

Submission from Anglicare Tasmania to the Tasmanian Government's Tasmanian Mental Health Strategy Discussion Paper

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About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania's services include: Housing Connect Front Door, crisis, short-term and long-term accommodation support; mental health support services; support services following a motor vehicle accident; aged and home care services; alcohol and other drug services; financial and gambling counselling; and family support. In addition, Anglicare Tasmania's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania's mission sees us strive to achieve social justice. We report on the effects of poverty and disadvantage in our State and provide decision-makers with policy responses to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, research and advocacy.

Anglicare Tasmania's work is guided by a set of values which includes these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

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Introduction

Anglicare Tasmania welcomes the opportunity to provide feedback to the Tasmanian Government on the Discussion Paper [Towards Tasmania's next Mental Health Strategy: Developing the next steps for Rethink and Beyond](#).

Anglicare acknowledge the work to reform the mental health system in Tasmania, including under Rethink 2020. We welcome the recognition in the Discussion Paper that:

*'Demand continues to rise, the complexity of need is increasing, and pressures on acute services persist. At the same time, there is growing recognition that long-term improvement in mental health outcomes requires a stronger focus on prevention, early intervention, and coordinated action on the social determinants of mental health.'*¹

Drawing on Anglicare's extensive frontline experience, this submission responds to the four questions the Discussion Paper posed to stakeholders.

What are the gaps or areas for improvement in Tasmania's current mental health system?

Anglicare Tasmania has advocated for reform to the mental health system, including in its 2025 research report [Mind the Gap](#) and the 2026 report [Strengthening support for people with co-occurring mental health and alcohol and drug issues](#). Further detail, including deidentified client stories that demonstrate experiences with mental ill health and navigating the mental health system, can be found in these reports.

Identified gaps include:

- the service system is fragmented and difficult to navigate
- costs and waiting times are barriers to accessing care through general practitioners and psychologists for people on low incomes
- a lack of psychosocial support outside the National Disability Insurance Scheme (NDIS) and is increasing demand for crisis intervention and putting pressure on the limited mental health workforce
- people with a mental health condition who are using alcohol or other drugs (AOD) face barriers to accessing care due to eligibility restrictions of support services and programs
- a lack of housing, including suitable supported housing for people with mental health conditions.

¹ Tasmanian Government (2026) [Towards Tasmania's next Mental Health Strategy: Developing the next steps for Rethink and Beyond](#), Department of Health.

What should the next ten years of mental health reform in Tasmania focus on?

Addressing the gaps

Mental health reform must focus on addressing the gaps set out above by continuing work towards an integrated system, improving access and affordability, better integrating AOD and mental health services to support people with co-occurring needs, and meeting the unmet need for psychosocial supports outside of the National Disability Insurance Scheme (NDIS).

The Discussion Paper states that under the National Mental Health and Suicide Prevention Agreement (NMHSPA), the Tasmanian Government is working with the Australian Government to strengthen psychosocial supports, and that both levels of government recognise this is an area of significant unmet need that places pressure on family and friends. It is important to note that the unmet need for psychosocial supports outside of the NDIS also places pressure on acute services. Meeting the unmet need for psychosocial support would result in cost savings on health and justice system expenditure.²

Acute mental health deterioration that results in hospital admission is costly in terms of both the financial cost of care and the impact on the individual. Whilst there will be a continued need for inpatient facilities for acute episodes of care, a focus on keeping people well in the community to minimise hospital admissions is paramount. Complementing work to improve facilities, including Emergency Departments and delivering Mental Health Precincts in the North and North West, with greater investment in community-based models of care would deliver recurrent budget savings and relieve pressure on acute care teams by reducing the frequency of admissions.

The mental health services system needs to be designed for people who, compared to the population average, are more likely to have a low income, alcohol and/or drug usage, poor physical health, fewer social supports, and/or housing insecurity. Analysis of data from the Housing Connect Front Door Service indicates that Tasmanians with mental health conditions who seek housing support are significantly more likely to be experiencing homelessness than those without mental health conditions. They are also likely to have been homeless for longer periods.³ Interventions that provide housing security and raise income above the poverty line are also important and feasible policy levers to improve mental health.⁴

The costs of mental health care could be reduced and outcomes improved by providing adequate income and secure housing with appropriate support to people, including those living with mental health conditions.

