Submission to the Productivity Commission Inquiry into the Mental Health and Suicide Prevention Agreement

March 2025

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Definition of carers we represent

Our definition of a carer aligns with the Carer Recognition Act 2010[1]:

Section (1) For the purpose of this Act, a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

(a) has a disability; or

(b) has a medical condition (including a terminal or chronic illness); or
has a mental illness; or

(d) is frail and aged.

Section (2) An individual is not a carer in respect of care, support and assistance he or she provides:

(a) under a contract of service or a contract for the provision of services; or

(b) in the course of doing voluntary work for a charitable, welfare or community organisation; or

(c) as part of the requirements of a course of education or training.

Section (3) To avoid doubt, an individual is not a carer merely because he or she:

(a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or

(b) lives with an individual who requires care.

Carers Australia also recognises carers who provide unpaid care for people experiencing drug and substance issues.

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[1] Parliament of Australia, Carer Recognition Act (2010) Federal Register of Legislation - Carer Recognition Act 2010

Introduction

Carers’ Mental Health

> *"The person I care for became mentally unwell. His health deteriorated to the point where other people were aware of his erratic behaviour. Family members expected me to care for the person at home but I recognised the need to get help from mental health services. The person I care for did not think they needed help and became angry. I rang the triage line anyway and they agreed we needed help After services became involved, it took several phone calls and 3 home visits by mental health team visitors over several days before my son was sectioned and admitted to hospital. When he was unwell, at home it was frightening for me as he was verbally abusive and made threats which were intimidating. I was exhausted, suffered carer burn out . There was minimal support for me. Luckily I have found a psychologist who can help me with my mental health and a good GP. I was encouraged to put the person out of my home and told that the social worker at the hospital would find him somewhere else to live. This did not happen. The hospital staff released my son to live with a friend. That was OK for a few weeks but then he was homeless. I felt stronger after having a break and my son eventually moved back in here. At the moment, he is well and things are good but I am fearful for the future".* **Carer Wellbeing Survey, 2024**

Most carers, whatever the condition of the people they are caring for, face significant mental health challenges because of their role which can come with:

- Long hours of providing care (18% of primary carers, who provide the most substantial amount of care to a person or people, care for between 20 and 39 hours a week and 30% care for more than 40 hours[2])
- Long years of providing care (29.2% of primary carers have cared for between 5 and 9 years, 28.3% for between 10 and 24 years, and 6.7% for 25 years or more[3])
- Loss of employment opportunities and financial stress
- Significant anxiety and distress about the condition of the person they are caring for
- Social isolation, especially in cases where stigma is attached to the condition of the person being cared for (for example, dementia or mental ill-health)
- Lack of confidence in their own ability to provide adequate care and assistance

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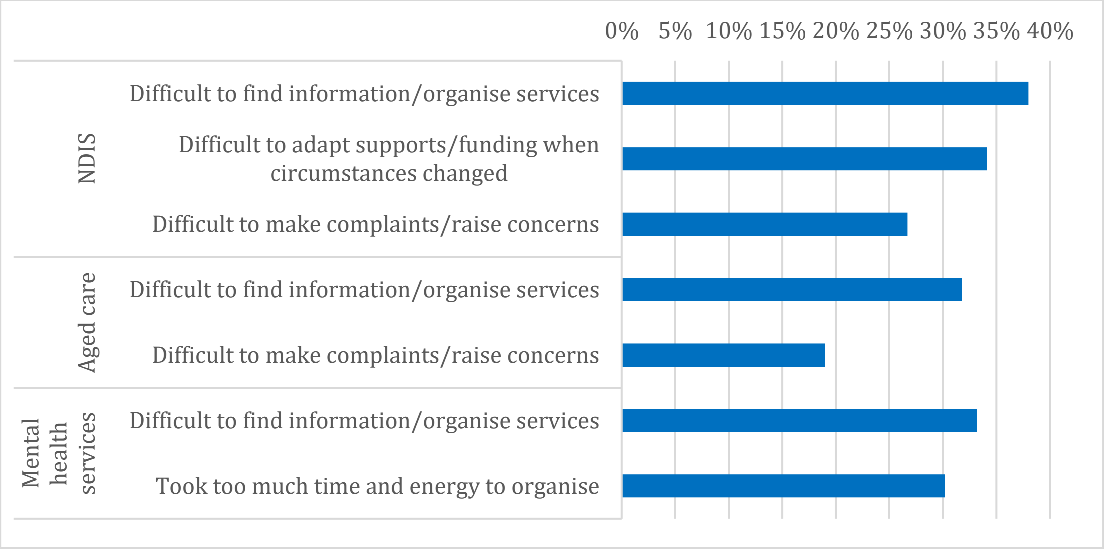
[2] Australin Bureau of Statistics, 2022, Survey of Disability, Ageing and Carers, [Disability, Ageing and Carers, Australia: Summary of Findings, 2022 | Australian Bureau of Statistics]

[3] Ibid.

