

CarersACT

MENTAL HEALTH
carers
voice



Mental Health Carers Voice
2026-27 ACT Budget Submission

January 2026



Acknowledgement of Country

Carers ACT and Mental Health Carers Voice is located on Ngunnawal Country. We acknowledge the Traditional Custodians of the Land and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

About Mental Health Carers Voice

Mental Health Carers Voice (MHCV) is the Peak Body for mental health carers in the ACT and is part of Carers ACT. Through systemic advocacy, MHCV works to strengthen recognition, inclusion, and support for carers across the mental health sector. We actively engage with mental health carers to ensure their experiences and insights inform policy, legislation, and system design including through our MHCV Advocacy and Policy Advisory Group (APAG). This diverse group provides the guiding voice for our peak body work, ensuring that carer perspectives remain central to improving the ACT's mental health system.

More than 75,000 Canberrans are unpaid carers, contributing to a national total of 3million carers¹. Carers Australia examined the annual value of informal care and reported that it would cost \$77.9 billion a year to replace this care with formal paid services, excluding accommodation costs². In this submission, the term carer refers to any individual, of any age, who offers unpaid emotional, practical, or other forms of support within a care relationship to a person living with mental health challenges. Carers may be family members, partners, friends, or other trusted supporters, and do not need to reside with the person they support for their caring role to be recognised.

We recognise and value the lived and living experience of people with mental health challenges and of carers, whose insights, knowledge, and generosity in sharing their experiences connect our work to everyday realities and reinforce the imperative to pursue systems that are inclusive and responsive.

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Executive Summary

Mental illness affects one in five Australians each year³, with more than 75,000 people in the ACT providing unpaid care to someone experiencing mental ill health, psychosocial disability, or significant psychological distress⁴. Carers are a priority population under the ACT Wellbeing Framework⁵, and their wellbeing is directly tied to system performance, service quality, and consumer outcomes.

Evidence from MHCV's 2022 *Filling the Cup Back Up* report⁶ and the forthcoming 2025 MHCV Carer Survey⁷ demonstrates persistent and systemic challenges for mental health carers, contributing to reduced wellbeing, social isolation, financial strain, and adverse impacts on employment and education. When carers are inadequately supported, these pressures intensify, with flow-on impacts and costs for families, crisis services, and the broader mental health system.

Summary of recommended budget commitments

The MHCV 2026-2027 Budget Submission articulates three priorities for immediate investment.

The recommendations in this submission are strongly aligned with ACT Labor's platform⁸, the ACT Wellbeing Framework⁹, the ACT Carers Strategy¹⁰, and the MHCV Strategic Plan¹¹.

Recommendations

1. Resource a comprehensive review of the ACT *Mental Health Act (2015)*

Allocate dedicated funding and capability to undertake and complete a comprehensive review of the *Mental Health Act 2015* to ensure it reflects contemporary practice. To enable delivery, the ACT Government should:

- Fund dedicated positions within the Office of the Chief Psychiatrist, including a Legal Officer and Project Manager, to lead and coordinate the review.
- Establish and resource an advisory group to inform the review and implementation, inclusive of people with a lived and living experience.
- Convene a collaborative advisory and oversight mechanism involving government, health services, NGOs, community organisations, Aboriginal and Torres Strait Islander representatives, carers, and people with lived and living experience, drawing on existing working groups where appropriate to accelerate progress and minimise duplication.

2. Invest in flexible, fit-for-purpose models of mental health respite.

Allocate dedicated funding and capability to establish flexible mental health respite as a core, preventative component of the ACT mental health system. To enable delivery, the ACT Government should:

- Fund a co-designed planning and scoping process to develop a suite of flexible mental health respite models, including therapeutic, short-term accommodation, in-home, emergency, and culturally responsive options.
- Convene a collaborative advisory and oversight mechanism involving government, health services, NGOs, community organisations, Aboriginal and Torres Strait Islander representatives, people from a culturally and linguistically diverse background, carers, and people with lived and living experience.
- Embed mental health respite within ACT mental health system planning as a routine, preventative support linked to community, crisis, and inpatient pathways, to improve carer wellbeing, reduce crisis escalation, and relieve pressure on acute services.

