



## Submission to the Final Review of the Mental Health and Suicide Prevention Agreement

March 2025

**Carers**ACT

# 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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# Mental Health Carers: A Missing Priority

The National Mental Health and Suicide Prevention Agreement (the Agreement) sets out an ambitious vision for a better-integrated and more effective mental health system. However, there is no evidence that this agreement has improved outcomes for carers of people with mental health issues. Carers remain largely invisible in the mental health system, and this agreement's failure to adequately include carers has likely contributed to this reality.

The Agreement does not align with the *Carer Recognition Act 2010* (Cwth) as it does not recognise carers or acknowledge their needs, neither as individuals or as carers, nor does it commit to providing them with meaningful support. It also fails to ensure carers are included in treatment discussions, reinforcing the systemic barriers that leave carers without the critical information they need to provide support to the person with mental ill health whom they are caring for. Furthermore, the scope of unmet needs analysis does not include mental health carers, which overlooks the distinct challenges they face.

The [2020 Productivity Commission Inquiry Report into Mental Health](#) recommended that states and territories take responsibility for mental health carer supports, and that this should be clearly articulated in the Agreement. This has not occurred, leading to inconsistent and inadequate service provision across jurisdictions. There are no carer supports outlined in the Agreement itself, and they are mentioned only sparsely in the accompanying bilateral agreements. The ACT is one of the few jurisdictions that briefly references family support in the context of children, youth, and perinatal mental health. However, this is not an integrated or systematic approach to carer support.

Despite extensive research and evidence showing that the mental health system relies heavily on carers to fill gaps in service provision, this Agreement has left them out entirely. As evidenced by data from both the [Carer Wellbeing Survey 2024](#) and the [2024 National Carer Survey](#), mental health carers are frequently mentally, physically, and financially vulnerable due to the pressures of their caring responsibilities. Yet, instead of ensuring that carers receive the support they need, the system continues to assume their unpaid labour without recognition or structural assistance.

To ensure meaningful change, carers and the *Carer Recognition Act 2010* must be explicitly embedded in the Agreement, with clear commitments to recognising and supporting carers as partners in care. This should include:

- **Guaranteed inclusion of carers in treatment discussions and planning**, in alignment with the *Carer Recognition Act 2010*, by reforming privacy laws and clinical practices that currently exclude them.
- **Inclusion of mental health carers in the unmet needs analysis**, ensuring their distinct challenges and support requirements are properly assessed and addressed in policy and funding decisions.
- **Dedicated and funded mental health support for carers**, acknowledging their own mental health needs, with accessible services specifically designed for them.

- **Systematic integration of carer voices in policy and service design**, ensuring carers have a formal seat at the table in mental health governance structures.
- **Improved respite options for mental health carers**, allowing them to sustain their care relationships while maintaining their own wellbeing.
- **Clear accountability mechanisms**, requiring state and federal governments to report on how carer inclusion and support are being implemented under the agreement.

The objectives of the Agreement will not be met without the inclusion of mental health carers. Carers are not just supporting the wellbeing of consumers; they are holding up the mental health system itself. Failing to recognise and support them undermines the sustainability of mental health services nationwide.

Now is the opportune moment to address this long-standing oversight. The recent [Federal Inquiry into the Recognition of Unpaid Carers](#) and the release of the [National Carer Strategy 2024–2034](#) signal a growing recognition that unpaid carers must be better supported. Unless carer recognition is embedded into the National Mental Health and Suicide Prevention Agreement, it will remain disconnected from the reality of service delivery and fail to drive the change it promises. If governments are serious about improving mental health outcomes, they must prioritise carers as a fundamental part of the solution.

## Addressing the Terms of Reference:

### **a) The impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia’s wellbeing and productivity**

As noted in the above submission, carers are an essential part of Australia’s wellbeing and productivity, yet they remain unsupported in the National Agreement. By failing to include carers in mental health programs and services, the Agreement overlooks a vital element of mental health recovery, directly impacting the broader productivity of the health system and the economy.

