NSWWAA NEW SOUTH WALES WOMEN'S ADVOCACY ALLIANCE

Submission to the next Tasmanian Mental Health Strategy consultation

11 May 2026

1. INTRODUCTION: OUR FOCUS ON WOMEN AND GIRLS IN TASMANIA

1.1 Who we are and why we are responding

The NSW Women's Advocacy Alliance (NSWWAA) welcomes the opportunity to respond to Tasmania's 'Rethink and Beyond' discussion paper. NSWWAA is a member of the Affiliation of Australian Women's Advocacy Alliances (AAWAA), a national network of state and territory-based women's advocacy organisations. We bring to this consultation our experience of advocating for women's sex-based protections and rights in the context of New South Wales law and policy reform, including submissions to the NSW Government on mental health, sexual consent law, reproductive technology, and the rights of women in custodial settings.[1]

We note that our sister organisation, the Women's Advocacy Alliance Tasmania, has also made a submission to this consultation. We offer this submission as a complementary contribution, drawing on what we have seen work – and fail – in NSW, and on areas of particular concern to NSWWAA members, including older women, women in aged care, and the mental health consequences of economic abuse and housing insecurity.

NSWWAA has submitted this stand-alone document rather than relying solely on the online feedback form because we need to present linked sections on law, policy and service design, supported by citations to NSW experience and national frameworks. The form's structure and input limits do not allow this level of detail. We therefore request that the Department treat this submission document as our formal response.

1.2 How women's and girls' lives shape our mental health

Women's mental health is not simply a clinical matter. It is shaped by the material conditions of our lives: whether we are safe from male violence, whether we have economic security, whether the services we need are available to us as female people, and whether policy is designed with an honest understanding of who we are and what harms us.

A strategy that does not start from these material realities will not produce better outcomes for women and girls. It will produce strategies that look comprehensive on paper but leave women's actual distress – its causes and its patterns – largely unaddressed.

[1] Our April 2026 engagements included appearing before the NSW Parliament to give evidence to the Select Committee's inquiry into fertility support and assisted reprroductive treatment, as well as participating in a DCJ roundtable on the statutory review of NSW's sexual consent laws.

1.3 What we cover in this submission

This submission focuses on four interconnected areas: male violence and the loss of female-only services; the specific pressures facing girls, young women and mothers; the particular vulnerabilities of older women; and the damage done when sex disappears from the language and data that policy depends on. We conclude with a set of practical priorities for Tasmania to adopt.

2. WHAT DRIVES WOMEN'S AND GIRLS' MENTAL HEALTH ACROSS OUR LIVES

2.1 Male violence and the loss of safe female-only services

Male violence is the single most significant structural driver of women's mental distress. Domestic abuse, sexual assault, coercive control and stalking cause trauma, depression, anxiety, suicidality, substance use and housing instability. These harms are not evenly distributed: they fall overwhelmingly on females, across every age group.

Girls experience sexual harassment, image-based abuse and coercive relationships. Younger women are disproportionately represented among those presenting to mental health services with trauma directly linked to male violence. Mothers in abusive relationships face compounded pressures: the psychological impact of violence, the fear of losing children, economic entrapment and the mental health toll of constant threat. Older women, as discussed further below, face violence that is often financial, institutional or perpetrated by family members in ways that services rarely name as abuse.

What makes this worse is the progressive loss of female-only services. For many women who have been harmed by men, a female-only environment is not a preference – it is the condition that makes honest disclosure and genuine recovery possible. Mixed-sex inpatient wards, crisis centres that cannot guarantee female-only spaces, and custodial settings that house women alongside men all put traumatised women at renewed risk. Tasmania's strategy should treat female-only service options not as a legacy arrangement to be phased out, but as a clinical and ethical necessity that must be actively protected and resourced.

2.2 Girls, young women and mothers: pressures that lead to distress

Girls and young women are experiencing a deterioration in mental health that is directly connected to identifiable social and cultural pressures. Eating disorders, self-harm, suicidal ideation and body-image distress are rising in this population, and the evidence increasingly links these patterns to online harms, pornography, social media algorithms and the sexualisation of girls in public culture.

