

**Submission
No 111**

INQUIRY INTO PREVALENCE, CAUSES AND IMPACTS OF LONELINESS IN NEW SOUTH WALES

Organisation: Mental Health Carers NSW Inc

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Mental Health Carers NSW Inc.

**Inquiry into the prevalence, causes and impacts of
loneliness in New South Wales**

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Prasheela Karan
Richard Baldwin
Armie Farooqui
Jonathan Harms



**Mental Health
Carers NSW**

About Mental Health Carers NSW (MHCN)

Mental Health Carers NSW (MHCN) is the peak body for carers of people who experience mental illness in NSW. It is a community-based, non-government organisation that provides systemic advocacy, capacity development and education for the carers, family, friends and kin of those experiencing mental illness across NSW. It has also recently been funded under the Disability Advocacy Futures program to provide systemic advocacy on behalf of those who experience psychosocial disability.

There are currently 2.7 million unpaid carers in Australia, 39% of whom provide more than 40 hours of care per week. Due to the demands of their full-time caring role, carers are at a high risk for developing mental health issues, as well as experiencing loneliness and social isolation. We work to ensure the voices of mental health carers in NSW and the people they love and support are represented and heard in policy and service reform processes to increase the willingness of the community to ensure their rights are upheld, (which requires services to realise these rights to be *funded*). We endeavour to empower mental health carers and the people with experience of serious and persistent mental distress they care for to become champions for mental health reform and advocacy.

MHCN also undertakes systemic advocacy for psychosocial disability issues to non-Health state government services under the Disability Advocacy Futures Program funded by the Department of Communities and Justice. We regularly engage carers in a range of different ways. Currently, we convene the *Carers of Forensic and Corrections Patients Network* meetings, held monthly in collaboration with Erika Ballance, Family and Carer Consultant, Justice Health and Forensic Mental Health Network, Ministry of Health. We also hold monthly meetings that are peer led through the *Mental Health Carer Connections Meetings*.

Executive Summary

This submission is our reply to an invitation to respond to the Inquiry into the prevalence, causes and impacts of loneliness and social isolation on mental health carers in NSW. This submission identifies mental health carers as being at risk of loneliness and social isolation. A second submission by MHCN into this Inquiry has been produced that identifies people with psychosocial disability similarly being at risk.

Loneliness is a universally experienced and distressing emotion often arising from unmet social needs (Hajek et al., 2021). It is a growing concern that impacts many people, including carers. For instance, studies have reported that carers are vulnerable to loneliness, psychological distress and diminished quality of life (Carers Australia 2024; Hayes et al., 2015; Poon et al., 2015).

Mental Health Carers are at risk of loneliness and social isolation ToR (b)

Mental health carers encounter unique challenges associated with their caring work, potentially resulting in decreased opportunities for social engagement and connection. Various initiatives exist in NSW to foster social connection among carers. However, there is a high level of unmet need and further support, and funding is needed. The State Government should continue challenging stigmatising attitudes towards mental illness, including within services that support persons experiencing a mental illness, and their families and carers. The detrimental impact of such stigma is evident in the reduced emotional support for carers, which creates greater risk of social isolation and therefore higher risks of them developing their own mental health issues.

Furthermore, there is a need to directly address carer loneliness through an increase in funding directly for carers to access respite for themselves, including residential respite services, and options to enjoy entertainment venues based on their own choices, which will give recognition for carers. Personal time to enjoy the pursuits that carers choose to enjoy (along with participation in education and employment) is a human right, and it is important that the State Government funds and provides such opportunities for carers. In addition, creating spaces where carers feel welcome and can engage with others having similar experiences is important. Initiatives that provide non-judgmental and welcome spaces via support groups can contribute to the wellbeing of some carers and should be supported.

Steps the State Government can take to reduce the prevalence and impacts of loneliness in the community (ToR i):

This population needs initiatives designed specifically for them to reduce loneliness and social isolation. In its report to the Government the 2024 *Inquiry into Equity, accessibility and appropriate delivery of outpatient and community mental health care*

in New South Wales by Portfolio Committee No. 2 – Health, NSW Legislative Council found that

‘The fragmentation of mental health services in NSW leads to extraordinary difficulties for mentally ill people and their carers to navigate and access appropriate services and care. This difficulty often exacerbates mental distress, and contributes to inefficient use of limited resources.’ Finding 2

The committee made the following recommendation ‘That NSW Government ensure funding for carer education, supports and resources, including respite services.’ (Recommendation 3). MHCN is of the view that should the NSW Government choose to fund additional carer support services, including respite services, as recommended, this will significantly contribute to the reduction in the risk of social isolation and loneliness of mental health carers.