### **b) The effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations**

The submission demonstrates that the Agreement is ineffective for carers. By not addressing carer needs and inclusion, the reforms do not meet the diverse requirements of this population. This leads to a failure in achieving comprehensive, inclusive outcomes across all communities.

### **c) The opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved**

Integrating carer recognition into the Agreement is an opportunity to adopt best practices in mental health service delivery. A focus on including carers in treatment plans, providing respite, and supporting their wellbeing would not only improve outcomes for people living with mental health issues but also enhance productivity by reducing carer-related mental health issues and service strain.

**d) The extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities**

The current lack of carer support under the Agreement results in gaps in service preparedness and effectiveness. Mental health services cannot fully respond to emerging priorities without considering the role carers play. Failing to include carers in discussions and service planning limits the ability of services to adapt to the needs of the broader mental health ecosystem.

**e) Whether any unintended consequences have occurred such as cost shifting, inefficiencies, or adverse consumer outcomes**

The exclusion of carers from the Agreement has resulted in unintended negative consequences, including inefficiencies in service delivery and adverse outcomes for both carers and consumers. Without formal recognition and support for carers, mental health systems rely on unpaid, unacknowledged labour, creating financial and emotional strain and contributing to inefficiencies across the system.

**f) Effectiveness of the administration of the National Agreement, including the integration and implementation of Schedule A and the bilateral schedules that support its broader goals**

The administration of the Agreement fails in its integration of carer support. There is no clear articulation of carer responsibilities or supports within the Agreement or its schedules. This omission undermines the effectiveness of the broader goals of the Agreement by failing to leverage the role carers play in supporting the mental health system.

**g) Effectiveness of reporting and governance arrangements for the National Agreement**

Current reporting and governance arrangements do not address the inclusion of carers, nor do they hold governments accountable for providing adequate support. The failure to incorporate carers into governance structures prevents the system from addressing the full scope of mental health needs and undermines the overall effectiveness of the Agreement. Carer data collection should embed the Carer Experience Survey in national monitoring and reporting frameworks for accountability.

**h) Applicability of the roles and responsibilities established in the National Agreement**

The roles and responsibilities outlined in the Agreement fail to clearly define or allocate responsibilities for supporting carers, leaving these responsibilities largely unaddressed. This lack of clarity leads to inconsistent service provision and insufficient support for carers across jurisdictions.

**i) In making recommendations, the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon**

It is concerning to note that, even within the Terms of Reference for this review, carers have been grouped with families and kin, as though an afterthought, despite federal legislation defining the role of a carer as extending well beyond the typical responsibilities of a family member. This lack of distinction undermines the unique role carers play and perpetuates the ongoing systemic oversight of their contributions. The treatment of carers in this context mirrors broader policy issues, where their needs and experiences are often marginalised or subsumed into broader family categories, rather than being addressed as a distinct and separate consideration.

# The ACT Perspective

Carers ACT and MHCV representatives, alongside carers with lived experience, have been included in funding and service design decisions through the ongoing ACT Mental Health Commissioning process. We have also been involved in the ACT Mental Health and Suicide Prevention Strategy Development & Implementation Committee since its inception, various steering groups and work closely with the Office of Mental Health and Wellbeing here in the ACT. These collaborations are welcomed and mostly fruitful, however have not yet mitigated the challenges faced by mental health carers in being recognised, valued and supported within the current systems as discussed earlier. This leaves ACT carers highly vulnerable to their own mental health challenges through loneliness, isolation, health impacts and even with impacts on their own safety. A Bilateral Agreement that appropriately incorporates mental health carers, seeing them both as an integral part of the system and a priority population requiring understanding and evaluation including through better communication by services and use of the Carer Experience Survey is required in a future National Agreement.

Carers ACT and its peak body Mental Health Carers Voice wish to note that while the Bilateral Agreement with the ACT incorporates only minimal mention of carers and in selected areas, any additional and broader efforts being achieved in that regard are largely being driven by advocacy at a local level and the goodwill of the ACT Government. In future, for greater integration and consistency across services and systems, we recommend that these be explicitly driven by the National Agreement in a top-down approach.

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