

Mental Health Inquiry  
Productivity Commission  
GPO Box 1428  
Canberra City ACT  
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By online submission

23 January 2020

**Caring Fairly response to the draft report of the Productivity Commission Inquiry into the social and economic benefits of improving mental health**

**Introduction**

*Caring Fairly* is an Australian campaigning coalition led by specialist community organisations and peak bodies that support and advocate for carers' rights. Established in 2018, Caring Fairly is made up of over 30 organisations, spanning all states and territories of Australia. We welcome the opportunity to continue contributing to the essential work of the Productivity Commission.

Mind Australia Limited has authored this submission with contributions from the following Caring Fairly coalition members, who have also endorsed the submission:

- Mental Health Carers Australia
- Community Mental Health Australia
- Carers SA
- Carers Victoria
- SANE Australia
- Carers NSW
- Carers Tas
- Flourish Australia
- Carers Queensland
- Mental Illness Fellowship of Australia
- Australian BPD Foundation
- Lived Experience Australia (trading name of Private Mental Health Consumer Carer Network (Australia) Ltd)
- HelpingMinds
- Mental Health Carers NSW Inc
- Tandem

Several of the organisations who have contributed to and endorsed this submission have made independent submissions to the Productivity Commission's draft report. These will cover, in some cases, a broader or separate range of issues for consideration.

### Key points

- This submission focusses on improving workforce participation for mental health carers
- Draft recommendation 13.1 is supported by Caring Fairly, however it should be expanded
- Draft recommendation 13.2 is supported by Caring Fairly
- Caring Fairly advocates for a National Framework for Carer Inclusive Workplaces to improve workforce participation for the benefit of both employees and employers
- As women make up the majority of mental health carers, government policies should be specifically tailored to increase their economic security
- Young carers have unique needs and require specific interventions to address reduced educational engagement and employment

### General comments and background

*Caring Fairly* strongly supports the Commission's Inquiry into the social and economic benefits of improving mental health. We provided a submission to the issues paper and we are grateful for this opportunity to comment on the draft report.

Whilst *Caring Fairly* is a campaign focused on improving and realising the economic, social, and cultural rights of all unpaid carers in Australia, a significant focus of our work to date has related to (and draws from an evidence base that relates to) mental health carers. We are therefore well placed to respond to the draft report.

The draft report provides the opportunity to reconceptualise our economy as a care economy, recognising that all children need to be cared for and educated, everybody has physical and mental health needs that require attention, and some individuals need assistance with the daily tasks of life because of illness, age, or disability.<sup>1</sup> We must ensure that valuable unpaid caring work does not bring about negative effects on employment, earnings and financial security for carers.

It is Government's responsibility to implement effective public policies that promote fairness and opportunity to all, including to mental health carers greatly impacted by the additional caring responsibilities they undertake, due to a lack of available services. Families need access to appropriate services so they can provide care and support by choice rather than necessity.

### Why are mental health carers different?

*Caring Fairly* agrees with the Productivity Commission's assessment that mental health carers are different from other carers as they are:

- more likely to provide emotional support rather than physical support
- the mental health caring role is unpredictable, sporadic by nature and duration
- stigma adds to the discrimination faced by mental health carers
- mental illness typically has an early age of onset, creating a significant toll on the carer both in duration and through many stages of life

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<sup>1</sup> Albelda, Randy; Duffy, Mignon; and Folbre, Nancy, "Counting on Care Work: Human Infrastructure in Massachusetts" (2009). Center for Social Policy Publications. Paper 33. [http://scholarworks.umb.edu/csp\\_pubs/33](http://scholarworks.umb.edu/csp_pubs/33)

- many mental health carers do not live with the person they are caring for, yet still provide a significant amount of care.

As the Productivity Commission points out, mental health carers are often on-call in the event support is required and they must remain vigilant at all times. Many mental health carers can also experience trauma associated with seeing their loved one in distress or where there has been a risk to life. The emotional labour and stress that this creates cannot be underestimated. Carers of people with mental health issues report poorer health and mental health than any other group of carers.<sup>2</sup> This means that carers can become consumers of mental health services themselves. This can in fact result in the person who they were caring for needing to assume caring responsibilities themselves. For this reason, whilst we note and accept the Commission's focus on consumer centred care, we believe that this focus cannot exist without taking into account the needs of carers.

