leading community mental wellbeing

Queensland Alliance for Mental Health

Community Mental Health Australia

Psychosocial Approaches to Thriving Health Systems (PATHS)

Project Summary

June 2025

Acknowledgement of Country

QAMH acknowledges and pays deep respect to Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters across Australia. We honour their Elders past and present, whose knowledge, leadership, and cultural practices have sustained these lands for millennia.

Who is QAMH?

The Queensland Alliance for Mental Health is the peak body for the Community Mental Health and Wellbeing Sector in Queensland, representing over 120 members and stakeholders involved in delivering Community Mental Health and Wellbeing Services.

We work to reform, promote, and strengthen service delivery across the state through our influence and collaboration with members and strategic partners. Nationally, we contribute to key initiatives through our partnership with Community Mental Health Australia and ongoing engagement with Mental Health Australia and the National Mental Health Commission.

Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

Acknowledgement

This project was undertaken with the support of Community Mental Health Australia (CMHA), as part of their commitment to advancing community-led mental health reform. We thank CMHA for funding and supporting this work.

We also acknowledge Beacon Strategies for facilitating the in-person consultations in Townsville and contributing to thematic analysis and reporting. Most importantly, we thank all community members and service providers who generously shared their insights, experiences, and expertise throughout this project.

The Project Aims

The Psychosocial Approaches to Thriving Health Systems (PATHS) Project was established to respond to the significant and growing gap in psychosocial supports for people experiencing mental health challenges who are not eligible for the NDIS. Building on insights from the *Assisting Communities through Direct Connection (ACDC) Project*, which revealed widespread unmet need across Australian communities, PATHS set out to explore how community-based, person-led service models could better meet these needs.

Using a deep place-based approach in Townsville, the project aimed to co-design a scalable and costed service model grounded in the real-world experiences of people, providers, and communities. PATHS focused on developing and testing new models of care, identifying effective engagement strategies, and generating evidence to inform future policy, investment, and service delivery. At its core, the project sought to improve access to psychosocial supports for people with mild, moderate, or complex needs who are currently falling through the cracks of existing systems.

How We Did It

The PATHS project evolved over eight months and included:

Scoping, Research & Understanding the Local Context	• National and regional data were reviewed, including the national *Analysis of Unmet Need for Psychosocial Support Outside the NDIS* and the *ACDC Project* (Research, Evaluation and Summary Reports). • A rapid literature review was undertaken to identify national and international best practice in psychosocial support, service design, and policy frameworks. • Location selection was guided by ACDC insights and unmet need data, with Townsville chosen due to its diverse demographics, regional setting, and existing service gaps. • Desktop research and early outreach were conducted to identify key local organisations and contacts to involve in the co-design process.

Community Co-Design in Townsville	• A broad engagement process brought together over 90 participants across:
	  ○ **Four targeted community workshops**, including with Aboriginal and Torres Strait Islander peoples, people from Culturally and Linguistically Diverse (CALD) backgrounds, carers and older adults.
	  ○ An **online consultation** with NDIS providers and Local Area Coordinators.
	  ○ A **targeted online survey** distributed to Townsville-based workers in the manufacturing, construction, and logistics industries.

	○ A **Town Hall** event bringing together service providers and community workshop participants. • Consultations were guided by experience-based co-design principles, and thematic analysis was used to identify shared priorities and challenges across all engagement activities.
Model Development	• The service model was co-designed using insights from the Townsville community and supported by national research and policy frameworks. It was designed to be locally grounded yet scalable across different contexts. • Following initial development, the draft model was brought back to the community through a Townsville Town Hall to test, validate, and refine its components based on lived experience and service provider feedback.
Cost Analysis	• Reviewed existing cost analyses and funding models related to community-based psychosocial supports to inform the approach. • Building on this, the cost of implementing the proposed service model in Townsville was modelled and extrapolated to estimate indicative investment needs at the national level, ensuring the model's financial feasibility, scalability, and value could be clearly communicated.