3. Expand and strengthen the mental health carer peer workforce

Allocate dedicated funding and capability to establish a sustainable Carer Peer Workforce across public mental health services. To enable delivery, the ACT Government should:

- Fund dedicated Carer Peer Worker roles within MHJHADS and across the public mental health system to embed lived experience expertise in routine care.
- Resource the workforce to support carers with system navigation, discharge planning, psychoeducation, early risk identification, carer wellbeing, and sustained recovery at home.
- Ensure workforce sustainability through appropriate lived experience leadership, supervision and support models, governance arrangements, and organisational readiness, in line with the National Lived Experience (Peer) Workforce Development Guidelines¹².

Introduction

MHCV advocates for a system in which carers are recognised, valued, and supported in accordance with the *Carers Recognition Act 2021 (ACT)*¹³, the *ACT Carers Strategy 2018-2028*¹⁴, and the *MHCV Strategic Plan 2024-2027*¹⁵. Approximately 15% of the population identifying as carers of people with mental ill health, including psychosocial disability, chronic mental illness, or severe psychological distress. Despite the substantial contribution to the ACT's care economy, they are often invisible¹⁶. MHCV consistently hears from carers about ongoing challenges associated with mental health caring in the ACT, including social isolation, deteriorating personal wellbeing, and substantial impacts on employment and education^{17,18}, aligning with wellbeing domains identified in the ACT Wellbeing Framework¹⁹.

Carers are a priority population group identified in the ACT Wellbeing Framework, and their wellbeing is integral to the strength of the broader community. Mental health carers provide essential support, while also being individuals with their own support needs. They must be placed at the centre of mental health system design, with their recognition, inclusion, and support forming a core requirement for a resilient, sustainable, and effective mental health system²⁰.

1. Resource a comprehensive review of the ACT Mental Health Act (2015)

Recommendation

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- Establish and resource an advisory group to inform the review and implementation, inclusive of people with a lived and living experience.
- Convene a collaborative advisory and oversight mechanism involving government, health services, NGOs, community organisations, Aboriginal and Torres Strait Islander representatives, carers, and people with lived and living experience, drawing on existing working groups where appropriate to accelerate progress and minimise duplication.

Problem Statement

The ACT *Mental Health Act 2015*²¹ ('The Act') no longer reflects contemporary expectations of carer inclusion, cultural safety, or trauma-informed care. Its misalignment with the *Carers Recognition Act 2021 (ACT)*²² creates structural barriers

that limit consistent carer involvement and leave carers absorbing system failures without adequate guidance or protection. This misalignment has practical consequences at key points of risk, including assessment, discharge, and crisis escalation. Addressing these gaps requires a comprehensive legislative review to modernise definitions, strengthen carer inclusion, and meet existing government commitments. Although a full legislative review may take several years, the current budget cycle offers a critical window to initiate reform and deliver early amendments that improve safety, equity, and carer inclusion.

Key Gaps Requiring Reform

i) Carers remain structurally excluded from assessment, treatment planning, and decision-making.

Nearly half of mental health carers report not being included in assessments, meaning critical information is routinely overlooked, contributing to risks being missed and interventions delayed²³. The Act does not clearly articulate carer roles, rights, or consent pathways, resulting in inconsistent involvement of carers in assessment, treatment planning, and decision-making. The Act predates the *Carers Recognition Act 2021*, so it does not align with contemporary legislative obligations to recognise and include carers. Without explicit legislative recognition, carer engagement remains variable and informal, undermining continuity of care and effective risk management during periods of acute distress. When carers are formally acknowledged in the *Mental Health Act 2015*, their role in supporting consumer recovery is no longer treated as incidental but as an integral component of the system and are appropriately recognised as partners in care.

ii) System pressure and risk transfer

Legislative gaps exacerbate existing system pressures by shifting responsibility for risk management from services to carers. When people are discharged early or denied admission due to being “not unwell enough”, carers are left to manage deterioration, safety, and complex decision-making without clear information or support^{24,25}. Current data shows that only half of mental health related ED presentations in the ACT are seen on time, and mental health patients experience substantially longer wait times than other ED cohorts²⁶. These delays are driven by systemic capacity issues, including reduced availability of specialist mental health beds and limited operating hours of inpatient teams. This informal transfer of risk increases stress on carers and heightens the likelihood of crisis escalation and avoidable harm²⁷.

