

## Paper One: 'Who are Mental Health Family Members and Friends?'

April 2021

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We are all mental health families and friends.

**Mental health families and friends are people who provide unpaid physical, practical or emotional support to a family member, friend, neighbour or colleague experiencing mental ill health and or substance misuse\*.**

*\*Families and friends tell us that the people they support often experience both mental ill health and substance misuse conditions (also known as alcohol and drug conditions). In response to our community's lived experience, Mental Health Families and Friends Tasmania (MHFFTas) provides education, support and advocacy for families and friends supporting someone experiencing mental ill health as well as those supporting someone experiencing a comorbidity of mental ill health and substance misuse.*

Currently, one in two Australians will experience mental ill health at some point in their life<sup>1</sup>. This means that at some time in our own life, if we are not personally affected by mental ill health, it is highly likely that we will support a family member or friend who is. Of those who experience mental ill health, almost half will also experience a substance misuse condition<sup>2</sup>. For example, in 2019, 62% of Tasmanians with lived experience of ecstasy and related drug use alone self-report an experience of mental ill health<sup>3</sup>. MHFFTas advocates for the recognition of our stakeholder's lived experience in supporting a dual diagnosis or comorbidity within this context.

**Families and friends are fundamental to the recovery journey of people with mental ill health and or substance misuse conditions.** Family members and friends are the key educators, advocates, and natural supports for people with mental ill health (and related comorbidities). They also know the person, and most likely knew them before they became unwell. They hold a unique source of information about the person's life beyond their diagnosis of mental illness, including information about their interests, skills, beliefs and ambitions. Within the recovery-orientated model of mental health care adopted by the State Government, this information is vital to consumer care planning and recovery.

In 2017, there were an estimated 240,000 family members and friends supporting someone with mental ill health in Australia<sup>4</sup>. Notably, this estimate did not capture people who do not recognise that they provide unpaid, informal support to another person, nor those who do not relate to the term 'carer' but who fall within the definition of mental health families and friends above. At the time of analysis, it was estimated to cost \$13.2 billion to replace the informal mental health care provided by the mental health family members and friends surveyed with formal support services<sup>5</sup>. Since 2017, and given the recent impacts of COVID-19, MHFFTas believe these numbers to have risen significantly. It is with such figures in mind that MHFFTas

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<sup>1</sup> National Survey of Mental Health and Wellbeing, 2007 - <https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/latest-release#data-download>

<sup>2</sup> Common Comorbidities with Substance Use Disorders Research Report Part 1: The Connection Between Substance Use Disorders and Mental Illness, <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>

<sup>3</sup> Tasmanian Drug Trends 2019: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews, <https://ndarc.med.unsw.edu.au/resource/tasmanian-drug-trends-2019-key-findings-ecstasy-and-related-drugs-reporting-system-edrs>

<sup>4</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>5</sup> Diminic *et al*, p. 12.

advocates strongly for the need to consider family members and friends as playing a fundamental role in achieving positive mental health outcomes in Tasmania.

**Mental health families and friends provide hours (often 24/7) of unpaid care and support within the home and community.** The greater proportion of these support people are women and the impact on their financial future, alone, is enormous. Mental health families and friends often experience:

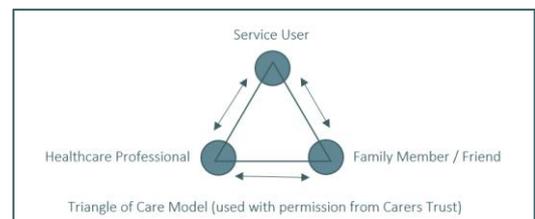
- Loss of income through loss of employment and subsequent loss of retirement benefits.
- Loss of work skills due to years out of the workforce and subsequent loss of confidence and capacity.
- Loss of connections and relationships and subsequent social isolation.

Unsupported family members and friends often experience stress, burn out and fatigue. Family and friend stress and fatigue impacts on a support person's ability to continue to effectively advocate and support the person they are caring for, as well as negatively affecting their own wellbeing. As families and friends tell us:

*"The practical, physical, economic and emotional demands of supporting a loved one can be enormous. The caring role can have a significantly negative effect on the health and wellbeing of families and friends who provide considerable unpaid support to people with mental health issues, saving the community a great deal of money while receiving very little support themselves."*

In the absence of this informal care, the overall functioning and quality of life of people with mental ill health who currently receive unpaid support from another would be poorer. Their care needs would either go unmet or would need to be picked up by formal health and social care systems, at additional cost to government<sup>6</sup>. As such, MHFFTas advocates for models of mental health care to fully recognise the collective effort of family members and friends, practitioners and a consumer in health care access and provision and in recovery and rehabilitation. Further, MHFFTas suggests that a patient's natural support networks be viewed as an extension of the mental health care workforce, and entitled to similar consideration when reviewing workforce training and support systems.

To this end, MHFFTas proposes the adoption of the Triangle of Care model of mental health care provision within programs and services. The Triangle of Care model reminds us to consider the unique needs of every participant in a consumer's care provision and ensures that the unpaid support role is viewed as an essential component of a consumer's care and recovery journey.



Going forward, MHFFTas welcomes the opportunity to work with all partners to ensure the lived experience and needs of mental health families and friends are heard, recognised and met.

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### Our Vision

*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.*

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<sup>6</sup> Diminic et al, p. 1.