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Mental Health Council OF TASMANIA

Making Mental Health Promotion and Prevention a Top Priority for Tasmania

The Mental Health Council of Tasmania's Submission to the 20-Year Preventive Health Strategy

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About Us

The Mental Health Council of Tasmania (MHCT) is the peak body representing the mental health and wellbeing needs of all Tasmanians, and the community organisations that work with and support them. We work closely with government to amplify the voices of our members and Tasmanian communities, to provide input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians. Our vision is that every Tasmanian has access to the resources and support needed for good mental wellbeing.

Acknowledgements

MHCT acknowledges the Palawa people of Lutruwita as the traditional and original owners, and continuing custodians of this land, and pays respect to Elders past and present.

We acknowledge individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Tasmania's commitment to mental wellbeing, suicide prevention, alcohol and other drugs harm reduction, and systems reform.

> *"Without mental health there can be no true physical health."* - Dr. Brock Chisholm, first Director-General of the World Health Organization (WHO), 1954

This submission by MHCT is in response to the discussion paper for the 20-Year Preventive Health Strategy released by the Tasmanian Department of Health. Titled Healthy, Active Tasmania, the discussion paper is the starting point for setting the strategic direction for preventive health action in Tasmania over the next 20 years. It includes potential aims, focus areas, and the enablers to make the strategy effective. The discussion paper outlines the roles that can be played by all levels of government, services and the community.

MHCT represents 54 organisations and 12 individuals. Our organisational members provide an array of mental health and community services across Tasmania. We held two online consultations with members in late April to inform this submission and obtained other feedback via email. This submission also drew on regular discussions with members, interviews with experts and a desktop literature review. The more than two dozen members we consulted endorsed the recommendations below.

Summary of Recommendations

1. Mental health and wellbeing should be a clear and defined focus area in the Preventive Health Strategy because mental illness *will* affect every Tasmanian directly or indirectly. Based on national data, nearly one in two Tasmanians will have a diagnosable mental illness during their lifetime which means it's almost certain those who don't will have a loved one who does.[1] Virtually all the Australian data on mental ill-health is cause for concern and heading in the wrong direction. Mental health and wellbeing will be as relevant in 20 years – if not more – than it is today.

2. Use the strategy to shift the focus from people who are already unwell and Tasmania's overburdened mental health system to population wide mental health promotion and prevention initiatives and campaigns. Decades of increased investment in Australia's mental health system has not stemmed growing rates of mental illness. A focus on achieving high mental wellbeing – guided by the Dual Continua Model of Mental Health, and the concepts of flourishing and languishing – holds promise for Tasmania.

3. The government commit 5% of Tasmania's mental health budget to promotion and prevention initiatives by 2030. This is in line with a call from the Wellbeing and Prevention Coalition in Mental Health for all Australian governments to set such a target. Initiatives should target mental health in general; reducing harms associated with the use of alcohol and other drugs; and suicide prevention (noting the potential for overlap among the three categories).

4. Focus on children and young people while recognising mental health and wellbeing needs across the lifespan. Around 50% of lifetime mental health disorders begin before age 14 and 75% by 24.[2] [3] Concentrate and coordinate prevention efforts on what the Wellbeing and Prevention Coalition in Mental Health says is arguably the single biggest contributor to mental ill-health in our community – child maltreatment.[4]

5. Employ place-based and evidence-based mental health and suicide prevention programs – led by local communities as much as possible – for whole of population campaigns as well as those that target children and young people (and their parents and carers) and other priority cohorts. Start filling the large gap in community psychosocial supports for Tasmanians with severe and moderate mental illness outlined in a Commonwealth-commissioned report last year. While the academic literature says psychosocial supports are part of the mental healthcare system, not promotion and prevention, they keep Tasmanians out of hospital and foster good mental wellbeing. Many MHCT members stressed that their psychosocial services should be seen as a key prevention priority, and urged they be fully funded.

6. Establish a mechanism for addressing the social determinants of health that bring together all levels of government in Tasmania to outline how each will contribute to the prevention of mental ill-health and problematic or dependent substance use. This spreads responsibility beyond the state government's mental health and health portfolios. This mechanism would acknowledge that the burden of mental health issues is concentrated in people most socioeconomically disadvantaged:[5] Aboriginal and Torres Strait Islanders, those from culturally and linguistically diverse or refugee communities, people who identify as LGBTIQA+, and individuals with a disability.[6] Research also shows a causal relationship between mental ill-health and financial hardship[7] – so such a mechanism could drive better outcomes for the 120,000 Tasmanians who live below the poverty line.[8]

7. Partner with Tasmanian community-managed mental health organisations in promotion and prevention campaigns and initiatives. Our sector's deep roots across the state and committed paid and volunteer workforce means we are attuned to the needs of Tasmanians. Our members say the community mental health sector embodies the discussion paper's enablers and will be critical to good outcomes in promotion and prevention.

8. Clearly define targets and timeframes. Also outline and have in place within the first year of the strategy a monitoring mechanism to ensure continuous improvement and collaborative and transparent evaluation and reporting. This mechanism would comprise government and all invested stakeholders including lived experience voices, thus holding everyone to account, not just government.

Introduction

MHCT welcomes the opportunity to make a submission on Tasmania's 20-Year Preventive Health Strategy. It's an exciting opportunity to contribute to a process that could have profound benefits for all Tasmanians. As noted in the discussion paper, preventive health saves lives, reduces illness and disability, and is good value for money. The National Preventive Health Strategy (2021-2030) points outs that the "investment in the avoidance of illness is an investment in the avoidance of future treatment costs." Nowhere is the evidence stronger than mental health. Many studies into chronic disease highlight returns of less than $1 for every $1 spent[9]. The National Mental Health Commission, by contrast, showed nine out of 10 interventions to prevent depression and anxiety had a return on investment of $1.05-$3.06.[10]

The Preventive Health Strategy is being formulated at a time when many Tasmanians are struggling with mental health issues amid large gaps in the service system. Around 37% of the population either has a mental illness or is at risk of developing a disorder[11]; Tasmania has often had the second highest suicide rate in the country after the Northern Territory[12]; Some 9,500 Tasmanians with severe and moderate mental illness are missing out on community psychosocial supports[13]; Nearly 40% of the state's homeless population is under 25[14]; Our members report that children as young as 10 are accessing their psychosocial services. Meanwhile, three Medicare Mental Health Centres and one Headspace promised by the Commonwealth under the 2022 Bilateral Mental Health and Suicide Prevention Agreement have been delayed. Three Kids Hubs (previously Head to Health Kids Hubs) have also been delayed. The Commonwealth is funding these through the state government, which will integrate them with Tasmania's Child and Family Learning Centres.[15]

The Federal Department of Health and Aged Care defines psychosocial supports as non-clinical programs that facilitate recovery in the community for people experiencing mental illness by helping them manage daily activities, rebuild and maintain connections, and participate in education and employment. Programs are mainly delivered by non-government organisations and funded by the states/territories and the Commonwealth. Community psychosocial supports reduce unnecessary reliance on emergency departments by diverting people to alternative care settings and improve discharge pathways for those who've been hospitalised.[16]

Prevention has long been a stated priority in mental health strategies around the world, including Tasmania. From the WHO's Comprehensive Mental Health Action Plan (2013–2030); Tasmania's Rethink 2020 and Vision 2030 for Mental Health and Suicide Prevention in Australia. The first two reform directions of Rethink 2020 for example are: 1) empowering Tasmanians to maximise their mental health and wellbeing, and 2) a greater emphasis on promotion of positive mental health, prevention of mental health problems, and early intervention.[17]

Too often, however, the prevention component of such strategies has not gotten enough funding or attention, with the focus on responding to people in crisis. As MHCT said in April, the mental health initiatives of both major parties in the 2025 federal election concentrated on Australians who were already ill instead of investing in a proactive, preventive approach that

would help people stay well. The proposed investments in mental health services will bring relief to some people and their families. "(But) they're a reaction, not a solution, to the rising rates of mental health concerns we're seeing, especially among our young people. We need to be looking at why this is happening and exploring solutions that can stop it getting to this point," then MHCT CEO Connie Digolis said in a news release.

Australia has shown what can happen with well-funded, dedicated preventive health measures: the eradication of smallpox and polio and controlling HIV; reducing the prevalence of cigarette smoking and a dramatic cut in heart attacks, strokes, certain cancers and road deaths. Australia also responded strongly to COVID-19 and averted tens of thousands of deaths through an evidence-based, public health response.[18]

Those prevention efforts succeeded because of sustained government funding. Messaging has been clear: most people understand why the measures are important. Barriers within the health system have been removed: for example, most blood tests and some screenings (e.g. bowel and breast cancer) are free through Medicare. And many people know someone who has had a major physical disease picked up early in a routine screen or blood test.

It will be vital the Tasmanian government use the Preventive Health Strategy to help people understand what is meant by mental health promotion and prevention and the difference this can make to their lives. It will also be critical to provide long-term funding certainty to the strategy. Short-term funding commitments create operational mismatch or policy drift. MHCT acknowledges health funding can be dependent on the Commonwealth and influenced by many factors but is hopeful program synergy and alignment can be achieved with the National Preventive Health Strategy. As one member organisation told MHCT, the strategy needs to acknowledge that mental promotion and prevention happens largely outside clinical and acute care settings. To help Tasmanians achieve long-term mental wellbeing, communities need the skills and resources to provide place-based solutions to those who need them.

