

www.mhct.org

Towards a Tasmanian Digital Mental Health Framework: Policy Brief

Evidence and recommendations from the
Hobart Digital Mental Health Roundtable, 26
June 2026

Mental Health Council of Tasmania (MHCT) and the eMental Health
International Collaborative (eMHIC)

AUTHORISED BY:

Dan Vautin

Chief Executive Officer

dvautin@mhct.org

03 6224 9222

0427 123 717

Level 6, 39 Murray Street
Hobart TAS 7000

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

Contents

About us	2
The context	3
What the evidence shows	4
Recommendations	5
Conclusion	6

About us

The [Mental Health Council of Tasmania](http://www.mhct.org) (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.

The context

Tasmania is finalising its next Mental Health Strategy (Rethink and Beyond), alongside the 20-Year Preventive Health Strategy, but has no statewide Digital Mental Health Framework to guide investment, coordinate existing initiatives, set quality standards, or ensure digital tools reach those who need them most. Tasmania, Australia's most geographically dispersed and workforce-constrained jurisdiction, is disproportionately exposed to this shortfall: nearly two-thirds of Tasmanians live outside Hobart, and rural and remote Tasmanians already experience higher rates of psychological distress and suicide, longer waits, fewer specialists, and significant transport barriers.

Digital tools, telehealth, mobile health apps, navigation platforms, online therapy, peer support networks, and AI-assisted tools, hold significant, largely unrealised potential to close this gap. But without a coordinating framework, Tasmania risks fragmented, low-quality, or inequitable digital investment: multiple Roundtable table groups independently concluded that no one in the room, including people in policy and system 'stewardship' roles, could confidently describe the current landscape of digital mental health tools operating in the state.

It is important to acknowledge that Tasmania is four years into implementing a 10-year Digital Health Transformation strategy (Bluegum), which encompasses mental health services and represents significant existing investment in digital health infrastructure. A Tasmanian Digital Mental Health Framework could be developed in alignment with Bluegum rather than in parallel to it, building on the progress already made under that strategy.

The full Roundtable Report can be found in the Reports and Submissions section of the MHCT Resource Library: <https://mhct.org/resource-library/>

What the evidence shows

- **Trust not technology, is the binding constraint on meaningful engagement.** Technology adoption depends less on a tool's sophistication than on whether clinicians, communities, and consumers trust it, and trust the system endorsing it. This distinction matters: Mental Health Commission of Canada polling shows that 1 in 7 Canadians already use AI for mental health support and 76% of users find it effective, yet only 14% trust it. People are reaching for these tools anyway, often out of necessity, but without the institutional trust that would support safe, informed, and appropriate use.
- **Digital access is not equitable and cannot be assumed.** Tasmania has among the lowest rates of household internet connectivity and digital literacy in Australia (Bridgewater specifically ranks lowest nationally on the Digital Inclusion Index). A framework that assumes universal access will, by design, most disadvantage the communities it most needs to reach.
- **Co-design means governance and employment, not consultation.** Speakers with lived experience were explicit that authentic co-design means leadership, employment and governance from the earliest design stage, not feedback on an already-built prototype. Poorly designed digital referral pathways can re-traumatise clients, particularly those from marginalised communities, by forcing them to repeatedly retell their story.
- **Digital should extend relationships, not replace them.** From the clinical-technology lens to First Nations cultural-connection framing to GP relationship-centred practice, every perspective converged: digital tools succeed when they strengthen an existing relationship (with a GP, family member, peer worker, or community) and are far less likely to succeed, or be trusted, when positioned as a replacement for it.
- **AI is a genuinely new category of both opportunity and risk.** AI offers genuine opportunity (triage, system navigation, app quality assurance at scale, multilingual support for CALD communities) alongside genuine, under-recognised risk (algorithmic bias, privacy, over-reliance, and new digital harms such as gambling-adjacent loot-box mechanics and AI companion misuse). Tasmania currently has no governance framework to manage either side of this.
- **Tasmania has evidence and appetite but lacks a coordinating framework.** The constraint is not a lack of transferable models - Ireland, Singapore, Denmark, Canada, and Australia's own Commonwealth digital mental health programmes offer proven approaches. The constraint is translating and implementing them in the Tasmanian context, through a framework with real accountability, not another high-level document without teeth.
- **Tasmania has an existing digital health foundation that must be the starting point.** The Bluegum Digital Health Transformation - Tasmania's 10-year digital health strategy now four years into implementation - provides the existing infrastructure, governance architecture, and investment framework within which digital mental health considerations should be embedded. The absence of a Digital Mental Health Framework does not mean starting from scratch; it means extending and deepening a framework that already exists.

