

MHCT 2025 Tasmanian State Election Priorities

The Details: Community Solutions for a Flourishing Future

June 2025

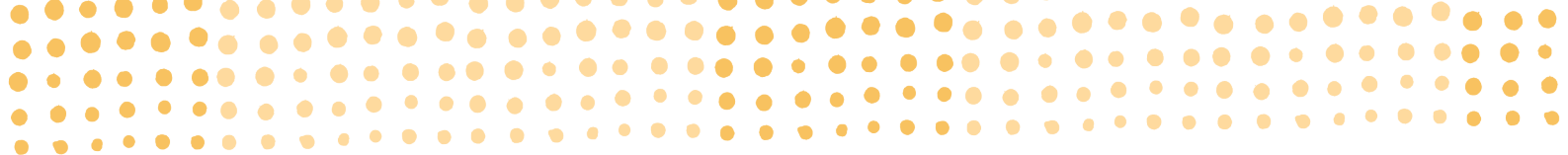
Dear candidate,

The next government has an opportunity to address the significant mental health challenges faced by Tasmanians despite pressure on the state's budget.

Tasmanians want sustained government action on mental health. They identify mental health as a top social justice priority, a recent survey from The Salvation Army showed (below). [Separate polling](#) in late 2024 showed 81% of Australian voters were concerned about mental health and 75% believe government needs to do more. Around 63% said they were more likely to back political parties committed to increasing funding to improve mental health service access. Only 20% said services in their community were adequate.

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](#)



Too often, mental health gets lost in the broader health debate. When it does get attention, the focus is on hospitals and people in crisis. This feeds into a cycle of negative news stories of a public mental health system unable to cope and long waitlists. It's no surprise then that Tasmanians see mental health in the context of being unwell and that service barriers such as access and affordability mean many only get help when in crisis, often at hospital emergency departments. This hurts their recovery, their educational and employment prospects and their loved ones.

That is why MHCT is urging all candidates to declare their support for the solutions offered by the community mental health sector and the gains to be made from mental health promotion and prevention. It's about making better use of the evidence-based, cost-effective community mental health services people prefer. We want to shift the narrative from crisis and hospitals to preventing Tasmanians from becoming unwell in the first place or getting care in the community if they need it. These are vital considerations as the Rethink 2020 mental health blueprint comes to an end and a new strategy is developed.

Virtually all Australian data on mental ill-health is cause for concern and heading in the wrong direction despite decades of growing investment in mental healthcare. We cannot treat our way out of this crisis.

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. Mental health and suicide prevention is relevant to every government portfolio, every MP.

MHCT recommendations to election candidates

→ FUNDING CERTAINTY FOR COMMUNITY ORGANISATIONS

Publicly commit to long-dated agreements with adequate renewal periods

We ask you to recognise that the services provided by community mental health organisations achieve strong outcomes for Tasmanians with mental ill health, take pressure off our overburdened hospital system and save public money. Community mental health organisations are not simply asking for more money. First and foremost, they need secure and transparent funding agreements such as five-year contracts and six-month renewal periods on new and existing agreements. This would be more efficient than organisations scrambling each year to find out if their budget requests have been met. The current budget period was highlighted by an information vacuum that put service delivery and jobs at risk on agreements expiring on June 30. MHCT and other peaks need to be involved in the DOH process to reform funding arrangements as highlighted in a [Tasmanian Audit Office](#) report (May 26, 2025).

→ WELLBEING THROUGH PREVENTION, PROMOTION & EARLY INTERVENTION

Commit 5% of Tasmania's mental health budget to promotion and prevention initiatives by 2030

We ask that you commit 5% of Tasmania's mental health budget to promotion and prevention initiatives by 2030. As we noted in [our submission](#) to the government's 20-Year Preventive Health Strategy, initiatives should target mental health in general; suicide prevention and reducing harms associated with the use of alcohol and other drugs (noting potential for overlap among the three categories). These funds should be new investment, not reallocated from mental healthcare. A transition to 5% by 2030 sets a clear, achievable target and allows state and federal funding mechanisms to align, while building capacity of the workforce and community sector. As noted in the strategy's discussion paper, preventive health saves lives; reduces illness and disability, and is good value for money.

Develop a holistic system of mental health support for infants, children and families

We ask that in partnership with the Commonwealth, you develop a holistic system of mental health support for infants, children and families across promotion, prevention, early intervention and specialist support. Around 50% of lifetime mental health disorders begin before age 14 and 75% by 24. We also ask you to concentrate and coordinate efforts on what is arguably the [single biggest contributor](#) to mental ill-health in our community – child maltreatment. MHCT acknowledges the significant investment and effort the government is putting into the 10-year Change for Children Strategy: Upholding the rights of children by preventing, identifying and responding to child sexual abuse.

