Gold Coast Mental Health Symposium 2025

Speaker Responses to Mentimeter Questions

Keynote | Meeting people where they are: online

Dr Louise La Sala - Senior Research Fellow | Orygen

Dr Louise La Sala is a Research Fellow at Orygen and a global leader in youth suicide prevention. She leads the internationally recognised #chatsafe initiative, co-designing digital interventions with young people that have reached over 12 million globally. Her work has shaped policy, partnered with major tech platforms, and created safer online spaces. In 2025, she received the Andrej Marušič Award for her pioneering contributions to youth mental health.

TOPIC: AI and Youth Mental Health

Questions from the audience:

- Has your research explored the impact of AI on youth mental health?
- What are your thoughts on generative AI and its potential benefits or risks, particularly in the context of virtual relationships and misinformation?
- In some cases, chatbots (e.g. ChatGPT) have reportedly provided harmful instructions. What safeguards do you think are needed?
- How can we encourage young people who engage with AI tools around suicidal ideation to seek support from mental health professionals?

Response:

Our research has started to look at the use of AI by young people, particularly those seeking help online. We are in the process of developing guidelines for young people (and their parents/ carers) for the safe use of AI when communicating online about self-harm and suicide - these guidelines will be available in mid-2026 on the Orygen and #chatsafe websites.

This was a **webinar held by Suicide Prevention Australia** that was specific to this topic:
https://www.suicidepreventionaust.org/civicrm/event/info/?reset=1&id=106

TOPIC: Social media regulation and access

Questions from the audience:

- How do you see the new legislation restricting social media access for under-16s being enforced? Is age verification truly effective?
- What are realistic strategies for parents to prevent younger children from accessing social media, especially when older siblings or peers may provide access?
- Do you believe content regulation (e.g. as seen in China) is a viable path forward, or should we focus more on cyber awareness education in schools?
- Is there any current progress in Australian schools around education for safe social media use?
- With the upcoming social media ban, is the government working with organisations like Orygen to improve platform safety for young users?

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Response:
The restrictions on social media access for those under the age of 16 will be in place from Dec 10, 2025. The Office of the eSafety Commissioner have been in touch with youth mental health (and other youth-focussed) organisations to consult on the introduction, implementation and evaluation of this policy change.

Realistic strategies for parents moving forward include open communication with their youth - knowing where their young people are 'hanging out' online, who they're interacting with, and where they are searching for information.

Our #chatsafe for parents' resource can help with this:
- https://www.orygen.org.au/chatsafe/Resources/chatsafe-for-parents-and-carersHYPERLINK "https://www.esafety.gov.au/"https://www.esafety.gov.au/

You can read some of our opinion pieces on this topic here:
- https://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a001014
- https://search.informit.org/doi/abs/10.3316/informit.T2025062400029391050656904

TOPIC: Social media use and moderation

Questions from the audience:
- What are effective ways to teach moderation in social media use to young people under 16, especially when full access is restricted?
- How will social media companies be expected to verify and manage age restrictions?

Response:
We conducted a report recently and found that moderation is key when it comes to social media usage. **You can see the report here:** https://www.orygen.org.au/About/News-And-Events/2025/New-data-indicates-moderation-is-key-to-social-med

Our advice would be to talk to young people about how social media is making them feel, how they are spending their time online, and what (if anything) it is replacing time doing.

Helping young people notice signs within themselves for when social media is no longer serving a positive purpose is going to be really important in teaching them to self-regulate their own use.

Again, open and transparent conversations about this (also acknowledging that us as adults sometimes struggle to notice these things or know what to do about them) will help model positive social media use (and knowing when to switch off).

TOPIC: LGBTQIAP+ Youth and Online Engagement

Questions from the audience:
- How are data and research currently capturing LGBTQIAP+ identities? What methods are used, and what trends are emerging?
- Why do you think LGBTQIAP+ young people engage more with social media?
- Is there evidence that societal stigma drives LGBTQIAP+ youth online in search of connection?

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Response:
There is evidence that tells us that LGBTQIA+ young people are more likely to use social media for support and help-seeking, and more likely to be exposed to harmful (suicide-related) content online. We conducted a study on the extent to which young people in Australia are exposed to suicide-related content online, and we are now writing a paper that looks exclusively at the experiences of LGBTQIA+ young people.