- A demise in their own health and wellbeing because they put the person, they are caring for first
- Having to navigate and engage with a maze of healthcare and support systems for the person they are caring for

With respect to the last point, carers often identify service navigation the most challenging and stressful part of their caring role, often more exhausting than physical caring tasks. Many identify this as the most significant impact on their mental health.

Prevalence of challenges associated with navigating and coordinating information and services reported by carers across different service systems (Carers NSW 2024 National Carer Survey)



The University of Canberra in partnership with Carers Australia conducts an annual national Carer Wellbeing Survey. In 2024 over 9,000 carers across Australia responded to the survey. Over 30% of respondents cared for someone with mental illness, often accompanied with other conditions.

When it comes to mental health, the survey highlights the general mental health challenges faced by carers and the particular challenges of carers of people with psychological ill-health.

28.2% of all carers who responded to the survey were identified as having the highest probability of serious mental illness on the Kessler Psychological Distress Scale. However, among carers caring for some with mental wellbeing, regardless of whether that was their core caring role or whether it was a bi-product of other disabilities or chronic illnesses, 37.3% of carers scored high on the distress scale. Other cohorts of carers demonstrating a high degree of psychological distress included:

- LGBTI+SB carers
- Young carers between the ages of 13 and 24

- Culturally and linguistically diverse carers who did not speak English at home
- Carers of people with drug and/or alcohol dependency

Psychological distress scores also correlated with high degrees of loneliness and low satisfaction with personal relationships and community inclusion. With respect to mental health carers:

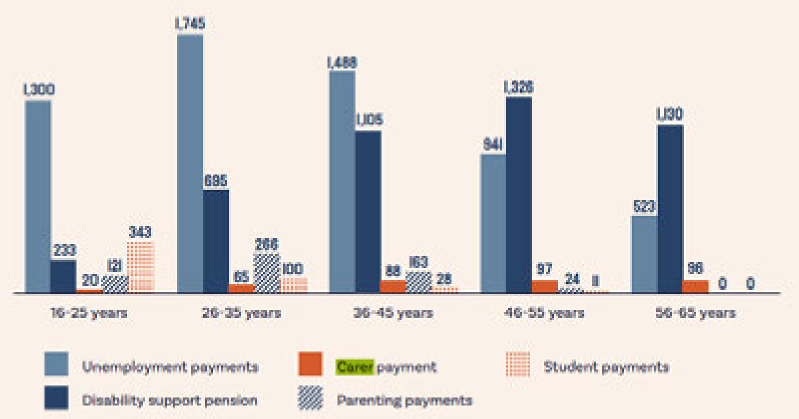
- 48.1% often or always felt lonely compared to 40.3% of all carers
- 70.6% reported low satisfaction with personal relationships compared to 61.5% of all carers
- 71.2% reported low satisfaction with community inclusion compared to 62.5% of all carers.

Disturbingly, 72.8% of mental health carers had not accessed psychological support in the last 12 months despite scoring high on the Kessler scale. These carers also had poor access to respite. For mental health carers, this was particularly high (79.3%), although poor access to respite was also the case for all carers (74.3%). Of those carers who had managed to access psychological support, only 39.1% reported high satisfaction with the outcome.

Suicide and suicidal ideation among carers

There is very little data on carers who have died by suicide. This is not surprising given that identification of the deceased as a carer is not recorded on death certificates. Interestingly though, some recent data relating to suicides of people receiving income support payments, including the Carer Payment, has been identified by the Economic Inclusion Advisory Committee 2025 report.[4]

FIGURE 2.5: NUMBER OF DEATHS BY SUICIDE AMONG THOSE WHO RECEIVED INCOME SUPPORT PAYMENTS, AUSTRALIA, 2011 TO 2021



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[4] Economic Inclusion Advisory Committee,2025 Report, [Economic Inclusion Advisory Committee 2025 report | Department of Social Services]

While the number of carers is low compared to people on unemployment payments and the Disability Support Pension, this is probably in large part a reflection of the total number of people on different payments. For example, in December 2024 there were 847,960 people on the Jobseeker Payment and 814,650 people on the Disability Support Pension compared to 319,715 people receiving the Carer Payment.[5] Another factor which inhibits actual suicides among carers is that few are likely to abandon the people they care for.

