MENTAL HEALTH carers voice

Not Yet Realised

ACT Mental Health Carers 2025 Survey Report

June 2026



Acknowledgement of Country

Carers ACT and Mental Health Carers Voice operate on Ngunnawal Country. We acknowledge the traditional custodians of these lands and recognise any other people or families with connection to them. We acknowledge and respect their continuing culture and the contribution they make to the life of the cities and regions in which we work and care. We pay particular respect to the Aboriginal and Torres Strait Islander mental health carers who participated in this survey and acknowledge the leadership, wisdom and care they bring to their families, kin, communities and the broader ACT Region.

About Mental Health Carers Voice

Mental Health Carers Voice (MHCV) is the Peak Body for mental health carers in the ACT, operating within Carers ACT. Through systemic advocacy, MHCV works to strengthen recognition, inclusion, and support for mental health carers across the mental health system. This work is informed by ongoing engagement with mental health carers and guided by the lived experience Advocacy and Policy Advisory Group (APAG).

Unpaid caring is a significant yet often invisible part of life in the ACT. More than 58,000 Canberrans are unpaid carers, contributing to a national total of 3 million carers and an estimated $77.9 billion in unpaid care.[i,ii] With rising inflation, the economic costs of caring in 2026 could increase to approximately $95.7 billion.[iii] Despite this, caring often comes at substantial personal cost, with many mental health carers experiencing emotional strain, increased risk to their own wellbeing, financial pressure, and challenges maintaining work, study, and social connection. [iv] Over time, caring can reshape personal identity and relationships, as responsibility, vigilance, and risk management become central to everyday life.[v]

MHCV recognises that people who support someone with mental health challenges describe their role in different ways, shaped by their relationships, cultural context, and lived experience. While some use the term "mental health carer," others identify as family members, partners, friends, supporters, kin, or loved ones. All are everyday people of any age providing sustained emotional, practical, and financial support to their family member, partner, friend, or loved one living with mental health challenges. This care is often provided to ensure connection, safety, and dignity when systems and services are fragmented, difficult to access, or inconsistent in their responses. For clarity and consistency with the *Carers Recognition Act 2021 (ACT)*, this report uses the term "mental health carer" to refer to this broader group.

We recognise and value the lived and living experience of people with mental health challenges and of those who care for them. We sincerely thank the mental health carers who participated in this survey for their time, honesty, and trust, and have sought to represent their experiences accurately and respectfully. We also thank the Advocacy and Policy Advisory Group (APAG) for their guidance, advice, and thoughtful feedback in shaping this work.

We acknowledge that some content may be distressing and encourage readers to seek support if needed; some helpful services are listed at the end of this report.

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Key Takeaways

This report describes the experiences of 166 mental health carers in the ACT in 2025 and identifies a clear gap between what policy and legislation say should happen and what mental health carers experience. Recent reforms, like the Carers Recognition Act 2021 (ACT), improved National Safety Quality Health Service Standards (2021), and Australia's Fifth National Mental Health and Suicide Prevention Plan, have strengthened expectations for recognising and including carers. Together, these frameworks position families and carers as central to supporting people to live well in the community and reducing reliance on acute services, with consistent emphasis on inclusion, communication, and balancing the rights of carers and consumers. [vi,vii,viii]

However, these expectations are not yet consistently realised across mental health services in the ACT. This reflects a well-established pattern where mental health carers are often excluded from care processes and insufficiently supported. The impacts extend beyond individual wellbeing. Ongoing strain affects carers' capacity to work, increases their use of health and social supports, and contributes to broader system pressure.[ix]

These findings are consistent with national data from the 2025 Carer Wellbeing Survey, which reports high levels of distress, isolation, and financial pressure among all carers.[x] Together, this evidence indicates that the challenges identified in the ACT reflect broader systemic issues with measurable impacts on carer wellbeing.

Who we heard from

This report reflects the experiences of 166 mental health carers in the ACT region. While not representative of all mental health carers in the ACT, it provides important insight into patterns that are consistent with MHCV's broader engagement. It helps build a clearer picture of where the system is working well and where gaps remain, particularly over time.

This survey highlights that mental health caring is often long-term. On average, mental health carers have been caring for seven years with 35% caring for more than 10 years. Most identified as female and are highly educated, living across the Canberra region, supporting children, partners, or parents with a range of mental health challenges, most commonly anxiety, mood disorders, and trauma-related conditions.

Mental health carers often navigate multiple systems simultaneously, including mental health services, education, housing, income support, legal systems, and the NDIS. This reflects the complexity of caring roles and the fragmented nature of service pathways.

What we heard

“I was dismissed, my concerns were minimised and I wasn’t heard or believed.”

“They didn’t understand why I was there as a facilitator and saw me as interference.”

"There's no moment where they don't need support and it changes how you go about your whole life."

"It is exhausting, i struggle day to day. It gets harder not easier."

Mental health carers play a critical role in safety and continuity of care, but their experiences of recognition, inclusion, and support remain inconsistent. While some report positive experiences, many describe being excluded, experiencing poor communication, and feeling that their wellbeing is not considered. **This inconsistency creates a risk for mental health carers**, the people they support, and the ongoing functioning of the mental health system. For many mental health carers, the inconsistency itself can also be traumatising. Key findings included:

- Mental health carers’ experiences suggests that there is an **implementation gap rather than a policy gap**. While the *Carers Recognition Act 2021 (ACT)* has strengthened expectations, these are not yet consistently reflected in practice.
- Understanding of mental health carers remains low across community and professional settings
    - This creates barriers before and during service engagement. Inclusion depends not only on policy but on workforce capability and broader awareness.
- Inclusion as a partner in care is not yet embedded as standard practice.
    - **Some mental health carers reported never being included, while others experienced occasional recognition and inclusion**. Most often these are reported as occurring at admission and discharge, which are critical points for safety and continuity.[xi]
- Exclusion of mental health carers is driven primarily by service practices rather than mental health carers choosing to not be involved.
    - Uncertainty and inconsistent understanding of privacy, confidentiality, and information-sharing requirements among mental health professionals often limits what is shared with mental health carers.
    - While mental health carers are often left out of assessment, planning, and treatment decision-making process, the responsibility for monitoring safety and treatment compliance is frequently shifted onto them rather than shared through genuine partnership, often without the information or support they need.
- Mental health carer’s wellbeing is rarely included in assessment and care planning.[xii]
    - Limited encouragement to seek support or that support is required, combined with high emotional and physical strain, reinforces a model in which **mental health carers are treated as a resource used to sustain care, rather than as people whose own wellbeing is critical to continue in their caring role**. [xiii]
- Emotional overload which includes feeling overwhelmed, burnout, and secondary trauma—is the main reason mental health carers seek support.
    - This is driven by system frustration, limited control over caring roles, and sustained pressure.
- Respect, autonomy, and control over caring roles are inconsistent.

- Limited choice about when and how care is provided contributes to burnout, hypervigilance, and feelings of being trapped, particularly among the mid-life mental health carers who may be balancing multiple responsibilities.

- Safety concerns are common, with nearly **two in five mental health carers reporting feeling unsafe over the last 18 months**.
  - Managing risk is often part of caring, particularly in long-term or high-intensity roles. Mental health carers with **six or more years of caring experience are twice as likely to feel unsafe**, suggesting strain increases over time rather than reducing. Higher risk is especially present among mid-life mental health carers and those supporting children.

- When mental health carers describe services as unhelpful, their concerns usually relate to **relational failures, structural barriers, and gaps in expertise**.
  - Workforce capability, system design, and resourcing combine to increase pressure for mental health carers who are already managing significant responsibilities.

- Mental health carers often report that non-clinical systems (such as Centrelink, the NDIS, education, housing, and legal services) are not very helpful, although experiences did vary. This reflects gaps in how easy these systems are to access, how well they work together, and how responsive they are, showing that they are not well connected to mental health services and often don't provide meaningful support beyond clinical care.

What works, when it works?

"They listened to my concerns as a carer."

"She kept in regular touch, guiding my actions."

"I can see where my presence and action have made a difference."

"Helping my person live the life they want and deserve."

Despite significant barriers and risks, mental health carers are clear about what supports effective care. Key findings included:

- Many mental health carers find meaning in their caring role through **love, responsibility, and a sense of purpose**.
  - However, a significant minority report no positive aspects of caring, indicating that this sense of meaning is not always guaranteed. It is dependent on recognition, support, and manageable levels of strain.

- **Emotional and relational support matters as much as clinical expertise.**
  - Mental health carers valued services that combine competence with compassion and professionals who can provide clear, actionable guidance while recognising and supporting the emotional load of caring. Feeling listened to and respected strongly shapes whether a mental health carer viewed a service as helpful.

- Mental health carers value services that combine professional skill with relational safety.
  - This includes clear information, empathy, trust, and consistency.

- Primary care and private psychological services were often experienced as more helpful because they were seen as more knowledgeable, consistent, and better able to coordinate fragmented systems.

- The combination of strong commitment and high burnout shows that **mental health carers' capacity is not unlimited**.
  - Systems that recognise 'emotional labour' and reduce pressure help sustain caring roles, and those that do not contribute to burnout, higher rates of depression and anxiety, and a decreased quality of life.[xiv]

Overall conclusions

Good practice does exist within the ACT mental health system, but it is inconsistent and unpredictable. Recognition, inclusion, and support often depend on where and when mental health carers engage, and who they encounter, rather than being consistent practice. **For many mental health carers, unpredictability is a defining feature of their experience of the ACT mental health system.** The priorities identified nearly a decade ago remain unchanged — mental health carers continue to seek recognition, inclusion, clear information, safety, and support. [xv]

As system pressures have increased and legislative expectations on services strengthen, the gap between policy intent and everyday practice has become more visible and more consequential. These gaps are linked to measurable impacts on mental health carer wellbeing, including psychological distress, social isolation, and financial strain. [xvi] Although mental health carers are central to safety and continuity of care, they are often relied upon without consistent recognition or support.[xvii] This creates avoidable risk for mental health carers, the people they support, and the system. Mental health carers are clear about what works: skilled guidance, clear information, effective communication, coordination during crises, and care grounded in empathy, trust, and consistency.

MHCV invites government, services, ACT mental health peaks, and community partners to partner with us and with mental health carers to strengthen what already works and improve accountability for existing commitments. **This is not a call for new policy**, but for shared responsibility to turn existing commitments into consistent, predictable everyday practices that meet the needs and expectations of mental health carers.

Focus Areas

These focuses support the MHCV 2024–2027 Strategic Plan by moving from advocacy to accountability and embedding commitments into predictable system practice. The aim is to support a mental health system that reliably delivers safe, fair, inclusive, and sustainable care informed by mental health carers' experiences.

1. **Making carer inclusion more consistent across all phases of care**
2. **Recognise mental health carer safety and wellbeing as a core system responsibility**
3. **Strengthening and supporting workforce capability to maintain consistent and inclusive practice**

About the MHCV Survey

This report presents findings from the third MHCV survey, building on past surveys conducted in 2021 and 2022. Together, these surveys provide a six-year view of mental health carers' experiences in the ACT. This allows for comparison over time and helps identify ongoing patterns, emerging risks, and areas where policy and reforms are not yet implemented into everyday practice.

The 2025 survey was designed, delivered, and analysed in partnership with Winton Research & Insights Pty Ltd, an Australian research firm specialising in social research and evaluation. This partnership supported a robust approach that was consistent with earlier surveys, while capturing current carer experiences.

Methodology

The survey was delivered online and included 31 questions. It used a descriptive approach that combined multiple-choice and open-ended responses. Many questions were adapted from earlier surveys to support comparison over time and so we could see if there were any changes following the introduction of the *Carers Recognition Act 2021 (ACT).*

A total of 166 participants were recruited through a combination of a research panel and an open survey.



Data Analysis

Similar to the 2021 survey, the survey design and sample size did not support inferential statistical analysis, meaning that the findings describe the experiences of those who responded to the survey rather than necessarily representing all mental health carers in the ACT. Data analysis included:

- **Quantitative analysis of closed-ended questions**, to identify patterns using counts and percentages
- **Thematic analysis of open-ended responses** to identify common themes and provide deeper insights of the diversity of mental health carers' experiences.

