

## Submission:

# Next Tasmanian Mental Health Strategy

---

## 1. Overview

COTA Tasmania welcomes the opportunity to contribute to the next Tasmanian Mental Health Strategy. Our core view is that the new strategy should explicitly recognise older Tasmanians as a priority population and should be designed with an ageing population in mind, rather than assuming that later life can be absorbed into generic references to ‘all Tasmanians’.

Older Tasmanians may be ageing with lifelong mental illness, developing mental ill-health later in life, or dealing with overlapping pressures such as grief, loneliness, caring responsibility, chronic illness, frailty, housing insecurity, elder abuse, financial stress, and service fragmentation. These issues cannot be addressed through clinical mental health services alone. They require stronger integration with aged care, primary care, housing, community support, transport, digital inclusion, and carer policy.

COTA Tasmania therefore recommends that the strategy include a clear age lens, stronger prevention focused on social connection and life transitions, better integration between mental health and aged care systems, targeted anti-stigma and workforce action, active involvement of older people and carers in co-design, and robust public accountability supported by age-disaggregated data and measurable outcomes.

## 2. About COTA Tasmania

COTA Tasmania (Council on the Ageing Tasmania) is Tasmania’s peak body representing older Tasmanians.

For more than 60 years, we have been a trusted voice for older people, promoting positive attitudes to ageing, advancing social inclusion, and championing the rights, interests, and value of people as they age.

Our vision is for a Tasmania where people are valued, respected, and supported to age well.

Our mission is to improve outcomes for older Tasmanians through independent, evidence-based policy and advocacy, informed by the lived experience of older people and engagement with stakeholders across government, community services, industry, and the broader community.

Our values underpin everything we do.

- Older people first - we listen to older Tasmanians and place their voices, lived experience and priorities at the centre of our work.
- Respect and inclusion - we value diversity, challenge ageism, and support the right of all people to age with dignity, independence, and connection.

- Integrity and independence - we are trusted, accountable and evidence-based in our advocacy, partnerships, and public contribution.
- Collaboration and influence - we work constructively with governments, services, communities, and partner organisations to achieve practical and lasting change.
- Purposeful action - we focus on reforms that make a real difference in the everyday lives of older Tasmanians.

These values shape how we engage with older people, how we work with others, and how we contribute to policy, public debate, and community life.

We recognise that older Tasmanians are diverse in identity, background, health, culture, geography, life experience, and circumstance. We are committed to ensuring that all older people are respected, included, and able to live with dignity, security, and opportunity in the communities they choose.

COTA Tasmania works across a wide range of issues affecting older people, including health and wellbeing, housing, transport, digital inclusion, ageism, elder abuse prevention, social connection, and the design of systems and services that support people to age well.

### 3. Why this matters

National data show that mental ill-health is common across the population. The ABS has reported that 42.9% of Australians aged 16 to 85 have experienced a mental disorder at some point in their lives, and 21.5% experienced a mental disorder in the previous 12 months. For older adults, the picture is different but still significant. In 2024, the Australian Institute of Health and Welfare reports that 7.9% of men and 11.1% of women aged 65 years and over experienced a mental health condition in the previous 12 months, excluding dementia.

Older people are also highly visible in service systems. The AIHW reports that, among people aged 65 and over, 23.1% of those receiving a Home Care Package and 57.7% of those entering permanent residential aged care had a recorded mental health condition. It also reports that 62.5% of people entering permanent residential aged care were recorded as having at least mild symptoms of depression.

These figures point to the need for mental health strategies to work for an ageing population, not to simply treat older people as an afterthought.

Older people experience mental ill-health in diverse ways. Some live with lifelong mental illness and are ageing with it. Some experience mental ill-health for the first time later in life. Many face compounding pressures such as grief, loneliness, caring responsibilities, chronic illness, housing insecurity, elder abuse, financial stress, or difficulty navigating fragmented systems.

This is particularly important in Tasmania, which has the oldest age profile in the country. At the 2021 Census, Tasmania's median age was 42 years, compared with 38 nationally. Further, 20.9% of Tasmanians were aged 65 and over, compared with 17.2% nationally. On a broader measure, 27.8% of Tasmanians were aged 60 and over, compared with 23.0% across Australia.