Like any ambitious strategy, the challenge lies in implementation. Even more so with a plan that requires coordination across all levels of government. "To successfully implement a 20-year strategy, a suite of enablers is essential. These enablers create a supportive foundation that facilitates collaboration, encourages continuous improvement, and ensures that our efforts are sustainable and impactful," says the discussion paper.

MHCT supports the strategy's eight enablers. It will be important to carefully consider the mechanism that brings together stakeholders to continuously evaluate and improve the strategy. Governance, community consultation and engagement, and ensuring responsibility for outcomes sits with all layers of government and the community.

The challenge therefore will not just be getting the best out of each enabler but creating an integrated promotion and prevention system that has measurable targets and is accountable to all Tasmanians. With this in mind, we urge the government to have a transparent monitoring and reporting mechanism in place within the first year of the strategy's implementation. Such evaluation will highlight areas that need improvement, greater coordination, or changes in

investment. It will be important to include voices with lived and living experience, community service organisations, and those from priority populations and local communities in regular evaluation. Besides formal monitoring and evaluation mechanisms, regular “check-ins” with the community was strongly endorsed during a consultation with community organisations hosted by 3P Advisory on March 25.

While not mentioned in the discussion paper, a Suicide Prevention Act could be a ninth enabler. The government is scoping development of such legislation as part of Implementation Plan Two of the Tasmanian Suicide Prevention Strategy (2023-2027).[19] A Suicide Prevention Act would require every government official, from health to housing and education to justice, to apply a suicide prevention lens to everything they do: policy formulation and implementation, dealing with Tasmanians on a day-to-day basis, managing their own staff. This would unite all levers of government in reducing suicides and suicidal distress by law. An Act therefore would inevitably address the social determinants of health that are such a major contributor to mental illness – poverty, homelessness and unaffordable housing, education, and access to healthcare. Indeed, as the Preventive Health Strategy website notes, more than 70% of our health is shaped by factors outside the health system – the places we live, learn, work, and play.[20] A Suicide Prevention Act would be an important enabler to help the strategy achieve its stated aim of going “beyond healthcare to address the root causes of poor health outcomes”.

In the meantime, MHCT supports member calls for the strategy to outline an expanded role for community led suicide prevention efforts. We recognise suicide is a whole-of-community issue, not solely a clinical or crisis matter, or something only requiring a government response.

Policy Recommendations in Full

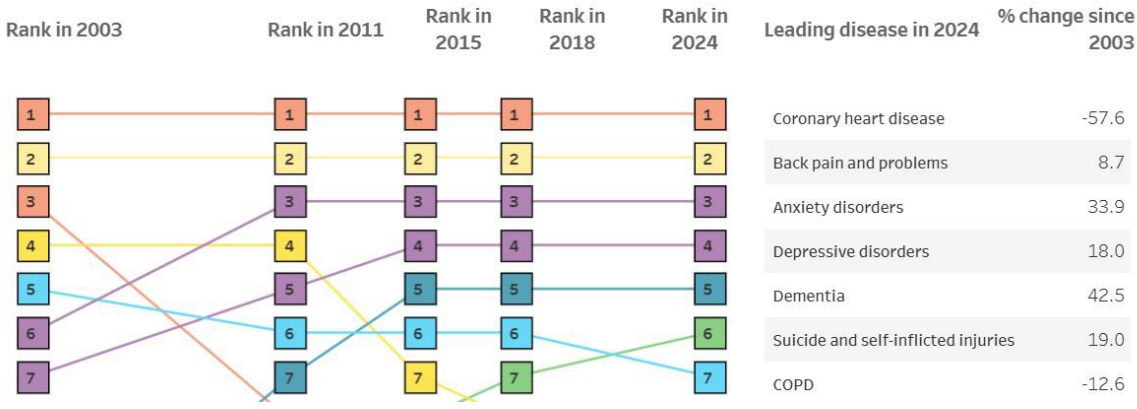
Recommendation 1: Mental health and wellbeing must be elevated to a standalone strategic priority in Tasmania's 20-Year Preventive Health Strategy

Mental health and wellbeing should have its own focus area because no Tasmanian is immune from the challenges of mental ill-health. Nearly one in two Tasmanians will have a mental disorder during their lifetime which means it's almost certain those who don't will have a loved one who does.[21] "Promoting and protecting mental health" is a focus area of the National Preventive Health Strategy (2021-2030).[22]

Mental health and wellbeing are addressed in some detail in Focus Area Four (Strengthen prevention across the life course) and Focus Area Five (Take a health equity approach) of the discussion paper. MHCT believes these references do not adequately reflect the fact that the burden of ill-health from mental health conditions has "risen dramatically" in Australia.[23]

The Australian Burden of Disease Study 2023 found mental illness and substance use disorders rose to 15% of the total burden of disease, or disability-adjusted life years (DALY), from 12% in 2022. These conditions overtook musculoskeletal disorders and cardiovascular diseases to be the second-leading disease burden, just below cancer at 17%. The burden of disease is the gold standard for measuring the impact of illness, injury and death. DALY calculates the impact of living with poor health (non-fatal burden of disease) and dying prematurely (fatal burden). Mental health conditions and substance use disorders were the leading disease group causing the non-fatal burden at 26% in 2023.[24]

The following graph shows individual disease groupings as measured by DALY, with anxiety and depressive disorders third and fourth, respectively.



Source: Australian Institute of Health and Welfare

Over the last 20 years, there's been a	This compares to a	And compares to a
31% ↑	**27% ↓**	**47% ↓**
increase in the levels of disability and premature death associated with mental health conditions.	**decrease** in the burden associated with cancers.	**decrease** in the burden caused by cardiovascular diseases.

Source: Wellbeing and Prevention Coalition in Mental Health

Focus Areas Four and Five of the Preventive Health Strategy don't mention the alarming jump in the annual prevalence of mental illness among young Australians (aged 16-24), which climbed to nearly 39% of this cohort during the 2020-2022 period from 26.4% in 2007.[25] Or the 86% spike in the prevalence of eating disorders in young people aged 10-19 since 2012.[26] Some 23,900 Tasmanians had an eating disorder in 2023.[27] Since the release of the discussion paper, new analysis shows one homeless Australian aged 15-24 dies every four days, mostly from suicide.[28] Nearly 40% of Tasmania's homeless population is under 25.[29]

Other concerning indicators: suicide rates have not dropped in Australia in decades. Tasmania has often had the second highest suicide rate in the country after the Northern Territory.[30] In 2018, Tasmania had the highest rate of people in Australia with a psychosocial disability at 8.3%.[31]

Three quarters of LGB+ Australians (the cohort measured by the ABS) have experienced a mental disorder in their life compared with 41.7% of heterosexual people and nearly 60% of LGB+ people had a 12-month mental disorder versus 20% for heterosexual people.[32]

Trans and gender diverse (trans) Australians and cisgender (cis) people aged 16–85 had similar rates of experiencing a mental disorder at some time in their life (43.9% and 42.9%), while trans people had higher rates of 12-month mental disorders than cis people (33.1% compared with 21.3%). However, 70.6% of trans people aged 16-34 had experienced a mental disorder at some time in their life, compared with almost one in two (48.1%) cis people of the same age. The proportion of trans people aged 16-34 years with a 12-month mental disorder was almost twice that of cis people of the same age (58.8% compared with 31.1%).[33]

Meanwhile, the proportion of insured Australians permanently disabled due to a mental health condition has more than doubled in the past decade.[34] And permanent disability due to mental ill-health is occurring earlier in life, at 46.5 years in 2022 from 48.8 in 2013.[35]

Research also shows a lack of clinical mental health services for Tasmanians who need them most. A new mental health equity indicator published late last year by Australian and international researchers showed Australians in very high mental distress received six times

fewer Medicare-funded services in 2019 if they lived in the most disadvantaged areas of the country compared to those in the richest. The services are GPs, psychologists, psychiatrists and allied-health professionals such as social workers. Researchers who developed the indicator said the results revealed "striking inequities that persisted despite publicly funded universal healthcare, recent service reforms and being a high-income country".[36]

The data presents a troubling picture of Tasmania, with only most parts of Hobart sitting above a perfectly equitable world in which each person with the highest mental health needs access around 12 services a year. Most Hobart residents who required support accessed 19-20 services on average in 2019. The worst for Tasmania was the West Coast and the northeast, with only three each. Launceston was eight and Devonport four. The highest in Australia was South Darebin in Melbourne with 44 services per person each year on average.[37]

Reversing this mental health equity indicator for Tasmania will require much more than expanding bulk billing incentives for GPs and opening 1,200 training places for mental health professionals and peer workers across Australia (pledged by the Labor government). It speaks to the need to put mental health promotion and prevention at the heart of a sustained conversation with all Tasmanians, especially those who have less access to services or can't afford them.

MHCT suggests that many indicators and social measures are evidence of the absence of adequate investment in mental health promotion and prevention. Tasmania could take steps to remedy this by making mental health and wellbeing a focus area of the Preventive Health Strategy.

Indeed, Tasmanians want sustained government action on mental health. They identify mental health as a top social justice priority when asked about issues affecting their communities, a recent survey from The Salvation Army showed (below). Too often, mental health gets lost in the broader health debate. An example of this was during the 2024 Tasmanian election. As MHCT said at the time, high mental wellbeing underpins quality of life for Tasmanians. High mental wellbeing is tied to things Tasmanians care about – health care, cost of living, access to a GP, housing, poverty and inequality. The recent federal election campaign also focused on the far more expensive option of treating people, not promotion and prevention.