> ***"My mental health has deteriorated severely since becoming a carer suddenly nearly 4 years ago when my mother died. She died suddenly from a heart attack and there was no time to prepare or transition. And then I had to care for my brother. My depression, which was previously controlled reasonably well became so severe I needed to enter a psychiatric hospital for the first time in my life. I have started self harming again, the first time in decades because of the pressure and stress. We had a lot of problems with the NDIS and a long wait for them to approve the services my brother was already using. Then he was moved into a SIL where the staff were severely lacking and undertrained, and he was physically attacked by another client living there. He had to move back home because he was too scared to remain in the SIL. I have been suicidal, but pretty much the only reason I didn't act on my thoughts and urges was not being able to leave my brother without a carer" or support navigating the system."*** **Carer Wellbeing Survey, 2024**

With respect to the studies of suicidal ideation (as opposed to actual suicide) they tend to be focused on the condition of the care recipient, especially carers of people with dementia and carers of people with long-term illnesses and disabilities. In the case of carers of people with dementia, suicidal ideation may be combined with what is termed "homicidal ideation[6]".

A 2015 study of homicidal ideation among carers of people with dementia to explore homicidal ideation in family carers of people with dementia. *Aging & Mental Health* was conducted. A descriptive qualitative approach was taken to explore the thoughts of homicide in family carers of people with dementia.[7] Twenty-one Australian carers (7 men, 14 women) participated in individual in-depth interviews. Seven themes were identified in the qualitative study, some of these included – active thoughts of homicide, understanding homicidal thoughts in others, homicidal thoughts in other

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[5] Department of Social Services, DSS Benefit and Payment Demographics – quarterly data, **dss-demographics-december-2024-final.xlsx**

[6] Homicidal ideation is a common medical term for thoughts about homicide.

[7] O'Dwyer, S. T., Moyle, W., Taylor, T., Creese, J., & Zimmer-Gembeck, M. J. (2015). Homicidal ideation in family carers of people with dementia. *Aging & Mental Health* Homicidal ideation in family carers of people with dementia: Aging & Mental Health: Vol 20, No 11

caregiving situations. This qualitative approach brought to light that homicidal ideation is a real and significant phenomenon among family carers of people with dementia[8].

Caring for someone with dementia is classed as one of the most demanding caring roles of all. As dementia progresses it demands constant vigilance, the loss of relationship, intense social isolation as family and friends fall away from engaging with both the person with dementia and their carer as a by-product, and the knowledge that little can be done to prevent the inevitable decline of the care recipient. A carer who participated in a research project in Australia into homicidal ideation among carers of people with dementia says:

> ***"I wasn't thinking about doing myself or him in every day…I might have thought about it once every six months or something, what's a way out of this…You get to a point where I suppose, you're so drained, you're so tired, you don't want to let go of him into a nursing home and you're thinking, now the best thing I could do for him is to bump him off and I'll go with him and then we'll go together"***

Why do carers fail to access psychological support?

There are multiple reasons.

Some of those reasons are personal. For example, some carers may not want the people they care for to be aware of the mental toll caring is having on them. Additionally, carers face stigmatization or guilt on how the public views their caring role. This takes a toll on their mental health and can lead to delay in seeking quality and accessible care, often leading to social isolation, loneliness, and feelings of inadequacy, impacting their mental health.
In other cases, it may just be that all their focus is on the person they are caring for whose need seems so much greater than their own, rather than their own.

However, in other cases there are more systemic causes that affect carers accessing psychological support. These include but are not limited to:

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[8] O'Dwyer, S. T., Moyle, W., Taylor, T., Creese, J., & Zimmer-Gembeck, M. J. (2015). Homicidal ideation in family carers of people with dementia. *Aging & Mental Health* - *Homicidal ideation in family carers of people with dementia: Aging & Mental Health: Vol 20 , No 11 - Get Access*

- **Inadequate financial support**
  Many carers face limited employment opportunities due to their caring role, and as a result some are receiving Government social support payments such as the Carer Supplement and Carer Allowance. The Carer Supplement of $ 600 per annum introduced in 2009 has never been indexed, therefore, it is not taking into account the rising cost of inflation, wages, and living costs. Similarly, the Carer Allowance is currently under $600 per fortnight, and many carers are struggling in accessing essential services for those they care for, and in seeking valuable psychological support for themselves.