Together, these approaches provide both a broad overview and detailed insight into how mental health carers experience the ACT mental health system.

Demographics

Age

Participants represented all adult age groups, with an average age of 47 years.

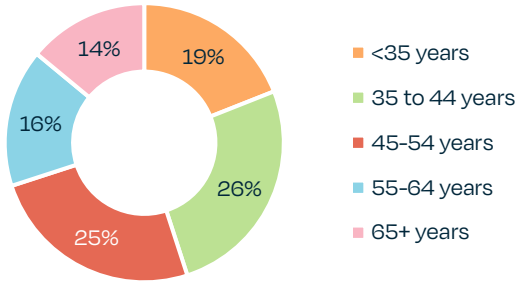


Figure 1 Age of Survey Participants

Gender

Most participants identified as women (72%), consistent with national data on carer demographics [xviii]

Geographic region of survey participants

Participants were drawn from across Canberra, with all major districts represented.

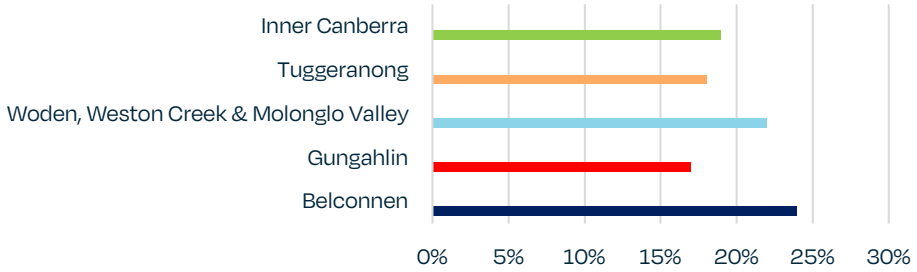


Figure 2 Geographic regions of survey responders

Education

The sample was highly educated, with 64% reporting tertiary qualifications.

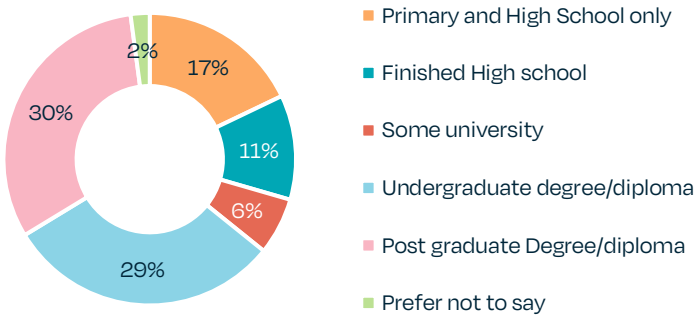


Figure 3 % education profile of survey responders

Identify as LGBTQIA+

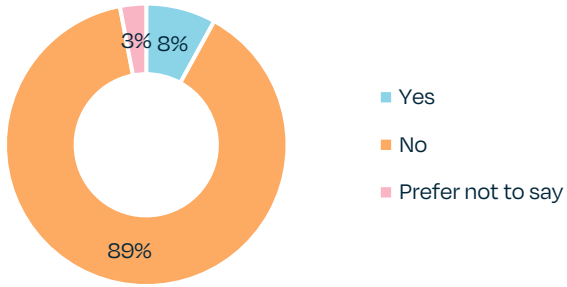


Figure 4 % Survey participants identifying as LGBTQIA+

Aboriginal and Torres Strait Islander

A small but important proportion identified as Aboriginal and/or Torres Strait Islander, similar to the 4.7% identified inconsistent with national mental health carer survey results. [xix]

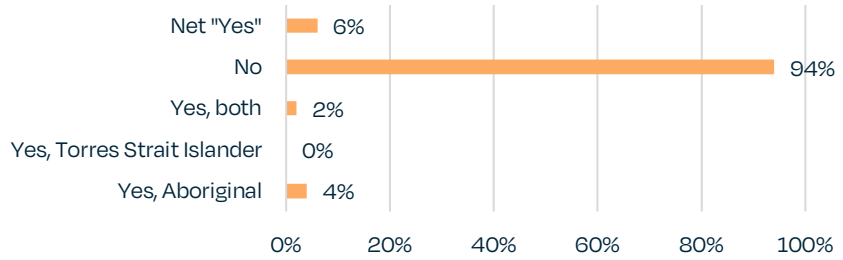


Figure 5 % Survey Participants Identifying as Aboriginal and Torres Strait Islander

Cultural and Linguistically Diverse Background (CALD)

Thirteen per cent of participants identified as having a CALD background. This group may have distinct experiences related to language access, cultural expectations of care, and culturally safe service responses, though this was not explicitly explored in this survey.

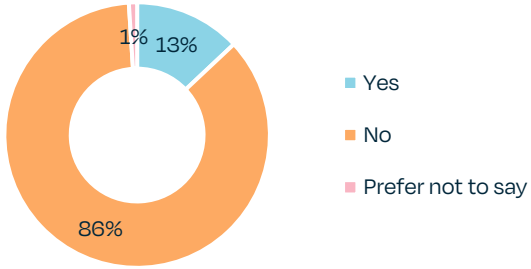


Figure 6 % Survey Participants identifying as CALD

Types of mental health challenges

Care recipients were most commonly experienced anxiety (61%) and mood disorders (52%), with trauma-related conditions also common (34%). These findings highlight the complexity and often overlapping nature of mental health challenges faced by carers.

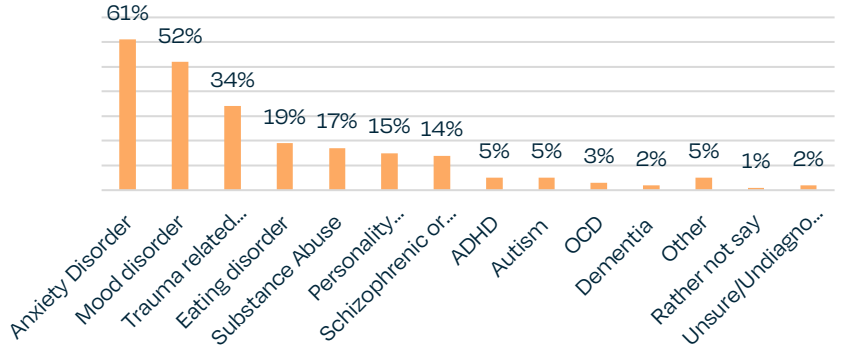


Figure 7 % of Mental Health Challenges reported. 65+ years old age group made up 13% of the dementia data.

Mental health carer capacity, relationship to care recipient and number in care

Most participants (80%) were currently providing care; 40% were sole carers, and 40% shared caring responsibilities.

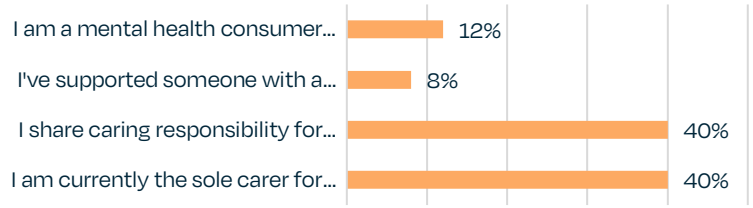


Figure 8 % Mental health carer capacity

Spousal carers were most likely to be caring alone (64%), suggesting greater day-to-day responsibility, potentially due to living arrangements. The most common caring relationship was supporting a child (44%), followed by spouse/partner (27%) and parent (14%).

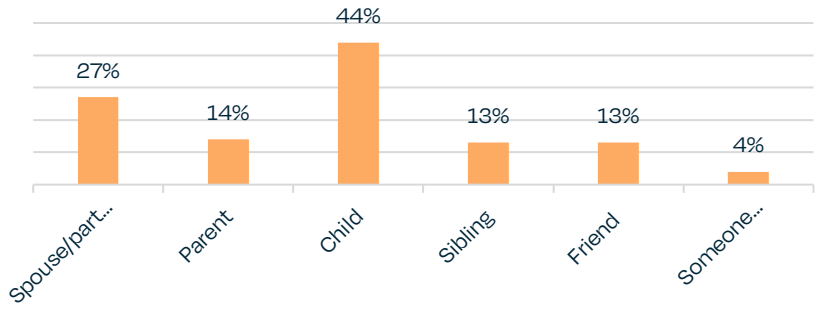


Figure 9 Caring relationship. Among those caring for a child, 53% are female, and 61% participated via the open survey

Most participants reported caring for one person. 28% supported two or more people which can intensify emotional, practical, and time demands.

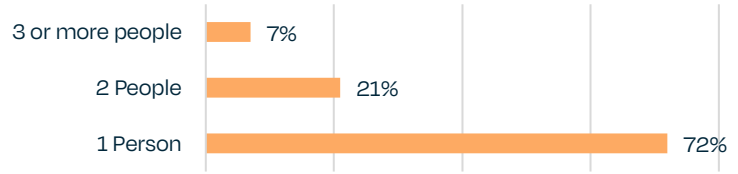


Figure 10 Number in care

Tenure of mental health carers

The average caring duration was around seven years. Over one-third (35%) had been caring for more than 10 years, highlighting the long-term nature of many caring roles and associated risks such as burnout and cumulative stress. [xx]

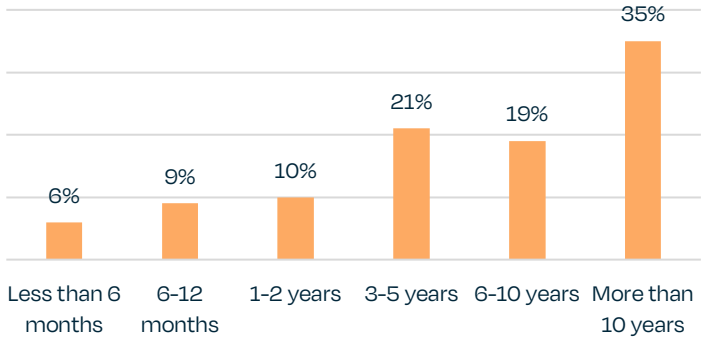


Figure 11 Length of time caring Mental health carers

What mental health carers told us and what it shows

Inclusion recognised, but not yet realised

Since the previous survey, reforms such as the *Carers Recognition Act 2021 (ACT)* and the updates to National Safety Quality Health Service Standards 2nd Edition and National Safety & Quality Mental Health Standard for Community Managed Organisations have strengthened expectations for recognising and including mental health carers.[xxi,xxii] During this time, MHCV has also worked collaboratively with government and services to inform policy and support implementation.

However, despite genuine intent from organisations, mental health carers report that recognition and inclusion are not yet consistently experienced through everyday practice. The findings point to a persistent gap between formal commitments and how services are experienced by mental health carers.

Perceived Understanding

Comparison of understanding of carers by the Canberra community

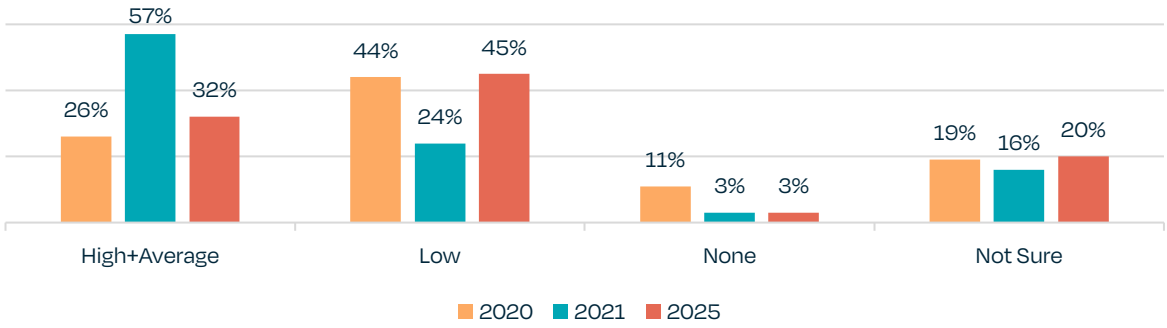


Figure 12 % perception of community understanding

Mental health carers' experiences are shaped well before they engage with services. In 2025, only 32% of carers felt the community had a good or average understanding of their role. This is similar to 2020, but much lower than 2021 (57%). At the same time, 45% said community understanding was low compared with 24% in 2021 (Figure 12).

