

# CarersACT



**MHCV 2024-25  
ACT BUDGET SUBMISSION**

**May 2024**

## About Carers ACT

Carers ACT is the leading body for carers in the ACT. We work to ensure that carers enjoy improved outcomes in health, wellbeing, resilience, and financial security. We also work to ensure that caring is acknowledged and recognised as a shared responsibility of family, community, and government.

Our purpose is to support, connect and empower carers to maintain their caring role and personal wellbeing. The Carers Recognition Act 2021 (ACT) recognises the value of carers and the care relationship and defines carers in the following way:

“A person is in a care relationship with another person if the first person (the carer) provides care to the other person for 1 or more of the following reasons:

- (a) the other person has a disability;
- (b) the other person has a mental disorder or mental illness;
- (c) the other person has an ongoing medical condition;
- (d) the other person is aged and frail;
- (e) the other person is a child or young person, and the carer is a kinship carer or a foster carer for the child or young person.”

Carers include family members, friends, relatives, siblings or neighbours.

In the ACT more than 50,000 people provide care. Carers provide an important role in the family and in the broader community, supporting the quality of life of the person they care for. A carer’s role can include help with daily living activities such as housework, transport, health care, shopping and meals, reading and writing, emotional and mental support, and personal care.

## About Mental Health Carers Voice

Mental Health Carers Voice (MHCV) is the Peak Body for Mental Health Carers in the ACT and sits under the auspice of Carers ACT. MHCV actively engages with mental health carers to have their voice heard and create positive change in the sector through systemic advocacy. The MHCV Advocacy and Policy Advisory Group (APAG) provides a guiding voice for our Peak Body work. APAG is made up of mental health carers and provides MHCV with significant input, regularly consulting to understand current problems and major concerns within the community.

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## Executive Summary

Recent findings from the National Study of Mental Health and Wellbeing highlight that one in five Australians experience mental illness annually,<sup>1</sup> with 15% of the population estimated to be carers of people with mental ill health.<sup>2</sup> In light of the recently released Wellbeing Framework, it is evident that Canberra's carers are disproportionately affected across various domains, with lower-than-average personal wellbeing,<sup>3</sup> heightened feelings of loneliness<sup>4</sup> and lower reports of high-quality personal time use.<sup>5</sup> Moreover, they encounter barriers in accessing essential healthcare services, such as mental health support from psychologists.<sup>6</sup>

In response to these challenges, MHCV advocates for the continuation of policies and services aligned with the [Carers Recognition Act 2021](#) (ACT) and the [ACT Carers Strategy 2018-2028](#). Upholding this alignment through budgetary commitments ensures carers receive the recognition and support they deserve as a vulnerable population group identified in the [ACT Wellbeing Framework](#).

MHCV presents two proposals for consideration in the ACT Government's 2024-25 budget. The first proposal calls for a comprehensive review of the *Mental Health Act 2015* (ACT) to address gaps in support systems, especially for those leaving involuntary orders. This review will assist in transforming mental health legislative provisions currently under scrutiny; modernising privacy safeguards, fostering greater carer inclusion, and providing holistic aftercare support, such as housing, education, and employment post-discharge.

Our second proposal seeks to set aside funding allocated for one of four community-based health centres for the establishment of an integrated mental health centre. This centre will offer tailored multidisciplinary care focused on supporting both unwell individuals, and their families and carers across the stepped care system. By delivering accessible and comprehensive mental health services, the centre will meet the diverse wellbeing needs of individuals in the community and alleviate pressure on hospital resources for mental health treatment.

We urge the government to consider these proposals as crucial steps towards strengthening mental health support systems and improving the wellbeing of individuals impacted by mental illness and their dedicated carers.

## Funding Proposals

### 1. *A Mental Health Act that works for vulnerable Canberrans*

**Purpose of Proposal:** This proposal seeks to initiate a comprehensive review of the *Mental Health Act 2015* (ACT) ('the Act') to address existing gaps in support systems for individuals undergoing mental health crises, particularly those leaving involuntary orders. By aligning legislative provisions with contemporary best practices, the aim is to modernise privacy safeguards, facilitate greater carer inclusion, and ensure the provision of holistic aftercare support encompassing housing, education, and employment post discharge. The review will be a pathway to assess and mitigate the challenges faced by individuals transitioning from hospital care to community and home settings and to foster improved mental health outcomes for all stakeholders involved.

