



**Response to the Productivity Commission:
Final Report on the Inquiry into the role of improving
mental health to support economic participation and
enhancing productivity and economic growth**

Submitted to the Australian Government Department of Health

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About Carers Australia

Carers Australia is the national peak body representing the diversity of the 2.65 million Australians who provide unpaid care and support to family members and friends with a:

- Disability
- Chronic condition
- Mental illness or disorder
- drug or alcohol problem
- Terminal illness
- Or who are frail aged

Our vision is an Australia that values and supports all carers. We believe all carers, regardless of their cultural and linguistic differences, age, disability, religion, socioeconomic status, gender identification and geographical location should have the same rights, choices and opportunities as other Australians.

Carers should be able to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education. This includes carers:

- Who have their own care needs
- Who are in multiple care relationships
- Who have employment and/or education commitments
- Aged under 25 years (young carers)
- Aged over 65 years, including 'grandparent carers'
- From culturally and linguistically diverse backgrounds
- Who identify as Aboriginal and Torres Strait Islander
- Who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI+)
- Who are living in rural and remote Australia, and
- That are no longer in a caring role (former carers).

Introduction

Carers Australia is committed to the rights of people with a mental illness and wants to work with all those involved to improve economic and social participation.

We highlight that carers need support for their own mental health, where mental health services often focus on the needs of the consumer without considering that the person providing care may also require mental health support, and in fact may also be a consumer of mental health services.

As is the case for all carers, care is often provided at considerable cost to their own wellbeing, including their own health, financial security and opportunities to pursue education, employment and interests. However, carers of people with a mental illness often don't have the same visibility as carers of people in other circumstances, and this can be an additional obstacle to accessing recognition and support.

Carers of people with mental illness spend extensive time with the person they care for, providing practical support such as assistance with finances and transport, assistance with daily living such as personal hygiene and meal preparation, emotional support and behaviour management. Of the 994,600 people with psychosocial disability (living in households) in 2018, 94.9% need

assistance or experienced difficulty with at least one activity of daily life, most commonly cognitive and emotional tasks (85.5% of all those with psychosocial disability)¹.

We applaud the Productivity Commission in including a recommendation specific to the needs of families and carers (Recommendation 18), noting the Commission has stated:

“Carers are an important, but too often forgotten, part of the mental health system. They play a vital role in the recovery of people with mental illness, but their own needs are not always considered by the mental health system. They are often excluded from discussions on their care recipient’s needs — regardless of the consumer’s preferences — and not made aware of services that can assist them. Embedding family- and carer- inclusive practices across the mental health system would enable more effective support to people accessing services and their carers.”²

This submission provides comment on all recommendations of the Productivity Commission's Final Report, following Carers Australia submissions to the Productivity Commission's [Draft Report](#) (January 2019) and [Issues Paper on the Social and Economic Benefits of Improving Mental Health](#) (April 2019).

Comment on the Online Consultation Questions

Broadly, Carers Australia support any efforts to improve access to appropriate mental health services to people when they need them, where they need them and in a culturally safe and stigma-free environment.

The online survey provided by the Department of Health to seek feedback on the recommendations asked:

- *Of the recommendations made, which do you see as critical for the Government to address in the short-term and why?*
- *Of the recommendations made, which do you see as critical for the Government to address in the longer-term and why?*
- *Of the critical recommendations identified in the previous questions, are there any significant implementation issues or costs that you believe would need to be considered and addressed?*
- *What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers?*
- *Are there clear steps that you believe need to be taken to ensure the recommendations are successfully implemented?*
- *Do you believe there are any critical gaps or areas of concern in what is recommended by the PC?*

We acknowledge the tremendous difficulty in prioritizing the many actions outlined, noting the complexity of reforms to mental health must be cognisant of other major reforms currently underway across the health, aged and social services systems. Many recommendations and actions are not mutually exclusive as the Commission has endeavoured to highlight. Add to this the need to ensure the education, justice and other significant systems and settings are also involved in a cross-portfolio and integer-jurisdictional effort, and an environment that will continue to be impacted by the effects of COVID-19 from an individual, community, service provision and fiscal context for many years to come.

¹ Australian Bureau of Statistics, 2018 Survey of Disability, Ageing and Carers (SDAC). 'Psychosocial disability' released 25/09/20 ABS [accessed online].