- **Inadequate Carer recognition and support**
  Psychological services often focus on the needs of the care recipient, not the carer, leading to inadequate tailored support. The lack of integration between the healthcare, disability, age care, and mental health services means carers may struggle to find coordinated support.

- **The failure of medical professionals to focus on adequate carers' needs**

> ***"I am a carer for three children, and I suffer severe anxiety and poor mental health I have asked doctors to help me with counseling and I have been told there is nothing wrong with me. I have pleaded I need help…and I was told to check myself into a mental health hospital if that was the case…I'm crying out for help, and no one is listening."*** **Quote supplied by Carers Victoria**

A common complaint of carers over the years has been that they rarely receive any recognition or attention from medical and health professionals in relation to the people they are caring for, let alone concern for the impact of caring on their own health or wellbeing or information that will help to support them in their caring role.

Carers Australia has advocated strongly for funding to support the development of a communications and education campaign for health care workforces and relevant peak bodies, to ensure that carers are recognised and referred to support services at the time of diagnosis for the person they care for (at the point in time when a caring role is commenced).

We were very pleased that the National Carer Strategy 2024-2027 Action Plan[9] commits to exploring ways to improve professional training and resources for

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[9] Department of Social Services, National Carer Strategy 2024-2034, Action Plan 2024-2027 National Carer Strategy Action Plan 2024-2027 | Department of Social Services

health sector professionals to better identify unpaid carers, recognise their expertise, and refer them to appropriate supports.

Lack of available and/or timely services

Carers counselling services are available through Carer Gateway providers. However, this doesn't always benefit all carers.

Many don't identify with the term "carer" and, even if they do, are unaware that the Carer Gateway exists and what services it offers.

Secondly, carers with deep mental health problems need professional psychological services beyond the remit of counsellors.

However, psychological service supply far outstrips demand for services for all Australians with ill-mental health including carers with their own mental health problems and for those they care for with mental health challenges, especially in regional and remote areas.

We note that the 2024 Final Report to Government prepared by Health Policy Analysis entitled "*Analysis of unmet need for psychosocial support outside the National Disability Insurance Scheme*" estimated that in 2022–23 there were approximately 230,500 people with severe mental illness aged 12 to 64 years who required psychosocial support but were not receiving it through the NDIS or other government-funded programs. The total hours of psychosocial support required for people with severe mental illness but not provided were estimated to be 14.07 million in 2022–23.

The total hours of psychosocial support required for people with moderate mental illness but not provided were estimated to be 2.76 million in 2022–23.[10]

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[10] Department of Health and Aged Care, Health Policy Analysis, August 2024 Final Report - Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme

2022 National Mental Health and Suicide Prevention Agreement

Issues arising at the national level

The current Agreement does not align with the Carer Recognition Act and carers do not form part of the priority groups.

At the national level the main source of dedicated carer support is the Carer Gateway funding by the Department of Social Services.

The Carer Gateway is designed to address the fragmented and randomly dispersed support services around Australia and to offer a one-stop shot for all carers regardless of their age, backgrounds or the conditions of care recipients.

It consists of a national website information and to connect carers with services and the establishment of dedicated service providers. There are eleven Gateway providers around Australia, many of which cover vast areas and provide services to entire states. Services offered cover some financial support, online carer skills courses, coaching for carers, peer support groups for carers, planned and emergency respite brokerage and making emergency care plans. However, some providers add additional services.

Counselling and peer support are likely to be of particular value to carers struggling with their mental health. However, as remarked above, in some cases carers are in need of professional psychiatric and psychological services.

In addition, some cohorts of carers are less well served by current Gateway services. An evaluation of the Carer Gateway released this month[11] found that overall, there was a reasonable degree of satisfaction with Gateway services, but identified that First Nations carers, culturally and linguistically diverse carers, young carers and mental health carers encountered particular problems interacting with Gateway service provisions.