What We Found

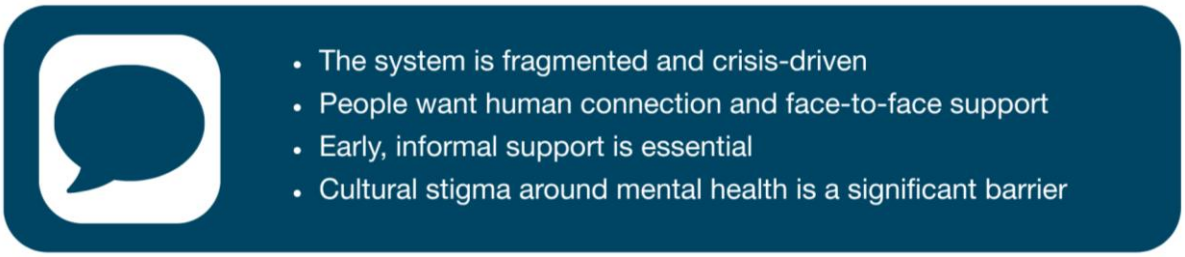
The Problem

- There is a growing shortfall in psychosocial support
- There are particularly stark gaps for marginalised populations
- Mental health investment continues to lag behind need

There is a growing shortfall in psychosocial support, with nearly half a million Australians with mental health challenges missing out on over 16.8 million hours of support each year. Gaps are particularly stark for Aboriginal and Torres Strait Islander peoples, carers, people from CALD backgrounds, and those living in regional areas.

Despite rising psychological distress, mental health investment continues to lag behind need, and access to services is declining. Without reform, people will continue to fall through the cracks of an overstretched and under-resourced system, and the psychosocial support shortfall will only deepen.

What People Told Us



Across consultations, participants described a fragmented and crisis-driven system that is difficult to access until things escalate. There was strong demand for earlier, more informal ways to seek help, ideally in familiar, trusted spaces and delivered by people with lived or cultural experience. People want face-to-face connection, culturally safe options, and flexibility, including outreach and in-home support. Navigation alone was not seen as sufficient, with many describing long waitlists, complex systems, and a lack of actual services to connect into.

What we heard:

- *"Many people don't access support until the building is on fire and people are preparing to jump off the balcony."*
- *"Initial help seeking should be focused on informal and community-based supports, not formal mental health services."*
- *"People need to feel safe, supported, and connected to seek help."*
- *"Cultural stigma around mental health is a significant barrier – alternative language like 'wellbeing centre' is more acceptable."*

What We Learned

System fragmentation leaves people behind. Without strong coordination between community supports, clinical services, and the NDIS, people fall through the cracks. Integration across hospitals, GPs, emergency services, and psychosocial care is essential to ensure continuity and avoid duplication.

The psychosocial workforce is critical, but under-supported. Peer, cultural, and psychosocial support workers play a vital role but often lack defined roles, adequate training, supervision, and career pathways. Investment in a well-supported, culturally capable workforce is essential for sustainable care.

Flexibility is key to recovery. Rigid, one-size-fits-all service models don't reflect how people recover. Services must be adaptable and scalable to respond to individual needs that change over time.

People want support close to home. Trust and access improve when services are embedded in local communities, designed with local voices, and delivered in safe, culturally appropriate settings outside of traditional clinical environments – but only if those services are genuinely available and accessible.

The Way Forward

Community feedback led to a single, unified model with three core components:

1. **Soft entry points** in trusted local settings.
2. **Scalable psychosocial support** from early engagement to complex care.
3. **Integrated pathways** connecting formal services, peer workers, and community supports.

This unified model reflects what communities told us they want: practical, human, and connected supports that meet people where they are. It is not about replacing what exists, it's about making what we have work better, together.

