

Submission:

**Proposed Theory of
Change, Outcomes
Framework and Program
Logic** for Tasmania's next
Mental Health Strategy
(2026-31)

May 2026



Acknowledgement of Country

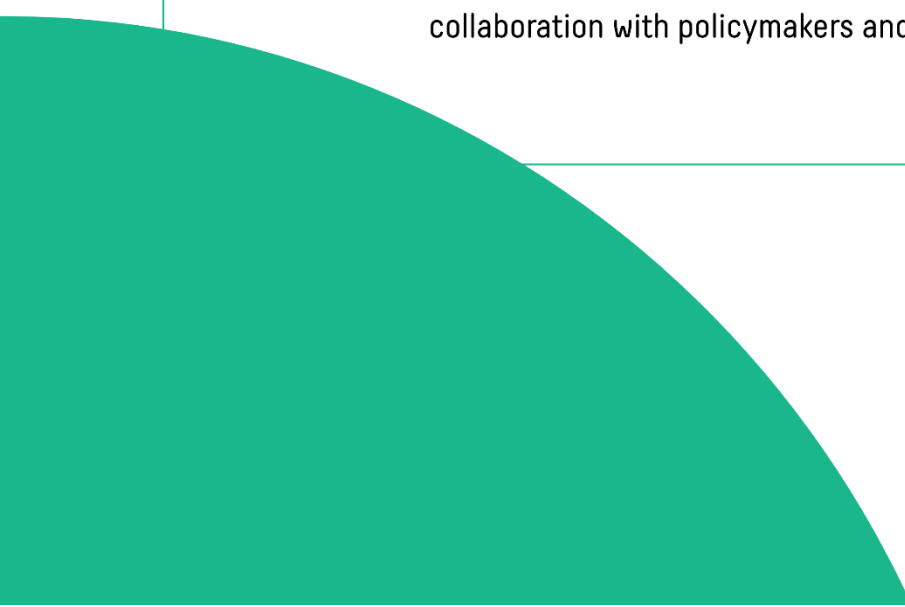
Mental Health Lived Experience Tasmania (MHLET) respectfully acknowledges the palawa, the original custodians of the lands and seas of lutruwita (Tasmania) on which we live and work. We pay our respects to elders, past and present.

We acknowledge the significant ongoing and pervasive harmful impacts of colonisation and respect the resilience of First Nation's Peoples and their retained strong connection to Country, culture, and community.

We recognise that sovereignty was never ceded. This was, is, and will always be Aboriginal land.

About MHLET

MHLET is a not-for-profit organisation dedicated to empowering Tasmanians with lived experience of mental health challenges. By advocating for, and with, Tasmanians, we amplify the voices of people with lived experience to create meaningful systemic change in mental health services for the Tasmanian community. MHLET provides training opportunities, peer connections and collaboration with policymakers and service providers.



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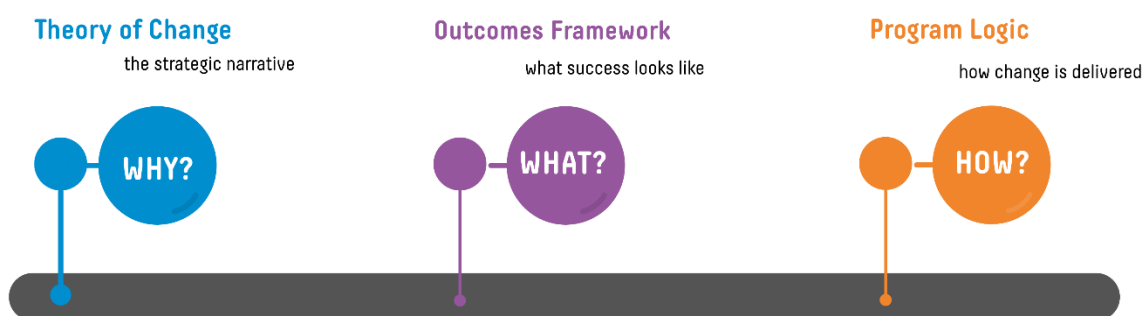
1. ABOUT THIS DOCUMENT

This document contains three connected tools that together set out how *Tasmania's next Mental Health Strategy (2026-31)* could work, and how we would know if it's working.

The documents have been prepared by *Mental Health Lived Experience Tasmania (MHLET)* in response to the Tasmanian Government's discussion paper, *Towards Tasmania's next Mental Health Strategy*.

How the 3 tools interact

Each tool answers a different question.
Together they form one connected system for designing, delivering and learning from the work.



The three tools build on each other:

The Theory of Change describes the big picture. It sets out who the Strategy is for, what needs to change for them, what we propose to do about it, what resources and support are needed to make that change happen, and how we will recognise change when we see it. *The Theory of Change* is organised around five "change domains" which are the five main areas where reform is needed.