→ MAKE SURE NO TASMANIAN MISSES OUT ON SUPPORT

Make better use of cost-effective community mental health services that Tasmanians prefer

We ask you to recognise the quality, scope and wraparound nature of services delivered by community mental health organisations and as such make them a full partner with the public mental health sector in caring for vulnerable Tasmanians. This means better integration and coordination of community mental health services with public and private offerings. MHCT welcomes the \$183.8 million committed by Tasmania to build mental health precincts and other facilities over the next four years under the 2025-26 budget. We welcome the Commonwealth's promise to spend \$1 billion across Australia on free mental health services, especially for young people. But this expenditure can't be done in isolation. It won't yield effective, long-term outcomes unless community mental health services are fully integrated into care settings. Tasmanians also need to know how to find community mental health services. So do professionals in the public system who could refer more patients to them. Better access and coordination will save the next government money by providing more options for evidence-based care in the community, making expensive crisis support in hospital for some people unnecessary or ensuring they have clearly defined offramps if they do.

Develop and implement a state mental health workforce strategy in the term of the next government

We ask that you commit to develop and implement a long-term state mental health workforce strategy that brings together the public, private and community sectors, as well as educational providers and registered training organisations during the term of the next government. It's far easier and quicker to scale up the community mental health workforce than clinical staff in hospitals. A state strategy could also develop the lived experience workforce in Tasmania. An inter-jurisdictional senior officials working body and national sector advisory groups have just begun implementing the National Mental Health Workforce Strategy (2022-2032). Tasmania risks getting caught out by national decisions without coordinated action at the state level.

Deliver psychosocial services to 10,000 Tasmanians with severe and moderate mental illness over the next four years

We ask you to pledge to deliver community psychosocial services to nearly 10,000 Tasmanians (aged 12-64) with severe and moderate mental illness identified by a [Commonwealth-commissioned report](#) as needing support but not getting any. The report showed nearly 75% of Tasmanians who need those services miss out because they are outside the NDIS or don't get other state/federal psychosocial support.

Health and Mental Health Ministers from across Australia [agreed on June 13](#) in Melbourne that addressing unmet psychosocial needs will be a priority in the next National Mental Health and Suicide Prevention Agreement, the most important federal/state document underpinning mental healthcare and suicide prevention in Australia. The current agreement expires on June 30, 2026. Ministers agreed to consult lived experience and the sector in their jurisdictions to inform negotiations for the next agreement, and report back at the next ministerial meeting (probably end-2025) to determine shared priorities and investment plans. This is good timing, given MHCT is organising a psychosocial roundtable in Hobart on Oct 31 that will be attended by DOH, Primary Health Tasmania, the sector and lived experience voices. The objectives are to understand how more cost-effective community psychosocial services can be delivered to Tasmanians and agree ways to better integrate these evidence-based supports with the overall mental healthcare system (copy of roundtable outline available on request). Our recent briefing paper on funding psychosocial supports for Tasmanians with severe and moderate mental illness [can be found here](#).

Breadth of the Tasmanian community mental health sector

The sector comprises not-for-profits and charities that provide:

- Mental health and psychosocial services, helplines and counselling
- Accommodation support and outreach
- Disability services, including NDIS
- Employment and education
- Family and carer support
- Self-help and peer support
- Specialist support such as LGBTIQ+
- Promotion, information and advocacy

Psychosocial services are a core part of the sector. The Commonwealth defines psychosocial supports as non-clinical programs that facilitate recovery in the community for people with mental illness by helping them manage daily activities, participate in education and employment and improve social connections. Support may include help with substance use, social isolation, family violence, access to housing, and navigating the justice system. These supports reduce reliance on emergency departments by diverting people to alternative care settings and improve discharge pathways for those who've been hospitalised.

The services our members provide are sometimes misunderstood as being “low-level”, “generalist” or “nice to have” when in fact some are helping Tasmanians cope with severe and complex mental illness. Our members support many Tasmanians who are very unwell in clinical terms. The problem is that the use of “clinical” and “non-clinical” terminology can suggest one is superior to the other. The focus should be on better integrating psychosocial services with the broader mental healthcare system and giving Tasmanians choice. For an illustration of the value of psychosocial services delivered by our members and how they connect with system touchpoints, see the two diagrams below, developed by MHCT.