² Productivity Commission Final Report - p.148 Vol 2

We request the government's response includes clear mapping of all actions and how they interrelate, along with what the intended outcomes will be for consumer, carers, service providers and governments.

We note that a submission is also being prepared for the Select Committee on Mental Health and Suicide Prevention, which will include many of the issues highlighted in response to the Productivity Commission's Recommendations.

Response to Recommendations

The following outlines Carers Australia's response to the recommendations, with those that have actions we have most concern for provided first. In addition, recommendations have been grouped where implementation issues or key areas to highlight are similar.

Recommendation 22 – BEST PRACTICE GOVERNANCE TO GUIDE A WHOLE-OF-GOVERNMENT APPROACH

Carers Australia **agree** with the development of a new National Mental Health Strategy that integrates services and supports delivered in health and non-health sectors (Action 22.1) however **this must not be at the detriment of developing a National Carers Strategy that considers all carers.**

While the *Carer Recognition Act 2010* formally acknowledges the valuable social and economic contribution of carers in Australia, the last National Carers Strategy lapsed in 2014. The Commonwealth government must show national leadership on carer issues and ensure that carers are considered through the development of a new National Carer Strategy, which should outline how to address carers' rights and needs, together with and separately from the people they care for.

We support actions that:

- facilitate mental health reforms across health and non-health portfolios. (Action 22.3)
- strengthen the establishment of a clear and ongoing role for consumers and carers in all aspects of mental health system planning, design, monitoring and evaluation (Action 22.4) and
- provide improved oversight over government-funded programs that have strong links with mental health outcomes, including those in non-health sectors (Action 22.7).

This must include improved needs for responsibility and accountability for mental health related carer support within the Department of Health and relevant authorities, to address a diffusion of responsibility and perception that carer supports is a Department of Social Services only-role, or primarily focused on carers of people with a disability.

As the national peak body representing Australia's unpaid carers for almost 30 years, our purpose is to influence national policy, community and government's understanding and support of carer issues. In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represent the views of carers at the national level. This includes carers of people who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged.

Carers Australia strongly oppose the additional reform suggestion within to Action 22.4 for the Australian Government to fund separate representative peak bodies to represent the views, at the national level, of the carers of people with mental illness.

We highlight that as the national peak for carers:

- We have strong established relationships with many mental health organisations, noting we are a member of Mental Health Australia.
- We currently funded to deliver a project focusing on mental health carers to support their self-care during COVID-19, which we are delivering in collaboration with Mental Health Australia
- We have for many years been in a partnership with SANE Australia to maintain a free and anonymous ‘SANE Forum’ specifically for carers of people living with complex mental health issues.
- We are funded as the peak carer organisation by the Department of Social Services via the Disability and Carer Service Improvement and Sector Support Program to:
 - o facilitate efficient and effective consultation between the Australian Government and the Carers Australia constituency through policy development, consultation and representation, and information dissemination and governance, and
 - o provide national secretariat activities including Governance functions to ensure activities focus on meeting the mission of improving the lives of unpaid carers.
- Our members have strong relationships with mental health services and consumer and carer support organisations within each jurisdiction, noting that Carers ACT is in fact the recognized territory peak for mental health carers.
- A significant proportion of the Carer Network’s members are mental health carers
- All Carer Network members deliver mental health support for carers broadly, weather through the Carer Gateway or funded via another means such as state/territory government, and
- Until the introduction of the Carer Gateway, Carers Australia and the Carer Network provided services Nationally, including the National Carer Counselling Program (NCCP), Carer Information and Support Service (CISS), and Mental Health Respite – Carers Support Service funded by the Department of Social Service that ceased at the end of May 2020. In addition, Carers Australia recently transitioned out of facilitating peer-to-peer support as this is now undertaken through the Carer Gateway.

Within the context of this information, we do agree that sufficient funding should be provided, and funding cycles extended, for existing government-recognised peak bodies, and also support additional mechanisms to bring peak bodies together regularly, in order to progress issues of mutual interest and develop common policy positions and advice (Action 22.4).

Recommendation 12 – ADDRESS THE HEALTHCARE GAPS: COMMUNITY MENTAL HEALTHCARE

It is our strong view that investment in and increasing access to appropriate community-based respite care for mental health carers is a critical gap within the recommendations, and until properly addressed, mental health carers entitlements and services will continue to be treated as a sub-component of the support to those they care for.

