MHLEPQ
MENTAL HEALTH LIVED EXPERIENCE PEAK QUEENSLAND

A Safe Space in Our Community

Advocating for the Safe Space Model in Brisbane's North

August 2026

Acknowledgement of Country

The Mental Health Lived Experience Peak Queensland (MHLEPQ) respectfully acknowledges and honours the Traditional Custodians of the Lands and Waters throughout Queensland. We thank the Elders—past, present, and emerging—for their wisdom and enduring strength.

We recognise that the legacy of colonisation has profoundly impacted First Nations peoples, contributing to unique and significant experiences of trauma within the mental health system. Colonisation has enforced systems of racism, stigma, and discrimination, leading to intergenerational social disadvantage and marginalisation. These historical and ongoing injustices have compounded the challenges faced by First Nations (Aboriginal and/or Torres Strait Islander) peoples, affecting their social and emotional wellbeing.

We acknowledge the enduring resilience and resistance of First Nations peoples in the face of these adversities. We respect their rights and autonomy to lead their own healing journeys, guided by their beliefs and traditional practices and connectedness to Country, family, and spirit. In honouring their wisdom and experiences, we commit to supporting their self-determination and promoting equitable and culturally responsive approaches to mental health care.

About MHLEPQ

The Mental Health Lived Experience Peak Queensland (MHLEPQ) is the Peak Body for mental health consumers in Queensland. We provide policy advice and systems advocacy for consumers of mental health services of all ages in Queensland. Our work translates lived experience into measurable outcomes, from shaping legislation and influencing government policy, to growing a movement of over 700 members driving systemic reform across Queensland.

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Executive summary

Following significant coordinated sector advocacy in the first half of 2026, facilitated by Mental Health Lived Experience Peak Queensland, the sector achieved a 12-month extension of Safe Spaces in the Brisbane North PHN region co-funded by State and Commonwealth Governments. This significant achievement demonstrates the value of joint advocacy across lived experience, service providers, commissioners and policy makers during key political windows, as well as the role of lived experience organisations in leading advocacy on behalf of communities.

Following the successful announcement, MHLEPQ engaged with the sector and people with lived experience to better understand the specific conditions and enablers that resulted in the positive outcome. This involved a consultant undertaking a series of semi-structured interviews with key stakeholders to understand their role in the joint sector advocacy process.

The interviews reveal that the successful extension of Safe Spaces funding was not the result of a single advocacy activity, but rather the culmination of years of relationship-building, evidence generation, strategic collaboration, and coordinated action across multiple stakeholders.

Five themes emerged across all interviews:

1. Relationships were a highly valued advocacy asset.
2. Lived experience voices combined with evidence created the strongest case for action.
3. Advocacy was strengthened when different organisations played complementary roles, facilitated by a coordinating organisation.
4. The sector would benefit from stronger advocacy capability, particularly around communicating impact, value, and system outcomes.
5. Investment is needed in the appropriate systems architecture to support coordinated advocacy ongoing.

This document provides a comprehensive summary of the key learnings identified by stakeholders, with the aim to invest in what is needed now to create the conditions for effective advocacy into the future.

Background

Advocacy is at the heart of what consumer peaks do. Under the Convention on the Rights of Persons with Disabilities, governments are obliged to closely consult with and actively involve people with disability through their representative organisations.[i] That is MHLEPQ's role. As a member-based organisation, MHLEPQ engages with and seeks to reflect the collective voice of people with lived and living experience. MHLEPQ brings value to Queensland, to government, to the sector and, most importantly, to people with lived experience, by elevating and carrying that collective voice into decision-making. Our advocacy is an expression of our values, and of our expectation that we are leaders in the governance, design, operation and oversight of the mental health system. Our *Standing on the Shoulders of Giants*[ii] report is indicative of the advocacy we undertake and the skills we can collectively build.

Safe Spaces are a network of non-clinical, peer-led responses to distress, co-designed with lived experience at their centre. Safe Spaces are a compassionate alternative to the Emergency Department that provide peer-based support to acute distress, as well as an accessible pathway for support before crisis. They fill an essential gap in the existing service network through providing after hours, non-clinical, no-wrong-door peer support in the community[iii]. Evaluations show Safe Spaces have already saved $16.3 million by diverting people from ED and inpatient units – and, most importantly, they help reduce distress, build trust and support people's rights[iv].