A New Vision for Psychosocial Support

The PATHS service model was co-designed with the Townsville community through deep engagement with diverse and marginalised groups. It reflects what people say they need: flexible, face-to-face, relationship-based support delivered locally by people they trust.

The model offers both informal and formal pathways into psychosocial support, with flexible levels of intensity tailored to individual needs. Whether someone is experiencing mild distress or facing more complex challenges, it provides responsive, person-led care in settings that feel safe and familiar, not clinical or stigmatising.

Crucially, the model honours the non-linear nature of mental health. People can step in and out of support as their needs change, accessing care without judgment. In practice, this means trusted faces, consistent relationships, and adaptable support, whether it's a peer worker connecting through a Men's Shed or a psychosocial support worker walking alongside someone after hospital discharge.

Grounded in cultural safety and community leadership, the model supports healing in ways that reflect community values. For Aboriginal and Torres Strait Islander peoples, this includes connection to Country, spiritual wellbeing, and yarning with Elders in culturally safe spaces. For people from CALD backgrounds, it recognises the stigma often associated with mental health and offers soft, non-branded entry points through trusted community leaders and organisations.

While developed in Townsville, the model is scalable and adaptable across regions. Its core principles and delivery mechanisms are transferable, provided local communities, especially Aboriginal and Torres Strait Islander and culturally diverse groups, are empowered to shape how it is implemented.

See Figure 1 for a visual overview of how the service model works across the spectrum of need.

Core Features

Low-Barrier, Flexible Access	There is no requirement for formal diagnosis or eligibility paperwork. People can access support for as long as needed, with the ability to return if circumstances change. Services are not tied to fee-for-service structures, a flexible, block-funded approach enables sustained, person-led care.
Soft and Hard Entry Points	People can connect to support in ways that feel comfortable and familiar. “Soft entry” is offered through trusted community settings such as sporting clubs, cultural groups, or informal gatherings and supported by Link Workers who understand the local context. For those already engaged with clinical systems, more structured “hard entry” is available via Psychosocial Support Workers, ensuring continuity from hospitals, justice services, or other formal pathways.
Culturally Safe, Locally Led Delivery	Cultural safety is embedded across all aspects of the model. Services are delivered in spaces that reflect community values, including healing places on Country, places of worship, multicultural centres, and neighbourhood hubs. Support is co-designed and led with Aboriginal and Torres Strait Islander communities, respecting kinship, cultural identity, community governance, and intergenerational healing. CALD communities are supported through tailored pathways, translation services, and culturally appropriate engagement.

