Mt Isa Regional Visit Report

Regional Relationships and Engagement | 27–28 October 2025

Date: 27th – 28th October 2025

Staff: Simon C (PPB) and Rahim M (MHLEPQ)

Organisations visited: Selectability, Medicare Mental Health, Brilla Brilla, Remote Community Connect, Mt Isa Neighbourhood Centre, 54 Reasons

Content note: This report discusses experiences of mental distress, racism, family violence, the removal of children from families, and unsafe discharge from hospital. 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 Mt Isa Area

Mt Isa lies in North West Queensland, more than 1,800 kilometres from Brisbane and around 900 kilometres from Townsville, its nearest coastal city. We acknowledge the Kalkadoon (Kalkatungu) people, the traditional owners of the lands on which Mt Isa stands, whose native title over their country was formally recognised in 2011. Sovereignty was never ceded. The Kalkadoon are renowned for their fierce resistance to colonisation, and the violence of that colonisation, and its continuation through over-policing, child removal and intergenerational poverty, is inseparable from the distress carried in this community today.

Home to around 18,500 people, Mt Isa is one of Australia's most significant mining centres for copper, lead, zinc and silver, and the service hub for a vast area stretching to the Gulf of Carpentaria and the Northern Territory border. The city's fortunes are tightly bound to the mining industry and its fly-in fly-out workforce. Industry legacies include documented lead exposure in local children, with Queensland Health research indicating First Nations children are four times more likely to have dangerously elevated blood lead levels. Summer temperatures are dangerously hot. There is no public transport. A large transient and homeless population lives in and around town, particularly near the river.

Services and Communities We Engaged With

Over two days we connected with services across the community to understand needs and build relationships.

Medicare Mental Health Centre. Staff praised the Remote Community Connector service, whose outreach capacity and strong community connections make it one of the most useful supports in the region. We heard that Supported Independent Living providers are actively discriminating against people with psychosocial disability by choosing not to support individuals with mental health and other complex intersectional issues, and that people are not accepted into SIL packages without strong advocacy from community services who are not funded or resourced for that work. NDIS-funded organisations lack the ability to adequately train and educate their staff for complex psychosocial support. On the strengths side, Back to Country initiatives run by Aboriginal community-controlled organisations are healing and effective,

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

health-focused camps on country are always well received with high participation, and there is an identified need and appetite to upskill community leaders to provide psychosocial support. A community reflection that stayed with us: *"If a service disappeared tomorrow, would it leave a gap or a positive impact?"*

Selectability. Staff constantly go above and beyond funded supports with no way to recover the cost of that urgent work. There are few accessible shelters or supports for people who have become homeless, particularly women and families. The absence of public or disability transport has a massive impact on people's finances, basic needs and access to health services.

Brilla Brilla Community Centre. This Aboriginal community-controlled organisation described the pressures facing local families and communities.2 Domestic and family violence is increasing under cost-of-living pressure, insecure housing and deepening poverty, and there is an identified need for services focused on men and people who use violence, to address root causes. A men's shelter focused on cooling off was offered as a good example, with reported positive impacts on community safety. Staffing is the biggest challenge: without consistent local staff, services cannot build trust with a community whose mistrust is based in real and ongoing fear of institutional intervention. Families need help before they break down entirely, and the compounded impacts of colonisation, ongoing racism, over-policing and intergenerational poverty are incredibly impactful.

Community-led initiatives. Brilla Brilla organises school and kindergarten transport using minibuses. None of this work is government funded; it relies on fundraising and donations. Several buses donated to a community organisation through collaborative fundraising now sit in a locked yard, inaccessible after relationship breakdown, defunding and competition over government contracts. That has damaged trust between community and services. Mothers avoid the health system during pregnancy and early childhood out of legitimate fear of being reported to the child safety department and having children end up in state care, which is preventing treatable conditions from being addressed and increasing infant mortality, a pattern we put before the Commission of Inquiry into the child safety system.3 Aboriginal community-controlled services try to work together across the entire community. Outreach youth services work well, with staff on the streets after hours engaging young people, supporting access to safe spaces and basic needs, and providing navigation and referral. The **Mt Isa Neighbourhood Centre** does substantial work: emergency relief, washing machines, trauma-informed art classes, meditation groups, play groups for mothers and children, and informal case management. Men's sheds and community gardens have supported psychosocial and physical health in the past but face reduced funding.