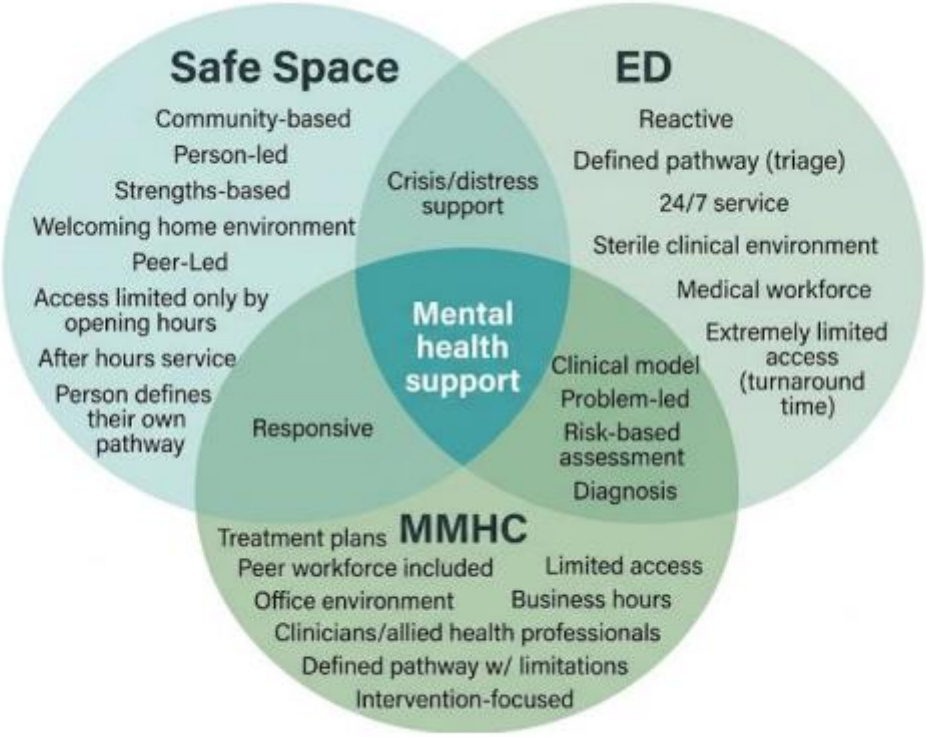

Figure 1 - Distinguishing a Safe Space from Medicare Mental Health Centres and Emergency Departments

Funding for the Brisbane North Safe Spaces Network had been at risk for the past few years, kept on a rolling year-by-year contracting arrangement without certainty about where their long-term home in the system would be[v]. In late 2025 Mental Health Lived Experience Peak Queensland was approached by people with lived experience as well as service providers about a significant risk to the continued funding of the four Safe Spaces in the Brisbane North PHN region. This triggered a period of rapid, coordinated sector advocacy, facilitated by MHLEPQ, bringing together lived experience voices, Safe Space providers, commissioning agencies and policy makers.

The advocacy

MHLEPQ's role in advocating for Safe Spaces was multi-pronged. The substance of the advocacy included:

- As the Peak body for consumers of mental health services, bringing the lived experience voice to a high-paced, politicised advocacy process
- Acting as a facilitator, coordinator and advisor across multiple stakeholders to support joined up, cohesive advocacy to government
- Preparing for and facilitating a sector Roundtable in April 2026 about the value of Safe Spaces, and the importance of retaining them
- Synthesising stakeholder insights into Ministerial correspondence, speaking directly with the Health Minister's office as well as with government officials.

MHLEPQ's role was central to coordinating the advocacy that occurred in the first half of 2026, noting that many organisations, stakeholders, and people with lived experience were integral to creating the conditions for that advocacy to occur. People with lived experience and peer workers shared the experiences and expertise that made the case impossible to ignore; Safe Space providers brought deep local relationships and day-to-day evidence of impact; Brisbane North PHN contributed commissioning expertise, evaluation evidence and as a trusted facilitator of networks; sector and lived experience organisations added policy knowledge and political reach; and community members carried the value of Safe Spaces directly to their State and Commonwealth representatives.

Figure 2: On 16 April 2026, MHLEPQ worked with Brisbane North PHN, people with lived experience and providers to bring together a roundtable where a draft letter to Commonwealth and Queensland Ministers was developed, outlining the need for extension of Safe Spaces.

The outcome

On 12th May 2026 the Commonwealth Government announced a $1.7 million funding extension for the four Safe Spaces established by the Brisbane North PHN. This announcement came off the back of the sector roundtable, a joint letter to responsible Ministers, meeting directly with Queensland Health ministerial advisors, and separate but complementary advocacy by service providers, commissioning agencies and community members across Local, State and Federal governments.

