Cairns Regional Consultation Report

Regional Relationships and Engagement | 22–24 September 2025

Date: 22nd – 24th September 2025

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Organisations visited: Mind Australia, Cairns Hospital Service (Safe Space), Junction Community Service, Step-Up Step-Down Service, CCU, Centacare group activity programs

Members engaged: Multiple MHLEPQ members, local peer workforce and service provider representatives

Content note: This report discusses experiences of mental distress and suicidal crisis. Please read with care, and reach out to your supports if you need them.

About MHLEPQ and the Psychosocial Peak Body

The Mental Health Lived Experience Peak Queensland (MHLEPQ) is the peak body for people with lived experience of mental health issues in Queensland. Membership is free and open to any Queenslander aged 18 or over with direct personal experience of mental distress or suicidality. We provide policy advice and systems advocacy for consumers of mental health services of all ages, with a deliberate focus on voices that have historically been silenced or marginalised. Our work is guided by the movement principle of "Nothing about us, without us", and by equity, access, cultural safety and human rights.

The Psychosocial Peak Body (PPB) operates under the MHLEPQ umbrella. The PPB represents Queenslanders living with disabling psychosocial experiences and works alongside the community-managed psychosocial support sector, so that lived experience shapes disability and mental health reform: the NDIS, foundational supports, and related state and national policy. Our published submissions and advice are available on our website.1

We travel to communities because systems advocacy is only as good as the relationships and truths it is built on. Decisions made in George Street Brisbane or in Canberra land hardest on communities furthest from those rooms. Our job is to listen, and to carry what we hear into them.

About the Cairns Area

Cairns, or Gimuy, sits between the rainforest and the reef in Far North Queensland, around 1,700 kilometres north of Brisbane. We acknowledge the Gimuy Walubara Yidinji people, traditional custodians of the land on which the city stands, and the Yirrganydji people, traditional custodians of the coastal country stretching north toward Port Douglas. Sovereignty was never ceded. The region is also home to strong Aboriginal and Torres Strait Islander communities from across the Cape, the Torres Strait and beyond, and the ongoing impacts of colonisation sit close to the surface of any honest conversation about mental health here.

With a population of around 160,000, Cairns is the major service hub for Far North Queensland, its economy anchored in tourism to the Great Barrier Reef and Wet Tropics, alongside health, education, agriculture and marine industries. The tropical climate shapes daily life. Extreme heat, humidity, storms and cyclone seasons directly influence how and when people can access community spaces and supports. As the region's referral centre, Cairns services carry demand from a vast, dispersed catchment, and many residents, particularly First Nations peoples and speakers of languages other than English, face compounding barriers of distance, cost and cultural safety.

Purpose of the Visit

The purpose of the Cairns regional visit was to strengthen and build relationships while promoting opportunities for participation in lived experience advocacy. We also sought to understand what services and supports are available locally to prevent or reduce presentations to the hospital emergency department, along with the associated trauma, distress and system costs. Specifically, the visit aimed to: represent PPB and MHLEPQ and promote lived experience advocacy in regional Queensland; connect with lived experience advocates, service providers, community and existing members; promote the benefits of membership and general awareness of MHLEPQ and the PPB; engage directly with communities,

1 Mental Health Lived Experience Peak Queensland, *Policy and Inquiry Submissions* (Web Page) https://mhlepq.org.au/policy-inquiry-submissions/.

services and members to hear local perspectives, see what is working, and understand existing and emerging system gaps; and build connections and identify potential partnerships to strengthen regional voices in our collective systems advocacy.

A note on attribution. The assessments policy, funding and service design in this report are our interpretation and collation of discussions. They are drawn from the visit as a whole and from our wider advocacy, and should not be read as the views of any named service, organisation or individual.

Services and Communities We Engaged With

Mind Australia "Safe Space", Cairns Hospital Service. This service supports people presenting to the Cairns Emergency Department in suicidal crisis. We met the peer work team and service clinician, a mixed team of NGO-employed peer workers and HHS-employed clinicians, an arrangement that seemed to improve working relationships and outcomes. Clinicians were valued and respected by the peer workforce for acknowledging their expertise, and supported the peer team to have autonomy in decision-making and flexibility to enhance outcomes. Some limited independence from the public health system was seen as a strength, supporting positive experiences, higher rates of access and better outcomes. At the same time, the service model's design and access pathways present challenges to meaningful access and engagement: referral requirements and prescriptive service structures limit sustainable, person-led support, and there is limited lived experience leadership at genuine decision-making level, though peer roles are valued and seen as critical. Across the visit we heard of a lack of access, quality and choice in available referrals to community-based services, and of the frustration of working around funding restrictions and clinical requirements to provide effective support. Peer-led safe spaces are a central plank of our statewide policy work, and what we saw in Cairns directly informs it.2

MHLEPQ member discussion. We held a dedicated discussion with members on finding purpose, identity and meaning through lived experience work, and on navigating stigma, sector challenges and community connection. One member reflected that it is difficult to make a career out of advocacy and representative work in regional areas. Members were clear that sustaining advocacy in the regions requires practical resources, hope and purpose amid increased systemic challenges, and that success requires strong intersectional community connections and working relationships. This matters for how we structure our own work. If regional advocates cannot sustain themselves in the role, regional voices fall out of state and national policy by default, and the south-east corner speaks for everyone. Paying for regional lived experience leadership is not a nicety. It is how representation actually happens.

