Carers WA Policy Submission
Productivity Commission Final Review of the National Mental Health and Suicide Prevention Agreement

March 2025

About Carers WA

Carers WA is the peak body representing the needs and interests of carers in Western Australia and is part of a national network of Carers Associations. Carers provide unpaid care and support to family members and friends with disability, mental health challenges, long term health conditions (including a chronic condition or terminal illness), have an alcohol or drug dependency, or who are frail aged. The person they care for may be a parent, partner, sibling, child, relative, friend or neighbour.

Caring is a significant form of unpaid work in the community and is integral to the maintenance of our aged, disability, health, mental health, and palliative care systems.

Some important facts about carers include:

- There are currently 3.04 million unpaid carers in Australia.
- There are more than 320,000 families and friends in a caring role in Western Australia.
- The replacement value of unpaid care, according to a report undertaken by Deloitte, Access Economics, “The economic value of unpaid care in Australia in 2020” is estimated at $77.9 billion per annum.

Acknowledgement of Country

Carers WA acknowledges the Wadjuk Noongar Nation’s lands, water, customs, and culture of which the Carers WA Head Office is located. Carers WA recognises our services reach beyond the Perth (Boorlo) region, and so we also acknowledge the cultural diversity of First Nation Peoples across our state and throughout Australia.

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1.0 Recommendations

1. The National Mental Health and Suicide Prevention Agreement include carers and young carers as specified priority groups, with accompanying Principles and Objectives that focus on supporting carers and young carers in mental health and suicide systems and prevention initiatives.
2. The National Mental Health and Suicide Prevention Agreement consider carers within all other identified priority groups, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and refugees, and LGBQTI+SB people.
3. The establishment of a National Carer Card Program to provide a measure of identification, validation of the caring role, and cost of living support through discounts, benefits and concessions.
4. The establishment of a service navigation program and advocacy support for Australian carers.
5. That processes be significantly improved for when people, including First Nations people, present to emergency departments with mental ill health or suicidal ideation.
6. 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.
7. Mandatory education around increased awareness of carers and the diversity of carers be established for government, health, mental health and other relevant professionals.
8. Government and organisations funded by government be required to have culturally safe services. i.e. this being having ‘all staff having the cultural competency to support First Nations carers in a way that recognizes their history and needs, while promoting their dignity and self-determination’[1].
9. Governments work with First Nations communities, across all language groups, to identify and deliver differing key support needs and to address the underlying influences of mental ill health and suicidal ideation.

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[1] (Carers NSW, 2024)

2.0 Introduction

Carers WA appreciates the opportunity to provide feedback to the Australian Government Productivity Commission's Review of the National Mental Health and Suicide Prevention Agreement (the Agreement).

Carers WA believes the Agreement is a positive step to improving mental health and suicide systems and prevention in Australia. We are supportive of this whole-of-government collaborative approach and focus on lived experience, but believe there are areas which have yet to be improved and embraced to further increase positive outcomes, identification of gaps and actions to address these gaps. These are expanded upon within this submission.

For the purposes of this submission, the term 'carer' is defined as per the meaning under the *Carer Recognition Act 2010* (Cth), this being an individual who provides personal care, support and assistance to another individual who has disability, a medical condition (including terminal or chronic illness), mental illness, or who is frail and aged[2]. A carer does not include someone who provides care or assistance as part of a contracted service or voluntary work[3].

This submission has been informed by ongoing feedback and consultation with carers and communities across regional and metropolitan WA.

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[2] (Commonwealth of Australia, 2010)

[3] (Commonwealth of Australia, 2010)

3.0 General Feedback

3.1 Context and Scope

In Australia, there are 3.04 million carers[4]. The care provided by these individuals is unpaid and is not part of a work or voluntary role. A carer can be a friend, family member, neighbour or other person who provides varying levels of support to the person they care for, ranging from 24/7 care, to much less. Carers can also be any age, with some even being as young as pre-school age and providing care to a parent or siblings. Carers under the age of twenty-five are called young carers.