“I am concerned that services (e.g., PACER, new model Adolescent Unit) focus on no admission or shorter stays which may be OK in some cases but is it also camouflaging the need for cost savings, reducing need for beds in which case the burden is put squarely back on the carer to provide higher level acute care to the person they care

for...at considerable emotional and financial cost to the family. Is this also why a significant number of carers report not feeling safe?” – Carer 2022²⁸

iii) The Act’s definition of mental illness is too narrow to support early intervention, holistic care, or accurate risk assessment.

The current definition of mental illness focuses on immediate presenting clinical symptoms and does not adequately account for functional impairment, psychosocial complexity, or co-occurring conditions such as intellectual disability, physical disability, or alcohol and other drug use, despite their strong association with crisis escalation and complexity in clinical decision-making. This limits early intervention and contributes to inconsistent responses to complex or repeat presentations. As a result, people with emerging or dual-diagnosis needs can be excluded from timely care, leaving carers to manage risk and deterioration following discharge. Broadening the definition would support more consistent assessment, earlier intervention, and safer care transitions.

iv) The Act does not recognise Aboriginal and Torres Strait Islander social and emotional wellbeing.

The Act is the only Mental Health Act in Australia and New Zealand that does not explicitly recognise Aboriginal and Torres Strait Islander peoples²⁹. While the Principles reference culturally responsive care, the Act does not embed Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, including kinship, community, and the ongoing impacts of colonisation. The absence of a social and emotional wellbeing framework establishes and perpetuates a narrow biomedical approach that overlooks the relational, cultural, and social contexts in which caring occurs, limiting carer inclusion in assessment, treatment planning, and decision-making. This exclusion increases emotional strain, advocacy burden, and disengagement from services, and contributes to culturally unsafe care, reduced trust, and poorer access to support. Embedding social and emotional wellbeing within the Act would strengthen recognition of carers as partners in care, support culturally safe and family-inclusive practice, and improve outcomes for carers, consumers, and the mental health system.

v) Recent Government commitments require legislative reform, but progress has stalled.

A comprehensive review of the Act is required to deliver on existing government commitments. In 2023–24, the ACT Government accepted or agreed in principle to multiple recommendations arising from the mental health system review, including the need to review components of the Mental Health Act. However, more than a year has passed with limited progress. For example, critical sections of the Act relating to the management of detainees within the Alexander Maconochie Centre (AMC) who

have diagnosed mental illness, and matters relating to the ongoing management of Forensic Mental Health Consumers remain unresolved.

Strategic Alignment

ACT Labor Platform 2025-26³⁰

Chapter 14 Health - Mental Health

- 101. Undertake a review of the impact of current arrangements on: a. Families caring for persons with mental illness; b. Police and emergency services and the needs of these services in adequately managing persons in the community with mental illness.
- 104. Examine Mental Health legislation, ensuring civil rights are protected to enable the delivery of appropriate care and treatment.
- 105. Examine Mental Health legislation and the cost involved to review Mental Health legislation in each State and Territory and the inconvenience and cost for consumers moving from one jurisdiction to another. Future governments both State and Federal should be considering a Model National Mental Health Act that will be pursued within the framework of COAG.

ACT Wellbeing Framework³¹

Domains

- 3.2.7 Governance and Institutions
 - Indicators: Trust in government, Trust in other institutions, Access to Justice and restorative practice, Human rights
- 3.2.8 Health
 - Indicators: Mental Health, Access to health services
- 3.2.12 Safety
 - Indicator: Emergency services

MHCV Strategic Plan 2024-27³²

Strategic Priorities:

- Strategic Priority 1 - Enhancing recognition and support for mental health carers

ACT Carers Strategy³³

Outcomes:

- Improving community awareness of the value and contribution of carers
- Recognising carers' skills and knowledge
- Increased awareness and skills within government agencies
- Carers need to be recognised in their own right as carers and not just as 'a significant other'.

Priorities:

- Recognition
- Ongoing carer engagement

2. Invest in flexible, fit-for-purpose models of mental health respite.

Recommendation

Allocate dedicated funding and capability to establish flexible mental health respite as a core, preventative component of the ACT mental health system. To enable delivery, the ACT Government should:

- Fund a co-designed planning and scoping process to develop a suite of flexible mental health respite models, including therapeutic, short-term accommodation, in-home, emergency, and culturally responsive options.
- Convene a collaborative advisory and oversight mechanism involving government, health services, NGOs, community organisations, Aboriginal and Torres Strait Islander representatives, people from a culturally and linguistically diverse background, carers, and people with lived and living experience.
- Embed mental health respite within ACT mental health system planning as a routine, preventative support linked to community, crisis, and inpatient pathways, to improve carer wellbeing, reduce crisis escalation, and relieve pressure on acute services.