The Outcomes Framework is how we measure the *Theory of Change*. It takes the changes described in the *Theory of Change* and turns them into 24 specific outcomes we can track. It groups those outcomes under the same five domains, names the enablers that need to be in place to deliver them, and leaves space for government, providers and lived experience peak bodies to populate the specific initiatives and indicators (the "how will we measure this?" detail) during implementation planning.

The Program Logic is a one-page visual that shows how the whole thing fits together. It traces the journey from inputs (what is invested) through activities (what the system does), outputs (what is produced), outcomes (what changes for Tasmanians) and impacts (the bigger, long-term changes for Tasmania as a whole). It is designed to be read at a glance.

2. HOW TO USE THESE TOOLS

The three tools are designed to be used together.

- If you want to understand what we are trying to do and why, read the **Theory of Change**.
- If you want to understand how we will know it is working, read the **Outcomes Framework**.
- If you want a quick overview of the whole picture, look at the **Program Logic one-pager**.

The tools are offered to the Tasmanian Government and the broader mental health sector not as a finished position, but as a structured contribution to the conversation - a way of showing how the priorities that matter to Tasmanian mental health consumers, families and carers, the community-managed sector, and the peak bodies who represent them, could be built into the next Strategy's design and accountability. Every part of this document is open to further discussion and refinement.

3. THEORY OF CHANGE

CHANGE STATEMENT

By 2031, every Tasmanian experiencing mental health challenges, suicidality or psychological distress can access timely, culturally safe, consumer-led support close to where they live, delivered by a sustainable workforce in a system shaped by lived experience and accountable for achieving transparent consumer-centred outcomes.

3.1 WHO IS THE CHANGE FOR?

Tasmanians experiencing mental ill-health, psychological distress and/or suicidality, and the family, carers, and kin who support them, with specialist approaches for:

- **Tasmanian Aboriginal people:** seeking self-determined, culturally safe care grounded in Social and Emotional Wellbeing, and aligned with *Tasmania's Plan for Closing the Gap 2025–2028*.
- **Children, young people and families:** particularly in the first years of life, where parent-child attachment shapes lifelong mental health, and through adolescence where Tasmanian youth experience significant mental health need.

- **People living in regional, rural and remote Tasmania:** who face compounding access, workforce and continuity-of-care barriers.
- **Older Tasmanians:** given the state's older population profile and higher rates of chronic disease
- **LGBTIQA+ Tasmanians:** aligned with the LGBTIQA+ *Action Plan 2024–2027*.
- **Culturally diverse Tasmanians:** specialist culturally responsive services, particularly for migrants and refugees settling in Tasmania.
- **Tasmanians with disability and psychosocial disability:** including the large cohort who need psychosocial support but are outside the NDIS.
- **People experiencing co-occurring mental ill-health and alcohol or other drug use.**
- **People engaged with the forensic mental health system,** including those in contact with Statewide Forensic Mental Health Services and the Wilfred Lopes Centre.

What Tasmanians consistently say they need:

- Support close to home, without having to travel to Hobart or Launceston.
- A single, navigable entry point that doesn't require them to repeat their story.
- Psychosocial supports: help with housing, daily living, social connection, employment and participation: available consistently, whether or not they are NDIS participants.
- Peer worker and lived-experience-led options, including 24/7 alternatives to emergency departments.
- Help for their family and friends as part of holistic care.
- Culturally safe support, including services managed by Aboriginal Community Controlled Organisations.
- LGBTIQA+-affirming services.
- Continuity when Tasmanians move between services, regions, or levels of acuity.
- Respect, dignity, and a voice in the decisions being made about care, with special attention to acute and involuntary settings.

Tasmanian strengths to build on:

- Strong community connection and resilience.
- A growing lived-experience workforce.
- Outcomes from *Rethink 2015–2025* and *Rethink 2020*.
- Statewide Mental Health Services as the state's specialist clinical backbone (adult, child and youth, older persons, perinatal and infant, forensic, and inpatient care, plus Access Mental Health).
- A community-managed mental health sector delivering psychosocial supports, residential rehabilitation, peer-led services, crisis accommodation, recovery and outreach programs across Tasmania, inside and outside the NDIS.
- Established community-facing infrastructure (Peacock Centre, Medicare Mental Health Centres, Mental Health Emergency Response Service, Hospital in the Home, Central Intake and Referral).
- Active, connected peak bodies in MHCT, MHLET and MHFFT.

3.2 WHAT DO WE NEED TO CHANGE?

Consumer and community experience

- People wait too long to access support, and often only reach help in crisis.
- Navigation is fragmented; people, families and GPs don't always know what exists or how to access it.

