

Towards Tasmania's next Mental Health Strategy

April 2026

Introduction

Dementia Australia welcomes the opportunity to provide feedback in response to the Towards Tasmania's next Mental Health Strategy discussion paper.

Dementia Australia is the peak body representing the estimated 446,500 people living with dementia and their carers across Australia. A growing number of Australians are affected by dementia. Dementia prevalence is set to increase to more than a million people across the country by 2065 (1). Dementia is the leading cause of death for all Australians, as well as the leading contributor to disease burden for those aged over 65. An estimated 1.7 million people in Australia are involved in the care of people living with dementia (2).

In Tasmania, there are an estimated 11,200 people living with all forms of dementia in 2026, including 700 people under the age of 65 living with young onset dementia. Dementia prevalence in Tasmania is predicted to increase to an estimated 16,500 by 2054 (1).

The relationship between dementia and mental health is complex. Poor mental health, specifically depressive disorders, is a recognised risk factor for developing dementia, and people living with dementia are more likely to experience depression.

Dementia Australia advocates for a contemporary, rights-based mental health system across all life stages. Dementia Australia supports the suggested themes and principles in the discussion paper. We welcome the explicit recognition of the needs of older people, the focus on prevention and early support, service coordination, living experience and workforce support.

This submission suggests additional improvements to better meet the needs of people living with dementia and their carers. We encourage the Tasmanian Government to continue meaningful consultation with people living with dementia in the development, implementation and evaluation of this Strategy.

Dementia symptoms and mental illness

Dementia impacts thought, memory, perception and mood. Dementia can also present alongside pre-existing mental illness or disability and people commonly develop depression and/or anxiety following a dementia diagnosis. Depression and social isolation are also two of 14 modifiable risk factors for dementia (3).

People living with dementia may experience psychological symptoms such as hallucinations or delusions. Other psychological symptoms of dementia frequently include apathy, confusion, sleep disturbance and agitation (4). There are many diseases that cause dementia, and each has distinct neurological impacts affecting the symptoms experienced. Hallucinations are most common among people with Lewy Body Dementia and Parkinson's disease dementia and can also occur with Alzheimer's Disease (5).

Strengthening promotion, prevention and early intervention is an important ambition of this Strategy. To achieve this, the strategy must consider mental health as a risk factor for other diseases including dementia.

The Strategy must also enable consistent distinguishing of dementia symptoms from mental illness and establish appropriate care pathways based on the underlying causes of psychological and behaviour symptoms. This is critical to preventing misdiagnosis or delayed diagnosis, particularly for people with young onset dementia who often experience misdiagnoses. Correct diagnoses also support the workforce, ensuring that professionals with the most appropriate training and skills are involved in care.

Living with dementia and mental health

A dementia diagnosis is life changing, and a range of emotions are common at this time. People may experience confusion, fear about losing their cognitive capacity and independence, and concern about being a burden to carers and loved ones. It is vital that people diagnosed with dementia, as well as their family members and carers, receive appropriate referral to support to manage the psychological distress that commonly accompanies a diagnosis. Growing evidence indicates that individuals with dementia are at heightened risk of suicide and self-harm within the first 12 months post-diagnosis (6). An analysis of 20 international studies highlighted that across all stages of dementia, more than a third of people were living with depression, and a third were living with anxiety (7).

Studies have also found suicide risk is increased in people diagnosed with young onset dementia compared to older people living with dementia (6). People with young onset dementia face unique issues that can differ from those experienced by older people. Loss of income, self-esteem and perceived future purpose can pose multiple physical and psychological challenges for people with younger onset dementia and their families.

The strategy should recognise poor mental health may be a consequence of unmet needs, so it is essential state mental health systems routinely provide connections to appropriate support services.

Reducing stigma

After a diagnosis of dementia, people with dementia and their carers often experience stigma, loss of social engagement and connection. Social isolation has a reciprocal relationship with dementia: it can increase the risk of developing dementia, while a dementia diagnosis itself often leads to social isolation. People with dementia often face negative stereotypes,

discrimination, and a lack of understanding about their symptoms, leading to feelings of shame, fear, and exclusion (8). People living with dementia and their carers also commonly describe their family and friends distancing themselves due to the stigma of dementia or not knowing what to say or fear about how the person living with dementia may behave.

This stigma can cause individuals to withdraw from usual social activities, avoid seeking help and become disconnected from their communities and support networks. As social isolation increases, it can contribute to feelings of loneliness, depression, and hopelessness, which are risk factors for suicide. Addressing this stigma and greater community awareness through initiatives such as **Dementia Friendly Communities** can help improve public understanding and reduce social isolation for people living with dementia.