Anglicare Tasmania supports the suggested themes for the next strategy in the Discussion Paper of:

- increasing collaboration, integration and access across the continuum of care
- elevating the role of lived experience in designing and delivering mental health care
- growing and supporting the mental health workforce
- strengthening promotion, prevention and early intervention.

Key recommendations are set out [below](#).

² Anglicare Tasmania (2025) [Mind the Gap](#), Social Action and Research Centre, Hobart.

³ Anglicare Tasmania (2025) [Mind the Gap](#), Social Action and Research Centre, Hobart.

⁴ Anglicare Tasmania (2025) [Mind the Gap](#), Social Action and Research Centre, Hobart.

Supporting people with complex needs

Mental health services need to be equipped to respond effectively to people with complex needs, including those with co-occurring AOD concerns, physical health issues, housing insecurity or homelessness, and low income. Mainstream services are often ill-equipped to support people with complex needs. People with complex needs can also experience barriers such as lack of finances, transport or health literacy, as well as a lack of trust in service providers.⁵ They may have developed some distrust of services due to difficulty accessing support in the past and be hesitant to engage due to their experiences. This may include feeling like they have been referred between too many services, or their needs are ‘too difficult’ for services to be able to help them. Rebuilding trust in services can take time, especially for people with a history of trauma.

‘Resource constraints and system barriers often mean that multiple support needs become complex support needs—in other words, they are needs that are hard for services to meet. This is especially the case for people in poverty, who face additional barriers to receiving high quality care because of the shortfall in accessible, affordable services.’⁶

What are the key system enablers that need strengthening or are currently missing?

Key system enablers include governance, the mental health workforce, and the way services are funded and commissioned. The Discussion Paper recognises issues such as the complexity of governance and funding arrangements that contribute to system fragmentation and commits to continued work on collaborative commissioning. The continued implementation of Rethink 2020 initiatives, including an integrated Tasmanian mental health system, shifting focus from hospital-based care to support in the community and reducing stigma, is encouraged. The commitment outlined in the Discussion Paper to align Tasmania’s next mental health strategy with national policy directions identified in the Productivity Commission’s review of the NMHSPA to ensure consistency is welcomed.

The Discussion Paper also recognises workforce capacity and sustainability as critical enablers, committing to workforce development and noting further development is needed, including ‘more professional development for GPs, a clear practice framework to guide workforce support and skill development, and a focus on collaboration across the sector instead of competition for funding’.⁷ Building the mental health workforce and increasing capability to support people with complex needs and co-occurring issues are paramount.

⁵ Glennie M and Robinson C (2024) *Handing out tents: The unmet needs of Tasmanians sleeping rough*, University of Tasmania, Hobart.

⁶ valentine k, Liu E, Veeroja P, Harris P, Blunden H and Horton E (2024) *The role of housing providers in supporting clients with complex needs*, AHURI Final Report No. 428, Australian Housing and Urban Research Institute Limited, Melbourne.

⁷ Tasmanian Government (2026) *Towards Tasmania’s next Mental Health Strategy: Developing the next steps for Rethink and Beyond*, Department of Health.

What would you recommend the Tasmanian Government prioritise first as the Strategy is implemented?

Anglicare Tasmania recommends that the Tasmanian Government:

- include a priority in the next mental health strategy to develop integrated treatment for people with co-occurring mental health and AOD issues
- prioritise delivery of the state mental health workforce strategy
- support a sustainable community services sector by progressing five-year contracts with adequate indexation
- fast track the delivery of the Mental Health Precincts at the Launceston General Hospital (LGH) and North West Regional Hospital (NWRH)
- fund additional investment in transitional and long-term supported accommodation to meet the needs of people living with mental health conditions.

Anglicare Tasmania recommends that the Tasmanian Government continue work with the Australian Government to:

- integrate the mental health system, including exploring funding and commissioning models of services to support a continuum of stepped care
- immediately address the unmet need for psychosocial supports outside the NDIS
- improve the affordability of mental health care, including through expanding the number of GP bulk-billing appointments available in Tasmania, and providing access to bulk-billed psychology and psychiatry
- scale up investment in long-term social housing.