Due to the fluctuating nature of mental illness, mental health carers manage a high level of unpredictability in their caring role in addition to a high level of emotional support, planning and behaviour management. Respite services are critical to many carers' own health and wellbeing and can, in many cases, mean the difference between a carer being able to provide care and support or having no alternative but to seek other accommodation options, ceasing employment or risk further strain on the carer and wider family.

This is noting cessation of funding for previous programs such as Mental Health Carer Respite Services, difficulty accessing respite, particularly community-based cottage respite, through the Carer Gateway, and very limited access to carer respite via the NDIS for people with a mental illness, as currently supports are not funded based solely on carer need.

The need for community-based respite must be included in:

- Action 23.7 – related State and Territory Governments using activity-based funding for community ambulatory mental healthcare, and
- Estimating the shortfall in community ambulatory services (including the shortfalls both in resources and in how much time staff are spending on consumer-related activities (Action 12.4), noting that “Over time, State and Territory Governments, with support from the Australian Government should increase funding for community ambulatory services to the level required to meet population needs.”

Recommendation 15 – LINK CONSUMERS WITH THE SERVICES THEY NEED

Recommendation 17 – IMPROVE THE AVAILABILITY OF PSYCHOSOCIAL SUPPORTS

Recommendation 23 – FUNDING ARRANGEMENTS TO SUPPORT EFFICIENT AND EQUITABLE SERVICE PROVISION

Carers Australia do not support Actions that further fragment the provision of psychological supports that would be available to carers of people with a mental illness.

Carers need support for their own mental health, and consumers of mental health services may also have care responsibilities. All carers and consumers need to be asked about their care responsibilities and how this impacts on their mental health.

Barriers to access from the carers context include navigating systems, support to maintain the caring role during crisis and recovery efforts, access to meaningful employment opportunities and flexible workplaces, and processes that identify the mental health, self-care and broader health care needs of carers. Actions that are of main concern are:

- The recommended National Mental Health and Suicide Prevention Agreement should state that State and Territory Governments would be responsible for planning and funding carer support services related to the mental health caring role (Action 18.2)
- Include all commissioned psychosocial supports outside of the National Disability Insurance Scheme (NDIS) within the scope of joint regional plans, and require joint regional plans to coordinate clinical mental healthcare with NDIS psychosocial supports (Action 23.1), and
- State and Territory Governments should take on sole responsibility for psychosocial supports outside of the NDIS (Action 23.2).

We highlight that the Carer Gateway is:

“Carer Gateway is for anyone who is a carer. You may be a carer if you are looking after someone with disability, mental illness, dementia, a long-term health condition, an illness that will cause their death, or an alcohol or drug problem, or someone who is frail because they are old”³.

Information provided throughout the Productivity Commission Final Report is contradictory, for example, suggesting that the Carer Gateway is only for provision of a “broad range of relevant information and referrals for carers⁴”, while adding direct service delivery through Carer Gateway Providers, the assessment of carer needs, and development of a Carer Action Plan that may include a mix of services and supports outside of the Carer Gateway.⁵ Further, information provided in Recommendation 18 refers to the Carer Gateway (Integrated Carer Support Services) being in transition⁶, however all services were online from April 2020.

As acknowledged in the Commission’s Final Report, **Carers Australia maintain that there would be significant duplication in policy development, infrastructure and administration if carer specific supports, related to mental health carers or the broader mental health of all carers, were separated from the Carer Gateway without investigation of the unintended consequence of further fracturing carer supports.**

We urge the government to consider the following issues before any actions related to changes in responsibility to funding or provision of services are progressed, noting we support actions that aim to facilitate a clearer division of roles for each level of government and across settings and sectors:

- Stigma associated with separating out the needs of mental health carers from that of other carers, or a gap in identifying the mental health needs of all carers
- Further siloing of support options for carers, noting interface issues already occurring and being scrutinised within reform processes related to My Aged Care and the NDIS, as well as introduction of the Disability Gateway in January 2021
- Possible deskilling of the Carer Gateway Providers in supporting mental health carers, as they will be isolated from the detailed knowledge around mental health supports, eligibility criteria, policy and relevant regulations that mental health carers specifically need to navigate their caring role
- How non-Carer Gateway Providers will be made aware of state/territory funded or Primary Health Networks (PHNs) commissioned carers services
- Information provision between service providers and the Carer Gateway in order to adequately monitor the ongoing needs of carers across settings and services, how these will be embedded within the Carer Action Plan, and issues related to assessing carer needs, and
- How State and Territory Governments ‘would be better placed to consult on and determine the sorts of mental health specific carer supports needed in each region’ or how they have ‘greater incentive to continuously improve these services’⁷ as opposed to Carer Gateway providers.

