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23rd July 2019

Response to the draft Tasmanian Adult Learning Strategy 2019-2022

Mental Health Carers Tasmania (MHCTas) is a statewide leader in the provision of mental health carer support. We aim to improve the quality of life for the one in five Tasmanian families, friends, carers and people living with mental health issues and mental illness. We define carers as people who provide unpaid physical, practical or emotional support to a family member, friends, neighbours or colleagues with mental ill health.

MHCTas has a history of working with government and other stakeholders to achieve positive results for mental health carers and we took part in the consultations which informed the drafting of the *Tasmanian Adult Learning Strategy 2019-2022*. We applaud the Government's commitment to ensuring that Tasmanian adults have opportunities to fully participate in work and society. A strategy to promote lifelong learning as "a means to boost employment opportunities and support Tasmanians to stay connected with communities" is critical to the wellbeing of all Tasmanians. However, although MHCTas made a strong representation at the consultation for this Strategy, we are disappointed that mental health carers, a disadvantaged group at high risk of social exclusion, are not referred to anywhere in the Strategy.

There is nowhere in Tasmania for mental health carers to access training information and support, despite the fact that mental health carers are subject to:

- Loss of income through loss of employment
- Loss of work skills due to many years out of workforce
- Loss of connections and relationships and increased isolation
- Increased risk of physical and mental health issues.

MHCTas proposes that the now much reduced Adult Education program, available at sites within local communities across the state, provided the training model which would work for mental health carers. This model provided training in a non-threatening, community focused site; it represented a "first steps" approach to learning; it built confidence for people who might otherwise find it difficult to start their journey back to learning by undertaking a more formal, non-local course; and it was inclusive of diverse learning needs and styles. In short, it provided a pathway to further education and employment for individuals needing pre-vocational, bridging, pre entry-level and foundation skills programs.

MHCTas stresses that mental health carers, amongst other often isolated and disadvantaged groups, will be best served by:

- Encouraging partnerships between individuals facing disadvantage, community organisations, industry, employers and training organisations to increase participation of individuals in education-related activities that will better enable individuals to secure employment.

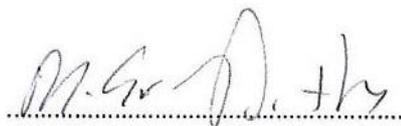
- Expanding and sustaining learning opportunities by supporting targeted innovative community-based learning of various kinds that lead towards increasing participation in education and employment.
- Addressing barriers to attract people who have experienced barriers to learning, to build personal, social and economic capital.
- Improving the quality of learning experiences and outcomes by promoting learning opportunities in new and flexible ways, especially with regard to location and delivery arrangements.

In conclusion

A recent report, *The economic value of informal mental health caring in Australia*¹ provides the first known estimate of the economic value of informal mental health care in Australia.

The researchers noted that the cost of informal hours of care (equivalent to the direct support work of nearly 180,000 full-time mental health workers per year) would cost national and state governments an estimated \$13.2 billion to provide the same level of support in the mental health service sector. They compared this figure with spending on mental health services which was \$8.5 billion in 2014/15.²

However, mental health carers themselves are generally living in constrained economic circumstances. They are subject to the not inconsiderable issues of lost employment opportunities with low income as a result and reduced capacity to build superannuation.³ This is a group that requires targeted learning opportunities and MHCTas believes that they need to be referenced within the Strategy.



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¹ Sandra Diminic, E Hielscher, Y Y Lee, M Harris, J Schess, J Kealton & Harvey Whiteford (2016), *The economic value of informal mental health caring in Australia: technical report*, Brisbane, The University of Queensland, https://www.mindaustralia.org.au/sites/default/files/Mind_value_of_informal_caring_full_report.pdf

² AIHW (Australian Institute of Health and Welfare) (2016), Health expenditure Australia 2014–15. Health and welfare expenditure series no. 57. Cat. no. HWE 67. Canberra, AIHW, <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2014-15/contents/table-of-contents>

³ Caring – a job & a half: Based on the stories of Mental Health Carers in Tasmania (2015), Mental Health Carers Tasmania, <https://mentalhealthCarerstas.org.au/caring-a-job-a-half/>