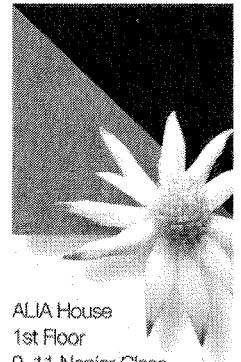




A.O.C 10/7/08
Submission No. 682
(Inq into better support for carers)



ALIA House
1st Floor
9-11 Napier Close
Deakin ACT 2600
PO Box 174
Deakin West ACT 2600
p 61 2 6285 3100
f 61 2 6285 2166
e admin@mhca.org.au
w www.mhca.org.au
ABN 87592218493

Committee Secretary
Standing Committee on Family, Community, Housing and Youth
PO Box 6021
House of Representatives
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam

Thank you for the opportunity to provide a submission to the *Inquiry into Better Support for Carers*.

The Mental Health Council of Australia (MHCA) welcomes this initiative of the House Standing Committee on Family, Community, Housing and Youth, to address the needs of carers. Mental health carers have specific needs that must be considered in the planning of carer support systems. The MHCA has identified the key issues of mental health carers and put forward a number of recommendations to address these needs. The mental health system is heavily reliant on the work of mental health carers and the MHCA urges the Committee to consider and act upon the recommendations outlined in this submission.

If you would like to discuss this response further, I can be contacted on (02) 6285 3100 or david.crosbie@mhca.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to read "D. Crosbie".

David Crosbie
Chief Executive Officer
4 July 2008



**M E N T A L
H E A L T H
C O U N C I L O F
A U S T R A L I A**

**MENTAL HEALTH COUNCIL OF AUSTRALIA
SUBMISSION**

Inquiry Into Better Support for Carers

July 2008

MENTAL HEALTH COUNCIL OF AUSTRALIA SUBMISSION

INQUIRY INTO BETTER SUPPORT FOR CARERS

Summary

The failure to invest in proper community support services following deinstitutionalisation has led to an increasingly heavy burden for carers of people with a mental illness. A series of new national workshops held by the MHCA with mental health carers is revealing that this burden is now becoming overwhelming.

Despite recent investments in mental health services, such as through the Better Access Program, the situation for mental health carers is getting worse not better. The role of mental health carers is undervalued and poorly recognised by service providers, government and the community in general.

Mental health carers feel they have repeatedly asked for better treatment and support for those they care for. The MHCA assesses that morale among mental health carers is generally extremely low with a sense of real desperation, accentuated by the ageing demographic of carers, worried about the prospects for their adult children once they die.

A properly resourced mental health system must be geared towards enabling successful and independent community living for people with a mental illness. This will require a range of service and accommodation options, very few of which exist now.

This submission outlines a number of recommended strategies to alleviate the social and economic hardship experienced by many carers, and provide better support for mental health carers.

Key priorities/recommendations

- That regular, independent and validated information is collected with regards to the experience of care for mental health carers. This data should be published and guide a national assessment of our progress in helping mental health carers to care.
- That funding is made available to develop a standard Advance Directive pro-forma to be used throughout Australia. This would require consumer and carer consultation as well as extensive legal advice to ensure that Advance Directives are legally valid in all states and territories.
- The development of uniform national guidelines that recognise the rights of carers to information, participation in treatment planning and personal support. Adherence to the national guidelines must be monitored and the outcomes for carers evaluated.
- An increase in access to a range of mental health-specific respite care and community support.
- That Personal Helpers and Mentors receive accredited training, are offered career pathways and are remunerated to reflect the professional care and support they provide.
- That dedicated carer liaison officers are available to provide ongoing support to carers, provide information on mental health and treatment options, and ensure that service providers are complying with the national guidelines.
- That carer payments are increased and flexible workplace policies are developed as a best practice reference for employers to assist carers to gain and maintain employment.

Introduction

The MHCA commends the House of Representatives Standing Committee on Family, Community, Housing and Youth for initiating the Inquiry into Better Support for Carers (the Inquiry). The MHCA also thanks the House Standing Committee for the opportunity to make a submission to the Inquiry.