Informal care provided by carers offers substantial benefits to Australia's health, disability, aged care and other industries – supporting Australia's strained health system and taking the place of services when systems fail. Indeed, the cost to replace this informal care around Australia was estimated in 2020 to be $77.9 billion per year[5]. While the demand for carers is projected to increase by 23% by 2030, the number of carers is only projected to increase by 16% over this timeframe[6]. Without improvements to practical recognition and support for carers, this shortfall will result in additional pressure to Australia's already strained mental health and health systems.

Being in a caring role comes at a significant cost to a carer's wellbeing, and economic and financial security. Carers have significantly higher rates of psychological distress than the average Australian. Over half of carers have poor wellbeing, compared to 25.4% of adult Australians. Only 17.1% of carers reported having good health, compared to 47.9% for the average Australian[7]. Preventative measures are needed to prevent carer burnout and further pressure on the health system.

Further, on average, by age 67 primary carers will lose $175,000 in superannuation and $392,500 in lifetime earnings. Indeed, for every year someone is a primary carer they will lose on average $17,700 in superannuation and $39,600 in lifetime earnings[8]. Moreover, 34.4% of carers report not being able to raise $2,000 in a week if needed and 33.7% report spending more money than they receive in a month[9]. In WA, 24% of carers are in crisis, predominantly in regional areas, and 57% of carers on carer payments are below the poverty line[10].

In addition, the cost of caring does not disappear when the caring role ends. Caring has ongoing impacts to the financial, physical and mental wellbeing of a person who used to be a carer, which impact their ability to work, study, be financially stable, and even to have a roof over their heads.

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[4] (Australian Bureau of Statistics, 2024)
[5] (Deloitte Access Economics, 2020)
[6] (Deloitte Access Economics, 2020)

[7] (Schirmer, Mylek, & Miranti, 2022)
[8] (Furnival & Cullen, 2022)

[9] (Carers NSW, 2023)

[10] (SAGE Design & Advisory, 2023)

Despite the cost of the caring role to many people in Australia, and the vulnerability of this cohort, this has not been adequately addressed in the National Mental Health and Suicide Prevention Agreement. Carers and young carers have not been identified as priority cohorts within the Agreement, and have primarily been mentioned in the Agreement in the context of their caring responsibilities, not in the context of ensuring they are also being supported as an individual at high risk of mental ill health and suicidal ideation. Indeed, the proportion of carers experiencing suicidal ideation may range as high as 71%, for carers of people with long-term illnesses and disabilities[11].

Young carers are amongst the four most at risk groups of young people in Australia[12], yet are often hidden, forgotten, and misunderstood in government policy and procedure development. Young carers are at greater risk of high psychological distress, are at higher risk of financial distress[13], are more susceptible to social isolation, financial & educational disadvantage, unemployment, and poor physical & mental health[14][15]. GENERATION Survey recently found that nearly 1 in 6 young people identify as having caring responsibilities.[16]This means that in WA alone, there are over 148,000 young carers, and up to 5.3 young carers in each WA classroom. More needs to be done to ensure young carers are recognised and supported as both carers and consumers in mental health and suicide systems and prevention initiatives, including as carers for a parent or other adult in their lives.

Carers WA recommends:

1. **The National Mental Health and Suicide Prevention Agreement include carers and young carers as specified priority groups, with accompanying Principles and Objectives that focus on supporting carers and young carers in mental health and suicide systems and prevention initiatives.**
2. **The National Mental Health and Suicide Prevention Agreement consider carers within all other identified priority groups, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and refugees, and LGBQTI+SB people.**

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[11] (O'Dwyer, et al., 2021)
[12] (Redmond and Skattebol et al, 2016).
[13] (Centre for Change Governange and NATSEM, University of Canberra, 2021)
[14] (Carers Australia, 2021)
[15] (Little Dreamers, 2021)

[16] (Edwards, et al., 2023)

3.2 Complex Navigation of Services

'Timely access to services, more efficient and streamlined processes, information in one spot (the amount of times I've had conflicting info or been provided with info on services from other people that is not obvious on any website anywhere), better access to respite care. All of this assists the carer to continue with working as well' – feedback from a carer.

