significant new investments in the region's workforce, challenges persist in meeting the demands of a growing population.
- Uptake of Question Persuade Refer (QPR) suicide prevention training for community members was lower than expected; other more engaging training or support options for the community should be explored.
- Dedicated training is required to build knowledge and confidence in corporate staff to appropriately tailor messages and communication material for the topic of suicide and suicide prevention.
- Identification of training and support needs of ambulance workers and police in responding to people in distress or suicidal crisis has been beneficial to support workforce capability.
- Confidence and ability of community members to respond to people in distress or suicidal crisis is integral to building a positive and capable community.
- Identification of training options for General Practitioners to enhance ability to assess and respond to those at risk of suicide is required.
- Increased integrated training (where appropriate).
- Developing policies and supports for workforce employed in Lived Experience roles.

4. Effective, timely and safe information exchange

Our aim / desired state

- Communication between people and their providers, between providers and between commissioners and service providers improves people's experiences and outcomes.
- Improved information flows, including clinical handover processes and cultural handover that support continuity of care.

Foundational JRP Performance Domain KPI / Headline Measure	PROGRESS <i>What we achieved</i>
Agreements and systems in place that enable timely data exchange.	<ul style="list-style-type: none"> Data sharing agreements between GCHHS and GCPH supports consistent data collection, informs health needs assessments and informs co-design and service planning. Collated data and information to inform Joint Regional Needs Assessment for the Gold Coast region to inform the next iteration of the Joint Regional Plan. Roll out of Primary Sense Population Management Toolset across local general practices to enable providers to identify and monitor health outcomes. Developing system improvements within Gold Coast to improve communication between teams, improving intake, coordination and follow-up for consumers Improving procedures for transition of care for inpatients at GCHHS hospitals to community-based residential AOD treatment. Implemented live reporting and interactive dashboards for GCHHS Mental Health and Specialist Services data. Developed and implemented internal dashboard in GCPHN to monitor performance of commissioned service providers. Benchmarking of methods used by commissioned service providers to transfer information securely between GPs and service providers. Restricted NGO access to Gold Coast Health mental health, drug and alcohol information system (CIMHA) is supporting consumers' transition of care as part of the Way Back Support Service, reducing the need for consumers to tell their story multiple times.

Increase in completion rate of electronic discharge summaries/ transfer of care letters within 1 working day.	<ul style="list-style-type: none"> Improved rate of discharge summaries completed within one working day for patients discharged from Gold Coast Health mental health services to 82.9% (2023/2024) from 57.3% (2019/2020), supporting improved sharing of information between health providers in order to better support consumers as they transition between services.
Number of client records that accurately identify and record indigenous status.	<ul style="list-style-type: none"> Rate of completion of indigenous status recorded for GCHHS mental health services has remained stable at 99%. Focussed effort has not been put into accurate identification and recording of indigenous identity in General Practice and NGO community services.

Lessons Learned and Opportunities

- Addressing barriers with data sharing, linkage and utilisation could support improved patient care, provider communication and system planning.
- Improvement in recording of indigenous identity in client records for General Practice NGO community services is required.

5. Coordinated activities that leverage and enhance existing strengths

Our aim / desired state

- Activities, strengths and scope of practice are optimised through a coordinated approach to intake, assessment and referral, interactions between services and sectors, and understanding and navigating available services.
- Services identify and respond appropriately to at-risk consumers.
- Region is working towards a more coordinated and consistent approach to consumer service delivery, carer support and transfer of care.
- Service providers and primary care understand the nature of services available across the sector and actively support consumer access to these services.
- Service providers and people understand the service infrastructure (availability and capability of services).
- Develop relationships that provide opportunities for more meaningful interactions within and between sectors (e.g. housing).

