



Submission to the next
Tasmanian Mental Health Strategy consultation
8 May 2026

The Women's Advocacy Alliance Tasmania (WAAT) welcomes the opportunity to contribute to consultation on Tasmania's next mental health strategy. WAAT advocates for the protection and advancement of women and girls on the basis of sex, particularly where we are vulnerable to male violence, discrimination and exploitation. WAAT is a member of the Affiliation of Australian Women's Advocacy Alliances (AAWAA), a national affiliation whose members include women's advocacy organisations from every Australian state and territory.

WAAT submits that the next strategy should explicitly recognise that women and girls have distinct, sex-based mental health needs and specific patterns of vulnerability. Mental health policy for women and girls cannot be effective if it is framed only in generic or sex-neutral terms: it must be grounded in material reality and in the conditions that shape our distress, access to care and prospects for recovery.

For women and girls, those conditions include male violence, coercion, trauma, poverty, pregnancy, motherhood, caregiving burdens, discrimination, and the erosion of female-only services and spaces. The discussion paper emphasises integration at a whole-of-population level; WAAT's concern is that women's exclusive sex-based needs are likely to be lost within this broad framing. Tasmania's next mental health strategy should therefore include a clear, dedicated and sex-based framework for women's and girls' mental health needs.

WAAT is submitting this document rather than using only the online feedback form so that we can provide a structured, evidence-based analysis with detailed references and recommendations. The complexity of women's and girls' mental health needs, and the specific Tasmanian data we rely on, require a format that allows fuller explanation than the form permits. We ask that the Department treat this document as our formal response to the consultation.

System enablers

In responding to the consultation's questions about system gaps and missing system enablers, WAAT submits that the strategy is unlikely to improve outcomes for women and girls unless the practical conditions for sex-responsive policy are built into the system itself. These include robust sex-disaggregated data, exclusive female-only service capacity where clinically or ethically required, trauma-informed referral pathways for women affected by male violence, workforce capability on trauma and safeguarding, governance structures that include sex-based women's organisations, and clear accountability and public reporting mechanisms. Without these system enablers, the strategy risks acknowledging women's needs in principle while failing to meet them in practice.

Women and girls should be a named priority population

The consultation process for the next strategy invites feedback on priorities, system gaps and future reform directions. One of the clearest and most necessary reforms is to expressly identify women and girls as a priority population with a dedicated strategic focus.

Women and girls are not simply one stakeholder cohort among many. Our mental health is shaped by sex-specific realities, including exposure to male domestic and sexual violence, reproductive and perinatal experiences, disproportionate caregiving responsibilities, economic vulnerability, institutional harms and the operation of sex-based inequality across the life course. These drivers are materially relevant to prevention, early intervention, service uptake, recovery pathways and long-term outcomes.

If women and girls are not explicitly named in the strategy, there is a significant risk that our needs will be subsumed into generic, non-sex-specific frameworks and that services will continue to be planned in ways that are insufficiently responsive to women's safety, dignity and clinical needs. WAAT therefore recommends that the strategy include a dedicated chapter, action area or implementation stream on women's and girls' mental health, supported by measurable actions, implementation timelines and reporting obligations.

Male violence must be recognised as a central mental health determinant for women and girls

WAAT's prior work, including our contributions to AAWAA's national and international work, has emphasised that male violence against women and girls is not merely a social issue adjacent to mental health: it is a major determinant of women's trauma, depression, anxiety, suicidality, substance use, housing instability and recurrent crisis contact with public systems.

Tasmania's next mental health strategy should therefore explicitly recognise male domestic abuse, sexual violence, coercive control, childhood abuse and institutional abuse as central drivers of women's mental distress. Without this recognition, prevention frameworks remain incomplete and service systems risk treating downstream symptoms while failing to address core causes.

To give practical effect to this commitment, the strategy should include

- routine trauma-informed inquiry about violence and coercive control in mental health settings
- formal referral pathways between mental health services and specialist women's domestic and sexual violence services
- workforce capability requirements on trauma, safeguarding and the sex-based patterning of male violence against women and girls
- service planning that acknowledges that mixed-sex or poorly safeguarded settings may operate as barriers to care for women with histories of male violence

Female-only services are necessary components of an equitable system

A modern mental health system must be capable of recognising when sex-based service provision is necessary for women's safety and equitable access.