We have therefore made the following recommendations to support this:

1. Recognise the needs and diversity of carers

The NSW Government should provide funding:¹

- For carer education to develop the skills and resilience of carers to assist them to avoid loneliness and social isolation as recommended by the 2024 Legislative Council Inquiry (see above)
- To establish carer support services for groups of carers from culturally and linguistically diverse, LGBTIQ+, and indigenous backgrounds.
- For media awareness campaigns to reach out to hidden and informal carers about the care work they perform and the types of supports and services available to them.
- To implement tailored initiatives by organisations working with the diversity of carers, that are meaningful for these carers to enjoy social connection, including carers from multicultural and Aboriginal and Torres Islander communities, and in regional, rural and remote areas.

2. Protect families and carers, and the person they care for against stigma

The NSW Government should:

- Support initiatives to achieve better standards in language use by combatting stigma in the broader community level, as well as sensationalist media reporting.
- Address stigma within services that engage, and support persons impacted by mental health illness and their families and carers, including police and mental health services.

¹ Mental Health Carers, in association with the Mental Health Coordinating Council (MHCC) has prepared estimates of the cost of several of these recommended initiatives. These estimates are included in the Pre-Budget Submission of the MHCC available at <https://mhcc.org.au/wp-content/uploads/2024/10/MHCC-Pre-Budget-Proposal-2025-29-Submission.pdf>

- Implement broader community awareness programs to reduce stigma.

3. Increase respite and social connection opportunities among carers

The NSW Government should provide funding:

- For the establishment and ongoing support for additional carer support groups in each Local Health District in NSW and to facilitate the establishment of local networks of carers and provide social support to overcome loneliness.
- To expand the operation of the Family and Carer Mental Health Program so that access points to this program are available for carers in a wider range of health services and other locations that are possible under the current level of funding.
- To expand the very limited scheme of in-home respite services currently provided through MHCN from its own resources to meet the needs of up to 800 mental health carers a year who could benefit from this program.
- To fund a limited number of residential respite opportunities at the local level across NSW to enable carers to have an extended absence from their caring duties to overcome loneliness and social isolation.
- For respite services directly for carers and access to entertainment venues through a carer respite card, enabling carers to flexibly choose the types of entertainment and activities that they would like to engage with.
- Media awareness raising campaigns on existing initiatives to support social connection among carers.
- For organisations to have the capacity to run face to face and online support groups for carers, facilitating the opportunity for engagement with others encountering similar challenges and situations.

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Scope of this Submission

This submission addresses the following terms of references as published by the Standing Committee with regard to the experiences of mental health carers:

- (b) the identification of populations most at risk of loneliness and social isolation.
- (c) evidence of the psychological and physiological impacts of loneliness on people, including young people, the elderly, those living with a disability, those living in regional areas and the bereaved.
- (g) the identification of existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation.
- (i) steps the State Government can take to reduce the prevalence and impacts of loneliness in the community.
- (j) steps that community, technology/social media companies, organisations, and individuals can take to reduce impact of loneliness on individuals and the community.

Introduction

While carers have reported their caring journey to be filled with positive moments, it is also full of challenges, including negative impacts on social connection. Mental health carers encounter unique and challenging experiences, potentially over a long period of time across their caring journey. This lack of shared experiences or understanding of personal struggles by others can result in a deep sense of loneliness and social isolation, resulting in an absence of belonging.

Indeed, time spent caring and prioritising the needs of others over themselves, and a lack of sufficient emotional, financial and other forms of support are some of the factors that can contribute to loneliness and social isolation among carers. This is evident from recent research conducted via a nationwide Carer Wellbeing Survey (Mylek and Schirmer 2024) in which just over 50% of carers felt that their caring duties had negative consequences regularly or always on their social life, and 45% indicated that relationships with friends and family had suffered. In NSW, over 60% of carers reported feeling socially isolated (Carers NSW 2024).

Consequently, this submission will discuss

- the vulnerability of mental health carers to loneliness and social isolation
- the physical and psychological impacts of loneliness
- the impact of stigmatising attitudes towards mental illness on carers, and
- the harm caused by sensationalist media reporting especially of forensic (criminal mental health) cases.

