



# Beyond Blue submission to Tasmania's 20-Year Preventive Health Strategy

May 2025

## Introduction

- Beyond Blue welcomes the opportunity to contribute to the development of the Tasmanian Government's 20-Year Preventive Health Strategy.
- We commend the Tasmanian Government for this national first, long-term vision to embed prevention across systems and sectors, which will enable better health outcomes for all Tasmanians.
- We note the discussion paper and provide the following recommendations as informed by Beyond Blue's community insights data and the views of people affected by mental health conditions who share their experience and expertise through Beyond Blue's [Blue Voices program](#).

## Beyond Blue recommendations:

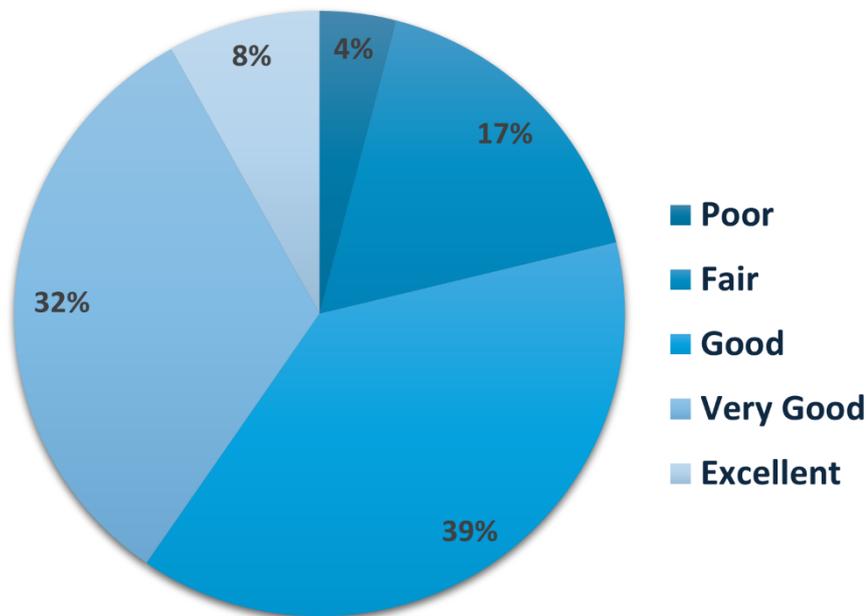
1. Prioritise prevention early in life, through a comprehensive, multidisciplinary, and integrated plan focused on children aged 0-12.
2. Embed education settings in the strategy as a critical setting for supporting mental health and wellbeing and commit to supporting the implementation of Be You.
3. Invest in initiatives that build connection and belonging.
4. Invest in a future-focused, diverse workforce.
5. Prioritise action on National Closing the Gap Agreement responsibilities.
6. Centre co-design with community to ensure the Strategy continues to evolve to meet community need.
7. Commit to dynamic, regular, population-level data capture, ensuring informed decision-making and effective planning that adapts to the changing needs of Tasmanians.

## A vision for good health and wellbeing

The *Tasmanian 20-Year Preventive Health Strategy* presents a significant opportunity to enhance mental health and wellbeing across the state. As a truly long-term strategy, it represents a pivotal opportunity to foster generational change and enhance the mental health and wellbeing of all Tasmanians.

Beyond Blue commends the proposed comprehensive approach, which aligns with our mission to work with the community to improve mental health and make it easier for people to feel better earlier, get well, and stay well. Beyond Blue is committed to supporting this long-term approach, which promises to create a healthier, more resilient society for all Tasmanians.

Research conducted by the Social Research Centre for Beyond Blue (Australia’s Mental Health and Wellbeing check) demonstrates that many Tasmanians consider their overall health to be good, very good or excellent.<sup>1</sup>



**Figure 1: Self-reported health in Tasmania - A snapshot**

Australia’s Mental Health and Wellbeing check found 78% of Tasmanians identified connecting with family and friends, and 70% identified connecting with nature, as regular self-management strategies for managing their mental health.<sup>2</sup> In discussions with local Blue Voices members, each of them spoke to Tasmania’s distinct strengths: the climate, the natural environment and strong sense of community. As natural foundations for good health and wellbeing, it was clear from these discussions that the Strategy should be grounded in these strengths. These foundations have been considered throughout this submission, focusing on how we can build supports around what Tasmania already has and does well.