Comparison of understanding of carers by mental health professionals

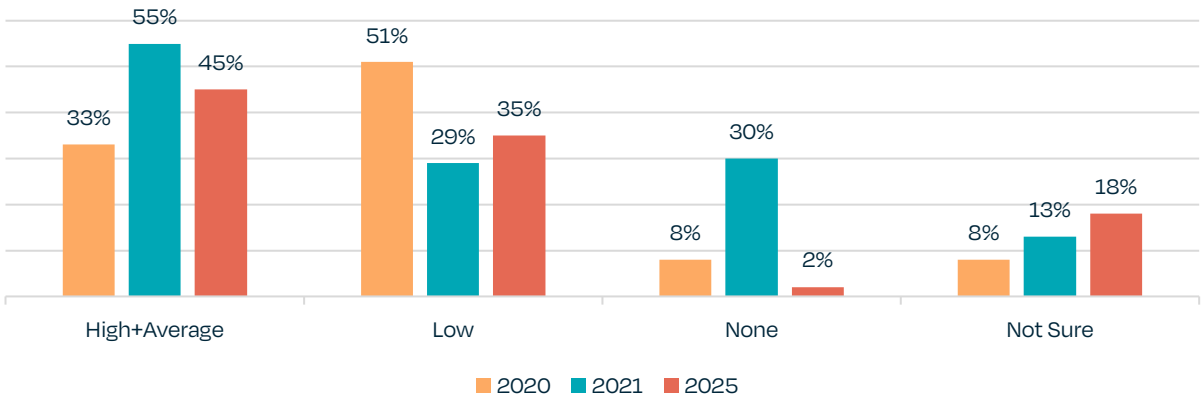


Figure 13 % perception of Mental Health Professionals understanding

This pattern is also reflected in interactions with mental health professionals. In 2025, only 11% of mental health carers felt professionals had a strong understanding of their role, down from 18% in 2021. Most reported understanding was average (34%) or low (35%), and 18% were unsure (Figure 13).

Experiences vary across groups. Women and mental health carers aged 46–64 are more likely to report low understanding, reflecting their greater involvement in long-term and high-intensity caring roles. Younger carers (18–39) report more mixed experiences, while carers aged 65 and over show a wider range of views with more responses at both the "high" and "none" ends of the scale.

Experiences vary but overall indicate that expectations for carer recognition are not yet consistently realised in practice, despite the introduction of key reforms and legislation.

How the system is being used

ACT Mental Health Services

Mental health carer reported that they most commonly interact with GPs, psychologists, psychiatrists, and counsellors (Figure 14).

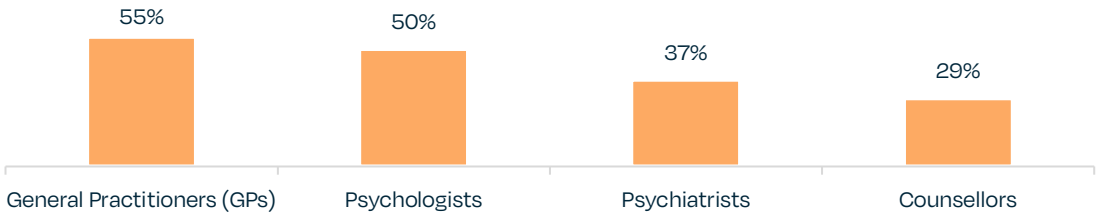


Figure 14 Mental health services most interacted with

Service use varies depending on caring context. For example, **22% of mental health carers accessed the National Disability Insurance Scheme (NDIS), but this number increased to 37% for mental health carers who are supporting a child** (Figure 15). **Police, Ambulance, and Clinician Early Response (PACER) services were more commonly accessed by mental health carers aged 40–64**. Most other services are used by fewer than 8%, suggesting that many supports may be difficult to access or not widely available (Figure 16).

Service Name	Reach (%)	Significant Differences in Reach
NDIS	22%	Child cared for: 37% ↑
Adult Mental Health Inpatient Unit (AMHU)	13%	–
PACER	13%	Age 40–64: 22% ↑; Child cared for: 23%
Other services	13%	–
Adult Community Mental Teams	11%	Child cared for: 22% ↑
Child & Adolescent Mental Health	10%	Child cared for: 22% ↑

Figure 15 Specialist and Community Services Moderate Reach (10-22%)

Service Name	Reach (%)
Medicare Mental Health Centre	8%
Hyson Green	5%
Step Up Step Down	4%
Older Persons Mental Health Unit	4%
Residential Mental Health Service	4%
Adult Mental Health Rehabilitation Unit (AMHRU)	3%
Eating Disorders Hub	2%
Safe Haven	2%
Peri-Natal Mental Health	1%
Forensic Mental Health Services	1%
Dhulwa Mental Health Unit	0%

Figure 16 Low reach services (≤8%)

Additional services

Mental health caring often involves navigating and managing several systems at the same time. In 2025, **79% of mental health carers reported interacting with at least one additional system, including Centrelink, education, housing, legal services, or the NDIS**. This rises to 92% for carers supporting a child. **Mental health carers aged 40–64 are also more likely to interact with both medical and mental health professionals**, at roughly double the rate of those aged 18-39.

These patterns indicate that many mental health carers are managing complex service pathways, particularly for those balancing caring with work and family responsibilities.

Accessing Interstate Services

While most mental health carers accessed ACT-based services (78%), **22% travelled interstate for mental health services, advice, or specialist care**, suggesting gaps in local availability. This is a decrease from 34% in 2022. Interstate use was higher among mental health carers aged 40–64 (31%), those supporting a child (34%), and open survey respondents (32%), indicating that **mental health carers with more complex or intensive roles are more likely to seek support beyond the ACT**.

When practice breaks down — Barriers to access, inclusion, and partnership in care

Barriers occur across the care journey. While some mental health carers did not seek services in the past two years, many who did reported difficulties in being included, informed, and supported. This highlights that access is not only about service availability, but whether mental health carers can participate meaningfully once contact occurs.

Exclusion of mental health carers

- "Am I 'caring enough' to be considered a mental health carer?"

One quarter of mental health carers reported being excluded from services, most often due to service practices rather than personal choice. Nearly **one in five (19%) were excluded because professionals did not facilitate their involvement, even when consent had been provided.** By contrast, only a small number stepped back because the person they supported did not want them involved (Figure 19). This suggests that exclusion is more often driven **by structural gatekeeping than by mental health carers opting out**.

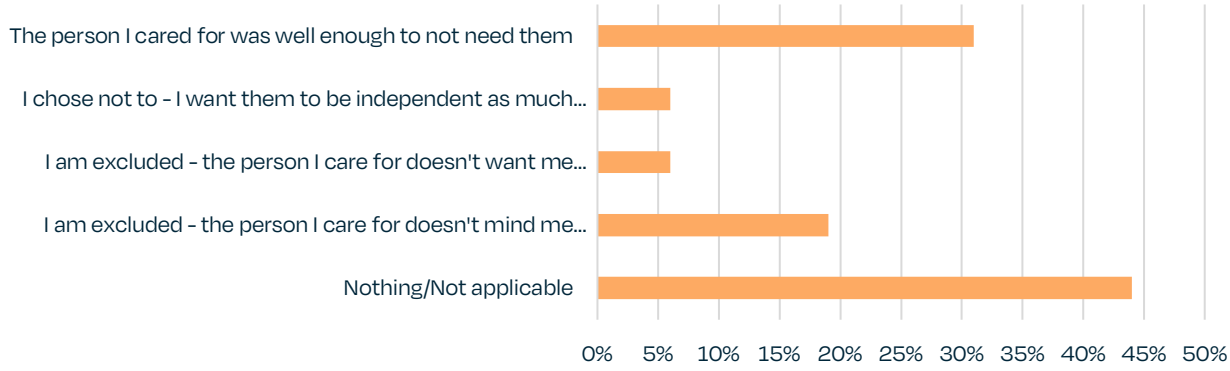


Figure 17 Percentage prevented from accessing Mental Health Services in the last 2 years

Even when engaged with services, they are not consistently included as a *partner in care* — recognised for their knowledge of the person and role in supporting safety, wellbeing, and recovery. In practice, this

includes being listened to, having relevant information shared, and being involved in decisions about care, planning, and ongoing support. **Nearly one third (29%) reported never being included as a partner in care, while more than half (59%) identified this as a current or ongoing problem and 8% reported it is worsening.**

Despite this, mental health carers remain responsible for monitoring safety, managing crises, supporting treatment adherence, and maintaining continuity of care.[xxiii] These findings show that mental health carers are often expected to help hold care together without being consistently included in the decisions that shape it.

Admission and Discharge

- "We arrived to find him on the footpath outside AMHU barefoot, confused, with no supervision."
- "I was surprised people with mental health and safety issues could discharge themselves from hospitals."
- "The health system is very broken."

Breakdowns in partnership are especially evident at transition points. **More than half of mental health carers (52%) reported not being contacted when the person they support was admitted, or that this was not applicable**. Discharge communication was weaker again, with only **18% frequently receiving adequate notice of discharge and 59% reporting never receiving adequate notice or not being involved at all**.

At the same time, many report that admission contact (60%) and discharge communication (42%) are not currently a problem. This suggests that effective practice does exist but is not implemented consistently, implying that good practice depends on individual staff, teams, or local processes, rather than being embedded across the system.

Including mental health carer wellbeing in planning

Support for mental health carers' own wellbeing remains limited. **Only 30% report being regularly encouraged to seek support**, and **22% say their wellbeing is considered in care planning. Nearly half said their needs are rarely or never considered**, and **around one in five have never been encouraged to seek support**. One third of mental health carers identify this as a current problem, and 11% say it is worsening. This suggests that mental health carers are often treated as a resource within the system, rather than as individuals with their own needs and limits.

Respect for mental health carers in services

Experiences of respect are mixed. Although most mental health carers reported at least **some level of respect from services (74%), only 39% experience this often, and 11% say this is worsening**. Similar patterns are reported in interactions with health professionals, where 69% report some respect, but only 34% experience it often, and 9% report it is getting worse. The issue is not the absence of respectful practice but its inconsistency.

Autonomy is the most limited area. Fewer than one quarter of mental health carers say they often have choice over when and how much care they provide, while more than one third never have such choice. Nearly three quarters identified this as a problem, with one fifth saying it is worsening. This lack of control of their caring role is a significant driver of emotional strain and burnout.[xxiv]

What mental health carers said about what is unhelpful about the services they engaged with

- "The Mental Health Act and privacy/consent laws need to be reconsidered to enable mental health carers to receive the information they need to provide care and support to their person without fear of uncertainty or in a vacuum of information/understanding. This is important for everyone, but there is a particular hole when supporting young people ages 16-18 within the mental health system. This system seems to operate at odds to the medical system which would not keep parents in the dark in the same cruel way."

Which of the mental health services were the most unhelpful and why?

GPs were most frequently identified as the least helpful service, likely reflecting their central role mental health care (Figure 17). Most other services were mentioned less often, with one clear exception: the NDIS. **Nearly half of mental health carers who interacted with the NDIS reported unhelpful experiences, suggesting more consistent and systemic challenges.** The broader pattern suggests that mental health carers often engage with a wide range of services during periods of high need without consistently finding those services helpful or responsive. Notably, almost one in five reported that none of the services they accessed were particularly useful, pointing to broader issues with accessibility, suitability, and responsiveness across the system.

