



**Mental
Health
Council**
OF TASMANIA

www.mhct.org

Towards a Tasmanian Disability Inclusion Plan Discussion Paper

Mental Health Council of Tasmania Response

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The Mental Health Council of Tasmania is supported by the Tasmanian Government through the Department of Health.

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.

Elevating mental health in Tasmania's Disability Inclusion Plan

The Mental Health Council of Tasmania welcomes the development of the Tasmanian Disability Inclusion Plan and recognises its commitment to strengthening inclusion, rights, and safeguarding for people with disability. However, the current discussion paper gives limited attention to mental health and psychosocial wellbeing. While health and wellbeing are discussed broadly, mental health is referenced only briefly and without sufficient strategic focus or dedicated actions. Given the strong evidence linking disability, social exclusion, and mental health outcomes, this represents a significant gap that should be addressed in the final plan.

People with disability experience disproportionately higher rates of mental health challenges compared with the general population, often due to a combination of structural barriers, social exclusion, trauma, stigma, and limited access to appropriate supports. Despite this, the discussion paper does not articulate how mental health promotion, prevention, early intervention, and psychosocial supports will be embedded within Tasmania's disability inclusion agenda. For a plan intended to advance human rights and full participation, the absence of a clear mental health framework risks overlooking a critical determinant of wellbeing and inclusion.

The paper acknowledges that people with disability often face barriers in accessing health services and navigating different service systems, including disability, health, mental health, and aged care services.

However, it does not sufficiently address the specific mental health needs of people with disability or outline how the system will ensure accessible, trauma-informed, and disability-inclusive mental health care.

A further concern relates to communication accessibility within mental health services. For example, people who are Deaf or hard of hearing frequently face significant barriers when accessing mental health care due to the lack of qualified sign language interpreters, limited Deaf-aware mental health professionals, and inadequate communication supports. Ensuring consistent availability of sign language interpreters in mental health services, including crisis services, community mental health centres, and hospitals, should be considered a core component of inclusive service delivery.

Similarly, people with intellectual disability, neurodivergent individuals, and those with psychosocial disability often encounter systemic barriers when accessing mental health supports. These include diagnostic overshadowing, communication challenges, inaccessible service environments, and a lack of workforce training in disability-inclusive mental health care. The plan would benefit from explicitly recognising these barriers and outlining strategies to ensure that mental health services are accessible, culturally safe, and responsive to the diverse needs of people with disability.

In addition, the discussion paper does not adequately consider the intersection of disability and mental health across different population groups. For example, people with disability from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities, rural and remote areas, and LGBTQIA+ communities may face compounded barriers to accessing appropriate mental health support. A comprehensive inclusion plan must adopt an intersectional approach that recognises and addresses these layered challenges.

MHCT also notes the absence of a clear focus on psychosocial supports within the document. Psychosocial supports play a critical role in helping people with disability maintain wellbeing, participate in their communities, and live independently. These supports, often delivered by the community-managed mental health sector, complement clinical services by addressing social determinants such as housing stability, social connection, employment participation, and recovery-oriented support. Without explicitly recognising psychosocial approaches, the plan risks reinforcing a narrow, service-based understanding of disability inclusion rather than promoting holistic wellbeing.

To strengthen the Tasmanian Disability Inclusion Plan, MHCT recommends that the final strategy:

- ▶ Recognise mental health and psychosocial wellbeing as a core component of disability inclusion.
- ▶ Include specific actions to improve access to disability-inclusive mental health services across Tasmania.
- ▶ Ensure the availability of communication supports, including qualified sign language interpreters, within mental health settings.
- ▶ Strengthen workforce capability through training in disability-inclusive and trauma-informed mental health care.
- ▶ Recognise the role of psychosocial supports and community-based services in promoting wellbeing and social inclusion.
- ▶ Adopt an intersectional approach that addresses the needs of diverse disability communities, including Deaf communities, neurodivergent individuals, and people with psychosocial disability.

Embedding mental health within the Tasmanian Disability Inclusion Plan will not only improve wellbeing outcomes but also strengthen participation, autonomy, and social inclusion for people with disability across the state.