You can see the first study here:
- https://osf.io/preprints/psyarxiv/5rh93_v1 (the second study will be submitted for publication in 2026).

TOPIC: Suicide Prevention and Postvention

Questions from the audience:
- How should a parent approach their child who says they supported a suicidal friend, especially when trying to set aside their clinical training?
- Do families generally know about postvention activities?
- Will a real-time postvention social media response be rolled out in Queensland?
- Do we understand what contributed to the drop in suicide deaths among 15–18-year-olds in 2004?
- Why do you think suicide rates have increased among young girls?
- Could AI tools like SafeChat be improved to better connect young people with appropriate support?
- Is there discussion around expanding the #chatsafe campaign to adults?
- Has #chatsafe been considered as part of the high school health curriculum?

Response:
The #chatsafe postvention approach is being rolled out across the Gold Coast in partnership with the GCPHN. You can read more about the approach here: https://www.orygen.org.au/chatsafe/Postvention-support.

The #chatsafe campaign also reaches adults, educators and other community leaders with our adult-facing resources. You can see them all here: https://www.orygen.org.au/chatsafe.

We have tried to roll this out across school communities, and we have worked with the NSW Dept of Ed to offer webinar/information sessions for educators, so that they feel equipped to support their students to stay safe when navigating suicide-related content online.

Finally, to answer the question related to why rates of self-harm or suicide ideation are rising (particularly among young girls and women, and other groups of young people) we are running a study at the moment to better understand the real-time risk and protective factors of suicide for young people in Australia today. We will be sharing the findings of this research in early 2026. This work will also try to understand the role of 'global megatrends' in contributing to youth mental health / distress.

You can read more about this in a recent Lancet report: https://www.thelancet.com/commissions-do/youth-mental-health.

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Panel Discussion: Meeting people at their intersections

Matt Slavin – Team Leader | Gold Coast Youth Foyer
Matt Slavin has over 20 years' experience in youth homelessness and child protection. He operationalised Queensland's first purpose-built Youth Foyer, which received the City of Gold Coast Safer Suburbs Award for Innovation. Matt blends evidence, creativity, and a dash of irreverence to spark practical change.

Youth Foyers – GCYS

Question from the audience	Response
Are there any initiatives on the Gold Coast that specifically support youth experiencing mental health challenges, similar to the Youth Foyer model?	The Short answer is no, GCYS and other similar agencies are advocating for one, along with more youth-appropriate crisis accommodation. However, the Queensland Government is currently developing a supported housing project called 'West Tower' in Southport. The development will include around 200 homes, offering a mix of social and affordable housing. Similar to the Foyer model, 'West Tower' will feature integrated onsite supports. Its target groups include individuals and families at risk of homelessness, women escaping domestic violence, older women, and essential workers. The expected completion for this build is in 2027.
Is there a plan to establish a Youth Foyer in the northern Gold Coast region?	Currently, there are three Foyers in QLD, one here on the Gold Coast, one in Logan and another in Townsville. The Government has committed to building 8 more foyers across the State.
Would the proposed $900 million investment in youth crime prevention be more effectively spent on mental health and housing services?	Yes, there's already a strong body of evidence on this. Data from Foyers across Australia alone shows that residents are around 60% less likely to be involved in the youth justice system. FYF_UnderOneRoof_Summary_singlepagesfinal.pdf
How can young people access or be referred to your service?	People can learn more by visiting our website - Youth Foyers – GCYS or attend an information session. Information sessions are held monthly on the last Wednesday of the month from 10 AM. Email gcyouthfoyer@gcys.org.au for more information.

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Rebecca Lang – Chief Executive Officer | QNADA

Rebecca Lang is the CEO of the Queensland Network of Alcohol and Other Drug Agencies (QNADA) and Chair of the Australian Alcohol and Other Drugs Council. She also serves on the Advisory Board of the National Centre for Youth Substance Use Research. A strong advocate for evidence-based, health-focused responses to substance use, Rebecca champions collaboration, quality improvement, and reducing stigma. Her insights will enrich discussions on how social determinants shape mental health and substance use.

