An Analysis of Carer Connection Helpline Calls: Financial years of 2022 – 2023 and 2023 – 2024

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Introduction

This report examines data collected from calls to the Carer Connection Helpline (henceforth referred to as the 'Helpline') received during the 2022 – 2023 and 2023 – 2024 financial years. This analysis aims to provide an understanding of the needs of callers, and the types of supports that mental health carers and persons affected by mental health issues require and receive through the Helpline.

The Helpline is run by Wayahead Mental Health Association in conjunction with Mental Health Carers NSW (MCHN). The Helpline aims to support people experiencing mental health issues, and their carers, families, and friends to access support and services via referral to their local area. Services include support groups, counselling, carer-specific programs, and respite.

The Helpline is operated by trained Wayahead staff who listen to people's stories and experiences and help them connect to support or send helpful information and resources via email. The Helpline is not operated by counsellors or mental health professionals, and it does not function as a crisis service. If a caller appears to be in crisis, they are referred to the appropriate support services. For record-keeping purposes, anonymised information about callers and the individuals they support is documented.

Specifically, this Report:
- Provides an analysis of caller demographics, including age and gender
- Identifies key challenges faced by callers
- Identifies the support being offered.

The insights from this report can help to provide an understanding of who is most likely to call the Helpline and significant issues affecting carers and the person they care for. Consequently, this report highlights the types of initiatives needed to address some of the challenges faced by carers and persons, and gaps in the mental health system.

Method

Quantitative and qualitative methods were used to provide an analysis of (1) number of calls received, (2) demographic data of callers, and (3) purpose of phone call, and support provided.

(1) Total number of calls

Data were examined to provide the total number of calls across the financial years of 2022 – 2023 and 2023 – 2024.

(2) Caller demographic data and relationship
The following demographic data were analysed to examine trends in who is using the Helpline and their relationship to the person they support, as relevant.
- Caller's gender
- Caller's age group
- Caller's relationship to the person they were seeking support for
- Age group of the person being supported by the caller.

(3) Purpose of call and support provided
An analysis of the following was undertaken to provide details about the purpose of the call and support provided:
- A summary of the reason for the caller's inquiry indicating purpose of the call
- The type of referrals made by the call line manager
- Details of the specific responses or support provided by the call line manager
- Additional information or assistance given to the caller during follow-up interactions.

A single call could involve multiple concerns, referrals, and actions, because they often addressed multiple issues, leading to several referrals or requiring multiple actions. The data on actions taken refer to the specific service delivered by the call manager to the caller. The relevant data was grouped into all the relevant categories.
These data were categorised as: referred elsewhere, supportive listening/informal counselling, given details including Wayahead and support groups, none, other and not recorded.