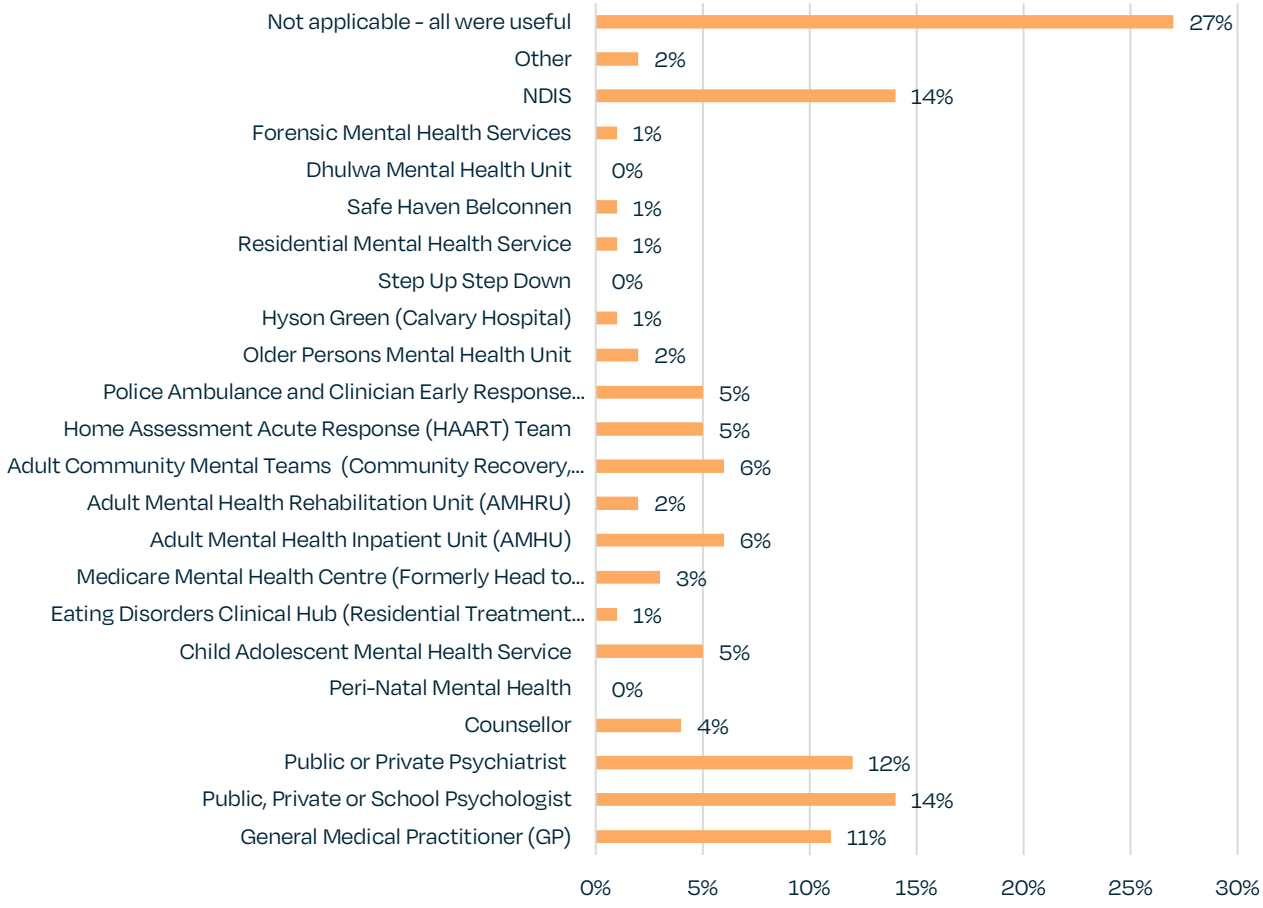


Figure 18 Least helpful service rated by Mental health carers

Mental health carers' descriptions of unhelpful services centred around four main themes, aligning with the National Safety and Quality Health Service Standards related to partnering with consumers and carers, clinical governance, and comprehensive care. [xxv] The consistency of these suggest that the issue is not a lack of standards, but inconsistent implementation in practice:

- **Relational and engagement failures (50%)**
  Mental health carers described not being listened to, dismissive or invalidating responses, low empathy, disengaged staff, and at times harmful interactions. These experiences indicate that expectations for person-centred, partnership-based care are not being consistently realised.
- **Systemic and structural barriers (44%)**
  Mental health carers reported under-resourcing, long wait times, bureaucracy, fragmented pathways, poor follow-up, and limited crisis responsiveness. These issues reflect challenges with system design, coordination, and accountability, including gaps in integrated care and communication across services.
- **Gaps in expertise and quality of care (39%)**
  Mental health carers described inadequate specialist knowledge, inconsistent advice, and poor-quality responses to complex needs. This theme highlights a system where mental health carers often feel they're receiving support from people who are not equipped to help with complex mental health.
- **Service fit and continuity issues (6%)**
  Some mental health carers highlighted poor fit, limited continuity, and breakdowns in handover and information sharing, affecting tailored and consistent care.
  Together, these findings show that unhelpful experiences are shaped not only by service availability, but by how services engage with mental health carers, respond to complexity, and maintain continuity over time. Improving mental health carer's experience will require stronger system-level accountability for implementing existing standards, rather than introducing new frameworks.

Of the additional services, which were least helpful and why?

No single additional service dominated negative experiences. Concerns were spread across systems such as Centrelink, the NDIS, and education services (Figure 18), although more than one third of carers said that none of the additional services they used were unhelpful, which suggests experiences vary considerably across this part of the system.

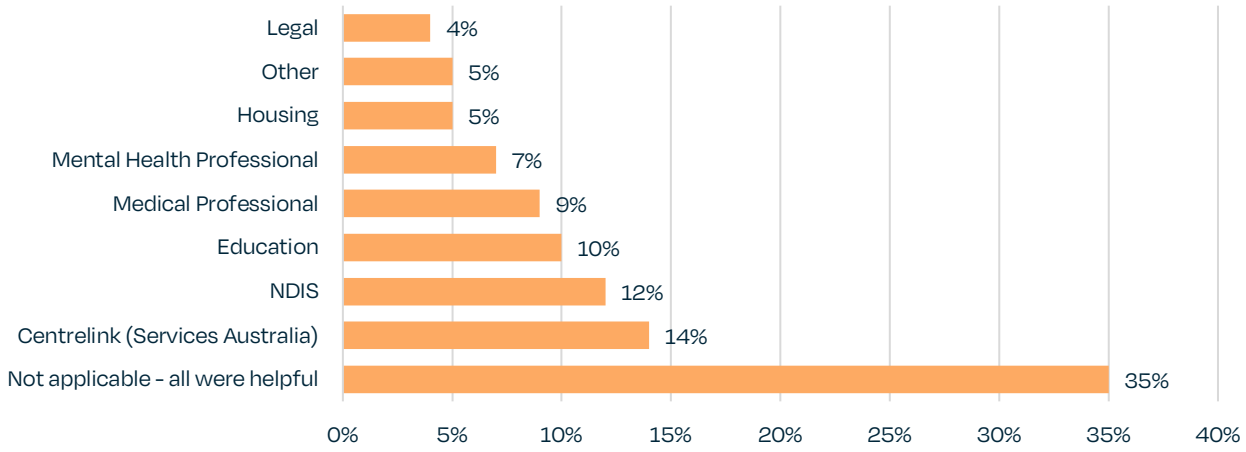


Figure 19 Additional services found unhelpful

Where issues were identified, they most commonly related to structural barriers (37%), gaps in service quality or expertise (37%), and relational challenges (32%). Smaller proportions reported poor service fit (18%), broken promises or poor follow-up (9%), financial barriers (4%), or other negative experiences (10%).

These findings reinforce that pressures on mental health carers are shaped not only by the mental health system, but also by how adjacent systems operate and interact.

Here are what some mental health carers told us about what made services feel unhelpful:

- "It was a lot of jumping through metaphorical hoops... it added a LOT more stress to an already awful scenario."
- "They had no understanding or empathy for what my child or I were going through."
- "I was dismissed, my concerns were minimised and I wasn't heard or believed."
- "Too many assumptions, stating it is general parent/mental health carer duties."
- "They didn't understand why I was there as a facilitator and saw me as interference."

Safety, risk and carer wellbeing

Safety

- "De-escalating distress in a young adult who is bigger and stronger."
- "The patient being physical — I worry about my own safety."

Mental health carers consistently identify safety as an ongoing concern rather than an isolated issue. **Nearly two in five mental health carers (39%) reported feeling unsafe in the past 18 months**, with 9% of mental health carers surveyed saying that this has been the most challenging part of their experience. Safety concerns arose from a variety of reasons, including direct interactions with the person they support, crisis situations, and the cumulative effects of exhaustion, burnout, and declining wellbeing. The unpredictable and episodic nature of mental health challenges means carers often manage multiple risks simultaneously to maintain safety for themselves and the person they support safe.[xxvi]

While this report identifies safety concerns and emotional strain as central aspects of the caring experience, national data highlights how these experiences build up over time. The Carer Wellbeing Survey 2025 reports high levels of psychological distress, loneliness, and reduced quality of life among mental health carers, indicating that prolonged exposure to unsupported caring roles has significant consequences for wellbeing.[xxvii]

What predicts risk?

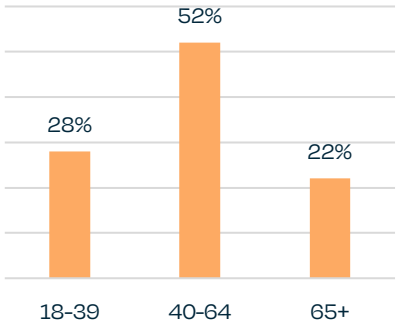


Figure 20 Mental health carers concerns reported by age group

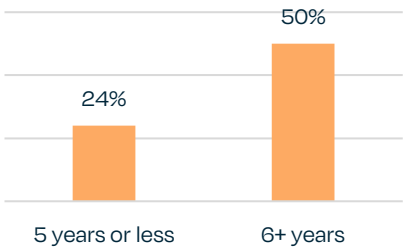


Figure 21 Mental Health Carers concerns reported by duration of caring

While rates of reported unsafe experiences have declined since previous surveys (48–50% in 2020[xxviii] and 2021[xxix] to 39% in 2025), risk remains unevenly distributed. Carers aged 40–64 are most affected, and

duration of caring is a key predictor (Figure 20). Those in caring roles for **six or more years of caring experience are twice as likely to report feeling unsafe, with half reported unsafe experiences compared to one quarter (24%) of those caring for five years or less (Figure 21),** suggesting that longer-term, more intensive, or more complex caring roles may still be experiencing high levels of risk. Rather than showing that mental health carers become accustomed to risk over time, these findings suggest that risk and strain may accumulate when caring continues without consistent support.

Research suggests that mental health carers often feel unsafe during care transitions, particularly at discharge, where limited communication, exclusion from planning, and uncertainty about available supports can increase distress and risk. xxx Some carers reported feeling ignored during decision-making processes and blamed if the person later relapsed, highlighting that safety is shaped not only by individual circumstances, but by how effectively systems include, inform, and support carers.

Experiences of safety can also vary depending on the caring relationship, personal history, and the intensity or complexity of care needs. One mental health carer described feeling safer when supporting their mother compared with their father, reflecting how relationship dynamics, personal history, and the intensity of care can influence feelings of safety. While no clear relationship was identified between feelings of unsafety and factors such as gender, diagnosis, or access to support, research indicates that concerns may be heightened in situations involving serious mental illness, substance use, medication adherence difficulties, or suicide and self-harm risk. Together, these findings suggest that safety and risk are often cumulative and ongoing, requiring consistent support and vigilance over time rather than responses limited to isolated incidents. [xxxi]

The increased risk observed among mental health carers with longer caring durations reflects broader national patterns. The Carer Wellbeing Survey 2025 similarly identifies that carers in long-term or high-intensity roles experience poorer wellbeing outcomes, suggesting that current support models are not adequately responding to cumulative strain over time.[xxxii] This points to the need for support models that respond not only to the start of caring, but also to its duration and intensity. Information at the beginning of a caring role is unlikely to be enough on its own if risk continues to build over many years.

What are the most challenging aspects?