- Services are concentrated in Hobart and Launceston, leaving rural and remote Tasmanians underserved.
- Psychosocial supports: delivered mostly by community-managed organisations, are inconsistently funded, inequitably distributed across regions, and for many Tasmanians outside the NDIS - simply unavailable.
- Families, friends and kin carry enormous load without sufficient recognition, information or support.
- Aboriginal Tasmanians experience services that are not consistently culturally safe or self-determined.
- Stigma, bigotry and discrimination and fear of restrictive practices and involuntary treatment continue to deter help-seeking.
- Experiences of restrictive practices in acute and involuntary care remain a significant human rights concern and are not transparently reported.

System-level

- Tasmania's mental health workforce is under sustained pressure: shortages, burnout, limited career pathways, and competition for funding between community-managed organisations that should be partners.
- The peer and lived-experience workforce, while growing, lacks consistent training, supervision, career pathways and sustainable funding, across both government and community-managed settings.
- Short, uncertain funding cycles for community-managed providers undermine partnership, planning, workforce retention and service continuity for consumers.
- Coordination between Statewide Mental Health Services, Primary Health Tasmania, community-managed providers and Australian Government-funded services is inconsistent.
- Acute services are under persistent demand pressure, with limited community-based alternatives (safe spaces, step-up/step-down, outreach) that are best placed in the community-managed sector.
- Monitoring relies on clinical activity metrics rather than outcomes that matter to Tasmanians.
- Lived experience leadership has grown but is not yet structurally embedded in governance, commissioning or evaluation.

Government-level

- Commonwealth–State responsibilities are complex and sometimes duplicative or leave gaps, particularly for psychosocial supports outside the NDIS.
- Cross-portfolio coordination (housing, justice, education, AOD, disability) is inconsistent.
- Alignment with adjacent Tasmanian strategies (Preventive Health, Suicide Prevention, Drug, Closing the Gap, Disability, Health Workforce 2040) is aspirational rather than operationalised.
- Fiscal pressure tempts short-term thinking over long-term system investment.

3.3 WHAT ARE WE GOING TO DO TO MAKE THE CHANGE?

There are five change domains.

Change Domain 1: *Put lived experience at the centre of the system.*

Move from lived experience as a voice that is consulted to lived experience as structural expertise.

This means:

- MHLET and MHFFT resourced sustainably as peak bodies embedded in system governance, commissioning and evaluation.
- Lived experience leadership roles embedded across major reform initiatives, governance bodies and commissioning decisions in Statewide Mental Health Services, Primary Health Tasmania and community-managed providers.
- A lived-experience-designed, transparent complaints and feedback process, with visibility into both clinical and community-managed services, including acute and involuntary care.
- Consumer-defined outcomes shaping how the system is measured.
- Families, friends and kin recognised as care partners, with their own support needs met.

Change Domain 2: *Build a connected, "no wrong door" system Tasmanians can navigate.*

Move from a fragmented system many Tasmanians struggle to navigate themselves to a connected system that finds its way to them.

This means:

- A statewide navigation and support function, with dedicated navigators and peer-led pathways, building on Access Mental Health and the Central Intake and Referral Service.
- Local integration hubs that co-locate Statewide Mental Health Services community teams, primary care, community-managed psychosocial providers, peer services, and AOD supports.
- Universal access to psychosocial supports such as housing sustainment, daily living, social connection, recovery and participation programs, delivered by community-managed providers, reaching Tasmanians both inside and outside the NDIS.
- 24/7 community-based alternatives to emergency departments, including peer-led safe spaces and step-up/step-down services delivered in the community-managed sector.
- Mobile and outreach models for regional and rural communities.
- Shared care plans and consumer-authorized information-sharing protocols so Tasmanians don't repeat their story.
- Digital options that complement (and never substitute) human, relationship-based care.

Change Domain 3: *Shift towards prevention, early support and the social determinants.*

Move from a system dominated by acute response to one that intervenes upstream.

This means:

- Adopting the Dual Continua Model as the organising frame, recognising wellbeing and mental health challenges are not opposite ends of one spectrum.
- Operationalising alignment with the 20-Year Preventive Health Strategy, Suicide Prevention Strategy, Drug Strategy, Closing the Gap, LGBTIQA+ Action Plan and Disability Strategy.
- Early years and family support, recognising Tasmanian parents report higher distress than the national average.
- School-based mental health support, including expanded Youth Peer Wellbeing Programs and access to school psychologists.
- Place-based prevention in workplaces, sporting clubs and community settings, best delivered by community-managed organisations already embedded in local communities.
- Action on social determinants that drive and exacerbate mental health challenges: housing, income, employment, education, safety from violence, bigotry and discrimination.
- Culturally safe, community-led awareness initiatives, particularly by and with Tasmanian Aboriginal communities.

Change Domain 4: Grow and sustain a Tasmanian mental health workforce: peer, community and clinical.

Grow Tasmania's mental health workforce as a thriving profession of choice across peer, community-managed and clinical roles.