The data were analysed using Microsoft Excel to compare figures across financial years and illustrate key findings. Excel was used to organise and clean the data, ensuring consistency and accuracy before analysis. Various functions, including sorting, filtering and the SUM formula were applied to aggregate demographic information, call purposes, referrals, and actions taken. Graphs and tables were generated in Excel to visually represent comparisons between the 2022 – 2023 and 2023 – 2024 financial years. Some qualitative data was recorded under the follow-up details, noting whether follow-up was needed for a select few calls. This information helps to show the important role that the Helpline plays in providing both emotional support and practical guidance, while highlighting the need for more accessible, consistent, and carer-focused services. However, this data is not analysed further in the report, as it is recorded infrequently and offers additional brief context to the concerns of the callers.
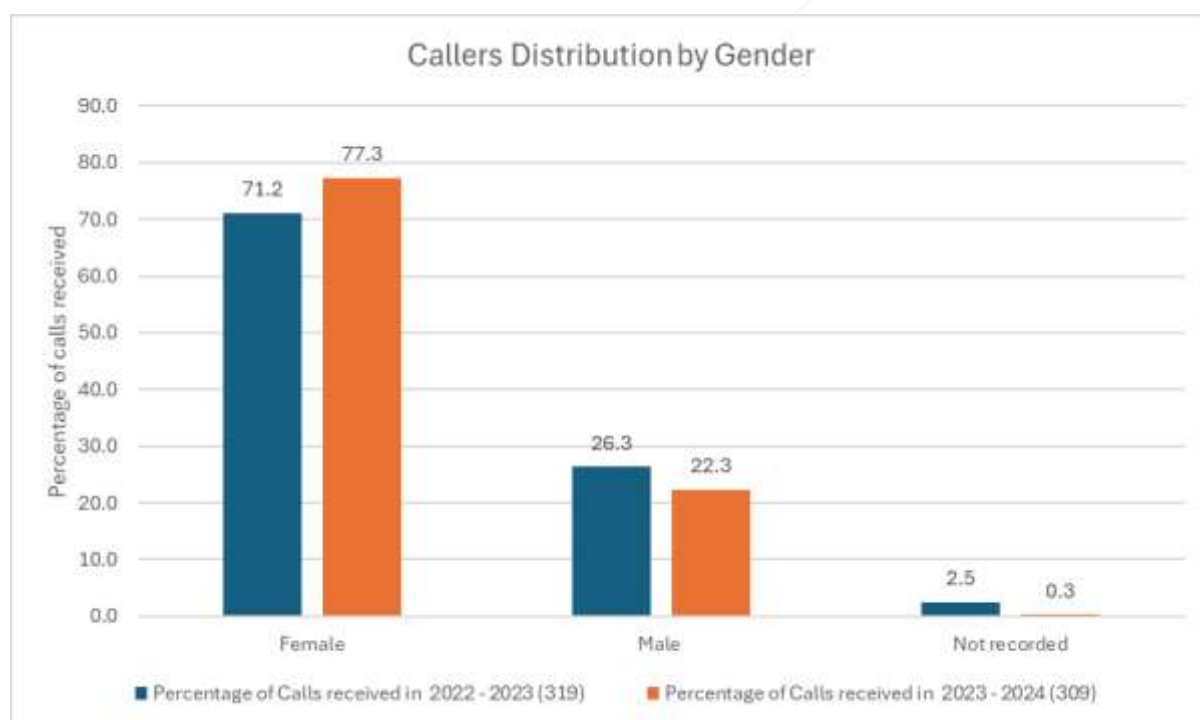
Results

(1) Total Calls Received

There was a total number of 628 calls across the two-year period examined in this report. There was a slight decrease in the total number of calls received in 2023 – 2024 compared to 2022 – 2023, with a reduction of 10 calls (approxi
mately 3.1%):

- 2022 – 2023: 319 calls.
- 2023 – 2024: 309 calls.

(2) Caller demographic data

Graph 1: Distribution of Callers by Gender

Across both years, women were far more likely to call the Helpline, 55 percentage points over male callers. The proportion of women calling the Helpline notably increased over the two years, while calls from men decreased. Over the two years, there was a significant

