



Beyond Blue submission to Tasmania's next Mental Health Strategy

May 2026

Summary

- Beyond Blue commends the Tasmanian Government's commitment to advancing mental health reforms through Tasmania's next mental health strategy (the strategy), building on the foundations of *Rethink 2020*. The *Towards Tasmania's next Mental Health Strategy - Discussion Paper* underscores Tasmania's opportunity to develop a strategy that helps people feel better earlier, get well and stay well through a mental health system built around people that's coordinated, accessible and affordable.
- Beyond Blue strongly supports the discussion paper's focus on people with lived and living experience in mental health system reform, including in governance, research and design.
- Beyond Blue's submission prioritises promotion, prevention, early intervention, First Nations Peoples social and emotional wellbeing, recognition of a broad workforce, and effective implementation.

What should the next five years of mental health reform focus on?

Promotion, prevention and early intervention

- The discussion paper proposes a focus on strengthening promotion, prevention and early intervention. This approach is supported by evidence of economic returns and positive mental health outcomes.¹⁻²
- A shift towards promotion, prevention and early intervention can promote mental wellbeing, prevent mental health concerns and ensure that all people in Australia can access support as soon as they need it. In the Mental Health and Suicide Prevention Bilateral Agreement, Tasmania and the Commonwealth Government committed to prioritising investment in prevention and early intervention.³ However, the Productivity Commission found that actions linked to these commitments were not clearly reflected in bilateral schedules between the Australian Government and states and territories.⁴

Promotion

- Tasmania's next strategy should contain a dedicated focus on mental health promotion. There are useful examples of how this can be operationalised from other jurisdictions. For example, the Victorian Government's Wellbeing Promotion Office developed *Wellbeing in Victoria: a strategy to promote good mental health 2025–35* and associated action plans,⁵ which noted that increased mental wellbeing and good mental health are associated with both a reduced risk and improved

¹ National Mental Health Commission (2019). [The economic case for investing in mental health prevention](#).

² Le, L. K., Esturas, A. C., Mihalopoulos, C., Chiotelis, O., Bucholc, J., Chatterton, M. L., Engel, L. (2021). [Cost-effectiveness evidence of mental health prevention and promotion interventions: a systematic review of economic evaluations](#). *PLoS medicine*, 18(5), e1003606.

³ Australian Government and Tasmanian Government (2022). [Mental Health and Suicide Prevention Bilateral Agreement with Tasmania](#).

⁴ Productivity Commission (2020). [Mental health, report no. 95](#).

⁵ Wellbeing Promotion Office (2025). [Wellbeing in Victoria: a strategy to promote good mental health 2025–2035](#). Victorian Government.

recovery of mental health conditions.⁶⁻⁷ Leadership, coordination and dedicated funding can embed mental health promotion across government.

- Tasmania's next strategy should similarly consider a dedicated promotion capacity, strategy and implementation plan to provide sustained leadership, coordination and accountability in mental health promotion. It should also embed learnings from Prevention United's *Mental Health Competency Framework*, which articulates the knowledge and skills needed to design and deliver effective mental health promotion initiatives.⁸

Prevention

- The Tasmanian Government is showing strong leadership in prevention through the development of the 20-Year Preventive Health Strategy. Tasmania's next mental health strategy should align with and complement this work, continuing to leverage the consultation findings from the development of the prevention strategy. A clear delineation of roles is required to ensure that the mental health-related actions in both strategies are aligned and not duplicative.
- Targeted initiatives for children aged 0–12 are essential in preventing serious mental health concerns. Led by the Murdoch Children's Research Institute and co-funded by Beyond Blue and the National Health and Medical Research Council, the Centre of Research Excellence in Childhood Adversity and Mental Health identified effective interventions to prevent adverse childhood experiences (ACEs) and their impacts, with children exposed to ACEs being 6 to 10 times more likely to experience mental health challenges in the future.⁹ Dedicated actions, investment and outcomes for children, including action on preventing ACEs, should be a priority in the next strategy.