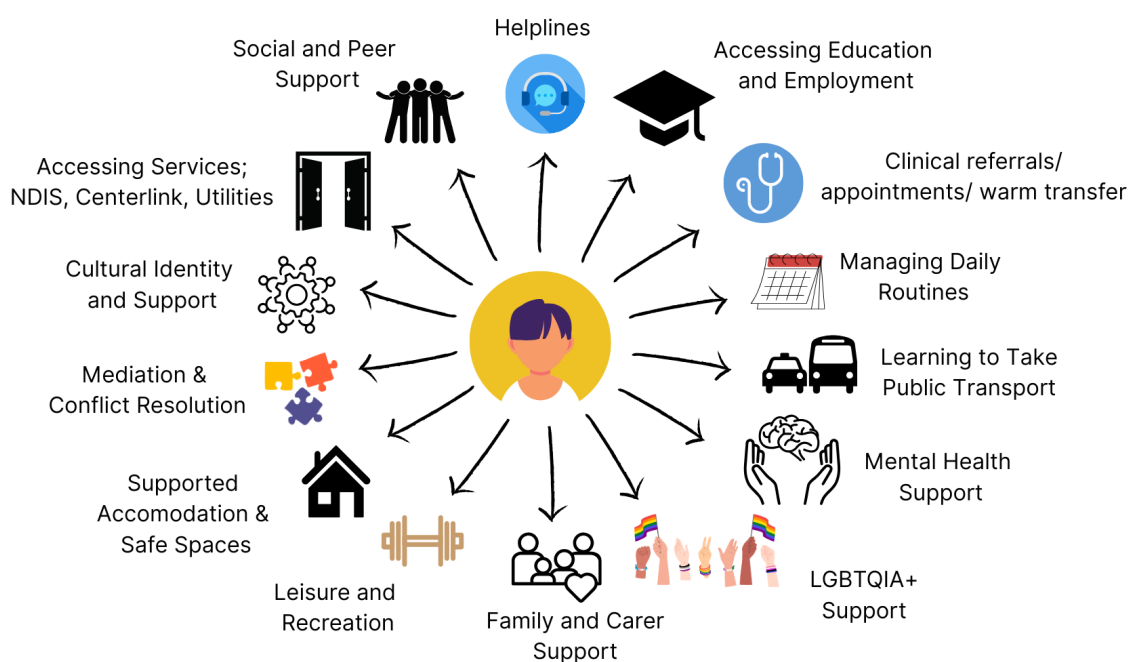


Diagram 1: How psychosocial services provide wrap around support for Tasmanians

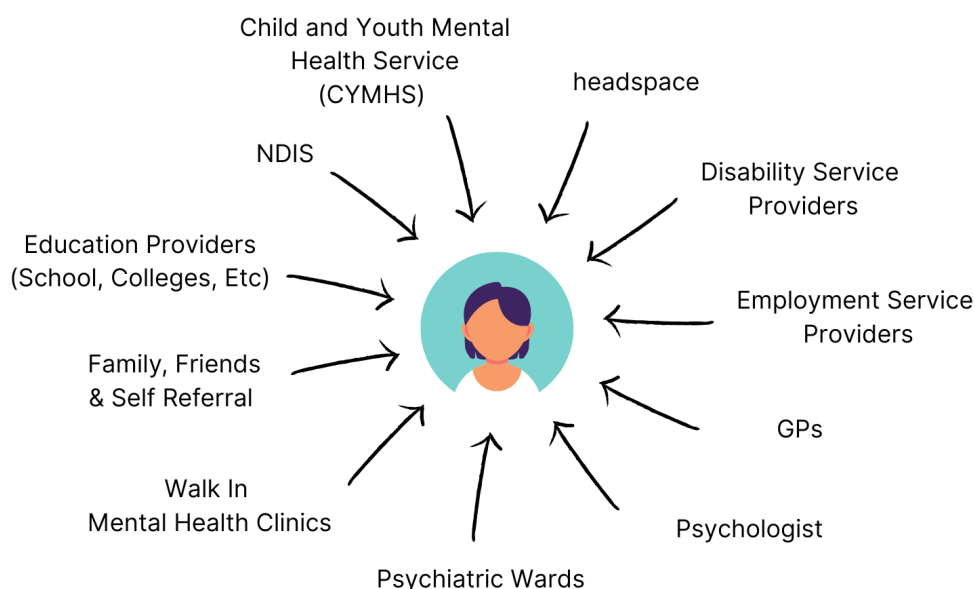


Diagram 2: Who refers Tasmanians to psychosocial services

The evidence

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.

While we cannot include all the available evidence supporting the programs offered by our diverse membership, we have selected a small sample below.

The Tasmanian Housing and Accommodation Support Initiative (HASI) helps social housing tenants with mental ill health maintain stable housing in southern Tasmania, thereby preventing homelessness. HASI is a partnership between DOH, Homes Tasmania and [Home Base \(formerly Colony 47\)](#). HASI supported 19 people in 2023-2024. All but one kept their tenancy, and none were admitted to a mental health inpatient unit during the year. In addition, 91% of participants had improved quality of life based on mental health, home and living skills, social relationships and addictive behaviour. All HASI clients showed improved awareness of, and connection to mental and medical support services. Analysis in 2020 showed HASI delivered savings of \$1.16 million in avoided homelessness costs and \$222,440 in avoided hospital bed days.