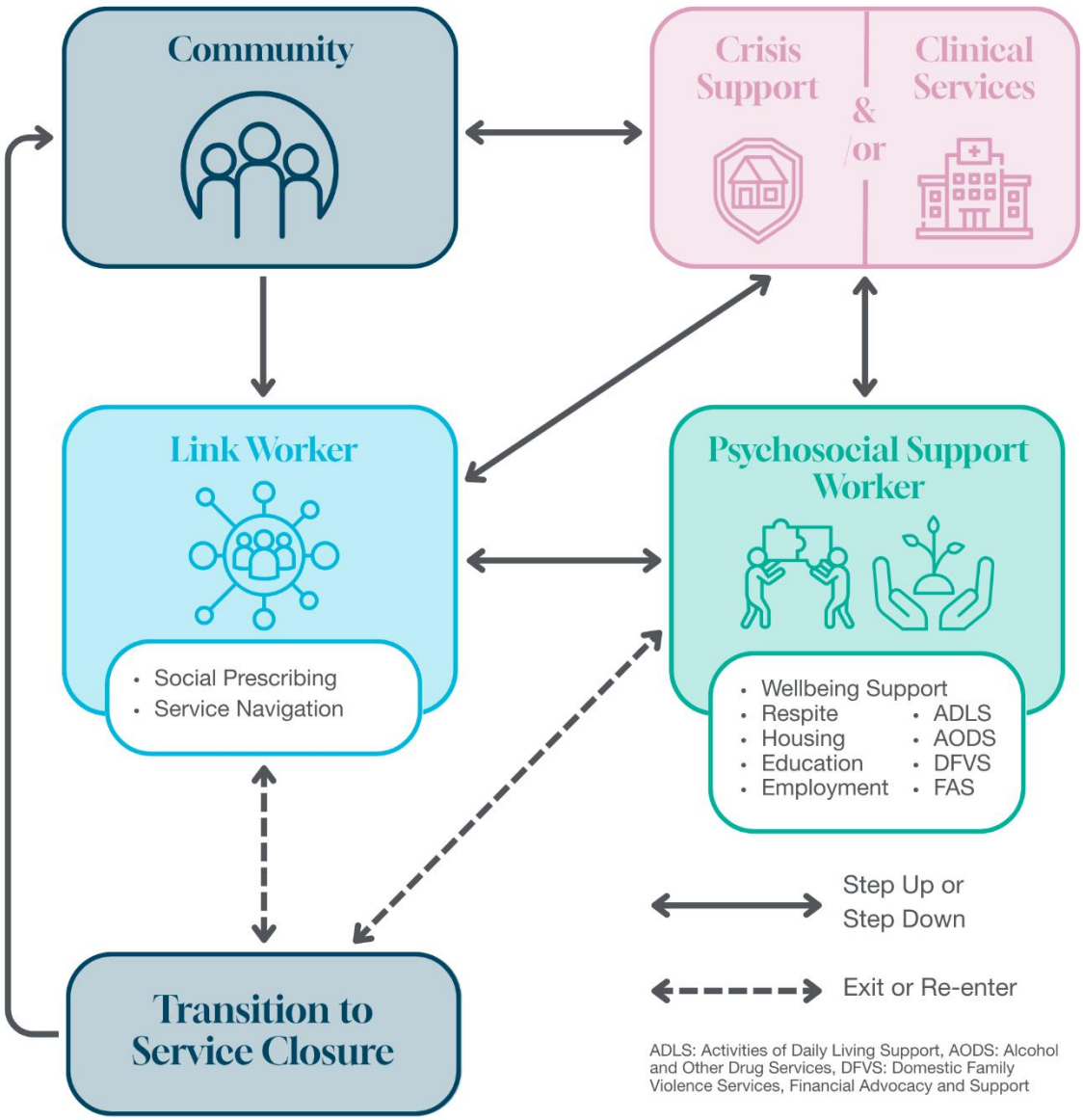
A Continuum of Support	The model offers scalable support across the spectrum of need, from early engagement and social prescribing for mild distress, to intensive psychosocial support for severe and complex challenges. It also includes peer-led alternatives to emergency departments, providing calm, non-clinical environments for people in crisis.
Workforce Built on Lived Experience	Peer workers, cultural workers, and community leaders are central to service delivery. These roles reflect the diversity of local communities and are supported through structured training, supervision, and sustainable employment pathways. Rather than replacing clinical professionals, they extend care into places and relationships traditional services often can't reach.
Integrated, Not Isolated	The model strengthens and connects existing services rather than creating a separate system. It builds bridges between primary care, hospitals, schools, NDIS providers, and housing services to ensure that people are not just referred but supported. Integration is achieved through warm handovers, co-location, shared planning, and cross-sector collaboration to reduce fragmentation and improve continuity of care.

Implementation Considerations

To realise its full potential, this model will require:

- **Investment in local infrastructure**: safe, accessible spaces in the heart of communities.
- **Ongoing workforce development**: including lived experience-led training and support.
- **Strong community governance**: with Aboriginal and Torres Strait Islander, CALD, and lived experience leadership.
- **Robust partnerships**: particularly with Public Health Networks, Hospital and Health Services, and Non-Government Organisations.
- **Evaluation and iteration**: to ensure the model continues to adapt to local needs.

