



medicare

Mental Health Centres

DETAILS

The Open Minds team provided an update on the progress of establishing the Gold Coast Medicare Mental Health Centre (MMHC). They outlined the current stage of implementation, co-design, and engagement with the local Gold Coast community.

They presented the clinical model which includes a multidisciplinary team, use of the IAR model of care, evidence-based practice, risk management, demand management strategies, and clinical governance.

Open Minds shared their experience running similar centres across Queensland and NSW and emphasised that while there is a national model, each centre is tailored to meet the needs of the local community. The Gold Coast centre will operate as a free, walk-in, no Medicare card required service.

The Gold Coast has an established mental health service network, and the MMHC model is intended to fill service gaps rather than duplicate existing services. The MMHC design will complement existing mental health services through collaboration, warm referrals, and evidence-based care. The MMHC may support additional services such as peer workers, art therapy, and a group worker delivering social prescribing, as co-designed with the local community.

DISCUSSIONS

Participants discussed their current experiences with referring to and engaging community mental health services, identifying both persistent barriers and aspects that work well.

Members describe the system as complex and fragmented, with limited feedback loops between GPs, psychologists and community providers, and a lack of centralised information about services. Key challenges included unclear referral pathways, uncertainty about who to refer to, what happens next for patients, and frequent changes in service availability.

Medicare Mental Health Centre

(Cont'd)

DISCUSSIONS

(Cont'd)

Practical issues such as long wait times, service capacity, costs, and transport – particularly in the northern corridor – were consistently noted, alongside cultural barriers, low health literacy, and ongoing stigma that restrict access and engagement. Despite these difficulties, participants identified several enablers supporting better care, including strong clinician relationships, secure messaging where implemented, “no wrong door”, free service models, and increasing collaboration between providers. Community strengths such as welcoming, non-clinical spaces, local networks, and prevention-focused approaches were also seen as essential for reducing stigma and encouraging early help-seeking.

The group emphasised the importance of continuing co-design, improving feedback loops, and ensuring that new initiatives are localised to simplify, rather than add to, an already complex system. Challenges identified during co-design include raising community awareness, clarifying service roles, managing demand, ensuring cultural appropriateness, supporting families and carers, and integrating services within a complex system.

For clients experiencing ongoing risk or trauma, the centre provides safety planning, liaison with GPs, trauma-informed therapies, and continuity of care with the same clinicians wherever possible. Coordination with local health districts, acute care services, emergency departments, First Nations medical services, and other community providers supports seamless referrals, stepped care, and shared care models.

NEXT STEPS

These insights will inform ongoing co-design and localise services of the MMHC model to ensure it meets the needs of the Gold Coast community.

SUPPORTING CLINICIANS TO REFER TO THE MMHC

“Quick reference guides for practices and pharmacies including eligible patients and referral process.”

“Information clearly defining the scope of practice of the Medicare Mental Health Centre and by providing timely and accurate feedback to clinicians when their patients are managed at the centre.”

“Reduce the paperwork required to make referrals and make it clear what is in and out of scope.”

STRENGTHEN COMMUNICATION BETWEEN MMHC AND REFERRING CLINICIANS

“Electronic communications to be established with practices.”

“Visiting practices for information sessions.”

“Electronic communications to be established with practices.”

“Dashboard feedback through MyMedicare, must use existing secure messaging infrastructure.”

“Providing a patient summary and courtesy letters.”

ANON., CC MEMBERS

Next Meeting: 26 February 2026