COMMUNITY ADVISORY COUNCIL
MEETING OUTCOMES

18 September 2026

CoI: NIL

Early Conversations

The meeting opened with the engagement principles, including sharing only what feels safe and meaningful, passing on questions if needed, and stepping away when required. Members received an update on the feedback loop and heard how previous Community Advisory Council (CAC) advice has informed ongoing work, including the Your Mood Moves With You campaign, Your Strength Matters booklet and flyer, Julian's Key health passport, and emergency preparedness workshops delivered across the Gold Coast and Logan areas. The discussion reflected that CAC input is being actively considered and contributes to practical outcomes.

Retiring members were acknowledged and thanked for their contribution and commitment to meaningful community outcomes, while new members were welcomed for the perspectives they will bring to the Community Advisory Council's next term. GCPHN Board and Clinical Council representatives were introduced, with both recognising the value of CAC member feedback.

Topic One — Talking about alcohol and other drug use, health impacts and support.

Details

The Alcohol and Other Drug consultation, led by GCPHN, explored how families, carers and friends can be supported to recognise early concerns, start sensitive conversations, and connect people with appropriate help before issues become overwhelming.

Key Themes

Safe, caring conversations:
Conversations should be private, calm, non-judgemental and grounded in concern and compassion. Supporters need to listen first, ask gentle questions, avoid pressure or blame, and consider timing, trust, body language and the person's readiness to talk.

Reducing stigma, shame and fear:
Messaging should avoid confronting, accusatory or shaming language and recognise that alcohol and other drug use can be shaped by trauma, PTSD, stress, grief, mental health, family pressures, co-dependency and other life circumstances.

Practical tools for families, carers and friends:
Supporters need simple, easy-to-use resources such as sentence starters, scripts, prompts, tip sheets, conversation guides, helplines and lived-experience advice to help them know what to say and what to do next.

Protecting relationships and emotional safety:
People were concerned about saying the wrong thing, damaging trust, making the person feel judged or alienated, escalating distress, or moving too quickly into advice and solutions before listening.

Clear pathways when someone is ready for help:
Resources should include practical local support options, warm referral pathways, contact details, handouts, flyers or booklets, and clear next steps so people can be connected promptly when motivation for help is present.

Topic One
continued

Talking about alcohol and other drug use, health impacts and support.

Key Themes

Trusted and transparent service information:
People need to understand service access, cost, eligibility, privacy, what support is provided, whether the service can respond quickly, and whether it is the right fit for the person's needs.

Accessible, inclusive and culturally safe support:
Services and resources should consider trauma, culture, language, disability, neurodiversity, age, gender, family context, First Nations and CALD needs, DFV, veterans and co-occurring mental health concerns, including whether mainstream or dedicated services feel safest.

Confidence in service quality and responsiveness:
Supporters need confidence that services are welcoming, private, compassionate, trauma-informed, qualified, respectful and able to respond when support is needed.

Simple and visible starting points:
Information should be easy to find through trusted channels such as GPs, health professionals, community services, government and provider websites, social media, Google, public places, peer networks and known community contacts.

Examples of support options:
Suggested services and supports included GPs, Lives Lived Well, QuIhn, Alcoholics Anonymous /Narcotics Anonymous, Lifeline, Centacare, Medicare Mental Health, community services, Kalwun, helplines and peer or lived-experience supports.

Next Steps

- Use Council feedback to inform campaign messages, resource development.
- Explore simple, practical tools to support families, carers and friends to start caring conversations.
- Strengthen promotion of trusted support pathways, including ADIS, ADCAS, Medicare Mental Health Centre and phone line, community based AOD services and GPs.
- Consider timing campaign activity around periods when alcohol and other drug concerns may become more visible.
- Share relevant service links and information in the post-meeting email and consider returning to Council with draft messages or resources for further feedback.



Topic Two Men's, Mates and Mentors

Details

The Men's, Mates and Mentors discussion explored a community-based suicide prevention program could better engage men and young men through trusted, non-clinical pathways. Members provided feedback on how GCPHN can encourage participation, reduce stigma, support earlier help seeking, and ensure the program is accessible, culturally safe and relevant for different groups of men across the community.

Key Themes

Trusted community entry points:
Members emphasised that men are more likely to engage through places where they already feel connected, such as sporting clubs, men's sheds, schools, community groups, cultural groups, pubs, social groups and activity-based settings.

Reducing stigma and normalising help seeking:
The discussion highlighted the importance of challenging stigma around men showing emotion, talking about stress or distress, and seeking support. Members suggested using trusted male role models, mentors and lived experience stories to normalise conversations.

Clear purpose and practical outcomes:
Members noted that men may be more likely to participate when the purpose is clear and the benefits are practical, outcome-focused and easy to understand, rather than being framed only as a support group or mental health program.

Tailored and inclusive approaches:
Feedback reinforced that a one-size-fits-all approach will not work. Members identified the need to consider young men, older men, culturally diverse communities, First Nations communities, gender diverse people, neurodivergent people and professionals who may be reluctant to seek help.

Privacy, safety and trust:
Members identified privacy, cultural safety, feeling welcome, clarity about what participation involves and concerns about not fitting in as potential barriers to engagement.

Building on existing strengths:
Members encouraged the project team to connect with groups already working successfully in this space, including local men's groups, sporting networks, youth programs, peer-led initiatives and community organisations with established trust.

Next Steps

- Share the list of men's groups already identified for engagement with Council members and invite further suggestions through the topic reflection form.
- Engage with existing local groups and programs that are already successfully reaching men and young men to understand what works and avoid duplicating effort.
- Use Council feedback to refine engagement messages so they clearly explain the purpose, benefits and practical outcomes of the program.
- Consider targeted approaches for different groups of men, including young men, older men, First Nations men, culturally diverse communities, gender diverse people, neurodivergent men and professional groups.
- Explore how family members, partners, peers and other trusted influencers can be included in communication strategies to support men to take the first step.
- Return to Council with an update on how feedback has informed program design, partnerships, engagement channels and evaluation.