While this was a positive outcome that ensured continuity of support for current users of Safe Spaces, there are ongoing questions about the long-term system home of these services. As the next National Mental Health and Suicide Prevention Agreement is currently being negotiated and psychosocial foundational supports are yet to be funded, it is important that the sector learns from this approach: how collective advocacy, shared evidence, lived experience leadership and coordinated action can influence decisions of this kind. There are larger advocacy opportunities ahead of us, and replicating this outcome will require us to work together with the same clarity, discipline and shared purpose.

This report

This report summarises the key learnings and opportunities that developed through this advocacy process. Six stakeholders were interviewed between July and August 2026 to inform this report. The key stakeholders involved in interviews were:

- Peak bodies and the lived experience advocacy sector
- Commissioning agencies
- Safe Spaces service providers

Interviews with stakeholders were structured around Key Lines of Enquiry (KLEs). KLEs guided the framing of conversations and were tailored to stakeholders' particular roles.

Theme/Phase	Enquiry
Initiation	What inspired you to get involved in advocating on behalf of Safe Spaces?
	What was the process of initiating or joining sector-wide advocacy?
Challenge	What were the main challenges advocating for the Safe Spaces?
	Were there different perspectives on what a good outcome looked like, or the advocacy process itself? How were these navigated?
	What was the role of different organisations in leading/coordinating the sector-wide advocacy?
Success	What was the role of community more broadly in contributing to the advocacy?
	How did you define success? Did your expectations change across the course of the campaign?
Outcomes	What was the overall outcome of the campaign?

What were your key learnings about how sector-wide advocacy can effect change?
Is there anything you would do differently, if you were to do it again?

Interviews have been de-identified in this report to protect stakeholder confidentiality and facilitate rich discussion. Verbatim quotes have been included for narrative purposes and may be adjusted slightly to improve clarity and readability within the broader context of the report.

Findings - Enablers

The right approach for the right outcome

"It was really apparent to us that actually these service models [Safe Spaces] are really, really different. They're actually seeing different people, you know, this isn't a clinical service, this is a non-clinical service. This one doesn't need a person to have a diagnosis of a mental health condition… this just is actually about distress and what that means to different people. So, I guess in the last 12 months, we've really been reframing our approach."

- Commissioning agency stakeholder

The Safe Spaces advocacy demonstrated that effective advocacy requires selecting the approach most likely to achieve the desired outcome, considering the existing political environment, the relational capital between stakeholders, the time required to execute the strategy, and the capability of the sector to deliver it. Across interviews, stakeholders consistently described the campaign as succeeding because it combined strong internal relationship-building with targeted external advocacy, rather than defaulting to public campaigning from the outset.

Advocacy efforts focused on understanding where decisions were being made, maintaining constructive engagement with key decision-makers, and creating aligned pressure through community voices, lived experience leadership, service providers, peak bodies, and commissioning organisations. Strong pre-existing relationships, a high degree of consensus about the value of Safe Spaces, and coordinated leadership from MHLEPQ enabled different stakeholders to play complementary roles while maintaining a shared message. Importantly, the advocacy remained focused on preserving a highly valued community-based service rather than contesting new funding, allowing stakeholders to unite around a common goal.

This required a pragmatic, relational and strategically coordinated approach that matched the political environment, leveraged lived experience leadership, and ensured decision-makers were hearing consistent messages from multiple sources at multiple levels of influence.

Lived experience leading

"I think, you know, the most powerful advocacy is done by people with lived experience."

- Service provider stakeholder

"You might not want to listen to me … but you can't ignore the voices of the people that are using these services and who these services are life changing for."

- Sector stakeholder

Across interviews, stakeholders consistently emphasised the importance of lived experience voices. The advocacy effort was viewed as particularly powerful because it was grounded in the experiences of people using Safe Spaces and peer workers delivering support. This provided legitimacy to the campaign and strengthened the moral and policy case for continued funding. Evidence was described as important but lived experience narratives made the issue difficult for decision-makers to ignore.

Several interviewees noted that some organisations could not publicly advocate in the same way that consumer-led organisations could. As a result, MHLEPQ was able to undertake a distinct and influential role that complemented other forms of advocacy.

Several participants noted that Safe Spaces were already grounded in lived experience co-design and leadership. This made collaboration between consumer organisations, providers, and commissioners easier because there was already substantial value alignment.