Recommendations

The following ten recommendations synthesise the Roundtable's plenary sessions, two facilitated table exercises, and closing reflections. This report represents a thematic synthesis of what participants said on the day. While the recommendations are informed by, and reflect priorities raised at, the roundtable, they should not be read as the formal ratified position of eMHIC or the Tasmanian Government. MHCT supports this synthesis as a fair and accurate account of the discussion and puts these recommendations forward as a basis for further action and investment.

Recommendation	Detail
1 Commission a current-state analysis	Map existing digital mental health tools, platforms and services in Tasmania, their quality, reach, and interoperability, before finalising framework design.
2 Embed within Rethink and Beyond and align with the Bluegum Digital Health Transformation	Integrate digital mental health commitments into Rethink and Beyond and the 20-Year Preventive Health Strategy, with clear accountability, with clear accountability mechanisms. Align these commitments with the Bluegum Digital Health Transformation, building on its existing infrastructure and governance rather than creating parallel or duplicative structures.
3 Treat digital access and literacy as foundational infrastructure	Fund community-level internet connectivity (e.g. community halls in low-connectivity areas) and design assuming variable digital and general literacy, not universal access.
4 Establish a Tasmanian app/platform assurance mechanism	Draw on existing models (ORCHA/Atlas; the Mental Health Commission of Canada's app assessment framework; eMHPac's directories) rather than building assurance capability from scratch.
5 Fund and formalise authentic First Nations co-design	Embed First Nations leadership, employment, and governance, not retrospective consultation, with cultural knowledge and expertise appropriately remunerated.
6 Develop Tasmania-specific AI governance guidance	Adapt emerging international guidance (Mental Health Commission of Canada) to the Tasmanian context, addressing explainability, bias, data sovereignty, and new digital harms (loot boxes, AI companion misuse, synthetic imagery).
7 Invest in workforce trust and capability, not just tools	Support ongoing (not one-off) digital mental health training across the workforce and embed digital mental health content in tertiary curricula.
8 Preserve relationship-based care as the anchor for digital tools	Position digital mental health as an extension of trusted relationships (GPs, peer workers, community and cultural connections), not a substitute for them.
9 Pursue structured international collaboration	Formalise "brag and steal" partnerships already offered during the Roundtable (particularly with the Mental Health Commission of Canada) to adapt proven frameworks rather than developing them independently.

10 Design for Tasmania's specific demographic and geographic profile	Recognise Tasmania's comparatively small, closely networked population as an asset for genuine, large-scale community consultation, rather than defaulting to models built for larger jurisdictions.
---	--

Conclusion

Tasmania has a narrow, real window: Rethink and Beyond is still under development.

Embedding digital mental health as core infrastructure within this strategy, rather than deferring it to a future, standalone process, is a sensible and logical action as part of the Rethink & Beyond Strategy now.

This work should be grounded in and aligned with the Bluegum Digital Health Transformation already underway, ensuring that new digital mental health commitments extend rather than duplicate existing investment and governance structures.

Tasmania's comparatively small, closely networked population is a genuine asset here: large-scale, genuine community co-design is realistically achievable in a way it is not in larger jurisdictions, and international partners (particularly the Mental Health Commission of Canada, eMental Health International Collaborative) have already offered structured collaboration to adapt proven frameworks rather than requiring Tasmania to build from a blank page.

Source: *Hobart Digital Mental Health Roundtable 2026 - Full Report (eMHIC and MHCT, 26 June 2026).*

The full Roundtable Report can be found in the Reports and Submissions section of the MHCT Resource Library: <https://mhct.org/resource-library/>