³ Australian Government, Carer Gateway ‘About us’ webpage [accessed 16/02/2021]

⁴ Productivity Commission Final Report (p.484, Volume 2)

⁵ Productivity Commission Final Report (p.902, Volume 3)

⁶ Productivity Commission Final Report (p.903, Volume 3)

⁷ Productivity Commission Final Report (p.909, Volume 3)

Carers Australia **agrees** with actions to strengthen cooperation between PHNs and Local Hospital Networks (LHNs) when undertaking joint regional planning, and for the requirement for localised ‘Consumer and Carer Engagement Frameworks’ (Action 23.1). However, PHNs should be required to liaise with Carer Gateway providers during regional planning.

Carers Australia also believe that actions to explore interface issues and gaps in services outside the NDIS, as well as actions to streamline access to psychosocial supports both within and external to the NDIS, should have more emphasis.

The majority of carers affirm that the supports received have made a positive contribution to the wellbeing and prospects of participants and, by extension, this may have a flow on effect to those who care for them. However, many carers have found access to the NDIS difficult to navigate, slow and exhausting. Carers are also not able to access NDIS supports, and there is currently no requirement for carer needs assessment during application, planning or review. The result is that carer support in participant’s plans are often poorly matched to the needs of carers. Specifically, **the following actions should be elevated from ‘additional reforms that should be considered’:**

- State and Territory Governments and the NDIA should streamline access to psychosocial supports both for people eligible for supports through the NDIS and for people who choose not to apply for the NDIS or are not eligible (Action 17.2), and
- State and Territory Governments should continue working with the NDIS to clarify the interface between the mainstream mental health system and the NDIS (Action 17.3).

We also note the current second wave consultations on private health insurance reforms which includes out of hospital mental health services⁸ in the context of Actions 23.9 and 23.10 - The Australian Government should review the regulations that prevent private health insurers from funding community-based mental healthcare activities, and permit life insurers to fund mental health treatments for their insurance clients on a discretionary basis. Carers Australia **supports** increased flexibility to fund benefits for preventative mental health initiatives, however these must include provisions for the needs of the carer and broader social determinants that may impact on a person’s ability to access private services, as well as consideration to any impact in private health fee increases.

Recommendation 10 – INCREASE INFORMED ACCESS TO MENTAL HEALTHCARE SERVICES

Recommendation 11 – EXPAND SUPPORTED ONLINE TREATMENT

Carers Australia **broadly support** an increase in digital solutions to improve access within recommendations and actions, including development of a national digital mental health platform, online treatment and short-courses, and structured therapy by telephone or videoconference.

However, with an increased reliance on technology it is important to note that while many carers do use digital technology a significant number are digitally disadvantaged⁹. An Australia-wide survey found that only about 70% of carers were confident about accessing information on-line,¹⁰ also noting expenditure on internet usage has increased faster than increases in household

⁸ Australian Government Department of Health – Consultation paper: private health insurance reforms – second wave

⁹ Australian Bureau of Statistics (ABS), Use of information technology by people with disability, older people and primary carers, 2020 [accessed online]

¹⁰ Carers NSW in association with the Carers Australia network, 2020 National Carers Survey [accessed online]

income, where for those with low household incomes affordability not only remains a critical issue, but the gap has widened over the period 2014-2019¹¹.

With regards to specific actions related to digital solutions, Carers Australia draw attention to the following issues:

