



Queensland Alliance for Mental Health

Carer Leave Submission

August 2022

Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Background

QAMH welcomes the opportunity to provide comment on the Productivity Commission's Issues Paper on Carer Leave. Carers provide a vital service to the broader community, reducing the need for formal (paid) care. However, time spent caring significantly reduces the time available for carers to participate in employment and education, and too often they are faced with impossible choices. In the current context, where the demand for carers is escalating,¹ this Issues Paper is a timely examination of the ways to incentivise informal care by exploring an extension of unpaid carer leave.

We acknowledge that the Issues Paper was written in response to the Royal Commission into Aged Care Quality and Safety and consequently focuses on examining options for extending unpaid leave to carers of older people. However, QAMH would argue that the proposed changes to the National Employment Standards be broadened to include all carer types. As such, this submission will focus on the particular question posed by the Productivity Commission - whether reforms to supports for carers of older people should be extended in their application to other carers too. As the peak body for the Community Mental Health and Wellbeing Sector in Queensland, QAMH's focus is on carers of people experiencing mental illness.

The 2021 ABS Census revealed that mental illness is now the most common of all chronic diseases, with 2.2 million Australians reporting mental illness as a long-term health condition, far outnumbering diabetes, heart disease, arthritis or asthma.² It also accounts for 12.3% of the total disease burden in Australia.³ But as illuminated by the Productivity Commission's 2020 Mental Health Inquiry Report, there are gaps in available services for people with mental illness which result in them not always receiving timely support of the type and quantity needed. Consequently, the burden of care often falls upon informal carers such as a family member or friend. These carers are instrumental in providing a range of emotional and practical supports to people with mental illness and frequently make a crucial difference to their wellbeing and recovery journey. In their absence, the care needs of people with mental illness would either go unmet or would need to be picked up by the formal health and social care systems, at additional cost to government and society.

This submission will explore these issues by addressing the following areas:

- The current value of carers of people with mental illness
- Recommended design features of an extended unpaid leave system

¹ Deloitte Access Economics. (2020). *The Value of Informal Care in 2020*. [The value of informal care in 2020 \(carersaustralia.com.au\)](https://www.carersaustralia.com.au)

² Australia. Australian Bureau of Statistics. (2022). *2021 Census*. [2021 Queensland, Census All persons QuickStats | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/QuickStats/Australian-Bureau-of-Statistics)

³ Australia. Australian Institute of Health and Welfare. (2018). *Australian Burden of Disease Study: Impact and Causes of Illness and Death in Australia 2018*. [Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018, Summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/Australian-Burden-of-Disease-Study)

The Current Value of Carers of People with Mental Illness

Informal carers provide substantial support to people with mental illness. The 2020 Productivity Commission's Mental Health Inquiry quantified the total informal support provided by family and friends to Australian adults with mental illness. It found that 971 000 people were caring for someone who had mental illness and for 414 000 of these carers, mental illness was the main condition of their care recipient.⁴

Carers provide a range of valuable emotional and practical supports. The University of Queensland's School of Public Health published research on the actual nature of care provided.⁵ They found that 68% was emotional and psychosocial care (encouraging, motivating, prompting and managing crises and inappropriate behaviour), 29% was assistance with practical activities (household tasks, health care coordination, transport, managing finances and other paperwork), and 3% was assistance with activities of daily living.

Crucially, people with mental illness are often unable to access these sorts of supports from elsewhere, making carers invaluable to the recovery process. The Productivity Commission identified "several hundred thousand" Australians who fall into the "missing middle", a term which refers to the large and growing number of people whose situation is considered too complex or severe to be treated in the primary care system but are not deemed unwell enough to be treated by acute services. There are numerous reasons for the emergence of this missing middle, and myriad of ways people are experiencing distress in a system so fundamentally inadequate to cope with demand. But in QAMH's experience, a significant proportion of this gap is currently being filled by informal care. When people don't have access to formal care in the current system, they rely heavily on informal (unpaid) carers.

Finally, the economic value of informal mental health care in Australia has been quantified by researchers at the University of Queensland's School of Public Health. They found that carers provided 208 million hours of care annually - which would cost \$14.3 billion to replace with paid carers.⁶ This significant economic value, which would otherwise be thrust upon the taxpayer, must be taken into account in any discussion about changes to the leave entitlement system for carers.

⁴ Australia. Productivity Commission. (2020). *Mental Health Inquiry Report*, 3(95), p872.