This submission addresses the Terms of Reference of the Inquiry which are to obtain an improved understanding of the challenges facing carers and their support needs on:

- the role and contribution of carers in society and how this should be recognised;
- the barriers to social and economic participation for carers, with a particular focus on helping carers to find and/or retain employment;
- the practical measures required to better support carers, including key priorities for action; and
- strategies to assist carers to access the same range of opportunities and choices as the wider community, including strategies to increase the capacity for carers to make choices within their caring roles, transition into and out of caring, and effectively plan for the future.

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. The membership of the MHCA is now 55 members nationally, including organisations of mental health service consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The MHCA and Mental Health Carers

Part of the membership of the Council is carer organisations and (as a minimum) one seat on the Council Board is set aside for a carer representative. In addition, the MHCA works with mental health carers through the National Register of Mental Health Consumer and Carer Representatives and the National Mental Health Consumer and Carer Forum (NMHCCF). Both of these bodies are comprised of mental health consumer and carer representatives that are very experienced and actively involved in representational work at a national, state and local level.

The MHCA works closely with mental health carers through a number of different channels, including via members and their networks and funded projects.

Of particular interest in the context of this submission is that the MHCA has been funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to run a series of Carer Engagement workshops across Australia. The MHCA's aim with this project is to build on the work started through its *Not for Service Report* of 2006. This report was a seminal attempt to collate and present the validated experiences of care for mental health carers. The MHCA is firmly of the view that it is not possible to discern progress towards helping carers unless they are regularly asked about whether things are getting better or worse, both for them and the people they care for.

Around 140 workshops are being held in total with about 50 having occurred to the end of June 2008. As well as providing an opportunity to promote local services and information, the MHCA is using the workshops to identify the major issues that affect carers' lives. This will be used to develop an evidence base to inform policy makers and service providers of the needs of mental health carers. It is intended from this work to establish a regular national survey of mental health carers to track and demonstrate over time changes in their situation.

Workshops have been held in Indigenous communities, rural and remote locations, with young carers, with CALD carers and with carers located in the capital cities and other regional centres. A large part of this submission is based on the outcomes of the workshops held to date and reflects the current circumstances and challenges faced by mental health carers throughout Australia, as reported by the carers themselves at these workshops. The MHCA will be releasing a major report on the outcomes of the mental health carer workshops in early 2009.

Mental Health Carers

Mental health carers are family members or friends that provide care, emotional and practical support for a person with a mental illness. It is very difficult to ascertain how many mental health carers there are in Australia¹. Many mental health carers do not identify themselves as carers for a number of reasons, such as a wish to respect the privacy of those they care for to avoid social stigma and discrimination.

Mental health carers face a number of unique barriers in their caring role. Difficulty accessing community based treatment and support for those with a mental illness increases the pressure on mental health carers. As the mental health system is heavily oriented towards acute care, mental health carers are often forced to assume the caring role of their family member or friend with a mental illness.

Role and contribution of mental health carers in society

Mental health carers play a vital role in the mental health system and this is rarely acknowledged by the broader community or even the mental health system itself. Following deinstitutionalisation and in lieu of real investment in community-based support services, the mental health system has become heavily reliant on the contribution of carers. This was recognised sometime ago by the MHCA and Carers Australia, who reported in 2000 that it is 'primarily carers who are sustaining the fabric and operational effectiveness of mental health service systems across Australia'².

On average, carers spend 104 hours per week caring for a person with a mental illness³. However, due to poor community understanding of the crucial role that mental health carers play in the daily lives of those living with a mental illness, this high level of care is not recognised. For example, carers may be responsible for ensuring the person they care for takes medication correctly, monitoring safety and providing support in daily living tasks, such as cooking and cleaning.

Recognising the valuable role of mental health carers by treatment teams, by involving carers in treatment and recovery planning, is one of a number of issues raised by mental carers through the MHCA carer engagement workshops. Currently carers are often excluded in these processes by health professionals and therefore are unaware of the treatment plans developed for the person they care for. Mental health carers are particularly concerned that they are not involved with discharge planning and are often unaware that the person they support has been discharged.

¹ Carers Australia. (2006). *Final Report: Carers of People with a Mental Illness Project*. Canberra: 17.

² Mental Health Council of Australia and Carers Association of Australia. (2000). *Carers of people with mental illness project – Final report*. Canberra: Commonwealth Department of Health and Ageing.

