



## Budget Priorities Submission

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# to the Tasmanian Government for the 2021-2022 State Budget

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## CONTENTS

<b>1. Overview.....</b>	<b>3</b>
<b>2. Return on Investment to Government .....</b>	<b>4</b>
<b>3. Request.....</b>	<b>5</b>
<b>4. Alignment with Government Policy Direction .....</b>	<b>7</b>
<b>5. Background .....</b>	<b>9</b>
<b>6. Supporting Documentation.....</b>	<b>10</b>

## 1. Overview

Mental Health Families and Friends Tasmania (MHFFTas) is the peak body representing family members and friends who support someone with mental ill health. This includes the family members, friends, neighbours and colleagues of people who:

- have a diagnosed mental illness;
- are experiencing mental health problems;
- are affected by alcohol and/or other drug (AOD) use co-morbidities.

Mental health families and friends provide unpaid physical, practical and emotional support and are fundamental to the recovery journey of people with mental ill health. They play a key role as educators, advocates and natural supports, often knowing the person better than anyone and having known them before they became unwell. They hold a unique source of information about the person's life beyond their illness, including information about their interests, skills, beliefs and ambitions.

As outlined in our recently developed **Strategic Plan 2021-2024**, the **Core Business** of MHFFTas is to:

- **Support and empower** the mental health families and friends' community to **grow capabilities for self-advocacy**.
- Provide **systemic advocacy** from the perspective of mental health families and friends, drawing on lived experience to improve mental health services.
- Meet **information and support** needs.
- Increase **engagement** and **collaboration**.

Our **Vision** is 'Families and friends of people affected by mental ill health are understood, respected, valued and supported to build their capacities and improve their quality of life.'

MHFFTas has a strong history of working with government and other stakeholders to improve the quality of life for the thousands of family members and friends who are supporting the **one in four people** living with mental health ill health across Tasmania. We are good at what we do and our support and advocacy is valued by families and friends, government and non-government organisations. However, some are missing out, as it is not possible to establish and maintain our programs and services **state-wide** within our current budget allocation.

We rely on government support and grant funding to deliver on our core business and respond to any other needs identified by family and friends. Given the nature of what we do and the economic, emotional and social burden carried by mental health families and friends, it is not appropriate to charge a membership fee or to seek sponsorship from private enterprise.

Given the enduring and state-wide role of mental health families and friends, it is appropriate that Government adequately funds **state-wide** support for mental health families and friends, on an enduring basis. Through this Budget Priorities Submission **MHFFTas is requesting an additional \$200,000 per annum, ongoing, in core funding**. This will enable our organisation to sustainably plan for and deliver our programs and services to effectively support the Government's mental health reforms at a state-wide level, whilst at the same time offering a very good return on investment to Government.

## 2. Return on Investment to Government

Mental health families and friends play a vital role within the Tasmanian Healthcare System.

At a National level, and within the field of mental health alone, there are an estimated 240,000 mental health family members and friends supporting someone with mental ill health<sup>1</sup>.

Analysis suggests that over 60 per cent of mental health families and friends provide more than 20 hours per week in support to people with mental ill health, and 38 per cent provide support for 40 hours plus<sup>2</sup>.

At the time of analysis, it was estimated that it would cost **\$13.2 billion** nationally per annum to replace the informal mental health care provided by mental health families and friends with formal support services. Comparably – and conservatively – just **\$1.2 billion** is currently spent on support for mental health families and friends<sup>3</sup>.

Given the recent impacts of COVID-19, it is almost certain that the costs to replace informal mental health care have risen significantly since 2015 when these figures were determined.

It is with such figures in mind that MHFFTas advocates strongly for the need to acknowledge the fundamental role family members and friends play in achieving positive health outcomes across the whole of Tasmania and across the full spectrum of care (from prevention to early intervention to crisis management).

Delivering support to mental health families and friends should be a priority for all governments, as is providing services to ensure that they can perform their role without significant financial disadvantage and psychosocial distress.<sup>4</sup>

Even with NDIS packages, the NDIA recognises that many people with a psychosocial disability receive important support from their families and friends and is working to ensure they can continue to provide care. This work acknowledges that caring responsibilities exact a price and the identification and provision of support for families and friends contributes positively to increasing periods of wellness and reducing the incidence of relapse and hospitalisation for people with mental ill health.