This means:

- A Tasmanian Mental Health Workforce Plan operationalising Health Workforce 2040, covering Statewide Mental Health Services' clinical workforce, the community-managed sector's psychosocial and support workforce, and peer roles, with specific rural and regional retention strategies.
- MHLET positioned as the home for Tasmania's lived experience peer workforce: leading peer workforce development, professional identity, supervision, quality and advocacy; working with MHCT, Statewide Mental Health Services and community-managed providers on genuine integration into services.
- Peer roles recognised as a genuine profession, with career pathways, remuneration parity and protected scope of practice, whether based in government or community-managed settings aligned with the work of the new national peer workforce association.
- Professional development pipelines for GPs and other primary care workers.
- A practice framework to guide workforce development across the sector.
- Multi-year funding agreements for community-managed providers that end inefficient competition between partners and allow them to retain workforce, plan services and sustain partnerships.
- Culturally safe recruitment and development pathways for Aboriginal workers.

Change Domain 5: Make the system accountable for the outcomes that matter to Tasmanians.

Move from reporting on activity to accountability for outcomes.

This means:

- An outcomes framework co-designed with people with lived experience, measuring what matters to Tasmanians (beyond clinical throughput), and applied consistently across government and community-managed services.
- Public reporting on equity by region, by population, by cohort, including for people who do and do not have NDIS support.
- Transparent monitoring of restrictive practices in all settings, particularly inpatient and involuntary care settings, with a commitment to progressive reduction.
- Annual regional reporting that is meaningful to local communities.
- Evaluation embedded from the start, drawing on the Rethink 2020 evaluation as a foundation.
- Joint commissioning between the Tasmanian Government and Primary Health Tasmania with embedded lived expertise, shared accountability and transparent allocation of Commonwealth and State responsibilities.

3.4 WHAT RESOURCES AND ENABLERS ARE REQUIRED?

Sustainable, multi-year funding for the community-managed mental health sector, lived-experience peaks, and the peer workforce, ending the cycle of short, uncertain grants that undermines partnership, planning and continuity of care for Tasmanians.

Universal psychosocial support: commissioning arrangements that guarantee access for Tasmanians both inside and outside the NDIS, with clearly defined Commonwealth–State responsibilities and community-managed providers resourced to deliver at scale.

Embedded lived experience: MHLET and MHFFT resourced as structural partners in governance, commissioning and evaluation, including within Statewide Mental Health Services reform.

Cross-portfolio governance connecting mental health services in the Department of Health with Treasury, DPAC and departments responsible for housing, justice, education and employment, because mental health outcomes are shaped across government.

Partnership architecture between Statewide Mental Health Services, Primary Health Tasmania, community-managed providers, and Aboriginal community-controlled organisations, with formal agreements on shared planning, commissioning processes and accountability.

A Tasmanian Mental Health Workforce Plan with specific rural and regional strategies, MHLET-led peer workforce infrastructure, community-managed sector workforce pathways, and Aboriginal workforce pathways.

Data and digital infrastructure: shared care records where Tasmanians consent; consumer-reported outcome measures; public equity reporting; data governance with embedded lived experience.

Independent oversight: improved mechanisms for transparent monitoring of restrictive practices in all settings (particularly inpatient and involuntary settings), complaints handling designed by lived experience, and public reporting on reform progress.

An evaluation and learning culture: building on the external evaluation of Rethink 2020, with findings translated into ongoing practice across government and community-managed services.

3.5 HOW DO WE KNOW CHANGE IS HAPPENING?

Short-term (Years 1–2)

- Lived experience peaks sustainably funded and embedded in governance.
- MHLET resourced to lead peer workforce development statewide.
- Multi-year funding agreements in place for community-managed providers.
- Tasmanian Mental Health Workforce Plan published and in implementation.
- Local integration hubs and peer-led safe spaces operational in at least three regions.
- Outcomes framework co-designed and in use across government and community-managed services.
- Baseline public equity reporting published, including for Tasmanians outside the NDIS.

Medium-term (Years 3–4)

- Waiting times for psychosocial support reduced, particularly in regional areas and for non-NDIS Tasmanians.
- Peer workforce has sustained growth with defined pathways, workplace parity and professional standing.
- Families, friends and kin report improved recognition and support.

- Measurable reduction in restrictive practices in all settings.
- Improved continuity between primary, community-managed and acute services.
- Aboriginal-led mental health and SEWB initiatives expanded.

Long-term (Year 5 and beyond)

- Reduced mental health crisis presentations in EDs and reduced repeat presentations.
- Declining suicide rates, particularly in priority cohorts.
- Narrowing equity gaps between regions, between priority populations, and between NDIS and non-NDIS Tasmanians.
- Sustained growth in the lived-experience, community-managed and clinical workforce.
- Public confidence in Tasmania's mental health system demonstrably improved.