reduction in cases where the caller's gender was not recorded, indicating improved record-keeping practices in 2023 – 2024.
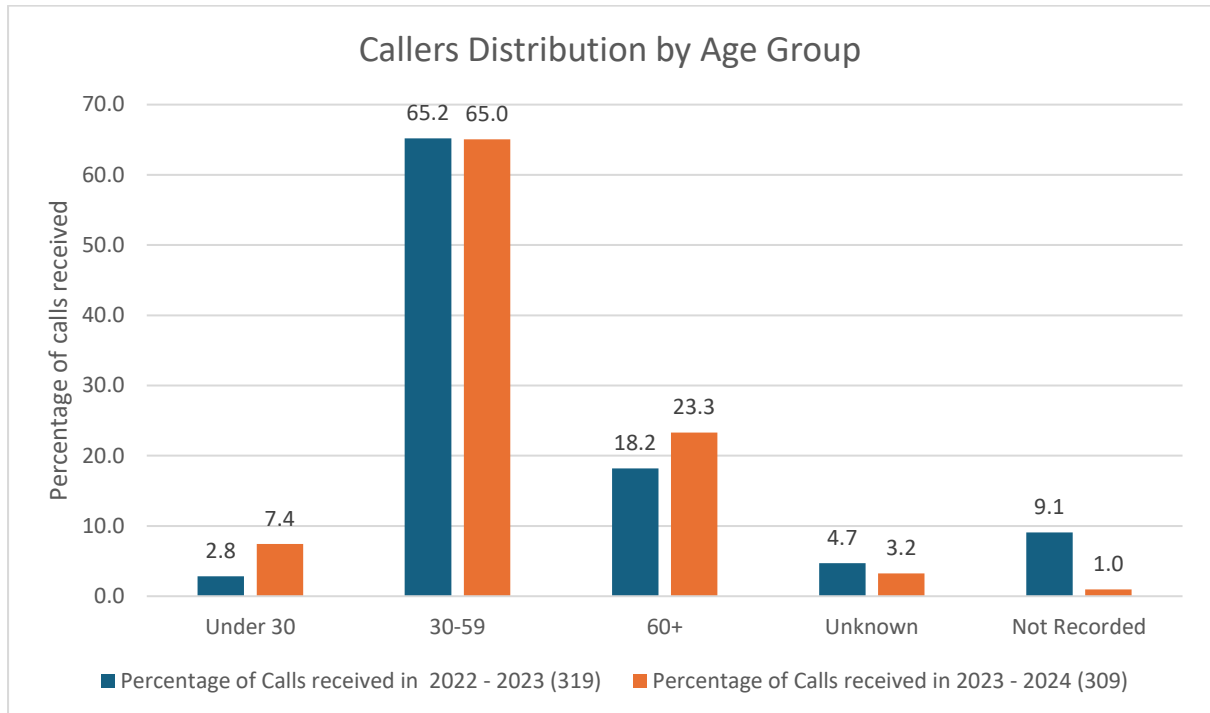
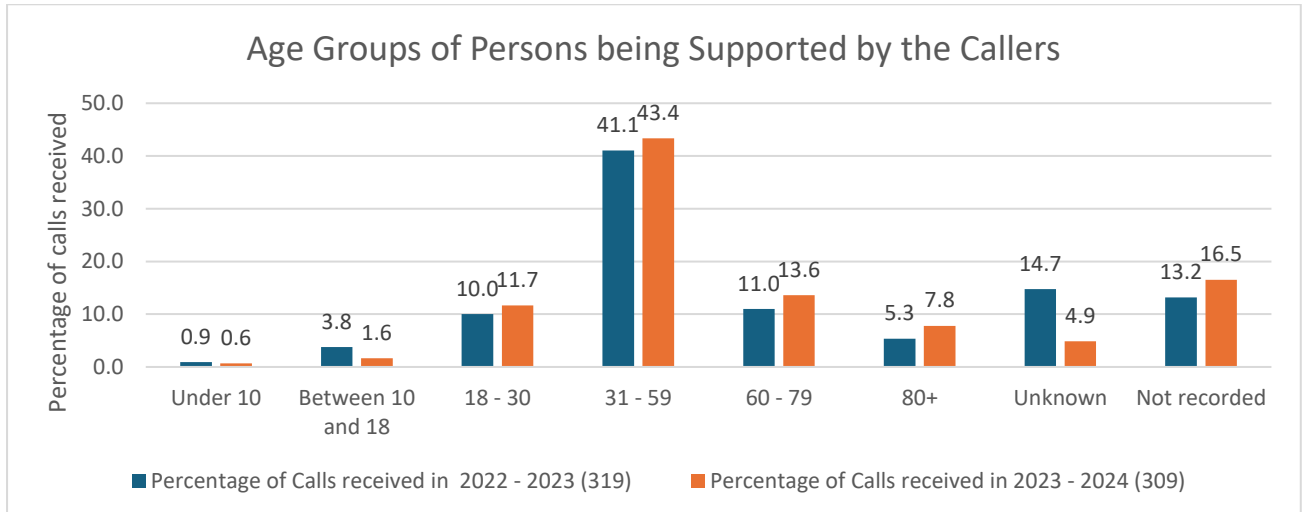**Graph 2: Distribution of callers by age group**

