



Mental Health Carers Australia Pre-budget Submission 2021-22

Introduction

Mental Health Carers Australia (MHCA) is a national peak body focussed solely on the needs of families and carers supporting people living with mental ill health. We are made up of seven state and territory organisations, including one national. More information about MHCA is accessible at: mentalhealthcarersaustralia.org.au.

Our aim is to work constructively with governments and the community sector to improve policies and programs that directly and indirectly impact mental health families and carers.

MHCA welcomes the Productivity Commission's final report into mental health, including the acknowledgement that families and carers need additional focus and support given the significant role and contribution that they make to our economy¹.

For the purposes of this submission, mental health families and carers can be defined as everyday Australians providing significant emotional, practical and financial support to their family member or friend living with a mental illness. There are significant, well documented impacts on carers associated with the caring role, including but not limited to: emotional distress, depression, financial insecurity, employment insecurity and loss of connections with their own family, friends and community.

Mental health carers are extraordinarily diverse, ranging from ageing parent carers, parents supporting an adolescent with emerging mental illness, to young people caring for a parent with mental ill health. They have their own stories to tell and have differing needs. These carers have the same right to live a good life as do all Australians. Government investment should aim to enhance carer outcomes across all life domains.

This submission focusses on three priority areas where the Commission has recommended that actions to address its recommendations start immediately. We also support the growing call for the development of a National Carer Strategy.

¹ Diminic S, Hielscher E, Lee Y, Harris M, Schess J, Kealton J, & Whiteford H, (2016) The economic value of informal mental health caring in Australia: technical report



1. Allocate sufficient funding to develop and establish a mental health family and carer peak body

Mental health families and carers should have the opportunity to participate in the design of policies and programs that affect their lives².

There is growing evidence for positive outcomes from participation and engagement relating to individual agency and autonomy, connectedness and skills development. Co-design should be considered a value proposition for government with benefits including reduction in the usage of crisis care services and positive employment outcomes³.

Funding to establish effective mental health family and carers representation must be adequate to facilitate appropriate representation at a national level. This includes adequate funding to represent the diversity of mental health families and carers, including young carers, carers from diverse backgrounds and carers living in geographically diverse areas.

Similarly, funding must also be adequate to ensure sufficient representation across the breadth and depth of reforms occurring across the sector, including the implementation of the National Mental Health Commission's Vision 2030, the implementation of the Productivity Commission recommendations and continued engagement with Primary Health Networks, Carer Gateway Services, the NDIS and psychosocial program reforms.

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² Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 3 p1113

³ Slay J, Stephens, L, (2013) *Co-production in mental health: A literature review*

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MHCA is currently the recognised national mental health carer peak body. We are currently self-funded through our membership model. A lack of funding and associated infrastructure has impacted our ability to be fully effective at a national level given the size, scale and complexity of the mental health sector.

Our membership consists of a number of state-funded mental health carer dedicated peak bodies (Mental Health Families and Friends Tasmania, Tandem Victoria, and Mental Health Carers NSW). The establishment of a new mental health families and carer peak body must also consider creating mechanisms to escalate common state and territory issues to a national level. MHCA is currently well placed and 'shovel ready' to undertake this role.

2 Allocate funding to support family and carer inclusive practice

There is growing awareness and support for the adoption of carer inclusive practice at all levels of mental health service provision. In 2014 the *National Review of Mental Health Programmes and Services*⁵ recommended the development and implementation of a practical guide to support the inclusion of families and support people in the planning and delivery of services.

In 2013 the Government released the national framework for recovery-oriented mental health services⁶. Importantly this framework described recovery-oriented practice as involving families and friends in the recovery process while accessing their own needs for counselling, therapy, education, training, guidance, support services, peer support and advocacy.

In 2016, [A Practical Guide for working with people with a mental illness](#)⁷ (the Practical Guide) was released to improve carer inclusive practice across mental health services. The

⁵ National Mental Health Commission (2014) *The National Review of Mental Health Programmes and Services Report*

⁶ Australian Health Ministers' Advisory Council (2013), *A national framework for recovery oriented mental health services: Guide for practitioners and providers*

⁷ Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia and Mental Health Australia (2016) *A practical guide for working with carers of people with mental illness*



Guide introduced six Partnership Standards designed to improve outcomes by combining the knowledge and skills of staff with the knowledge and lived experience of family and carers in a partnership approach to service delivery across all settings. It is nationally recognised as a key resource in facilitating family and carer inclusive practice.

In its final report into mental health, the Productivity Commission recognises that “family and carer inclusive practices requires mental health services to consider family members’ and carers’ needs and their role in contributing to the recovery of individuals with mental illness”⁸. Despite encouraging uptake of the Practical Guide across Australia, family members and carers continue to report that that their role, views and needs as carers are not being recognised and respected by mental health services⁹.

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MHCA is the ‘steward’ of the Practical Guide. Our members have agreed that although the content remains fit for purpose as a resource for services to meet their compliance obligations, it requires a revision in order to better reflect the current service system, including the introduction of the NDIS and Primary Health Networks.

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MHCA is seeking one-off funding of \$150,000 in 2021-22 to update and continue implementation the Practical Guide nationally, and a further \$15,000 to maintain the Carer Library <https://workingwithfamiliesandcarers.com.au/>, and its associated web and mobile applications that service providers can use to monitor and track their progress.

⁸ Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 3, page 892

⁹ Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 3, page 887

¹⁰ Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 3, page 892

¹¹ Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 3, page 887



3. Allocate funding to support the creation of a national professional association for peer workers

Peer workers are a valuable but under-utilised part of the mental health workforce¹². MHCA supports the Productivity Commission’s recommendation that “The Australian Government should provide once-off seed funding to create a professional association for peer workers” to *start now*.

Funding to create a national association for peer workers, should include establishment costs related to carer peer work in recognition that families and carers are also impacted by the experience of mental ill-health and that they have a need for support and information in their own right.

Mental health families and carers would benefit from a peer workforce that understands and empathises with their experience of mental ill health and the mental health service system

4. Develop a National Carer Strategy

Fund the development of a National Carer Strategy to guide strategic policy in relation to all carers, including mental health carers.

There has been a lack of systemic planning at a national level to identify and address policy and service delivery gaps since the previous National Carer Strategy Action Plan lapsed in 2014.

Given Australia’s growing population of unpaid carers¹³ it is vital that carers are supported and sustained to continue this vital role. There have been significant reforms since the Action Plan was completed, including the introduction of the Carer Gateway Services, and the National Disability Insurance Scheme. This makes it imperative and overdue that funding is allocated to the development, implementation and monitoring of a National Carer Strategy.

¹² Productivity Commission (2020), *Mental Health: Inquiry Report*, Vol 2, page 732

¹³ Deloitte Access Economics (2020). *The value of informal care in 2020*. Carers Australia