- It is critical to continue offline service delivery options for those who cannot, or do not want to for various reasons, engage in an online environment. There are variety of reasons non-face to face standards are not suitable for many people, for example, cultural norms, level of comfort, disabilities that may affect communication and accessibility needs, for example, availability of translators, and hearing or vision impairment.
- Actions must also improve carer digital inclusion or risk increasing the 'digital divide' which will impact on carers ability to not only undertake their caring responsibilities, but also manage their own health and wellbeing
- Consideration must include the costs associated with acquiring and setting up various IT equipment, maintaining an adequate internet connection and a private space within a home
- That development and ongoing provision of a national digital mental health platform, must be co-designed with consumers, carers and clinicians (Action 10.4)
- To consider how the carers needs will be assessed when developing a new assessment tool for implementation across the mental health system, to ensure a robust and person-centered approach to assessment and referrals (Action 10.4), and how this will interface with the Carer Gateway and other 'navigation portals'.
 - o We note current issues with carer needs assessment within My Aged Care and the NDIS currently being explored within other reform process, and how these will intersect with the needs assessment process and Carer Action Plan development and review within the Carer Gateway
- The role of carers in medication management should be explored, where carers should be included in discussions as appropriate with clinicians regarding possible side effects and evidence-based alternatives (Action 10.2), and
- Ensuring a linkage to Action 15.1 - Assistance phone lines and websites offering support for people with mental ill-health and their carers should improve the information provided on the services available and facilitate better exchanges of information between service providers.

Recommendation 24 – DRIVE CONTINUOUS IMPROVEMENT AND PROMOTE ACCOUNTABILITY

Carers Australia **support** actions that involve carers in continuous improvement processes within the Australian, State and Territory Governments mental health and suicide prevention activities, as well as the National Mental Health Commission including outcomes, activities and reforms from all relevant health and non-health portfolios in its national monitoring and reporting.

However, we **encourage** a review of all national surveys before the Australian Government considers funding regular national surveys of mental health and wellbeing (Action 24.2) given the number of surveys already undertaken across health, disability, drug and alcohol services and social services at the national level, as well as information collected by PHNs.

¹¹ 2019, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2019, RMIT University and Swinburne University of Technology, Melbourne, for Telstra [accessed online]

We do not support that all funding applications for mental health programs should include an assessment of their expected cost-effectiveness, or the requirement of all new programs to have been trialed as pilots before they can be scaled up (Action 24.11).

Our concern is related to the expertise required to conduct appropriate assessment of cost-effectiveness within not-for-profit and/or smaller organisations or service providers, which will reduce the transparency, consistency and fairness of funding opportunities. Many organisations face substantial funding and operational constraints and are unable, or have reduced capacity to procure such expertise.

Regarding the need to trial all new programs, we believe that this conveys the message that government is not committed to the issue being resourced, and also has the potential to stifle innovation and collaborative efforts.

Recommendation 4 – CREATE A PERSON-CENTRED MENTAL HEALTH SYSTEM

Carers Australia are strong advocates for carer inclusion in services delivered to those they care for – whether these be clinical services or other types of support services. This is at the heart of the concept of “partners in care” which is a central principle of the *Carer Recognition Act*.

Carers Australia **agree** that:

- The needs, preferences and aspirations of the people as well as their carers, should shape the mental health system, and want all services to consider carer needs and their role in contributing to the recovery of individuals with mental illness.
- A recovery-oriented mental health service rather than a narrow focus on clinical recovery is ‘not yet evident’, and in the care received by people
- The wellbeing of people with mental illness and their families and carers are interdependent
- Clinicians typically ignore the information that carers hold in forming a diagnosis and care plan for people
- The mental health system ignores the effects that a person’s mental illness (and the attitude of clinicians) has on carers
- A distressed or exhausted carer is not well-placed to support a person’s recovery, and
- Consumers and carers should be able to access the services they need when they need them, regardless of administrative or funding structures underpinning them.

We highlight that carers will need to be adequately supported to engage in review, consultation, co-design and reform processes.

Recommendation 5 – FOCUS ON CHILDREN’S WELLBEING ACROSS THE EDUCATION AND HEALTH SYSTEMS

Recommendation 6 – SUPPORT THE MENTAL HEALTH OF TERTIARY STUDENTS

Carers Australia **agree** that young carers are a highly vulnerable group, noting the report states that about 12% of mental health carers in Australia are aged between 15 and 25 years.¹²

¹² Productivity Commission Final Report (p.257, Volume 2)

We highlight that all young carers are at increased risk of mental health issues, regardless of if the person they are caring for has a mental illness or another care requirement such as a physical disability or life-limiting illness.

There are approximately 235,000 ‘young carers’ aged 11-25 years in Australia¹³ who are at risk of disengagement or who have disengaged from school or education opportunities due to caring responsibilities. Many young carers report¹⁴ a lack of sleep, ongoing stress and mental health issues which affects their motivation or ability to get up in the morning or go to school, and that their care responsibilities restrict their ability to achieve their potential, socialise with friends, participate in extra-curricular activities, and to build a sense of belonging.