The National Mental Health and Suicide Prevention Agreement has a strong focus on rural, regional and remote areas. The Agreement also commits to reducing system fragmentation and facilitating a whole-of-system approach. In addition, the Agreement identifies as a shared responsibility in item 44:

'The Parties agree to work together across areas of established responsibility to integrate systems and services so that consumers, families and carers experience seamless treatment, care and support.'

However, carer recognition, identification and access to service navigation support remain significant areas of concern for carers. This concern is exacerbated by additional issues experienced by carers in regional and remote areas. These all contribute to increased mental stress and strain amongst carers.

3.2.1 Carer Identification and Recognition

A prominent issue experienced by people in a caring role is identification. Carers are not being identified when they interact with services for themselves and those they care for. Carers also often do not self-identify as carers. This causes a lack of connection to services for the carer themselves and face the stressors of the caring role without supports.

Carers also report ongoing issues with needing to identify themselves as a carer, needing to constantly then explain what a carer is, and limited carer recognition and inclusion in many settings. This is an issue that became especially prevalent during the COVID-19 pandemic, when carers needing to access medical facilities to care for their loved ones were facing barriers to entry due to restrictions and a lack of a tool to be able to identify as a carer. Even after the pandemic, carers continue to call for a tool of carer identification which can alleviate the need to tell their story over and over, causing further exhaustion and adding another task to a carer's already full plate.

Carers WA calls for the establishment of a national Carer Card Program as this tool of carer identification, based on the Carer Card Program model already existing in Victoria. This is something that Carers WA has also been calling for at a state level in WA, as a measure of identification, validation of the caring role, and cost of living support through discounts, benefits and concessions. This would also provide opportunities for social and community connections whilst utilizing these discounts, benefits and concessions; benefitting carers' mental health and wellbeing.

3.2.1 Service Navigation

Carers report widespread difficulties in trying to navigate the maze of services they must access for themselves and those they care for, with some carers simply giving up trying to traverse services and hoops due to the effort and exhaustion this process causes. In regional WA, this issue is even more pronounced due to limited availability and affordability of services, and ongoing workforce issues. Often, limited awareness of available services further increases the task of being able to find services. This issue has the impact of carers and those they care for either not being able to access services or have the task of accessing services become a full-time job to maintain them. This is a task which carers will often take on, and one which has a significant impact on carers being able to return or enter into paid work due to its time requirements. In addition, the stress of trying to access services has adverse impacts on carers' health, mental health and wellbeing.

Nearly half (46%) of carers report that navigating systems is getting worse. When asked about time spent navigating government systems, 9.9% of carers spent more than five hours per week, 34.2% spent between one and four hours, and 40% spent at least an hour.

In the recent WA State Election, Carers WA called for the establishment of a service navigation program in Western Australia, that would deliver:

- Face-to-face, in-person and online service navigation/guidance support for carers.
- Educational workshops on service navigation for carers.
- Self-advocacy skill building workshops for carers.
- System navigation resource development and online training modules.

The need for such a service has been called for again and again, from inner metropolitan Perth to Esperance, Kalgoorlie and beyond. The majority of navigation and advocacy services in WA focus on the needs of the person being cared for, leaving a significant gap and need for service navigation and advocacy that focuses on carers. While Carers WA has some limited capacity for individual advocacy for carers, the need for this far outstrips the capacity of the service.

Carers WA recommends:

3. **The establishment of a National Carer Card Program to provide a measure of identification, validation of the caring role, and cost of living support through discounts, benefits and concessions.**
4. **The establishment of a service navigation program and advocacy support for Australian carers.**

3.2 Early Intervention and Prevention

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 cared 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.