- "I'm just so sad in so many ways that my life has worked out this way."
- "Caring for someone you love with mental illness is horrible and relentless."
- "I wish I could feel confident that my child will have the future she deserves."
- "We have both had to limit our careers... it is confronting to think about our future."

Mental health carers described a wide range of pressures associated with their caring role, with emotional and psychological strain the most commonly reported challenge (32%). This included constant worry, fear, emotional exhaustion, grief, and managing ongoing crises and unpredictability. Emotional strain is widely recognised as a significant part of caring and is often linked to sustained stress and secondary trauma. [xxxiii]

Managing the needs of the person they care for (29%) was also a major challenge. Mental health carers reported providing high-intensity support, managing complex behaviours, and maintaining constant supervision, often without training, respite, or backup. System and access barriers (25%) were another key challenge. Mental health carers reported difficulties navigating services, long wait times, limited availability, exclusion due to privacy and consent rules, and feeling dismissed or unsupported by professionals.

Physical strain and the relentlessness of caring (24%) were also commonly reported, including chronic fatigue, lack of sleep, and burnout. Challenges related to mental health carers' own wellbeing and self-care (15%) highlight difficulty maintaining health, attending appointments, or finding time for rest and recovery.

Balancing caring with other responsibilities (14%) was another common pressure. Many mental health carers described managing caring responsibilities alongside employment, parenting, finances, and relationships.

Safety and risk concerns (9%) including fears of self-harm or harm to others and managing crises without professional support can contribute to ongoing stress and hypervigilance.

Additional pressures include family and relationship impacts (9%), financial stress (8%), gaps in knowledge and skills (6%), and time constraints (5%). A small number reported extreme burnout (1%) or minimal challenges (2%), usually where caring roles were lower intensity or well supported.

Overall, these findings show that for many mental health carers, feeling unsafe and under pressure becomes part of the reality of long-term caring.

Mental health carers described the pressures they experience in their day-to-day lives:

1. Emotional & Psychological Impact (40%)

- "It's constant and overwhelming. I'm on alert 24/7 and don't get a chance to relax or just be me."
- "Feeling overwhelmed and stressed — like taking one step forward and three steps back."
- "The feeling of isolation and desperation when my daughter is very unwell."
- "Keeping my sanity and trying to make it through one more day."
- "Trying to stay hopeful when things keep getting worse."

2. Managing Workload & Competing Demands (36%)

- "Juggling work, mental health carer and self-care responsibilities without burnout."
- "It is relentless — even when you're exhausted, you still have to carry on."
- "My own issues are often secondary."
- "Sometimes you have to do a lot of things on your own and carry the weight."
- "Balancing my financial commitments with the time commitment required to provide support."

3. Managing Patient Needs / Safety & Risk (36%)

- "Having to deal with aggression."
- "My person refuses most care and has very challenging behaviour."
- "Feeling like you're waiting for the next trauma or disaster."
- "Knowing how to manage non-compliance with medication and manic episodes."

Mental health carers aged 40–64 as a system pressure point

Across several indicators, carers aged 40–64 consistently appear as a key pressure point within the system. This group was more likely to report low levels of understanding from professionals, higher rates of unsafe experiences, and greater interaction with multiple systems, including medical services, mental health services, the NDIS, and interstate providers.

They also show higher levels of autonomy strain and burnout, reflecting the cumulative demands of sustained caring roles over time. Many carers in this age group are likely balancing long-term caring responsibilities alongside employment, parenting, and financial commitments, placing them at the intersection of system complexity and life-stage pressures.

Rather than reflecting differences in personal resilience, these findings highlight how pressures caused by the system adds pressure over time, though fragmented systems, limited support, and the build up of responsibilities.

How carers cope

Mental Health carers Accessing Supports for themselves

As outlined earlier, support for mental health carers' wellbeing remains limited and inconsistent. They are not routinely encouraged to prioritise their own needs, and their wellbeing is not consistently included in care planning despite their vital role. This section therefore focuses on how mental health carers try to sustain themselves despite that context.

Why mental health carers seek support for themselves

Mental health carers most commonly seek support to manage emotional strain, burnout, and secondary trauma. Emotional strain was identified by one third of mental health carers (33%) as the primary reason for seeking support. When combined with emotional reassurance (22%) and professional counselling (22%), over half of mental health carers (51%) are seeking support primarily to maintain their own wellbeing and coping capacity (Figure 21).

Learning and skills development is also a key motivator (29%), suggesting that many mental health carers are actively building their confidence and ability to manage complex responsibilities.

Respite and relief were less commonly reported overall (7% each) but are significantly more important for mental health carers aged 65 and over, with 36% seeking respite. This likely reflects increasing physical fatigue and concerns about sustaining caring roles over time.[xxxiv]

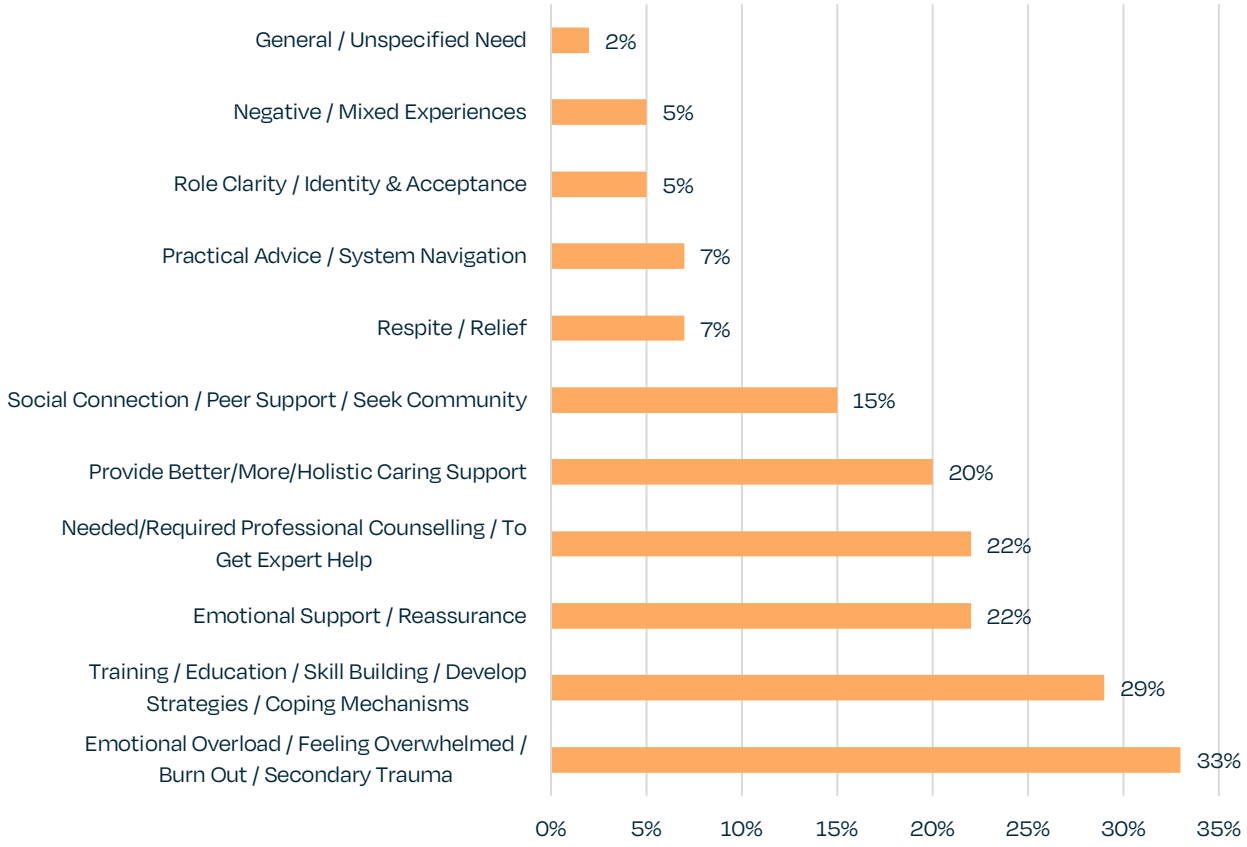


Figure 22 Motivations for mental health carers in seeking support

Mental health carers shared with us some of their reasons for why they want to access support:

- "I often feel like I can't do this anymore and a counsellor is helpful to allow you to talk about the issues."
- "It is exhausting, I struggle day to day. My own health has been compromised due to being a mental health carer... burnout, anxiety, depression and PTSD as a result of my caring responsibilities"
- "I felt very unwell mentally and emotionally. I wanted support but also to know if what I was experiencing was normal or too much."
- "To improve my ability to respond appropriately to the needs of my partner."
- "To get extra information and understanding and also to reassure myself of what I am doing."
- "To get coping strategies... to help me get a toolbox of how to handle things."

In 2025, 57% of the combined sample reported having access to supports, compared with 89% in 2021. However, 68% of open survey respondents reported access, which is closer to earlier findings. This suggests the apparent decline may reflect differences in the survey sample rather than a clear reduction in available supports.

Why mental health carers do not access support for themselves

The most common reasons mental health carers gave for not accessing support were **time pressures (33%)** and the belief that support was **not necessary (26%)** (Figure 22). Together, these show that barriers are

shaped both by practical constraints **(48%)** and by mental health carers' own perceptions of whether support is needed (45%).

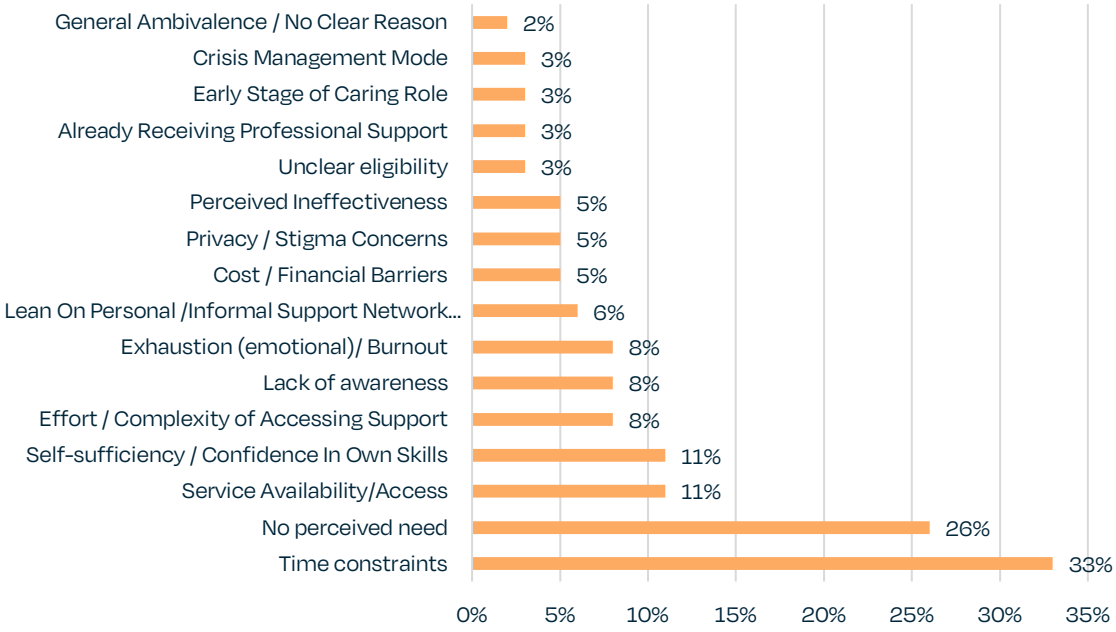


Figure 23 Why have you not sought support such as counselling, support groups, training or respite?

Other barriers included service availability (11%), confidence in their own skills (11%), complexity of access, emotional exhaustion, lack of awareness, financial barriers, privacy concerns, stigma, and doubts about usefulness.

These findings show that while time and perceived need are the primary barriers, emotional and informational factors also influence whether mental health carers seek support. Improving uptake will require supports that are visible, accessible and relevant to mental health carers managing significant and often hidden responsibilities.