Problem Statement

Mental health carers support people whose needs fluctuate rapidly and are often accompanied by distress, risk, and complex psychosocial pressures. Data shows that mental health carers experience disproportionately high levels of psychosocial distress, isolation, fatigue, and declining wellbeing³⁴. Despite this, the ACT currently lacks dedicated, fit-for-purpose mental health respite options, leaving carers without support as responsibilities intensify. Respite refers to planned or emergency relief that enables carers to take a break from their caring responsibilities. It supports carer wellbeing by providing time to rest, manage personal needs, attend appointments, or recover from the cumulative strain of the caring role.

Key Gaps Requiring Reform

In a mental health context, respite can differ from models used in other sectors and often involves a planned break or “getaway” for the carer, without the provision of direct care to the person being supported during the carer’s absence. Carers have consistently called for flexible respite options, including short-term, emergency, and therapeutic respite, in-home respite, day programs, wellbeing retreats, and models that combine restorative time with psychosocial education. Respite is one of the most

effective supports for sustaining carers and strengthening family and relationship wellbeing. It can prevent hospitalisation and unnecessary inpatient stays, reduce the need for intensive services, and significantly reduces caregiver stress and depression³⁵. These benefits support not only the carer but also consumers, families, and the broader mental health system.

“A place where I could go that would be for me, where I could just get some rest, get some help and maybe even talk to some people who understand? Well, that might just be lifechanging.” – Carer 2024³⁶

Respite must therefore be recognised as a core component of a sustainable and compassionate mental health system, one that prioritises prevention, supports recovery, and acknowledges that carer wellbeing is inseparable from consumer wellbeing.

Strategic Alignment

<p>ACT Labor Platform 2025-26³⁷ Chapter 14 Health - Mental Health</p> <ul style="list-style-type: none"> • 85. Focus on health promotion and protection recognising the benefits of such strategies not only to individuals but also to the community as a whole. • 86. Give priority to health protection and promotion that focuses on both individuals and the community. Encourage the public and private sectors to participate in these programs. • 113. Consistent with the unanimous report of the Senate Select Committee on mental health the budget should, reflect a percentage of the total health budget equivalent to twelve percent (12%). It is understood that investment should be targeted at early intervention to deliver savings in the longer term • 137. Provide support services which focus on treatment, early intervention and peer support mechanisms for people at risk of suicide
<p>ACT Wellbeing Framework³⁸ Domains</p> <ul style="list-style-type: none"> • 3.2.8 Health <ul style="list-style-type: none"> ○ Indicators: Mental Health, Access to health services
<p>MHCV Strategic Plan 2024-27³⁹ Strategic Priorities:</p> <ul style="list-style-type: none"> • Strategic Priority 2 – Improving the quantity and quality of carers’ personal time
<p>ACT Carers Strategy⁴⁰ Outcomes:</p> <ul style="list-style-type: none"> • Carers need to be recognised in their own right as carers and not just as ‘a significant other’.

- *Enabling carers to take better care of themselves through the provision of more support services, including physical and mental health*
- *Wider supports*

Priorities:

- *Enhanced support services*
- *All carers' needs are treated equitably*

MHCC budget submission 2026-27

- *Lived Experience-led Mental Health Respite Care*

3. Expand and strengthen the mental health carer peer workforce

Recommendation

Allocate dedicated funding and capability to establish a sustainable Carer Peer Workforce across public mental health services. To enable delivery, the ACT Government should:

- Fund dedicated Carer Peer Worker roles within MHJHADS and across the public mental health system to embed lived experience expertise in routine care.
- Resource the workforce to support carers with system navigation, discharge planning, psychoeducation, early risk identification, carer wellbeing, and sustained recovery at home.
- Ensure workforce sustainability through appropriate lived experience leadership, supervision and support models, governance arrangements, and organisational readiness, in line with the National Lived Experience (Peer) Workforce Development Guidelines⁴¹.

Problem Statement

A dedicated carer peer workforce is essential to operationalising carer-inclusive practice across the ACT mental health system. Carer Peer Workers provide relational, practical, and system-navigation support that complements clinical care and responds directly to gaps identified throughout this submission. Despite policy commitments to peer work, the ACT does not currently have a dedicated carer peer workforce. This represents an unfulfilled commitment to lived experience-led practice and a missed opportunity to strengthen system safety and continuity of care. This budget cycle provides a critical opportunity to commence implementation of a carer peer workforce.

