



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

Introduction

WAWAA is a member of the Affiliation of Australian Women's Advocacy Alliances (AAWAA), a national affiliation with member groups in all Australian state and territory jurisdictions. WAWAA's membership includes teachers, academics, health professionals, lawyers and others with direct professional experience of the conditions that shape women's and girls' mental health and wellbeing.

AAWAA member organisations have contributed submissions on women's mental health to consultations in New South Wales and at the national level, and have engaged with the United Nations Special Rapporteur on violence against women and girls on issues directly relevant to women's mental health, including violence against older women. This submission draws on that body of work. State borders do not determine where women's advocacy is relevant. The structural drivers of women's mental distress – male violence, economic insecurity, the erosion of female-only services, and the absence of sex-disaggregated data – operate consistently across Australia, and Tasmania's strategic choices will carry weight well beyond its borders.

We submit that mental health policy cannot be treated as sex-neutral if it is to respond properly to the real conditions affecting women and girls. A strategy that speaks only in generic terms about 'people', 'communities' or 'stakeholders' risks obscuring the sex-based patterns of harm that shape women's mental health. This submission focuses on what the State owes women and girls as a class, and on the legal and institutional conditions needed to make those obligations real and durable over time.

WAWAA is providing this submission in document form instead of using only the online feedback form so that we can explain the Western Australian context and its relevance to Tasmania in an integrated, evidence-based way. The online form does not readily support the necessary level of explanation, referencing or cross-jurisdictional analysis. We ask that the Department accept this document as WAWAA's contribution to the consultation.

A framing proposition: from stewardship to guardianship

Most mental health policy operates within what might be called a 'stewardship' frame: government manages a field of competing interests, needs and claims, balancing access, efficiency and broad wellbeing outcomes across the population. This framing has value, but it is structurally inadequate for women and girls.

A stewardship approach tends to collapse women into the generic category of 'service users', treat women's safety and dignity as negotiable interests to be balanced against other considerations, and substitute broad 'equity' or 'inclusion' language for clear recognition of sex-based harm. When women's protection is treated as one claim among others rather than a governing duty, the policy architecture that keeps women safe can be quietly eroded.

WAWAA submits that Tasmania's next mental health strategy should instead be grounded in what we would call a 'guardianship' approach: one that recognises women and girls as a class exposed to identifiable, sex-based structural harms, and that treats the State's obligation to address those harms not as a discretionary priority but as a threshold condition of a legitimate mental health system.

Beyond guardianship, we urge Tasmania to go further still, towards 'custodianship': actively maintaining the legal, institutional and policy architecture that keeps women's protection structurally real over time. This means not only responding to women in crisis, but ensuring that the conditions for women's safety – female-only services where needed, sex-based data, meaningful consultation with women's organisations – are preserved and strengthened rather than allowed to erode.

Why sex matters in mental health policy

Women and girls experience distinctive, patterned harms that affect mental health. These harms are not incidental. They arise from women's social position, sex-based vulnerability, male violence, coercion, exploitation and the persistent failure of policy to name sex clearly.

A strategy that does not identify women as a distinct class affected by specific structures of harm will miss both causes and remedies. Women are not a generic sub-group. Our mental health needs are shaped by male domestic and sexual violence, coercive control, reproductive and perinatal experiences, poverty and economic dependence, unpaid caring burdens, institutional failures, and the erosion of female-only protections. These are not individual misfortunes. They are structural conditions that policy has a duty to name and change.

What is working: rare exceptions prove the rule

There are few elements of the current mental health system that work well for women, but some targeted services deserve recognition. Women-specific crisis accommodation demonstrates that sex-specific services can meaningfully support recovery. Some perinatal mental health programs recognise pregnancy and motherhood as female experiences requiring tailored care. These services work precisely because they reject sex-neutral framing in favour of practical, sex-aware design. The strategy should strengthen these models rather than dilute them into mixed systems.

What needs fixing: the failures harming women and girls

The system currently fails women in three main ways.

First, male violence is a major driver of women's mental distress, but mental health services rarely treat it as a root cause. Screening for violence is inconsistent, referral pathways to specialist women's services are weak, and prevention and treatment are rarely integrated.

Women presenting in crisis are treated for symptoms while the structural cause goes unaddressed.

Second, mixed-sex settings retraumatise women. Inpatient units, crisis centres and correctional facilities that do not offer female-only options expose vulnerable women to male presence and increase the risk of withdrawal from care. For many women who have survived male violence, a female-only environment is not a preference but a precondition for engaging with care at all.