With respect to First Nations carers who engaged with counselling services, if they could access them, many found these services culturally unsafe and insufficiently cognisant of the nature of their caring relationships and community structures and the world they lived in. “For [an Aboriginal person] to come and sit and speak to a

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[11] Economic Inclusion Advisory Committee,2025 Report, Economic Inclusion Advisory Committee 2025 report | Department of Social Services

counsellor, it’s not going to happen. […] . But if it was an Indigenous [counsellor], I think that might change, might look a little different. They might even say oh no, it’s okay. I see my spiritual person or whatever they call that person. They just [say] no, so if you had them that might change a little bit for us”. (Service provider 4)[12]

Culturally and linguistically diverse carers also often had a different view to the mainstream about what counselling entailed and required bilingual counsellors, preferably with close connections with the local community.

Young carers also had general issues in interacting with the Gateway where the intake and needs evaluation processes are better suited to adults and many struggle to understand exactly what is on offer to meet their needs. As with many other carers who may be working or have very intensive caring roles, the absence of ` after-hours Gateway contact services and of counsellors they are referred to, combined with long waiting times to get through, can be very difficult for carers who are at school during the day and then travel times to get back home.

Furthermore, there is a general lack of awareness among dementia carers in rural areas about what Carer Gateway can offer them.

Mental health carers also found difficulties in getting the help they wanted and needed from the Gateway because they were either not accessible or suited to their needs. The Gateway is intended to be an early intervention program, however mental health carers tend to only contact the Gateway when they were already at breaking point and the staff they encountered when accessing the Gateway had inadequate knowledge or training in mental health.

Issues arising at the state and territory level

The input below has been provided by our State and Territory Members. Their recommendations to improve mental health support for carers and those they care for are incorporated into the Recommendations below.

It is notable that all states emphasise the need for better supports to address the mental health issues of young carers.

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[12] Ibid. page 28

New South Wales

> ***" Despite the NSW government receiving 121.3 million to provide universal aftercare for people who have attempted suicide we have been denied this service because the person I care for is under 16 years age, despite now over 20 suicide attempts. We have been denied mental health services based on age, postcode and severity of condition. Headspace received all the funding for youth mental health and they only cater to those with mild to moderate mental ill health so that leaves those with complex mental health issues with no help. Caring for someone with mental ill heath and very hard but what I find harder and more distressing is dealing with a system that provides very little services and being denied services based on postcode and age. The injustice of having worked hard all your life and paid taxes to receive no help from NSW Health is what is most hard to deal with and it is this that is having the most negative impacts on my mental and physical health."*** **Carer Wellbeing Survey 2024.**

Carers NSW identifies some initiatives in support of carers' mental health. These include the following:

- There were mental health carer-specific action points in the Living Well in Focus 2020–2024 Strategic Plan of the NSW Mental Health Commission. These focused on:
  - Carer inclusion in mental health settings[13] NSW Mental Health Commission uses data from the National Survey of Mental Health-Related Stigma to monitor carer stigma, but no update since 2023
  - Monitoring of carer stigma[14] although there has been no update since 2023 and outside of these initiatives, there are minimal additional initiatives to address carer stigma in relation to their own mental health in NSW.
- New South Wales also has carer and consumer representatives engaged with the health system that may provide input on localised and state-based mental health initiatives.
- Carers NSW has also been working with the NSW Ageing and Disability Commission in relation to reducing and preventing abuse and neglect of people living with disability and people who are ageing in the home and community. A part of this work has focused on:
  - improving identification and responses to carer stress
  - acknowledging the significant mental health impacts of caring and improving responses to this stress

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[13] Mental Health Commission of New South Wales, Living Well in Focus 2020-24,

[14] Health Commission of New South Wales, Support persons (carers) experience of stigma and discrimination Support person's (carers) experiences of stigma and discrimination | Mental Health Commission of New South Wales

  - promoting sensitive approaches that normalise stress related to caring and
  - encouraging carers to engage with supports early or proactively.

- Carers NSW delivers a range of carer awareness initiatives that aim to support health professionals, key service providers and public services staff to identify carers more broadly and improve awareness of referral pathways. Increasingly, they have been including information in these modules about identifying and responding to carer stress.

- Carers NSW is currently delivering a project, Pharma+C, in collaboration with Pharmaceutical Society of Australia (PSA) which involves the development of an eLearning module and webinar for pharmacists across NSW, and Australia more broadly, focusing on carer identification and support. These resources include a focus on identifying and responding to carer stress drawing on our work with the NSW Ageing and Disability Commission.

On the deficit side, Carers NSW also notes that:

- On a state level, there are no initiatives focusing solely on carer mental health and wellbeing. While a number of projects and programs may have flow on effects, there is nothing targeted.