Relational capital

"I remember meeting with everybody and feeling quite heartened that we were all really on the same page."

- Service provider stakeholder

The most frequently cited driver of success was the existence of strong relationships before the funding crisis emerged. Stakeholders described years of engagement between peak bodies, PHNs, government advisers, ministers' offices, service providers, and lived experience organisations. These relationships enabled rapid coordination, access to decision-makers, trust between organisations, and constructive dialogue throughout the process.

Additionally, some stakeholders described how the particular commissioning patterns in the Brisbane North region had supported service providers to develop productive, collaborative relationships with each other. This intentional crafting of intra-regional relationships supported a rapid response within the region across different stakeholders.

Importantly, government relationships had been built through ongoing information sharing and problem solving rather than only through advocacy asks. This created credibility and ensured advocates could secure meetings and have difficult conversations when required.

Success conditions

The following conditions were identified as necessary enablers for successful, coordinated sector advocacy. Without these being met, advocacy conducted in the right way, at the right moment, becomes even more challenging.

Speaking the same language

"Wouldn't it be powerful to actually be speaking from the same song sheet?"

- Commissioning agency stakeholder

Participants described broad agreement among providers, peer workers, the PHN, lived experience organisations, and sector peaks regarding the importance of retaining the model. This created a unified front that was difficult to dismiss and produced buy-in across stakeholders.

Political environment
Interviewees highlighted the importance of understanding the political environment and identifying opportunities for influence. Key players successfully targeted the level of government where decisions were believed to be stalled, rather than dispersing efforts broadly. Stakeholders also noted the importance of timing, government priorities, electoral considerations, and broader negotiations between State and Commonwealth governments. Importantly, the broad consensus on the value of Safe Spaces to the local community allowed for consistent messaging across multiple levels of government, and existing political capital could be meaningfully leveraged in the tight political window.

Evaluation and evidence base
The advocacy process benefitted from a semi-recent evaluation commissioned by Brisbane North PHN, demonstrating that Safe Spaces were effective and valued. Evidence gave stakeholders confidence in the legitimacy of their arguments and helped establish credibility with government. However, some stakeholders noted that the true value of Safe Spaces was difficult to communicate through standard service evaluations, and communicating qualitative experiences of the services alongside the evaluation insights produced the most compelling narrative.

Right people in the room
Several stakeholders noted the different roles of service providers, Peak bodies, commissioning agencies and sector allies as particularly important to the campaign's success. Some stakeholders described that the presence of Peak bodies and commissioning agencies in particular gave credibility to the campaign that would have been challenging to achieve otherwise.

Complementary roles

MHLEPQ leading and coordinating
Stakeholders repeatedly praised the ability to move quickly from roundtable discussions to coordinated action, including letters, meetings, and stakeholder engagement. A central coordinating function helped maintain momentum and alignment. Some organisations also faced limitations on the extent to which they could publicly advocate. This made partnerships particularly important, as different stakeholders were able to undertake advocacy activities that others could not.

Different strengths and leveraging external conversations
A significant strength of the campaign was the ability of different stakeholders to contribute different forms of influence.

Examples included:

- PHNs contributing evidence, commissioning expertise, and government relationships.
- Consumer and carer organisations contributing lived experience perspectives, policy knowledge and advocacy capability.
- Sector peaks contributing political relationships and strategic influence.
- Service providers contributing local relationships and examples of service impact.
- Peer workers and service users contributing authentic stories about the value of the service.

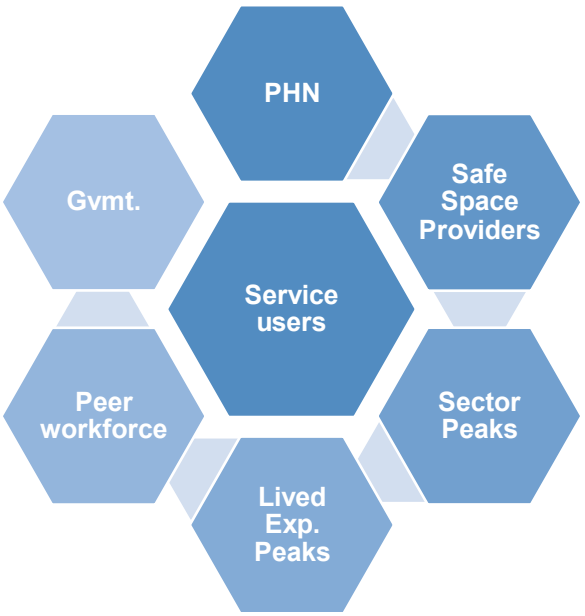

Figure 3: Service users created the mandate for coordinated advocacy; different stakeholders brought connected and complementary roles to produce a united message for governments.