In relation to employment, a Mind commissioned report found that there were no significant differences in employment rates between mental health carers and carers for people with other cognitive/behavioural conditions or physical conditions with or without secondary mental illness.<sup>3</sup> However, the report did not measure performance, satisfaction, absenteeism and stress levels, which are likely to be impacted by the unique circumstances of mental health carers. There is limited Australian data on the impact these circumstances have on mental health carers compared with other carers. However, Carers Victoria found that the stress and psychological toll of caring can have a negative impact on maintaining employment<sup>4</sup> and a USA study reported higher absenteeism, presenteeism and burden compared to other carers.<sup>5</sup>

Members of the Caring Fairly coalition state that caring for their loved one who is experiencing mental ill-health has had the following effects on their employment:

- Needing to be absent from work for longer periods with little or no notice when they're loved one is experiencing a prolonged mental health episode
- Having to take up focus on a more precarious range of employment opportunities, such as casual employment, or so-called gig economy opportunities
- Career interruptions or delayed career progression after having to take time out of the workplace to attend to a caring role
- Insufficient access to leave or having to take leave without pay to attend to a caring role
- Difficulty securing flexible working arrangements during or post a loved one's experience of mental health episode
- Concern about disclosing the nature of their caring role for fear of it impacting on their employment or simply wanting to maintain theirs or their family members' privacy
- Being 'threatened' with termination of employment if they were unable to commit to shifts where inability to work was linked to responding to suicide attempts and requests from emergency department staff wishing to consult with the family

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<sup>2</sup> Broady, T 2015, "'How Can I Take a Break?'" Coping Strategies and Support Needs of Mental Health Carers', *Social Work in Mental Health*, vol. 13, no. 4, p318-335 and Carers NSW 2018 Carer Survey, available at: [http://www.carersnsw.org.au/Assets/Files/CS2018\\_MHCarers\\_Factsheet.pdf](http://www.carersnsw.org.au/Assets/Files/CS2018_MHCarers_Factsheet.pdf)

<sup>3</sup> Diminic S, Hielscher E, Harris M 2018, 'Understanding factors associated with Australian mental health carers' employment: technical report'. Brisbane: The University of Queensland.

<sup>4</sup> Carers Victoria 2013, 'Access to Carer Payment and Carer Allowance by Victorian carers of a person with mental illness'. Carers Victoria, Melbourne,

<sup>5</sup> Csoboth C, Witt EA, Villa KF, O'Gorman C 2015, 'The humanistic and economic burden of providing care for a patient with schizophrenia'. *International Journal of Social Psychiatry*, vol. 61, no. 8, p754-761

- Feeling unable to work in their chosen profession as it may trigger traumatic events experienced with their loved one
- Strained team dynamics when colleagues resent the carer's inability to perform tasks at the pace of their colleagues
- Having to stay in, or seek out, work that is lower paid and less secure in order to have the kind of flexibility that is required to accommodate their caring responsibilities
- Being discriminated against while job-seeking due to appearing unreliable based on their need for flexibility, and/or the potential for mental health issues experienced by the care recipient to extend to the carer and have implications for their work performance
- Reluctance to ask for, or denial from management of, requests to use personal leave to accommodate caring responsibility and/or to negotiate flexible working arrangements, due to a lack of understanding of and stigma regarding mental health
- Reducing working hours or exiting employment when balancing caring and employment responsibilities becomes too stressful or practically difficult
- Developing their own mental health issues from the stress of balancing caring and employment responsibilities that affect the carer's capability to work, work performance and wellbeing
- Carers being forced to maintain unsustainable and unsuitable employment due to financial stress resulting from the caring situation
- Having to step down into a lower level of responsibility than someone with similar experience and qualifications

## **Specific comments on the draft recommendations**

### **1. Income support payments for carers**

Caring Fairly welcomes the Productivity Commission's focus on reforming the Carer Payment and Carer Allowance outlined in draft recommendation 13.1.

Carer payments are a critical income support payment for Australia's unpaid carers who are unable to support themselves through substantial paid employment due to the demands of their caring role. However, the assessment and eligibility criteria are not fit-for-purpose for mental health carers as it largely assumes that the care provided is physical care. As noted above, this is not the case for mental health carers who provide a significant amount of emotional labour and decision-making on behalf of their loved one, even if they are not residing, or spend significant amounts of time with the person for whom they are caring. It is also worth noting that not all carers performing a caring role identify with the term 'carer' or are aware of their eligibility for carer payments.

*Caring Fairly* supports the language and residential requirement changes to eligibility requirements outlined within this recommendation as they recognise the unpredictable nature of mental health care and the extensive work provided by carers who do not live with those they care for.

Of particular concern to *Caring Fairly*, is the '25 hour rule', which only allows recipients of the Carer Payment to work, study or volunteer for up to 25 hours per week, including travel time. The rationale for the rule appears to be a check that carers are actually providing a significant amount of care. However, as outlined in the draft report, it is an arbitrary rule, as it does not

take into account other activities outside of work and does not allow for the episodic nature of some mental health care needs.