Adequately supporting mental health families and friends helps to mitigate the negative impacts they are known to experience, including reduced earning capacity and loss of educational opportunities, whilst at the same time helping to prevent substance use and possible involvement in the criminal justice system.

All of these possible negative outcomes represent increased costs to government and increased distress to people living with mental ill health and their families and friends.

Increasing the core annual funding allocation to MHFFTas will demonstrate that the Government recognises the **social and economic value** of mental health families and friends and the key role they play in Tasmania's Healthcare System.

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<sup>1</sup> Sandra Diminic, Emily Hielscher, Yong Yi Lee, Meredith Harris, Jaclyn Schess, Jan Kealton, Harvey Whiteford (2017), *The economic value of informal mental health caring in Australia: summary report*, Commissioned by Mind Australia, p. 4, [https://www.mindaustralia.org.au/sites/default/files/publications/The\\_economic\\_value\\_of\\_informal\\_mental\\_health\\_caring\\_in\\_Australia\\_summary\\_report.pdf](https://www.mindaustralia.org.au/sites/default/files/publications/The_economic_value_of_informal_mental_health_caring_in_Australia_summary_report.pdf)

<sup>2</sup> Diminic *et al*, p. 6.

<sup>3</sup> Diminic *et al*, p. 16.

<sup>4</sup> *The economic value of informal mental health caring in Australia: technical report*, p. xv.

### 3. Request

MHFFTas is requesting **an increase of \$200,000 to its annual Government funding allocation**, provided through the Department of Health. This would take MHFFTas' annual core funding to **\$470,000 per annum** – a relatively small amount given the return on investment to Government as outlined above.

MHFFTas currently receives core funding of approximately \$270,000 per annum, up until June 2023. This is made up of approximately:

- \$240,000 for support and systemic advocacy for mental health families and friends
- \$20,000 per annum for support and systemic advocacy for families and friends of those affected by co-morbid mental illness and AOD use; and
- \$10,000 in fees to be paid out to families and friends for their participation in the Carer Representative Program.

In response to COVID-19, additional one-off funding of \$100,000 was provided to improve digital engagement in 2020-21.

Once the salaries of the Chief Executive Officer, short-term project and administrative staff and overheads are paid, there is only limited funding available for the delivery of support and education programs to build the capacity and capability of mental health families and friends.

Projects rely on time-limited grant funding (which comes at a cost in resources to apply for and acquit), then cease once the funding ceases, often leaving families and friends feeling disillusioned and alone.

In addition, the current core funding allocation is not sufficient to establish and maintain a stable presence and deliver ongoing support and advocacy in and for the north and north-west of Tasmania.

An additional \$200,000 per annum core funding allocation will allow for the employment of a full-time project officer dedicated to delivering MHFFTas' 2021-24 core business objectives. This will ensure sustainability and state-wide delivery of MHFFTas' core business, providing support and advocacy for mental health families and friends across Tasmania.

**The projects to be delivered state-wide for the period 2021-2022** (with intention to provide on an ongoing basis) for families and friends of people affected by mental ill health and co-morbid AOD use **are outlined in our attached workplan** and include:

**Carer Representative Program:** The Carer Representative Program (CRP – soon to be renamed Mental Health Families and Friend Representative Program) facilitates engagement by working with Government to place mental health family members and friends on committees and workshops to inform government decision-making, systems reviews and interview processes. This model formalises the participation of unpaid support people in the Tasmanian Government's Mental Health System and ensures that the voice of lived experience is heard and understood within the mental health sector.

The CRP ensures that mental health family member and friend participants are supported and empowered to contribute to MHFFTas' systemic advocacy work activities. The program currently supports 17 carer representatives to engage on a systemic level across the State, with a second recruitment round currently underway.

**Safe Space Forums:** MHFFTas' Safe Space Forums provide opportunities for mental health families and friends across Tasmania to engage in peer support. Peer support programs are offered state-wide online (fortnightly) and face-to-face (monthly; Hobart, Launceston, St Helens and Burnie). MHFFTas' Safe Spaces are offered at different times during the day to maximise accessibility. Training is available to participants who are unfamiliar with virtual meeting platforms. Participants access a suite of supports including workshops, guest speaker presentations, open debrief and catch up sessions, as well as the opportunity to connect with others who understand the ups and downs of being an unpaid support person. The program currently engages with 67 family members and friends with attendance fluctuating on a monthly basis depending on caring responsibilities and availability. Ongoing promotion of the program and expansion to support young unpaid support people is scheduled within the attached MHFFTas' 2021 Work Plan.

