



Beyond Blue submission to Tasmania's Draft 20-Year Preventive Health Strategy - The Health Revolution (2026–2046)

February 2026

Summary

- Beyond Blue welcomes the chance to continue the conversation on [The Health Revolution: 20-Year Preventive Health Strategy \(2026–2046\)](#). We support the Strategy's ambition to embed prevention across systems and sectors, recognising preventive health as essential infrastructure for Tasmania's future.
- Tasmania's long-term preventive health vision is bold, inclusive and grounded in what matters most to people: fairness, prevention at every life stage, and shared responsibility across government, community and industry.
- Building on our 2025 submission, we have concentrated on what will make the biggest difference: ensuring early life prevention, community leadership, transparent reporting and a diversified prevention workforce.
- Our recommendations are shaped by community insights, lived experience through the Blue Voices program, and evidence-based practice. They are intended to strengthen implementation and support the Strategy to deliver measurable preventive health outcomes, with mental wellbeing embedded alongside physical, social and environmental health priorities.
- Beyond Blue is committed to partnering with the Tasmanian Government to realise the Strategy's vision of healthier, stronger communities. These recommendations will help ensure mental health is a core component of preventive health and position Tasmania as a leader in creating a future where every person can live well.

Recommendations:

- 1. Embed early life prevention through coordinated, multidisciplinary supports for children aged 0–12.**
- 2. Elevate schools and workplaces as priority settings, supported by practical tools and clear implementation pathways.**
- 3. Adopt cross-portfolio funding mechanisms to support shared responsibility and sustained delivery.**
- 4. Embed lived experience and First Nations-led governance in all stages of design, implementation and evaluation.**
- 5. Prevent and reduce the health impacts of racism through a population-level anti-racism prevention stream.**

Our response

This submission responds to the exposure draft with a focus on implementation – particularly what is needed in the first Action Plan to turn vision into change. Our feedback highlights areas where mental wellbeing can be more clearly embedded within prevention efforts, and where early investment can create long-term benefits across the life course.

We recognise the work undertaken to develop the action plans to bring the strategic vision to life. The Strategy would be further strengthened by clearer implementation mechanisms in Action Plan 1, including early life prevention pathways, settings-based action tools, cross-portfolio funding approaches, and embedding First Nations lived experience and governance.

To ensure the Strategy achieves measurable, system-wide impact, we recommend the following priority actions.

1. Embed early life prevention through coordinated, multidisciplinary supports for children aged 0–12.

- Action Plan 1 should prioritise children’s mental health and social emotional development through integrated, family-centred responses across education, child and family services, primary care and community settings. This should be delivered in alignment with the broad suite of national reforms, including Thriving Kids, the Early Years Strategy, the National Children’s Mental Health and Wellbeing Strategy, the Better and Fairer Schools Agreement, the Building Early Education Fund and Closing the Gap, creating an opportunity to deliver connected policy change.
- Bringing these efforts together would deliver an integrated and coordinated approach to children and young people’s mental health that is inclusive, equitable and responsive from the start.
- Evidence shows that the greatest preventive gains occur early in life, and that adverse childhood experiences (ACEs) substantially increase the risk of mental ill-health later in life.
- There is promising evidence for integrated primary health and social care hubs as a prevention and early intervention model to improve child mental health and prevent ACES.¹ Hubs create a comprehensive support system for families experiencing adversity and have been shown to:
 - Improve family engagement
 - Coordinate support across health, social and education systems
 - Improve child health and mental health outcomes
 - Reduce healthcare costs.
- Tasmania is well placed to scale Child and Family Learning Centres-anchored integrated hubs, including the three Head to Health Kids Hubs in Burnie, Bridgewater and East Tamar, to provide trauma-informed, referral-free, multidisciplinary supports and warm handovers between services.
- Alongside hubs, evidence-based parenting programs, school readiness and social emotional learning should be expanded, with consistent trauma-informed practice across frontline workforces.

2. Elevate schools and workplaces as priority settings, supported by practical tools and clear implementation pathways.

- Action Plan 1 should prioritise schools, early learning services and workplaces as key mental health settings, strengthening whole-setting approaches that build protective factors (such as belonging, safety and agency), reduce psychosocial risks and enable early help-seeking.
- In education, sustained impact requires whole-of-school and whole-of-learning-community approaches that foster cultures, systems and relationships, supporting emotional wellbeing and resilience, not just mental health literacy.