Issues for Community	Total	Issues for Self	Total
Housing affordability and homelessness	75.1%	Access to health care	46.2%
Access to health care	74.4%	Mental health	43.0%
Financial hardship and inclusion	55.5%	Housing affordability and homelessness	36.6%
Mental health	53.9%	Financial hardship and inclusion	30.6%
Alcohol and drug misuse	41.8%	Climate change	30.4%

Source: Salvation Army, Social Justice Stocktake 2025.

Mental health and wellbeing must be elevated to a standalone strategic priority in Tasmania's 20-Year Preventive Health Strategy. Nearly half of all Tasmanians will experience mental illness in their lifetime, and the burden of mental ill-health now accounts for 15% of the total disease burden and 26% of the non-fatal burden in Australia. Young people, LGBTIQA+ communities, and those experiencing homelessness or poverty are disproportionately affected, yet access to services remains deeply inequitable, particularly in regional and disadvantaged areas.

Despite community concern and national priorities, mental health remains underrepresented in the discussion paper. Tasmania has an opportunity to shift the focus from crisis response to prevention and wellbeing, addressing root causes and reducing long-term costs. By making mental health a dedicated focus area, the strategy can respond to urgent realities, promote equity, and deliver lasting benefits for all Tasmanians.

Recommendation 2: Change the narrative to promotion and prevention

Current public education campaigns in Australia focus almost entirely on increasing knowledge of the signs, symptoms, and treatments for mental disorders, reducing stigma and encouraging help-seeking. Far less attention is paid to explaining how people can enhance wellbeing and prevent mental illness from occurring.[38] This is compounded by a public and media focus on emergency departments and mental health workforce shortages.

"Many Australians lack the knowledge and skills they need to stay mentally healthy and reduce their risk of experiencing a mental disorder. We need to encourage Australians to learn and use 'self-care' strategies that promote mental wellbeing and reduce the risk of mental disorders," says the Wellbeing and Prevention Coalition in Mental Health.[39] Its members include leading Australian research bodies and charities such as the Black Dog Institute, Beyond Blue and youth mental health organisation Orygen.

While MHCT acknowledges the critical role of a free, accessible public mental health system, the Preventive Health Strategy offers Tasmania the opportunity to shift the public narrative towards promotion and prevention. The aim would be to help Tasmanians – starting with young people – to think proactively about maintaining high mental wellbeing in the same way they would good physical health.

It's helpful to understand the difference between preventive mental health and mental health care, so these concepts don't get confused.

Difference between preventive mental health and mental healthcare	
Preventive mental health	**Mental healthcare**
Focuses on causes (risk and protective factors).	Focuses on diagnosed mental health conditions and their consequences.
The emphasis is on wellbeing and prevention.	The emphasis is on assisting individuals already experiencing mental ill-health, and supporting their families and carers.
Targets groups, communities, and whole populations.	Targets individuals and families.
Uses public health-informed interventions in health and non-health settings including schools, workplaces and online.	Uses medical, psychological and psychosocial interventions through digital, primary, secondary and tertiary mental health services.
Delivered by workers trained in health promotion/mental health promotion and frontline workers in schools, workplaces, local government and other non-health settings including digital channels.	Delivered by mental healthcare professionals and peer workers, and through digital channels.

Source: Starting Upstream: Building a Strong and Sustainable Preventive Mental Health System for Australia

It is also important to help Tasmanians understand the concept of Mental Health Promotion and Prevention (MHPP). MHCT recommends defining key words in a glossary in the Preventive Health Strategy, with consultation from those with lived and living experience. This will help unify definitions and understanding across government, community organisations and the community of commonly used words and their context.

Below are some suggestions, noting there is overlap with definitions in Rethink 2020: A state plan for mental health in Tasmania 2020-2025.

- **Mental health**

When most people hear the words 'mental health' they think of conditions such as depression, anxiety, bipolar disorder or schizophrenia. Of course, these are mental health disorders, says Prevention United, an Australian charity focused on promoting mental wellbeing and preventing mental health conditions.[40] Prevention United wants Australians to see mental health in a neutral way, as an umbrella term for how we think and feel, perceive the world, relate to ourselves and others, and function in daily life. It says mental health is dynamic and consists of two broad dimensions – mental wellbeing and mental ill-health. Prevention United says focusing on mental health is as relevant to Australians as focusing on physical health. This approach makes mental health an intrinsic part of everyone's life, and important to promote and protect, as opposed to being confined only to people with a diagnosed condition.[41]

- **Mental ill-health**

Encompasses broad negative psychological experiences such as psychological distress, mental health 'issues', and mental health conditions (mental disorders or mental illness).[42]

- **Mental health conditions**

There are numerous mental health conditions, each with different clusters of symptoms, including common types such as depression and anxiety disorders, as well as less common ones such as behavioural disorders, eating disorders, bipolar disorder, and schizophrenia. What they all have in common is the tendency to cause severe distress and impact daily functioning.[43]

- **Mental Wellbeing**

Because of widespread confusion between mental health and mental health conditions, many people prefer to use the term mental wellbeing when referring to 'good' or 'positive' mental health, says Prevention United, which is working with several Australian state governments on their wellbeing strategies.[44] Mental wellbeing is about feeling good and functioning well in most aspects of life. A high level of mental wellbeing is characterised by feeling generally happy and satisfied with life while having capacity to recognise and manage challenging emotions such as sadness, worry, frustration, and anger effectively. Mental wellbeing is not just the absence of mental ill-health, but rather a positive state, which can be measured using validated questionnaires.[45]

Mental Health Promotion and Prevention (MHPP)

MHPP is a category within the broader fields of health promotion and public health. It encompasses three pillars with three complementary aims, according to Prevention United:

Promoting mental wellbeing aims to increase people's level of happiness and life satisfaction and enhance their psychological and social functioning such as their connections with others, self-esteem, sense of direction, and meaning and purpose in life. Promoting mental wellbeing intends to increase rates of flourishing across whole populations, in parallel with activities to prevent mental ill-health. Flourishing occurs when people feel good and function well.

Preventing mental health conditions involves activities to reduce rates of mental ill-health across whole populations by proactively addressing people's exposure to major risk factors like child abuse and neglect, family violence, bullying, racism, homophobia and transphobia, social isolation, and social disadvantage. Activities include making positive changes in people's environments while supporting them to learn coping skills to manage distress and adverse living conditions.

Increasing mental health and wellbeing literacy involves raising awareness, knowledge, skills, and preparedness to engage in activities that encourage positive coping, help-seeking, and help-giving. Research suggests increases in literacy need to be accompanied by available supports to meet increased help-seeking. MHPP can be delivered by a range of complementary workforces supporting health professionals such as peer workers, counsellors and health promotion practitioners.

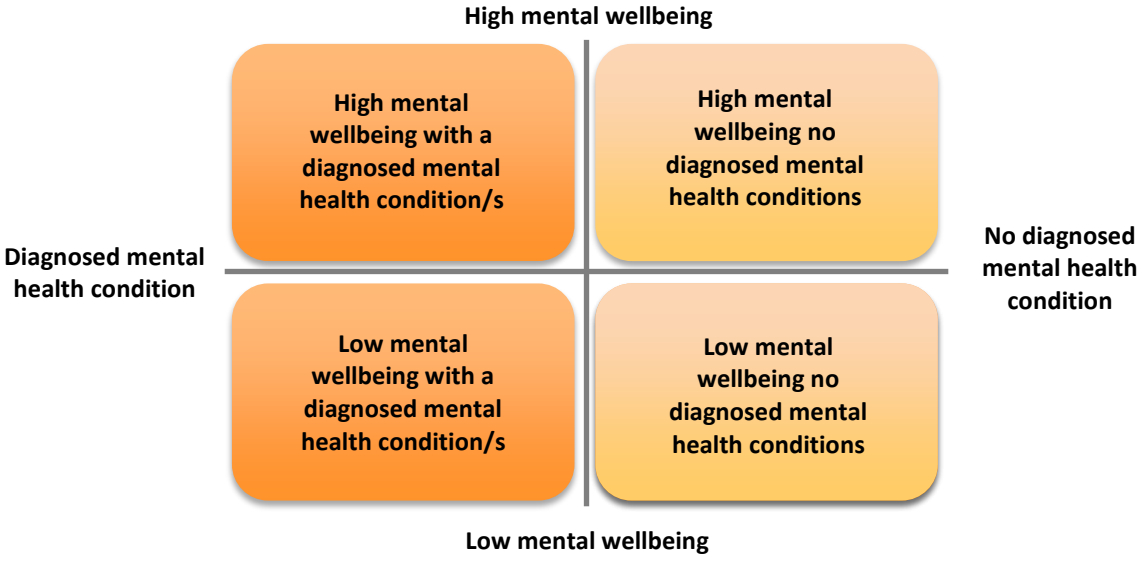
Together, a greater focus on these three pillars will improve outcomes for individuals, communities and populations, says Prevention United.[46]

"Effective MHPP requires a population mental health approach, which recognises that prevention cannot be measured at the personal, individual level. We can never say for sure whether someone would have gone on to develop a mental health condition or not, nor whether a person living with a condition could have prevented its onset," says ACT-ing Upstream: Taking a strategic approach to mental health promotion and prevention in the ACT (Jan 2025). "Like preventing cancer or heart attacks, the goal for MHPP is to change the balance of risk and protective factors in a person's life and environment that increase the likelihood that they will experience a mental health condition."[47]

Tasmanians need to understand that mental health is dynamic. Everyone experiences different degrees of positive and negative outcomes over time and in different contexts. Many people believe mental health exists on a single continuum from "high mental wellbeing" to "severe mental ill-health", as shown in the figure below. This is called the Single Continuum Model.[48]

Source: ACT-ing Upstream: Taking a strategic approach to mental health promotion and prevention in the ACT

However, this model fails to capture how people experience different levels of positive and negative mental health outcomes. While struggling with symptoms of a severe mental health condition, people can still feel good about themselves and function well in many, even most domains of life.[49] A later concept, the Dual Continua Model of Mental Health, states that positive mental health and mental illness influence each other but are not polar opposites. It proposes that people can simultaneously experience a level of mental wellbeing (low, moderate, high) and a level of mental ill-health (absent, mild, moderate, severe). Importantly, the model suggests that even if a person has symptoms of a mental illness, they can experience a high level of mental wellbeing – a view that aligns well with the concept of recovery. In other words, the model reinforces the importance of wellbeing for everyone. The dual continua model is backed by a large volume of research.[50]



Source: Western Australia Mental Wellbeing Guide

MHCT recommends Tasmania adopt the Dual Continua Model of Mental Health to help guide its approach to promotion and prevention campaigns and policy. The model is inclusive and intuitive. Every Tasmanian exists in the model, in one of the quadrants.