No politicians were engaged on this visit. Notably, prior to this visit we had no members in the region. That gap says more about us than about Mt Isa, and this relationship-building work has begun to address it.

Themes and Lived Experience Voices

Fly-in fly-out culture and disinvestment have hollowed out community. The fly-in fly-out economy has dramatically decreased the population while damaging community identity, connection and inclusion. Private investment from resource companies is at a historic low, and government and industry investment has been unstable and inconsistent. The town has very few public facilities and no well-planned public spaces, and outside Aboriginal community-controlled organisations there is little community representation in decision-making. FIFO workers tend to access services in their home towns and cities, but some do need local supports, making funding allocation unpredictable and unsustainable. The atmosphere in town reflects all of this: disconnected, and carrying the health legacies of the industry that built it. Those legacies are physical as well as social. The lead exposure of children in the community is lifelong, and elevated lead levels correlate strongly with poorer social determinants and psychosocial outcomes. A community cannot be asked to recover from an industry's harms while that industry's investment in the community sits at a historic low.

The homeless and transient population is diverse, and poorly understood by the system. A large population of people who are often homeless or transient live in and around town, with the largest group near the river. People are often passing through for a mix of complicated reasons: cultural obligations, seasonal movement, seeking work, visiting family, involvement in the alcohol trade with dry communities, or searching for housing. Many are reported to be self-medicating with alcohol and other substances. Services built on fixed addresses, appointments and rigid eligibility cannot meet this population where it is. Outreach, flexibility and cultural knowledge can, and the services doing that work are the

2 Mental Health Lived Experience Peak Queensland, Submission to the Justice, Integrity and Community Safety Committee, Parliament of Queensland, *Making Communities Safer Bill 2024* (December 2024) https://mhlepq.org.au/wp-content/uploads/2024/12/MHLEPQ-Making-Communities-Safer-Bill-FINAL.pdf.
3 Mental Health Lived Experience Peak Queensland, Submission to the Commission of Inquiry into the Queensland Child Safety System (March 2026) https://mhlepq.org.au/wp-content/uploads/2026/03/MHLEPQ_Commission-of-Inquiry-into-the-Child-Safety-System.pdf.

ones the community trusts.

Transport is a fundamental barrier. With no public transport, no school buses, and taxis unaffordable for many because of historic inequality, people are cut off from food, education, medical care and support, and social isolation deepens. In summer the heat makes walking dangerous, particularly for people with complex health issues. Lack of transport also drives theft of the means of transport by young people, and affects community safety. A young local woman told us of using an unregulated Facebook-based ride service while highly intoxicated after taxis had stopped operating, because it was "a safer option than walking home".

Most concerning, multiple providers independently described heavily medicated or sedated people being discharged from mental health inpatient facilities in Townsville and placed on a plane in an induced, catatonic state. On arrival at Mt Isa airport, approximately 10 kilometres and a $30 taxi ride from town, people were left without identification, money or means of getting home. No support services were notified of their discharge, even when people had NDIS supports in place. This is not a discharge process. It is abandonment, and it is the kind of systemic disregard for safety and dignity we have challenged in our advice on safety priorities in mental health care and on access and equity in the public system.4

Trust must be earned through consistency. GP services lack consistency, with workers passing through on short contracts. Services cannot build rapport with community members because of short-stay, non-local staff and high turnover. Community members, particularly First Nations people, disengage from services that are inconsistent, make promises they do not keep, and take no responsibility for following up with people in need. The mistrust this produces is not irrational. It is based in real and ongoing fear of institutional intervention and its impacts, from child removal to incarceration, and every broken promise confirms it. Brilla Brilla was direct about what changes this: staffing is the biggest challenge, and without consistent local staff, services cannot build trust or engagement with community. As one community voice put it: *"Someone needs to be a voice for those who don't have one."* Another spoke to the weight of history: *"I carry my mother's mother's mother's trauma. I also carry my father's father's father's trauma."* Communities need trusted people with advocacy skills and service navigation knowledge. Skilled people who can be consistent and create safer spaces to access support. That is a workforce description, and it describes a local, lived experience workforce, not a rotation of strangers.