The evidence base points clearly to the need for action. *Rethink 2020* recognised accessible care, social inclusion, lived experience, coordinated service delivery, physical health, stigma reduction, and monitoring and evaluation as core reform directions.

Reports released by SANE highlight the fact that older people living with mental illness are more likely to face poor physical health, isolation, unstable housing, fewer supports, and barriers to participation, and that these challenges can become more acute with age.

## 4. Summary of recommendations

COTA Tasmania recommends that the next Tasmanian Mental Health Strategy should:

- Explicitly include older Tasmanians as a priority population, including older people ageing with lifelong mental illness and those experiencing mental ill-health later in life.
- Adopt a whole-of-government approach that addresses mental health alongside housing, aged care, chronic illness, income security, transport, digital inclusion, community connection, and carer support.
- Treat social isolation, grief, bereavement, caring stress, and major life transitions as core mental health issues in later life, with prevention and early support built around community connection and practical help.
- Improve integration between mental health services, primary care, hospitals, aged care, and My Aged Care, so older people do not fall through gaps or have to repeat their story.
- Address physical and mental health together, including better recognition of diagnostic overshadowing and stronger mental health capability in primary care and aged care.
- Strengthen community-based responses, including outreach, home-based options where feasible, local supports, transport-sensitive design, after-hours alternatives to emergency departments and follow-up after crisis or discharge.
- Embed targeted stigma reduction and public awareness action, including campaigns and practice change directed to the aged care and community support sectors.
- Invest in workforce capability, including mandatory mental health training for staff working in aged care and community support settings, and stronger guidance for primary care professionals.
- Build an older-person-inclusive lived experience and peer support model, ensuring older people and older carers are represented in strategy design, implementation, and evaluation.
- Support carers and future planning, recognising that many older carers and families are carrying long-term responsibility with inadequate support and often without clear plans for future care.
- Embed clear KPIs, age-disaggregated reporting, public accountability, and measurable outcome indicators for older Tasmanians.

## 5. Detailed comments

### 5.1 Older Tasmanians should be visible in the strategy itself

Too often, older people are folded into generic references to ‘all Tasmanians’ and disappear in implementation.

This next strategy should explicitly identify older people as a priority group and recognise the distinct experiences of older people who are:

- ageing with severe and persistent mental illness,
- experiencing depression, anxiety, trauma, grief or suicidality later in life,
- older carers and family supporters,
- in rural and regional communities,
- in aged care or receiving home care,
- older Tasmanians with disability, dementia risk, chronic illness or psychosocial disability, and
- Aboriginal older people and older people from other communities who may face additional barriers to culturally safe care.

This would be consistent with *Rethink 2020*, which included responding to the needs of specific population groups and places lived experience, access, and social inclusion at the centre of the system.

It would also better align the strategy with service reality in a state whose population is older than the national average.

## **5.2 Prevention must mean more than clinical intervention**

For older Tasmanians, prevention often sits outside formal mental health services. It includes staying connected, having secure housing, being able to afford daily life, maintaining mobility, navigating bereavement, and remaining part of community life.

COTA Tasmania urges the Government to frame mental health as shaped not only by treatment access, but by the social determinants of health. That is consistent with the values and reform framing in *Rethink 2020* and with the Productivity Commission's emphasis on services beyond health.

Whilst now somewhat dated, the 2013 SANE report is especially useful here. It found that 31% of respondents considered social isolation a major concern for the future, while its summary recommendations called for social isolation in older adults living with mental illness to be treated as a central tenet of reform. That conclusion remains highly relevant.

The strategy should therefore include actions to:

- reduce loneliness and social isolation,
- support older people through major life transitions,
- link mental health promotion with healthy ageing and community participation,
- improve access to low-barrier community supports before problems escalate, and
- recognise the mental health effects of insecure housing, transport barriers, and financial stress.