In addition to benefiting from a coordinating agency, the campaign benefited from multiple actors reinforcing one another's efforts through separate, targeted engagements with politicians and bureaucrats.

Inside-outside strategic partnerships
One of the key features of the Safe Spaces campaign was coordinated advocacy 'inside' the tent through commissioning agencies and allied government stakeholders, as well as 'outside' advocacy from sector Peak bodies, service providers, lived experience Peaks and community members. This parallel approach has been described as a powerful way to achieve social change through durable, sustained partnerships shaped around mutual benefit to communities[vi].

Findings - Learnings

Advocacy capability and maturity

Some stakeholders identified sector advocacy capability as benefiting from additional investment for future efforts. Some challenges were identified as a product of advocacy maturity, and that this form of cross-sector political advocacy was uncommon for many of the stakeholders involved. Some interviewees suggested a stronger focus on the system level

benefits of Safe Spaces (such as diverted emergency department presentations and other tertiary system cost savings), rather than how the service operates, presented a more compelling argument. Additionally, building urgency around the foreseeable impacts to communities who are no longer able to access these services can complement system-level arguments.

Building advocacy capability and maturity requires ongoing investment in:

- Sustained, sufficient resourcing for Peak bodies to coordinate and build capability across their constituencies
- Access to training and education on systemic advocacy, including for people with lived experience
- Forums to share learnings and support capability development across stakeholders.

Relationship stewardship

"If there wasn't a relationship, we wouldn't have gotten a meeting that quickly and it wouldn't have been as positive as it was."

- Peak body stakeholder

While relationships were consistently identified as a key enabler for the advocacy efforts, they were also identified as a critical weakness within the broader systemic advocacy landscape. Intentional relationship stewardship was identified as a necessary activity to be undertaken outside of political and funding cycles.

The Safe Spaces campaign benefited from relationship stewardship from funders that rewarded collaboration and discouraged competition. Supporting a sector to be sufficiently aligned to undertake this type of advocacy requires thoughtfully engaging with structural influences such as competitive funding models, and crafting spaces that develop shared purpose and identity between stakeholders.

Involvement of the community and the lived experience perspective was credited throughout the interviews as a core means to build shared purpose across stakeholders. Building relational capital becomes simpler when there is a shared interest across the community and system actors. The role of lived experience in relationship stewardship should be considered an essential design feature when looking to replicate the outcome of the Safe Spaces advocacy.

Navigating government systems

"How do we fit what we want to do into the government's agenda?"

- Commissioning agency stakeholder

Multiple stakeholders identified challenges associated with advocating across State and Commonwealth Governments. Interviewees particularly identified challenges associated with:

- Different State and Commonwealth funding responsibilities.
- Differing views on the overall value of the service model.
- Divergent government strategies and communicating effectively across those strategies.
- Government reluctance to commit to long-term funding.

Advocates often needed to navigate complex jurisdictional issues beyond the merits of the service itself. Some stakeholders also held different views about how the tensions between Commonwealth and State Governments should be navigated. This reflected the different political advocacy capabilities of the different stakeholders, and some interviewees identified that aligning approaches was one of the core challenges of the campaign.

Intentional preparation

The strongest and most consistent recommendation was to begin advocacy well before funding decisions become urgent. This included:

- Earlier engagement with decision-makers.
- Longer lead times for sector coordination.
- Continuous relationship-building and communication.
- Engaging the community early to allow them to guide advocacy efforts.

Multiple stakeholders reflected that advocacy should be ongoing rather than crisis driven. Relationships with ministers, advisers, bureaucrats, and local members should be cultivated continuously rather than activated only during funding crises to retain trust and build political capital.

Some stakeholders reflected that the Safe Spaces funding crisis could have been foreseen given the funding instability that had been in place over previous years. Some stakeholders reflected that the foreseeability of the crisis also contributed to a sense of inevitability; that any optimism over a funding extension was misplaced. This sense of inevitability makes coordinated advocacy challenging and needs to be directly addressed to facilitate better outcomes.