- Within NSW, young carer targeted funding does not provide any additional young carer focused direct services focusing on young carer mental health. Young carer funding is focused on systemic education of service providers and educators to improve young carer awareness and referral pathways to existing supports. While Carers NSW Young Carer Project also provides high level information and referral to young carers and those supporting young carers, there are no therapeutic services or supports are included within this. Reductions in funding arrangements and availability have also resulted in reduction of supports available to young carers in NSW through Siblings Australia and Little Dreamers.

Western Australia

Carers Western Australia note that the inclusion of lived experience at WA government levels have improved, however there are still serious deficits in support for carers and those they care for.

They note that since the National Mental Health and Suicide Prevention Agreement was made in 2022, WA carers have continued to experience a lack of recognition and support when helping those they care for to access mental health services. Carers themselves have also continued to experience high psychological distress and social isolation, putting them at high risk of mental ill health and suicidal ideation.

The 2024 National Carer Survey revealed that more than half (53.6%) of WA carers supporting someone to access mental health services were not asked about their needs as a carer. One third of these carers did not feel that their views had a real influence on the care provided. In addition, 52.7% of carers who responded had low or very low wellbeing; 51.3% had high or very high psychological distress; and 60.3% of WA carers were socially isolated, or highly socially isolated.

Carers WA draws particular attention to the particular trials of First Nations carers and the exceptionally high and growing rate of suicides among First Nations people generally despite the fact that they are a priority population under the Agreement. While it is unclear the percentage of First Nation carers who suicide or attempt suicide, the mental health problems and suicides of those the care for are a source of intense anxiety, grief and despair. The 2024 National Carer survey identified that that nearly 50% of First Nations people cared for someone with mental ill health. It also highlighted the absence of local and culturally safe services and being turned away from emergency departments.

Victoria

Carers Victoria notes that the Victorian Government has made significant investment to reform mental health in line with recommendations from the Royal Commission into Victoria’s mental health system. The Mental Health and Wellbeing Act (2023) is a major step forward in delivering a more wholistic response to people living with mental health issues and their carers, families and supporters.

Since the Royal Commission into the state’s mental health system, several system reforms have been made to embed recognition and respect carers of people with mental health issues in their own right and leadership roles in policy design, commissioning and delivery of services.

Foremost, the Commission acknowledged the different experiences, needs and views of mental health consumers, and their families, carers and supporters and recommended engagement methods be designed to account for these differences, never subsuming carers' perspectives or dismissing them.

The Commission recommended new legislation underpinning the transformed system (now the Mental Health and Wellbeing Act (2023) should reflect the views, values and preferences of people living with mental health issues and their families, carers and supporters. The Act mandates the inclusion and representation of carers and/or supporters of people living with mental health issues in decisions which impact them as well as Objectives and Principles which recognise their importance.

The Victorian Mental Health and Wellbeing Act (2023) Statements of rights are documents that set out a person's rights, and the processes that apply, while a person is receiving a mental health and wellbeing service under the Act.

A person's carer must also be given a copy of the statement of rights. This includes if the circumstances, event, decision or order in relation to the person under the Act will directly affect the carer and the care relationship.

Carers are empowered to submit feedback and complaints to the Mental Health and Wellbeing Commission (MHWC) in their role as a carer.

The scope and reach of the existing Families where a Parent has a Mental Illness program has been broadened by enabling each Area Mental Health and Wellbeing Service to employ new workers to support young carers in their local environment and increasing the funding available to young carers to help with practical needs. The Satellite Foundation is funded to offer tailored information, support, and peer connection for young people through online and face-to-face programs. They have also delivered pilot programs in several Victorian schools to raise awareness of young people with caring and support responsibilities.

In addition, Mental Health and Wellbeing Locals in Victoria are designed to fill the gap for people aged 26 years and over between GPs and private psychological services and acute mental health services. All carers can access these services as members of the community free of charge.

Carers Victoria has also established an Online Carer Wellbeing and Connection program that was first delivered in Western Metropolitan Melbourne in 2020, commissioned by the North Western Melbourne Primary Health Network (NWPHN). An independent evaluation has found the program had a positive impact on the psychological distress of carers. Evaluation used validated instruments to measure (administered pre- and post-intervention): psychological distress (Kessler-10, K10 and Kessler-10 plus (K10+), loneliness (UCLA 3-item Loneliness Scale) and perceived social support (Oslo Social Support Scale 3-item, OSSS-3). The program decreased levels of loneliness and increased the level of support carers felt.