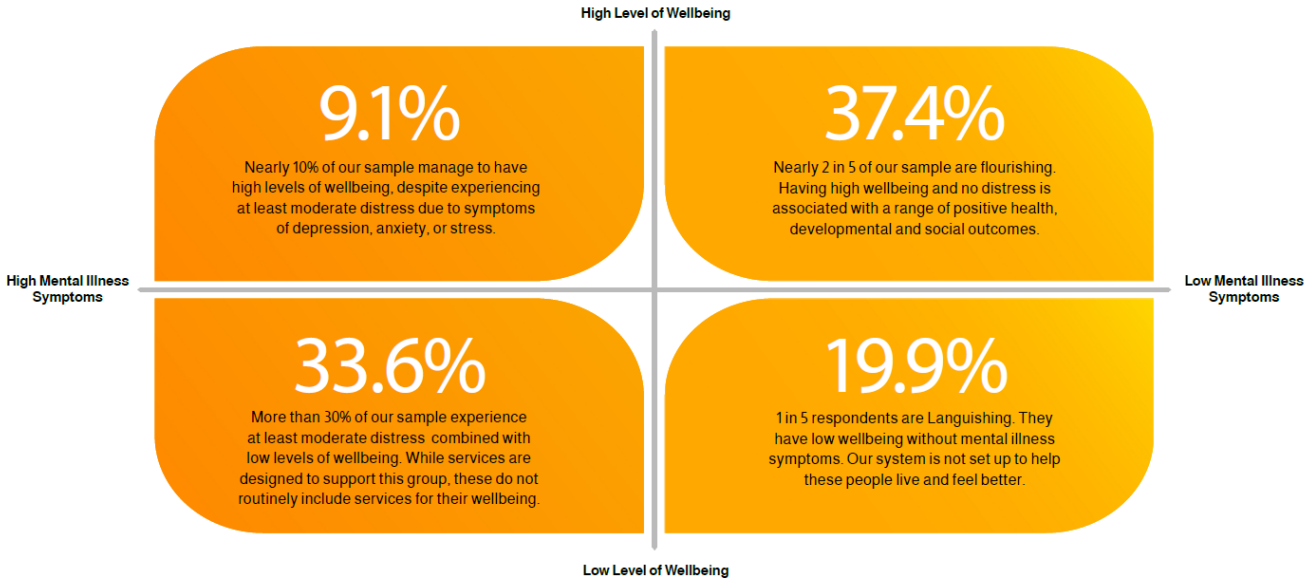
MHCT approves of what the model says to people living with mental illness, a significant minority of our population. More than 90,000 Tasmanians have a common mental health-related condition such as depression, anxiety or a substance use disorder, and a further 125,000 are at risk of developing a condition.[51] This accounts for around 37% of our population. With the right support, people can have a mental illness but experience high mental wellbeing. They can lead a full and functional life. In many cases, people thrive despite their diagnosis, just as people with a physical condition can thrive despite disability or illness. The Dual Continua Model of Mental Health supports this messaging, showing people can have good mental health and wellbeing while living with a diagnosed mental illness.

But at the same time, Tasmanians with mental illness will only be able to experience high wellbeing if they can access and afford the clinical *and* non-clinical supports they need. Those non-clinical supports include psychosocial services for Tasmanians with severe and moderate mental illness who are either outside the NDIS or get no other state or federal funded services. The Commonwealth-commissioned report by Health Policy Analysis (HPA) released in August 2024 showed 9,420 Tasmanians (aged 12-64) were missing out on community psychosocial supports: 4,910 with severe mental illness and 4,510 with moderate mental health issues. Only 26.5% of Tasmanians who need community psychosocial services get them.[52] There is also growing interest in social prescribing, which addresses non-clinical, unmet needs that curtail a person's health and wellbeing. Social prescribing involves a trusted referrer – such as a GP – connecting a person to a link worker, who acts as a resource while the individual identifies opportunities to enhance their quality of life.[53] The worker for example can link the individual to community programs and services that build social connections and support their overall wellbeing. Social prescribing is relevant for GPs since mental health issues are their most common presentation.[54] Addressing the social determinants of health will also be critical, especially for socially disadvantaged Tasmanians.

“The dual continua model suggests the endgame is a population with as many people as possible experiencing high levels of mental wellbeing for as long or as often as possible. And you can measure that,” said Stephen Carbone, inaugural CEO of Prevention United and a GP who has held senior roles in the Victorian Department of Health, headspace, and Beyond Blue. “If you limit your focus to mental illness, you limit your interest to improving mental healthcare. If you focus also on wellbeing, you’re looking to create the conditions for everyone to flourish.”[55]

World-first research published this year showed where Australians fitted into the quadrants of the Dual Continua Model of Mental Health. It found 1 in 5 people for example were languishing, a mental state where people have low levels of mental wellbeing but not a diagnosed mental illness. Languishing describes joyless stagnation, being dissatisfied with life, feeling directionless. Languishing can be wrongly labelled as clinical, such as depression, say the researchers from Be Well Co. On top of those languishing, a third of Australians have moderate symptoms of distress and low levels of wellbeing. Flourishing is the opposite of languishing. It

occurs when people feel good and function well. Research indicates that if we improve flourishing, this results in increased individual, community and population functioning.[56]



Source: Be Well Co: Stuck in Neutral: Languishing and its Impact on Australia

Our traditional way of thinking about mental health focuses on moving people from the left to the right, along the outdated Single Continuum Model. The Be Well Co research puts the focus on moving people up the vertical axis, from experiencing low to high wellbeing, whether they have a mental health condition or not.[57]

(Note, there are various adaptions of the Dual Continua Model of Mental Health: The horizontal axis can say either High Mental Illness Symptoms-Low Mental Illness Symptoms; or Diagnosed Mental Health Condition-No Diagnosed Mental Health Condition for example.)

People who are languishing can be up to eight times more likely to develop a mental illness than someone who is flourishing. Languishing during the post-partum period is associated with being six times more likely to feel lonely and twice as likely to feel anxiety and depression. Low wellbeing costs approximately AUD$3,770 per year per employee in the workplace, contributing to the more than AUD$43 billion yearly costs in lost productivity.[58]

Be Well Co says languishing needs to be seen as an early warning sign, before it morphs into mental illness. “We have scientifically backed, simple assessment tools to identify poor wellbeing and a range of evidence-based solutions to empower people to take control of their mental health,” says Be Well Co CEO Joep van Agteren.[59]

Prevention United is advocating in all states and territories for the Dual Continua Model of Mental Health to be the core way Australians *speak* about mental health, said current CEO Suzanne Dick. “We really want to see the language shift because when we talk about the mental health system, we're really talking about the mental ill-health system.”[60]

The dual continua model was used to guide the draft Queensland Mental Health and Wellbeing Strategy (2024-29), which was circulated for community consultation. The model also underpins the proposed new strategic approach to mental health promotion and prevention being considered in the ACT, and is central to the WA Mental Wellbeing Guide, whose purpose is to support Western Australians in increasing and maintaining their mental wellbeing. Researchers say the dual continua model could provide new avenues for proactive rather than reactive system design in mental health promotion; and be more widely applied because it is less reliant on labour-intensive downstream interventions.[61]

- **Take a minute**

As discussed above, there is a significant return on investment to governments from mental health initiatives focussed on prevention. Likewise, people who care for their mental health and wellbeing are *eight* times less likely to experience mental ill-health than those who don't.[62] And improving mental health and wellbeing in people diagnosed with a mental health condition makes recovery up to *seven* times more likely and more effective.[63] These are real and life-changing returns at an individual level, which would translate into savings to the Tasmanian government through less pressure on the health system, such as hospital presentations.

Shifting the narrative therefore involves changing the messaging. MHCT suggests the focus on signs, symptoms and treatments, and the negative news stories of a mental health system on the brink of collapse has created a common view among Tasmanians of mental health only in the context of being unwell. This can have negative impacts on recovery when people seek help only when in crisis or unwell. MHCT members agreed, saying it was important Tasmanians interpret their mental health from a strengths-based approach, as opposed to a deficits model of how bad things are. The challenge will be reaching ordinary people, our members said. While it might seem slightly odd to use the word "marketing" in a policy submission, our members said the marketing and delivery of the messaging will be critical to the Preventive Health Strategy's success. St Luke's aspiration to make Tasmania the healthiest island on the planet was held up as a good example of this, "a light on the hill", as one member put it. MHCT recommends the government look at best practice elsewhere – what is being done under the National Preventive Health Strategy for example – keeping in mind that what resonates with young Tasmanians might not with older generations.