¹ Honisett, S, Loftus, H, Hall, T, Sahle, B, Hiscock, H, and Goldfeld, S (2022). Do integrated hub models of care improve mental health outcomes for children experiencing adversity? *International Journal of Integrated Care*, 22(2), Article 24. <https://doi.org/10.5334/ijic.6425>

- The Strategy should leverage the existing investment in [Be You](#), the national mental health in education initiative delivered by Beyond Blue in partnership with headspace and Early Childhood Australia (ECA), to embed consistent whole-setting approaches across Tasmania. There are currently 115 (36%) early learning services, and 265 (93%) schools already registered with Be You in Tasmania, engaging 3,939 educators.
- Workplaces also offer significant opportunity for preventive impact, with mental ill-health costing an estimated \$17 billion annually in lost productivity.² Action Plan 1 should support employers to create mentally healthy cultures that reduce psychosocial risks and strengthen autonomy, predictability, supportive supervision and social connection.
- Small businesses need dedicated support, as most lack the time and capability to implement wellbeing initiatives, despite evidence they achieve strong benefits when provided with practical assistance. Research indicates only one in five small businesses currently take effective mental health action.³
- Supports could include targeted incentives (e.g. tax concessions, subsidies and reduced insurance premiums) and funded implementation assistance that provides simple tools, supervisor micro-skills training and access to coaching.
- This should include leveraging programs such as [Beyond Blue's NewAccess for Small Business Owners](#) service, funded by the Commonwealth, combined with practical implementation support to help small businesses plan, deliver and measure workplace mental health strategies.

Be You is the national mental health and wellbeing initiative for early learning services and schools in Australia. Launched in 2018 and funded by the Commonwealth Department of Health, Disability and Ageing, it is delivered by Beyond Blue in collaboration with Early Childhood Australia and headspace.

Be You is freely available for educators and those studying to become educators. Be You provides an effective model for implementing a whole-learning community approach to mental health and wellbeing and includes professional learning as well as practical tools and resources to establish positive, inclusive and responsive learning environments.

The professional learning modules are structured around five key domains, including mentally healthy communities, family partnerships, and more. By participating in Be You, educators can enhance their ability to support mental health and wellbeing, meeting national, state, and territory requirements.

Independent evaluation of Be You has shown promising early findings of improved learning outcomes and increased NAPLAN scores for learning communities engaged with Be You, compared to schools not engaged with Be You. Students attending secondary schools engaged in Be You are significantly more likely to have improved social and emotional wellbeing scores than those attending secondary schools that are not engaged.

The evaluation also found that the approaches promoted in Be You appeared to align with and support early learning services to meet and exceed the National Quality Standards.⁴ Educators engaged with Be You are also more likely than non-Be You educators to:

- Feel confident recognising the signs and symptoms of mental health issues (74% vs 62%)
- Feel confident about supporting a child or young person with a mental health condition (82% vs 69%)
- Know how to initiate conversations with parents and carers about mental health (78% vs 58%)
- Feel confident intentionally teaching social and emotional learning skills (88% vs 77%).⁵

² Productivity Commission (2020). Mental Health, Report no. 95, Canberra. Page 297.

³ SafeWork NSW and NSW Government (2020). Re-execution of benchmarking tool survey among the NSW workforce.

⁴ Dix, KL et al. (2022). Be You Evaluation Final Report: from launch until mid-2021. Report for Beyond Blue. Australian Council for Educational Research, Melbourne.

⁵ Beyond Blue (2024). Be You National Mental Health in Education Full Report.

Before Blue is an early intervention mental health program for workplaces developed by Beyond Blue. This confidential coaching service is for people who are feeling stressed or overwhelmed about everyday life issues, such as work, study, relationships, health or loneliness. Coaches use evidence-based Low-intensity Cognitive Behavioural Therapy (LiCBT), which focuses on changing unhelpful thoughts, feelings and behaviours.

NewAccess for Small Business Owners is a free, confidential and evidence-based mental health coaching program available nationally by phone or video call, with no GP referral required. It is designed for small business owners experiencing mild to moderate psychological distress and offers self-help resources delivered by competency-based trained and clinically supervised coaches. Beyond Blue outcome monitoring data from January 2021 to July 2025 demonstrated that 77% of participants experienced a clinically significant improvement in their symptoms of depression and anxiety.