As is the case for other states, Carers Victoria highlights the mental health impacts on carers of navigating systems of support for the people being cared for, noting that their 2023 carer survey in relation to issues raised for the NDIS Review revealed that 50% of respondents identified that engagement with the NDIS had a negative or very negative impact on their mental health and wellbeing.

Tasmania

Carers Tasmania highlights many of the themes reflected in other state feedback and notes, particularly the scarcity of mental health professionals in Tasmania. In 2023 the Mental Health Council of Tasmania published its second report on Access and Affordability: Mental Health Services in Tasmania.[15] It highlighted a deficit of mental health professionals, long waiting times to access services (even when people presented to hospital emergency departments), difficulties even in accessing GPs and the high cost of psychiatrists and psychologists. The scarcity or absence of any services in more remote areas of Tasmania was also acute.

From the carer perspective, a shortage of respite services in Tasmania compounds the mental health problems of Tasmanian carers.

That there is a growing focus on the introduction of carer peer workers throughout government-funded Mental Health Care services in Tasmania.

Carers Tasmania also draws attention to barriers for young carers to access support if they are caring for a parent with a mental health condition, especially in circumstances where they need parental support for their own mental health but may not want that parent to know they need carer support. Carers Tasmania has developed, in partnership, young carer resources for schools to better enable them to cope with their caring role. They are also working in close collaboration with the Tasmanian Department for Education, Children and Young People and they provide a Schools Engagement Officer. They also facilitate young carer peer support.

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[15] Mental Health Council of Tasmania, Access and Affordability: Mental Health Services in Tasmania, 2023 MHCT-Access-and-Affordability-Report-2.pdf

Other developments in progress in Tasmania include a growing focus on the introduction of carer peer workers throughout government funded Mental Health Care services.

Recommendations

Carers make significant contributions to the economy and society, but their caring role often leaves them in a debilitated state, both physically and mentally, with poor mental health being a common outcome. To enhance their support within the framework of the National Mental Health and Suicide Prevention Agreement, the following policy recommendations are proposed:

1. **Recognise Carers as a Priority Group**

    - **Inclusion in Policy Frameworks**:
      Explicitly identify carers and young carers as priority groups within the Agreement, accompanied by principles and objectives that focus on their unique mental and health needs.
    - **Integration Across Priority Areas**:
      Ensure that carers' needs are considered within all identified priority groups, including Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.
    - **A New or Revised Agreement**:
      To strengthen the Agreement in relation to supporting optimal carer mental health outcomes. For the new or revised agreement to take into consideration initiatives aimed at understanding carer suicidality and have coordinated investment targeting mental health suicide prevention support for carers.

2. **Simplify Navigation of Services**

    - **Streamlined Processes:**
      Implement more efficient and streamlined processes to reduce the complexity carers face when accessing services.
        - Carer Gateway counselling services need to reduce long wait times for access to counsellors and offer an increased number of services accessed through the Gateway
        - That processes be significantly improved for First Nations people at risk of serious mental health breakdowns and suicide and be inclusive of First Nations carers as a sub-group

  - Carer inclusion, including First Nations people, when the person they care for present to emergency departments with mental ill health or suicidal ideation.
  - Increased options be established for early treatment of mental ill health or suicidal ideation, ones which are culturally safe for First Nations peoples, and which offer alternatives to emergency departments.
  - To address the low number of culturally and linguistically diverse carers who access Carer Gateway services. There needs to be more capacity for providers to draw on bi-lingual and culturally sensitive sources when interacting with carers with low English proficiency. This will require funding.

- **Centralized Information:**
  Many health services should follow uniform guidelines for sharing information with carers, ensuring transparency about diagnosis, care plans, and treatment options. Furthermore, health professionals should be trained in carer-inclusive communication, equipping them with the skills to inform carers without breaching patient confidentiality.
  - Include carers in diagnostic, disease management and service provision processes provided by health professionals and other care professionals for the person they care for.

- **Integrate Carer Support into the MyGov System:**
  Since many carers already use MyGov for Medicare, Centrelink and NDIS services, a Carer Support Dashboard should be integrated within MyGov. This could:
  - Provide personalized updates on available health support programs
  - Offering a direct link to carer-support payments
  - Allow carers to book with mental health professionals through bulk-billed telehealth services.