Question from the audience	Response
What supports are currently in place for the transgender community, who are facing increased political and media scrutiny and are 15 times more likely to die by suicide?	The Qld Council for LGBTI Health provide support services for transgender people, including suicide prevention services (https://www.qc.org.au/) Transcend Australia also provide services to support families and their transgender, gender diverse and non binary children and young people (https://transcend.org.au/)
How are services responding to the 250% increase in referrals to Open Doors for transgender mental health issues, following the government's ban on gender-affirming healthcare?	I'm not sure services would be aware of the increase in referrals to Open Doors, but the increase is likely the service system response to the increase in young people seeking alternative support following the ban and being linked with the right service to support them.

Bernie Quinlan – Manager, QPS Vulnerable Persons Group | QPS

Inspector Bernie Quinlan leads the Vulnerable Persons Group within the Queensland Police Service, overseeing strategic responses to menta health, disability, and elder abuse. With over 27 years of experience across diverse policing roles, he is dedicated to improving outcomes for vulnerable Queenslanders. He drives policy, training, and reform to ensure police responses are compassionate, evidence-informed, and collaborative. Inspector Quinlan advocates for strong partnerships between police, health, and community sectors to support individuals in crisis.

Question from the audience	Response
What supports are currently in place for the transgender community, who are facing increased political and media scrutiny and are 15 times more likely to die by suicide?	The Queensland Police Service (QPS) has an extensive network of Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual (LGBTQIA+) Liaison Officers as part of the LGBTQIA+ Liaison Program. These officers undertake the role voluntarily—alongside their usual duties—and have completed LGBTQIA+-specific training. LGBTQIA+ Liaison Officers are located across the state and can provide support during investigations and other interactions involving LGBTQIA+ community members. A contact list is available to both police and the community on the QPS website. Community members can also access referrals by contacting Policelink on 131 444.

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How are services responding to the 250% increase in referrals to Open Doors for transgender mental health issues, following the government's ban on gender-affirming healthcare?	Where additional support is required for transgender mental health issues, police can access the Police Referrals network, which includes specific services for LGBTQIA+ community members. These include: • Personal counselling: LGBTQIA+ support • Parenting children/youth: LGBTQIA+ support • Youth support: LGBTQIA+ services • Victim support: LGBTQIA+ victimisation Police Referrals continues to seek additional partner services. More information about joining the network is available in the linked document.
Many survivors of domestic violence and sexual assault have reported being dismissed by male police officers when attempting to make a report. What steps are being taken to address this and rebuild trust?	In May 2022, the Queensland Government commissioned an inquiry into QPS responses to domestic and family violence (DFV). The final report, A Call for Change, made 78 recommendations addressing both QPS and broader system reform. In response, QPS has implemented substantial cultural change initiatives, including expanded training to equip members with the skills and knowledge to protect vulnerable people, uphold accountability, and enhance community safety. This includes comprehensive victim-centric and trauma-informed training.
Is QPS exploring the possibility of including lived experience mental health co-responders in frontline operations?	QPS recognises the value of lived experience and early intervention and is open to exploring partnership opportunities. However, the risks associated with responding to mental health crises—particularly in high-acuity environments where inherent danger is common—pose work health and safety challenges to deploying lived-experience responders alongside police. Opportunities to incorporate lived-experience support through models such as safe spaces are being actively considered.
With research showing police involvement as perpetrators in cases involving Indigenous women, how does your work engage with Indigenous women to ensure their safety and needs are prioritised?	The Queensland Police Service has strengthened training and support for Police Liaison Officers (PLOs) to assist them in their roles while maintaining close functional relationships within their communities. All officers have completed specific DFV training with First Nations components, and compulsory Cultural Capability Training: First Nations Peoples has also been rolled out to enhance culturally informed responses and improve safety and outcomes for Indigenous women.

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New Service Spotlight | Finding New Ways to Meet People on Their Recovery Journey

Dr Hok Yee Siu – Medical Director | AIR Detox

Dr Hok Siu is the Co-founder and Medical Director of AIR Detox, an in-home withdrawal service offering safe, private detox support. With a background in emergency and primary care, he created AIR to bridge gaps between hospital detox and community services. The program now partners with Gold Coast PHN to provide funded detox places via local referrals. Dr Siu is passionate about improving access and building stronger recovery pathways.