<sup>1</sup> Social Research Centre (2024). Beyond Blue- Australia’s Mental Health and Wellbeing Check - state data analysis – unpublished.

<sup>2</sup> Social Research Centre (2024). Beyond Blue - Australia’s Mental Health and Wellbeing Check - state data analysis – unpublished.

## Recommendation 1: Prioritise prevention early in life, through a comprehensive, multidisciplinary, and integrated plan focused on children aged 0-12.

- The most significant benefits of preventive health are achieved when actions begin early in life. This early intervention lays the foundation for adult health, with social, emotional, cognitive, and physical wellbeing later in life supported by healthy development and emotional support in the first years.
- This Strategy must harness the opportunity to create generational change. It is essential to implement policy and service responses focused on children aged 0-12 to prevent the development of mental health concerns and support their wellbeing.
- Addressing the known service gap for this age group will help reduce the number of young people experiencing distress and requiring more intensive support later in life.
- [The Centre of Research Excellence in Childhood Adversity and Mental Health](#), a five-year research program (2019-2023) co-funded by Beyond Blue and the National Health and Medical Research Council, found that children who experience adverse childhood events are 6-10 times more likely to develop mental health problems later in life and half of most mental health conditions emerge by the age of 14.<sup>3</sup>
- Adverse childhood experiences (ACEs) are a range of stressful circumstances or events that occur during childhood<sup>4</sup> and include physical, emotional or sexual abuse; neglect; parental mental illness; domestic violence; bullying and school or community violence; discrimination; poverty or financial hardship; war and conflicts; and the loss of a loved one.<sup>5</sup>
- In recent research for Beyond Blue, the Social Research Centre also found having or raising children is a significantly higher cause of distress in Tasmania (33%) compared to the total for all other states and territories combined (20%)<sup>6</sup>, indicating the need for extra supports for parents, carers and guardians.
- In Australia, despite multiple policies aiming to address child mental health concerns, there has been little improvement in outcomes.<sup>7</sup> There is growing evidence that ACEs have not declined in recent years. In 2024, Mathew and colleagues' [Child Maltreatment Study](#) showed that Australians aged 16+ years had experienced a range of adversities.<sup>8</sup>
- Children's experiences of adversity can have long-term impacts on their health and wellbeing. A lack of consensus on early intervention has led to fragmented responses across services.
- **A comprehensive, multidisciplinary, and integrated approach is needed to effectively prevent and address ACEs and support children and families.** There is promising evidence for the model of integrated primary health and social care hubs for children and families as an early intervention approach to improve child mental health and in the prevention of ACEs. Integrating care within primary health care settings is associated with improved family engagement<sup>9</sup>, coordinated supports across

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<sup>3</sup> Sahle B., Reavley N., Morgan A., Yap M., Reupert A., Loftus H., Jorm A. (2020). Communication Brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children's mental health: An evidence-based review. Centre of Research Excellence in Childhood Adversity and Mental Health, Melbourne, Australia.

<sup>4</sup> Kalmakis, K. A., & Chandler, G. E., (2014). Adverse childhood experiences: towards a clear conceptual meaning. *Journal of Advanced Nursing*, 70(7):1489-1501. <https://doi.org/10.1111/jan.12329>

<sup>5</sup> Karatekin, C., & Hill, M., (2019). Expanding the original definition of adverse childhood experiences (ACEs). *Journal of Child & Adolescent Trauma*, 12:289-306. <https://doi.org/10.1007/s40653-018-0237-5>

<sup>6</sup> Social Research Centre (2024). Beyond Blue- Australia's Mental Health and Wellbeing Check – state data analysis - unpublished.