⁵ Diminic, S., Hielscher, E., Lee, Y.Y., Harris, M.G., Schess, J., Kealton, J., & Whiteford, H.A. (2017). *The economic value of informal mental health caring in Australia*, p68.

⁶ Diminic, S., Hielscher, E., Lee, Y.Y., Harris, M.G., Schess, J., Kealton, J., & Whiteford, H.A. (2017). *The economic value of informal mental health caring in Australia*, p12.

Recommended Design Features

This section details QAMH's recommendations for how a provision for extended unpaid carer leave should be designed and implemented under the National Employment Standards.

Definition of Carer

In its consideration of potential model designs for an unpaid leave entitlement, QAMH feels it is essential that the Productivity Commission broaden the scope to include all carers irrespective of the age of the care recipient. As stated by Arafmi, a QAMH member which provides supports to mental health carers in the Brisbane region, "the age of the person they are caring for is of very little relevance to anyone's choice to become a carer, and the impacts of that choice on their employment."⁷ QAMH believes the definition of carer should align with the Carer Recognition Act 2010 (Cth) that defines carer as "any individual who provides unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, alcohol or other drug issue, or who are frail aged".⁸ Any new entitlement should adopt this broad definition in acknowledgement that the informal care of older people has no substantial difference to the care provided to other people.

We also believe it is unnecessary to differentiate between 'primary' and 'other' carers when considering access to unpaid carer leave. Importantly, the Carer Recognition Act does not make this distinction. Rather, all informal carers should be provided with an option to take extended unpaid carer leave. In fact, the person who is available to provide support to that person at that time is best suited to respond. Creating artificial situations where only a single person is involved in care is not reflective of real-world circumstances.

We would also advise against any definition of carer that focussed on assistance with one or more of the 'core activities' of mobility, self-care and communication. As previously outlined, only 3% of the time mental health carers spend caring is focused on assistance with activities of daily living (ADL). In fact, 68% of carers time is focused on emotional support and psychosocial care.

Duration of leave

QAMH supports maximum flexibility to length of leave. We acknowledge that an employer may need to know the duration of the leave in advance, in order to implement business continuity measures such as hiring replacement staff. For this reason, we encourage open communication between employee and employer with an understanding that circumstances can change - for example an earlier than expected return to work or an extended period of unpaid leave.

⁷ Arafmi. (2022). Submission to Productivity Commission's Issues Paper on Carer Leave

⁸ Carer Recognition Act 2010 (Commonwealth) s.5. [Carer Recognition Act 2010 \(legislation.gov.au\)](https://www.legislation.gov.au/australian-legal-act/2010-01-01/carer-recognition-act-2010)

Frequency of leave

Extended unpaid carer leave cannot be a once-off entitlement. Mental illness is episodic by nature and very often carers require multiple periods of leave. When exploring an extension of unpaid carer leave, QAMH encourages the Commission to consider the episodic nature of caring for someone with mental illness. While everyone's experience of mental illness is a unique journey, it is true that the course of mental illness tends to fluctuate in a way different to physical illness. People will move in and out of different stages at different times and this impacts on the intensity of care needed. An extended unpaid leave system needs to reflect this reality.

Carer-inclusive practices

QAMH acknowledges that the above changes would necessarily impact on business operations, especially small businesses. It is important that the viability of small businesses is taken into consideration when assessing design models. We believe that embedding best practice techniques into recruiting and training would help mitigate these risks. For example, taking an approach where multiple team members are adequately trained and capable of performing multiple roles ensures continuity if someone needs to take leave at short notice.

It should also be acknowledged that the stigma associated with mental illness brings with it unique challenges. Ideally, mental distress and the associated caring needs would become part of the normal discourse within organisations and society at large. However, we concede that carers may not be inclined to speak openly about a family member's mental illness. Employers must exercise absolute discretion when supporting the needs of those who care for people with a mental illness, and also support managers and supervisors to handle these situations delicately. This is not without its challenges but nor is it without precedent. Employers are successfully implementing changes to leave practices for those who experience domestic violence which also requires discretion and compassion. QAMH believes there is no reason why a similar approach could not be employed with caring for someone with mental illness.

Thank you for the opportunity to comment on this important Issues Paper. We look forward to reviewing the recommendations put forward by the Productivity Commission. Please do not hesitate to contact QAMH should you require any further information.