Early intervention

- Early intervention should be understood across three dimensions: early in distress, early in episode and early in life. Each dimension requires dedicated actions, measurable outcomes and investment in the next strategy.
- Consistent with national data, we know that a substantial proportion of people in Tasmania experience considerable distress before seeking help. *Australia's Mental Health and Wellbeing Check* found that in the 12 months prior to the survey, over a third of people in Tasmania experienced high levels of distress before seeking support from either a mental health professional or support service (38%), or someone they know (36%). Further, just under one quarter (24%) of people in Tasmania who reported needing professional mental health support said they didn't get it or delayed getting it.¹⁰
- For people in Tasmania who said they needed professional mental health support but did not get it, or delayed getting support, the most frequently reported barriers to professional help-seeking include not being able to afford the cost (46%) and not believing their problems were serious enough (45%) (figure 1, page 7). Addressing these barriers should be a priority for early intervention in the next strategy.

First Nations Peoples social and emotional wellbeing

- Through the National Agreement on Closing the Gap, all Australian governments have a clear and shared responsibility to support self-determination, embed shared decision-making, and ensure that First Nations Peoples enjoy high levels of social and emotional wellbeing.¹¹ The discussion

⁶ Keyes, C. L., Dhingra, S. S., & Simoes, E. J. (2010). [Change in level of positive mental health as a predictor of future risk of mental illness](https://doi.org/10.2105/AJPH.2010.192245). *American journal of public health*, 100(12), 2366–2371.

<https://doi.org/10.2105/AJPH.2010.192245>

⁷ Iasiello, M., van Agteren, J., Keyes, C. L. M., & Cochrane, E. M. (2019). [Positive mental health as a predictor of recovery from mental illness](https://doi.org/10.1016/j.jad.2019.03.065). *Journal of affective disorders*, 251, 227–230. <https://doi.org/10.1016/j.jad.2019.03.065>

⁸ Prevention United (2024). [Mental Health Promotion Competency Framework](#).

⁹ Sahle, B., Reavley, N., Morgan, A., Yap, M., Reupert, A., Loftus, H., Jorm, A. (2020). [Communication brief: summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children's mental health: an evidence-based review](#). Centre of Research Excellence in Childhood Adversity and Mental Health.

¹⁰ Beyond Blue, The Social Research Centre (2025). *Australia's Mental Health and Wellbeing Check (2024)*.

[unpublished data]

¹¹ Closing the Gap (2020). [National Agreement on Closing the Gap](#).

paper recognises the work that the Tasmanian Government has done in developing *Tasmania's Plan for Closing the Gap 2025–2028*.

- Genuine First Nations-led engagement that reflects the diversity of First Nations Peoples in Tasmania is needed in the development of the next strategy. The development of these actions should incorporate the findings outlined in a review of First Nations Peoples co-design in health policy and the *Independent Aboriginal and Torres Strait Islander-led Review of the National Agreement on Closing the Gap*.^{12–13} This should include ensuring that the process is led by First Nations Peoples, embeds community-determined priorities and outcomes, supports community-controlled self-evaluation processes, increases meaningful and culturally appropriate two-way communication, and adopts community-defined success measures in monitoring and evaluation. Additionally, Aboriginal Community Controlled Organisations should have a central role in governance and implementation of the strategy.
- A First Nations-led process should consider how the strategy could align with the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* and the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*.

What are the key system enablers that need support or are missing?

An increased focus on implementation and outcomes

- *Rethink 2020* was supported by regular implementation plans and progress reviews, providing a step toward greater clarity and accountability. Implementation plans for *Rethink 2020* included high-level information about the status of initiatives. These plans would benefit from more detailed information, including:
 - The status of each action.
 - Delivery timeframes and sequencing of actions.
 - Clear identification of roles and responsibilities, particularly for cross-portfolio actions.
 - Key milestones and expected completion dates.
 - Identifying the actions that are not being prioritised or progressed as planned.
 - Clear funding commitments.
- Consideration should also be given to more dynamic, ongoing approaches to monitoring implementation, rather than infrequent or periodic reporting.
- The next strategy should also be supported by an outcomes framework, which should measure, monitor, evaluate and support reporting on the progress of the next strategy, and use existing data to understand the changes that have been made to systems and the population. The framework could evolve and improve over time – the most important step is to start somewhere and focus on outcomes, not activity.
- As with *Rethink 2020*, an independent review should be undertaken to evaluate and inform the future strategies.
- There is an opportunity to extend proposed principle 7, evidence-informed and outcomes-focused, to include a commitment to detailed annual implementation plans and reporting, an outcomes framework and an independent review.