Junction Community Service. At The Junction's community centre we explored what supports community mental health and wellbeing in Cairns, the barriers to access, and the opportunities for better outcomes. The Junction is a vital source of community connection and inclusion, providing meaningful opportunities for personal growth, skills development and leadership, with pathways to practical support, education, employment and peer relationships. Members reported that long waitlists, limited options, isolation, cost of living and limited affordable transport create significant barriers, and that Cairns' climate during high heat and storm events influences how and when people can access community spaces and crucial supports. The gaps we identified: more resources and pathways that empower communities to move from "consumers" to "designers, leaders, co-producers, facilitators, and mentors", and increased skilled supports so people can grow connection and purpose in the broader community, not just within service settings.

Step-Up Step-Down, CCU and Centacare group activity programs. These services operate against the backdrop of local service redesign. In our assessment, movement away from drop-in, recovery-oriented approaches toward more medicalised, appointment-based models has increased the need for step-up step-down services and the Community Care Unit. More generally, we heard concerns about the reduction of community-based and community-led initiatives, and the growing impact on isolation, recovery options and protective wellbeing supports. Consistent, trusted relationships are reduced or missing from funded models, yet relationship and trust remain crucial for engagement and recovery. First Nations peoples and speakers of languages other than English were not supported with translation services or flexibility in cultural understandings of mental health and wellbeing. No politicians were engaged on this visit.

2 Mental Health Lived Experience Peak Queensland, *Safe Spaces Capability Statement* (Capability Statement, July 2026) https://mhlepq.org.au/wp-content/uploads/2026/08/Safe-Space-Capability-Statement-MHLEPQ-July-2026.pdf; Mental Health Lived Experience Peak Queensland, *Safe Spaces Lived Experience Policy Roadmap* (Policy Roadmap, July 2026) https://mhlepq.org.au/wp-content/uploads/2026/08/Safe-Space-Lived-Experience-Policy-Roadmap-MHLEPQ-July-2026.pdf.

Themes and Lived Experience Voices

What works: peer workforce and lived experience leadership. Where lived experience workers and the people accessing services are genuinely respected and supported, outcomes and engagement improve. At the Cairns CCU, lived expertise was privileged: lived experience staff advocated successfully for important compromises with clinical partners, producing stronger relationships, trust, flexibility and outcomes. Services operating outside the hospital system were seen as more person-centred, flexible and empowering, with greater tolerance for dignity of risk. They prioritised reducing risk for the people they support over reducing risk to services and systems. That ordering matters, and it is the ordering our human rights advocacy asks the whole system to adopt.3

Peer work at the Safe Space was crucial to the service model, influencing service operations and promoting a culture of collaboration between the people accessing the service, peer workers and clinical teams. That culture is not an accident of personalities. It is what happens when lived expertise is structurally valued rather than merely welcomed, and it is replicable anywhere the same choice is made.

What works: community-led spaces. The Junction fosters connection, belonging and pathways for leadership development. Centacare's activity groups are popular with participants and seen as a valuable model of recovery and support by the community who engage with them. Yet group supports of this kind, in Cairns and across Queensland, are undervalued and undermined by the clinical model and by government funding decisions, and many are unsustainable and at risk of ending. Community feedback is strong. The results are strong. The funding does not follow. The same pattern holds across Queensland, from Happy Chat in Stanthorpe to The Compass House in Rockhampton, and in the peer-led perinatal supports of services like Peach Tree Perinatal Wellness and Motherhood Village: peer-led and community-led models deliver, and remain the least securely funded part of the system.

One phrase from The Junction deserves to stand alone, because it names the transformation the whole system should be funding, the movement of people:

"From consumers to designers, leaders, co-producers, facilitators, and mentors."

Every service we visited in Cairns can be measured against that line. The ones working best are the ones furthest along it.

What isn't working. Few informal, low-barrier, self-referral spaces exist for people seeking connection or support without clinical referral. Prescriptive service models and arbitrary time limits restrict person-led recovery and sustained connection. Lived experience leadership is largely absent at governance, service design and funding decision levels. Some organisations remain hesitant about community-led, peer-led or peer-to-peer support. And First Nations peoples and speakers of languages other than English are not supported with translation or cultural flexibility.

Why it isn't working. Clinical and service provider risk frameworks dominate service design and limit flexibility, a dynamic we have challenged in our advocacy on mental health legislation and the culture it produces.4 Service funding models prioritise throughput over relationship-building, community development and continuity. Structural barriers of geography, transport, cost of living, limited choice and weather events compound social isolation and restrict access. And there is insufficient understanding of, and investment in, lived expertise leadership pathways and mentoring, which limits reform within the available service options.