³ Carers WA. (2005). *Submission to Senate Select Committee Inquiry on Mental Health*. Western Australia: 2.

This creates further challenges for the carer as they are unaware of prescribed medications, appointments and how to access further support for themselves or the person they care for⁴. This lack of information sharing is frequently justified as stemming from privacy and confidentiality regulations. Wider recognition of the valuable role of mental health carers could be demonstrated by the development of national guidelines that provide a framework for family and carer inclusive practices. Guidelines would have to clearly outline the rights of carers to information that is necessary for them to care effectively.

Carers attending the Carer Engagement workshops have reported that they are not receiving basic information when a loved one is first diagnosed. They do not receive information on the particular diagnosed illness, the treatment options or any information on what support is available for carers. To increase the availability of information, one practical strategy that can be implemented immediately is the employment of carer liaison officers. Their role would be to meet the needs of carers through, for example, providing information packages for carers that are provided to all family members or friends, who will be involved in the daily care of a person diagnosed with a mental illness. However, an information package alone is insufficient, and carers should be actively followed up by the carer liaison officer within a week of receiving the information package to ensure they have the opportunity to ask questions, discuss coping strategies and be linked with an individual support person that can be contacted at any time the carer is in need of support. This individual support could be provided by the carer liaison officer. It has been raised in a number of carer engagement workshops that some carers would find it useful to receive active follow-up from a carer liaison officer as it can be difficult to find the time to make contact themselves or are hesitant to do so.

Mental health carers are in a position to notice signs that the person they care for may be beginning to relapse. Mental health carers report that some service providers can be dismissive of the carers' perspective and disregard requests for early assessment and intervention.⁵

The MHCA notes the Australian Government's commissioning of a review of the National Standards for Mental Health Services. The Standards are the yardstick by which we can assess the performance of mental health services, be they public, private or community sector. The original 1996 Standards attempted to place both consumers and carers at the centre of the assessment processes, however carers have raised concern that these policies are not being transferred into practice. The MHCA understands that to date, carers have had very limited opportunities so far to contribute to the process of developing these new Standards. The MHCA is concerned to ensure that the Standards properly reflect the concerns and interests of mental health carers and encourages the Government to ensure this occurs.

In 2007 Carers Australia recommended that the Australian Government:

1. Develop national mental health legislation that enshrines the rights of carers to formal recognition, information to assist them to care, inclusion and support in the delivery of mental health care.
2. Develop a national Carer Recognition Act or the Family Responsibilities and Carers' Right Act as proposed by the Australian Human Rights and Equal Opportunity Commission.
3. Develop national policy and practice guidelines to accompany the enactment of mental health and carer recognition or carers' rights legislation, and provide adequate financial and

⁴ Carers Australia. (2007). *Inquiry into Mental Health Services*. Canberra: 5.

⁵ Mental Health Council of Australia. (2005). *Not for Service: Experiences of injustice and despair in mental health care in Australia*. Canberra: 119-121.

human resources to promote and ensure adoption of legislative requirements regarding carers in the delivery of mental health care.

4. Fund as a priority, the comprehensive training of mental health specialist and primary health care professionals about legislative provisions, associated policy and practice guidelines, carers contribution to consumer wellbeing, and the experiences and needs of families and carers.
5. Monitor and enforce compliance with legislative requirements through the development of measures and performance indicators, as well as independent security and compliance mechanisms (such as a Mental Health Ombudsman or Carer Ombudsman).⁶

The MHCA strongly supports these recommendations and urges the government to implement the recommendations that have been put forward by Carers Australia.

Through the Carer Engagement workshops, it has become clear that carers would be supportive of the development of guidelines that are subject to close monitoring. It has also been raised in numerous workshops that there is a need for more training and education for service providers to ensure they are aware of how to implement carer inclusive practices that recognise the needs and rights of carers to information that they require to effectively care. An effective monitoring and evaluation system should also be developed at the same time as the national guidelines to ensure that service providers are adhering to the national guidelines. As mentioned previously, the MHCA will use the information gathered from the carer engagement workshops to develop and conduct an annual survey of mental health carers to ascertain how well their needs are being recognised and the level of support that they receive. Additional evaluation tools could be developed specifically to measure the effectiveness of national guidelines to be administered annually. In addition, ongoing monitoring is crucial to measure the experiences of those who are new to the caring role and are not linked with existing carer support organisations. This will ensure that the experiences of carers are fully captured to inform future policy and practice.