## Impacts:

**Impact description:** A review of the Act holds the potential to usher changes in various dimensions of mental healthcare provision and community wellbeing. By reviewing privacy protections, embedding carer engagement, and integrating holistic aftercare support, the proposal anticipates substantial enhancements in mental health outcomes. Notably, it is poised to scope systemic deficiencies and provide a foundation to improve service delivery efficiency, thereby fostering a more resilient and equitable mental healthcare ecosystem.

**Who is affected:** The proposed review directly impacts individuals receiving mental health care under involuntary orders, their carers, and mental health professionals. Indirectly, it stands to benefit the broader community by fostering enhanced mental health resilience and embedding long-term wellbeing supports.

**Wellbeing domains:** 'Access and Connectivity', 'Education and Life-long Learning', 'Housing and Home', 'Identity and Belonging', 'Living Standards', 'Social Connection', and 'Health'.

**Timeframe:** While the immediate impact of this legislative review is anticipated within the medium to long term, its transformative effects are expected to translate across the mental healthcare landscape for years to come.

**Evidence Base:** Carers have told us that the risk-averse system, built on obstructive legal foundations, frequently denies them access to even basic information necessary to effectively support people in their care. This has been described as disempowering across all aspects of care, hindering recovery, and frequently exacerbating difficult situations. The current Act contains provisions to take all reasonable measures to involve 'nominated persons,'<sup>7</sup> yet frequently, these steps are not taken adequately.

We have heard that carers and consumers feel abandoned or disengaged with the separate systems responsible to individual mental health and wellbeing, particularly after periods of acute distress or involuntary treatment. Current legal frameworks have also been reported to inhibit the continuity of care between different systems.<sup>8</sup> Recent critical incidents and media attention have shed light on faults within the legislation, revealing breaches of privacy and inadequate aftercare provisions. Following the critical incident at the ANU, the most recent review in the 'Reform of Care, Treatment and Support Provided to People Found Not Guilty Because of Mental Impairment and Released from Custody into the Care of Mental Health Services' has outlined several recommendations that require changes to the Act.<sup>9</sup> These stories underscore the pressing need for substantive reforms to ensure that consumers and carers receive the protection and person-centred care they deserve.

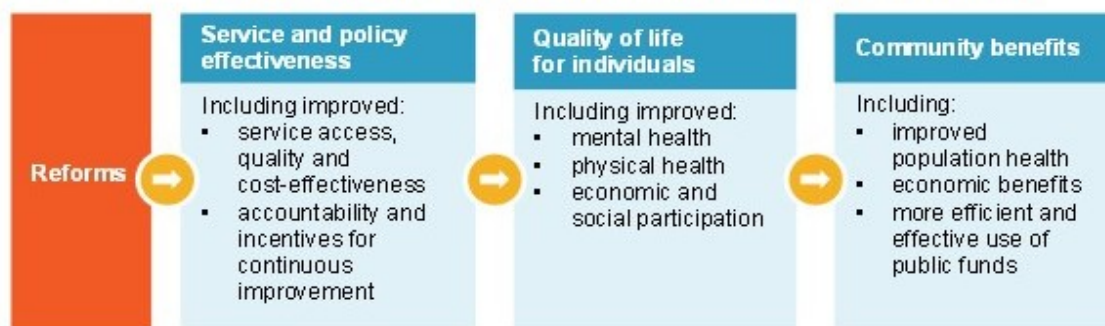
Drawing insights from discussions around Recommendation 42 of the Royal Commission into Victoria's Mental Health System, which culminated in the creation of the *Mental Health and Wellbeing Act 2022* (Vic), it becomes evident that progressive legislative review and subsequent change serve as the foundation for lasting mental health reform.<sup>10</sup> The reform project in Victoria also provides valuable precedent for the anticipated scope and resource allocation required for the most substantive legislative change – \$7.7 million for the repeal of the current Act and development of a new Act.<sup>11</sup>

While the same may not be needed in the ACT, it is to be noted that the last review of the Act occurred in 2019 and was limited in scope to the select provisions stated under 271A (1). A comprehensive review of the whole Act should be completed to effectuate mental health reform.