<sup>7</sup> Jorm, A. F., Patten, S. B., Brugha, T. S., & Mojtabai, R., (2017). Has increased provision of treatment reduced the prevalence of common mental disorders? Review of the evidence from four countries. *World Psychiatry*, 16(1):90-99. <https://doi.org/10.1002/wps.20388>

<sup>8</sup> Mathews B., (2023). The Australian Child Maltreatment Study: National prevalence and associated health outcomes of child abuse and neglect. *The Medical Journal of Australia*, 220(5):275. <https://doi.org/10.5694/mja2.51867>

<sup>9</sup> Eastwood, J. G., Dewhurst, S., Hansen, S., Tennant, E., Miller, E., Moensted, M. L., Fotheringham, P., & De Souza, D. (2020). Care Coordination for Vulnerable Families in the Sydney Local Health District: What Works for Whom, under What Circumstances, and Why?. *International journal of integrated care*, 20(4), 22. <https://doi.org/10.5334/ijic.5437>

health<sup>10</sup>, social, and education systems<sup>11</sup>, improved child health outcomes<sup>12</sup>, and reduced health care costs<sup>13</sup>.

- Integrated and social care hubs are based in a variety of settings including schools and early childhood education and care settings and they can go by a number of different names.
- By taking an integrated response, hubs are well placed to respond to the needs of children and families, particularly those experiencing adversity. Co-locating health, social care and legal practitioners, provides the opportunity for them to work together to respond holistically to the needs of children and their families. With practitioners asking about adversity and providing support for families, they have shown they can reduce child mental health problems and contribute to improvements in warm parenting.
- Beyond Blue welcomes the recommendation from the [Independent Review of Education in Tasmania](#) Review to trial and extend the role of hub models such as the [Child and Family Learning Centres \(CFLC\)](#), where access to resources and services can be maximised to better support learning and the work of schools.

## **Recommendation 2: Embed education settings in the strategy as a critical setting for supporting mental health and wellbeing and commit to supporting the implementation of Be You.**

- We know that whole-of-government approaches are needed to address the social determinants of mental ill health and to better support multi-disciplinary, non-clinical workforces in meeting the wellbeing needs of children and young people across various settings.
- Education settings are crucial to implementing such an approach, with schools and early learning services playing a critical role in promoting, protecting and supporting the mental health of children, young people and educators.
- In the discussion paper, education attainment is identified as a determinant of health, particularly in relation to health equity. However, we believe more can be done to ensure education settings are embedded as a critical setting for supporting mental health and wellbeing within the Strategy's whole-of-government approach
- There is a reciprocal relationship between educational attainment and the wellbeing of children, young people, and their educators, where improved wellbeing enhances learning outcomes, and higher educational achievement further supports overall wellbeing<sup>14</sup>.
- Recent reviews<sup>15,16</sup> into Early Childhood Education and Care (ECEC), as well as the [Early Years Strategy](#), have emphasised ECEC's significant benefits for social and emotional development, providing a strong foundation for later life, particularly for children who experience the most disadvantage.
- As recognised in the recent [Independent Review of Education in Tasmania](#), research supports a growing emphasis on the importance of student wellbeing as a responsibility of schools<sup>17</sup>.

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<sup>10</sup> 1 Satherley, R. M., Lingam, R., Green, J., & Wolfe, I. (2021). Integrated health Services for Children: a qualitative study of family perspectives. *BMC health services research*, 21(1), 167. <https://doi.org/10.1186/s12913-021-06141-9>

<sup>11</sup> Honisett, S., Loftus, H., Hall, T., Sahle, B., Hiscock, H., & Goldfeld, S. (2022). Do Integrated Hub Models of Care Improve Mental Health Outcomes for Children Experiencing Adversity? A Systematic Review. *International journal of integrated care*, 22(2), 24. <https://doi.org/10.5334/ijic.6425>

<sup>12</sup> Lane, W. G., Dubowitz, H., Frick, K. D., Semiatin, J., & Magder, L. (2021). Cost effectiveness of SEEK: A primary carebased child maltreatment prevention model. *Child abuse & neglect*, 111, 104809. <https://doi.org/10.1016/j.chiabu.2020.104809>

<sup>13</sup> Sahle B., Reavley N., Morgan A., Yap M., Reupert A., Loftus H., Jorm A. (2020). Communication Brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children's mental health: An evidence-based review. Centre of Research Excellence in Childhood Adversity and Mental Health, Melbourne, Australia.