Another initiative with strong outcomes is the [Choices program](#) run by Baptcare in southern Tasmania. Choices provides intensive three-month psychosocial outreach and crisis accommodation support for adults experiencing mental illness and homelessness. [A paper published in 2024](#) showed adults (18–64) who were referred to Choices upon discharge from a psychiatric admission had significantly improved social functioning (encompassing living conditions, social relationships, self-esteem/confidence), overall psychosocial functioning, symptoms of depression and anxiety and shorter hospital readmission length of stay in comparison to a control group. Intervention participants experienced further improvements in social and overall psychosocial functioning three months after the Choices program.

Finally, a program run across Tasmania by Wellways has shown good outcomes. [Wellways to Recovery](#) allows people experiencing mental health issues to set their own recovery goals over a period of up to two years. During a 12-month period from 2020-21, Wellways supported more than 320 individuals. Using evidence-based resources and structured assessment tools, Wellways observed significant improvements in participants' mental health and wellbeing. Participants experienced a more than 80% reduction in hospital admissions related to mental health and a notable decline in calls to emergency services during program engagement. Data also showed a 50% decrease in suicidal ideation and self-harm.

[A 2024 report](#) from the School of Medicine and Psychology at ANU shows people with chronic severe mental health conditions managed in supported accommodation have more than 70% less need for hospitalisation, and if this is required, reductions of more than 75% in length of stay. It called these “extraordinary figures”. [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.

Conclusion

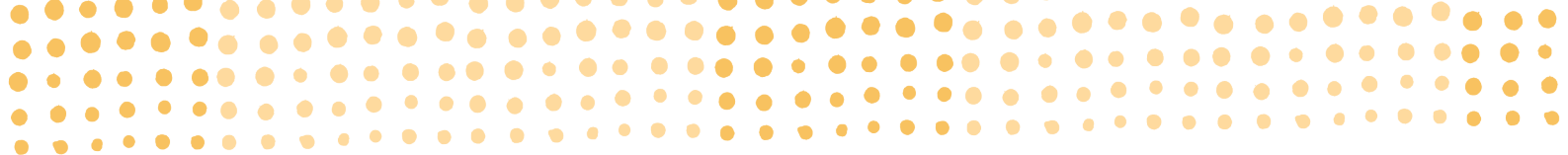
Tasmania is at a critical juncture. Around [37% of our population](#) either has a mental illness or is at risk of developing a disorder; Tasmania has often had the second highest suicide rate in the country after the Northern Territory; there has been an alarming jump in the annual prevalence of mental 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. Some 23,900 Tasmanians had an eating disorder in 2023. Recent analysis shows one homeless Australian aged 15-24 dies every four days, mostly from suicide. [Nearly 40%](#) of Tasmania's homeless population is under 25. At the same time, only 7% of the nation's health budget is spent on mental health, even though mental illness and substance use issues account for 15% of the burden of disease. (Tasmania allocated 8.3% of the health budget to mental health expenditure in 2025-26)

But the problems go beyond underfunding. As we noted above, it's about making better use of the evidence-based, cost-effective community mental health services people prefer.

Psychiatric de-institutionalisation in the 1980s promised to deliver better and more humane mental health care in the community. Too often, institutions failed to promote recovery and fostered abuse. The shift over the past 40 years has not been from asylums to the community, but to the mental health wards of Australia's public hospitals and emergency departments, Sebastian Rosenberg, a noted expert in mental health policy, [wrote recently](#). Hospitals are expensive and traumatic places to provide mental health care. All indicators are heading in the wrong direction for presentations to emergency, said Rosenberg. More people are seeking care for their mental health in emergency departments, they are arriving sicker (according to their triage category), and they wait longer for care. They also get little wraparound support from the public system, which means they present again and again.

Despite evidence which shows community mental health services in Tasmania and the mainland reduce reliance on emergency departments, [DOH grant funding](#) of \$75 million to community service organisations (including mental health) in 2023-24 was just an estimated 2.6% of the health budget. This dollar figure was virtually unchanged from the previous two years, and significantly under budget for the last five.

A new government will have the opportunity to put community mental health organisations on a firmer footing and better integrate their vital programs with an overburdened public mental health system.



Combined with a focus on mental health promotion and prevention, this will improve the wellbeing of all Tasmanians, reduce hospital presentations and save the public money.

About the Mental Health Council of Tasmania

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.