Prospective changes to aftercare provisions, akin to those mandated by s 117 of the UK's *Mental Health Act 1983*, hold promise for enhancing the continuity of care and support for individuals transitioning from hospital settings to community integration.<sup>12</sup> By delineating enforceable duties on health and social services to provide aftercare support free of charge, such provisions can serve as a blueprint for bolstering aftercare services within the legislative framework. Similarly, the information-sharing procedures implemented in jurisdictions like New South Wales<sup>13</sup> offer valuable insights into best practices for facilitating communication between service providers, carers, and consumers, thereby enhancing recovery-oriented, person-centred practice.

We believe investment in a review of the Act and subsequent changes to address critical gaps will likely lead to long-term benefits of legislative mental health reform, as highlighted by the Productivity Commission (see Figure 25.1).<sup>14</sup> These changes would support individuals experiencing mental health challenges to attain meaningful outcomes, resulting in benefits for the entire community's health and economy.

Figure 25.1 **How mental health reforms benefit the whole community**



## 2. A community-based health centre dedicated to integrated mental health care.

**Purpose of Proposal:** With the recent announcement of \$16.6 million allocated over four years for the design and construction of the current South Tuggeranong site, as well as the planning of sites and early designs for community-based health centres in the Inner South and North Gungahlin,<sup>15</sup> MHCV strongly advocates for the inclusion of a diverse range of mental health services within one of these proposed locations. By leveraging existing budget allocations, the integrated mental health community centre would offer immediate, accessible support and interventions, complementing the broader systems of mental health and social services.

### Impacts:

**Impact description:** The establishment of a community-based mental health centre holds promise for improving crisis response services and providing timely support to individuals experiencing mental health distress.

By offering a dedicated and welcoming space for mental health care separate from general emergency settings, the centre may be an effective ED diversion option which would ultimately reduce demand on emergency departments and improve outcomes for individuals in crisis away from often traumatising settings. Additionally, the centre, if modelled similarly to existing interstate and international services would function as an avenue for short-term emergency respite and navigation support for carers. An integrated model would alleviate distress, enhance engagement with ongoing care, and promote recovery-oriented outcomes, thus contributing to improved mental health outcomes and overall wellbeing for individuals and their carers.

**Who is affected:** Individuals experiencing mental health crises, their carers, and mental health professionals.

**Wellbeing domains:** Access and Connectivity, Education and Life-long Learning, Safety, Time, Living Standards, Social Connection, and Health.

**Timeframe:** The impact of establishing a mental health-focused walk-in clinic is expected to be immediate for individuals accessing crisis support services. Long-term benefits include improved mental health outcomes, reduced emergency department presentations, and enhanced community resilience in responding to mental health crises.

**Evidence Base:** In our consultations with carers, they often convey their distress regarding the challenges of navigating the mental health system. This struggle leads to feelings of frustration, isolation, and diminished wellbeing. Carers frequently describe a sense of being “lost in the system,” compelled to recount their stories repeatedly to multiple service providers. Additionally, they invest considerable time researching optimal care options for the individuals they support. These experiences not only worsen carer wellbeing but also intensify feelings of loneliness and social isolation.

Furthermore, carers have emphasised the critical importance of short-term emergency respite services to alleviate the demands of caring during mental health crises. The absence of easily accessible respite options amplifies carer stress and limits their ability to provide effective support during times of acute distress. For more information on the urgent need for emergency short-term mental health respite options in the ACT, we direct you to [our 2023-24 Budget Submission](#).

Integrated care models have shown promise in addressing these multifaceted needs of carers and individuals experiencing mental health distress.<sup>16</sup> Analogous models in Australia that include comprehensive mental health care settings alongside navigation support, social service integration, and respite-like services have demonstrated significant positive outcomes in their respective settings. By offering a coordinated approach to care delivery, these models aim to streamline access to services, minimise duplication of efforts, and improve communication and collaboration among care providers.