3.6 WHAT SUCCESS LOOKS LIKE IN 2031

A Tasmanian consumer can say:

"I got help early, close to home. I wasn't passed around. My family was supported too. My culture was respected. Whether I was seeing a clinical team, a peer worker or a community organisation, the support joined up. When I needed acute care, I was treated with dignity. When I raised a concern, it was heard and things changed."

A Tasmanian service provider can say:

"Whether we're a community-managed organisation delivering psychosocial supports, a primary care provider, a peer service or a Statewide Mental Health Services team, we have the funding certainty to plan, the workforce to deliver, and the partnerships to make sure no one falls through the cracks."

The Tasmanian Government can say:

"We are investing in what works, we are accountable for the outcomes Tasmanians care about, and we are closing equity gaps across our state, including for Tasmanians whose psychosocial needs fall outside the NDIS."

4. THE OUTCOMES FRAMEWORK

This Outcomes Framework sets out how Tasmania will know whether reform is achieving what it set out to do. It has five elements:

- **Goals:** the high-level outcomes the Strategy is seeking to achieve.
- **Outcome Domains:** the five groupings of Key Outcomes, aligned to the Change Domains.
- **Key Outcomes:** the 24 outcomes linked to the Program Logic.
- **Critical Enablers:** what must be in place to support delivery.
- **Funded Initiatives and Outcome Indicators:** to be populated through implementation planning.

GOALS

Successful reform of Tasmania's mental health system will be measured against the following goals:

- More Tasmanians get timely, culturally safe, consumer-led support close to where they live.
- Fewer Tasmanians reach crisis point because of unmet need.
- More Tasmanians experience psychosocial support when they need it, whether or not they are NDIS participants.
- Fewer Tasmanians experience restrictive practices or rights breaches in the mental health system.
- Tasmania's mental health workforce is sufficient, skilled and sustainable.
- Reform is accountable to the outcomes that matter to Tasmanians.

OUTCOME DOMAINS

OUTCOME DOMAIN 1: *Lived experience at the centre of the system.*

Aim:

Tasmanians with lived experience of mental health challenges shape the system that serves them as structural partners.

Key Outcomes:

1. **Lived experience shapes decisions:** Tasmanians with lived experience of mental health challenges shape system decisions that affect them, through resourced peak bodies (MHLET, MHFFT) and embedded leadership roles across Statewide Mental Health Services, Primary Health Tasmania and community-managed providers.
2. **Complaints drive practice change:** Complaints and feedback are taken seriously, and drive practice change in all settings through a lived-experience-designed, transparent process.
3. **Consumer-defined outcomes:** Consumer-defined outcomes, co-designed with people with lived experience, shape how the system is measured.
4. **Families, carers and kin supported:** Families, carers and kin are recognised as care partners, feel informed and supported, and have their own wellbeing needs met.

OUTCOME DOMAIN 2: *A connected, "no wrong door" system.*

Aim:

Tasmanians get the right support at the right time, close to home, without having to piece the system together themselves.

Key Outcomes:

5. **Earlier, closer access:** Tasmanians access support earlier and closer to home, supported by a statewide navigation function, peer-led pathways and local integration hubs.
6. **Seamless transitions:** Tasmanians don't repeat their story when they move between services, supported by shared care plans and consumer-authorized information sharing.
7. **Universal psychosocial support:** Psychosocial support is available consistently to Tasmanians inside and outside the NDIS, delivered by community-managed providers.
8. **Community-based alternatives to EDs:** 24/7 community-based alternatives, including peer-led safe spaces and step-up/step-down services, reduce reliance on emergency departments.
9. **Rural and regional access:** Tasmanians in rural and regional areas experience meaningfully improved access to mental health support, through mobile, outreach and locally anchored services.

OUTCOME DOMAIN 3: *Prevention, early support and the social determinants.*

Aim:

Tasmania's mental health system intervenes upstream, supporting wellbeing and responding early, before challenges escalate.

Key Outcomes:

10. **Mental health literacy and reduced stigma:** Tasmanians understand and talk about mental health more confidently, recognise early signs of distress, know where to seek help, and experience less stigma and discrimination.
11. **Early family and parenting support:** Tasmanian parents and families report earlier access to support, recognising Tasmania's elevated parental distress.
12. **Young Tasmanians supported early:** Young Tasmanians access mental health support at school and in the community, through expanded Youth Peer Wellbeing Programs, school psychology and place-based initiatives.
13. **Targeted prevention for priority cohorts:** Communities with specific needs - including Tasmanian Aboriginal people, LGBTIQ+ Tasmanians, culturally diverse Tasmanians, older Tasmanians, people with disability, and people experiencing co-occurring AOD use - experience targeted, culturally safe prevention and early intervention.
14. **Social determinants addressed:** The social determinants that drive and exacerbate mental health challenges - housing, income, employment, education, safety from violence, bigotry and discrimination - are actively addressed across Tasmanian government portfolios.

