Submission Cover Sheet

Inquiry into the Fiscal Sustainability of the ACT

Submission number: 008

Submitter: Mental Health Carers Voice

Date authorised for publication: 17 February 2026

CarersACT

MENTAL HEALTH carers voice

MHCV Submission to the Inquiry into the Fiscal Sustainability of the ACT

February 2026

Acknowledgement of Country

Carers ACT operates on Ngunnawal and Dharawal Country. We acknowledge the traditional custodians of these lands and recognise any other people or families with connection to them. We acknowledge and respect their continuing culture and the contribution they make to the life of the cities and regions in which we work and care.

About Mental Health Carers Voice

Mental Health Carers Voice (MHCV) is the Peak Body for mental health carers in the ACT and is part of Carers ACT. Through systemic advocacy, MHCV works to strengthen recognition, inclusion, and support for carers across the mental health sector. We actively engage with mental health carers to ensure their experiences and insights inform policy, legislation, and system design including through our MHCV Advocacy and Policy Advisory Group (APAG). This diverse group provides the guiding voice for our peak body work, ensuring the lived and living experiences of carers remain central to improving the ACT's mental health system.

More than 58,000 Canberrans are unpaid carers, contributing to a national total of 3 million carers[i]. Carers Australia examined the annual value of informal care and reported that it would cost $77.9 billion a year to replace this care with formal paid services.[ii] **In this submission, the term carer refers to family members, partners, kin or supporters, of any age, who offers unpaid emotional, practical, or other support within a care relationship to a person living with mental health challenges.**

Whether described as "carers" or as family members, partners, friends, supporters, kin, or loved ones, these individuals support someone living with mental health challenges to ensure connection, safety, and dignity when services are fragmented, difficult to access, inconsistent or slow to respond. This submission will use the term "carer" or "mental health carer" to align with the language used in the *Carers Recognition Act (2021*). We recognise and value the lived and living experience of people with mental health challenges and of carers, whose generosity in sharing their experiences reinforce the imperative to pursue systems that are inclusive and responsive.

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Executive Summary

MHCV makes the submission to this Inquiry to highlight the immediate and future need for the ACT Mental Health Justice Health Alochol and Drug Service (MHJHADS) to ensure that services activities to carers are included in activity-based funding.

The transition to activity-based funding and a phased care model of funding for mental health service delivery has arguably been both contentious and slow. The demands on MHJHADS to provide mental health services that keep Canberrans safe and provide contemporary treatment are only increasing. **Mental health carers in the ACT contribute significant value** to the overall cost of service delivery. **There is a lost funding opportunity when they are not consistently included and therefore reported through activity-based funding**.

Mental Health Carers in the ACT consistently report that government and non-government mental health services are inconsistent in their recognition and inclusion of carers, from assessment through to post discharge follow up. Mental health service delivery to mental health carers is a funded service, which is significant because it identifies a fundamental cost attribution. Legislation and service standards also require the recognition and inclusion of carers, yet this occurs inconsistently. We are advocating for a mental health service that is inclusive of carers, and that receives recognition for this work by having that inclusion counted as activity that attracts funding.

Summary of Recommendations

Scope of Reference	**Recommendations**
Apply activity-based mental health funding requirements in full. Including services to mental health carers.	1. Include mental health carers in the Mental Health Justice Health Alcohol Drug Service (MHJHADS) implementation of activity-based funding, as required by the National Health Reform Agreement.

Mental Health Service Delivery and Activity-Based Funding

ACT Mental Health Service Implementation of Activity-Based Funding

Recommendations

1. Include mental health carers in the Mental Health Justice Health Alcohol Drug Service (MHJHADS) implementation of activity-based funding, as required by the National Health Reform Agreement.

This submission is not a discussion about the benefits of block or activity-based funding for public mental health services in the ACT. In all Australian jurisdictions, funding of public health services and, by extension mental health services occurs through political negotiation and compliance with the National Health Reform Agreement. In a mental health context, the implementation and transition toward a national funding model is inclusive of activity-based funding. Those **jurisdictions demonstrating mental health service requirements through activity-based funding reporting are better placed to argue for needs-based and sustainable funding.**

The ACT, along with all Australian governments is a signatory of the National Health Reform Agreement. [iii] The Independent Health and Aged Care Pricing Authority (IHACPA) is responsible for providing the data infrastructure, definitions and guidelines that form the Australian Mental Health Care Classification (AMHCC).[iv] The AMHCC was developed through an extensive national consultation process that led to the Mental Health Costing Study. [v] This study considered costings of all the elements of mental health interventions across inpatient, community and private settings. The study recognised the episodic nature of mental health recovery and the interventions required during each of the four phases of care, acute, functional gain, intensive extended and consolidating gain.

In the context of mental health service delivery and the implications this has for future funding of ACT's publicly funded mental health services, there has been a long transition period from historic block funding[vi] to the current standardised activity-based funding models based on phased care.[vii]

MHCV is aware that the ACT's publicly funded mental health service implemented activity-based reporting on the 1st of July 2025 via the Digital Health Record (DHR). Effectively, the implementation of activity-based funding relies on reporting against each component and phase of care according to the AMHCC.

In its simplest form, activity-based funding relies on the operational capability and commitment to enter data that demonstrates the service delivery activities delivered to mental health consumers and carers.

For public mental health services to move toward a sustainably funded future, it is crucial that all service activities are reported. **This must include all service activities delivered to mental health carers in the ACT.** This includes the work mental health services provide to carers in assessment, psychosocial interventions and care planning. These are essential and standardised elements of contemporary mental health practice. **Mental health carers are essential to the capability and continuity of the ACT's mental health service's operation, and engagement with them** must be reported as a funded activity. Despite these clear national expectations, carer involvement in mental health services in the ACT is not accurately reported.

Mental Health Carers remain invisible in a system that relies on them

There is broad acknowledgement that publicly funded mental health services throughout Australia are under intense pressure to provide the service responses required and at the standard that is expected.[viii] MHCV has routinely surveyed mental health carers in the ACT since 2019, and **only one in five carers report that they are included in assessment and care planning**.

The majority of mental health carers tell us that while they are not included, there is an expectation that they will prioritise caring for the person, even when this compromises employment, planned activities, health or other responsibilities.

> *A mental health carer reported that the person they care for had become acutely unwell and was involuntarily admitted to the inpatient unit. The following day the person called them and told them they had been discharged and were standing on the footpath outside the hospital. The carer advised that they had been excluded from the assessment, any case review or discharge planning, even though their person had consented. (De-identified mental health carer 2025)*

Mental health carers will have a far more consistent service experience when their contact and engagement is considered an activity, as described in the AMHCC guidelines. These guidelines state that consumer's carers, family, kin or supporters, should be actively involved (as much as possible) in the consumer's care. The amount of support offered by the clinician will consider the needs of the carers, family, kin and supports.[ix] While we understand that the operational implementation of activity-base funding will take time, future sustainability and funding requires a commitment to report all service activities involved in delivering phased mental health care. For mental health carers this means they will be included in service delivery and when doing so these activities will be reported and contribute to sustainable funding.

Moving forward, MHJHADS must ensure that all service activities delivered to carers are reported, so this work is recognised, accurately costed and contributes to long term funding sustainability.

Conclusion

A sustainably funded mental health system depends on reporting all service activities, including those delivered to carers. Recognising this work as activity improves service outcomes for consumers and carers while strengthening the funding base needed for long term sustainability.

References

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