Most calls were from the **30 – 59 age group**, which remained stable over the two years (65%). An increase in calls was seen among calls from **younger (Under 30)** and **older (60+)** age groups demonstrating an expanding reach of the service to different demographics.
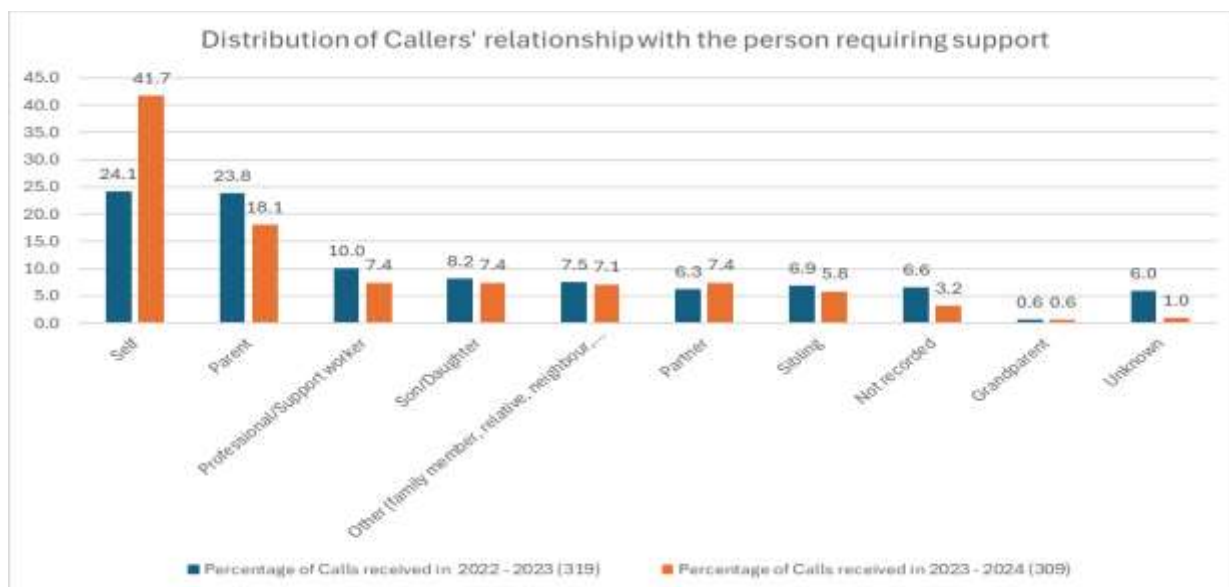
Graph 3: Distribution of callers by their relationship to the person they were seeking support for

For this analysis, callers are considered individuals seeking assistance and support through the Helpline in relation to the person they care for. They could be families and carers, or professional/support workers. Some callers seek help for themselves and are categorised as 'Self' in the relationship data. In these cases, they are considered direct 'consumers' of services rather than carers (of those receiving support). However, the raw data does not specify this distinction, which may impact interpretation.

Callers were most likely to seek help for themselves, increasing by over 15 percentage points to just over 40% in 2023 – 2024, followed by parents (averaging approximately 20% of callers). The number of calls from parents dropped by just over 5 percentage points across the two years (from 23.8% to 18.1%). However, the data shows that most categories of callers either remained stable or only rose or decreased modestly, in contrast with callers seeking support for themselves.

**Age Groups of Persons being Supported by the Callers**

Graph 4: Distribution by Age Group of persons being supported by the callers

These age groups represent people who are experiencing mental health concerns and are being cared for by the callers. The **31 – 59 age group** continues to be the most frequently reported as requiring care from callers, with a slight increase of 3% over the years to 43.4%.

This was followed by support for **older persons aged over 60** (60 to 79 and 80+ years old) totaling just over 20% in 2023 – 2024. In contrast with these two categories, calls pertaining to support for persons **aged between 10 and 18** were significantly lower and decreased from 3.8% to 1.6%.