For example, Carers ACT staff, along with Capital Health Network (CHN), visited the Adelaide Urgent Mental Health Care Centre (UMHCC). Carers ACT and MHCV are one of several sector partners from Canberra Health Services (CHS) and the Health Care Consumers Association (HCCA) who have visited the centre. The UMHCC, as part of the Head to Health initiative, provides safe and inclusive crisis

support 365 days per year, and is complemented by peer-supported interventions and recovery-focused approaches from clinical staff. The high-engagement support provided by the UMHCC offers a 'lounge room like' Emergency Department diversion model, effectively integrated with state emergency response teams like PACER and the ambulance.

Similarly, Carers ACT, in collaboration with our colleagues from the Mental Health Consumer Network (MHCN) and HCCA, recently visited the Peacock Centre in Hobart, Tasmania. The centre provides a comprehensive range of integrated services, including; short-term emergency respite offered through a 12-bed voluntary unit, crisis de-escalation facilitated by the peer-led Safe Haven, and mental health education and capacity building through the Recovery College. The centre also features an Integration Hub which invites a variety of social services such as housing and Centrelink to better serve consumers and carers using the centre.

We both support and echo the request by [HCCA in their budget submission](#) for the creation of a home-like community-based mental health centre. This centre should incorporate successful features from the models we've observed, including:

- "A service which supports both unwell people and their carers and families
- Voluntary urgent mental health care
- Inclusion of Safe Haven model to provide real-time de-escalation and support for people in acute distress.
- Access to a variety of community-based mental health supports including education, navigation help, and access to other human services, as well as residential care if appropriate, in one location.
- Inclusion of a navigation and support service to connect consumers, carers and families to wraparound supports including non-health human services.
- Connection to education and skills development
- Genuine partnerships with consumers, families [, carers,] and friends, including the employment of peer workers"<sup>17</sup>

## Conclusion: Engagement and Evaluation

**Collaboration and Engagement:** As the peak body for mental health carers, the aforementioned proposals have been found upon continuous engagement and consultation with carers, including those within the MHCV Advocacy and Policy Advisory Group (APAG). Acknowledging that both proposals are in their preliminary stages, MHCV expects co-design going forward between the Canberra Health Directorate and Carers ACT, MHCV, and other peak bodies/community partners.

**Measures of success:** MHCV and Carers ACT will work collaboratively with the ACT Government and relevant stakeholder to develop approved performance indicators, implementation, and evaluation plans for any funded initiatives.

These proposals would contribute to the following outcomes:

- 1) Embedding the principles of the *Carers Recognition Act 2021* in service planning within the ACT

- 2) Improvement in the overall sense of wellbeing of carers as measured through the annual administration of the Personal Wellbeing Index
- 3) Significant reduction in stress, improvement in wellbeing and capacity to continue in the caring role
- 4) An increase in the perception of carers that Canberra is a community that cares for carers
- 5) Carers report feeling more valued and acknowledged in their caring role
- 6) The views of carers are considered in the planning and delivery of services that enhance the health, wellbeing and inclusion of them and the people they care for

The most significant outcomes achieved through the proposals will be in the following wellbeing indicators:

Domain	Indicator	Measures
Personal Wellbeing	Life Satisfaction	<ul style="list-style-type: none"> <li>Personal Wellbeing Index (collected by Carers ACT and others)</li> </ul>
Access and Connectivity	Access to Services	<ul style="list-style-type: none"> <li>Access Canberra Customer Satisfaction Survey</li> </ul>
	Inclusive Access	<ul style="list-style-type: none"> <li>Carer engagement annual reports as required by the <i>Carers Recognition Regulation 2021</i> (ACT)</li> <li>Biennial Mental Health Carers Voice survey report</li> <li>Carers Survey National Network of Carers Associations</li> </ul>
Governance and Institutions	Feeling that voice and perspective matter	<ul style="list-style-type: none"> <li>Living Well in the ACT Region Survey</li> <li>Annual survey of carers through Carers ACT</li> </ul>
Health	Overall health	<ul style="list-style-type: none"> <li>ACT General Health Survey</li> <li>Carers ACT STAR Outcome Measure on Health</li> </ul>
	Mental health	<ul style="list-style-type: none"> <li>ACT General Health Survey</li> <li>Carers ACT DASS Scores for carers accessing counselling</li> </ul>
	Getting enough sleep	<ul style="list-style-type: none"> <li>ACT General Health Survey</li> </ul>
	Access to GP Services	<ul style="list-style-type: none"> <li>Living Well in the ACT Region Survey</li> <li>Biannual Carers Survey National Network of Carers Associations</li> </ul>
	Access to Mental Health Services	<ul style="list-style-type: none"> <li>Living Well in the ACT Region Survey</li> </ul>
Identity and belonging	Connection to Canberra	<ul style="list-style-type: none"> <li>Living Well in the ACT Region Survey</li> </ul>
	Sense of belonging and inclusion	<ul style="list-style-type: none"> <li>Living Well in the ACT Region Survey</li> </ul>
Social Connection	Levels of loneliness	<ul style="list-style-type: none"> <li>Living Well in the ACT Region Survey</li> </ul>
	Sense of social connection	<ul style="list-style-type: none"> <li>Living Well in the ACT Region Survey</li> </ul>