Key Gaps Requiring Reform

i) Carer Peer Workers provide essential forms of support not available within clinical models

Carer Peer Workers draw directly on their lived experience to recognise signals that are often overlooked in consumer-focused clinical environments such as the early signs of carer fatigue, breakdown in support networks, and escalating distress. Their ability to offer tailored psychoeducation, system navigation, emotional support, and practical problem-solving enables carers to identify risks earlier, make informed decisions, and sustain the caring role with greater confidence and capability⁴². Carers consistently report feeling left out of discharge planning, despite being central to monitoring risk, implementing care plans, and supporting recovery at home⁴³. A dedicated carer peer presence would ensure carers receive consistent, accessible information, support around shared and supported decision-making, and practical guidance on managing post-discharge responsibilities. This leads to safer transitions, improved adherence to care plans, reduced crisis escalation, and lower likelihood of readmission.

Carer Peer Workers bring the knowledge, relational expertise, and trust-building capacity required to operationalise carer-inclusive practice in day-to-day service delivery. They enhance clinical teams, improve communication with carers, and ensure carers are proactively supported rather than engaged only in times of crisis. Without a dedicated carer peer workforce, the system cannot fully deliver on contemporary service expectations, national guidelines, or its own legislative responsibilities.

ii) Current gaps reflect an unfulfilled policy commitment to peer-led practice

The current absence of a dedicated carer peer role because of CHS budget constraints represents a missed opportunity to deliver on the ACT Government's stated commitment to developing a broader peer workforce. While the commitment to peer work has been affirmed in principle, its implementation has not yet extended to carers, leaving a critical gap in carer-inclusive practice across the system. Funding a Carer Peer Workforce would close this gap, support legislative obligations under the *Carers Recognition Act 2021*⁴⁴, and strengthen the capacity of the mental health system to recognise, include, and support the people who play the most sustained role in consumer care.

Strategic Alignment

ACT Labor Platform⁴⁵

- 128. Increase the number of peer workers within the mental health system at all levels, recognising the key role they play in supporting short, medium and long-term management and recovery.

<ul style="list-style-type: none"> • 132. Ensure culturally appropriate mental health services are provided for specific marginalised populations (people that identify as lesbian, gay, bisexual, gender-diverse and intersex, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse communities, young people and incarcerated detainees).
<p>ACT Wellbeing Framework⁴⁶</p> <ul style="list-style-type: none"> • 3.2.8 Health <ul style="list-style-type: none"> ○ Indicators: Mental Health, Access to health services
<p>MHCV Strategic Priorities⁴⁷</p> <p>Strategic Priorities:</p> <ul style="list-style-type: none"> • Strategic Priority 1 - Enhancing recognition and support for mental health carers • Strategic Priority 3 - Equipping mental health carers with capability and confidence.
<p>ACT Carers Strategy⁴⁸</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Carers need to be recognised in their own right as carers and not just as ‘a significant other’. • Enabling carers to take better care of themselves through the provision of more support services, including physical and mental health <p>Priorities:</p> <ul style="list-style-type: none"> • Recognition • Education • Information access • Ongoing carer engagement • Enhanced support services • All carers’ needs are treated equitably
<p>MHCC budget submission 2026-27</p> <ul style="list-style-type: none"> • Lived Experience-led Mental Health Respite Care

Conclusion

Carers are a vital partner in health care, providing essential knowledge, continuity and support. However, they remain systematically under-recognised and insufficiently supported within clinical practice, policy, and legislative frameworks, with limited access to the respite and peer-led supports required to sustain the caring role. Carers have a right to be consulted, included and supported in situations that may impact their lives and relationships, including those involving the person they support⁴⁹.

“We deserve more. We deserve respect. We deserve a life of our own and are fed up of hearing that we aren't valuable to the country and we don't have funding to access.”
– Carer 2025⁵⁰

Addressing these gaps through legislative reform, investment in flexible mental health respite, and the establishment of a dedicated carer peer workforce will strengthen prevention, improve safety at points of transition, and reduce pressure on crisis-driven services. MHCV looks forward to working collaboratively with the ACT Government to support reforms that ensure carers are fully included, recognised, and supported in the ACT's mental health system.

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