Foundational JRP Performance Domain KPI / Headline Measure	PROGRESS <i>What we achieved</i>
Enhance coordinated approach to intake, assessment and referral, and interactions between services to improve service navigation.	<ul style="list-style-type: none"> Enhanced information and referral pathways for mental health, AOD and suicide prevention to support consumers/carers, GPs and clinicians to navigate services including: <ul style="list-style-type: none"> Medicare Mental Health Phone Line (formerly Head to Health Phone Service): established in July 2022 to deliver consistent intake, assessment and referral for people seeking mental health services (provided 3769 contacts in 2023/24). 1300 MH Call: worked with the Gold Coast Hospital confidential mental health telephone triage service to better understand service demand and needs of the community, including how to best streamline support for people living in the community. Gold Coast Community HealthPathways: supported development of evidence-based information on the assessment and management of common clinical conditions including referral guidance. As at April 2025, there were 34 clinical pathways including: <ul style="list-style-type: none"> Addiction and Drug Misuse ADHD Anxiety Bipolar Disorder Borderline Personality Disorder Depression Psychostimulant abuse Eating Disorders Perinatal Mental Wellbeing Psychosis in Adults and Youth Suicide Prevention Trauma informed care Depression in Older Adults 32 Request (Local Referral) pages for Mental Health, Addiction, Eating Disorders Alcohol and Drug Information Service (ADIS) and Alcohol and Drug Clinical Advisory Line: promoted and supported improved ways for local services to utilise ADIS to support consumers in the community.

Enhance coordinated approach to intake, assessment and referral, and interactions between services to improve service navigation.

7-day follow up within the community post discharge from an acute admitted specialist mental health unit.

Reduction in readmissions to specialised mental health unit within 7 and 28 days of discharge.

Improved 7-day follow up within GCPHN commissioned services for people who are identified as high risk of suicide at the time of referral.

Consumers access the right service at the right time.

- **General Practitioner Psychiatry Line:** promoted phone line in the region.
 - GP use of the Psychiatry Line has continued to increase year on year.
 - Feedback remains positive (4.8 out of 5 as the average user rating).
- Developing shared care approaches within the region, including enhanced primary care-led models supporting Opioid Treatment Program and Clozapine for people in the community.
- 7-day follow up within Gold Coast Health's community services post patient discharge from an acute admitted specialist mental health services has remained stable at 63%.
- Reduced readmission rates to specialised mental health unit within 28 days of discharge to 5.6% in 2024-2025 from 13.3% in 2019-2020 indicating improvements in recovery during inpatient admissions and more consumers are being supported to maintain their recovery in the community.
- Improved 7-day follow up for people who are identified as high risk of suicide at the time of referral within GCPHN commissioned services to 97.7% (2023-2024) from 62.1% in 2019-2020.

• GCPHN Commissioned Services – 3 Year Service Volume

Service Type	Total Service Contacts (2021-2024)
Mental Health	134,667
After Hours Mental Health	8,599
Suicide Prevention	15,744
Psychosocial Complex Mental Health	45,097
Alcohol and Other Drugs	76,620

Improvement in support for carers and families impacted by suicide.

- Pilot of Carers Support Program (2020/21) funded by QLD Health and jointly led by Wesley Mission QLD, Roses in the Ocean, Beacon Strategies and GCPHN, supporting 93 x people impacted by suicide.

Reduction in rate of mental health ED presentations per capita.

- Established the Crisis Stabilisation Unit (CSU), the first of its kind in Australia, as an alternative to pathway for people with mental health-related presentations to Gold Coast Health's Emergency Departments. As at March 2025, the CSU was assessing approximately 400 consumers a month, accounting for 53% of total mental health patients presenting to hospital. People that present to the CSU are less likely to be admitted, compared to people that present to ED.
- The After Hours Safe Spaces prove to be an ongoing success, with consumers reporting that they access the After Hours Safe Space service instead of attending ED:
 - 2022/2023: 64% of consumers report that they accessed the service instead of attending ED.
 - 2023/2024: 75% of consumers report that they accessed the service instead of attending ED.
- AOD transfer of care tool developed and implemented by community AOD providers to support transition of care of consumers to/from hospital care.

Lessons Learned and Opportunities

- There are opportunities to further enhance processes and procedures for triage, intake and referral of consumers with mental health and AOD needs. Significant preparatory work is required to move this forward.
- Strengths in working relationships between staff at all levels in hospital and community services continues to support achievements and outcomes from the Joint Regional Plan; these are integral to maintain moving forward.
- Crisis and distress services newly developed and implemented are making a real impact on reducing presentation rates to hospital emergency departments.
- Focussed efforts on enhancing workforce skills and knowledge to respond to those at risk of suicide have led to real improvements in timely follow up of these consumers.
- Service navigation remains a key challenge for consumers, GPs and other healthcare workers – the constant change in services available makes it difficult for all people in the community to know what services are available and where they are located.