This is what mental health carers reported as the barriers to access supports:

Practical Barriers (time, cost, access)

- "Too busy with other life responsibilities. Mostly provide support in times of crisis."
- "All of my time is taken up as a mental health carer or earning a wage to support the family. I don't have time."
- "Counselling and support services are not cheap; cost of living pressures; waiting lists are VERY LONG; not enough services available."
- "Unable to make the times through the day."

Perceived Lack of Need / Self-sufficiency

- "My husband is going into dementia and I'm OK with it. I know how to handle him. I know him very well as we've been married for 55 years."

- “Never felt the need, I'm a pretty self-sufficient sort of person.”

Emotional / Psychological Barriers

- "Don’t want to talk to people and too exhausted to find help.”
- “My spouse is embarrassed about his health and is a private person.”
- “If my young person knew that I needed support it would make their behaviour worse. Any sign of weakness is seen as me ‘not coping’.”
- “Stigma and just so busy trying to get help with health care and housing for them, doctors don't care or want complex patients.”

Awareness / Knowledge Gaps

- “I wasn’t aware of any specific services for mental health carers.. Didn't know there was any help.”
- “I don’t know what’s for my age that I’m eligible for around my mental health carer role or respite options.”

What works well and why it matters

While much of this report describes the barriers, risks, and gaps mental health carers experience in the ACT region, mental health carers also shared clear insights into what works well and what sustains them in their role. These responses are important because they show that better experiences are possible and help clarify what should be strengthened. Positive experiences were most often associated with services that combined professional capability with empathy, clear guidance, and consistency. Mental health carers also described meaning within the caring role itself, including purpose, connection, and the sense of making a difference. Together, these findings show that positive care experiences are supported both by service quality and by the relational conditions in which care takes place.

Which service was most useful in the last 2 years?

- "Focused on practical action and were knowledgeable about my situation."
- "They helped me learn new skills."
- "They provided a family case manager who showed us services we didn't know existed (and) who listened without judgement."

ACT Mental Health Services

Mental health carers most often identified primary care and private psychological services as the most useful supports, particularly psychologists (18%), GPs (16%), and psychiatrists (9%). Public and specialist mental health services were identified as most useful by smaller proportions of mental health carers.


Among open survey respondents, 22% said all services they used were helpful. This increased to 58% among research panel participants, suggesting higher overall satisfaction within the panel group.

When mental health carers explained why a service was useful, two main themes emerged.

The most frequently cited was the combination of **skilled guidance and system navigation** (59%). Mental health carers valued professionals who could provide accurate advice, make sense of complexity, coordinate care, and offer direction during periods of uncertainty or crisis.

- "They helped us navigate the system when we were completely lost."
- "They provided constructive advice towards the issue."
- "Specialised mental health GP... helped us understand where to start when we were feeling completely lost."

Equally important were **emotional and relational qualities** (54%), with mental health carers placing strong value on being listened to, treated with empathy, and supported by people who were consistent and non-judgemental.

- "They listened to my concerns as a mental health carer."
- "We had a wonderful case worker — I don't think we would have got through without her."
- "The 24/7 phone support meant I could talk to people who truly understood."

- "She kept in regular touch, guiding my actions."

For many, relational safety was not separate from effective care, but part of what made care useful. A smaller but meaningful group (15%) highlighted the value of **coordinated clinical or holistic care**, including medication management, acute intervention, and practical assistance. One carer summarised this as "They understood the totality of the problems we have".

Overall, mental health carers most valued services that combined competence with compassion.

Additional Services

Among additional services, mental health professionals were most often identified as helpful (25%), followed by medical professionals (18%). Other systems including education (9%), Centrelink (8%), housing (5%), the NDIS (4%), and legal services (2%), were much less likely to be experienced as useful. Almost **one quarter of mental health carers (23%) reported that none of these services made a meaningful difference**.

When mental health carers described why an additional service was helpful, nearly half pointed to professional or clinical expertise, around one third emphasised emotional support and understanding, and one in five highlighted practical assistance and access. This suggests that **non-clinical systems are most useful when they do more than process transactions and instead help carers navigate complexity in practical and human ways.**

- "They helped in every phase of recovery."
- "Focused on practical action and were knowledgeable about my situation."
- "They provided complete answers to my queries."
- "They stepped up and found accommodation... now happy in her own flat."
- "They provided the information that I was seeking."
- "They gave me constructive advice towards the issue."
- "They helped me learn new skills."
- "They linked together advice, social work support, counselling and practical help."

What do carers like about their role as a mental health carer

Many mental health carers describe aspects of caring that are meaningful and sustaining, even while experiencing significant strain. The most commonly reported positive relates to **caring for a loved one** (39%), where motivation is grounded in love, loyalty, and connection, and caring is experienced as an **extension of family identity and commitment.** Nearly one third of mental health carers (29%) described **making a difference** or having a positive impact, valuing moments of progress, stability, or 'small wins' that suggest improved quality of life for the person they support. A further 26% describe a strong **sense of purpose or responsibility**, with caring providing meaning, structure, and a sense of doing the "right thing," often understood as a moral or family duty.

Smaller but still important proportions of mental health carers report **rewards and satisfaction** (11%), including emotional fulfilment, pride, and moments of connection, particularly in being someone their loved one can rely on. Others highlight **personal growth and learning** (6%), such as increased empathy, patience,

resilience, and deeper understanding of mental health. A small proportion (5%) highlighted connection beyond family, including peer support and shared understanding with other carers

At the same time, a substantial minority (18%) reported no positives or rejected the caring role entirely. This reflects experiences of exhaustion, grief, severe burnout, moral injury, feeling trapped or unsupported, and perceived systemic abandonment.[xxxv] This suggests that meaning in caring cannot be assumed. It appears to depend, at least in part, on whether mental health carers are recognised, supported, and able to continue in the role without severe exhaustion or harm.

The quotes that follow illustrate the meaning mental health carers find in their role, as well as how fragile that meaning can become when support is absent.

1. **Relationships & Connection — 44% of responses and reflects the love, loyalty and family responsibility that underpin the caring role**

- "That I am his safe person."
- "I love my son and want to keep him safe."
- "It has strengthened the bond between my daughter and I."
- "I get to be my son's voice and see the good days others don't."
- "Knowing I am the best person to care for her."
- "Having a close bond with my kids."

2. **Impact & Outcomes — 36% of responses and captures the sense of making a difference, supporting recovery and seeing progress**

- "Seeing my loved one make progress."
- "I can see where my presence and action have made a difference."
- "Helping my person live the life they want and deserve."
- "The best part is seeing her smile sincerely... and having hope again."
- "I can usually make a difference."
- "Helping them connect with friends or do something they enjoy."

3. **Identity & Growth — 31% of responses and highlights purpose, personal development and the skills mental health carers gain through experience**

- "I have a strong sense of responsibility."
- "Learning patience, empathy and understanding through challenging situations."
- "The perspective and empathy it gives me for others in our community."
- "I feel I am getting better at helping."
- "Feeling needed."

So, where to from here?

Mental health carer feedback and priorities for improving the ACT mental health system

- "I believe the ACT has a unique opportunity to build a mental health system that is equitable, inclusive, and future-focused. This means recognising that prevention, access, and continuity of care must go hand in hand with cultural safety, lived experience voices, and community partnerships."

Despite the aforementioned challenges and inconsistencies experienced when interacting with the mental health system, carers remain clear about what they value and what they want to see improved. Many express continued hope for meaningful reform and a more equitable, inclusive, and compassionate system.

Areas for Improvement

Mental health carers consistently emphasise foundational system capacity and access as the highest priorities:

Access and availability (45%)
Reducing wait times, expanding workforce and bed capacity, improving continuity of care, and increasing flexible options such as telehealth.

Affordability and funding (22%)
Lowering costs, improving Medicare and NDIS coverage, addressing housing insecurity, and providing financial recognition and support for mental health carers.

Mental health carer support and inclusion (21%)
Greater visibility and respect for mental health carers, integration into care planning, access to respite, flexible work options, and stronger support in hospitals, emergency departments, and schools.

Prevention and community awareness (17%)
Early intervention, education, stigma reduction, and community-level mental health literacy.

Specialist and targeted services (16%)
Child and youth mental health, eating disorder services, disability-informed care, school-based supports, parent-caregiver mental health, and rehabilitation.

Housing and practical supports
Secure and appropriate housing, crisis accommodation, and integrated responses to mental health, homelessness, and substance use.

Workforce and training
Building and sustaining workforce capacity, strengthening training in trauma-informed and culturally safe practice, disability and complexity, and improving empathy and consistency across services.

System navigation and coordination
Reducing bureaucracy, improving communication and information sharing, strengthening service integration, and embedding lived experience and peer roles.

Quality and safety
Safer hospital and emergency environments, improved admission and discharge practices, longer and better-funded GP consultations, and addressing coercive or harmful practices.

Notably, more than half of respondents (56%) were unsure what to prioritise. This may reflect the complexity of the system, a limited understanding of how it operates, or the extent to which mental health carers feel overwhelmed with competing priorities and not knowing where to begin.[xxxvi] In any case, it

highlights the need for clearer communication and more accessible information about how the system operates and where reform efforts can be most effective.

Overall, mental health carers describe a system that is overstretched, difficult to navigate, and hard to access, with a clear call for investment in capacity, affordability, safety, and inclusion.

What has changed for mental health carer priorities over time

In 2017, Carers ACT published the paper 'What do ACT mental health carers need from mental health clinicians'.[xxxvii] It identified four key priorities:

- Carer wellbeing and coping
- Information about diagnosis and treatments
- Safety and legal
- Inclusion: recognition of the carer's expertise and role.

The 2025 survey results show that these priorities have remained largely unchanged over time. Nearly a decade on, mental health carers are still asking to be included, listened to, given clear information, kept safe, and supported in their role. This consistency suggests these are not new or emerging issues, but ongoing areas where experience has not yet caught up with expectations.

The system surrounding these priorities has changed significantly. Since 2017, there has been considerable effort to strengthen the system through legislation, standards, and policy. This includes the ACT Carers Recognition Act 2021 and the update to the National Safety and Quality Health Service Standards. These developments reflect the sustained work of many people over time, as well as a clear willingness across the system to respond to what mental health carers have been asking for. This progress matters and should be recognised.

However, the focus now is on how these improvements are actually experienced in practice. **For mental health carers, this means being able to trust receiving consistent support, the right service, at the right time, in the right way, regardless of where they present or who they encounter.**

At the same time, the broader service environment has become more pressured. Increased demand, workforce strain, capacity constraints, and growing complexity all shape how care is delivered in practice. Within this context, mental health carers are still navigating ongoing challenges around inclusion, information-sharing, and safety. Barriers such as limited access, long wait times, fragmented services, and poor follow-up mean that mental health carers are often left to bridge the gap between what is intended and what is experienced.

This highlights why the progress made in policy and standards matters; the foundations are in place, and expectations are clearer than before. The opportunity now is to ensure these translate into more consistent, trusted experiences in practice, so that carers are not carrying the impact of system pressure, and improvements are felt where they matter most.

What this implementation section aims to do

This report brings together what mental health carers have told us about their experiences, including both what is working well and where gaps remain. While the earlier sections focus on reflecting these experiences, this implementation section focuses on what we can do collectively in response.

It outlines how the gap between what is expected and what is experienced can be reduced through shared effort. The aim is to translate carer feedback into practical actions within existing frameworks, so that we are not returning in the future with the same findings.

It identifies areas where MHCV, services, government, and partners can work together to:

- strengthen consistency in practice
- improve how existing expectations are applied
- reduce avoidable pressure on carers
- use carer experience as a driver of improvement

MHCV's role and an invitation to our Partners

For many mental health carers, daily life is already unpredictable. When the mental health system is also inconsistent, this adds to pressure and can increase risk. Greater consistency and reliability in how care is delivered will support safety, reduce avoidable strain, and build trust over time.

As the peak body for mental health carers in the ACT, MHCV's role is to contribute to this improvement by:

- bringing forward lived experience evidence and insights
- identifying patterns, gaps, and priorities based on carer feedback, and advocating for change where needed
- supporting services and partners to understand and use this evidence in practice
- contributing to quality improvement, commissioning discussions, and system design

MHCV does not deliver services or set system policy. Our role is to support and influence change through partnership.