OUTCOME DOMAIN 4: *A sustainable peer, community and clinical workforce.*

Aim: Tasmania's mental health workforce - peer, community-managed and clinical - is a thriving profession of choice, with the skills, structures and conditions to deliver.

Key Outcomes:

15. **Peer workforce thriving:** Tasmania's lived experience peer workforce grows sustainably with defined pathways, remuneration parity and professional standing, underpinned by MHLET-led workforce infrastructure and membership of the national peer workforce association.
16. **Community-managed sector stable:** The community-managed sector retains workforce, plans services with confidence, and sustains partnerships, supported by multi-year funding agreements that end inefficient competition between partners.
17. **Clinical shortages easing:** Clinical workforce shortages within Statewide Mental Health Services and across primary care are easing, particularly in rural and regional Tasmania, consistent with *Health Workforce 2040*.
18. **GPs confident and supported:** GPs and other primary care workers feel confident and supported in mental health care, with access to ongoing professional development and clear referral pathways.
19. **Aboriginal workforce pathways:** Aboriginal workers enter, progress and stay in Tasmania's mental health workforce, through culturally safe recruitment and development pathways.

OUTCOME DOMAIN 5: Accountability for outcomes that matter to Tasmanians

Aim:

Tasmania's mental health system is accountable for the outcomes Tasmanians care about, with transparent, public reporting.

Key Outcomes:

20. **Outcomes-based measurement:** Measurement shifts from clinical activity to outcomes that matter to Tasmanians, through a co-designed outcomes framework applied across government and community-managed services.
21. **Equity visible and reported:** Equity gaps are visible and publicly reported by region, population and cohort, including between people inside and outside the NDIS.
22. **Restrictive practices reducing:** Restrictive practices in all settings (with particular focus on inpatient and involuntary care settings) are transparently monitored and progressively reducing.
23. **Commonwealth and State responsibilities clear:** Commonwealth and State funding responsibilities are clearly allocated, publicly reported and jointly commissioned with embedded lived expertise.
24. **Regional reporting meaningful to communities:** Annual regional reporting on services commissioned, utilisation and consumer experiences is transparent, accessible and meaningful to Tasmanian communities.

CRITICAL ENABLERS

The following enablers are required to support delivery of the outcomes. They correspond to the resources and enablers identified in *Section 4* of the *Theory of Change*:

- **Sustainable, multi-year funding** for the community-managed sector, lived-experience peaks and the peer workforce, ending the cycle of short, uncertain grants.
- **Universal psychosocial support commissioning:** guaranteed access inside and outside the NDIS, with clearly defined Commonwealth–State responsibilities.
- **Embedded lived experience:** MHLET and MHFFT resourced as structural partners in governance, commissioning and evaluation, including within Statewide Mental Health Services reform.

- **Cross-portfolio governance:** connecting Health with Treasury, DPAC, and portfolios responsible for housing, justice, education and employment.
- **Partnership architecture:** formal agreements between Statewide Mental Health Services, Primary Health Tasmania, community-managed providers and Aboriginal community-controlled organisations on shared planning, commissioning processes and accountability.
- **A Tasmanian Mental Health Workforce Plan:** with rural and regional strategies, MHLET-led peer workforce infrastructure, community-managed sector pathways, and Aboriginal workforce pathways.
- **Data and digital infrastructure:** shared care records on consumer authorisation, consumer-reported outcome measures, public equity reporting, data governance with embedded lived experience.
- **Independent oversight:** transparent monitoring of restrictive practices, lived-experience-designed complaints handling, and public reporting on reform progress.
- **An evaluation and learning culture:** building on the external evaluation of Rethink 2020, translating findings into practice across government and community-managed services.

5. THE PROGRAM LOGIC · A ONE PAGER



Tasmania's Next Mental Health Strategy 2026–2031
A results chain aligned to five Change Domains
(prepared by Mental Health Lived Experience Tasmania)

CHANGE STATEMENT

By 2031, every Tasmanian experiencing mental health challenges, suicidality or psychological distress can access timely, culturally safe, consumer-led support close to where they live, delivered by a sustainable workforce in a system shaped by lived experience and accountable for achieving transparent consumer-centred outcomes.