Carer's mental health

Carers of people living with dementia often face emotional and physical burnout, social isolation, grief and financial stress, which can lead to mental health challenges such as anxiety and depression. Research highlights that carers of people with dementia have higher levels of psychological distress compared to other types of carers, with some studies showing that up to one in three carers of people living with dementia experience clinical depression (9).

Although Dementia Australia welcomes the potential of this Strategy to embed families and friends as critical care partners in the mental health system, it is essential that the appropriate support is provided to carers to avoid inadvertently increasing carer burden. Ensuring that carers have access to mental health services, peer support, respite care, and resources to help sustain their caring responsibilities are essential to reducing their own mental health risk and concerns, while also improving the quality of care and life for the person they care for.

Workforce capacity and capability

A skilled and sustainable mental health workforce, requires mandatory, consistent dementia training of all staff across health, aged care and disability systems. People living with dementia repeatedly report challenges with healthcare, disability, aged care staff and first responders who have limited dementia training to effectively meet their needs. Appropriate training also prevents crisis situations, supports de-escalation of changed behaviours and avoids unnecessary hospital presentations. Such training is essential to staff wellbeing, retention and the provision of safe care.

An important aspect of workforce capability is navigating the interface of health, mental health, disability and aged care sectors. There are not always consistent frameworks for care for people living with dementia across these different sectors. For example - the Tasmanian-based system for regulation of restrictive practices through the Office of the Senior Practitioner differs from the requirements of the Commonwealth Aged Care Act. Protecting and promoting the rights of people living with dementia who are subject to restrictive practices requires strong workforce capability and knowledge of restrictive practice legislation and process across sectors.

Integration and access across the continuum of care

Tasmanians living with dementia and mental illness are likely to interact with health, aged, care or disability systems operated by state, Commonwealth and NGO partners. People living with dementia and their carers repeatedly note the complexity of engaging across these systems. Prioritising collaboration, integration and access across systems and the continuum of care, including referrals to appropriate support provided by Dementia Australia, will prevent and reduce poor mental health among people living with dementia and their carers.

Supports provided by Dementia Australia

Dementia Australia provides support to people living with dementia and their carers, playing a role in preventing and reducing the impact of people living with mental health challenges. The National Dementia Helpline operates 24 hours, seven days a week, every day of the year, connecting people with specialist advisors to provide confidential advice, often during periods of mental distress. We also offer counselling services delivered by registered professionals with tertiary qualifications in counselling, psychology or social work, carer support programs, individual and group post-diagnostic supports, one-to-one peer support programs and some respite care services.

We would welcome inclusion of Dementia Australia's services in the strategy or future partnerships as one measure to expand access to care.

Recommendations

The Tasmanian government has committed to implementing the National Dementia Action Plan 2024-2034 (NDAP). A key principle of the NDAP is addressing the needs of groups at higher risk of developing dementia, including older people and people living with depression.

The below recommendations align with the Strategy's agreed principles and priorities:

1. Embed the living experience of people living with dementia and their carers into the mental health system. This includes opportunities to participate in meaningful consultation and evaluation of this strategy and implementation.
2. Facilitate appropriate follow up care to ensure that people living with poor mental including depression and social isolation are supported to reduce modifiable risk factors for dementia.
3. Provide dementia awareness training for the mental health workforce (including first responders and acute care).
4. Ensure key health, disability and aging workforces are skilled in recognising and assessing dementia-related symptoms early and initiate and refer to appropriate dementia care and/or mental health pathway.
5. Ensure the Tasmanian Government's consistent administration of restrictive practice legislation, pertaining to mental health services, protects and promotes the rights of people living with dementia.

6. Ensure referral to appropriate support services (including those offered by Dementia Australia) following a dementia diagnosis, noting this is a period of high mental distress.
7. Connect carers of people living with dementia, to available tailored support services, including respite services. This will reduce carer isolation and carer burden as well as help them to identify risks and signs of suicidal ideation. This action is critical should the Strategy highlight as proposed, the essential role carers play as part of the mental health system. Whilst such formal acknowledgement is critical, without appropriate support tailored to carers, it may inadvertently place further burden on carers and result in poor mental health.
8. Extend successful **Dementia Friendly Communities** in Tasmania to reduce stigma and enable more people with dementia (and by extension everyone) to be socially connected thereby reducing risk of some mental illnesses.

Conclusion

Dementia Australia looks forward to ongoing engagement with the Tasmanian Department of Health to support the delivery of a contemporary, compassionate and connected mental health system that best meets the needs of Tasmanians living with dementia, their families and carers. We welcome the opportunity for further consultation including supporting the Department to engage with people with living experience to ensure the voices of people living with dementia continue to be included in the consultation process and development of the Strategy

For more information, please contact the Dementia Australia Policy and Advocacy team on policyteam@dementia.org.au

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