Importantly, this submission will highlight the critical need to fund respite services directly for mental health carers by the State Government in which there is a high level of unmet need, and the potential for community groups and organisations to foster a

sense of belonging among carers through online groups and regular engagement activities.

Mental health carers' vulnerability to loneliness and social isolation

The unique lived experiences in caring for a loved one with a mental illness can distance carers from others who may not fully understand or relate to the challenges mental health carers regularly face. Carers, and the person with a mental illness they care for, may face significant obstacles in accessing suitable supports and services due to multiple issues, such as stigma, a chronic lack of mental health workers and limited range of services, particularly in regional, rural and remote areas.

These issues make it difficult for mental health carers to navigate the system and get effective and timely support for the person they care for, leading to significant ongoing frustrations, burnout and other mental health impacts for both carers and the person they care for. Such experiences can be difficult to disclose and share with others including among family members who may have divergent reactions and responses to mental health issues, which means that carers can feel quite alone for long periods in their caring journey.

Mental health carers come from all different backgrounds with varied relationships, including as partners and spouses, grandparents, parents, children and teenagers, a friend or roommate, a sibling, and so on. They may be an informal carer, or be recognised as a designated carer, or principal care provider under the *Mental Health Act 2007 NSW*, or they may be a hidden carer.

Mental health carers can fall into the following broad categories:

- Informal carer – provides support to their loved ones during physical or mental illness, disability, or ageing. Typically, informal carers are family members, such as parents, spouses, children, or grandparents, and they offer unpaid emotional and practical assistance, including mobility support, hygiene care, and communication help (ABS, 2022).
- Designated carer – under the *Mental Health Act 2007 NSW* a person can nominate one or two designated carers. They would normally have a close and personal relationship with the person they care for.
- Principal care provider – an authorised medical practitioner may identify a principal care provider under the *Mental Health Act (2007) NSW* who they identify as the person who provides day to day unpaid care for the person, and they may also be the same person nominated by the individual as the designated carer. This generally occurs when the person nominates a designated carer who is not their usual carer.

- Hidden carers – those who do not identify themselves as a carer and therefore may not be accessing services. These are typically family members who continue to provide care they see as their duty and responsibility.

All carers are vulnerable to loneliness and social isolation. However, informal carers and hidden carers are especially vulnerable, as they are less likely to be linked with support services (Sharafizad et al., 2024). Furthermore, carers in remote, regional and rural areas contend with multiple challenges, such as a lack of nearby and easily accessible services. Initiatives to mitigate and reduce loneliness and social isolation should be tailored to the needs of carers from diverse backgrounds, including from multicultural communities, Aboriginal and Torres Strait Island communities and in regional, rural and remote areas.

Physiological and psychological impacts of loneliness

Loneliness and social isolation can have profound physiological and psychological effects. In the general population, physiological impacts extend to obesity and high blood pressure, further compounding health risks. Psychologically, social isolation can lead to poor social relationships, social exclusion, and reduced social engagement, often resulting in psychological distress, decreased wellbeing, and a breakdown in personal relationships. These factors contribute to increased care needs, reduced independence, and diminished participation in social activities, all of which deteriorates an individual's sense of belonging and life satisfaction (Neves et al., 2019; AIHW 2024).

The nationwide 2024 Carer Wellbeing survey (Mylek and Schirmer 2024) highlighted that unpaid carers are thrice as likely to report being lonely, and those who often or always experience loneliness are nearly five times more susceptible to having low levels of wellbeing compared to carers who were rarely lonely. In addition, carers have higher psychological distress, and experience poorer financial stability, which further compounds stress and can limit access to suitable and timely health services, in comparison to the average adult Australian population.

Other effects associated with loneliness and social isolation are an increased risk of premature mortality, dementia, heart disease, stroke, and mental health issues such as depression, anxiety, and suicide. Individuals experiencing social isolation may also face a higher likelihood of hospitalisation, frequent emergency department visits, chronic pain, physical frailty, and terminal illness. Hence, reducing loneliness and social isolation is significant for achieving better physical health.

Initiatives to mitigate and reduce loneliness and social isolation

This section identifies initiatives to mitigate and reduce loneliness and social isolation. As this section shows, while there are various initiatives which may have a meaningful impact on persons accessing such supports, few exist which have been designed

specifically to support mental health carers and with an explicit aim to reduce loneliness and social isolation.

