



**Mental  
Health  
Council**  
OF TASMANIA

[www.mhct.org](http://www.mhct.org)

# Response to the 20-year Preventive Health Strategy Exposure Draft

Mental Health Council of Tasmania

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AUTHORISED BY:

**Dan Vautin**

Chief Executive Officer

[dvautin@mhct.org](mailto:dvautin@mhct.org)

03 6224 9222

0427 123 717

Level 6, 39 Murray Street  
Hobart TAS 7000

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## Contents

About Us.....	2
Introduction.....	3
Mental health is not positioned as a central pillar of prevention .....	3
The strategy lacks concrete implementation, funding, and accountability mechanisms .....	3
The role of the community-managed mental health sector.....	4
Equity is referenced but not operationalised .....	4
Digital mental health is a missed opportunity .....	4
There is limited alignment with ongoing commissioning reforms .....	5
Alignment with related strategies and emerging preventive health priorities .....	5
Conclusion .....	6

## 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, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

## Introduction

The Mental Health Council of Tasmania (MHCT) acknowledges and appreciates the ambition of *The Health Revolution: 20-Year Preventive Health Strategy* and its stated commitment to prevention, systems thinking, and whole-of-government collaboration. The strategy is timely, and its intentions are clearly positive and forward-looking. It offers a compelling vision for improving the health and wellbeing of Tasmanians over the long term. However, in its current form, there are important areas where the strategy could be strengthened to more effectively improve mental health outcomes in Tasmania.

### Mental health is not positioned as a central pillar of prevention, which represents a critical gap in the strategy

Mental health conditions contribute significantly to the overall burden of disease in Tasmania, yet the strategy does not clearly articulate how prevention, early intervention, and psychosocial supports will be prioritised, resourced, and embedded across the system. While the five pillars and their sub-pillars are, to some extent, implicitly linked to mental health, this lack of explicit recognition is both concerning and limiting. The strategy's 14 principles cannot be effectively realised without placing mental health at the core of preventive health efforts. Without clear and explicit commitments, there is a real risk that mental health will remain peripheral within a framework where it should be foundational. Furthermore, the strategy would benefit from greater conceptual clarity regarding the distinction and relationship between mental health and wellbeing, including how these concepts are defined and operationalised throughout the document. Mental health was underrepresented in the discussion paper, and this continues to be the case. As a minimum, mental health and wellbeing must be elevated to a stand-alone pillar in Tasmania's 20-Year Preventive Health Strategy.

### The strategy lacks concrete implementation, funding, and accountability mechanisms

A 20-year vision without clearly defined investment pathways, measurable targets, and transparent accountability risks remaining aspirational rather than actionable. This is particularly concerning in the current context of funding uncertainty, workforce instability, and demand for services consistently exceeding capacity across the community mental health sector.

In addition, the strategy does not provide a sufficiently robust evidence base for the proposed frameworks and toolkits. There is limited clarity on how these frameworks will be developed, operationalised, and implemented in practice. The absence of a clear implementation framework further weakens confidence in how the strategy will translate into real-world impact.

For comparison, international models such as the United States' [Healthy People 2030](#) framework provide detailed guidance, including structured implementation pathways, practical tools, and accessible platforms to support uptake across sectors. While it is understood that further detail may be developed over time, the current strategy provides limited assurance to the sector that it will function as more than a high-level vision.

To build confidence and ensure impact, the strategy must clearly articulate how it will guide needs assessment, planning, design, implementation, evaluation, scale-up, and dissemination. Without this level of detail, there is a significant risk that it will not effectively support system-wide change.

### The role of the community-managed mental health sector is underdeveloped within the strategy

Community-based organisations are central to delivering prevention, early intervention, and psychosocial supports, particularly for marginalised populations. Psychosocial approaches, grounded in recovery-oriented, community-led, and strengths-based practice, are critical to sustaining wellbeing beyond clinical intervention, yet these concepts are largely absent from the strategy. The strategy does not sufficiently recognise or embed the community-managed sector within governance, commissioning, or delivery models. This omission risks undermining the very outcomes the strategy seeks to achieve, particularly in relation to equity, recovery, and long-term system sustainability.

### Equity is referenced but not operationalised

There is insufficient detail on how the strategy will address the needs of culturally and linguistically diverse (CALD) communities, people with disability, and those in rural and remote areas. MHCT's work through initiatives such as the Take a minute (TAM) Campaign, *Assisting Communities through Direct Connections (ACDC)* demonstrates that without targeted, culturally responsive approaches, system-level reforms fail to reach those most in need. Prevention must be inclusive by design, not assumed.