What is needed. More community-led, self-referral, drop-in spaces to promote connection, inclusion and early access to preventative, recovery-focused support. Sustained investment in the lived expertise of community and workforce, including lived experience supervision, leadership development, and representation in service design, governance, funding decisions and evaluation. Systemic commitment to person-led, trauma-informed models that provide practical, flexible support, recognise existing community resources, develop belonging, and address the underlying social determinants of mental health. Proactive regional partnerships and navigation connecting services, community groups

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3 Mental Health Lived Experience Peak Queensland, Submission to the Review of the *Human Rights Act 2019* (Qld) (May 2026) https://mhlepq.org.au/wp-content/uploads/2026/05/MHLEPQ-Submission-to-the-Qld-Human-Rights-Act-Review-FINAL.pdf. See also Mental Health Lived Experience Peak Queensland, *Guide to Queensland's Human Rights Act* (November 2025) https://mhlepq.org.au/wp-content/uploads/2026/08/Guide-to-Qld-Human-Rights-Act-Nov-2025.pdf.
4 Mental Health Lived Experience Peak Queensland, *Response to the Mental Health Act Review* (May 2026) https://mhlepq.org.au/wp-content/uploads/2026/05/MHLEPQ-Response-to-MH-Act-Review_final.pdf; Mental Health Lived Experience Peak Queensland, *Mental Health Act Reform Roundtable: Views and Consensus Report* (Report, 2026) https://mhlepq.org.au/wp-content/uploads/2026/08/MHA-Reform-Roundtable-Views-and-Consensus-Report-MHLEPQ.pdf.

and lived experience leaders. And recognition of Cairns' unique environmental, social and cultural context in policy and funding design.

General Remarks

Cairns confirmed that well-resourced, community-led spaces are critical to urgent systems reform, and that they offer significant financial and social benefits. When lived expertise is valued as equivalent to clinical training, the results are visible in increased flexibility, trust and community buy-in. When it is meaningfully included in co-production, it moderates power and privilege, strengthens community voice, and improves service responsiveness.

The visit also strengthened the relationships that make regional advocacy possible. We connected with existing members and new potential members, with a peer workforce that is skilled and stretched, and with services willing to speak honestly about the limits of their own models. That honesty is a resource. It tells us the appetite for reform exists inside the system as well as outside it, and that many of the people delivering services want the same changes the people using them do.

Our follow-up from this visit: maintain contact with the Safe Space peer team and feed their frontline experience into our safe spaces policy work; support The Junction's case for resourcing pathways from participation to leadership; elevate the evidence that community-based group activity supports are valued by community and at risk from funding design; and pursue the translation and cultural safety failures identified for First Nations peoples and speakers of languages other than English through our access and equity advice to the Office of the Chief Psychiatrist.5

The people we met in Cairns are not waiting for permission to lead. They are already leading, often unpaid and against the grain of the system around them. We will maintain the relationships built on this visit, keep supporting the region's lived experience networks, and carry what we heard into every room where these decisions get made.

Finally, an invitation. If you live in Cairns or Far North Queensland and have lived experience of mental distress or suicidality, membership of MHLEPQ is free, and your voice would strengthen everything in this report. Join us, and help us make sure the next decision about the far north is not made without the people who live it.

Related MHLEPQ Advocacy

Readers of this report may find the following MHLEPQ publications useful. Each connects directly to what we heard in Cairns, and all of our submissions are available at our website.

- Mental Health Lived Experience Peak Queensland, *Safe Spaces Capability Statement* (Capability Statement, July 2026) https://mhlepq.org.au/wp-content/uploads/2026/08/Safe-Space-Capability-Statement-MHLEPQ-July-2026.pdf: the statewide case for peer-led safe spaces like the one we visited at Cairns ED.
- Mental Health Lived Experience Peak Queensland, *Safe Spaces Lived Experience Policy Roadmap* (Policy Roadmap, July 2026) https://mhlepq.org.au/wp-content/uploads/2026/08/Safe-Space-Lived-Experience-Policy-Roadmap-MHLEPQ-July-2026.pdf: the reform pathway informed by frontline peer teams.
- Mental Health Lived Experience Peak Queensland, *Response to the Mental Health Act Review* (May 2026) https://mhlepq.org.au/wp-content/uploads/2026/05/MHLEPQ-Response-to-MH-Act-Review_final.pdf: our challenge to the risk-dominated legal and clinical frameworks this visit saw in action.
- Mental Health Lived Experience Peak Queensland, Submission to the Review of the *Human Rights Act 2019* (Qld) (May 2026) https://mhlepq.org.au/wp-content/uploads/2026/05/MHLEPQ-Submission-to-the-Qld-Human-Rights-Act-Review-FINAL.pdf: the rights framework behind dignity of risk and person-led support.

5 Mental Health Lived Experience Peak Queensland, *Advice to the Office of the Chief Psychiatrist: Access and Equity Project* (May 2026) https://mhlepq.org.au/wp-content/uploads/2026/05/MHLEPQ-Advice-to-Access-and-Equity-Project.pdf.