(3) Purpose of call and support provided

This section will examine the reason for the phone call and the outcomes of the call provided by the Helpline.
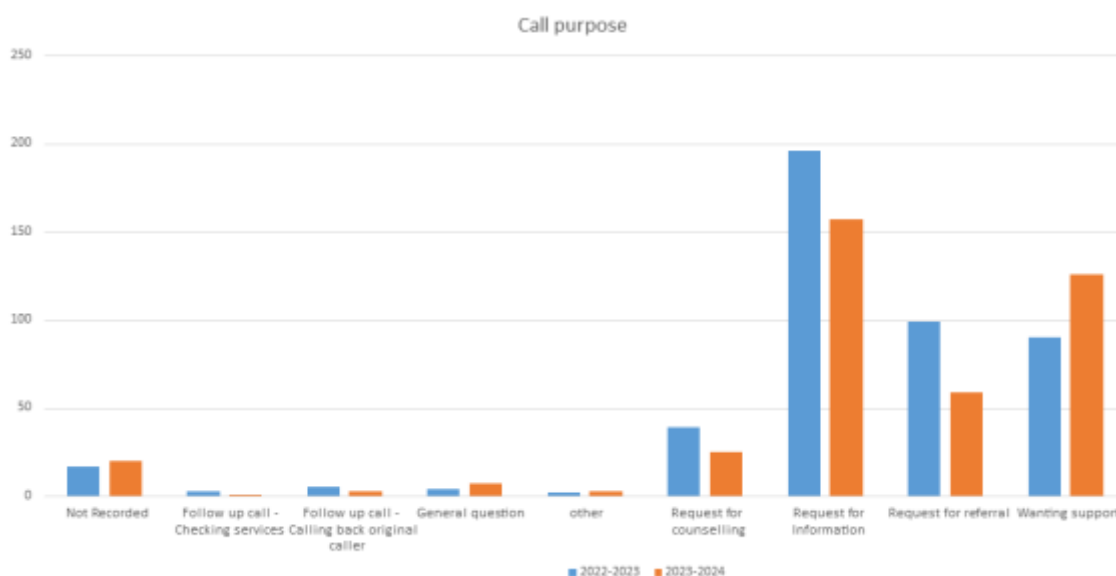
Call purpose

Graph 5: Purpose of call

Across both years, the top call purposes were '***request for information***', '***request for referral***' and '***wanting* support**'; with '***request for information***' taking the lead in both years. This was also reflected across every quarter within the two-year period. While **'request for information'** and **'request for referral'** remained the top two reasons for calling, both saw a decrease over the two-year period. In contrast, **'wanting support'** increased.
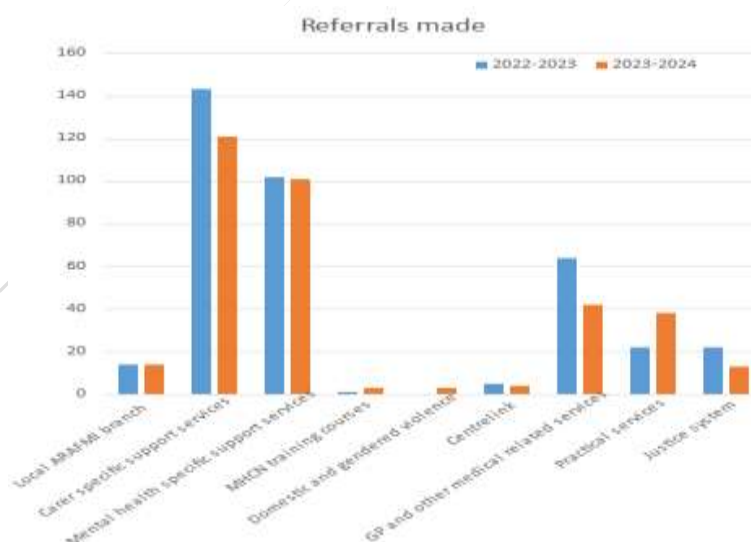
Referrals made

Graph 6: Referrals

The referrals made were grouped into categories for ease of data analysis. The categories included:

- Local ARAFMI branch

- Carer specific support services
- Mental health specific support services
- MHCN training courses
- Domestic and gendered violence
- Centrelink
- GP and other medical related services
- Practical services (e.g. cleaning, legal services, NDIS services, Services Australia, mission Australia)
- Justice system (e.g. police, mental health tribunal)

Specific referrals that related to MHCN closely were kept uncategorised. This included local ARAFMI branches and MHCN training courses referrals. '**Carer-specific support services'** were the most frequently made referrals in both years, reflecting the Helpline's focus on supporting mental health carers and the fact that many callers were seeking help for themselves. '**Mental health-specific services**' were also commonly referred.