Five Change Domains	Inputs	Activities	Outputs	Outcomes	Impacts
01 Lived experience at the centre <i>Structural expertise, not consultation</i>	<ul style="list-style-type: none"> Sustained funding for MHLET and MHFFT as peaks Resourcing for lived-experience leadership positions Funding for a lived-experience-designed complaints function Consumer and carer lived experience workforce 	<ul style="list-style-type: none"> Embed MHLET and MHFFT in governance, commissioning and evaluation Establish lived experience leadership across SMHS, PHT and community-managed providers Design and run a transparent complaints process, including acute and involuntary care Co-design consumer-defined outcome measures Recognise and support families, carers and kin as care partners 	<ul style="list-style-type: none"> Multi-year peak funding in place Lived experience leadership positions active Complaints process operational with public reporting Consumer-defined outcomes adopted Family, carer and kin support programs expanded 	<ol style="list-style-type: none"> Tasmanians with lived experience of mental health challenges shape decisions that affect them Complaints drive practice change in all settings Consumer-defined outcomes shape system measurement Families, carers and kin feel recognised, informed and supported 	<ul style="list-style-type: none"> A system trusted by the people who use it Rebalanced power between consumers, carers and the system Stronger culture of accountability and learning
02 A connected, "no wrong door" system <i>The right support, close to home, without piecing it together</i>	<ul style="list-style-type: none"> Funding for statewide navigation and peer-led pathways Capital and operational funding for local integration hubs Sustainable commissioning for psychosocial supports (NDIS and non-NDIS) Mobile and outreach capability for rural and regional Tasmania Digital infrastructure for shared care plans 	<ul style="list-style-type: none"> Build a statewide navigation function on Access Mental Health and CIRS Establish local integration hubs co-locating SMHS, PHT, community-managed and peer services Commission universal psychosocial supports, inside and outside the NDIS Stand up 24/7 peer-led safe spaces and step-up/step-down services Fund mobile and outreach for regional Tasmania Implement shared care plans and consumer-authorized information sharing 	<ul style="list-style-type: none"> Statewide navigation and peer-led pathways operating Integration hubs operational in three or more regions Universal psychosocial commissioning covering people inside and outside NDIS 24/7 alternatives to EDs operating Mobile and outreach services in regional Tasmania Shared care plans and consent-based information sharing in use 	<ol style="list-style-type: none"> Tasmanians access support earlier and closer to home Tasmanians don't repeat their story between services Psychosocial support available regardless of NDIS status 24/7 alternatives reduce reliance on EDs Rural and regional Tasmanians experience improved access 	<ul style="list-style-type: none"> Reduced crisis and repeat ED presentations More Tasmanians living stably in the community Narrowing geographic inequity
03 Prevention, early support & social determinants <i>Intervene upstream, before challenges escalate</i>	<ul style="list-style-type: none"> Funding for early years, family and school-based support Cross-portfolio funding aligned to social determinants Investment in place-based community-managed prevention Resources for Aboriginal community-led awareness Alignment funding across adjacent Tasmanian strategies 	<ul style="list-style-type: none"> Adopt the Dual Continua Model as organising frame Operationalise alignment with Preventive Health, Suicide Prevention, Drug, Closing the Gap, LGBTIQ+ and Disability strategies Deliver early years and family support Expand Youth Peer Wellbeing Programs and school psychology access Place-based prevention in workplaces, sport and community settings via community-managed providers Cross-portfolio action on housing, income and safety Fund Aboriginal community-led awareness 	<ul style="list-style-type: none"> Dual Continua Model adopted Cross-strategy alignment mechanisms operational Early years and parent support expanded Youth Peer Wellbeing Programs expanded in schools Place-based prevention in multiple regions Aboriginal community-led prevention expanded 	<ol style="list-style-type: none"> Tasmanians talk about mental health more confidently Parents and families report earlier access to support Young Tasmanians access support at school and in community Priority cohorts experience targeted, culturally safe prevention Social determinants actively addressed across government 	<ul style="list-style-type: none"> Stabilising rates of mental health distress Declining suicide rates in priority cohorts Narrowing equity gaps More resilient and inclusive Tasmanian communities
04 A sustainable peer, community and clinical workforce <i>A thriving profession of choice</i>	<ul style="list-style-type: none"> Funding for a Tasmanian Mental Health Workforce Plan MHLET-led peer workforce infrastructure Service providers employing and committed to providing specialised supports to peer workers National peer workforce association Multi-year funding for community-managed providers GP and primary care professional development Culturally safe Aboriginal workforce pathways 	<ul style="list-style-type: none"> Develop and implement the Workforce Plan across peer, community and clinical roles Resource MHLET as home of the peer workforce: development, identity, supervision, quality, advocacy Partner with service providers on delivery Define peer work as a profession: pathways, parity, protected scope, informed by national peer workforce association Build GP and primary care professional development pipelines Put multi-year agreements in place for community-managed providers Build Aboriginal workforce pathways 	<ul style="list-style-type: none"> Workforce Plan published and in implementation MHLET-led peer workforce infrastructure operational Peer career pathways and parity established Multi-year funding agreements signed High levels of membership of national peer workforce association GP professional development pipeline active Sector-wide practice framework in use Aboriginal workforce pathways operational 	<ol style="list-style-type: none"> Peer workforce grows with pathways, parity and professional standing Community-managed sector retains workforce and plans with confidence Clinical shortages ease, especially in rural and regional Tasmania GPs more confident and supported in mental health care Aboriginal workers enter, progress and stay in the workforce 	<ul style="list-style-type: none"> Sustained growth across peer, community and clinical workforces Reduced burnout, improved retention Improved access, continuity and quality statewide A workforce that reflects the communities it serves
05 Accountability for outcomes that matter <i>Measure what matters, report transparently</i>	<ul style="list-style-type: none"> Funding for a co-designed outcomes framework Data and digital infrastructure for consumer-reported measures and equity reporting Independent oversight capacity for restrictive practices Evaluation capacity, building on Rethink 2020 Joint Commonwealth-State funding architecture 	<ul style="list-style-type: none"> Co-design outcomes framework with lived experience, applied across government and community-managed services Publish equity reporting by region, population and cohort, including NDIS and non-NDIS Monitor restrictive practices in all settings with commitment to progressive reduction Publish annual regional reporting meaningful to local communities Embed evaluation from the start, drawing on Rethink 2020 Establish joint commissioning with embedded lived expertise and transparent allocation 	<ul style="list-style-type: none"> Outcomes framework operational Equity reporting published annually Restrictive practices data collected and published Annual regional reports published Joint commissioning arrangements operational Evaluation findings translated into practice 	<ol style="list-style-type: none"> Measurement shifts from activity to outcomes that matter Equity gaps visible, including NDIS and non-NDIS Restrictive practices reducing and transparent allocated and reported Commonwealth and State responsibilities clearly allocated and reported Regional communities see their system in annual reporting 	<ul style="list-style-type: none"> Demonstrable public confidence in the system Narrowing equity gaps across regions and populations Reduced rights breaches in mental health services A learning system that improves year on year