Gender distress among girls also requires careful attention. NSWWAA's concern is that some policy settings have created pressure to move quickly towards particular explanations for girls' distress rather than allowing thorough psychological assessment. Girls presenting with gender distress often have co-occurring anxiety, depression, trauma, autism or eating disorders. They deserve access to exploratory, patient-centred care that takes their full situation seriously rather than channelling them rapidly towards any particular pathway.

Mothers face distinct mental health pressures that policy rarely addresses with adequate seriousness. The perinatal period – pregnancy, birth and the months that follow – carries serious mental health risk. Maternal suicide is among the leading causes of death in the

perinatal period in Australia. Yet continuity of care between maternity services and mental health services remains weak, and the mental health impact of mother–child separation – whether through child protection proceedings, custody arrangements or incarceration – is rarely given the weight it deserves in planning.

2.3 Older women: poverty, homelessness and abuse in systems that should protect us

Older women are routinely absent from mental health policy, and their absence is not accidental. It reflects a broader pattern in which women's needs become less visible as we age, even as our vulnerabilities intensify.

Many older women face retirement with inadequate superannuation, having spent years in part-time or unpaid work. Financial abuse by intimate partners, family members or carers compounds this insecurity and is a significant but under-recognised driver of older women's mental distress. Women over sixty are one of the fastest-growing groups experiencing homelessness in Australia, and housing insecurity – particularly for women leaving abusive relationships in later life – is closely linked to depression, anxiety and social withdrawal.

The systems meant to protect older women too often fail them. Aged-care and home-care settings are sites of abuse, neglect and loss of dignity that profoundly affect women's mental health and wellbeing. Pension and administrative systems are frequently experienced as adversarial and dehumanising. Mental health policy that does not explicitly address older women's material circumstances – poverty, abuse, housing precarity, institutional mistreatment – will not reach the women who most need it.

2.4 When sex disappears from language and data

Mental health policy has a growing problem with clarity. Sex-neutral language – 'clients', 'consumers', 'people experiencing family violence' – obscures who is being harmed and who is doing the harming. When policy language erases the sex of perpetrators and victims, it becomes harder to design effective responses, harder to train workforces, and harder to hold systems to account.

Sex-disaggregated data is the foundation of evidence-based policy for women and girls. Without it, we cannot track whether services are reaching women, whether outcomes are improving, or whether particular groups of women – older women, women in custody, women from rural areas – are being left behind. Tasmania should require sex-disaggregated data collection, analysis and public reporting across all major domains of its mental health system, and should preserve sex recorded at birth as the core planning category.

Sex self-declaration in data collection poses a specific risk here. When administrative sex categories are based on self-declaration rather than recorded sex, data on women's service use, safety outcomes and patterns of harm becomes unreliable. This is not a marginal concern; it affects the integrity of the evidence base on which the entire strategy will rest.

3. WHAT TASMANIA'S FOUR THEMES MUST INCLUDE FOR WOMEN AND GIRLS

3.1 Joined-up services that protect women's safety and sex-based protections and rights

The strategy's emphasis on integration and joined-up services is broadly welcome, but integration must be designed with women's safety as a governing principle rather than an afterthought. Clear, well-resourced pathways between mental health services, domestic violence services, housing support, aged care and community health are essential for women whose distress arises from multiple, interconnected harms.

Female-only options and sex-based data should be treated as basic system features rather than special requests. A joined-up system that does not include these elements will integrate services around an inadequate foundation.

3.2 Listening to women who use services, especially when we are harmed

Consumer and carer participation is a stated priority in the discussion paper, and we support it. But genuine participation requires that women are able to speak honestly about experiences that the system may find uncomfortable: experiences of harm in mixed-sex settings, concerns about gender-distress pathways, accounts of abuse or neglect in aged-care environments.