Barriers to social and economic participation

Socially, mental health carers are affected by the stigma associated with mental illness in the community in a number of ways. Specifically, carers may wish to preserve the privacy of the person they care for in an attempt to protect the person from negative reactions. Some mental health carers themselves also feel a sense of shame or guilt that their family member has developed a mental illness and this leads to some carers feeling that they cannot discuss the challenges they face when caring for someone with a mental health problem. Secondly, discrimination is experienced by both consumers and carers, and the ramifications of discrimination include greater difficulties in accessing health services, maintaining stable housing and employment. Additionally, mental health carers often experience social isolation due to being unable to leave the person they are caring for alone.

Mental health carers are up to 40% more likely to develop their own mental or physical health problems than the general community⁷. Poor health further reduces their ability to remain socially engaged and their capacity to remain in the workforce. Measures that encourage carers to practice self care are vital to increase their wellness. This may involve additional respite care, greater support from health professionals or other social supports, and increased education on coping strategies to

⁶ Carers Australia. (2007). *Inquiry into Mental Health Services*. Canberra: 6.

⁷ Independent Living Centre of WA (Inc). (2006). *Family Carers and the Physical Impact of Caring – Injury and Prevention Research Report*. Department for Community Development. Western Australia: A2.

promote better self care. Improved physical and mental health will provide carers with the opportunity to reduce the financial ramifications of looking after someone with a mental illness. The capacity of mental health carers to remain socially engaged is also limited due to lack of financial resources to spend on simple leisure activities.

The financial burden of caring for someone with a mental illness is significant. Those with a mental illness may become reliant on their carer to provide accommodation, cover the cost of medication and other treatment, travel and accommodation costs for those who have to travel to a regional centre or city to access services, and to pay for private health insurance when applicable⁸. The current Centrelink payments available to carers are insufficient to cover all of these costs, even when the payments for the person with a mental illness are factored in to contribute to covering such costs. There is an urgent need to consider increasing carer payments to at least cover essential costs such as housing, food and medical expenses.

A critical issue reported by mental health carers is that maintaining ongoing employment is extremely difficult, further limiting their capacity for economic participation⁹. The episodic nature of mental illness means that employers can be unwilling to accommodate periodic absences when the person they are caring for becomes unwell. Employers need greater understanding of the uncertainty that mental health carers face due to the unpredictable nature of acute episodes. Workplaces must develop flexible arrangements that accommodate the personal circumstances of carers by recognising that employees may have to take time off, often at short notice, to care for their family member or friend. To reduce the amount of time carers have to spend looking after a person with a mental illness, there should be an increase in early intervention services that can be accessed as soon as symptoms emerge. This would lead to better outcomes for both the person with the mental health problem and also for their carer's as it would reduce the time that they would need support and care, minimising the amount of time that a carer would have to take off work. Similarly an increase in day programs, rehabilitation programs and respite would also increase a carers' capacity to remain in the workforce. Therefore, a combination of greater workplace flexibility and improved access to services is needed to increase the capacity of carers to remain in paid employment.

Practical measures to better support carers

Community-based resources and services

Many practical measures that will ease the burden of mental health carers are actually strategies that improve and increase community based resources and services for people with a mental illness. The caring burden would be greatly reduced by considerable investment in recovery-oriented services that promote attaining and maintaining long-term good mental health, thus reducing the risk of relapse, and enabling greater stability for both mental health carers and consumers. Community mental health services must offer a full range of services, including early intervention, diagnostic and psychological services, medication and other treatments, rehabilitation and ongoing support to maintain wellness. These services must also meet the needs of mental health carers who

⁸ National Network of Private Psychiatric Sector Consumers and their Carers. (2004). *Submission to the Senate Select Committee on Mental Health*.

http://www.aph.gov.au/Senate/committee/mentalhealth_ctte/submissions/sub189.pdf.

Accessed: 18 June 2008.