## **5.3 Integration with aged care must be much stronger**

One of the clearest issues in the background material is system fragmentation. The SANE guide notes that support may previously have come through mental health services, but later life often requires interaction with aged care supports as well; planning ahead becomes crucial, yet navigation is difficult.

Recent national data show just how important that interface is. In 2024, the AIHW reports that 23.1% of people aged 65 and over receiving a home care package and 57.7% of people aged 65 and over entering permanent residential aged care had a recorded mental health condition.

Older people should not need specialist knowledge to move between these systems. That means the next Tasmanian strategy cannot treat aged care as peripheral.

COTA Tasmania recommends that the strategy include practical actions to improve integration between GPs and primary care; community mental health services; hospitals and discharge planning; My Aged Care and aged care assessment pathways; home care and residential aged care providers; and psychosocial supports and community sector organisations.

Older carers and family supporters should be recognised not only as informal supports, but as key partners in safe care, discharge planning, and future planning. This includes clearer referral pathways, warm referrals, shared care planning where appropriate, and practical checks before discharge that the home environment is safe and that appropriate supports are in place.

Most importantly, the strategy should commit to ensuring appropriate navigation support systems for older people and their carers, especially where they are living with complex needs.

#### **5.4 Physical and mental health need to be treated together**

Both *Rethink 2020* and the SANE material point to the importance of physical health for people living with mental illness. *Rethink 2020* specifically identifies improving physical health as a focus area, noting that physical health needs can be overshadowed by mental health conditions.

The 2013 SANE report adds practical weight to this. It found that 67% of respondents lived with at least one physical health condition, 60% said their mental health medication had an unwanted effect on physical health, and 60% identified decline in physical health as their greatest concern for the future. These are striking figures.

For older Tasmanians this matters enormously. Depression, anxiety, medication effects, chronic pain, frailty, sensory loss, mobility issues, and cognitive change can interact in complex ways.

The strategy should therefore include:

- better recognition of coexisting physical and mental health needs,
- stronger mental health capability in general practice,
- better mental health care in chronic disease and pain settings,
- routine attention to mental wellbeing in aged care and community care settings, and
- care models that do not force people to choose between ‘mental health’ and ‘ageing’ systems.

#### **5.5 Community-based responses should be strengthened**

Tasmania’s existing reform direction to shift focus from hospital-based care to support in the community remains sound. For older people in particular, community-based care is usually more appropriate, more accessible, and more dignity-preserving than escalation to emergency or acute settings.

This also reflects broader national reform thinking.

In its 2020 Inquiry into Mental Health, the Productivity Commission highlighted the need for clearer pathways, better care coordination, services beyond health, stable housing, navigation support, and alternatives to emergency departments for people in crisis.

The next strategy should prioritise local, community-based supports; outreach and home-based options where feasible; transport-aware service models; after-hours alternatives to emergency departments; follow-up after crisis or discharge; and regional equity, including in smaller and rural communities.

### **5.6 Housing, stability, and future planning matter**

The SANE material strongly links mental health in older age with housing security, carer arrangements, and planning for the future. It reports that 67% of respondents had not spoken with their carer or support person about a plan for future care, despite most being cared for by an elderly parent or sibling.

It also identified unstable housing and the loss of family or carer support as major future concerns.

COTA Tasmania recommends that the strategy explicitly recognise housing and future planning as mental health issues for older people.

This should include:

- links between mental health services and housing supports,
- planning support for people ageing with severe mental illness,
- stronger recognition of the needs of older carers and family supporters,
- including access to respite and short-break options where older carers are sustaining long-term support roles, and
- attention to transitions into home care, residential care, supported accommodation, or other changed living arrangements.

### **5.7 Stigma remains a major barrier**

Older people can face a double stigma: ageism and mental health stigma.

The SANE report identifies stigma as a barrier to service access and recommends stronger lobbying, advocacy, public awareness, and stigma reduction targeted at the aged care sector and community support services. *Rethink 2020* also recognises stigma reduction as a core reform direction.

The next strategy should include anti-stigma actions that specifically address:

- stigma in aged care and community care settings,
- ageist assumptions that depression, grief, anxiety, or isolation are ‘just part of getting old’,
- reluctance to discuss suicidality, trauma, or chronic mental ill-health in later life, and
- stigma experienced by carers and families.