In the 2024 National Carer Survey, 32.7% of carers who responded were providing care to someone with mental ill health[17]. More than half (53.6%) of WA carers supporting someone to access mental health services were not asked about their needs as a carer[18]. 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[19].

In WA, inclusion of lived experience at government levels in mental health has seen improvement. However, there is a significant and continued need for improved recognition and support for WA carers in the services that they navigate and utilise for themselves and those they care for, including within mental health and suicide prevention services. This is especially so for the priority cohorts which were identified in the Agreement in 2022, for which mental health and suicide rates remain a significant concern.

First Nations Peoples and Carers

The National Mental Health and Suicide Prevention Agreement commits to all Australian Governments contributing to the National Agreement on Closing the Gap, inclusive of:

- A significant and sustained reduction in First Nations suicide rates
- Empowering First Nations peoples to share decision making authority
- Building a strong, sustainable community controlled sector to meet the needs of First Nations peoples
- Ensuring all services funded by Australian governments are culturally safe and responsive to the needs of First Nations peoples
- Ensuring First Nations peoples have access to, and training and support to use, locally relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities, and drive their own development[20].

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[17] (Carers NSW, 2024)

[18] (Carers NSW, 2024)

[19] (Carers NSW, 2024)

[20] (Commonwealth of Australia, 2022)

Since the Agreement was made in 2022, data shows that suicide rates for First Nations peoples have increased significantly – highlighting an urgent need for action[21] and also indicating rising levels of mental ill health.

A higher percentage of First Nations peoples are carers than in the broader population (14% to 10.5%)[22]. In the 2024 National Carer Survey, 46.2% of First Nations carers were caring for someone with mental ill health and 82.1% were caring for a person with disability. First Nations carers reported that they felt less recognised than other carers by service providers, and their recognition by government was also low[23]. Almost half (43.1%) reported that services required for the people they care for were not available locally, and 30.4% reported that they sometimes or never felt that services were culturally safe. In addition, 67.6% of First Nations carers reported having low or very low wellbeing, 8.5% reported not having access to affordable health services, and 7.1% never had access to enough food[24].

First Nations carers have reported being turned away from emergency departments when they or those they care for have had mental ill health or suicidal ideation. Carers have also reported this resulting in their loved one committing suicide, as recently as in the last few weeks. There is a severe and dire need for not only improved processes when people are presenting to emergency departments with mental ill health or suicidal ideation, but also for increased options for earlier treatment.

In the 2024 National Carer Survey, First Nations carers reported that key support needs included having access to culturally safe services; having increased financial and wellbeing support; having greater recognition in the community of the value and nature of what carers do; and better, easier access to services for carers and the people they care for[25]. Survey respondents also reported that things which were important to them included: yarning and learning from Elders; sustaining and sharing culture; the preservation of language, values and traditional knowledge and practices[26]. It is recommended that governments work with community, across all language groups, to identify and deliver differing key support needs and to address the underlying influences of mental ill health and suicidal ideation.

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[21] (University of Western Australia, 2024)
[22] (Carers Australia, 2024)
[23] (Carers NSW, 2024)
[24] (Carers NSW, 2024)
[25] (Carers NSW, 2024)
[26] (Carers NSW, 2024)

Carers WA recommends:

5. **That processes be significantly improved for when people, including First Nations people, present to emergency departments with mental ill health or suicidal ideation.**
6. **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.**
7. **Mandatory education around increased awareness of carers and the diversity of carers be established for government, health, mental health and other relevant professionals.**
8. **Government and organisations funded by government be required to have culturally safe services. i.e. this being having 'all staff having the cultural competency to support First Nations carers in a way that recognizes their history and needs, while promoting their dignity and self-determination'[27].**
9. **Governments work with First Nations communities, across all language groups, to identify and deliver differing key support needs and to address the underlying influences of mental ill health and suicidal ideation.**

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[27] (Carers NSW, 2024)

4.0 Conclusion

Should any further information be required regarding the comments included within this submission, or assistance from the perspective of WA carers, Carers WA would be delighted to assist. Please contact the Carers WA Policy Team at policy@carerswa.asn.au.