**High-level Systemic Advocacy:** MHFFTas' CEO represents the mental health family member and friend voice on a number of Government Reform Committees and Implementation Groups and has contributed to reform agendas in both the Mental Health and AOD Sectors.

The additional spend proposed is crucial to maximising the integrity and effective implementation of the Government's state-wide mental health and AOD reform agendas over the coming years, through the crucial state-wide engagement and recognition of families and friends as key players in the Tasmanian Healthcare System.

## 4. Alignment with Government Policy Direction

The Tasmanian Government's **Rethink Mental Health 2020: A State Plan for Mental Health in Tasmania 2020-2025** recognises the role of families and friends in Tasmania's mental health system, stating "We are striving to create an integrated mental health system where consumers, **families and friends** work together with service providers in a partnership model."<sup>5</sup> **Increasing the capacity of consumers, carers and families** to participate in the service system by **providing information and training** is a key action in Rethink 2020, and **this Budget Priorities Submission can help deliver on this.**

This community budget priorities submission of MHFFTas has been prepared in consideration of the Rethink Plan together with the findings and recommendations outlined in the *Premier's Economic and Social Recovery Advisory Council's (PESRAC) Interim Report (July 2020)* and the recently released ***Our Healthcare Future: Immediate Actions and Consultation Paper***.

The following extracts from the PESRAC Report<sup>6</sup> provide a sound rationale for this submission, in aiming to strongly support the wellbeing of Tasmanians post COVID-19 and beyond.

*'The COVID-19 suppression measures have impacted people's health wellbeing and quality of life. During times of stress and hardship across society there is generally a corresponding increase in anxiety, mental health issues, psychological distress, alcohol consumption and family violence. For people who have pre-existing experiences of one or more of these circumstances, the impact is likely to be exacerbated.*

*The demand for mental health services has increased in our community. Providers have reported increased anxiety and mental health issues among children, young people and families in financial distress.*

*People who have not accessed social support services in the past are now seeking help for a range of reasons. Service providers have reported that 67 per cent of those seeking support for psychological distress are new clients.*

*The increase in demand for services supporting people with mental health issues is anticipated to continue into the foreseeable future. This poses new service delivery challenges for the government and community sectors in planning and responding to these issues.'*

The ***Our Healthcare Future: Immediate Actions and Consultation Paper*** states that 'we must continue to pursue quality, personalised care that seamlessly links the community and the hospitals, and only uses hospital care when it is required, allowing us to better allocate health resources to improve flow, patient outcomes and patient and staff experiences'<sup>7</sup>.

MHFFTas is in support of person-centred, integrated care. However, this direction must also consider and incorporate the needs of a patient's natural support networks, that is, a patient's family members and friends. Families, friends and unpaid carers are undoubtedly part of the team offering the right care, in the right place, at the right time and are key agents in ensuring that community care is accessible when and where people need it.

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<sup>5</sup> Tasmanian Department of Health and Human Services (2020), Rethink 2020: A state plan for mental health in Tasmania 2020-2025, pp. 13 and 46, [https://www.dhhs.tas.gov.au/mentalhealth/rethink\\_mental\\_health\\_project](https://www.dhhs.tas.gov.au/mentalhealth/rethink_mental_health_project)

<sup>6</sup> Department of Treasury and Finance (2020), *Premier's Economic & Social Advisory Council (PESRAC) Interim Report* July 2020, various pages, [https://www.pesrac.tas.gov.au/\\_data/assets/pdf\\_file/0016/250441/Interim\\_Report.pdf](https://www.pesrac.tas.gov.au/_data/assets/pdf_file/0016/250441/Interim_Report.pdf)

<sup>7</sup> Department of Health, Tasmania (2020) *Our Healthcare Future: Immediate Actions and Consultation Paper*, p. 26, [https://www.health.tas.gov.au/\\_data/assets/pdf\\_file/0010/416845/Our\\_Healthcare\\_Future\\_IAaCP\\_vf\\_21\\_Dec20.pdf](https://www.health.tas.gov.au/_data/assets/pdf_file/0010/416845/Our_Healthcare_Future_IAaCP_vf_21_Dec20.pdf)

The transition to community-based care proposed by the Department is a positive step. However, if there is an expectation that care will increasingly be provided within a community setting, MHFFtas highlights the additional impact this will likely have on family members and friends who already provide hours (often 24/7) of care and support within the home and community, if they are not adequately supported.