Recognise the broad workforces supporting people's mental health

- In 2022, Tasmania reported 82.6 psychologists full time equivalent (FTE) per 100,000 population, below the national rate of 107.5.¹⁴ This differed across Tasmania, ranging from 104.2 in the South and 51.8 in North West. These numbers represent significant gaps, with the discussion paper rightly noting workforce issues, including persistent shortages, challenges in recruitment and retention,

¹² Lowitja Institute (2025). [Co-design versus faux-design of Aboriginal and Torres Strait Islander health policy: a critical review](#).

¹³ Jumbunna Institute for Indigenous Education and Research (2025). [Closing the Gap independent Aboriginal and Torres Strait Islander led review](#). University of Technology Sydney.

¹⁴ Department of Health (2022). [Health workforce 2040: allied health workforce profiles](#). Tasmanian Government.

and increasing demand faced by the mental health workforce, particularly in regional and rural areas. As noted in the discussion paper, growing and supporting the mental health workforce should form a critical theme in the strategy. While this is a critical gap, there must be a matched effort to broaden the composition of the mental health workforce and to recognise that non-clinical workforces are pivotal in supporting the mental health of people in Tasmania.

- New models of care can be delivered effectively, and sometimes more appropriately, by emerging or under-invested elements of the workforce. This includes prevention and promotion practitioners, First Nations Social and Emotional Wellbeing Workers, peer workers and low intensity mental health workers. Low intensity mental health workers can provide highly effective low intensity supports within a strictly defined model of care and quality framework, thereby supporting a significant number of people who are not currently using services or who are currently supported by medication and/or therapy.¹⁵
- Mental health is also supported by people in non-clinical roles outside of the health system, who are vital in providing mental health promotion, prevention and support. For example, educators in learning communities and managers in workplaces are often critical in identifying and addressing mental health challenges, and may be required to respond to early distress, support a referral or provide adjustments and support. The strategy should ensure actions that resource and develop capability across these broad workforces.

Increase mental health support in key settings

- Strong cross-portfolio collaboration is essential to build protective factors and connect people to earlier support. Beyond Blue welcomes the discussion paper's recognition that disability policy settings are integral to the mental health system, this focus should extend to aged care, including alignment with relevant actions in *A Respectful, Age-Friendly Island: Older Tasmanians Action Plan 2025–2029*. Beyond the mental health system, settings such as schools and workplaces present significant opportunities for prevention and early intervention. Achieving this will require dedicated commitments with clearly defined roles, responsibilities and funding for implementation.

Education settings

- Beyond Blue welcomes the discussion paper's recognition of schools as a setting for supporting children's mental health, including the acknowledgement of Be You as an evidence-based initiative that should be supported and taken up widely. Be You, Australia's national mental health in education initiative, is Commonwealth-funded national infrastructure that supports early learning services and schools to create mentally healthy and inclusive learning environments. Delivered in partnership with headspace and Early Childhood Australia, it is specifically designed to translate policy into practice, enabling a consistent, evidence-based approach to mental health and wellbeing across education systems and settings.
- Through providing free, flexible and evidence-based professional learning, tools and expert consultant guidance for educators, Be You builds workforce capability at scale – supporting earlier identification, coordinated responses and inclusive learning environments tailored to each learning community and individual setting.
- An independent evaluation of Be You has reported promising early findings of improved learning outcomes compared to schools not engaged with Be You.¹⁶ Additionally, educators engaged with Be You are more likely to feel confident recognising the signs and symptoms of mental health challenges, supporting a child or young person with a mental health condition, and teaching social and emotional learning skills, as well as initiating conversations with parents and carers about mental health.¹⁷
- In Tasmania, 113 early learning services and 266 schools registered with Be You. Beyond Blue recommends that the Tasmanian Government leverage Be You as enabling infrastructure to strengthen system-level coordination and reduce duplication across school-based mental health

¹⁵ Productivity Commission (2020). [Mental health, report no. 95](#).