Question from the audience	Response
How does AIR Detox approach clients with a dual diagnosis (mental health and substance use challenges)?	We conduct two comprehensive medical reviews prior to the detox, with additional enquiries to their regular GP for collateral history. With confirmed dual diagnosis we assess both the mental health disorder, and the substance use disorder - in regards to the PHN trial: alcohol use disorder. The mental health illness must be stable and non-severe e.g., acute suicidality; we also obtain a baseline K10. The alcohol use disorder is examined appropriately and includes an SADQ. If the patient is deemed unfit for home detox, we would make the appropriate referrals back to their treating team with recommendations for higher level care and dual diagnosis care. I do my best to establish a rapport in the short time I have and provide medical education to the patient and support person, such as that some mental health conditions can worsen in the acute withdrawal phase; and I often take this opportunity in encouraging the patient to remain in regular review with their mental health team: GP, psychiatrist, psychologist, counsellors and case workers etc. Our patients and their support persons have really appreciated the extra time we have taken to provide some advice on their comorbidities rather than treating purely the substance use disorder. We are fortunate in that by the time I review the patient, they have already sought help and have been referred by another clinician to our service. Fear not colleagues, I still remember the intricacies of motivational interviewing with our patients with dual diagnosis, and my hat continues to be off for you! I will tailor the treatment, especially medications and doses, during the detox week in accordance with their comorbid mental health diagnoses and regular medications. Upon entering the aftercare phase; we do not provide psychotherapy and rehabilitation, but we have had excellent feedback that the medical support and validation provided has helped our patients seek support once again from their regular treating teams. And I am grateful to be allowed to help out in one specific area of their healthcare journey: the withdrawal management.

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Is there a plan to expand the program so that more people can access it? (One attendee humorously asked if you were "willing to be cloned" to make this possible!)	Yes, we plan to hire a team of nurses across the country, including more on the Gold Coast, in hopes that every Australian can access fully funded home detox. Rural and remote Australia will be able to use our telehealth detox model. Our nurses will be trained to AIR's high standards using our clinical protocols and governance, and we are now QIC accredited. We also work tirelessly to improve the private arm of AIR, such that the service is sustainable irrespective of commonwealth funding; this gives us the time to establish relationships with PHNs and other stakeholders and "prove" the home-detox is safe, effective and cost-saving. One of our aims is to partner with the public sector to provide detox to patients without stable accommodation, although there are some "minor" obstacles to this dream, as you might imagine. So please, lean on your local (and not so local) PHN contacts to continue funding, if you have had good feedback about us.

Monica Widman – Senior Mental Health Recovery Worker| MCCGC and CURA

Monica Widman is the Senior Mental Health Recovery Worker at Culture in Mind, part of MCCGC, where she supports culturally responsive care for diverse communities. A qualified social worker completing her Master of Professional Psychology, she brings experience across domestic violence, child protection, and community wellbeing. Monica leads person-centred initiatives that honour cultural identity and empower individuals to achieve their goals. Her work reflects a deep belief in the power of culturally safe support to drive meaningful change.

Question from the audience	Response
Does Culture in Mind currently have Mandarin and Thai-speaking staff?	Yes, Culture in Mind currently has staff who speak Mandarin and in early stages to hire a Thai peer worker. We are continually expanding our team to reflect the diversity of the communities we serve and ensure culturally and linguistically appropriate support.
Do Culture in Mind cater to Japanese language support?	We are also planning to hire a Japanese peer worker.
Is stigma or language barrier a bigger challenge?	Both play significant roles, but stigma often presents as the bigger challenge. Language barriers can be addressed through interpreters and bilingual workers, whereas stigma—particularly around mental health in some CALD communities—requires ongoing community engagement, education, and trust-building to reduce shame and encourage help-seeking.

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Dr Solomon Shatananda – Consultant Psychiatrist | Gold Coast Health - Mental Health and Specialist Services

Dr Shatananda is a dual-trained psychiatrist in Intellectual and Developmental Disability and Child and Adolescent Psychiatry, with experience across Australia and the UK. He leads the Gold Coast Intellectual Disability Mental Health Service, bringing rare expertise in neurodevelopmental disorders and complex clinical care. A Senior Lecturer at Griffith University, he provides expert consultation, education, and drives service development. His work focuses on improving diagnostic pathways and embedding evidence-informed practices to enhance care for people with IDD.