We support the Productivity Commission's draft recommendation to replace the 25 hour per week restriction on work, study and volunteering with a 100 hour per month restriction on work and volunteering only.

However, we believe that due to the Productivity Commission's own findings and discussion in the report, there is an opportunity to consider abolishing the '25 hour rule' entirely.

In addition to the practical problems with its implementation, we also suggest that precluding people from working or volunteering more than 25 hours per week is against government policies designed to encourage people to engage in these activities, which could enable them to transition off the carer payment.

Furthermore, the taper rates that apply to recipients ensure that people do not receive a financial benefit for which they are not entitled.

## **2. Employment support services for carers**

*Caring Fairly* supports draft recommendation 13.2.

We agree that evaluating this program will provide some valuable information about what works to support carers to achieve their employment goals. Thank you for referencing *Caring Fairly's* submission to the issues paper in this part of the report.

## **3. A National Framework for Carer Inclusive Practices**

It is *Caring Fairly's* contention that unpaid carers need tailored employment support services.

Recommendations to assist carers to get into work (recommendation 13.2) are welcome; however, they will not be sustainable without workplaces implementing practices at the senior level, which allows carers to maintain employment in their chosen profession. There is generally a lack of understanding about the unpredictability of episodic illnesses in the workplace and a lack of understanding by workplaces of how carers can be supported at work.

*Caring Fairly* advocates for a National Framework for Carer Inclusive Workplaces to specifically address the needs of carers, including mental health carers, who support adults with mental ill-health.

This would involve the Department of Social Services, together with the Department of Employment, Skills, Small and Family Business, the National Mental Health Commission and the Department of Health (or associated departments) investing and co-designing this framework.

A coordinated Australian Government policy framework is required to guide workplace reforms, create incentives, and address the specific needs of carers in accessing equal employment opportunities. While workplaces need to adapt and change in parallel,

leadership and coordination must come from all tiers of Government and the policy framework implemented to ensure workplace practices are adopted.

The Productivity Commission should recommend that the framework is developed and then piloted in a number of different organisations of varying sizes across different sectors. The pilot will provide best practice examples and tools, which can then be rolled out into other organisations.

As part of this framework:

- existing and new initiatives to address mental health stigma in the workplace should be extended to recognise and include the impact on employees who are caring for someone with a mental illness;
- employers should directly provide information and commit to offering or providing linkages to support services for carers within their workforce;
- employers should adopt a policy for examining job redesign possibilities where caring responsibilities emerge suddenly, and encouraged to offer flexible hours, home working, and leave arrangements that reflect the specific demands of caring on their employees; and
- employers should undertake job redesign to accommodate carers with intensive caring commitments that extend beyond 3 months, and/or require more than 20 hours of care provision per week.

The framework could draw specific guidance and direction from the Work and Care Initiative spearheaded by Carers Australia.<sup>6</sup> The initiative aims to improve the capacity of carers to combine employment with their caring responsibilities, and to assist long-term carers on income support to transition into employment when their caring role ceases or is reduced.

The framework could also build upon the Carers + Employers program<sup>7</sup> led by Carers NSW and with the support of all state and territory Carers Associations. The program is national in scope and supported by the NSW Department of Communities and Justice.

There are examples of multi-department carers' strategy the Commission could consider. The UK's Carers Action Plan<sup>8</sup> is a two-year plan formed in June 2018 jointly signed by Ministers for Health and Social Care, the Equalities Office, Department of Digital, Culture, Media and Sport, Department of Business, Energy and Industrial Strategy, Department for Work and Pensions and Department for Education. In New South Wales, the NSW Carers Strategy is being co-designed, with the first NSW Carers Strategy 2014-19 and subsequent grant funding providing a significant focus on inter-departmental collaboration and innovative solutions to carer employment challenges.

A national framework will be of benefit to both employers and carers, enabling the retention of valuable employees in the workplace.

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<sup>6</sup> See: <https://www.carersaustralia.com.au/work-and-care/>

<sup>7</sup> See: <https://carersandemployers.org.au/>

<sup>8</sup> See: <https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020>

#### 4. Women and Care

As the Productivity Commission has found, the majority of mental health carers are women. Data shows that while caring responsibilities can emerge for anyone, women experience the effects of unpaid care on employment more acutely than men.<sup>9</sup>

Furthermore, research has found that improving the availability and impact of psychosocial support services for people with mental illness may assist carers to maintain employment, but it is likely to have a smaller impact on women carers than men.<sup>10</sup> This is noteworthy; given the Productivity Commission's draft report assumes that "...carers will benefit from reforms proposed elsewhere in the report that aim to improve access to the right mental health services..."