Table 1: Actions taken

Actions	2022-2023	2023-2024
Referred elsewhere	263	236
Supportive listening/Informal counselling	78	113
Not recorded	20	10
Given details including Wayahead and support groups	39	11
Other	8	4
None	3	6

In both years, '**Referred elsewhere**' was the most common action taken, followed by '**Supportive listening/informal counselling**'. While referrals slightly decreased in 2023 –2024, supportive listening increased significantly, suggesting a growing emphasis on providing emotional support directly through the Helpline.

The action '**Given details including Wayahead and support groups**' was recorded more than three times as often in 2022–2023 compared to 2023–2024, possibly reflecting a greater focus in the earlier year on connecting callers with external support groups. The number of unrecorded actions also halved, indicating improved record-keeping in the most recent year, 2023-2024.
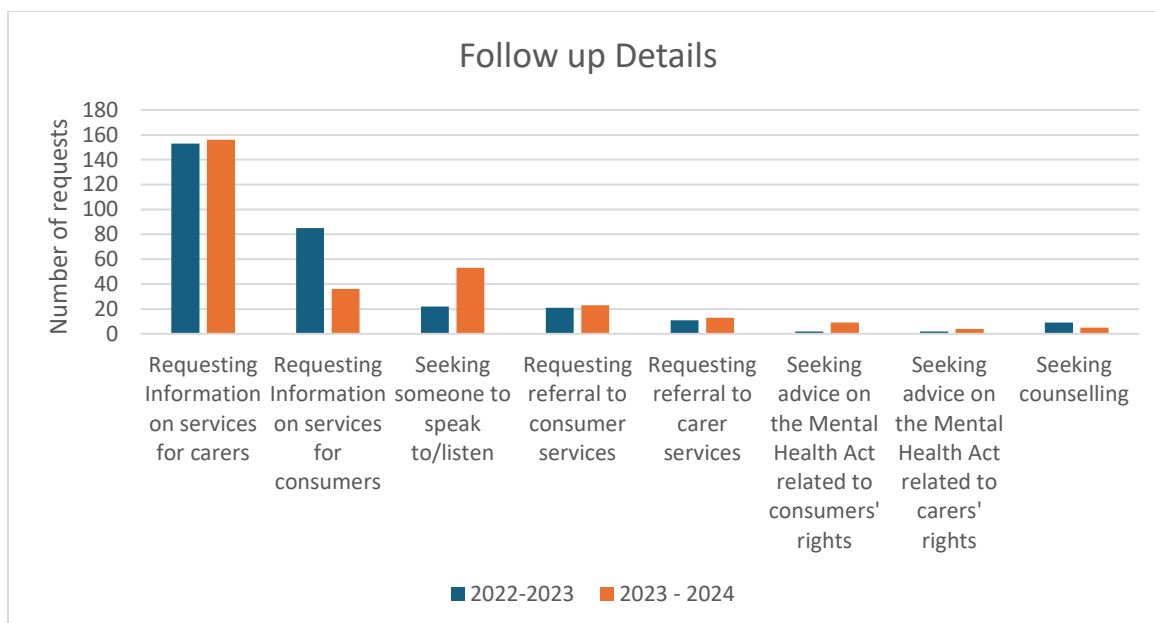
Graph 7: Follow up details

In both years, the most common follow-up request was for '***Information on services for carers'***, with numbers remaining consistent. This reflects the ongoing need for accessible information and resources to support carers. There was a sharp increase in callers '***Seeking someone to speak to/listen'***. Meanwhile, inquiries related to '***Seeking advice on the Mental Health Act, both for consumers' and carers' rights'*** saw a modest rise, especially for consumer rights.

Discussion

This section discusses key findings from the data. Overall, the findings strongly affirm that women were more likely to use the Helpline, suggesting that other types of services are needed to support men who have a caring role and/or require support for themselves. In addition, it was evident that callers sought emotional support as well as information on services for themselves and for consumers.