An example approach to changing the narrative is MHCT's Take a minute campaign. As we've noted, people often think 'mental health' is about recognising when things aren't going well, and how to respond. Take a minute flips the script. It empowers Tasmanians to take charge of their mental health and wellbeing by reminding them of the tools they can use to stop becoming unwell in the first place. Those tools are endless – catching up for coffee with friends, walking the dog, watching a movie with family. Take a minute is a strengths-based approach to build mental wellbeing that focuses on a person's abilities, knowledge, and capacities rather

than their deficits. It's about understanding what good mental wellbeing looks like and the positive ways to achieve it.

Funded by the Tasmanian government, more than 7,000 Tasmanians have signed up for Take a minute since the Premier launched the initiative in November 2023. (Full disclosure, Be Well Co helped MHCT develop Take a minute)

MHCT will unveil a Take a minute App on May 27. MHCT is also developing a version tailored to young Tasmanians. The concept remains the same, focussing on the impact a combination of little things can have on mental wellbeing, but delivery is being adapted to suit a younger audience. Schools and clubs across Tasmania have already gotten on board.

Take a minute is a positive psychological intervention that aims to raise the level of mental health literacy across Tasmania. It's an example of two of the three MHPP pillars above – promote mental wellbeing and increase mental health and wellbeing literacy. It also fits under three of the enablers in the discussion paper – whole of community approach; new and emerging evidence; and consumer and community empowerment.

In summary, public mental health campaigns in Australia focus heavily on recognising illness and encouraging treatment but rarely promote strategies to maintain mental wellbeing or prevent mental ill-health. This imbalance contributes to a narrow public understanding of mental health, which is often equated with being unwell. To shift this narrative, Tasmania's Preventive Health Strategy should embrace a strengths-based approach that empowers individuals to build and maintain good mental wellbeing.

MHCT recommends adopting the Dual Continua Model of Mental Health, which recognises that good mental wellbeing and mental illness can coexist and that promoting wellbeing benefits everyone—not just those with a diagnosis. Evidence shows that people with higher mental wellbeing are less likely to develop mental illness and more likely to recover if they do. Public education should clarify key concepts like mental health, mental ill-health, and wellbeing to avoid confusion, using shared definitions co-developed with people who have lived experience. Campaigns like Take a minute—which encourages everyday actions that protect and strengthen mental health—demonstrate the value of proactive, accessible interventions that engage the whole community. This approach supports prevention, reduces stigma, and relieves pressure on crisis services by addressing issues before they escalate. Embedding promotion and prevention in the 20-year strategy will improve outcomes, build resilience, and enable more Tasmanians to flourish.

Recommendation 3: Build a well-funded promotion and prevention system

The Wellbeing and Prevention Coalition in Mental Health makes the point that Australia needs to talk about mental health promotion and prevention in the context of a robust prevention system[64]. MHCT agrees and encourages the Tasmanian government to outline plans in the Preventive Health Strategy to start building the foundations of such a system. As the Wellbeing and Prevention Coalition notes, prevention is different from mental healthcare and requires a dedicated framework, funding stream, workforce, and specific interventions, delivery and data systems. While some work would be conducted or coordinated nationally to build a mental health prevention system – research to create new and better approaches for preventing mental disorders for example – there is a role for states and territories in funding and scaling-up existing evidence-based strategies that target the most influential or modifiable risk factors and/or priority populations.[65] Many of the discussion paper's enablers can combine to create a robust promotion and prevention system for mental health and wellbeing in Tasmania.

In contrast to the multiple funding mechanisms that support mental healthcare in Australia, there are few dedicated, recurrent funding streams available for population-level promotion and prevention mental health activities. Instead, a piecemeal approach is taken with a handful of initiatives funded on a case-by-case, time-limited basis.[66] At a global level, research has recommended a collective shift towards promoting wellbeing and preventing mental ill-health. Countries such as New Zealand, Scotland and Wales have already embraced this approach.[67]

"It is simply not possible to reduce the incidence of mental health conditions in the community without dedicated and sufficient funding for preventive mental health. Such funding can be easily justified in terms of the demand reduction it will create and the return on investment it will produce," said the Wellbeing Coalition in Mental Health in a consensus statement in 2022. "Primary prevention initiatives can avert the onset of disorders, save money, and save lives. However, while an increased focus on prevention will gradually reduce the demand on the mental healthcare system, we do not support the shifting of resources away from mental healthcare and towards preventive mental health. Rather we advocate for increased spending on both."[68]

MHCT agrees. Promotion, prevention *and* treatment are complementary.

To achieve this, MHCT recommends 5% of the Tasmanian mental health budget is spent on mental health promotion and prevention by 2030, reiterating that these funds should not be reallocated from mental healthcare but be new investment. This is in line with a call from the Wellbeing and Prevention Coalition for all Australian governments to set such a ringfenced target**.** Promotion and prevention initiatives should target mental health in general; reducing harms associated with the use of alcohol and other drugs; and suicide prevention (noting the potential for overlap among the three categories). MHCT therefore recommends Tasmania include separate promotion and prevention line items for these categories in the next state budget (2026-27) as it builds up to the 5% target. This will help track spending on these three streams. The next budget would also ideally show separate spending for government

promotion and prevention programs and funds allocated to the community sector (non-government organisations).

Currently, the budget allocates spending to public health services – broad promotion and preventive health measures that "improve and protect the health of all Tasmanians by enabling Tasmanians to make positive health choices and live in safe environments. This is achieved through an integrated network of practice and programs led by public health specialist practitioners, doctors and scientists, with the support of local government, other agencies of government and non-government organisations."

The budget allocated to public health services in Tasmania in 2024-25 was $37.2 million, or 1.2% of total health spending ($3.13 billion), a slight drop from 1.3% in 2023-24.[69] This amounts to roughly $65 per Tasmanian. Nationally, $140 was spent per person on public health in 2019-20, or 1.8% of total health spending.[70] Australia is ranked 20th in the world for per capita expenditure on preventive health.[71]

It is unclear how much the Tasmanian or Australian governments allocate to mental health promotion and prevention. Mental illness prevention expenditure by non-government organisations was just 1.1% of total NGO mental health expenditure in Australia in 2019-2020.[72]

Based on the budget papers, MHCT estimates Tasmanian government spending on mental health will be $267 million in 2024-25, or 8.53% of total health expenditure. This a slight increase from 8.3% in 2023-24. Nationally, mental health spending comprises 7% of total health expenditure.[73] Earmarking 5% of Tasmania's estimated 2024-25 mental health budget to promotion and prevention for example would have allocated $13.35 million to such initiatives.

Investment in overall preventive health will rise to 5% of total health expenditure by 2030 across the Commonwealth, state and territories, according to the National Preventive Health Strategy (2021–2030), although this appears aspirational.[74] While welcomed, it is unlikely to have an impact in mental health as most funding will target prevention of infectious diseases and chronic physical health conditions, says the Wellbeing and Prevention Coalition in Mental Health.[75]

Other states are committing to mental health budget targets. Western Australia pledged to increase to 5% the proportion of the WA Mental Health Commission's budget for mental health promotion and prevention services by the end of 2025.[76] The commission is a government agency that facilitates delivery of mental health, alcohol and other drug services and programs, while leading system reform.

To reduce the incidence and impact of mental ill-health in Tasmania, the state must begin building the foundations of a mental health promotion and prevention system. Unlike mental healthcare, prevention requires its own framework, funding streams, workforce, and data systems. MHCT supports national efforts but emphasises the vital role of state governments in scaling proven, population-level interventions. Tasmania lacks a dedicated budget category for

mental health promotion and prevention, and public health spending remains low. MHCT recommends Tasmania commit to allocating 5% of its mental health budget to mental health promotion and prevention by 2030, beginning with a clearly defined line item in the 2026-27 state budget. This will ensure prevention is not an afterthought but an essential, complementary pillar alongside treatment – driving better outcomes, reducing future demand on services, and delivering long-term value for the community.

Recommendation 4: Focus on children and young people while recognising mental health and wellbeing needs across the lifespan

While MHCT recognises mental health and wellbeing needs across the lifespan, children and young people along with their parents and other caregivers should be the prime beneficiary of the 20-Year Preventive Health Strategy. Around 50% of lifetime mental health disorders begin before age 14 and 75% by age 24.[77] [78] Yet there is no dedicated investment in prevention for children aged 5–12 from either side of politics at a federal level, says Australia's Smiling Mind, a digital mental health not-for-profit.[79]

Making mental health and wellbeing its own focus area in the Preventive Health Strategy would enable the Tasmanian government to concentrate and coordinate prevention efforts on what is arguably the single biggest contributor to mental ill-health in our community – child maltreatment.[80]

Child maltreatment comprises physical, sexual and emotional abuse, as well as neglect and exposure to domestic violence. Child maltreatment is a serious public health concern. Its casual associations with health risk behaviours, physical illness and mental health problems are well established.[81]

Landmark research in 2023 showed child maltreatment was pervasive in Australia – with 62.2% of people maltreated as children. Most maltreated children experience multi-type maltreatment over a protracted period on multiple occasions. The findings were consistent with other research indicating maltreatment is far more prevalent than cases known to government agencies.[82]

Prevalence rates for physical abuse of children were 32%; sexual abuse 28.5%; emotional abuse 30.9%; neglect 8.9%; and exposure to domestic violence 39.6%[83]. A Sydney University study one year later found that by eradicating child maltreatment Australia could prevent 41% of suicide attempts, 39% cases of self-harm, 32% of drug use disorders, 27% of alcohol use disorders, 24% of anxiety disorders and 21% cases of depression.[84]

Given the strong and causal link between child maltreatment and mental health conditions, the prevention of child maltreatment should get the same attention as efforts to reduce harm from other public health hazards such as smoking and vaping, says the Wellbeing and Prevention Coalition in Mental Health. It will be important to integrate the Preventive Health Strategy with the considerable effort and investment going into Tasmania's 10-Year Change for Children

blueprint. Together, they can play a key role in the broader goal to eradicate child maltreatment in Tasmania.