In short, this is a model built not just *for* community, but *with* community – flexible enough to meet people where they are, strong enough to walk with them through the ups and downs of recovery and grounded in the understanding that healing happens in relationship, not bureaucracy.



This community-based psychosocial support model provides flexible, person-led care that recognises the non-linear nature of mental health recovery. Guided by a "no wrong door" approach, people can access support through self-referral, community contacts, or formal services, and shift between care types as needed.

Soft entry via Link Workers offers wellbeing-focused support and social connection, while structured entry via Psychosocial Support Workers provides more intensive assistance. The model is integrated with existing crisis alternatives and clinical services to ensure coordinated, continuous care.

Figure 1: Townsville Psychosocial Support Service Model

Why this Work Matters

Despite rising mental health needs across the country, community-based psychosocial support remains underfunded, fragmented, and inaccessible to many, particularly those who are ineligible for the NDIS. The current system is crisis-driven and difficult to navigate, often leaving people without help until they reach a breaking point.

The PATHS Project responds to this national policy gap by offering a scalable, community-informed model for early intervention, flexible care, and culturally safe support. It meets people where they are, enabling them to stay well, avoid crisis, and live meaningful, connected lives in their communities.

Cost modelling for the Townsville pilot showed the proposed service can be delivered for $3-$65 per person daily, depending on support intensity, significantly lower than the cost of acute or hospital-based care. When extrapolated nationally, this demonstrates that investing in low-barrier, preventative supports is not only socially necessary but also economically prudent.

Key insights underpinning this work include:

- **Mental health is not linear:** People need different types and levels of support at different times. Services must be able to scale up and down with individual needs.
- **Prevention is cheaper than crisis:** Community-based psychosocial support can ease pressure on hospitals and emergency departments.
- **Diversity matters:** A one-size-fits-all approach does not work. Community-led, culturally embedded models are essential to reach and support those who have been left behind.
- **Funding should follow need, not eligibility:** A broader psychosocial support stream is needed to ensure people are not excluded simply because they don't meet NDIS access criteria.

The PATHS model offers a practical roadmap toward a more connected, inclusive, and preventative mental health system, one that reflects lived experience, responds to local context, and delivers high public value.

Key Recommendations

The PATHS Project identifies six priorities to guide reform and strengthen community-based psychosocial support systems for those not eligible for the NDIS:

Invest in Foundational Psychosocial Supports

Create dedicated funding streams for non-clinical, person-led supports like peer work and social prescribing to meet the growing needs of people across the mental health spectrum.

Commission Integrated, Place-Based Models

Fund scalable service models that are embedded in community settings, integrate formal and informal supports, and reflect local needs through soft-entry, relational care.

Strengthen and Diversify the Workforce

Grow a culturally capable psychosocial workforce including peer workers, Aboriginal and Torres Strait Islander staff, and people with lived experience with clear roles, training, and supervision.

Expand Culturally Safe and Inclusive Access

Ensure services are located in trusted, low-barrier settings and are designed to reduce stigma, support families and carers, and reach underserved communities.

Improve System Navigation and Coordination

Invest in systems that enable warm handovers and coordinated referrals across health, housing, disability, and crisis services, with clear pathways and continuity of care.

Embed Evaluation and Lived Experience in Reform

Co-design evaluation frameworks with lived experience, improve data collection on unmet need, and use insights from place-based pilots like PATHS to continuously refine and inform system design.

A Call to Action

This report underscores the urgency of investing in scalable, community-based psychosocial supports for people who fall outside the NDIS. We urge governments and system leaders to act on these recommendations by:

- Prioritising investment in foundational psychosocial supports outside the NDIS.
- Recognising the Community Mental Health and Wellbeing Sector as a central delivery platform.
- Embedding co-design and place-based engagement approaches into service planning and commissioning.
- Funding scalable pilots of the service model in other regions to test adaptability and inform national reform.

> Every person, regardless of diagnosis or eligibility status, deserves to access the support they need to live well in their community.

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