<sup>14</sup> Taylor, L., De Neve, J., DeBorst, L., & Khanna, D. (2022). Well-being in education in childhood and adolescence. International Baccalaureate Organization.

<sup>15</sup> A path to universal early childhood education and care: Inquiry report (2024).

<sup>16</sup> ACCC Childcare Inquiry. (2023)

<sup>17</sup> Ofei-Ferri, S., Collier, A., Lind, R., & Griffiths, K. (2023). Student wellbeing data and measurement in Australia. <https://www.edresearch.edu.au/sites/default/files/2023-11/students-wellbeing-datameasurement-aa.pdf>

- The Review found that a positive school culture and inclusive environments that engage families are crucial for learning success. It found that schools with dedicated wellbeing teams that embed resilience and emotional regulation practices into the curriculum foster a supportive community, enhancing students' readiness to learn. Prioritising student wellbeing creates an inclusive and supportive atmosphere where students feel secure and ready to learn.
- The Review also highlighted the importance of educator wellbeing as essential for creating positive learning environments. When educators are mentally healthy, they are empowered to create learning communities where everyone has the potential to thrive.
- **Beyond Blue recommends that the Strategy leverages the existing investment in Be You, the National Mental Health in Education initiative, to support Tasmanian schools and early learning services. We recommend that the Tasmanian Government partners with Beyond Blue to develop a statewide implementation plan.**
- For example, the Be You and Northern Territory Department of Education and Training partnership commenced in practice in January 2024, [following the Department's commitment](#) to implement Be You in all schools and Families as First Teachers (FaFT) settings. This partnership is an example of how Be You can support the implementation of mental health in education at scale in a relatively small jurisdiction with limited resources.
- Be You is well positioned to support both the important cross-portfolio, whole-of-government priorities and the implementation of a whole-of-community approach that ensures children, young people and educators can achieve their best mental health, further leveraging the strong community connections already present across the state.

Be You is the national mental health and wellbeing initiative for early learning services and schools in Australia. Launched in 2018 and funded by the Commonwealth Department of Health and Aged Care, it is delivered by Beyond Blue in collaboration with Early Childhood Australia and headspace. There are currently 115 (36%) early learning services, and 265 (93%) schools already registered with Be You in Tasmania.

Be You is freely available for educators and those studying to become educators. Be You provides an effective model for implementing a whole-learning community approach to mental health and wellbeing and includes professional learning as well as practical tools and resources to establish positive, inclusive, and responsive learning environments.

The professional learning modules are structured around five key domains, including mentally healthy communities, family partnerships, and more. By participating in Be You, educators can enhance their ability to support mental health and wellbeing, meeting national, state, and territory requirements.

Independent evaluation of Be You has shown promising early findings of improved learning outcomes and increased NAPLAN scores for learning communities engaged with Be You, compared to schools not engaged with Be You. Students attending secondary schools engaged in Be You are significantly more likely to have improved social and emotional wellbeing scores than those attending secondary schools that are not engaged.

The evaluation also found that the approaches promoted in Be You appeared to align with and support early learning services to meet and exceed the National Quality Standards.<sup>18</sup>

Educators engaged with Be You are also more likely than non-Be You educators to:

- Feel confident recognising the signs and symptoms of mental health issues (74% vs 62%)
- Feel confident about supporting a child or young person with a mental health condition (82% vs 69%)
- Know how to initiate conversations with parents and carers about mental health (78% vs 58%)
- Feel confident intentionally teaching social and emotional learning skills (88% vs 77%).<sup>19</sup>

<sup>18</sup> Dix KL et al. (2022). Be You Evaluation Final Report: from launch until mid-2021. Report for Beyond Blue. Australian Council for Educational Research, Melbourne.

<sup>19</sup> Beyond Blue (2024). Be You National Mental Health in Education Full Report.