MHCT members said the government needed to understand the importance of identifying mental health and learning issues in primary school, and act accordingly. Members spoke about the challenge of not having enough screening and assessment around learning disorders and neuro-divergency such as autism and ADHD in Tasmania, especially among primary school children. Many young people were entering the system with major mental health challenges because they hadn't had access to early screening, members said. Public waitlists in Tasmania exceeded 18 months in 2021-22 for children needing an autism assessment and diagnosis.[85] We acknowledge the government's commitment to a new specialist service for children and young people with suspected ADHD, which opened in southern Tasmania in April and will be expanded across the state.[86]

The National Children's Mental Health and Wellbeing Strategy (2021) calls for trialling (networked) sites in urban and rural areas of a service model of integrated child and family care that provides holistic assessment and treatment for children aged 0-12 and their families (action 2.1.c).[87] However, the status of this strategy is unclear to MHCT. Smiling Mind recently urged the Commonwealth to fully fund and implement it, suggesting it's slow moving.[88]

An alternative approach may be to focus on screening for low mental wellbeing (not just mental ill-health) based on the Dual Continua Model of Mental Health, experts from Prevention United wrote in a research paper this year. They recommend large-scale screening for low mental wellbeing, using psychometrically sound tools, be conducted online and through schools, higher education, and primary care services. Those with low mental wellbeing could be linked to community services offering evidence-based interventions. This approach – which is yet to be tested – is likely to carry less stigma and may be easier to achieve than targeting those with subthreshold symptoms through clinical services, the researchers said.[89]

However, screening is only the first step towards effective targeted prevention, they added. It is equally important young people who are languishing are referred or linked to appropriate interventions. Recent reviews have identified a range of evidence-based initiatives that could potentially be used to promote mental wellbeing. This includes initiatives to promote healthy behaviours (e.g., regular physical activity, good sleep hygiene, healthy eating, non-smoking/vaping, time in nature, participation in the arts); those to promote healthy thinking (mindfulness, positive psychology interventions, and psychological strategies derived from Acceptance and Commitment Therapy or Cognitive Behaviour Therapy); strategies to encourage positive relationships and social connectedness (e.g., youth mentoring, social prescribing); and activities that promote a sense of accomplishment, meaning and purpose e.g., sport, youth development programs, volunteering, the researchers wrote.[90]

"Our paper suggests we can prevent mental illness in the community by screening young people who appear to be languishing and then dosing them up with wellbeing interventions, which they can get through their sports club, a youth group etc," Stephen Carbone, one of the authors, told MHCT. "They don't need to see a psychologist or a mental health nurse or a

doctor. They can see a youth worker… This interrupts the transition or deterioration or progression into poor mental health and mental illness."[91]

At the other end of the lifespan, Tasmania has the oldest population in the country. Research shows unplanned moves into aged care, often due to a sudden health crisis or cognitive decline, are linked to higher psychological distress for example. A large study of older people entering aged care in Australia found 46% had depression. Higher rates of depression of up to 58% were reported among those who experienced physical health decline upon entry to aged care.[92] MHCT has previously noted its concern that the Health Policy Analysis did not give a state-by-state breakdown for older Australians (65+) missing out on community psychosocial supports.

While mental health and wellbeing matter across the lifespan, children and young people should be a primary focus of Tasmania's 20-Year Preventive Health Strategy. Half of all mental health conditions begin before age 14, yet there is little dedicated investment in prevention for this age group. Addressing child maltreatment could significantly reduce suicide, self-harm, and substance use.

MHCT recommends integrating the strategy with the Change for Children blueprint and prioritising early identification and support for learning and mental health challenges in primary schools. Screening for low mental wellbeing—using the Dual Continua Model—offers a stigma-free way to reach young people early and connect them with accessible, evidence-based community supports.

At the other end of life, Tasmania's ageing population faces its own risks, including high rates of depression in aged care. A lifespan approach is essential, but strategic, targeted investment in children and youth offers the greatest opportunity for long-term impact.

Recommendation 5: Employ evidence-based interventions

(Note: combines Recommendations 5 and 6 from the Summary of Recommendations)

As the Prevention Coalition in Mental Health notes, evidence-based prevention interventions exist but are not being deployed effectively or at scale. In their 2022 consensus statement, it outlined six priority areas for action. Half focus on children and young people. Some will give immediate benefits; others lay the foundations for reducing the occurrence of mental disorders in future generations. MHCT supports these priorities and summarises them below, while adding a seventh: filling the large gap in community psychosocial supports for Tasmanians with severe and moderate mental illness.

Some of these types of programs might exist in Tasmania in one form or another. Others might need to be anchored nationally or are already in place. Below is an illustration of a suite of evidence-based mental health prevention interventions. It is not exhaustive. MHCT also acknowledges that under Australia's health system there are limits to what states and territories can fund themselves. MHCT members stressed the importance of initiatives being

led by the community where possible. They noted the strength of this approach, the protective factors, especially when engaging with vulnerable cohorts such as CALD communities.

Priority 1: Support parents to help their children thrive

- Improve screening for perinatal mental health conditions.

- Provide parents with a perinatal mental health and/or substance use condition priority access to supports. Scale-up home visiting programs during infancy to reach more parents, while ensuring those with greatest need have equitable access.
- Scale-up existing evidence-based parenting programs and increase their uptake by 'de-stigmatising' these programs through universal public education and awareness campaigns. Invest in further development and evaluation of parenting programs that focus on prevention of adverse childhood experiences. The WHO defines adverse childhood experiences (ACEs) as "some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Such experiences include multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence." Many ACEs fall under child maltreatment.

- Increase access to specialist early intervention services for children and adolescents exposed to ACEs. This should apply to anyone exposed to ACEs, no matter their age.

- While preventing ACEs should be the priority, proactive early identification and therapeutic support for children and adolescents who experience ACEs can reduce immediate harms and future risks related to exposure. Emphasis therefore also needs to be on screening for exposure; improving referral pathways; and promoting prompt access to specialised early intervention services that support children, adolescents and their parents and other caregivers.

- Parenting programs have significant economic benefits. One Australian program suggested a return on investment of $13.83.

Priority 2: Build children and adolescents' social supports and protective life skills

Give all Australian children and adolescents the opportunity to learn key life-skills that reduce the risk of experiencing mental health and substance use conditions through their schools.

- Ensure all primary and secondary schools implement evidence-based skills-building programs that prevent mental health and substance use conditions.

- Ensure all primary and secondary schools implement evidence-based anti-bullying

programs.

Priority 3: Support young people and adults to look after their mental and physical health

- Raise awareness about 'good' mental health and encourage people to adopt self-care strategies that promote and protect their mental health and wellbeing.

- Design, implement and evaluate a public education campaign to raise awareness about 'good' mental health and encourage people to take actions that will promote their mental health and wellbeing.

Priority 4: Create mentally healthy workplaces

Assist employers and employees to work together to create mentally healthy workplaces that promote the positive aspects of work and reduce psychosocial risk factors. Important context, not in the Prevention Coalition in Mental Health's consensus statement, is the following:

- Mental illness is the leading cause of absence and long-term incapacity in the workplace.[93]
- The median working time lost from mental health conditions was more than four times greater than all physical injuries and illnesses (2020-21).[94]
- The median compensation paid for mental health conditions was more than three times greater than all physical injuries and illnesses.[95]
- Workers with claims for mental health conditions experienced poorer return to work outcomes and were more likely to experience stigma from employers and colleagues.[96]

Since the Prevention Coalition in Mental Health released its six evidence-based interventions, psychosocial hazard legislation has been introduced across Australia.

- Tasmanian Work Health and Safety Regulations (2022) require workplaces to prevent psychosocial hazards from occurring and manage them when they do. Hazards include workplace bullying, traumatic events, excessive workloads, and low job control.[97]
- A manager training program in Fire and Rescue NSW returned $10 for every $1 spent, leading to a significant drop in sickness absence. Managers were also more confident talking to staff about mental Illness.[98]

Priority 5: Address the social determinants of mental health

MHCT welcomes the discussion paper's numerous references to the social determinants of health, which are largely outside an individual's control. However, MHCT and our members suggest detail and focus is needed on how to address the challenges that arise from socioeconomic disadvantage and social inequalities in Tasmania such as poverty, insecure work,

homelessness, unaffordable housing and access to healthcare. The burden of mental health issues is concentrated in the most socioeconomically disadvantaged.[99] Aboriginal and Torres Strait Islanders, those from culturally and linguistically diverse minorities or refugee communities, people who identify as LGBTIQA+, and individuals with a disability on average experience higher rates of mental disorders than the general population because of discrimination and disadvantage.[100] More than one in five Tasmanians also live below the poverty line.[101] Decades of research affirm a causal link between financial difficulties and mental health challenges such as anxiety, depression, and suicidal thoughts.[102]

As the 2022 consensus statement from the Prevention Coalition in Mental Health notes, governments need to recognise and address the negative influence socioeconomic disadvantage and social inequalities have on mental health and wellbeing. This 'social gradient' is not due to intrinsic difference between advantaged and disadvantaged individuals but differences in level of access to critical resources such as high-quality education, employment, financial security, stable housing, and access to health and human services.