Failing to provide recommendations that address the inherent gender inequality among carers is a missed opportunity to address structural injustices in the workplace and society more generally.

Recognising this is a critical first step. The Productivity Commission should recommend Government:

1. Reinstates a formal government commitment to producing annual gender budget analyses to examine the effects of tax, spending and economic policy on women.
2. The Workforce Gender Equality Agency is involved in any policy decisions that affect carers' participation in the workforce.

We note that the Productivity Commission has stayed silent on the issue of superannuation within this report. This is despite the evidence that caring responsibilities and subsequent reduced workforce participation leads to women retiring with less superannuation.<sup>11</sup>

We understand the Productivity Commission may be reluctant to suggest changes to superannuation within this mental health inquiry, given it has only just last year finalised a report on superannuation. We also understand that any recommendations to address superannuation may have consequences beyond the scope of this inquiry. However, to ignore the implications care responsibilities during working years have on superannuation accumulation is a lost opportunity to address women's poverty in retirement.

We reiterate our suggestion from our response to the Issues Paper that the Productivity Commission investigates the economic benefits of providing the superannuation guarantee to carers on the Carer Payment.

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<sup>9</sup> Eurofund 2015, 'Working and caring: reconciliation measures in times of demographic change'. Publication Office of the European Union. Luxembourg. See also, Diminic S, Hielscher E, Harris M 2018, 'Understanding factors associated with Australian mental health carers' employment: technical report'. Brisbane: The University of Queensland.

<sup>10</sup> Diminic S, Hielscher E, Harris M, 2018, 'Understanding factors associated with Australian mental health carers' employment: technical report'. Brisbane: The University of Queensland.

<sup>11</sup> See: <https://www.womeninsuper.com.au/content/the-facts-about-women-and-super/gjumzs>

## 5. Young carers

*Caring Fairly* notes the Commission's discussion on young carers in the report and appreciate the Commission's understanding that this cohort have unique needs.

However, we are concerned that the Commission's sole proposal to address this concern is through tasking the recommended wellbeing leaders in schools (draft recommendation 17.5) to better identify and support young carers.

It is acknowledged that school engagement of young carers with a mental illness is lower than their peers<sup>12</sup> and that young carers have significantly lower performance in reading and numeracy.<sup>13</sup>

Therefore, while we understand the Productivity Commission's argument for providing wellbeing leaders in schools and why it has arrived at this approach, we are concerned that this may only solve part of the issue and requires further consideration. In considering this recommendation, the Productivity Commission should take into account that:

- Young carers need a person who supports them and who they can trust, who may not be found in their school
- It is critical that schools engage with families when a child is absent, rather than following a bureaucratic process of just sending letters home
- Caring does not always negatively affect students' education or future employability as young carers may have an increased emotional maturity level, an ability to relate to adults better, skills in problem-solving and ability to work well independently.

Furthermore, while schools can be an excellent gateway to support services for parents of children living with mental illness, schools require skills and resources to know which students need help and what help they require, including when specialist services are required. The Productivity Commission should investigate options to ensure schools are linked in with appropriate clinical and community mental health services.

Notwithstanding this, school wellbeing leaders will only capture a small percentage of young carers. Research has found only 4% of primary young carers between the ages of 15 to 25 years are still in education, compared to 23% of their peers.<sup>14</sup> School wellbeing leaders will not be able to support young carers who are not in education.

In addition, as the Productivity Commission notes, the accepted definition of a young carer is up to 25 years of age. There are no recommendations within the report to support young carers who are beyond school age engaging in tertiary settings or the workplace.

*Caring Fairly* recommends that there is a cross-portfolio strategy to ensure carers receive appropriate support in the home, in schools and workplaces. This approach should include:

- Further investigation of the services which are currently available to young carers and how they can be expanded
- Effective ways of identifying young people who are vulnerable
- Investigating the size and depth of the issue.

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<sup>12</sup> Redmond, G and Hamilton, M 2019 'Are young carers less engaged in school than non-carers? Evidence from a representative Australian study', Child Indicators Research DOI: 10.1007/s12187-019-09647-1

<sup>13</sup> Warren, D and Edwards, B 2016, 'Young carers', LSAC Annual Statistical Report 2016, Australian Institute of Family Studies.

<sup>14</sup> Carers Australia 2002, 'Young carers research report: Final report', Canberra: Department of Family and Community Services



Mind is investing in research to address some of these issues and we hope to be able to share findings with the Productivity Commission as they emerge.

**For further information:**

[caringfairly.org.au](http://caringfairly.org.au)

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