¹⁶ Dix, K., Finighan, J., Carslake, T., Slade, L., Ahmed, K. (2022). *Be You Evaluation Final Report: from launch until mid-2021*. Report for Beyond Blue. Australian Council for Educational Research, Melbourne.

¹⁷ Be You (2024). [National mental health in education report: building mentally healthy learning communities](#).

supports. Additionally, Beyond Blue would welcome the opportunity to work with the Tasmanian Government on developing a statewide implementation plan.

- For example, in Victoria, Be You is embedded through a formal partnership with the Department of Education, with collaboration focused on priority areas. This includes codesigning workshops to support implementation of the Department's new guide on self-harm and suicidal behaviours in primary school students. Similarly, the Northern Territory Department of Education and Training has adopted Be You as a systemwide framework, supported by dedicated governance arrangements and a phased implementation approach. Both jurisdictions demonstrate high levels of engagement, including above average school uptake in Victoria and very high school participation in the Northern Territory.

Workplaces

- Workplaces are an important setting for promoting mental health, reducing risks and connecting people to support. The Productivity Commission's mental health inquiry estimated that absenteeism and presenteeism due to mental health challenges account for up to \$17 billion in annual productivity losses across Australia.¹⁸ In addition to psychological health and safety legislation and resources, there is a need to assist workplaces in supporting employees across the mental health continuum, including promoting mental health and wellbeing to all employees to support promotion, prevention and early intervention. This could include incentivising investment in workplace mental health initiatives through concessions and subsidies.
- The strategy should include clear, pragmatic actions on mental health initiatives in workplace settings linked to Tasmania's workplace psychosocial regulations and framework that recognise the different types of businesses in Tasmania.
- For example, Tasmania is home to over 42,000 small businesses, who are essential to the Tasmanian economy.¹⁹ Targeted supports are required for small business owners, who experience unique stressors, as well as higher levels of depression, anxiety and stress than the general population.²⁰ [A policy brief on small business owner mental health](#), developed by Beyond Blue in partnership with the Wellbeing and Prevention Coalition in Mental Health, Everymind and the Council of Small Business Organisations Australia, noted that small businesses do not have the resources of larger businesses to implement workplace wellbeing programs and counselling services, often needing to rely on the primary healthcare system.
- [Beyond Blue's NewAccess for Small Business Owners \(NASBO\)](#) is a free, evidence-based mental health coaching program designed to meet the needs of small business owners. NASBO is available nationally by phone or online, does not require a GP or other referral, and provides six confidential mental health coaching sessions with two follow ups. Over seven in ten people who participated in NASBO reported clinically significant improvement in symptoms of anxiety and/or depression and more than nine in ten small business owners have said that NASBO helped them better understand and address their challenges. The strategy should look to promote access to existing, nationally available support, better coordinating and expanding access to tailored, evidence-based services.

What would you recommend the Tasmanian government do as initial priorities?

Alignment to the National Mental Health and Suicide Prevention Agreement

- Beyond Blue strongly supports the discussion paper's focus on aligning the strategy to the National Mental Health and Suicide Prevention Agreement (National Agreement), as well as incorporating the learnings of the Productivity Commission's review. This should include long-term reform direction, effective collaborative funding structures, and clear objectives supported by measurable outcomes. The consultation findings, actions, objectives and outcomes of Tasmania's next mental health strategy should inform the development of the next National Agreement.

¹⁸ Productivity Commission (2020). [Mental Health. Report no. 95](#).

¹⁹ Australian Small Business and Family Enterprise Ombudsman (2024). [Tasmania](#). Australian Government.

²⁰ Audet, A., Couper, S., Fox, T., James, J., Hovey, E., Martin, L., Sutton, A. (2025). [Policy brief: promoting small business owner mental health](#). Prevention United: Melbourne.