References

Australian Bureau of Statistics. (2024). Survey of Disability, Ageing and Carers, Australia: Summary of Findings. ACT, Australia. Retrieved from https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release

Carers Australia. (2021). *Identifying and supporting young carers.* Canberra: Carers Australia.

Carers Australia. (2024). *Aboriginal & Torres Strait Islander Carers*. Retrieved from carersaustralia.com.au: https://www.carersaustralia.com.au/about-carers/aboriginal-torres-strait-islander-carers/#:~:text=14%25%20of%20the%20Aboriginal%20and,language%20and%20cultural%20barriers.

Carers NSW. (2023). *2022 National Carer Survey: Full Report.* Sydney: Carers NSW. Retrieved from https://www.carersnsw.org.au/about-us/our-research/carer-survey

Carers NSW. (2024). *2024 National Carer Survey: First Nations carers.* Sydney: Carers NSW.

Carers NSW. (2024). *2024 National Carer Survey: Western Australia Highlights.*

Centre for Change Governange and NATSEM, University of Canberra. (2021). *Caring for others and yourself: The 2021 Carer Wellbeing Survey.* Canberra: Carers Australia. Retrieved from https://www.carersaustralia.com.au/wp-content/uploads/2021/10/211011_Carer-Wellbeing-Survey_Final.pdf

Commonwealth of Australia. (2010). Carer Recognition Act 2010. Canberra, ACT, Australia. Retrieved from https://www.legislation.gov.au/Details/C2010A00123

Commonwealth of Australia. (2022). *National Mental Health and Suicide Prevention Agreement.* Canberra: Commonwealth of Australia. Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-05/nmh_suicide_prevention_agreement.pdf

Deloitte Access Economics. (2020). *The value of informal care in 2020.* Deloitte Access Economics. Retrieved from https://www.carersaustralia.com.au/wp-content/uploads/2020/07/FINAL-Value-of-Informal-Care-22-May-2020_No-CIC.pdf

Edwards, B., Doery, K., Arnup, J., Chowdhury, I., Edwards, D., & Hillman, K. (2023). GENERATION Survey: Young People, Release 2 (Wave 1-2). *ADA Dataverse, 4*. doi:https://doi.org/10.26193/YMMO4L

Furnival, A., & Cullen, D. (2022). *Caring Costs Us: The economic impact on lifetime income and retirement savings of informal carers.* Canberra: Evaluate and Carers Australia. Retrieved from https://www.carersaustralia.com.au/wp-content/uploads/2022/04/Final-Economic-impact-income-and-retirement-Evaluate-Report-March-2022.pdf

Little Dreamers. (2021). *The Young Carer Advocacy Project: Recommendations Report.* Little Dreamers. Retrieved from https://drive.google.com/file/d/1EM6KSyAGXm2PdxsQbqPZgDfmCy9nhCKg/view

O'Dwyer, S. T., Janssens, A., Sansom, A., Biddle, L., Mars, B., Slater, T., . . . Hastings, R. P. (2021, July 8). Suicidality in family caregivers of people with long-term illnesses and disabilities: A scoping review. *Elsevier*.

doi:https://doi.org/10.1016/j.comppsych.2021.152261

SAGE Design & Advisory. (2023). *2022 National Carer Survey.* Unpublished.

Schirmer, J., Mylek, M., & Miranti, R. (2022). *Caring for others and yourself: 2022 Carer Wellbeing Survey.* Canberra: Carers Australia & University of Canberra. Retrieved from https://www.carersaustralia.com.au/wp-content/uploads/2022/10/2022-CWS-Full-Report_221010_FINAL.pdf

University of Western Australia. (2024, October 11). *Alarming rise in Aboriginal and Torres Strait Islander suicide rates*. Retrieved from uwa.edu.au: https://www.uwa.edu.au/news/article/2024/october/alarming-rise-in-aboriginal-and-torres-strait-islander-suicide-rates