Dr Harini Sundaravadanam – Medical Director SPAODS | Gold Coast Health - Mental Health and Specialist Services

Dr Harini Sundaravadanam is Medical Director for Specialist Programs and AOD Services at Gold Coast Health, and a Senior Consultant Psychiatrist with expertise in child and adolescent mental health, IDD, and trauma-informed care. She leads clinical strategy and integrated models of care for diverse populations. At the 2025 Gold Coast Mental Health Symposium, she will co-present on the new IDD initiative, highlighting collaborative approaches to improving outcomes.

Question from the audience	Response
Is the Developmental Disability Mental Health service available across Queensland?	There are currently 4 teams starting to function in GC, Metro North, Metro South and Townsville but over the next 2-3 years there will be 12 IDD MH teams coming across different health services across the state. In more regional areas the nearby IDD MH team will provide in reach support.
What do you see as the biggest barriers to providing effective mental health support for people with developmental disabilities?	The biggest barriers are diagnostic overshadowing, limited training for mental health in IDD mental health, limited understanding of adaptations and disjointed co-ordination of services across different sectors (i.e. Health, education, care, private and public sectors).

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Panel Discussion: Connecting through community

Jon Mewett – Head of Strategic Growth & Partnerships | Open Minds / Medicare Mental Health Centre

Jon Mewett has over 15 years' experience across disability, mental health, and ageing sectors, designing inclusive services grounded in lived experience. He's led co-designed initiatives like the upcoming Medicare Mental Health Centre on the Gold Coast. Jon's approach blends strategy, collaboration, and community insight to navigate complex challenges. He also supports community enterprises that turn good ideas into sustainable, wellbeing-focused practice

Question from the audience	Response
How do you support your lived experience peer workers?	We are a strong values based organisation, and we use trauma informed principles to guide and underpin everything we do, from governance to operations to peer practice. We invest in our workers, through training and continuing professional development. We have built a Reflective Practice Pathway, which clearly outlines the many different ways we do reflective practice at Peach Tree - which is an essential component of peer work. This pathway involves individual reflection, debriefing with co-workers, reflection with line manager, community of practice, external supports (i.e., supervision) and our Employee Assistance Program. We work hard and conscientiously to build a positive organisational culture, that holds safety and minimises potential psychosocial hazards. This work aligns with the Organisational Readiness information currently being offered by Lived Experience Training (and fully funded by the Qld Mental Health Commission) as well as the Lived Experience Governance Framework.

Vivianne Kissane – Chief Executive Officer | Peach Tree Perinatal Wellness

Viv founded Peach Tree Perinatal Wellness in 2011 after her own experience with perinatal mental illness and maternal suicide loss. As CEO, she leads peer-led programs supporting families in the First 2000 Days, with a focus on culturally responsive, lived experience care. Viv has contributed to policy, workforce development, and national consultation in mental health. In 2022, she was awarded an Order of Australia medal for her work in community mental health.

Question from the audience	Response
What is the best referral system for your program?	We try and minimise barriers for people to access our services, this means: - our services are free - no mental health care plan needed - no diagnosis needed - only disclosure people feel comfortable to share - our service is not time limited.

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	People can self-refer into our service, or health professionals can refer. We received just over 1,000 referrals for the Greater Brisbane area last financial year, and 64% of these were referrals from health professionals. We have streamlined our referral form to make it quick and easy for health professionals to complete on the spot with their client. The referral forms can be found on our website. Although people can self-refer into our service, we do recommend health professionals who are working with someone who requires a little more support to engage, to complete a referral form. Upon receiving a referral, we make contact within 72 hours and invite the parent in for a warm welcome and a 1:1 service navigation session with one of our peer leaders. Additionally, we use a combination of AirTable as our data management system, using Softr as the functional front-end application that links airtable.
What kind of support would a dad receive when appropriate?	We have a small team of "Dads Branch" peer workers - men who are fathers who have a lived experience of either mental health challenges themselves or supporting a loved one through mental health challenges related to pregnancy, having a baby or raising a young child. As we are in the early stages of building this part of our service, at the moment we are focusing on 'building village' for Dads by offering social activities such as personal training, Dad's playgroup and Circle of Security workshops.