*"I think a lot can be done at the school level that will stay with you and help you as you get older."*

*Blue Voices Tasmanian member<sup>20</sup>*

### **Recommendation 3: Invest in initiatives that build connection and belonging**

- Throughout our lives, belonging and social connection are crucial for good mental health. Both need urgent attention at societal, community, and individual levels.
- Indicators of social connection in Australia are decreasing, with less time spent with family and friends, and declining social networks, community participation, and trust.
- Almost 1 in 3 Australians feel lonely. Loneliness is prevalent among those with poor physical or mental health, disabilities, living alone, single parents, and those with financial insecurity, with persistent loneliness affecting 1 in 4 people facing financial hardship, neighbourhood disadvantage, and regionality<sup>21</sup>.
- The [2023 Australia's welfare report](#) shows more 15-24-year-olds feel lonely than those aged 55+, with young women aged 16-24 experiencing the highest levels of loneliness and poor mental health (47%)<sup>22</sup>.
- A ReachOut survey found 57% of young people aged 16-25 worry about loneliness, with 82% saying it impacts their mental health. Loneliness is higher among marginalised youth, such as LGBTIQ+ (70%) and rural youth (65%)<sup>23</sup>.
- Loneliness predicts poorer mental health outcomes, including depression, social anxiety, and increased suicidality, and is a challenge for those with mental health concerns. People experiencing loneliness are almost 5 times more likely to have depression, over 4 times more likely to have social anxiety, and twice as likely to have a chronic illness<sup>24</sup>.
- The impacts of loneliness include reduced civic participation, lower workplace productivity, increased healthcare costs, and more.

*"I think the important thing around smaller communities like ours is that we have some preventative stuff in place. And by that, I mean around sporting institutions where a lot of young people are and the other important places like the workplace because if you're working, you spend over a third of your life there."*

*Blue Voices Tasmanian member*

- Around one in four (27%) respondents from Tasmania indicated that "loneliness or lack of connection" is a cause of distress. On the contrary, almost three-quarters felt their sense of being part of a group or community was good, very good or excellent<sup>25</sup>.
- During consultations with Blue Voices members, this theme was reinforced, with respondents emphasising the importance of family, friends, and community supports, such as sport and service clubs, as important supports for maintaining their wellbeing.

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<sup>20</sup> Beyond Blue's Blue Voices program consists of 5,000 community members with a lived/living experience of a mental health condition, or in a caring role for someone with a mental health condition.

<sup>21</sup> Ending Loneliness Together (2023). State of the Nation Report. Social Connection in Australia. A Deep Dive into Loneliness and Social isolation.

<sup>22</sup> Australian Institute of Health and Welfare. (2023). Australia's welfare 2023: data insights. Canberra: AIHW. doi:10.25816/43wp-h749

<sup>23</sup> ReachOut (2023), Craving Connection: How Loneliness is Impacting Young People's Mental Health, Research Brief: Issue 01, ReachOut Australia, Sydney.

<sup>24</sup> Ending Loneliness Together (2023). Loneliness affects everyone. Infographic accessed online at: <https://endingloneliness.com.au/wp-content/uploads/2023/08/ELT-LAW-Infographic-digital.pdf>

<sup>25</sup> Social Research Centre (2024). Beyond Blue - Australia's Mental Health and Wellbeing Check – State data analysis – unpublished.