Existing initiatives to reduce loneliness and social isolation

1. **Community Connections Program (Open Support)** - The Community Connections Program by Open Support, a Sydney-based charity, focuses on helping individuals who are socially isolated and lonely. Open Support also works with women and children impacted by domestic violence.
<https://opensupport.org.au/our-programs/social-isolation-loneliness/>
2. **Ending Loneliness Together (ELT)** - Ending Loneliness Together (ELT) is a national organisation that MHCN has worked with to raise awareness and reduce loneliness through evidence-based solutions and advocacy. They use research from experts worldwide to create effective interventions at community, government, and individual levels. ELT informs policymakers and the public about the importance of addressing loneliness. Their campaigns share real stories to promote connection in various settings, from workplaces to schools, and recognises the intersection between loneliness and mental health. They do not provide supports and services for individuals, including mental health carers, impacted by loneliness. <https://endingloneliness.com.au>
3. **Friends for Good** - has developed a range of initiatives, which includes educational programs to increase awareness of loneliness as a public health issue, while also addressing service gaps that leave people disconnected from their communities. <https://friendsforgood.org.au>
4. The Department of Communities and Justice, NSW Government, is also funding initiatives to help meet needs in Aboriginal communities, people with multicultural backgrounds, and LGBTIQ+ people. [Connecting Seniors Grant Program 2025 | Communities and Justice](#)
5. [Carer Gateway](#) – provides various services including emergency respite and opportunities to attain a support package that helps with, for example, household chores and shopping, and runs peer support groups.
6. [NSLHD Carer Support](#) – for carer support needs.
7. [Carers NSW](#) – raises awareness and directs carers to information and services, such as respite care through the Carer Gateway, conducts research, runs carer support groups, and provides pamphlets on building meaningful relationships; also maintains a [Carer Line](#) from 9am – 5pm, Monday to Friday on 1800 242 636.
8. [Young Carers](#) – Information and support for young carers (under 26 years).
9. [Carers NSW Aboriginal and Torres Strait Islander Carer Program](#) – resources and information on relaxation, health and wellbeing, support groups and carer life courses, and free call 1800 242 636 (*except from mobile) 9am-5pm Monday - Friday.
10. [Dementia](#) – Alzheimer’s Australia is the national peak body for people living with dementia, their families and carers and has a range of information on respite care.
11. Transcultural Mental Health Centre – runs carer support groups for people from culturally and linguistically diverse communities, and the Transcultural Mental

Health Line: 1800 648 911. Monday – Friday; 9:00 am - 4:30 pm.
<https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre>

In general, there is a dearth of supports specifically for supporting mental health carers and with a particular focus on addressing loneliness and social isolation. This is especially the case for carers of forensic and corrections patients, who have access to very few supports specifically designed to address their experience of their caring journey. However, they are highly at risk of trauma and their own negative mental health outcomes without adequate supports. Carer needs are unjustly excluded from calculations of need for psychosocial support services in current health planning frameworks because they are not viewed as having their own serious mental health issues, and this injurious exclusion needs to be fixed, with carer support being seen as an intrinsic part of holistic mental health service delivery to the people they care for.

The limited number of services and supports that do exist for mental health carers are often encompassed within initiatives for carers generally. MHCN recognises the important support provided through such initiatives. At the same, MHCN identifies that additional funding of new services and supports is needed specifically for mental health carers which explicitly aim to address loneliness and social isolation. This may, for instance, be especially beneficial for mental health carers contending with particularly unique caring journeys, for example, carers of forensic and corrections patients.

Further support for mental health carers is needed with funding and investment from the State Government. This is discussed in the following section.

Address stigma and provide funding for appropriate respite services and social connection activities

Stigma and its consequences

Stigma is when someone sees a person with a mental illness and/or their carers in a negative way because of the mental illness². This negative view can lead to discrimination and isolation. Social stigma and discrimination can make mental health problems worse and stop a person, and their carer, from getting the help they need.

MHCN advocates that the State Government should provide additional support to address stigma both in the broader community and in services that support persons experiencing mental illness and their carers.

² Adapted from the Better Health Channel, Victorian Government and downloaded on 30 October 2024 from <https://www.betterhealth.vic.gov.au/health/ServicesAndSupport/stigma-discrimination-and-mental-illness>

Fund initiatives to address stigma

Stigma affects mental health carers in many ways, including reduced emotional support and increasing levels of distress. It may prevent carers from seeking or getting support from friends and family members, and accessing support services.