This report invites government, services, ACT mental health peaks, and community partners to work alongside mental health carers to strengthen what is already known to work and apply it more consistently. This includes making better use of carer experience data to inform commissioning, service planning, clinical governance, and quality improvement.

Improvement is most likely to occur through ongoing, practical changes applied consistently over time, rather than through a single reform.

Theory of Change

The Theory of Change included in this report demonstrates how the findings from the survey can be translated into practical action and sustained improvement. It outlines how the experiences shared by mental health carers can inform coordinated responses across MHCV, government, services, and

community partners, with a focus on strengthening consistency, reducing avoidable pressure on carers, and embedding carer experience within ongoing system improvement processes.

If we focus together on...

- Making mental health carer inclusion more consistent across all phases of care
- Recognising mental health carer safety and wellbeing as a system responsibility and a reflection of person-centred care
- Strengthening and supporting workforce capability to support consistent and inclusive practice

Then we can expect... (Immediate System Changes)

- Clear and shared expectations for mental health carer inclusion embedded in:
  - Commissioning processes and funding decisions
  - Service delivery standards
  - Workforce practice
- More consistent, culturally safe, relationally safe, and accountable practice across services
- Earlier recognition and response to cumulative stress, risk, and emotional labour for mental health carers
- Reduced fragmentation and administrative burden through clearer pathways, coordination, and system navigation
- More consistent collection and use of mental health carer experience data to inform:
  - Quality improvement
  - Funding decisions
  - Service redesign

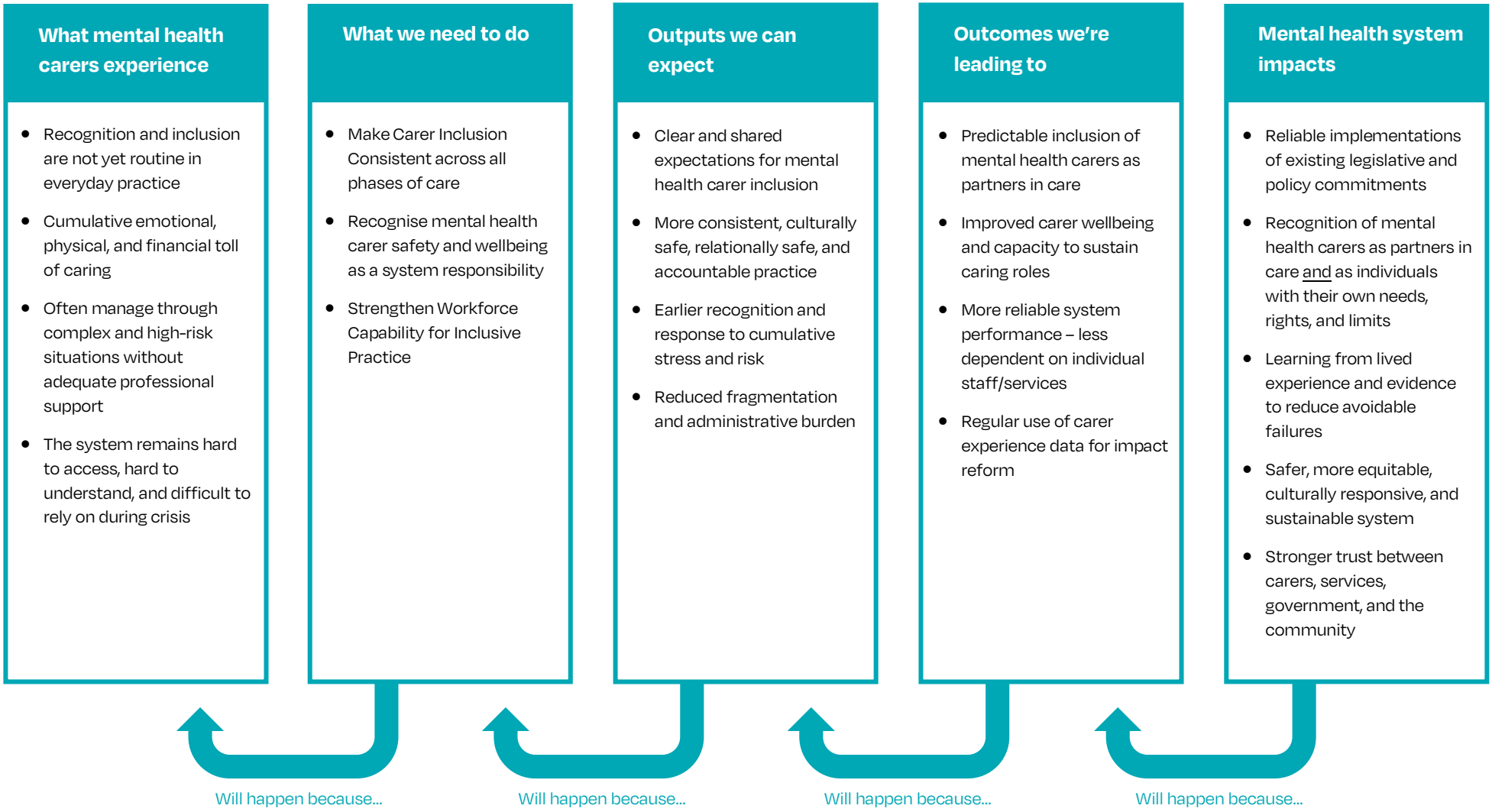
Leading to... (Medium term Outcomes and Monitoring)

- More predictable inclusion of mental health carers as partners in care, especially at:
  - Admission to mental health services
  - Discharge
  - Crisis, and escalation points
- Improved mental health carer wellbeing and capacity to sustain caring roles safely
- More reliable system performance that is less dependent on individual staff or services
- Clearer accountability across the system, including:
  - Named responsibility for carer inclusion and support
  - Defined reporting requirements
  - Integration into governance and oversight mechanisms
- Routine use of carer experience data to monitor:
  - Safety (e.g. inclusion at high-risk points)

- Quality (e.g. communication, involvement, support)
- Reform impact over time

Resulting in a mental health system that... (Long term Impact)

- More reliably implements existing legislative and policy commitments, including:
  - The ACT Carers *Recognition Act 2021*
  - The ACT Carers Strategy 2018–2028
  - The ACT Wellbeing Framework
- Recognises mental health carers as partners in care and as people with their own needs, rights, limits, and choices
- Uses lived experience and evidence to drive continuous improvement, aligned with:
  - National Safety and Quality Health Service Standards 2nd Edition & National Safety and Quality Mental Health Standards Community Managed Organisations
  - ACT commissioning and governance processes
- Is safer, more equitable, culturally responsive, and sustainable over time
- Builds stronger trust between carers, services, government, and the community through:
  - Transparent monitoring
  - Public reporting
  - Ongoing system learning


What mental health carers experience
Recognition and inclusion are not yet routine in everyday practice
Cumulative emotional, physical, and financial toll of caring
Often manage through complex and high-risk situations without adequate professional support
The system remains hard to access, hard to understand, and difficult to rely on during crisis
What we need to do
Make Carer Inclusion Consistent across all phases of care
Recognise mental health carer safety and wellbeing as a system responsibility
Strengthen Workforce Capability for Inclusive Practice
Outputs we can expect
Clear and shared expectations for mental health carer inclusion
More consistent, culturally safe, relationally safe, and accountable practice
Earlier recognition and response to cumulative stress and risk
Reduced fragmentation and administrative burden
Outcomes we're leading to
Predictable inclusion of mental health carers as partners in care
Improved carer wellbeing and capacity to sustain caring roles
More reliable system performance – less dependent on individual staff/services
Regular use of carer experience data for impact reform
Mental health system impacts
Reliable implementations of existing legislative and policy commitments
Recognition of mental health carers as partners in care and as individuals with their own needs, rights, and limits
Learning from lived experience and evidence to reduce avoidable failures
Safer, more equitable, culturally responsive, and sustainable system
Stronger trust between carers, services, government, and the community
Will happen because...
Will happen because...
Will happen because...
Will happen because...

Priorities and Implementation Approach

How change will occur in practice

Mental health carers have been clear about what is not working. Experiences of safety, dignity, inclusion, and understanding are too often inconsistent and depend on individual staff, services, or circumstances. This creates uncertainty and adds pressure to already complex caring roles.

Addressing this does not require new policy. It requires more consistent application of what is already expected.

A key shift is moving away from informal or assumed involvement of mental health carers, toward a more intentional approach where their role is discussed, agreed to, and supported in practice. This includes being clear about when and how mental health carers are involved, what information can be shared, and how their own needs are recognised and supported alongside the person they support.

Rather than introducing new structures, this report focuses on how existing parts of the system can be used more effectively. In the ACT context, this includes:

- The ACT Suicide Prevention Regional Plan 2025–2030 and its Action, Implementation and Monitoring (AIM) Plan
- ACT Health and Community Services Directorate and Capital Health Network commissioning processes
- The ACT Strategic Investment Plan and forthcoming Mental Health Services Plan
- Service-level clinical governance and quality improvement systems
- Ongoing involvement and collaboration with Mental Health Carers Voice

Improvement is most likely to happen through small, ongoing, practical changes that are tested, refined, and embedded over time. This includes learning from what is already working, identifying where practice is inconsistent, and making adjustments that can be sustained in everyday care without creating additional system complexity.

It is also important to recognise that some drivers of carer pressure sit outside the ACT system, including areas such as income support and the NDIS. Where this is the case, the focus locally is on reducing avoidable pressure, improving coordination, and responding to gaps where possible.

How:

Partnership and co-design	Workforce capability	Data and continuous learning	Accountability and transparency
• MHCV will work with mental health carers, government, services, lived-experience organisations, and community partners to identify practical approaches to inclusion. • This will support service design and delivery that reflects carers' real experiences.	• Activities will build staff confidence in working with mental health carers, including practical guidance on information sharing, consent, inclusive practice, and culturally responsive engagement.	• Mental health carer experience data, including the Carer Experience Survey (CES), will be used more consistently to understand system performance, identify risks, and track improvements over time.	• Clear expectations for including mental health carers will be embedded into service design, funding arrangements, workforce development, and quality improvement processes, ensuring shared responsibility across the system.

Strategic Alignment

This Theory of Change aligns with existing ACT frameworks and commitments, reinforcing that the required reforms are primarily about **implementation and accountability**, rather than new policy.

- **ACT Wellbeing Framework**[xxxviii]
  Aligns with priorities of equity, safety, connection, and shared responsibility, recognising carers as both contributors to and recipients of wellbeing. Supports implementation by reinforcing the role of carers within broader wellbeing outcomes and whole-of-system accountability.
- **ACT Carers Strategy**[xxxix]
  Aligns with commitments to recognition, inclusion, and wellbeing of carers across the life span. Strengthens implementation through more consistent inclusion, clearer pathways to support, and alignment with service design, commissioning, and evaluation.
- **ACT Carers Recognition Act 2021**[xl]
  Provides the legislative basis for recognising and including carers. Supports implementation by translating recognition principles into practice through service expectations, accountability, and system capability, including engagement, communication, and shared responsibility.
- **Mental Health Carers Voice Strategic Plan**[xli]
  Aligns with MHCV's role as the peak body for mental health carers in the ACT. Supports system improvement by strengthening lived experience leadership, input into commissioning and policy development, and oversight and accountability through carer experience evidence.
- **National Safety and Quality Health Service (NSQHS) Standards**[xlii]
  Aligns with requirements for partnering with consumers and carers. Reinforces implementation through service standards, clinical governance, and quality improvement processes, with a focus on inclusion, shared decision-making, safety, and continuous improvement.

