PCPC MEETING
27 NOVEMBER 2025

The Gold Coast Primary Care Partnership Council met at the GCPHN offices.

Guest Presenters:

Jon Mewett, GM Strategic Growth and Partnerships, Open Minds

Harriet Weston-Harris, Manager - Service Implementation, Open Minds

Members:

Leonie Clancy, Nerang Neighbourhood Centre
Nicole Ellis, Cancer Council Qld
Sue Gardiner, Runaway Bay Doctors Surgery
Shane Klintworth, MCCGC
Jessica McAdam, MCCGC
Thomas McKenna, Services Australia
Kristy Bayliss, Chair, GPGC
Luke Russell, Services Australia

Members:

Sian Daniel, Bond University
Tracey Brumby, Griffith University
Michaela Hodges, Blue Care Gold Coast
Suzi Weld Ali, Services Australia
Tenille Griffiths, Dementia Australia
Tracey Tyle, Motherhood Village
Troy Nicholls, Kalwun Development Corp.
Michaela Hodges, Blue Care

Apologies:

Andrew Hayward, Ageing Australia
Anja Piggott, Bolton Clarke
Elaine Spence, Ozcare
Hope Kallinicos, Diabetes Australia
David Thomson, Momentum Collective
Sally Crawshaw, City of Gold Coast

Julie Jomeen, Southern Cross University
Hope Kallinicos, Diabetes Australia
Julie Jomeen, Southern Cross University
Karen Whitting, Gold Coast Health
Renata Jones, Multicultural Families Organisation

GCPHN Staff

Dr Ka-Kiu Cheung, Chair, GCPHN Board
Matt Carrodus, CPHN CEO
Kellie Trigger, Director, Health Intelligence, Planning and Engagement
Tony de Ambrosis, Director of Commissioning
Chantelle Howse, Program Coordinator (Commissioning)
Sarah Coleman, Communications and Engagement Manager
Kerry McCormick, Regional Partnerships and Engagement Officer

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DETAILS

Open Minds continues to collaborate on the Medicare Mental Health Centre (MMHC), planned for the northern Gold Coast, progressing to an intensive co-design phase.
PCPC members participated in a co-design session and worked in groups to discuss attributes of community wellbeing across three time horizons:

- quick wins (0-6 months)
- partnerships (6-18 months) and
- system enablers (12-24 months)

DISCUSSION AND ACTIVITY OUTCOMES

Participants agreed that genuine community wellbeing is grounded in strong communication, meaningful representation, and opportunities for people to connect in ways that feel safe, inclusive, and culturally respectful. Across all tables, common priorities emerged:

- The need for flexible and accessible community spaces
- Low-cost activities supporting physical, mental, emotional, and cultural wellbeing
- Environments that foster belonging and empower people to feel valued, informed, and involved in decisions affecting their lives.

Barriers such as limited infrastructure, cost pressures, and fragmented services were discussed, alongside positive local initiatives like Gold Coast Active & Healthy. Many participants emphasised intergenerational connection, kindness, spirituality, and “village-like” support systems, as well as the importance of foundational needs such as housing, employment, education and green spaces – reflecting principles similar to Maslow’s hierarchy.

The session explored how these themes align with the development of the MMHC in the northern corridor – a rapidly growing region characterised by cultural diversity, infrastructure gaps, and rising demand for support. The centre will operate as a physical hub with co-located services, a multidisciplinary workforce, and short-to-medium-term mental health support. The northern corridor’s needs are distinct and evolving, participants stressed the importance of ongoing, community-led co-design, not only during planning and establishment but throughout the centre’s operation, to inform its place, partnerships, and workforce.

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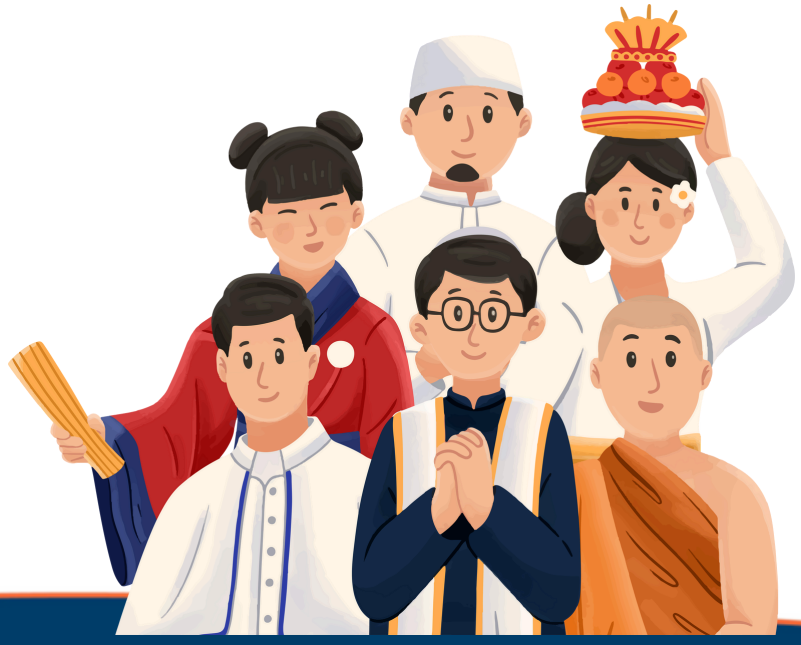
HORIZON 1: QUICK WINS