### **5.8 Workforce capability in aged care and community settings is essential**

If the strategy is serious about older people, it must address workforce skill gaps. The SANE report’s service provider perspective called for mental health training and education for all staff working in the aged care and community support sector, and its formal recommendations included mandatory mental health training for those staff.

That recommendation is reinforced by current service data. In supported accommodation, all respondents reported access to a GP, but only 38% had access to a mental health professional. Workforce capability in mainstream services therefore matters.

COTA Tasmania recommends practical workforce actions including:

- mandatory mental health literacy training for aged care and home care workers,
- guidance for GPs and primary care professionals on mental illness in later life,
- better understanding of trauma, grief, psychosocial disability, and chronic mental illness in aged care settings, and
- stronger pathways into specialist advice when complexity is high.

### **5.9 Lived experience must include older people**

The Department's consultation material says the next strategy should value lived experience in the design and delivery of services.

COTA Tasmania strongly agrees, but notes that 'lived experience' must include older Tasmanians themselves, not just generalised or youth-weighted models of engagement.

The recommendations from the 2013 SANE report are instructive here: consult with older adults when seeking to understand the experience of living with mental illness, and actively recruit older adults as peer educators for workshops and support programs.

Older people ageing with mental illness, older carers, and people navigating both mental health and aged care systems should be involved in co-design of strategy actions, implementation planning, service redesign, evaluation and reporting, and peer roles and advisory structures.

### **5.10 The strategy needs measurable outcomes and public accountability**

COTA Tasmania strongly supports a strategy that moves beyond aspiration.

Tasmania's previous plan already emphasised monitoring, evaluation and clearly identified outcomes. National reform work has similarly argued for stronger monitoring and reporting across portfolios, better outcome measures, and reporting that is meaningful for consumers and carers.

Recent national indicators also show why this matters.

The National Mental Health Commission reports that 20.4% of people delayed or did not see a health professional for their mental health in 2023-24 due to cost, up from 16.7% in 2021-22 and 12.0% in 2020-21.

Without measurable targets and public reporting, issues such as affordability, access and regional inequity are too easily obscured.

The new strategy should include:

- clear implementation timelines,
- named lead agencies,
- measurable KPIs,
- public reporting,
- a transparent review mechanism, and
- age-disaggregated reporting where possible.

At minimum, reporting should show whether older Tasmanians can access timely care, whether integration with aged care has improved, whether crisis responses are more appropriate, and whether loneliness, housing instability and service navigation barriers are being reduced.

## 6. Conclusion

COTA Tasmania supports the development of a new long-term mental health strategy for Tasmania and welcomes the consultation now underway.

The next strategy should build on the strengths of *Rethink 2020* while going further in three key respects: it should be more explicit about older Tasmanians, more practical about cross-system integration, and more accountable for delivery.

For older people, mental health cannot be separated from housing, physical health, care transitions, social connection, grief, safety, transport, income, and dignity. A strategy that genuinely works for older Tasmanians will also be a better strategy for Tasmania as a whole.

---

## References

Australian Bureau of Statistics, National Study of Mental Health and Wellbeing, 2020-2022.

Australian Bureau of Statistics, Snapshot of Tasmania, 2021 Census article.

Australian Institute of Health and Welfare, Mental health in aged care, 2024.

National Mental Health Commission, National Report Card 2024.

Productivity Commission, Mental Health Inquiry Report: Actions and Findings, 2020.

SANE Australia, Growing older, staying well: mental health care for older Australians, 2013.

SANE Australia, Ageing Well: A guide to planning ahead for older people who live with mental illness, their family and friends, 2015.

Tasmanian Department of Health and Primary Health Tasmania, Rethink 2020: A state plan for mental health in Tasmania 2020-2025.

Tasmanian Department of Health, 2024-25 Rethink 2020 Implementation Plan.

Tasmanian Department of Health, Towards Tasmania's next Mental Health Strategy discussion paper, 2026.