Carers Australia believe schools are a key area where caring is often not recognised and/or not responded to appropriately. All actions to assess and support children and young people in education across systems must consider the specific requirements to enable social and emotional wellbeing in the context of the young carer as an individual, and within their caring role.

Recommendation 7 – EQUIP WORKPLACES TO BE MENTALLY HEALTHY

Recommendation 19 – TAILOR INCOME AND EMPLOYMENT SUPPORTS

Carers Australia **agree** that businesses can play a greater role in maintaining the mental health and wellbeing of their workforce, where obligations to ensure the (physical and mental) wellbeing of staff should be strengthened and clarified.

We highlight the need for explicit carer-inclusive workplace practices as a component of mentally healthy workplaces.

Carers in Australia experience considerably poorer employment outcomes, with a 52.2% employment to population ratio compared with 75.9% for people without caring responsibilities¹⁵. While the hours spent caring can affect carers’ ability to participate in the labour force, a lack of employer flexibility and little understanding of the caring role are also barriers to employment. This is particularly the case for mental health carers who regularly encounter stigma or lack of awareness regarding mental illness.

Many carers give up their employment, especially when they are first confronted with a caring role or if it intensifies. What carers and their employers need to consider are adjustments to their working conditions which may include working from home, job sharing, requesting lower level work to accommodate caring, flexible working hours and /or days. While in some cases the nature of employment is such that it cannot accommodate flexibility, if COVID-19 has demonstrated anything it is that there are many more options open to employers and employees than observing traditional working hours in the workplace, and it is clear that more flexible working arrangements are likely to be the wave of the future.

In addition to being receptive to flexible arrangements to accommodate carers, it is also important that employers make it known to all their staff, including managers and co-workers, that they are a ‘carer friendly’ workplace which has advantages to everyone:

- In addition to their earnings and retaining a connection to the workforce, work can constitute respite from caring, less social isolation and the maintenance of a more robust sense of self

¹³ Australian Bureau of Statistics, 2018 Survey of Disability, Ageing and Carers (SDAC).

¹⁴ Moore T et al (2019). ‘No space in my brain to learn: Young carers and their engagement with education: an analysis of applications to the Carers Australia bursary program 2017-2018’. University of South Australia for Carers Australia [accessed online]

¹⁵ Deloitte Access Economics (2020). ‘The value of informal care in 2020’ Commissioned by Carers Australia [accessed online]

- Retaining connection to the workforce is particularly important as after years of dedicated caring many carers find it very difficult to find employment with ‘gaps’ in their resume and a lack of current referees
- For employers the retention of experienced staff and the value of a loyal workers who appreciate the support they receive is beneficial, as are the recruitment and retraining cost savings and the benefits of workforce diversity, which has become a prominent theme in management and business literature, and
- If a significant number of carers aren’t able to combine work and care, they will have to abandon one of these roles. If it is employment there will be a very substantial rise in the cost of social welfare. If it is care, there will be a decrease in the propensity to care and a significant rise in the cost of paid supports.

Recommendation 8 – SUPPORT THE SOCIAL INCLUSION OF PEOPLE LIVING WITH MENTAL ILLNESS

Carers Australia **agree** with the development of a National Stigma Reduction Strategy.

Actions to increase social inclusion and reduce stigma must consider the carers needs as an individual separate from the person with a mental illness they care for.

Providing care can be rewarding yet demanding and socially isolating, where carers have among the lowest levels of wellbeing of any group of Australians and are at a greater risk of negative physical and mental health effects.¹⁶

Recommendation 9 – TAKE ACTION TO PREVENT SUICIDE

Recommendation 13 - IMPROVE THE EXPERIENCE OF MENTAL HEALTHCARE FOR PEOPLE IN CRISIS

Carers Australia **agrees** with extending the National Suicide Prevention Implementation Strategy to include strategic direction for non-health government portfolios, and to identify responsibilities for suicide prevention across different levels of governments and portfolios.

Additional support for carers who also play a vital role in the continuum of care for people with severe and persistent mental illness is critical.