MHCN holds monthly meetings with carers of forensic and corrections patients in collaboration with the Family and Carer Consultant, Justice Health and Forensic Mental Health Network. Carers participating in these meetings have discussed at length the stigma they have faced, and especially the impact of sensationalist media reports in forensic (criminal mental health) cases. MHCN has previously advocated on the need for sensitive media reporting in two submissions to the Law Reform Commission in 2021 (Open Justice Review) and 2023 (Review of the Anti-Discrimination Act 1977 (NSW)).

MHCN feels compassion for victims as well as families who also suffer when a person they have been unsuccessfully trying to get help for finally hurts themselves or someone else. We also recognise the vulnerability of persons experiencing persistent and serious mental illness, as well as their families and carers, particularly within the context of media coverage that negates to present the truth fairly, providing only a distorting and limited fraction of it.

Such stigma and re-traumatisation caused by sensationalist media reports often occurs within a context of limited support services, including psychological support. For instance, carers of forensic and corrections patients have discussed at length with MHCN the difficulties they have faced in accessing appropriate psychological support services, particularly because of the unique challenges associated with their caring role. In particular, these carers have highlighted that the Family and Carer Consultant, Justice Health and Forensic Mental Health Network, has been an essential source of support. However, there is only one such role in the state of NSW. Moreover, it is a part-time role for which backfill is not provided when the person employed in this position is on leave.

Critically, media reports have a powerful impact on societal attitudes, and can manifest as vilification (see Katterl 2023). MHCN advocates that media reports adhere to better standards in language use that will improve and support recovery. In addition, the State Government should fund initiatives to address stigma in the broader community to protect persons impacted by mental illness and their carers. Significant investment is also required to address stigma in services that support vulnerable persons, and their families and carers, including police and health services responding to mental health crisis in the community.

Respite services and social connection activities

Need for additional respite services

Respite services relieve mental health carers from their caring duties for time limited periods. This enables the carer the time to reconnect with friends and relatives, undertake work or business activities or just to relax and rewind.

The creation of the NDIS resulted in a discontinuation of previous respite services for mental health carers (*although the previous program has considerable limitations*) and created a gap in respite services in NSW. Additional funding is needed for appropriate respite services and social connection activities.

Significantly greater investment is needed by the State Government to fund respite directly for mental health carers and raise awareness of such supports. The 2024 Inquiry into *Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales* recommended that funding for respite must be ensured by the State Government (New South Wales. Parliament. Legislative Council. Portfolio Committee No. 2 - Health. Report no. 64).

The NSW Carer Strategy: *Caring in NSW 2020 – 2030* (State of New South Wales, (Department of Communities and Justice) 2020) recognises that respite is critical for carers. The NDIS does not provide funding directly for carers to have respite, and carers do struggle to access respite for themselves which has impacted their ability to meet their own needs physically, emotionally, socially and culturally (State of New South Wales (Department of Communities and Justice) 2020). Furthermore, a nationwide Carer Wellbeing survey (Mylek and Schirmer 2024) found that only just 54% of carers reported feeling refreshed after accessing carer respite for the person they care for.

At present, MHCH provides a small number of respite grants of \$1000 to carers from a bequest by Eunice Lonergan to MHCN for this purpose. The bequest money is held in trust and according to the terms of the bequest the program can offer a small number of grants for travel and accommodation to carers in specific living arrangements with the person they care for due to legalities around how the bequest is used. The Board must approve all grants to ensure these strict criteria are met. We estimate there is significant unmet need for up to 800 additional grants each year.

Furthermore, funding is needed for Residential Respite services distributed across NSW. One option is to fund, for up to 3 months each year, one residential respite bed for use by people with a mental illness through each NSW Local Health District. This will provide longer respite for mental health carers to enable them to undertake work, study or recreation while the person they care for is looked after. This residential respite could take a number of forms based on local need.

Residential respite should consider the diversity of carers, including from multicultural communities and Aboriginal and Torres Strait Islander people. This initiative will need to

engage with carers and communities to research what forms of respite would be most useful for different carers.

Finally, the ability to have personal time, as well as undertake education and employment, should be considered a right. Explaining and justifying the need for respite can put off carers from applying. Long application processes that involve inflexible eligibility criteria is unhelpful and can prevent many carers from even applying because they juggle multiple responsibilities and are time poor.

Providing mental health carers access to entertainment venues

A lack of access to entertainment and access to social venues can impact on feelings of loneliness for mental health sufferers and their carers. This lack of access can arise because mental health carers and the person they care for, cannot afford to both attend an entertainment or social venue.