3. Adopt cross-portfolio funding mechanisms to support shared responsibility and sustained delivery.

- Prevention requires collaboration across systems, and funding structures must enable shared investment in shared outcomes.
- Action Plan 1 should establish pooled or braided funding and joint governance that bring together health, education, housing, community services and industry to invest in common prevention priorities.
- Shared outcomes frameworks, seed-to-scale funding models and the routine use of investment logic will promote transparency by clarifying problems, rationales, benefits and measures of success.
- Allocation methods should be equity weighted so communities with greater need receive appropriate support, and funding for mental health prevention and promotion should be proportionate to the burden of disease to ensure alignment between need and investment.
- Tasmania can draw on established Australian models, including [Victoria's Early Intervention Investment Framework](#), which demonstrates how cross-portfolio funding linked to measurable outcomes can drive shared responsibility, enable reinvestment of savings and ensure long-term sustainability.
- Monitoring should include delivery milestones, cost–benefit proxies and reductions in inequitable outcomes, with public reporting to sustain trust and momentum.

4. Embed lived experience and First Nations-led governance in all stages of design, implementation and evaluation.

- A Strategy of this scale must be grounded in the expertise of people with lived and living experience, and in First Nations-led design and governance that reflects the cultural authority, diversity and distinct identities of the First Nations Peoples of Tasmania.
- This requires deliberate, equitable and thorough engagement across all First Nations Peoples to ensure that decision-making is representative, inclusive and locally grounded.
- Action Plan 1 should clearly outline how lived and living experience will be an embedded and ongoing feature of program design, service delivery, monitoring and evaluation, supported by appropriate resourcing and culturally safe participation processes.
- Aboriginal Community Controlled Organisations (ACCOs) should be central partners in governance and implementation, with clear roles, long-term investment and genuine decision-making authority. Governance structures must reflect the diversity of Tasmania's First Nations communities and ensure equitable representation and influence.
- Tasmania should also consider establishing a First Nations-led prevention and promotion stream tailored to the state's cultural, historical and community context, supported by dedicated and

sustained funding. This would strengthen the visibility and leadership of Tasmania's First Nations communities in shaping prevention and wellbeing priorities.

- Regional implementation mechanisms should ensure statewide strategies respond to local context and community priorities.
- Progress should be assessed through strengthened First Nations and lived experience leadership, clear evidence that community perspectives are influencing decisions and improved outcomes for First Nations communities. This includes embedding principles of community accountability, data sovereignty and First Nations-led evaluation.

5. Prevent and reduce the health impacts of racism through a population-level anti-racism prevention stream.

- Action Plan 1 should establish a dedicated, population-level anti-racism prevention stream that seeks to eliminate all forms of racism across systems and settings, with a strong First Nations focus, consistent with the intent of the [National Anti-Racism Framework](#).
- As demonstrated by the national framework, which remains released but unfunded, ambitious and aspirational strategies are only as powerful as the implementation investment and activity that follow. Tasmania has an opportunity to avoid this gap by embedding sustained funding, accountability and delivery mechanisms from the outset.
- Racism is a preventable determinant of health that acts as a population-level exposure, contributing to psychosocial stress, disrupting biological systems, and weakening protective factors such as cultural identity, belonging, safety and equitable access to care. Addressing racism is therefore fundamental to effective primary prevention and early intervention.⁶
- While racism is harmful at every life stage, its impacts on First Nations children are particularly profound, with consequences that can persist across the life course and generations.⁷ Given the generational scope of this 20-year Strategy, it is essential that racism is addressed early, systematically and across settings.
- The anti-racism stream should drive coordinated system-level action across health, education, child and family services, and justice. All commissioned services should be required to demonstrate anti-racist, culturally safe organisational practices, including accessible and culturally safe complaints pathways, racial-literacy and anti-racism capability building, transparent accountability processes, and ACCO-led co-design of environments and service pathways.
- These actions align with national policy directions recognising racism as a fundamental cause of health inequities and a barrier to equitable access and outcomes.
- The stream should also invest in protective, strengths-based, ACCO-led initiatives that build cultural identity, language, connection and community belonging.
- Embedding these initiatives within early-support and social-prescribing ecosystems will strengthen resilience, social and emotional wellbeing, and culturally grounded buffers against adversity.

⁶ Priest, N., Guo, S., Wijesuriya, R., Chamberlain, C., Smith, R., Davis, S., Mohamed, J., & Moreno-Betancur, M. (2024). To what extent could eliminating racial discrimination reduce inequities in mental health and sleep problems among Aboriginal and Torres Strait Islander children? A causal mediation study. *The Lancet Regional Health – Western Pacific*, 51, 101196. <https://doi.org/10.1016/j.lanwpc.2024.101196>

⁷ Lowitja Institute. (2026). Racism and the health and wellbeing of Aboriginal and Torres Strait Islander children: The need for targeted policy interventions to protect the health and wellbeing of our future generations (Policy Position Paper). Lowitja Institute.