Appendix B: Stakeholder engagement insights

During the development of the Joint Regional Plan (JRP), we engaged with stakeholders to explore five emerging priority areas. We analysed their experiences and insights, which helped shape the guiding principles, priorities, and activities of the Joint Regional Plan 2025-2028.

Opportunities to strengthen mental health, suicide prevention and AOD outcomes:

Leadership, governance and partnership

- Involve various agencies in the JRP from development to implementation and hold them accountable.
- Create governance structures that promote collaboration and integration across sectors.
- Share data, improve quality together, and develop the workforce.
- Share feedback on the JRP's progress widely.
- Establish a clear framework for ongoing planning, implementation, performance measurement, and learning.
- Be flexible to address environmental changes and emerging issues.

Community wellbeing

- Collaborate with a diverse range of providers to enhance community health and wellbeing.
- Make it easier for people to navigate and transition across the service system, including co-location, longer hours, community awareness, and wayfinding.
- Improve referrals, coordination, and information-sharing between services.
- Use holistic models of care that address broader determinants of wellbeing.
- Promote mental health literacy and early intervention through community activation, education, and initiatives in settings like schools and workplaces.

Service accessibility

- Develop models of care that people can access earlier, especially non-clinical and peer-led support.
- Embed services within communities where people live, work, and play.
- Build community capacity to support and respond to people who need help.
- Address system-related challenges like eligibility criteria, funding constraints, provider changes, and internal processes that impact people's experiences of care.