Carers have expressed to MHCN that being able to access a 'carer respite card' for attending entertainment venues would greatly improve their access to these services and provide relief from loneliness and isolation. This may provide a sense of freedom for carers to utilise their time in a way that is re-energising for them personally, and give them recognition for the role they undertake.

The State Government should also promote existing social connection opportunities, and respite via mainstream news, social media, newsletters, and bulletins to raise awareness among families and carers. This may help with potential low uptake of social connection opportunities resulting from a lack of awareness of services (Carers Australia 2023).

Implement online advocacy and support groups

Organisations, communities and individuals can help to alleviate loneliness and social isolation by fostering a sense of belonging. Creating a space which fosters social connection, and a sense of belonging based on similar experiences provides an important form of support. MHCN implements various types of events with carers such as trainings, consultations and monthly meetings. Certain events are conducted online, while others are face to face.

Currently, MHCN runs two monthly groups with carers online, the Mental Health Carer Connection meeting and the Carers of Forensic and Corrections Patients Network meeting. These regular meetings focus on a specific topic relevant for carers attending these meetings. They may include presentations by guest speakers on topics of interest and activities to engage and undertake advocacy with carers on issues affecting them. These types of meetings also include an element of mutual sharing and support, which can help to alleviate loneliness and social isolation, and provide a sense of belonging.

Feedback from carers has indicated that holding events online has supported mature aged carers and carers living in regional areas to be able to attend meetings. Furthermore, online meetings can support persons who are busy juggling multiple responsibilities to attend, as this reduces time spent on travelling. It is also evident that face to face meetings are hugely beneficial in fostering discussion.

However, these programs and services are hampered by a lack of resources. MHCN could increase its range of support services for additional groups (e.g., mental health carers caring for people over the age of 65, young carers providing care for parents, mental health carers from non-English speaking backgrounds).

Recommendations

Steps the State Government can take to reduce the prevalence and impacts of loneliness in the community (ToR i):

1. Recognise the needs and diversity of carers

The NSW Government should provide funding:³

- For carer education to develop the skills and resilience of carers to assist them to avoid loneliness and social isolation as recommended by the 2024 Legislative Council Inquiry (see above).
- To establish carer support services for groups of carers from culturally and linguistically diverse, LGBTIQ+, and indigenous backgrounds.
- For media awareness campaigns to reach out to hidden and informal carers about the care work they perform and the types of supports and services available to them.
- To implement tailored initiatives by organisations working with the diversity of carers, that are meaningful for these carers to enjoy social connection, including carers from multicultural and Aboriginal and Torres Islander communities, and in regional, rural and remote areas.

2. Protect families and carers, and the person they care for against stigma

The NSW Government should:

- Support initiatives to achieve better standards in language use by combatting stigma in the broader community level, as well as including sensationalist media reporting.
- Address stigma within services that engage, and support persons impacted by mental health illness and their families and carers, including police and mental health services.
- Implement broader community awareness programs to reduce stigma.

³ Mental Health Carers, in association with the Mental Health Coordinating Council (MHCC) has prepared estimates of the cost of several of these recommended initiatives. These estimates are included in the Pre-Budget Submission of the MHCC available at <https://mhcc.org.au/wp-content/uploads/2024/10/MHCC-Pre-Budget-Proposal-2025-29-Submission.pdf>

3. Increase respite and social connection opportunities among carers

The NSW Government should provide funding:

- For the establishment of carer support groups in each Local Health District in NSW to facilitate the establishment of local networks of carers and provide social support to overcome loneliness.
- To expand the operation of the Family and Carer Mental Health Program so that access points to this program are available for carers in a wider range of health services and other locations that are possible under the current level of funding.
- To expand the very limited scheme of in-home respite services currently provided through MHCN from its own resources to meet the needs of up to 800 mental health carers a year who could benefit from this program.
- To fund a limited number of residential respite opportunities at the local level across NSW to enable carers to have an extended absence from their caring duties to overcome loneliness and social isolation.
- For respite services directly for carers and access to entertainment venues through a carer respite card, enabling carers to flexibly choose the types of entertainment and activities that they would like to engage with.
- Media awareness raising campaigns on existing initiatives to support social connection among carers.
- For organisations to have the capacity to run face to face and online support groups for carers, facilitating the opportunity for engagement with others encountering similar challenges and situations.

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