⁹ Mental Health Carers Network Inc. (2005). *Submission to the Select Committee on Mental Health*. Sydney: 4.

are at different stages of their caring journey. The provision of appropriate information and personal support should always be available, particularly when a person is first diagnosed with a mental illness. Carers should be involved in all treatment and discharge planning, and their input should be seen as highly valuable and crucial to ensure that treatment plans are designed to ensure that the best possible health outcomes are achieved.

National guidelines that clearly articulate the rights of carers need to be designed to compliment the existing National Standards for Mental Health Services. Participation policies should aim to include mental health carers in the development and implementation of treatment and support plans. The needs of carers must also be taken into consideration so that they are able to continue to work effectively in their caring role and this can be done in numerous ways. For example, before a person is discharged from hospital, the patients carer/s should be notified so that they are aware of medication regimes, post-discharge appointments and how to monitor symptoms to ensure not only safety, but also to identify signs that may indicate a relapse.

Under the current MBS structures GPs have no incentive to spend one on one time with carers to actively engage them in the long term treatment or management plan, or the discharge plan of the person with a mental illness. This is particularly relevant for those patients that are being managed by their GP under a GP mental health care plan.

Respite

Access to appropriate, available and accessible respite is a key issue for carers, and has been consistently identified as a key issue in the MHCA carers engagement workshops. The provision of respite can be a complex issue in itself, in terms of if the respite is provided to the person being cared for or the carer themselves. The provision of appropriate respite is an issue which requires further consideration and investment, to ensure it is being delivered to the people who most need it and in a form which is suitable. The needs of mental health carers are different to the needs of carers of people with a physical disability. The episodic nature of mental illness means that the needs of carers fluctuate and their situation can change very quickly. This has implications for the provision of planned respite, so respite must be flexible to meet this need. Carers that have participated in the carers engagement workshops have also highlighted the difficulty in getting the person they care for to agree to respite care. The person they care for may be distrustful of others and some carers feel that others will not be able to care as effectively as they do because they do not know or understand the individual behaviours and needs of the person with a mental illness.

There is a real need for the development of mental health-specific respite care services.

Privacy and confidentiality

Mental health carers are often excluded from involvement in care due to privacy and confidentiality provisions. There is an urgent need for such policies to be reviewed and for a nationally consistent policy to be developed to clarify, for both service providers and carers, what can and cannot be shared in the absence of patient consent. Currently each State and Territory has their own Mental Health Acts that set out the processes surrounding information sharing and involuntary treatment. The development of national guidelines is one way to implement a national policy.

A practical way to overcome the problems associated with protecting the privacy and confidentiality of the person with the mental illness is to develop Advance Directives¹⁰. Advance Directives allow

¹⁰ The Network for Carers of People with a Mental Illness. (2005). *2005 Senate Select Committee – Mental Health. Submission by the Network for Carers of People with a Mental Illness*. Victoria: 1.

consumers, when they are well, to plan what they would like to happen to them if they become unwell, and provides carers with a clear outline as to what extent they should be involved in treatment and recovery planning. Although Advance Directives may explicitly exclude carers from involvement in a person's care, they are a powerful and practical tool that can easily circumvent current privacy and confidentiality legislation with the prior permission of the person with a mental illness. The legislation is often used to justify the inability of members of a treatment team to discuss the care of someone with their family or friends. Mental health carers have reported that when their family member or friend is unwell, they are likely to refuse to give health professionals consent to share information with others when they may readily agree to this when they are well. An Advance Directive pro-forma, that is legally valid in all states, should be developed so that consumers are able to decide what care they receive and who should be involved. Not only will this clarify the role of mental health carers, it will also lead to improved outcomes for the person with a mental illness as it can be used to guide treatment based on what has worked in the past for a particular person.

Employment and workplace flexibility

Mental health carers need flexibility from their employers to allow them time off when the person they care for becomes acutely unwell. Basic information about mental health and the role of carers should be provided to employers to help them understand the episodic and unpredictable nature of mental illnesses. Mental health first aid resources and courses would also be valuable in increasing understanding of mental illness with employers and other workers. Greater understanding will assist mental health carers to negotiate with their employer time off when they need to care for a family member or friend who has become unwell. In addition to greater flexibility in the work place, increased respite services will also allow mental health carers to remain in paid employment, even when the person they care for is in need of ongoing support. Carers must have access to respite and other services that employ trained mental health staff to ensure that appropriate care is provided. Mental health carers often report a lack of understanding and knowledge of mental health issues, associated thoughts and strategies to manage behaviours that are related to mental illness. An increased confidence in the ability of others to care for their family member or friend will increase the opportunity for carers to establish their own lives, independent from their caring role.