The Prevention Coalition in Mental Health recommends the following:

- Close the gap in Aboriginal and Torres Strait Islander social and emotional wellbeing.
- Make child, youth, and family wellbeing the focus of budget considerations.
- Mentally healthy laws and public policies that tackle social and economic determinants of mental health are integral to prevention. Some policies exist but may need strengthening because they are not working, while others are missing. Key targets should include educational attainment, income and housing security and efforts to prevent gender violence, racism, homophobia and transphobia and other forms of discrimination.
- Responsibility for creating mentally healthy physical, social, and economic environments is spread across multiple government departments and statutory authorities. A comprehensive and coordinated approach to influencing key risk and protective factors requires a whole-of-government 'mental health in all policies' approach. This can be achieved in various ways. One is to establish a cross-portfolio process that brings together key government departments to determine how each will contribute to the prevention of mental health and substance use problems in its area of responsibility. Through this process a 'whole-of-government' budget could be developed that explains how each department is contributing to primary prevention, so that responsibility is spread beyond the mental health portfolio to other areas of government.

Priority 6: Strengthen the research evidence and improve data collection

Invest in key system building blocks needed to support the prevention of mental disorders.

- Provide dedicated funding for research and evaluation into the prevention of mental health and substance use conditions.

- Develop a prevention research roadmap to guide action and investment.

- Track investment, activity, and outcomes in prevention.

- Develop a prevention monitoring framework, in consultation with key stakeholders, and embed prevention indicators into national population level surveys and reporting frameworks.

Priority 7: Fill the gap in community psychosocial supports

- As noted above, only 26.5% of Tasmanians who need community psychosocial services get them. The Commonwealth-commissioned HPA analysis revealed that Tasmanians with severe mental illness were missing out on 351,000 hours of psychosocial supports each year. For those with moderate mental illness it was 51,000 hours. This amounted to an alarming 98.4% shortfall in hours of state and federal funded psychosocial services to Tasmanians with severe mental illness and an 88.8% shortfall in hours to those with moderate mental health issues. (This excludes Tasmanians on the NDIS). The combined shortfalls in hours were the worst in Australia.[103]

- MHCT welcomes the discussion paper's reference to increasing access to psychosocial supports to help people participate fully in their lives in Focus Area Four.

- Many MHCT members strongly questioned the notion that psychosocial supports should only be seen as part of the mental healthcare system, not promotion and prevention. They told our two consultation sessions that the definition of prevention needed to recognise the value of psychosocial supports; that these services fall under the prevention umbrella irrespective of a recipient's condition. Perceptions psychosocial supports were "low-level", or "generalist", were incorrect, they said. Many programs help Tasmanians with severe mental health issues, the so-called pointy end, keeping them out of hospital and saving the government money. Psychosocial supports led to preventive avenues and measures, but this was sometimes incidental and driven by the sector, not funded for, members said. Psychosocial services allowed people, especially young Tasmanians, to get information and join activities until they could access specialist services. Language around clinical and non-clinical services had created a false dichotomy, when the focus should be on better integrating psychosocial services with the mental healthcare system, our members added.

  Based on 11 largely face-to-face psychosocial programs run by member organisations, MHCT estimated in a report released in March that roughly $200 million is needed annually to support the 9,420 Tasmanians missing out on services. MHCT acknowledges this is a daunting number, but it's a starting point for the state and federal government to understand the investment required. While the goal should be to fully fund the gap,

MHCT recommends meeting the target over four years. This phased approach would give community mental health organisations time to scale up their workforces and plan for increased service delivery. Assuming a 50:50 cost sharing arrangement, both governments would be responsible for increases of roughly $25 million in psychosocial supports in each budget year.

Psychosocial supports have been shown to improve mental health and wellbeing, personal recovery, housing outcomes, physical health, social inclusion, education and employment and reduce hospital admissions and length of hospital stay, as well as improving outcomes for family, carers and supporters. In line with the Dual Continua Model of Mental Health, they help people move from the bottom left quadrant (low mental wellbeing with a diagnosed mental health condition) to the top left (high mental wellbeing with a diagnosed mental health condition).

To effectively reduce the incidence and impact of mental ill-health in Tasmania, the Preventive Health Strategy must prioritise implementation and scaling of evidence-based interventions. These interventions—many of which focus on children, young people, and families—are well-defined and demonstrate strong returns on investment. MHCT supports the six priority areas identified by the Prevention Coalition in Mental Health, including support for parenting, skills-building in schools, public mental health literacy, mentally healthy workplaces, addressing social determinants, and strengthening data systems. MHCT adds a seventh priority: filling the gap in community psychosocial supports for Tasmanians with moderate to severe mental illness. These non-clinical supports are essential to prevention and recovery yet remain significantly underfunded. Embedding these interventions will not only reduce demand on acute services but help Tasmanians of all ages thrive.

Recommendation 6: Embrace Tasmania's community mental health sector

The Tasmanian community mental health sector comprises not-for-profits and charities that provide the following:

- Helplines, counselling and mental health services
- Accommodation support and outreach
- Disability services, including NDIS
- Employment and education
- Family and carer support
- Self-help and peer support
- Specialist support such as LGBTIQA+
- Promotion, information and advocacy

The community mental health sector performs critical functions:

- Supports people to live well in the community, meet everyday challenges, avoid crisis and stay out of hospital.

- Delivers psychosocial supports that address the emotional, social and practical needs of people managing complex mental illness and moderate mental health conditions.
- Is an essential bridge between Medicare funded mental health services and state-run acute services.
- Provides wrap-around support with a focus on person-centred recovery and connection with community.
- Takes pressure off other parts of the health system, particularly emergency departments.
- Assists people along the continuum of care.

The brief outline above shows how the community mental health sector can be a key driver of the enablers in the discussion paper. The sector is a trusted brand, backed by a committed workforce and volunteers. Members told our consultation sessions their organisations were already acting as enablers but needed to be properly funded. MHCT has repeatedly called for five-year contracts and six-month renewal periods, as we noted in our 2025-26 budget priority submission. With greater capacity to forward plan, the sector will be well positioned to play a leading role in mental health promotion and prevention initiatives.

Some examples:

Enabler 1: A whole of government, whole of community approach

The community mental health sector has deep roots across Tasmania, from metropolitan areas to remote corners. There is a wealth of experience in delivering non-clinical services. Research elsewhere in Australia shows consumers rate community mental health services as a better experience than hospital, with significantly higher ratings in domains of respect, safety and fairness, individuality, participation, information and support, and making a difference in their lives.[104] This puts the community mental health sector in a strong position to show "collective responsibility" – to quote from the discussion paper – to ensure good outcomes in mental health promotion and prevention.

Enabler 2: Establish strong leadership and governance.

Unfortunately, the entire community sector appears to have been omitted from enabler two (the private sector and industry are included). As the discussion paper notes: "The success of a 20-year strategy will depend on the energy and involvement of all sections of society". The community mental health sector exemplifies strong leadership and good governance, working with tight budgets to deliver essential services amid growing demand and complexity of client presentations.

Enabler 3: Apply contemporary and sustainable funding models

MHCT supports the discussion paper's comment that key actions under this enabler could include "long-term funding cycles to facilitate consistency, sustainability, and quality improvement."

Enabler 7: Build a skilled workforce

MHCT is pleased to see the discussion paper call for a skilled and empowered multisectoral preventive health workforce. We recommend the strategy make a clear reference to the mental health workforce in this section, and the National Mental Health Workforce Strategy 2022-2032. (We acknowledge the reference to the Tasmanian Workplace Mental Health Framework.)

As we noted in Recommendation 3, Australia needs a dedicated mental health promotion and prevention workforce. This would recognise mental health promotion as a specialist field intersecting with health promotion, public health, and mental healthcare.[105]

In late 2024, Prevention United released Australia's first mental health promotion competency framework, which it called a landmark move towards building a robust mental health promotion workforce.[106] This outlines competencies for specialist mental health promotion practitioners – those whose primary role is to promote mental wellbeing – and mental health promotion workers – those in other roles who contribute to mental health initiatives in sectors such as education, workplaces and community settings.[107]

Specialist mental health promotion practitioners are defined as those whose primary role is mental health promotion. Such workers come from backgrounds such as clinical mental healthcare, health promotion, public health, community development and other fields.[108] Mental health promotion workers are defined as those with a different primary role but who are involved in delivery of mental health promotion initiatives. This may include teachers, people and culture managers, and other workers who are supporting implementation of initiatives in early childhood education services, schools, workplaces, sports and recreation, arts, nature or other community settings.[109] This will require upskilling and training pathways for individuals wanting to work in mental health promotion.

The Tasmanian community mental health sector plays a vital, often under-recognised role in supporting people to live well, avoid crisis, and stay connected to their communities. With deep reach across the state and a trusted, person-centred approach, the sector delivers essential non-clinical services—including psychosocial supports, peer-led programs, education, and advocacy—that bridge the gap between primary care and acute services. It already embodies many of the enablers in the discussion paper, such as a whole-of-community approach, strong local leadership, and workforce capability. However, its capacity to lead in mental health promotion and prevention is constrained by short-term, piecemeal funding. Embracing the community sector through long-term investment, inclusion in governance, and workforce

development will unlock its potential as a cornerstone of a sustainable, community-led mental health prevention system in Tasmania.