3. Training and Awareness

- **Carer Gateway:**
  Carers with mental health issues or who are seeking support for those they care for with mental health conditions should be made aware of the diverse range of support available to them through the Carer Gateway and the existence of the Carer Payment and Carer Allowance. Currently, awareness among rural carers regarding the diverse range of supports available remains relatively low.

  - Carer Gateway services need to be younger carer friendly and cater specifically to young carers' understanding and needs.

- **Investment in National Support Programs**:
  As recommended by Suicide Prevention Australia, the Australian Government to invest in national support to prevent suicide among all carers, including people who have attempted suicide or are impacted by suicidal distress. This should include funding free suicide intervention training such as Applied Suicide Intervention Skills and Training (ASSIST) to all carers in Australia.

- **State and Territory Training:**
  States and territories to invest in the development and widespread implementation of training for healthcare professionals in understanding and acting upon:
  - Risk of suicide among carers, and suicide prevention for carers
  - Understanding the holistic needs of carers to prevent further health decline among carers. Training should be developed with carers and experts in carer suicidality.
  - The education sector comprising schools, principals, teachers, and school counsellors should be made aware of the mental health impacts on many young carers and point them to the correct available support.
  - Increase education and training opportunities for carers to improve and recognize the importance of self-care to avoid long-term burnout and its consequences (reduced financial resources, workforce participation and physical, mental and emotional health).

4. **Funding**

Targeted and sustained funding is needed to address the high rates of poor mental health among unpaid carers. A dedicated Carer Support Fund is essential to combat the growing concerns carers face with their caring role.

- Flexible financial support mechanisms, such as carer-specific mental health subsides for therapy, well-being programs and crisis support.
- Increase the number and subsidy for carers using a mental health professional through their existing Mental Health Plan (currently 10 per calendar year).
- Increase awareness, funding, affordability, and accessibility to respite services for carers to prevent mental health decline in carers.

- Dedicated funding for research and data collection to better understand and address the mental health challenges carers face.

5. **Align the Agreement with the Carer Recognition Act 2010**
   The Carer Recognition Act establishes the recognition of Carers in Australia, ensuring they are acknowledged as key contributors to the health and well-being of those they care for and support. It states that government agencies and service providers consider carers' needs in policy development and delivery.

6. **Accountability Measures:**

   - Implement accountability measures in the Agreement to ensure state and federal governments report on how carers are included and supported under the agreement as well as improve the mental health of carers.
   - The National Disability Insurance Scheme (NDIS) and the Age-care sector to support plans to include assessments of carer-well-being and access to psychological support.
   - States and territories to record and report on deaths by suicide and suicide attempts among carers and former carers through their Suicide Deaths Registers and other reporting systems including the Australian Bureau of Statistics.

National existing sources that can be used and further adapted for evaluating the impact of mental health carer interventions proposed in the above recommendations:

Survey	**Conducted By**	**Data Collection Period**	**Purpose**
National Carer Survey	Carers NSW	• Every two years • Latest data collection period: 2024	Examine carers' needs, and what is and what is not working for carers across the different systems they access.
Carer Wellbeing Survey	Carers Australia & University of Canberra	• Annual • Latest data collection period: 2025	Focuses on carer wellbeing and asks carers to share their experiences as a carer and the support services they access, including the Australian Government Gateway. The 2025 survey also includes respite care access, young carers, carers in a Defense family, and life after a caring role ends.
Survey of Disability, Ageing and Carers (SDAC)	Australian Bureau of Statistics (ABS)	• Varies • Latest data collection period: 2022	Provides data on three target populations: people with a disability, people aged 65 years and over, and carers of people living with a disability or long-term health condition or older people.

About Carers Australia

Carers Australia is the national peak body representing the diversity of the three 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.

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 represents the views of carers at the national level.

Our vision is an Australia that values and supports all carers, where all carers have the same rights, choices, and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment, and education.

Our carers are diverse and include those who:

- have their own care needs
- are in multiple care relationships
- have employment and/or education commitments
- are under 25 years (young carers)
- are 65 years and over
- identify as Aboriginal and/or Torres Strait Islander
- are from culturally and linguistically diverse backgrounds (CALD)
- identify as Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer, Questioning and Asexual (LGBTIQA+)
- live in rural and remote Australia,
- are former carers (no longer in a caring role), and
- have a disability.

Acknowledgment of country

Carers Australia acknowledges Aboriginal and/or Torres Strait Islander peoples and communities as the traditional custodians of the land we work on and pay our respects to Elders past, present and emerging.

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