Sam Hughes – Physical Activity and Wellbeing Leader| City of Gold Coast

Sam Hughes is Coordinator of the City of Gold Coast's Active & Healthy Program, with over 20 years' experience promoting community wellbeing and inclusion. She has led the program's growth into one of Queensland's most successful initiatives. Sam drives collaborative projects that improve physical and mental health outcomes and strengthen the local wellness sector. A passionate advocate for active living, she champions lasting change across the Gold Coast.

Question from the audience	Response
Can we please bring back the hard copy program booklets? **Can the *Active & Healthy* books also return? These were brilliant resources to encourage participation, especially for people who aren't tech-savvy.**	Active & Healthy is looking towards a multi-media communication approach with the acknowledgement that online plus print tools are needed to enable all members of the community to access the program. As a result, we do have a selected number of senior booklets available in a print format and copies can be requested via emailing activehealthygc@goldcoast.qld.gov.au. Alternatively, you can head online and print the booklet here: **Active & Healthy Seniors and Gentle Movement Booklet -** https://www.goldcoast.qld.gov.au/files/sharedassets/public/v/2/pdfs/brochures-amp-factsheets/active-healthy-gentle-movement-guide-2025-2026.pdf

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Ben Moffatt – Table Program Lead | The Men's Table
Ben Moffatt has over 25 years' experience in community and mental health, with a focus on supporting boys and men. He's worked across outreach, counselling, training, and team leadership, and is a longtime Mental Health First Aid Instructor. Ben's work promotes wellbeing through policy development, community initiatives, and inclusive support programs.

Wayne Krueger – Regional Host QLD and Northern Rivers | The Men's Table
Wayne is a Regional Host with The Men's Table. After 27 years in construction and mining and facing his own mental health challenges as a husband and father, he has hung up the hard-hat now works full time in the counselling mental health and wellbeing space. He is passionate about breaking down stigmas, raising awareness, and normalising conversations around mental health. Just as physical health applies to us all, so too does mental health. His adage is "to thrive not just survive".

Question from the audience	Response
Would Men's Table be a safe space for men from the LGBTQIA+ community?	Yes. The Men's Table aims to be a safe and welcoming space for all men, including those from the LGBTQIA+ community. We hope and aim for each Table to reflect the diversity of the local community. According to our 2025 *Have Your Say* survey, 5.2% of men at The Men's Table identify as part of the LGBTQIA+ community. We are committed to ongoing learning and improvement, guided by feedback and by our Diversity and Inclusion Group made up of members from across our community who help ensure we remain sensitive, supportive and aware. Our Fundamentals guide how men listen, speak and support one another. They create the foundation for respectful, caring and non-judgmental conversations, where each man's story is valued. This has helped many men find genuine acceptance, understanding and connection at their Tables.
How do you support your lived experience peer workers?	All our volunteers come from existing Tables, so our approach to supporting them is modelled on the Table experience itself. Volunteers come together in their training cohorts for regular catch ups. These are informal but have an important purpose: to foster connection, encourage sharing around challenges and successes, and create space to learn together. Providing a place where volunteers feel seen, valued, and supported through supervision and reflection is a key goal. Formal training helps orient volunteers to The Men's Table and prepares them for the specific streams they choose to support, such as Welcome Calls, setting up new Tables, or Table Care. We also offer accredited Mental Health First Aid training to strengthen their confidence and awareness. There is a clear process for escalating concerns, known as a Complex Situation Report, which supports both individual Tables and volunteers themselves. In addition, volunteers can book one-to-one sessions with me for tailored support, or access counselling or coaching through our Employee Assistance Program. We also have a Lived Experience Advisory Group (LEAG) that meets monthly. The men in this group come from within our community and review policies, website content, resources and other Men's Table initiatives to help us stay tuned to the needs of our members. LEAG members are paid for their time in meetings and for reviewing materials, reflecting our respect for their expertise and contribution.