- **ACT Suicide Prevention Regional Plan (2025–2030)**[xliii]
  Aligns with priorities for continuity of care, and coordinated responses across the care continuum, particularly at high-risk points such as crisis, discharge, and service transitions. Strengthens these measures by highlighting the role of mental health carers in safety monitoring, communication, and follow-up, and by positioning carer inclusion and experience as indicators of system quality and risk.
  - **Action, Implementation and Monitoring (AIM) Plan** to be developed
    Provides the primary implementation mechanism for the Regional Plan. This Theory of Change supports the AIM by embedding carer experience into action design, monitoring, and continuous improvement.
- **ACT Mental Health NGO Commissioning Strategic Investment Plan**[xliv]
  Aligns with the triangle model of care (consumers, carers, clinicians as partners). Strengthens implementation through clearer expectations for inclusion, communication, and shared responsibility, and by embedding carer experience into performance monitoring, service design, and evaluation.
- **ACT Mental Health Services Plan** to be developed
  Supports system-wide planning, integration, and pathway development across mental health, AOD, suicide prevention, and broader health services. This Theory of Change complements this by reinforcing carer inclusion in service design, care pathways, and system coordination, particularly at key transition points, and aligning with commissioning and investment approaches.

Focus 1: Making carer inclusion more consistent across all phases of care

Core Assumption: When recognition is applied consistently in practice, carers are more likely to experience inclusion, respect, and shared responsibility.

MHCV Alignment: Strategic Priority 1 – Enhancing recognition and support for mental health carers.[xlv]

This responds to mental health carers experiences of:

- inconsistent inclusion of carers in care decisions
- variation in practice across services and staff
- gaps in information sharing due to uncertainty around privacy
- exclusion at key transition points (such as admission, discharge, and crisis)
- the gap between policy intent and what happens in practice

Where action can be taken:

Through commissioning, governance, and system processes:

- make expectations for carer inclusion more visible in service models and quality improvement approaches
- use and collect carer experience data to highlight where inclusion is inconsistent and where improvements are needed
- ensure approaches reflect different cultural understandings of caring, family, kinship, and decision-making

Through service-level practice and workflows:

- clarify what partnership with carers looks like in day-to-day care
- focus on key points where inclusion matters most, such as admission, discharge, and crisis
- create safe and routine ways for mental health carers to share information and raise concerns, including separately from the person they support
- improve visibility of different carer experiences, including Aboriginal and Torres Strait Islander carers, CALD carers, young carers, and mid-life carers

Through mental health workforce practice:

- support consistent expectations for including carers in everyday care
- build confidence to apply partnership approaches in ways that are culturally responsive and appropriate to context

Focus 2: Recognise mental health carer safety and wellbeing as a core system responsibility

Core Assumption: When responsibility for risk and wellbeing is shared, carers are more likely to feel safer, less overwhelmed, and better supported.

MHCV Alignment: Strategic Priority 2 – Improving the quantity and quality of carers' personal time.[xlvi]

This responds to mental health carers experiences of:

- high levels of burnout, stress, and emotional strain
- carer wellbeing not being routinely considered in care planning
- reliance on mental health carers to manage care coordination and risk

Where action can be taken

Through coordination, advocacy, and system connections:

- build a clearer understanding of how carer stress and reduced personal time accumulate over time using mental health carer experience data
- support approaches that share responsibility for care coordination and crisis response, rather than relying on mental health carers to fill gaps
- strengthen connections across systems (such as housing, income support, education, and the NDIS) to reduce fragmentation

Through service-level care planning and pathways:

- clarify who is responsible for recognising and responding to carer wellbeing within service pathways
- reduce avoidable burden by improving coordination, clarifying roles, and strengthening navigation support
- include carer wellbeing more routinely in care planning, including:
  - supporting access to personal time and respite
  - helping carers understand their role, rights, and boundaries
  - building confidence to engage with services

Through mental health workforce practice:

- use carer feedback to understand what supports safety and sustainability
- support staff to recognise and respond to signs of stress, burnout, and risk in carers

Focus 3: Strengthening and supporting workforce capability to support consistent and inclusive practice

Core Assumption: When staff feel confident and supported, carers are more likely to experience consistent inclusion and support.

MHCV Alignment: Strategic Priorities 1 and 3 – Recognition and support and building carer capability and confidence.[xlvii]

This responds to mental health carers experiences of:

- mental health professionals inconsistent understanding of mental health carers' roles and rights
- uncertainty around privacy, consent, and information sharing
- variation in communication and inclusion
- workforce capability gaps contributing to inconsistent practice

Where action can be taken

Through standards, commissioning, and workforce planning:

- MHCV to work with services to understand barriers to carer inclusion and information sharing across different settings
- use this insight to develop practical, context-specific approaches rather than one-size-fits-all solutions

Through service-level implementation and governance:

- embed workforce capability into supervision, team expectations, and local governance
- use continuous improvement approaches that incorporate carer feedback into practice change

Through mental health workforce practice:

- support training that helps services collect and use carer experience data for improvement
- provide practical guidance on information sharing, consent, and family-inclusive practice
- strengthen capability in trauma-informed, culturally safe, disability-informed, and relational approaches

Tracking progress and learning over time

This section outlines how we can understand whether the changes described in this report are making a difference in practice. The focus is not on creating a new evaluation framework, but on using existing data, feedback, and improvement processes to assess how changes are being implemented in practice, identify what is working and where gaps remain, and support ongoing learning and refinement.

This includes looking at progress across three connected areas:

- **MHCV's contribution** (e.g. bringing forward lived experience evidence and supporting its use)
- **changes in service practice** (e.g. how mental health carers are included and supported day-to-day)
- **broader system patterns** (e.g. consistency, coordination, and use of data)

Key questions to guide reflection

In practice

- Are expectations about working with mental health carers being applied more consistently into everyday practice?
- Are existing processes (such as commissioning, service standards, and governance) supporting this in a practical way?
- Are staff feeling more confident including mental health carers and sharing information appropriately?

For mental health carers

- Are mental health carers being included more consistently in discussions and decisions about care?
- Is the system identifying and responding earlier and more effectively to stress, burnout, and risks to mental health carer wellbeing?
- Are mental health carers experiencing support as more consistent, predictable, and easier to navigate?

In how the system learns

- Is carer experience data being used regularly to understand how services are performing?
- Are services changing or improving their practices based on feedback from mental health carers?
- Is there evidence that learning is being shared and applied over time?

This is what it looks like when it works

Mental health carers consistently describe services as most helpful when they combine practical support with relational care.

This includes:

- clear, timely information and guidance
- support to navigate complex systems
- professionals who can help make sense of situations, especially during crisis or uncertainty

How care is delivered is just as important as what is delivered. Being listened to, treated with empathy, and supported with consistency builds trust and confidence. Where this is present, carers report stronger experiences and feel more able to sustain their role.

How this can be applied

Progress will come from applying these practices more consistently across services and over time.

This means:

- testing practical changes in real settings
- learning from what works and what does not
- sharing this learning across services
- embedding improvements into routine practice

The table below provides examples of how progress might be seen in practice. These are not intended as fixed indicators, but as prompts to guide shared understanding and discussion.

Area	Example Indicators	Possible sources of insight	Where this can be supported
Mental health carer inclusion	Mental health carers report being included in care discussions at admission, discharge, care planning, and crisis points	Carer Experience Survey (CES), Mental Health Carers Voice Survey(s)	• **MHCV** (lived experience evidence [including APAG] & system advocacy as the peak body) • **ACT *Carers Recognition Act 2021*** (service expectations & lawful inclusion) • **ACT Mental Health Services Plan** (care pathways & integration) • **ACT Strategic Investment Plan** (triangle of care model embedded through commissioning) • **ACT Mental Health and Suicide Prevention Regional Plan - incl. AIM Plan** (continuity & transitions) • **National Safety Quality Health Service Standards 2nd Edition & National Safety Quality Mental Health Standards Community Managed Organisations (2022)** • **National Practice Standards Mental Health Workforce** • **National Mental Health Workforce Strategy 2022–2032**
Workforce capability	The workforce reports increased confidence in information sharing, confidentiality, and family-inclusive practice	Training evaluations, staff surveys	• **MHCV** (lived experience-informed training, capability building, & feedback loops) • **ACT Mental Health Services Plan** (workforce development & service capability) • **ACT Strategic Investment Plan** (commissioned workforce expectations) • **National Safety Quality Health Standards** 2nd Edition & National Safety & Quality Mental Health Standards Community Managed Organisations 2022 • National Practice Standards Mental Health Workforce • National Mental Health Workforce Strategy
Mental health carer wellbeing	Mental health carers report less stress, burnout, and	Long-term carer survey data, Wellbeing survey	• **MHCV** (carer experience data & advocacy for support responses) • **ACT Carers Strategy** (carer wellbeing & support across the life course)

	increased access to support		• **ACT Strategic Investment Plan** (investment & commissioning for system sustainability) • **ACT Mental Health and Suicide Prevention Regional Plan - incl. AIM Plan** (risk reduction and early intervention) • **ACT Wellbeing Framework** (population wellbeing and priority groups)
System reliability	Mental health carer inclusion reported consistently across services and settings	Survey comparisons, CES data collection	• **MHCV** (system oversight through lived experience data) • **ACT Mental Health Services Plan** (service integration & pathway reliability) • **ACT Strategic Investment Plan** (system performance & commissioning consistency) • **ACT Mental Health and Suicide Prevention Regional Plan -incl. AIM Plan** (implementation monitoring) • **NSQHS Standards** • Independent Health Aged Care Pricing Authority & Australian Mental Health Care Classification – Mental Health Phase of Care Guide 2023
System improvement	Evidence mental health carer feedback has informed changes to policy, practice, commissioning or pathways	Service reports, case studies, CES, Mental Health Carers Survey(s), QI reports	• **MHCV** (data collection, analysis, & system advocacy) • **ACT Strategic Investment Plan** (performance monitoring & commissioning refinement) • **ACT Mental Health and Suicide Prevention Regional Plan -incl. AIM Plan** (continuous improvement cycles and commissioning processes) • **National Safety Quality Health S Standards 2nd Edition & National Safety & Quality Mental Health Standards Community Managed Organisations 2022**

Future Opportunities for MHCV

Survey findings highlight several opportunities for MHCV to deepen understanding and strengthen system improvement. These include:

- **Deeper analysis of Aboriginal and Torres Strait Islander and CALD mental health carer experiences** using existing and previous survey data, supported by ongoing dialogue with communities to identify strengths, barriers, and culturally meaningful priorities.
- **Focused research on mental health carer safety and risk**, including whether carers sought help when feeling unsafe, what enabled or prevented them from doing so, and the sources of risk including whether feelings of unsafety were linked to the person receiving care, service responses, system gaps, or broader contextual factors in order to better understand how safety can be strengthened in practical and preventative ways.
- **A dedicated survey of young mental health carers** to better understand their distinct pressures and support needs.
- **Engagement with clinicians, service providers, and senior leaders** to identify perceived barriers to mental health carer inclusion and consistent practice, strengthening the evidence base for collaborative system improvement.
- MHCV to consider its role, scope, and capacity in **engaging more strategically with interconnected systems** (housing, education, income support, and the NDIS) to identify and potentially reduce gaps between services and improve coordination and significant practical and impactful supports for mental health carers.

Supports for Carers

- **Carer Gateway** – Free national service providing counselling, coaching, peer support, respite, and practical assistance for carers.
  Phone: 1800 422 737
- **Lifeline** – 24/7 crisis support and suicide prevention service for anyone experiencing emotional distress or crisis.
  Phone: 13 11 14
- **Suicide Call Back Service –** Free 24/7 telephone and online counselling for people affected by suicide, including those experiencing suicidal thoughts, supporting someone at risk, or bereaved by suicide.
  Phone: 1300 659 467
- **1800RESPECT –** National service providing confidential support, information, and counselling for people impacted by domestic, family, or sexual violence.
  Phone: 1800 737 732
- **13YARN –** A 24/7 national crisis support line for Aboriginal and Torres Strait Islander peoples, delivered by Aboriginal and Torres Strait Islander counsellors.
  Phone: 13 92 76

- **MensLine Australia –** Telephone and online counselling service supporting men's mental health, wellbeing, relationships, and family concerns.
  Phone: 1300 789 978
- **ReachOut –** Online mental health information, tools, and peer support for young people and their parents and carers.
  Website: reachout.com

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