For many women, particularly survivors of rape, domestic abuse and other forms of male violence, female-only services are not symbolic or optional: they are the condition that makes disclosure, trust and sustained therapeutic participation possible. This is especially relevant in crisis settings, inpatient settings, community-based treatment, forensic and custodial environments, and linked services for women with complex trauma histories.

We are concerned by policy trends in which female-only services are diluted, administratively discouraged or redefined under generic frameworks. Tasmania's next strategy should avoid entrenching these problems. Instead, it should affirm that female-only options are lawful, legitimate and necessary in parts of the mental health system.

Accordingly, the strategy should commit to

- funding exclusive, female-only pathways in community mental health, crisis support, step-up/step-down programs and sub-acute care
- ensuring access to female-only accommodation, programs or streams where clinically indicated in inpatient, forensic and custodial settings
- embedding design standards that account for women's privacy, safeguarding, prior victimisation and women's patterns of distress and help-seeking

Sex-disaggregated data and clear definitions

Evidence-based mental health policy depends on the ability to identify who is being served and which patterns of harm are shaping mental distress. This is not possible without robust sex-disaggregated data.

The next strategy should require sex-disaggregated data collection, publication and analysis across major domains of the mental health system, including service access, compulsory treatment, seclusion and restraint, suicide and self-harm, eating disorders, perinatal mental health, forensic pathways and violence-related presentations.

Our concern, reflected in our broader human rights work, is that replacing sex-based categories with categories based on a self-declared gender can obscure the very patterns that policymakers and healthcare professionals must understand: who is female, who needs female-only services, and how overwhelmingly male patterns of violence affect women's and girls' mental health trajectories. Sex recorded at birth should therefore remain a core category for planning, safeguarding and evaluation.

The strategy should also require clarity in the definition and reporting of women's services. If a service is described as a women's service, the basis on which it is constituted should be transparent, as this materially affects safety, dignity, access and service integrity for female patients and service users.

Girls and young women require a distinct policy response

We recommend that the strategy include a specific focus on girls and young women and the forms of distress that are becoming increasingly prominent in this population. These include eating disorders, self-harm, suicidality, trauma, online abuse, sexual exploitation, body-image harms and gender distress.

Our prior work has argued that these issues should not be treated in isolation from broader social and cultural drivers, including exposure to pornography, social media dynamics, gender stereotypes, internalised homophobia, abuse and exploitation.¹ A strategy that fails to recognise these structural drivers risks offering narrow symptom responses to systemic problems.

Tasmania should therefore support services for girls and young women that are relational, developmentally informed and capable of careful psychological formulation. In particular, girls and young women experiencing gender distress should have access to evidence-based psychological assessment and exploratory therapy, rather than policy settings that create pressure to move too quickly to affirm a new gender identity and medical pathway, and that discourage careful clinical enquiry.

The strategy should also commit to targeted work on online harms and body-image pressures, recognising their role in the mental health burdens carried by girls and young women.

Perinatal, maternal and carceral mental health should receive greater strategic attention

Women's mental health policy must address the periods and institutions in which women are especially vulnerable. Perinatal and postnatal mental health, the pressures borne by mothers and carers, and the mental health consequences of institutionalisation and separation from children all require stronger strategic recognition.

The next strategy should include explicit commitments to strengthen perinatal mental health screening, referral and continuity of care through maternity services, primary care and community mental health services. It should also recognise the contribution of poverty, insecure housing, caregiving burden and workforce pressures to maternal distress.

In addition, the strategy should address the mental health needs of women in prisons and other closed settings, where histories of male violence, trauma and social disadvantage are common. Women in custody should have access to exclusive female-only therapeutic responses, and policy settings should minimise unnecessary separation of mothers and children wherever this is safe and practicable.

Stakeholder processes and governance must include sex-based women's voices

The Tasmanian Government has invited input from stakeholders, service providers, consumers, carers and community members as part of this strategy process. This commitment should be reflected not only in consultation but also in the governance and accountability structures established under the final strategy.

Our broader advocacy has raised concerns that some policy environments selectively elevate stakeholders whose positions align with prevailing frameworks while excluding women's organisations that defend females' sex-based rights. Tasmania should not reproduce this pattern. Instead, it should establish advisory, implementation and review processes that permit rights-based disagreement to be examined openly and respectfully.