Maintaining hope, staying pragmatic

"There were a few times the question came up, do we have any chance of success here? And it required a reframe of, I'm not here to measure our chances of success, I'm here to increase them."

- Peak body stakeholder

As multiple stakeholders reflected, the outcome of the Safe Spaces advocacy is unusual, and deeply influenced by the success conditions identified earlier in this report. The political appetite to engage with this type of advocacy is also impacted by other government issues of the day, co-occurring or conflicting campaigning from other areas of the electorate, and media coverage (or lack thereof) of issues impacting the mental health sector.

Often, advocacy efforts are unsuccessful not due to a lack of advocacy capability, but because the conditions for success are not present. The apparent disconnection between outcome and effort can generate pessimism and helplessness within a sector or community that negatively impacts on future advocacy efforts.

Some stakeholders identified maintaining hope in a positive outcome as a key enabler for level-headed, strategic, coordinated advocacy. Balancing optimism with pragmatism was also identified as important, particularly for identifying the right stakeholders, level of government, and cut-through arguments required to conduct effective advocacy.

Architecture for advocacy

"There are not enough forums and there's not enough state infrastructure for us to come together and raise issues and share knowledge, and so something had to be created quite quickly, which in this context was okay, but in other contexts won't be okay because it will exclude very often regional and remote Queenslanders."

- Peak body stakeholder

Some stakeholders reflected that the architecture for advocacy was not in place to facilitate this form of advocacy ongoing. Other sectors, including the clinical mental health workforce, have embedded structures that support ongoing collaboration, identify funding risks before they become material, have ongoing, non-crisis-driven driven opportunities to engage with Ministers, and well-established Peaks and professional associations that can leverage decades of cross-party political influence at key points of time.

Systems architecture like this is complex to sustain and expensive to resource; it is often inaccessible to people with lived experience, lived experience-led organisations, and community service providers. Building effective advocacy capability requires meaningful investment into these structures, allowing them to be activated during key political windows, and sustained and developed as part of business as usual.

Some stakeholders also suggested that legitimate, enduring and embedded co-governance between lived experience

organisations and the mental health system could prevent this type of advocacy from needing to occur. One of the notable features of the Safe Spaces campaign was that the community resoundingly saw these services as beneficial and thought they were worth fighting for. When lived experience is embedded as part of co-governance, this community sentiment becomes directly reflected through funding decisions.

Conclusion

The interviews indicated that the Safe Spaces funding extension was achieved through a combination of strong relationships, lived experience leadership, credible evidence, coordinated cross-sector action, and strategic political engagement. The campaign demonstrated the power of bringing together diverse voices behind a shared objective, and the outcome of investing in relationships, investing in collaboration, building political capital and awareness, and the essential role of the community in driving a shared purpose. A key takeaway is that future advocacy efforts should move from reactive campaigns to continuous, lived experience-led and relationship-driven advocacy, supported by stronger sector capability and sustainable systems architecture.

As multiple stakeholders who participated in this process reflected, the need to find a long-term home for peer-led crisis alternatives in Queensland's mental health system is ongoing. Active investment is needed across the sector to produce the success conditions required for sustained, effective systems transformation.

Contact

To find out more about MHLEPQ's work on peer-led Safe Spaces, or to discuss partnerships and speaking engagements:

Mental Health Lived Experience Peak Queensland

PO Box 89, Spring Hill QLD 4004

1800 271 044

office@mhlepq.org.au

mhlepq.org.au

Further reading

[i] *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008) art 4(3); Committee on the Rights of Persons with Disabilities, *General Comment No 7 (2018) on the Participation of Persons with Disabilities, including Children with Disabilities, through their Representative Organizations, in the Implementation and Monitoring of the Convention*, UN Doc CRPD/C/GC/7 (9 November 2018).

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[iii] Mental Health Lived Experience Peak Queensland. (2026, July 15). *Safe Space Capability Statement*. Prepared for Brisbane North PHN.

[iv] Nous, Safe Space Final Evaluation Report (26 November 2024). Brisbane North Primary Health Network. https://brisbanenorthphn.org.au/uploads/downloads/Mental-health-services/2025-01-17-Final-Evaluation-Report-Safe-Spaces-Pilot-Nous-Group.pdf

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[vi] Aly, S., Diaby, A., & Drix, J. (2025). *The five dimensions of inside-outside strategy: A guide for public health and social movements to build powerful partnerships.* Health in Partnership. https://www.healthinpartnership.org/resources/the-five-dimensions-of-inside-outside-strategy-guide