Unsupported family members and friends often experience stress, burn out and fatigue. This stress and fatigue impacts on a support person's ability to continue to effectively advocate and care for the person they are supporting, as well as negatively affecting their own wellbeing; ultimately placing further pressure on a healthcare system.

MHFFtas suggests **strong investment in the wellbeing of a patient's support people as an immediate preventative health measure**. To us, this looks like programs that educate, support and acknowledge family members and friends and their substantial contribution to a patient's care, and **this can be achieved through the increased annual funding allocation proposed in this Budget Priorities Submission**.



## 5. Background

Australasian and international research indicates that family carers generally have poorer health and wellbeing than non-carers, especially if they have been providing long-term care for someone with severe mental illness. This can be emotionally, physically, and economically demanding and exhausting.

Families and friends can experience distress and trauma associated with the advent of mental illness, and develop feelings of guilt, shame, anger, uncertainty, loss, and grief due to the mental ill health of someone they care about. They can also feel frustration related to behaviours, dilemmas of caring, and experience stigma, discrimination and isolation, including losing touch with friends and other social costs as a result of their role.<sup>8</sup> There are also the significant issues of lost employment opportunities with low income as a result and reduced capacity to build superannuation.<sup>9</sup> On top of this:

- It is widely acknowledged that there is insufficient targeted support for carers of people with mental health issues, particularly those who are geographically isolated, socio-economically disadvantaged and from linguistically or culturally diverse backgrounds or other disadvantaged high-risk groups;
- Peer support and sharing of learned wisdom have been recognised by many families and carers as essential in their caring journey;
- People who have ‘been there’ have knowledge and expertise based on their own lived experience. Sharing this knowledge can help others to understand their own experience and move forward;
- Support groups can help to increase families and friends’ social connections, learning, and self-care. Carers have told us consistently that it can be hard to maintain relationships with family and friends when one is a mental health carer. Lack of family acceptance increases isolation for both carer and consumer;
- Many supports for mental health families and friends are being withdrawn. For instance, the Commonwealth Mental Health Respite: Carer Support (MHR:CS) funding is being transferred to the NDIS. This is despite the fact that only a small number of people with psychosocial disability are eligible for the NDIS and even those who are will require continuing informal support from others.

*The Economic Value of Informal Mental Health Caring in Australia*<sup>10</sup> report provides the first known estimate of the economic value of informal mental health care in Australia. The results of this study show that informal mental health carers (families and friends) add significant economic value to the Australian mental health system, and that improvements to services for people with mental illness and their carers are warranted.

One major finding of this report is that **carers appear to be filling in the gaps of consumer services in Australia. However, as outlined by one respondent, carers “often don’t have the skills to cope with someone who is unwell with mental illness”.**<sup>11</sup>

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<sup>8</sup> Yonas Mihtsuntu (2013), Reaching ‘hidden’ Carers through an integrated and collaborative service delivery model, *new paradigm Autumn*, pp. 15-19, <http://cmha.org.au/wp-content/uploads/2017/06/2013NewParadigmAutumn.pdf>

<sup>9</sup> Caring – a job & a half: Based on the stories of Mental Health Carers in Tasmania (2015), Mental Health Carers Tasmania, <https://mhffamiliesfriendstas.org.au/wp-content/uploads/2017/03/2.-Caringajobahalf.pdf>

<sup>10</sup> 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](https://www.mindaustralia.org.au/sites/default/files/Mind_value_of_informal_caring_full_report.pdf)

<sup>11</sup> *The economic value of informal mental health caring in Australia: technical report*, p. 91.

## 6. Supporting Documentation

MHFFTas Strategic Plan:

- See Attachment 1.

MHFFTas Workplan:

- See Attachment 2.

MHFFTas Annual Report 2020:

- <https://mhfamiliesfriendstas.org.au/wp-content/uploads/2020/10/Mental-Health-Families-and-Friends-Tasmania-Annual-Report-2019-2020.pdf>

MHFFTas Caring Voices Project 2015:

- <https://mhfamiliesfriendstas.org.au/wp-content/uploads/2017/05/Caring-Voices-Project-Overview.pdf>