- Investing early in social and emotional skills is crucial for reducing loneliness and social isolation. Beyond Blue's research shows that individuals intend to seek support from known persons, such as an intimate partner (73%), friends, and family members (55%). This underscores the importance of trusted social connections for wellbeing.
- People with a mental health issue reported 'poor' or 'fair' support from family or friends (33%), in contrast to 13% among those with no experience of a mental health issues.
- **The Tasmanian Government should strengthen links with existing initiatives that focus on building social and emotional skillsets within individuals and the settings they interact with, such as schools, workplaces, aged care, and local communities.** The Healthy Tasmania Fund is one way in which this could be achieved.
- The Tasmanian Government should prioritise investing in mentally healthy workplaces. This includes prioritising small business and implementing the recommendations of the Wellbeing and Prevention Coalition's [Policy Paper on Small Business Owner Mental Health](#).
- Other effective action to improve social connection includes:
  - A whole-of-government approach to addressing loneliness. Enhancing the collective sense of belonging necessitates an integrative approach that considers the shifting temporal, social, cultural, and environmental contexts individuals experience.
  - Ending Loneliness Together, in partnership with AIA Australia, launched a training program in early 2024 to help people recognise and respond to loneliness in the workplace. With 1 in 4 workers reporting persistent loneliness, equipping employers and employees with the skills to build meaningful social relationships contributes to an organisational 'Culture of Connection.'
  - There is an opportunity to promote social connection through 'third spaces,' including local place-based initiatives or widely available online initiatives. For example, promoting evidence-based digital initiatives, like the [Beyond Blue Online Peer Support Forums](#), can reduce loneliness and enhance connection. Investment is needed to continue researching how new and emerging technology can safely combat loneliness.
  - Addressing declining community belonging and cohesion requires compassion-based initiatives focused on cultivating values of kindness, respect, service, and commitment to one another. These initiatives can contribute to the long-term cultural change needed to enhance social connection and reduce the harmful impacts of loneliness.
  - Social prescribing connects individuals to non-clinical activities and services that support their mental health, addressing the complex social factors impacting health. Investing in social prescribing and initiatives that build connection and belonging can significantly improve the mental health and wellbeing through fostering a healthier, more connected community.
    - In the report, [A guide to what works for mental wellbeing](#), Beyond Blue, in collaboration with the South Australian Health and Medical Research Institute, identified social prescribing as a highly effective intervention for improving mental wellbeing.
    - The [ASPIRE Consensus Statement](#) highlights social prescribing as a proactive approach that promotes early intervention for non-medical issues, reduces healthcare costs, and enhances individual and community wellbeing by fostering stronger social connections and resilience. Beyond Blue endorses ASPIRE's recommendation for a large-scale rollout of social prescribing. This should include training and support for primary care practitioners and 'link workers' who act as connectors, ensuring referrals are consumer-informed and appropriately tailored.
    - Additionally, funding for community services and groups is essential to meet the increased demand. Social prescribing initiatives, both domestically and internationally, have already shown positive results.
  - As identified in the evaluation of the [Healthy Tasmania Strategic Plan](#), it would be useful to consider and incorporate metrics to evaluate social connectedness and liveability. This will ensure a comprehensive understanding of community wellbeing, belonging and connectedness, improve the ability to measure the impacts of the Strategy, and address previously noted data gaps.

*“It’s back to what I said about just connecting with each other. The Council connecting with the football club, which they do, the football club connecting with the basketball club, those clubs then connecting with places of work and so on.”*

*Blue Voices Tasmanian member*

#### **Recommendation 4: Invest in a future-focused, diverse workforce**

- Prevention extends beyond health settings to homes, schools, workplaces, community organisations, and social and cultural environments. Since many health determinants lie outside the health sector, prevention must be integrated across various sectors and government policies. A collective and cohesive effort is essential to create and enhance environments that support healthy living.
- **Investment is therefore essential to develop a future-focused, diverse workforce that creatively addresses Australia’s workforce shortages and distribution challenges, while reflecting the needs of community members.**
- The [Mental Health Promotion Competency Framework](#) provides a structure for building an effective mental health promotion system, offering a common language and a strong workforce with well-developed skills. Embedding this will support a growing, professional workforce to support the state.
- Coupled with this, investment must be in education to build confidence and awareness of these non-clinical workforces to support both the growth of multidisciplinary teams and referral to earlier support options. This will ensure good take up and utilisation of these services and is a step towards a more sustainable mental health system.
- An example of this working well is the role of the link worker in social prescribing models, which shows strong results in promoting mental health and wellbeing by linking people with protective non-clinical social and community supports.
- Workforce diversification should also consider the role of professionals outside the health sector, who play a critical role in promoting, protecting and supporting the mental health of the community in settings like schools, early learning centres and workplaces.
- Effective workforce strategies must include dedicated capability development (for example, for educators, within pre-service and early career stages); adequate resourcing for effective implementation (for example, in workplaces, sufficient investment in preventing, identifying and responding to psychosocial risks); and prioritising the wellbeing of this workforce itself.