Sustainable funding and commissioning models

- The discussion paper appropriately highlights the need to develop sustainable funding and commissioning models to support long-term partnerships, service and workforce stability. Long-term, sustainable funding and commissioning is a prerequisite for genuine lived and living experience involvement, building community trust, implementing evaluation and quality improvement initiatives, maintaining workforce continuity, and establishing partnerships and referral pathways. Alternatively, short term contracts can limit workforce retention, leading to interrupted or under resourced services. Decisions on funding extensions should include sufficient notice, allowing services and supports to retain their workforce or safely transition people to alternative services where available. The strategy should commit to long-term funding and sufficient notice on funding decisions.

Australia's Mental Health and Wellbeing Check

[Australia's Mental Health and Wellbeing Check \(2024\)](#), undertaken by the Social Research Centre on behalf of Beyond Blue, is a nationally representative survey conducted every two years. It provides an overview on the current state of mental health and wellbeing in Australia, including prevalence and help-seeking trends. Beyond Blue's submission is informed by unpublished data on the 154 people in Tasmania who participated in the survey.²¹

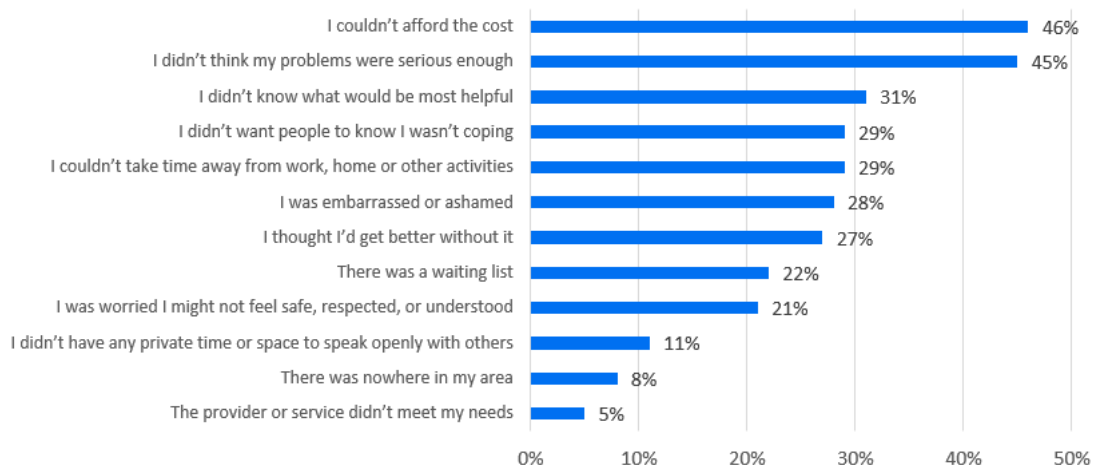
Similar to the rest of Australia....

- More than half of people in Tasmania (54%) experienced symptoms of anxiety or depression in the previous two weeks.
- In the 12 months prior to the survey, people in Tasmania reported that their mental health was quite a bit or extremely negatively impacted by:
 - cost-of-living pressures (48%)
 - global conflicts (33%)
 - housing affordability (31%)
 - concerns about the use and impact of social media (22%).

Accessing mental health support

- In the year prior to the survey, 39% of people in Tasmania sought help from a mental health professional and/or someone they know. This includes 28% seeking support from a professional or support service and 28% from someone they know, with some people seeking support from both of these sources.
- For people in Tasmania who seek professional help, 87% accessed face-to-face support, followed by telephone support (25%), telehealth video consultation (17%), webchat (8%), email (3%) and SMS (3%). Almost one in three (31%) people in Tasmania sought mental health information online in the past 12 months.
- For people who said they needed professional mental health support but did not get it, or delayed getting support, people in Tasmania identified a range of barriers (figure 1).

Figure 1: Professional support-seeking barriers in Tasmania (n = 35)



²¹ Beyond Blue, The Social Research Centre (2025). *Australia's Mental Health and Wellbeing Check (2024)*. [unpublished data]