### Digital mental health is a missed opportunity

The strategy does not adequately leverage digital solutions as a core enabler of prevention, early intervention, and system integration. Global evidence shows that digital platforms can significantly improve access, literacy, and engagement when implemented thoughtfully. Without a clear recognition of the opportunity and strategic imperative to implement robust digital mental health support, Tasmania risks falling behind in scalable, future-ready service delivery.

## There is limited alignment with ongoing commissioning reforms

Without clear integration with current and emerging commissioning models, there is a risk of continued fragmentation, duplication, and unintended service disruption. Preventive health cannot be considered in isolation from how services are funded, structured, and delivered. Importantly, this strategy presents a significant opportunity to advance contemporary commissioning approaches, including alliance and collaborative models, as part of long-term system reform. Sensible, coordinated, and co-designed commissioning reforms should be explicitly embedded within the strategy to ensure that preventive health ambitions are supported by funding structures that promote integration, shared accountability, flexibility, and sustained impact.

The strategy would also benefit from explicitly recognising child maltreatment as a key preventive health priority, given its prevalence and well-documented long-term impact on mental health and wellbeing across the life course. Preventing and responding to child abuse and neglect is not only a child protection issue but a foundational mental health and public health intervention. A comprehensive preventive health strategy must acknowledge the evidence linking adverse childhood experiences to chronic physical and mental health conditions and articulate clear cross-sector commitments to early identification, trauma-informed practice, and primary prevention.

In addition, the role of workplaces is notably absent from the strategy. Workplaces are a critical setting for promoting mental health and wellbeing, preventing psychological harm, and supporting early intervention. Embedding workplace mental health within the preventive health framework, through policy alignment, employer accountability, and evidence-informed initiatives, would significantly strengthen the strategy's whole-of-system approach.

## Alignment with related strategies and emerging preventive health priorities

The strategy would also benefit from a clearer articulation of how it aligns with existing and emerging state and national policy frameworks that influence preventive health outcomes. In particular, the Exposure Draft's discussion of Action Plan One could be strengthened by mapping the broader ecosystem of related strategies and reforms, including the Disability Inclusion Plan, the forthcoming Tasmanian Mental Health Strategy, and the next Tasmanian Carer Action Plan. Initiatives such as Thriving Kids, alongside national challenges affecting Tasmanians, such as limited access to residential respite for carers, also form an important part of the preventive health landscape. Ensuring carers have access to adequate respite and support is itself a critical preventive health measure that helps maintain the wellbeing of carers and older Tasmanians and can reduce avoidable hospitalisation. Explicitly recognising and aligning these initiatives within the strategy would strengthen coordination across sectors and help create a clearer pathway for collaborative action. In addition, eating disorders represent a notable omission within the current draft. Despite being among the most preventable yet

potentially fatal mental health conditions, particularly affecting young people, eating disorders are not referenced in the strategy. An estimated 24,000 Tasmanians are currently living with an eating disorder, with many more at risk. A comprehensive prevention-focused framework should explicitly address eating disorders through evidence-based education, early intervention, and community-based prevention initiatives.

## Conclusion

In conclusion, to deliver real and equitable outcomes, MHCT asserts that mental wellbeing must be positioned as a core pillar of preventive health, not an adjunct. This requires explicit, funded commitments to early intervention, psychosocial supports, and community-based care, underpinned by long-term, sustainable investment. Without multi-year commissioning, appropriate indexation, and full-cost recovery, the system will remain trapped in a cycle of instability that undermines prevention and workforce sustainability.

The community-managed mental health sector must be embedded in governance and commissioning, with genuine co-design, not tokenistic consultation, driving decisions. Equity must be operationalised through targeted investment, clear accountability, and measurable outcomes for culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander peoples, people with disability, and rural and remote populations. Drawing on our engagements with diverse communities, MHCT has observed that when culturally responsive approaches are not intentionally embedded in system design, reforms are less likely to reach those most in need.

The absence of a clear, resourced digital mental health strategy is a critical gap. Scalable, co-designed digital solutions must be prioritised as a core enabler of access, inclusion, and system transformation. Equally, this strategy must align with current commissioning and system reforms to avoid further fragmentation and disruption.

Crucially, the strategy lacks clearly defined targets, measurable milestones, and timeframes for delivery. Without these, accountability is weakened and progress cannot be meaningfully assessed. A robust monitoring and evaluation mechanism should be established within the first year of implementation to ensure continuous improvement, transparency, and collaborative oversight. This mechanism should include government, the community-managed sector, and lived experience representatives, ensuring shared accountability across all stakeholders, not solely government.

Without these elements, there is a significant risk that the strategy will remain aspirational rather than delivering the structural change required. Tasmania has a clear opportunity to lead nationally, but this will only be realised through decisive, resourced, transparent, and accountable action. MHCT stands ready to partner with Government to strengthen this strategy and ensure it delivers measurable improvements in mental health and wellbeing for all Tasmanians.