Findings from the [Be You Mental Health in Education Survey 2024](#), identified that educators consider supporting the mental health and wellbeing of children and young people as part of their role, but can lack the confidence and resourcing to do so.

Educators are highly skilled professionals. Supporting the mental health and wellbeing of children and young people must be managed alongside responsibilities with other aspects of their workload such as curriculum planning and delivery, providing feedback and administrative and reporting requirements.

[The National Teacher Workforce Action Plan](#) and [National Children’s Education and Care Workforce Strategy](#) both aim to respond to these critical issues and foster a sustainable and high-quality workforce of educators.

To realise the full potential of education settings as critical settings for early intervention and prevention, more needs to be done to embed these strategies within a whole of government approach to address not only education workforce issues but to alleviate pressure on the broader mental health workforce too.

#### **Recommendation 5: Prioritise action on National Closing the Gap Agreement responsibilities**

- First Nations Peoples are at the forefront of efforts to improve social and emotional wellbeing in their communities. Despite these efforts, health inequities and injustices persist, and opportunities for true self-determination remain unrealised.

- The Strategy's discussion paper acknowledges existing responsibilities under the National Closing the Gap Agreement relating to partnerships that support shared decision making, capacity building, tackling racism and data access. It is crucial that action on these areas is prioritised to enable advancement of social and emotional wellbeing, justice and self-determination.
- Our experience with the Close the Gap Alliance demonstrates that better outcomes are achieved when First Nations Peoples have a genuine say in designing and implementing policies that affect them.
- This requires concrete actions that go beyond commitments on a page. **Beyond Blue supports the establishment of truth-telling processes, as outlined in the Uluru Statement from the Heart, as a core tenant of self-determination to drive positive social and emotional wellbeing.**

#### Recommendation 6: Centre co-design with community to ensure the Strategy continues to evolve to meet community need

- To ensure the Strategy continues to adapt to the changing health needs and environments over the next 20 years, genuine community co-design is needed.
- **Partnering with the community and engaging them as experts in their experiences is crucial to creating policies, practices, and solutions that have a continued, meaningful impact.**
- The Strategy must include capacity to ensure lived and living experience contributions are integral to developing, overseeing, implementing, evaluating, and continuously improving the Strategy and that participants are compensated for their time and involvement.
- The recent establishment of Mental Health Lived Experience peak bodies at a national level provides a platform for capturing experience and insights. Consideration should be given to the integration and application of these peak bodies at a state level, and what local expertise is needed to drive policy development and implementation throughout the life of the strategy.
- Genuinely engaging and co-designing with community takes time. Funding and contract terms must allow time to establish trust and credibility with communities, for people to meaningfully contribute, and for organisations to learn from the people we serve.
- Funding arrangements also need to adapt to reflect modern ways of work, including human centred design and agile methodologies. A shift away from activity-based funding to outcomes-based funding, that is not wholly dependent on extensive definition of program or business requirements at the outset, will enable this.

#### Recommendation 7: Commit to dynamic, regular, population-level data capture, ensuring informed decision-making and effective planning that adapts to the changing needs of Tasmanians

- Good data is essential for informed decision-making and tracking progress. It is essential for creating a dynamic, responsive, and effective preventive health strategy that can adapt to the changing health needs of Tasmanians and improve the wellbeing of the population over the long term.
- Collecting information on both illness and wellbeing provides a comprehensive understanding of health in Australia and guides spending to improve quality of life. Data can reveal the drivers of distress at a population level and identify actions to achieve better social, economic, and community wellbeing outcomes, promoting greater transparency and accountability.
- **To support innovation and reform, it is crucial to address these gaps through a commitment to more dynamic, regular, state level data capture. This could be achieved through a range of different mechanisms, including building on the Healthy Tasmania Strategic Plan Research and Evaluation Framework.** At a minimum, data should be captured for both wellbeing and illness across various demographic markers, and the range of determinants contributing to poor mental health.
- While national data is valuable, it may not fully represent the unique characteristics of a smaller state like Tasmania. Therefore, it is essential to understand the specific nuances and factors affecting the Tasmanian population, which can be better captured through state-level surveys. This approach will ensure more accurate and relevant insights for policymaking and program development across the life of the Strategy.