This means women's organisations with a sex-based focus must be included as legitimate stakeholders in consultation and governance – not treated as one voice among many to be balanced against competing interests, but as organisations with specific expertise in the structural conditions that harm women. NSW's own experience of excluding such organisations from policy processes has produced worse outcomes for women, and we urge Tasmania not to repeat that pattern.

3.3 A workforce that understands sex-based harms to women and girls

Workforce capability is a genuine system gap. Mental health workers require training not only in generic trauma-informed care, but in the sex-based patterning of harm: how male violence operates across the life course, how financial and economic abuse affects women's mental health, how older women's distress is linked to material conditions, and how to provide thoughtful support to gender-distressed girls without applying pressure towards any particular outcome.

In particular, the skills to support gender-distressed girls – careful psychological formulation, patience with diagnostic complexity, and confidence in exploratory approaches – need to be developed and protected as a workforce capability. Pressure towards rapid pathways is, in part, a workforce training problem, and addressing it requires deliberate investment.

3.4 Acting early on the real causes of distress for girls, women and older women

Prevention policy that does not address root causes will not prevent anything. For girls and young women, effective early action means confronting the role of pornography, online platforms and social media algorithms in driving eating disorders, body-image harm and self-harm. For mothers, it means perinatal screening, continuity of care, and policies that reduce rather than compound the mental health impact of separation from children. For older women, it means addressing poverty, financial abuse and aged-care neglect before they reach crisis point.

Male violence must be named as a primary prevention target, not a background condition to be managed downstream.

4. WHERE TASMANIA SHOULD FOCUS EFFORT FOR WOMEN AND GIRLS

NSWWAA recommends that Tasmania prioritise the following five areas in its next mental health strategy.

4.1 Safe female-only services across mental health, justice, housing and aged care. Female-only options must be resourced and protected across the full service system. This includes inpatient and crisis settings, forensic and custodial environments, and aged-care and residential settings. The rationale for female-only services is clinical, ethical and practical: it is grounded in what we know about trauma, recovery and the conditions that make care effective for women.

4.2 Treating male violence and economic abuse as core mental health determinants. The strategy should name male violence – domestic, sexual, financial and institutional – as a primary driver of women's mental distress and require that services be designed and resourced accordingly. Economic abuse and financial insecurity, particularly for older women, must be included in this framework.

4.3 Naming girls, young women and mothers as explicit prevention priorities. Each of these groups faces specific, identifiable pressures that require targeted responses. They should not be absorbed into generic 'young people' or 'community' categories that obscure the sex-based nature of the harms they face.

4.4 Making older women's safety and economic security part of mental health planning. Older women's mental health must be recognised as a distinct area of focus, connected to housing security, protection from financial and institutional abuse, and the conditions of aged care. Tasmania should build older women explicitly into its strategy rather than assuming they are covered by generic aged-care or community frameworks.

4.5 Restoring sex-based data and language so women remain visible in the system. The strategy should require sex-disaggregated data, preserve sex recorded at birth as the primary planning category, and use clear language that names male perpetrators and female victims where that is what the data shows.

5. CONCLUSION

5.1 What will make a real difference to women and girls in Tasmania

What will make a real difference is not more strategy language about inclusion, integration and person-centred care. What will make a difference is a strategy that is honest about the conditions that harm women, that names male violence and economic abuse plainly, that protects female-only services, that takes older women's material circumstances seriously, and that insists on the sex-based data needed to hold the system to account.

NSW has had its own experience of strategies that speak warmly about women without addressing the structural conditions of our lives. The outcomes have been disappointing. Tasmania has an opportunity to do better.

5.2 Working with women's organisations to get this right

Women's organisations that advocate for sex-based protections and rights have expertise that government policy processes have too often failed to draw on. We are not a special interest group; we represent the majority of the population, and our analysis of what drives women's distress is grounded in years of direct advocacy experience.

NSWWAA recommends the Tasmanian Department of Health's ongoing engagement with the Women's Advocacy Alliance Tasmania (WAAT) as this strategy develops, and we urge Tasmania to ensure that women's organisations – including those with a sex-based, rather than solely gender-based, focus – are included at every stage of implementation, review and accountability.