What works is community-led. Back to Country camps are healing and consistently well received. Youth outreach after hours is effective. Brilla Brilla's school transport, the neighbourhood centre's wraparound support, men's sheds and community gardens all deliver despite reduced funding. There is no funded peer-led psychosocial space in Mt Isa of the kind we have seen hold communities together elsewhere, such as Happy Chat in Stanthorpe or The Compass House in Rockhampton, and the community leadership to build one clearly exists.5

General Remarks

Mt Isa shows entrenched structural barriers: unreliable and untrained staffing, absent transport, extreme weather, severe social isolation, constant changes in service availability, and little to no community consultation or engagement to determine what is needed. Issues of inequality, poverty and disadvantage remain entrenched. Mt Isa also shows strong foundations in community-led practice: Back to Country programs, outreach youth work, Aboriginal community-controlled organisations providing practical whole-of-life support, and local people helping each other through peer and mutual support. Both things are true at once.

We should prioritise building relationships, resourcing opportunities and connection with communities like Mt Isa, whose voices are not strongly represented in the policy discussions that affect them. Our organisation and its membership are not currently seen as valuable or beneficial in this context, and that is demonstrated by the total absence of members living in this area prior to our visit. We do not treat that as the community's failure to find us. We treat it as our failure to be useful to them, and this visit is the beginning of correcting it.

Ensuring consultation and co-design, supporting community and peer leadership, and prioritising the development of trust and culturally safer relationships are essential to strengthening outcomes across the region. Our advocacy priorities

4 Mental Health Lived Experience Peak Queensland, *Response to the Queensland Safety Priorities in Mental Health, Alcohol and Other Drugs Care* (May 2026) https://mhlepq.org.au/wp-content/uploads/2026/05/Response-to-the-Qld-Safety-Priorities-in-MHAOD-Care.pdf; 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.

5 On resourcing community-led and peer-led spaces, see 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.

arising from this visit are clear: safe discharge and transport protocols for inpatient services, so that no one else arrives sedated at an airport with no way home; foundational supports that do not depend on NDIS eligibility; investment in community transport as a health intervention, not just an infrastructure question; and sustained investment in Aboriginal community-controlled organisations and community-led initiatives, including Back to Country programs and after-hours youth outreach. The people of Mt Isa are already holding their community together. The system's job is to stop making that harder.

Finally, an invitation. If you live in Mt Isa or the North West 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 this region 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 Mt Isa, and all of our submissions are available at our website.

- Mental Health Lived Experience Peak Queensland, *Response to the Queensland Safety Priorities in Mental Health, Alcohol and Other Drugs Care* (May 2026) https://mhlepq.org.au/wp-content/uploads/2026/05/Response-to-the-Qld-Safety-Priorities-in-MHAOD-Care.pdf: safety and dignity in mental health care, including at discharge.
- 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: access and equity failures of the kind the airport discharges represent.
- Mental Health Lived Experience Peak Queensland, Submission to the Commission of Inquiry into the Queensland Child Safety System (March 2026) https://mhlepq.org.au/wp-content/uploads/2026/03/MHLEPQ_Commission-of-Inquiry-into-the-Child-Safety-System.pdf: the fear of child removal that is keeping mothers away from health care.
- Mental Health Lived Experience Peak Queensland, Submission to the Justice, Integrity and Community Safety Committee, Parliament of Queensland, *Making Communities Safer Bill 2024* (December 2024) https://mhlepq.org.au/wp-content/uploads/2024/12/MHLEPQ-Making-Communities-Safer-Bill-FINAL.pdf: the impacts of crime legislation on over-criminalised communities, heard across this visit.
- 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 model for the peer-led space Mt Isa currently lacks.

Appendix: Contacts and Follow-Up

Organisation	Engagement	Follow-up
Selectability	Service visit	Maintain contact on homelessness impacts
Medicare Mental Health Centre	Service visit	Maintain relationship; continue engagement on local service needs
Brilla Brilla Community Centre	Service visit	Support advocacy on community transport and family supports
Remote Community Connect	Discussed via services	Model worth elevating in foundational supports advocacy
Mt Isa Neighbourhood Centre	Service visit	Maintain relationship; member recruitment
54 Reasons / youth outreach	Service visit	Elevate after-hours outreach model