Recommendation 7: Targets, monitoring and accountability

Targets

MHCT understands the strategy's purpose is not to list all actions for the next 20 years but provide a framework and direction. Nevertheless, we believe it's vital the document contain targets and timeframes. The National Preventive Health Strategy for example set a national daily smoking prevalence target of less than 10% by 2025 and 5% or less for adults (≥18 years) by 2030.[110] Our members support the setting of measurable targets.

We recommend the following mental health and wellbeing targets:

1. Eradicate child maltreatment within a generation. This is in line with a recent call by the Wellbeing and Prevention Coalition in Mental Health.[111]

2. As noted above, 5% of the Tasmanian mental health budget be spent on promotion and prevention by 2030. Initiatives should target mental health in general; reducing harms associated with the use of alcohol and other drugs; and suicide prevention (noting the potential for overlap among the three categories).

3. The state and federal governments start filling the gap in community psychosocial supports for Tasmanians with severe and moderate mental illness. While the goal should be to fully fund the gap, MHCT recommends meeting the target over four years. This phased approach would give community mental health organisations time to scale up their workforces and plan for increased service delivery. Assuming a 50:50 cost sharing arrangement, both governments would be responsible for increases of roughly $25 million in psychosocial supports in each budget year.

4. MHCT also recommends targets to support the national campaign "Towards zero suicides for all Australians". Tragically, 88 people took their own lives in Tasmania in 2023, according to preliminary data.[112] U.S. research shows up to 135 people are affected by a single suicide.[113] They may experience intense grief such as immediate family and close friends, be work colleagues or otherwise have known the person. Across Australia, around 17 times more people attempt suicide than take their lives, says peak body Suicide Prevention Australia.[114] Every attempt is a person in deep distress (and their loved ones). Targets could be reducing suicides in Tasmania, as well as measuring suicide attempts and suicidal distress and bringing those rates down. This is a sensitive issue, but any preventive health strategy needs a strong suicide prevention component. Members agreed that Towards Zero is not specific enough and that targets needed to be set and measured.

We could list other targets but feel what we've outlined is broad and challenging enough for mental health and wellbeing. Public targets are essential so we can assess if Tasmania is making progress on the strategy.

- **Monitoring & accountability**

MHCT strongly recommends a monitoring mechanism be outlined in the strategy and in place within the first year. This would be an open, transparent and accountable structure that has all invested stakeholders, including Tasmanians with lived experience, at the table, evaluating the strategy. It wouldn't just hold government to account, but the community sector and other funded organisations delivering promotion and prevention initiatives. This would ensure the community has influence on how money is spent, how evaluations are conducted, and how the preventative strategy adapts to changing priorities.

As Enabler 4 – clear and transparent reporting – states: "public trust is critical to governments' ability to function effectively and respond to complex challenges". Regular reporting to bodies such as the Premier's Health and Wellbeing Advisory Council and the Tasmanian Health Senate to ensure oversight and accountability is to be expected. Our recommendation will ensure maximum public confidence and accountability in the strategy.

Monitoring should also be done against a robust framework. A Mental Health and Suicide Prevention Monitoring and Reporting Framework was prepared for the National Mental Health Commission by the Nous Group in 2018.[115] MHCT is not suggesting this 125-page framework be used for the Preventive Health Strategy. However, it's an example of a framework that could be applied for the mental health and wellbeing component of the strategy.

The Nous framework looks at social, system and outcomes domains in this order:[116]

- Focus on people with high levels of need and/or limited access to services.
- Social domains – the broader social factors that impact mental health outcomes of people in Australia, including social determinants and social attitudes that impact on mental health and suicide, social issues and the reform activity that is undertaken in response to these.
- System domains – the performance of system activities that impact the mental health outcomes of people in Australia.
- Outcome domains – the status of key mental health and wellbeing outcomes of people in Australia at both the individual and population level, including how social context and system activities are changing these over time.

"The desired outcome of monitoring and reporting is positive change in the mental health and wellbeing of all Australians, enabling people to lead a contributing life and to be part of a thriving community," says the Nous executive summary. "The (National Mental Health) Commission will achieve this by providing insight into outcomes for people with lived experience of mental ill health and suicidality, their carers, families, and support people. Monitoring and reporting will also act as a catalyst for change by informing policy and practice to improve mental health outcomes."[117]

Experts from the Black Dog Institute recently recommended creation of a federal-supported Preventative Mental Health Taskforce to evaluate mental health prevention initiatives and

make recommendations, supported by mental health organisations, lived experience advisors, First Nations people, and experts in the field. As a first step, they recommended establishment of an expert advisory group to determine how the taskforce would operate. Establishing a mechanism to consider, implement, and fund the taskforce's recommendations was also essential. “This type of evidence-based, coordinated approach to mental health prevention would add immense value to Australia's existing focus on early intervention, suicide prevention and recovery support, providing a new tool to tackle rising rates of mental ill-health,” they wrote, noting there was no coordinated taskforce or equivalent body responsible for evaluating and recommending which prevention initiatives should be prioritised, funded, and delivered at scale in Australia.[118]

- **Suicide Prevention Act**

MHCT’s final point is for Tasmania to consider how a Suicide Prevention Act might help achieve the goals of the Preventive Health Strategy. In effect, how an Act could be a ninth enabler. Some MHCT members have expressed their support for this approach, too.

As we wrote in a briefing paper for the government in September 2024, a Suicide Prevention Act could strengthen Tasmania’s considerable efforts to reduce suicide, a formal policy priority of successive governments since 2010. A Suicide Prevention Act would potentially require all government departments and officials to operate through the prism of suicide prevention. It would force action on addressing the social determinants of health that are such a major contributor to mental illness.

“An Act ensures every government department and official, whether it’s housing, education, social security or health, must look at their work through a suicide prevention lens,” says peak independent body Suicide Prevention Australia. “It means everyone is accountable.”

A Suicide Prevention Act would safeguard strategies and prevention bodies against a change in government and promote accountability to parliament and the public given the reporting requirements such laws usually demand.

Tasmania already has the building blocks in place: The Premier’s Mental Health and Suicide Prevention Advisory Council; a suicide prevention strategy in its third iteration; a suicide register (established in 2017) and the Tasmanian Suicide Prevention Community Network (TSPCN) run by Relationships Australia Tasmania. A Suicide Prevention Act would embed those mechanisms and strategies into law, as well as make the reduction of suicide a legislative requirement in Tasmania.

MHCT welcomes the government’s interest in developing a Suicide Prevention Act (noted in Implementation Plan Two of the Tasmanian Suicide Prevention Strategy). At the same time, strengthening community foundations are critical to suicide prevention across Tasmania. Relationships Australia Tasmania has seen place-based approaches create conditions for hope, safety, and engagement. These include awareness-raising, stigma reduction, strengthening

community networks and referral pathways, empowering lived experience, and providing tailored postvention responses.[119]

South Australia is the only state in Australia to introduce a Suicide Prevention Act so far. Its 2021 Act requires certain state agencies (prescribed authorities) to have strategies and measures to prevent suicide among staff and the public who engage with them. It also provides a framework to ensure that suicide prevention is a priority across all levels of government and community[120] NSW plans similar legislation and says its strategy, among other things, will address underlying factors contributing to suicide. This will include focusing on "broader social determinants of health such as financial insecurity, unstable housing and social isolation – key factors that exacerbate suicidal distress".[121]

Japan has the oldest Suicide Prevention Act in the world. Its legislation has helped reduce the rate of suicide by 40% since it was introduced in 2006.[122]

As the Tasmania's Suicide Prevention Strategy (2023-2027) notes, suicidal behaviour can emerge because of a range of factors in a person's life.[123] Research indicates it is usually a culmination of life experiences, emotional responses to distress and lost hope in the future. It can occur across the lifespan with many motivations, sometimes exacerbated by adverse experiences as a child, the impact of alcohol and drugs or loss of a relationship, job or ability to live life as was expected.[124] Data from the Tasmanian Suicide Register for 2012-2018 showed 64% of those who died by suicide had at least one previous mental illness diagnosis and 47% accessed mental health care in the six weeks prior to their death.[125]

Suicide Prevention Australia's Community Tracker sheds light on the prevalence of suicidal behaviours, social and economic issues driving distress and the impact of suicide. Its April 2025 quarterly survey from NSW showed the following were the top stressors:[126]

1. Cost of living and personal debt
2. Family and relationship breakdowns
3. Social isolation and loneliness
4. Housing access and affordability
5. Unemployment and job security

"A Suicide Prevention Act is genuine prevention upstream," said Chris Stone, Executive Director of Sector Advocacy at Suicide Prevention Australia. "It can address all the social-economic and environmental determinants of suicide."[127]

Conclusion

Despite steadily increasing investment in mental healthcare services over the last few decades, the prevalence of mental health conditions in Australia is rising rather than falling, services are struggling to keep up with demand, and individual, government and societal costs are escalating.[128] "If we are unable to treat our way out of this problem, then primary prevention becomes the key to alleviating the (inequitable) burden of mental ill-health," experts from Prevention United wrote in their recent academic paper.[129]

Tasmania is showing vision by developing a long-term Preventive Health Strategy. MHCT and our members are ready to assist in whatever capacity with development of the strategy and its implementation. As our submission makes clear, there is an urgent need to move fast on mental health promotion and prevention. Doing so will be a defining policy success for this government, allow future administrations to keep up the momentum and be a model for the country. Most importantly, it will make a big difference to the lives of all Tasmanians.

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