Maintaining the wellness of the person with a mental illness is very important to reduce the burden on mental health carers. Along with stable housing and access to good health services, employment is a key factor in keeping people with a mental illness well and connected to their community.¹¹ In February 2008 the Welfare to Work Reform Collaboration, comprised of leading organisations representing the disability, employment, mental health and community service sectors, announced the key priority areas for reforming welfare to work. Reform priorities would aim to increase workforce participation by removing disincentives and barriers for people seeking to make the transition from ongoing pensions and other entitlements, to education, training and participation in the workforce. Through adopting the policies outlined by the collaboration, the load of mental health carers will be decreased by supporting someone in their recovery by encouraging the person with a mental illness to become engaged in meaningful, supported employment or training.¹² In addition to providing meaningful activity that is crucial to maintain mental wellness, paid employment also promotes greater financial independence, easing the financial pressures on mental health carers.

¹¹ Mental Health Council of Australia. 2007. *Let's get to work – A National Mental Health Employment Strategy for Australia*, Canberra

¹² Mental Health Carers Network Inc. (2005). *Submission to the Select Committee on Mental Health*. Sydney: 3.

Housing

Another essential need of those with a mental illness is access to safe and affordable housing that provides the right support for people at different stages of their recovery. Mental health carers have reported that the need for appropriate housing for those with a mental illness is critical, including a range of housing that offers varying levels of support needs to be available for people at varying stages of recovery. The Australian Government Green Paper '*Which Way Home? A new approach to homelessness*'¹³ recognises that those with a mental illness are at risk of losing their housing when they become unwell:

'When people experience episodic mental illness, their ability to live independently and maintain housing can fluctuate. They risk falling behind in rent or mortgage payments because of employment difficulties, higher medical costs, hospital admissions and social isolation.'¹⁴

These factors need to be addressed by increasing the stock of quality housing in appropriate locations and by providing flexible accommodation options that take into consideration the episodic nature of mental illness and the varying levels of support that people need at different times. Carers have identified that a range of accommodation and housing styles should be available to those with a mental illness. In particular, many carers are concerned that upon discharge from hospital many people had no accommodation to go to, there is a lack of 'step up, step down' services, a shortage of supported accommodation and limited assistance for people to transition into independent accommodation. The MHCA will be releasing a major report on housing and homelessness in late 2008 that will look at the housing needs of people with a mental illness and provide associated recommendations.

At the Carer Engagement Workshops, a number of carers have raised the issue of the tax disincentives they currently face when purchasing a property for their family member. Carers have been reluctant to raise this issue in larger group discussions, so have been approaching workshop presenters individually to raise this concern. Property purchased for their family member is considered an asset and this affects the mental health carers access to various payments and tax breaks, however the property is not purchased as an investment and they do not receive any income. To finance this, carers often downgrade their own housing and limit spending on non-essential costs. Given the reduced burden on the public housing system that this option provides, there could be an investigation of these tax disincentives and other financial penalties in recognition of the considerable financial support that mental health carers provide when taking this approach.

Personal Helpers and Mentors

The MHCA commends the Australian Government on the development of the Personal Helpers and Mentors scheme. However, carers at the MHCA carer engagement workshops have raised a number of concerns in relation to the training and understanding of mental illness of Personal Helpers and Mentors and thus their ability to provide high quality support. It is recommended that Australia consider incorporating aspects of the 'Support, Time and Recovery Workers' program in the United

¹³ Australian Government. (2008). *Which Way Home? A new approach to homelessness*, Commonwealth of Australia, Canberra

¹⁴ Australian Government. 2008. 'Which Way Home? A new approach to homelessness'. Commonwealth of Australia. Canberra, 27

Kingdom.¹⁵ This program focuses on building the mental health workforce by ensuring that workers participate in accredited training and are offered career progression paths, thus creating a highly trained and professional workforce that is available to provide high quality care and support to people with a mental illness.

