phn GOLD COAST
An Australian Government Initiative

COMMUNITY ADVISORY COUNCIL
FEEDBACK
26 September 2025

TOPIC #1 - Use of digital mental health services

DETAILS

The CAC discussed the challenges and strategies to recruit men living in remote and rural areas of any age and men over 45 years with lived experience and a mental health diagnosis, to participate in consultations on access to digital mental health services and how the services could be better delivered for this cohort. Members were asked for insights on appropriate language, question phrasing and recommendations for recruitment approaches.

DISCUSSION

The group noted that men are reluctant to identify as having mental health concerns due to shame and cultural expectations around masculinity. This stigma would be a barrier for men to volunteer for consultations with researchers. Meeting men in familiar community settings or using trusted intermediaries such as carers, case managers or community health workers would be more effective. Recruitment could be further diversified by engaging carers, community workers, and clinics. Participation should be flexible, with both online and in-person options offered based on individual preference.

Mental health digital services are often misunderstood, demonstrated by several CAC members who equated digital mental health services with meditation apps. The group identified low digital literacy among the target group, who typically use technology for basic and essential tasks, limiting the ability or willingness to engage with digital mental health services. Poor internet access in rural and remote areas may further restrict participation.

Proposed consultation questions were discussed, with members identifying that overly clinical or wordy phrasing creates distance. The group suggested that simpler, conversational approaches are more effective and reframing the purpose from 'helping them' to 'helping the research' may improve willingness to participate.

RECOMMENDATIONS

- Use plain, everyday language and avoid jargon.
- Engage men in familiar community settings and through trusted people such as carers.
- Explain digital mental health services in plain terms and what accessing them involves.
- Frame questions around relatable experiences (e.g. stress, sleep issues, low mood) rather than clinical terminology.
- Emphasise that participating contributes to research and can make a difference.
- Recognise that some men only use technology for essential tasks and adapt outreach accordingly.

TOPIC #2 - Cancer screening - Bowel, lung, cervical and breast

DETAILS

The CAC was asked to discuss the national bowel, cervical, lung and breast screening programs to share insights into awareness, barriers to participation and understanding of screening processes. The discussion aimed to identify factors influencing engagement in the national cancer screening programs and opportunities to improve participation. Early detection through regular screening is vital – it enables less invasive treatment, improves survival rates and reduces healthcare costs.

BOWEL CANCER SCREENING

DISCUSSION

Participation in bowel cancer screening is affected by misconceptions about the test, fear of positive results, limited GP discussion, and unclear public messaging. Practical barriers include reordering kits and updating contact details. Motivators such as personal stories or family history can help, but follow-up support and awareness that GPs can assist with ordering and results are often lacking.

RECOMMENDATIONS

- Highlight the test's simplicity and early detection benefits for people aged 45+.
- Use visual aids or demonstration kits to improve understanding.
- Encourage GPs to proactively discuss screening and integrate reminders in health records.
- Simplify kit reordering and keep patient contact details current for reminders.
- Provide clear guidance on results and follow-up steps, emphasising treatability.
- Share personal stories to reduce stigma and motivate participation.

TOPIC #2 - Cancer screening - Bowel, lung, cervical and breast

continued

CERVICAL CANCER SCREENING

DISCUSSION

The group highlighted concerns about invasiveness, past negative experiences, and dysphoria linked with sex-based tests. Most were unaware of the self-collection option but found the visual instructions easy to understand. Participation is deterred by fear of a positive result and uncertainty about next steps. Barriers include trauma, limited GP access, fear or misunderstanding of cervical cancer stages, and lack of targeted promotion for under screened population groups. Motivators include family history, fear of death, and reminders through health assessments or mental health plans. Easy-read guides and GP guidance, including visual resources, improve confidence and understanding of both clinician-collected and self-collection methods.

RECOMMENDATIONS

- Promote self-collection broadly and educate GPs on both screening methods and early detection benefits.
- Offer flexible appointments and alternative collection options.
- Provide trauma-informed care, reassurance, and visual resources.
- Integrate cervical screening discussions into routine health assessments, particularly for people aged 40-49 with a cervix.

LUNG CANCER SCREENING

DISCUSSION

The CAC were generally unfamiliar with the new lung cancer screening program. Participants noted that stigma around smoking, strict eligibility criteria, and low public awareness can make access challenging. Many expressed uncertainty with radiation exposure at the low-dose CT scan and follow-up processes after a positive result. Barriers include GP access delays, not having a regular GP, multiple appointments, and a focus on treating problems as they arise rather than preventative care. Factors that could motivate participation include symptom onset, understanding the process and outcomes, convenient access, and messaging that addresses individual concerns. Some aspects of the program, such as the exclusion of vaping and passive smoke exposure, the GP-led invitation model, and narrow eligibility, may limit reach for certain at-risk groups.

RECOMMENDATIONS

- Promote the program widely using simple explanations of low-dose CT, radiation safety, and eligibility, targeting smokers and high-risk groups.
- Use tailored messaging to address denial and fear, emphasising early detection, survival benefits, and test simplicity.
- Educate GPs to identify eligible participants, explain the process, and encourage participation.
- Develop easy read, culturally appropriate guides and resources to demystify the scan and radiation exposure.

BREAST CANCER SCREENING

DISCUSSION

Discussion on breast cancer screening highlighted physical discomfort during mammograms, emotional barriers, and the need for support and reassurance. Most members became aware of the program through GPs, nurses, or mobile clinics, with visual cues like the iconic pink bus being effective reminders. Key motivators include fear of cancer, early detection benefits, convenience, and clear understanding of next steps if an abnormality is found. Barriers include pain, privacy concerns, costs of follow-up for dense breast tissue, psychological distress, logistical challenges, and past negative experiences with healthcare providers.

RECOMMENDATIONS

- Advocate for staff education in empathy and trauma-informed care.
- Advocate for carers or support persons to accompany participants.
- Include screening discussions in mental health care plans and routine GP assessments.
- Use easy-read guides, visual aids, and clear explanations of next steps after a positive result.

SPECIAL CONSIDERATIONS

- Mental health can influence engagement with preventive care. Integrating screening reminders or discussions into mental health plans could increase participation.
- Support persons or carers play an important role for anxious participants or those needing assistance during appointments.
- Inclusion, targeted communication for LGBTQIAP+ communities is essential to reduce barriers and ensure equitable access.