Third, aggregated data conceals women's outcomes. When mental health data is not disaggregated by sex, the patterns policymakers need to understand – who is being harmed, by whom, and in what settings – remain invisible. Policy built on undifferentiated data will continue to underserve women and girls.

What a guardianship approach would require

Moving from stewardship to guardianship means the strategy must:

- Name the structural causes of women's mental distress directly, including male violence, coercive control, economic abuse, institutional harm and the erosion of female-only services.
- Recognise women and girls as a priority population with a dedicated action area, not as one sub-group among many.
- Acknowledge that women's safety, privacy and dignity are not optional extras to be traded off against other considerations; they are threshold conditions of a legitimate mental health system.
- Ensure that every major policy decision is tested against its real-world consequences for women and girls.

What a custodianship approach would require

Custodianship goes further than guardianship. It means maintaining over time the institutional and policy architecture that makes women's protection durable. Under this approach, WAWAA submits that the strategy should commit to the following.

Sex-disaggregated data

Mandatory collection, analysis and public reporting of sex-based mental health data across all major domains, including suicide and self-harm, service access, compulsory treatment, eating disorders, perinatal mental health and violence-related presentations. Sex recorded at birth must remain the core category; replacing it with self-declared gender categories obscures the very patterns the strategy needs to understand.

Female-only options where safety or recovery requires them

The strategy should affirm that female-only inpatient, crisis, residential and community services are lawful, necessary and legitimate. This applies with particular urgency in prisons and custodial settings, where women's histories of male violence are common and the absence of female-only therapeutic environments compounds existing harm.

Naming perpetrators and structures

The strategy should not merely acknowledge women's distress but identify the conditions producing it. Male violence and coercion must be named as major mental health determinants for women, and services must be designed and resourced accordingly.

Women's meaningful participation in policy design

Women's organisations, including those that advocate for female-only services, must be recognised as legitimate stakeholders in strategy design, implementation and review. Particular attention should be paid to ensuring that the voices of women who are routinely marginalised – older women, women in institutions, women in poverty, women with disabilities, rural and regional women, Aboriginal women – are actively included rather than assumed to be represented by generic 'community' consultation.

Accountability and review

The strategy must include measurable indicators, regular public reporting and clear review points that test whether women and girls are safer, better served and more visible in policy and data. Progress should not be measured by service activity alone but by whether conditions for women's safety and recovery have materially improved.

Priority populations

WAWAA draws particular attention to the following groups, not as random 'diverse' sub-populations but as locations where sex-based harm intersects with other forms of vulnerability:

- Girls and young women, who face rising rates of self-harm, eating disorders, gender distress, sexual exploitation and online harms.
- Women experiencing male violence, including domestic abuse, sexual assault and coercive control.
- Older women, including those in aged care or institutional settings where abuse, isolation and economic insecurity are common and frequently unrecognised as mental health concerns.
- Women in prisons and other closed settings, where histories of trauma and male violence are the norm rather than the exception.
- Mothers and unpaid carers, whose mental health is shaped by economic insecurity, caregiving burden and the absence of adequate support.

Initial priorities for the Tasmanian Government

WAWAA recommends that as initial priorities, Tasmania's next mental health strategy should:

1. Commit to sex-disaggregated data collection, analysis and public reporting across the strategy from the outset.
2. Recognise male violence against women as a central determinant of women's mental health and embed this recognition in service design, referral pathways and workforce training.
3. Guarantee female-only service options where women's safety or recovery requires them, across community, inpatient, forensic and custodial settings.
4. Include girls and young women as a specific focus, addressing eating disorders, self-harm, gender distress, online harms and sexual exploitation with careful, evidence-based and exploratory responses.

5. Build older women explicitly into the strategy, particularly in relation to abuse, aged care, housing insecurity and isolation.
6. Audit mixed-sex mental health and crisis settings for safety, privacy and re-traumatisation risks.
7. Establish meaningful advisory input from women's organisations into strategy implementation and review, and publish a monitoring framework that shows how the strategy will improve outcomes specifically for women and girls.

Conclusion

Tasmania's next mental health strategy will be inadequate if it treats women's mental health as a generic wellbeing issue. Women's distress is often produced by structural conditions that policy has a duty to name and change.

A strategy grounded in guardianship and custodianship would move beyond broad managerial language and take responsibility for the conditions that make women unsafe, unseen and unheard. WAWAA urges Tasmania to adopt that approach, and to use 'Rethink and Beyond' as an opportunity to build a mental health system that is genuinely capable of serving women and girls.