This must address clear pathways for accessing alternative services for themselves and the person they care for with a mental illness, including after-hours services, mobile crisis services, and post-crisis counselling/debriefing for the carer. Further, carers should be considered in the best practice approaches to interactions with paramedics (Action 13.1) as carers may be able to assist in the management of people experiencing a mental health crisis which will assist in reducing stigma, appropriate responses to the person in crisis, and the mental health of paramedics exposed to situations through frontline service provision.

Recommendation 14 – IMPROVE OUTCOMES FOR PEOPLE WITH COMORBIDITIES

Carers Australia highlight the importance of considering additional needs related to the care of someone with substance use disorders, noting our concerns with actions that may

¹⁶ Deloitte Access Economics (2020). ‘The value of informal care in 2020’ Commissioned by Carers Australia [accessed online]

further fragment the provision of supports available to carers of people with a mental illness.

Carers need support for their own care needs, where consumers of drug and alcohol services may also have care responsibilities. All carers and consumers need to be asked about their care responsibilities and how these impacts on their mental health, which must be considered in the development of joint operational guidelines covering screening, referral pathways, training and other education resources for mental health and alcohol and other drugs workers (Action 14.2).

We **agree** with development of a target based on the to reduce the gap in life expectancy between people with severe mental illness and the general population, and the implementation by all Governments of the Equally Well Consensus Statement (Action 14.1).

Recommendation 16 – INCREASE THE EFFICACY OF AUSTRALIA’S MENTAL HEALTH WORKFORCE

Carers Australia **agrees** with actions to improve workforce planning that will underpin a person-centred mental health system, and the focus of perspectives of consumers, carers, mental health workers and service providers, including the non-clinical community mental health sector.

We **support** the inclusion of carers providing informal care within data collection (Action 16.1), the strengthening of the peer workforce (Action 16.5) and stigma reduction programs for health professionals (Action 16.6).

We note this recommendation should be linked to Action 18.1 – State and Territory Governments should ensure the workforce capacity exists in each region to implement family- and carer-inclusive practices within their mental healthcare services.

Recommendation 18 – SUPPORT FOR FAMILIES AND CARERS

Carers Australia agrees with all recommendations that support families and carers, and call for the emphasis on family- and carer-inclusive practices (Action 18.1) to be clearly aligned with the government’s response, to recognise their role in contributing to the recovery of individuals with mental illness.

We **agree** that the delivery of psychosocial supports is essential, and these have been hampered by inefficient funding arrangements and service gaps, and support that any pathways to mental healthcare should be accessible, affordable, and empower people to make informed choices between a range of options tailored for the individual, given their condition and circumstances.

We again **affirm** the need to ensure access to preventative and ongoing mental health support and services must be extended to all carers not just carers of people with a mental illness, and be accessible through the Carer Gateway.

We **applaud** the call to amend the eligibility criteria for the Carer Payment and Carer Allowance to reduce barriers to access for mental health carers, and the need to review the Adult Medical Report Form and Adult Disability Assessment Tool to ensure they accommodate for the care needs of people with mental illness.

We further **highlight** that removing barriers and supporting carers to participate in flexible and appropriate paid work is pivotal to enabling their social, community and economic participation,

and greater outcomes for community and government as they maintain and thrive in their caring role to a person with a mental illness.

Recommendation 20 – SUPPORTIVE HOUSING AND HOMELESSNESS SERVICES

Recommendation 21 – IMPROVE MENTAL HEALTH OUTCOMES FOR PEOPLE IN THE JUSTICE SYSTEM

Carers Australia **agree** with a commitment to housing security for people with mental illness, with improved mental healthcare for people in all parts of the justice system, and improved access to justice for people with mental illness and legal needs.

We highlight that the majority of primary carers reside in the same household as the person they are caring for, and where a carer exists, consider that carers must be included in any actions that:

- Improve access to tenants with mental illness who live in the private housing market to the same ready access to tenancy support services as those in social housing (Action 20.1)
- Involve mental health discharge planning for people with mental illness who exit hospitals, correctional facilities or institutional care (Action 20.2)
- Identify people with mental illness at high risk of contact with the criminal justice system, and provide supports to reduce the risks of offending (Action 21.1)
- Promote a collaborative response to mental health related incidents (Action 21.2)
- Work towards integrating legal and health services so that people with mental illness are better supported to resolve legal matters and participate in the justice system (Action 21.7), and
- Promotion and support activities related to supported decision making by and for people with mental illness and improved access to individual non-legal advocacy services (Action 21.9) and mental health advance directives. (Action 21.10).