COMMUNITY ADVISORY COUNCIL
FEEDBACK
5 December 2025

medicare
Mental Health Centres

DETAILS

The meeting provided an overview of Open Minds' work to establish the new Northern Gold Coast Medicare Mental Health Centre (MMHC), commissioned by GCPHN. Presenters outlined the extensive co-design and engagement undertaken with the community, service providers and Gold Coast Health.

They emphasised the centre's no-wrong-door, walk-in model; its non-clinical environment; the multidisciplinary clinical and non-clinical supports; and strong integration across the broader service system designed to reduce duplication and improve service navigation.
The centre will operate as a no-cost, walk-in service offering immediate, evidence-based support and addressing existing gaps in the northern corridor's mental health system.

DISCUSSION AND ACTIVITY OUTCOMES

IDEAL VISIT

Participants worked in groups across four key touchpoints to consider what an ideal visit to the centre should look like, identify barriers, and propose strategies to reduce stigma and enhance the consumer experience.

TOUCHPOINT ONE: BEFORE ACCESSING THE SERVICE

Participants highlighted the importance of clear, relatable information, noting that personal stories and testimonials resonate more strongly than brochures. Open days, culturally tailored events, and community-led promotion were seen as effective ways to build trust and reduce confusion or stigma. Word-of-mouth and targeted local marketing were identified as essential.

IDEAL VISIT
continued

TOUCHPOINT TWO: ARRIVING AND ENTERING

A warm, homely and culturally welcoming environment was seen as critical. Participants suggested flexible seating, small nooks, calming elements such as music, and child-friendly features. A circular reception desk and open doors help reduce perceived barriers, while security staff acting as greeters can balance safety with friendliness.

TOUCHPOINT THREE: FIRST CONNECTION

Initial interactions should be supported by approachable, knowledgeable and non-judgmental staff. Participants emphasised the value of clear staff identification (photos, bios, roles), a warm welcome with drinks or snacks, and giving consumers time to settle before discussions. Staffing diversity and flexible engagement for families were considered important, supported by recruitment and procedures aligned with community needs.

TOUCHPOINT FOUR: NEXT STEPS AND EXITING

A smooth exit process with clear follow-up actions, warm referrals, and continuity of care (ideally with the same staff) was identified as essential. Consideration should be given to affordability, transport and family needs. Access to personal plans and information after the visit, along with ongoing marketing and awareness-building, helps maintain connection and reduce stigma.

SUMMARY

It is important to be mindful of potential stigma associated with the “Medicare Mental Health Centre” name and address it thoughtfully. The environment should feel open and welcoming while maintaining safety and operational boundaries. Cultural sensitivity, community engagement, and tailoring services to local needs are essential at every stage of the consumer experience.
The ideal visit is warm, inclusive, safe, and easy to navigate. Staff approachability, diversity, and knowledge play a central role in shaping the consumer experience, while clear communication, continuity of care, and strong referral pathways underpin trust and ongoing engagement. A welcoming physical environment and community-informed promotion further enhance accessibility and comfort. Overarching factors – such as cultural sensitivity, safety, stigma reduction, and community engagement – should be considered at every stage of the consumer experience.

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DESIGN PRINCIPLES

The group identified elements that should be in place at each touchpoint from day one, considering population-specific needs, accessibility, and ongoing service evolution.

TOUCHPOINT ONE: BEFORE ACCESSING THE SERVICE

Ensure adaptations for language, cultural needs, and disability; provide multiple contact options (phone, telehealth, chat); and offer clear online information, including virtual walkthroughs.

NON-NEGOTIABLES:

- Calls answered promptly by knowledgeable, compassionate staff.
- Full accessibility: transport, parking, signage, disability compliance, and interpreter services.
- Option for human-assisted digital contact (telehealth/chat).

TOUCHPOINT TWO: ARRIVING AND ENTERING THE CENTRE

The centre should provide a trauma-informed, non-clinical, welcoming environment with clear guidance on where clients should go and who will greet them. At the same time, the design should maintain a balance between openness and safety to ensure a secure and comfortable experience for all visitors.

NON-NEGOTIABLES:

- Warm, safe, and welcoming entry.
- Friendly security/greeters to guide clients.
- Clear signage and wayfinding.