DOMAIN 1 ASSUMPTIONS

Government commits to lived experience as structural expertise; peaks are resourced for governance, advocacy and workforce roles concurrently; complaints data drives practice change rather than being contained.

DOMAIN 2 ASSUMPTIONS

Sustainable multi-year psychosocial funding flows to NDIS and non-NDIS Tasmanians; Commonwealth and State agree on funding responsibilities; digital infrastructure supports rather than hinders coordination.

DOMAIN 3 ASSUMPTIONS

Early investment yields long-term savings; cross-portfolio commitment sustains; adjacent strategies are actively aligned; ACCOs are resourced as genuine partners under Closing the Gap Priority Reforms.

DOMAIN 4 ASSUMPTIONS

Workforce treated as the system's most important asset; peer work resourced as a profession with parity and protected scope; multi-year funding replaces short, competitive grants; training pipelines scale.

DOMAIN 5 ASSUMPTIONS

Government accepts accountability to consumer-defined outcomes; restrictive practices data can be published without perverse effects; independent oversight adequately resourced; findings acted on.

6. FUNDED INITIATIVES

To be determined by government.

Funded Initiatives to be populated through the Strategy's implementation planning in partnership with the Tasmanian Government, Primary Health Tasmania, community-managed providers, Aboriginal community-controlled organisations, and lived experience peaks (MHLET, MHFFT). Each initiative should be linked to one or more of the 24 Key Outcomes.

7. OUTCOME MEASUREMENT

To be determined by government in partnership with stakeholders.

Indicators to be developed in partnership with government, providers and lived experience peaks. They should specify:

- *what is being measured*
- *the data source (e.g. AIHW, Tasmanian Department of Health administrative data, community-managed sector reporting, consumer surveys, Access Mental Health data)*
- *the reporting timeframe (short, medium or long term)*
- *the body responsible for collection and reporting*

Indicators should cover both quantitative measures (e.g. waiting times, service volumes, workforce numbers, restrictive practice rates, equity gaps) and qualitative consumer experience measures (e.g. consumer-reported experience and outcome measures, carer experience, cultural safety).

Measurement timeframes align with the Theory of Change:

- *Short-term (Years 1-2)*
- *Medium-term (Years 3-4)*
- *Long-term (Year 5+)*

Recognition of Lived Experience

MHLET deeply values the insights and wisdom of individuals with lived experience of mental health challenges. We believe that those who have navigated these struggles are not only the experts of their own journeys, but also vital contributors to creating a more effective and compassionate mental health system.

We acknowledge that lived experience provides unique and essential perspectives that must be actively integrated into mental health policy, service design, and suicide prevention strategies.

People with lived experience offer invaluable insights into what works, what needs improvement, and what services are truly meaningful. Their voices must be central to the decision-making processes that shape mental health care.

MHLET is committed to fostering an inclusive mental health system where lived experience is not only recognised but empowered. By valuing the voices of those with lived experience, we can create services that are truly person-centred, accessible, and effective for all.