Time	Unpaid work including caring	<ul style="list-style-type: none"> <li>• Living Well in the ACT Region Survey</li> <li>• Carers ACT data</li> </ul>
	Quality of time	<ul style="list-style-type: none"> <li>• Living Well in the ACT Region Survey</li> <li>• Carers ACT data</li> </ul>

<sup>1</sup> “National Study of Mental Health and Wellbeing,” Australian Bureau of Statistics, publication July 2022 (accessed March 2023), [National Study of Mental Health and Wellbeing, 2020-21 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/national-study-of-mental-health-and-wellbeing-2020-21).

<sup>2</sup> Jane Pirkis, Philip Burgess, Judy Hardy, Meredith Harris, Tim Slade, and Amy Johnston, “Who cares? A profile of people who care for relatives with a mental disorder,” *Australian and New Zealand Journal of Psychiatry* 44, no. 1 (2010), 929, [Who cares? A profile of people who care for relatives with a mental disorder - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/2010/01/who-cares-a-profile-of-people-who-care-for-relatives-with-a-mental-disorder/).

<sup>3</sup> “Personal wellbeing,” *ACT Wellbeing Framework*, publication November 2023 (accessed March 2024), [Personal wellbeing - ACT Wellbeing Framework](https://www.act.gov.au/wellbeing/exploring-overall-wellbeing/personal-wellbeing)

<sup>4</sup> “Levels of loneliness,” *ACT Wellbeing Framework*, publication November 2023 (accessed March 2024), <https://www.act.gov.au/wellbeing/exploring-overall-wellbeing/social-connection/levels-of-loneliness>.

<sup>5</sup> “Personal time,” *ACT Wellbeing Framework*, publication November 2023 (accessed March 2024), <https://www.act.gov.au/wellbeing/exploring-overall-wellbeing/time/quality-of-time>.

<sup>6</sup> “Access to health services,” *ACT Wellbeing Framework*, publication November 2023 (accessed March 2024), <https://www.act.gov.au/wellbeing/exploring-overall-wellbeing/time/quality-of-time>.




<sup>7</sup> *Mental Health Act 2015* (ACT) s 21.

<sup>8</sup> See for example, Deep End Canberra, “A New Approach to ACT Mental Health Care Services System Reform: Phase 1 Report Recommendations Revised and Prioritised v240131,” (Canberra: AMA ACT Branch and Capital Health Network), 4, <https://www.ama.com.au/sites/default/files/2024-03/A%20New%20Approach%20to%20ACT%20Mental%20Health%20Care%20Services%20System%20Reform%20Phase%201%20Recommendations%20v4F.pdf>.

<sup>9</sup> Dr Dinesh Arya, “Recommendations for reform of care, treatment and support provided to people found not guilty because of mental impairment and released from custody into the care of mental health services,” (Canberra: ACT Government), [Chief Psychiatrist's Report.pdf \(act.gov.au\)](https://www.act.gov.au/act-government/Chief%20Psychiatrist's%20Report.pdf).

<sup>10</sup> State of Victoria, Royal Commission into Victoria’s Mental Health System, *Final Report, Volume 4: The fundamentals for enduring reform*, Parliamentary Paper No. 202, Session 2018–21 (document 5 of 6), 13 – 15,

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