TOUCHPOINT THREE: FIRST CONNECTION

The focus at this stage is on the initial interaction with staff and building trust. Staff should demonstrate warmth, knowledge, and cultural competence, using personal identifiers such as photos or fun facts to humanise interactions. The service should also be flexible to accommodate the diverse needs of clients.

NON-NEGOTIABLES:

- Staff treat clients as guests from day one.
- Knowledgeable, culturally aware staff.
- Visual staff identifiers to build connection and trust.

TOUCHPOINT FOUR: NEXT STEPS/EXITING THE CENTRE

This stage focuses on continuity of care and follow-up. Referrals and follow-ups should be tailored to clients' demographics, circumstances, and accessibility needs. Clients should feel confident they can return without repeating their story, and any plans or guidance provided should be clear, relevant, and actionable.

NON-NEGOTIABLES:

- Clear, accessible referral pathways considering demographics and needs.
- Continuity of care: clients can return for ongoing support.
- Person's preferred follow-up mechanisms in place to ensure support beyond the visit.

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WARM REFERRALS

Participants highlighted that poor referral processes lead to disengagement, loss of trust and a belief that “no one is out there to help.” Warm referrals are essential to maintaining safety, continuity of care and a sense of being supported.

During the co-design discussion, participants emphasised that effective warm referrals are essential for maintaining consumer trust, continuity of care, and a sense of support, noting that poor referral processes can lead to disengagement. The ideal experience involves a physical or virtual handover between MMHC clinicians and the next service, conducted with the consumer present and prioritising speaking with the person rather than about them.

Consumers highlighted the importance of accurate, comprehensive information transfer to reduce the need for retelling their story, preferring consumer-written summaries alongside clinician notes, with potential AI-supported documentation where consented. Tracking and confirmation of referrals, such as via text or email, along with follow-through by MMHC staff, were identified as critical. Appointment management should be consumer-centred, with staff booking appointments, providing clear details, and conducting referral discussions in private spaces. Follow-up beyond the referral point is recommended, including check-ins during long wait periods and short follow-ups at 3–6 months, in consumer-preferred formats.

Peer and lived experience workers play a key role in shaping first impressions, supporting intake, normalising mental health care experiences, and informing clinicians about consumer perspectives. Staff should possess in-depth knowledge of local services, communicate positively about referral options, and, where necessary, advocate assertively to ensure external services act on referrals.

Operational requirements include allocating sufficient administrative time and clinician capacity while avoiding assumptions about consumer capability. When no appropriate external service exists, MMHC staff should provide support within capacity and escalate gaps to leadership, with the GCPHN and management tracking systemic shortages to address service gaps.

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CARERS, KIN AND FAMILIES OF PEOPLE EXPERIENCING MENTAL HEALTH CHALLENGES

The group highlighted that supporting families, carers, and kin is essential to improving outcomes for people experiencing mental health challenges. While the topic requires further exploration, the discussion provided strong initial direction. Participants emphasised that effective support for the guest is central to supporting carers, and identified the importance of flexible, inclusive approaches such as joint or inclusive appointments, carer check-ins, and clear pathways for involving family and support networks.

Key opportunities include education and upskilling programs for carers covering mental health conditions, self-care, coping strategies, and available supports, as well as culturally responsive approaches that address stigma and consent requirements. Barriers identified included stigma, carers not recognising themselves as carers, cultural perceptions of mental health, digital exclusion, fragmented service systems, and complex consent processes.

Participants also highlighted the value of accessible information in multiple formats, welcoming physical environments, peer and support groups, and practical touches such as comfortable waiting spaces. The centre should maintain strong relationships with carers and the community, and designing flexible, culturally sensitive structures grounded in lived experience.

NEXT STEPS

Insights from the discussion will be integrated into the Medicare Mental Health Centre (MMHC) implementation planning and reflected in the You Said, We Did report.

The proposed initiatives will be tested with the local community. Further detailed sessions and survey feedback will guide the next phase of service design.

CAC will receive a progress update in the new year.

CAC members were asked to describe the best possible first visit to the MMHC using one word.

Next meeting:
26 February 2026 (evening meeting)