¹ See [AAWAA groups' various submissions on mental health](#).

The discussion paper places appropriate emphasis on drawing on the experiences of people who use services. We support meaningful participation, but we caution against treating ‘lived experience’ as a substitute for material, sex-based analysis of how systems and structures operate at the population level. Individual experience is necessarily subjective and cannot, on its own, tell us which patterns are structural and which are exceptional, or how to prioritise between competing narrative claims.

A strategy that relies only on curated lived experience risks becoming a contest of personal testimony, in which some accounts are elevated and others – particularly those that challenge prevailing frameworks – are sidelined. Tasmania should ground mental-health policy in objective, material realities that can be named and measured – including the sex-based patterning of male violence, poverty, homelessness and institutional abuse – and then use women’s and girls’ experiences to test and refine, not replace, that structural analysis.

In WAAT’s view, women’s organisations that advocate for female-only services must be recognised as legitimate stakeholders. Our participation is necessary if the strategy is to understand the rights, risks and service barriers experienced by women and girls whose needs are often minimised or reframed within more generic policy settings. See the Annex for recent consultations.

Recommendations

As initial priorities, Tasmania should name women and girls as a priority population, recognise male violence as a central determinant of women’s mental health, preserve sex recorded at birth as a core planning and safeguarding category, and guarantee female-only pathways where clinically required.

WAAT recommends that the next Tasmanian Mental Health Strategy:

- Explicitly identify women and girls as a priority population and include a dedicated women’s and girls’ mental health action area.
- Recognise male violence, coercive control and sexual abuse as central determinants of women’s mental health, and embed routine, safe enquiry and referral pathways to specialist women’s services across mental health settings.
- Protect and fund female-only options across community, inpatient, forensic and custodial settings where they are needed for women’s safety and effective care.
- Require sex-disaggregated data collection, analysis and public reporting across all major mental health domains, and preserve sex recorded at birth as a core planning and safeguarding category within the mental health system.
- Develop a specific agenda for girls and young women that addresses eating disorders, self-harm, trauma, online harms, sexual exploitation, body-image harms and gender distress, and protects access to careful assessment and exploratory therapy for gender-distressed girls and young women.
- Strengthen perinatal, maternal and carceral mental health responses for women, including continuity of care through maternity, primary care and community services and access to appropriate support in prisons and other closed settings.
- Ensure sex-based women’s organisations are recognised as legitimate stakeholders in consultation, governance and evaluation processes.

- Build system enablers for sex-responsive policy – including female-only service capacity, workforce capability on trauma and safeguarding, and clear accountability and reporting mechanisms – so that commitments to women and girls can be implemented in practice.

Conclusion

Tasmania has an opportunity to produce a mental health strategy that addresses women's and girls' realities directly rather than obscuring them behind generic policy language. A genuinely equitable and rights-based strategy must speak plainly about sex, male violence, women's vulnerability to sex-based harms, and women's need for sex-specific protections and responses.

ANNEX B. AAWAA member consultations, meetings, and roundtables

The Women's Advocacy Alliance Tasmania is a member of AAWAA. AAWAA member organisations have an established record of contributing constructively to complex law and policy reform processes at state, national and international level. Recent consultations, roundtables, and meetings include:

- Australian Law Reform Commission review of surrogacy laws, roundtable, December 2025
- Senator David Pocock, Consultation on the Federal Government's Combatting Antisemitism, Hate and Extremism Bill 2026, roundtable, January 2026
- Australian Human Rights Commission in relation to its statutory obligations in protecting women's rights, meeting, February 2026
- NSW Department of Communities and Justice on the statutory review of sexual-consent reforms, roundtable, April 2026
- NSW Legislative Council Select Committee on fertility and assisted reproduction, evidence, April 2026
- United Nations, Special Rapporteur on violence against women and girls, violence against older women, expert online consultation, upcoming May 2026
- NSW Department of Communities and Justice on the statutory review of sexual-consent reforms, court transcript review, stakeholder meeting, upcoming July 2026

This experience is directly relevant to the Strategy's proposed stakeholder roundtables and other structured engagements, and we would welcome the opportunity to contribute on that basis. WAAT members regularly contribute to AAWAA's national and international advocacy.