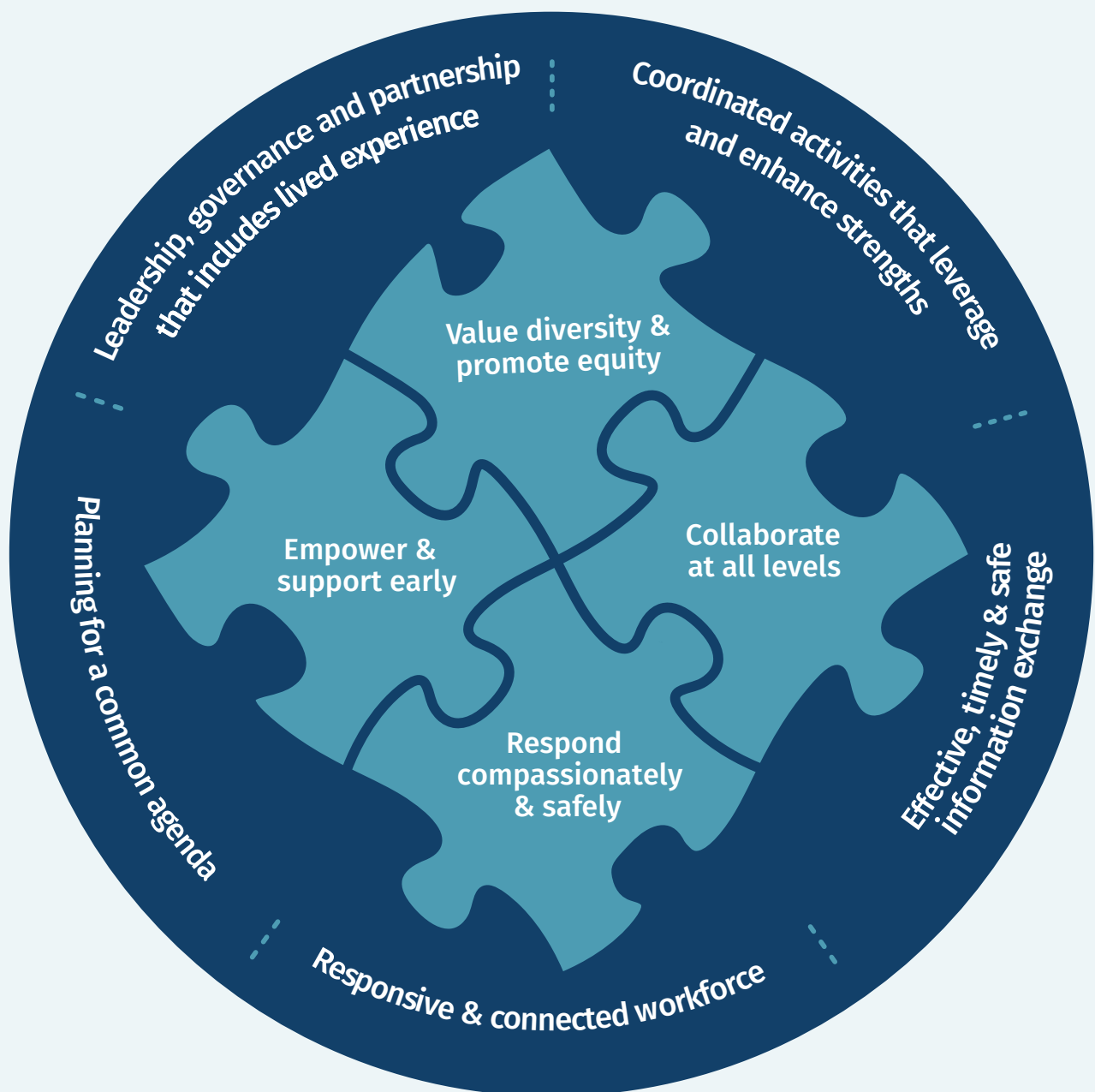
Health equity

- Prioritise equity, diversity, and cultural capability in service commissioning, especially for First Nations, multicultural, and LGBTQIAP+ communities, people living with a disability, and those experiencing domestic and family violence.
- Engage with consumers and carers to understand and address barriers to accessing services.
- Connect with community groups and leaders.

Workforce development

- Take regional approaches to workforce development, including training, supervision, mentoring, and career progression.
- Improve workforce capability and responsiveness.
- Integrate the Lived Experience workforce across services and settings.
- Use technology and virtual models of care.
- Focus on workforce recognition, retention, and culture.

The PEOPLE of the Gold Coast LIVE LIFE with MEANING and PURPOSE within a COMPASSIONATE, CONNECTED and DIVERSE COMMUNITY.



2020-2025 VISION AND STRATEGIC FRAMEWORK

Contributions

A governance committee was established in relation to the updated Joint Regional Plan (JRP) for 2025-2028. The following stakeholders met regularly to inform the development of the plan.

Committee members:

Member	Role
Malcolm McCann	Executive Director, Mental Health & Specialist Services - GCHHS
Jacqui Greig	Executive Director, Commissioning - GCPHN
Tony de Ambrosis	Director, Commissioning - GCPHN
Charlotte Bowman	Joint Regional Plan Coordinator - GCHHS
Amy Petrocy	Director of Partnerships and Business Operations, Mental Health and Specialist Services - GCHHS
Amanda Carver	Senior Director, Strategy and Health Service Planning - GCHHS
Philip Williams	Service Director, Child and Youth Mental Health Services - GCHHS
Amanda Goodsir	Regional Suicide Prevention Coordinator - GCPHN
Kellie Trigger	Director, Health Intelligence Planning and Engagement - GCPHN
Kristen Breed	Director, MHAOD Strategy and Planning Branch - QLD Health
Nichelle Nona	Executive Lead, Quality, Culture and Engagement - Kalwun
Elliot Parkinson	Director - Beacon Strategies
Ursula Wharton	Lived Experience Representative
Cristy Welsh	Lived Experience Representative
Sarah Davis	Lived Experience Representative

Other contributors:

Member	Role
Dr Jardin Taha	Local GP and General Practitioner Lead (Primary Health Care) - GCPHN
Susan Sullivan-Green	Communications and Stakeholder Engagement Manager - GCPHN
Wayne Hickson	Communications Consultant (Health Promotion) - GCPHN
Madelyn Murray	Communications Coordinator - GCPHN
Dwayne Grant	Communications Officer - GCHHS
Tayler Porteiro	Executive Assistant, Commissioning - GCPHN

Building a Compassionate and Connected Gold Coast

**A Joint Regional Plan for Mental Health, Suicide Prevention,
and Alcohol and Other Drug Services — 2025-2028**

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