The activity emphasised culturally relevant opportunities and community engagement by recruiting a diverse workforce, including veterans and multicultural communities, and establishing support groups tailored to these populations. It was suggested strong links and partnerships should be created with existing community centres, schools, playgroups, parent support services, prenatal programs, and domestic violence support services, while engaging community leaders, Elders, and Indigenous organisations to ensure cultural relevance and foster trust. Service pathways should be clearly mapped with transparent referral and support processes, complemented by community consultations and yarning circles to promote dialogue and co-design.

Building credibility and trust will involve pre-work co-design activities demonstrating responsiveness through “You said, we did” actions; establishing partnerships with aligned service providers such as VET hubs, schools, Services Australia, Headspace, Wesley Mission, and outreach organisations; and forming a reference group with robust governance to ensure stakeholder involvement. Early clarification of eligibility criteria and consistent community communication would support these efforts. To strengthen local relationships, the centre should be a safe, family-friendly environment offering treatments for all ages, mapping existing services to prevent duplication, and linking with trusted community services like meal programs. Workforce diversity should be prioritised by employing a range of clinicians and service providers, with ongoing active outreach and partnerships aimed at building a strong reputation within the area.



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HORIZON 2: PARTNERSHIP INITIATIVES

To ensure effective community and service integration, the approach focuses on avoiding service duplication through collaboration with NGOs, the business sector, cultural groups, community liaisons, Queensland Ambulance Service, and mental health providers. Facilitating seamless transitions from hospital and healthcare settings into home and community environments is a priority, with efforts to identify and partner with existing organisations that have established referral systems, such as psychiatry, psychologists, social workers, care finders, elder care, peer workers, crisis stabilisation units, and carers support groups. Understanding community needs and demographics involves gathering and analysing data to tailor services appropriately, with a focus on the first 0-6 months to define the target audience and ensure inclusivity for neurodiverse populations and those requiring specialised care.

Engagement and feedback are vital, involving community members, local ambassadors, peers with lived experience, and leaders to foster trust and advocacy, supported by ongoing feedback loops to refine services. Raising awareness of the MMHC should be achieved through targeted communication, including GP education on service offerings, referral processes, and their benefits, emphasising how they differ from general health plans. Partnering with the crisis stabilisation unit and considering safe spaces would support a “no wrong door” approach, complemented by support networks for carers and community resilience. Mapping existing services would help minimise service overlap and promote coordinated care, while partnerships with emergency responders such as Queensland Police and Ambulance Services would ensure integrated safety responses. Leveraging local expertise, lived experience, and peer support would strengthen service credibility and foster community trust.

“Communication and strong links with community organisations are essential for Medicare Mental Health Centre–led community wellbeing initiatives to succeed.”

Anon. PCPC Member

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HORIZON 3: SYSTEM ENABLERS

To improve accessibility and service delivery, the initiative should ensure the availability of transport options, including door-to-door services, and offer flexible operating hours to accommodate diverse community schedules. Ongoing, affordable care should be provided after clients exit MMHC, with warm handovers to maintain continuity of support. Effective communication and community engagement should be prioritised through clear, consistent messaging across multiple channels such as information sessions, social media, community ambassadors, and local MPs. Public engagement activities, including open days and information events, would foster transparency and raise awareness, supported by an accessible website or portal with essential service details. Communication should be regular, appropriate, and timely, avoiding purely process-driven interactions. All communications and services will use common language, clear definitions of care levels, and incorporate cultural sensitivities and language considerations to ensure inclusivity. Additionally, understanding reasons for non-attendance, such as missed appointments, should inform ongoing engagement strategies. The exploration of AI technology should also be considered to enhance service accessibility, streamline communication, and support community needs effectively.

NEXT STEPS

Open Minds will continue co-design sessions with various groups.

On conclusion of the co-design phase, Open Minds will produce a “You said, we did” document that will be available to all stakeholders.

“In twelve months’ time, if I speak with someone from the northern corridor and they immediately recognise the Medicare Mental Health Centre—know where it is, understand what it offers, feel confident in how to access it, and are comfortable walking through the door knowing they will receive support and care—then we will know the Centre is truly strengthening community wellbeing.”

Anon. PCPC Member