Access to the same opportunities and choices as the wider community

Mental health carers face a number of barriers in taking advantage of the opportunities that many other people in the community have access to. Carers are often severely disadvantaged in their ability to build retirement funds and preserve superannuation. Due to the loss of employment and reliance on Centrelink allowances, carers may be forced to use any savings they may have to meet essential costs and this also limits their ability to save for the future. This has ramifications on making long-term plans, addressing issues such as housing and health care, and meeting the costs of day-to-day living.¹⁶ Lack of disposable income also greatly limits the capacity of mental health carers to enjoy a full and active social life and to remain connected with their local communities.

A constant theme that is raised in the MHCA Carers Workshops is the difficulty many carers face to take time out to ensure they are looking after themselves. Many carers report that due to the constant care they provide for their family member or friend, they find it challenging to maintain friendships and remain involved in activities or hobbies¹⁷. In addition to not having the time to self care, mental health carers also face stigma and discrimination in the community, further contributing to the social isolation that many carers experience¹⁸. This places carers at greater risk of developing health problems and restricts their opportunity to lead lives that balance their caring role with other activities such as employment and socialising. Clearly mental health carers do not have the same opportunities as other members of the community and this must be addressed by increasing respite services and community resources for the person they care for.

¹⁵ Department of Health. 2003. 'Mental Health Policy Implementation Guide – Support, Time and Recovery Workers'. United Kingdom

¹⁶ Mental Health Carers Network Inc. (2005). *Submission to the Select Committee on Mental Health*. Sydney: 4.

¹⁷ World Federation for Mental Health. (2006). *Keeping Care Complete: Caregivers' perspectives on mental illness and wellness – International Survey Results - Australia*. Paris: 1

¹⁸ Mental Health Carers Network Inc. (2005). *Submission to the Select Committee on Mental Health*. Sydney: 2.

REFERENCES

Australian Government. 2008. *Which Way Home? A new approach to homelessness*. Commonwealth of Australia. Canberra, 27.

Carers Australia. (2006). *Final Report: Carers of People with a Mental Illness Project*. Canberra: 17.

Carers Australia. (2007). *Inquiry into Mental Health Services*. Canberra: 5.

Carers WA. (2005). *Submission to Senate Select Committee Inquiry on Mental Health*. Western Australia: 2.

Department of Health. (2003). *Mental Health Policy Implementation Guide – Support, Time and Recovery Workers*. United Kingdom

Independent Living Centre of WA (Inc). (2006). *Family Carers and the Physical Impact of Caring – Injury and Prevention Research Report*. Department for Community Development. Western Australia: A2.

Mental Health Carers Network Inc. (2005). *Submission to the Select Committee on Mental Health*. Sydney: 2.

Mental Health Carers Network Inc. (2005). *Submission to the Select Committee on Mental Health*. Sydney: 3.

Mental Health Carers Network Inc. (2005). *Submission to the Select Committee on Mental Health*. Sydney: 4.

¹ Mental Health Council of Australia and Carers Association of Australia. (2000). *Carers of people with mental illness project – Final report*. Canberra: Commonwealth Department of Health and Ageing.

Mental Health Council of Australia. (2005). *Not for Service: Experiences of injustice and despair in mental health care in Australia*. Canberra: 119-121.

Mental Health Council of Australia. 2007. *Let's get to work – A National Mental Health Employment Strategy for Australia*, Canberra

Mental Health Council of Australia. (2008). *Carer Engagement Workshops*. Australia: Mental Health Council of Australia

National Network of Private Psychiatric Sector Consumers and their Carers. (2004). *Submission to the Senate Select Committee on Mental Health*.

http://www.aph.gov.au/Senate/committee/mentalhealth_ctte/submissions/sub189.pdf.

Accessed: 18 June 2008.

The Network for Carers of People with a Mental Illness. (2005). *2005 Senate Select Committee – Mental Health. Submission by the Network for Carers of People with a Mental Illness*. Victoria: 1.

World Federation for Mental Health. (2006). *Keeping Care Complete: Caregivers' perspectives on mental illness and wellness – International Survey Results - Australia*. Paris: 1