Women as primary beneficiaries of the Helpline

The data show that majority of the callers reaching out through the Helpline were female, particularly those aged between 30-59. Over the two financial years, the data indicated

that an increasing number of women continued to reach out for support through the Helpline, in contrast with men. This could suggest that women in middle adulthood are more likely to reach out and/or access support for themselves and the person they care for through the Helpline. It also affirms wider social trends of carers being women.

The decline in **male** callers over two years to the Helpline could suggest potential barriers to accessing the Helpline or seeking help in general. This may indicate the need for targeted outreach or engagement strategies to support male carers and men seeking support for themselves. In addition, as the data showed, support was increasingly being sought for people aged 60 and over. Developing programs and resources tailored to the unique needs of older carers, given their increasing representation among callers, would be highly beneficial.

The rise in callers identified as "Self" also suggests that people with mental health challenges are increasingly having to self-advocate, often in the absence of sufficient formal support for them. This points to a reliance on informal and familial support networks, particularly women and immediate family members, to provide care and potentially meet gaps in the mental health system.

Need for emotional and practical support

The data indicated that the Helpline had a dual role in offering both practical support through referrals as well as immediate emotional support. This was seen in data wherein '*Referred elsewhere*' was the most common action taken, followed by '*Supportive listening/informal counselling*'. Callers sought **'request for information'** and **'request for referral'** alongside wanting someone to **"speak to/listen",** showing that there is a dire need for holistic support. Moreover, in the second year, the category **"speak to/listen"** increased significantly, in contrast with the other two categories which saw a sharp decline.

These results are consistent with feedback MHCN regularly obtains from mental health carers through consultations and monthly carer meetings. A major issue that the carers report is the complexity of navigating the mental health system, leading to additional stress for them and the person they care for. This affects carers' wellbeing and delays timely access to support for the person they care for, compounding stress for both.

The complexity of issues facing carers reaching out for support to the Helpline is seen in the length of phone calls. The average duration of calls to the Helpline was approximately

13.2 minutes. Just over 50% of phone calls were longer than 10 minutes, with 16% between 10 to 20 minutes. Helpline staff ensured a high level of support to callers. For instance, fifteen (15) calls were over 40 minutes, several of which were more than an hour. The remaining calls (about 45%) were under 10 minutes.

Carers and family members have reported long waiting times to secure appointments with GPs, psychiatrists and other health professionals; and long waiting times for hospital beds. The high costs of private specialists and psychological support services is a barrier for many people experiencing mental health issues and their families and carers, raising significant issues around equity in health care. Families and carers also frequently report the decrease in quality of support, such as poor medication management, poor inpatient care, and inadequate response during a mental health crisis.

Psychosocial support services, better community living supports, more packages for people to live independently and stable housing is essential. However, major deficits in the system and a lack of understanding about psychosocial disability is a barrier to ensuring that NDIS packages are provided and/or in a timely and easily manageable manner, with adequate communication and support.

Furthermore, the caring journey may be associated with isolation and loneliness. For example, family members may respond differently to mental health issues, which can affect carers' sharing their experiences or seeking emotional support within their own networks. Therefore, perhaps it is not surprising that **Carer-specific support services** were the most frequently made referrals in both years, indicating that many callers were also seeking support for themselves.

Implications for Advocacy Priorities

These findings affirm the need for psychosocial support alongside practical support with navigating the mental health system. It is evident that different cohorts of carers have different experiences and services to navigate, thereby indicating the need to provide tailored support. As discussed, in calling the Helpline callers sought **'request for information'** and **'request for referral'** alongside wanting someone to **"speak to/listen"**. MHCN has engaged extensively with carers of forensic and corrections patients, who in particular experience high levels of stigma which hinder access to informal and formal sources of emotional support for them and the person they care for. Furthermore, this cohort of carers needs to navigate particularly complex services such as justice health

and/or corrections services. Yet, psychosocial support services are lacking, and services designed specifically to meet their needs are severely limited.

This report also suggests the need to support and fund an increase in the number of carer peer workers in NSW. By drawing from their own lived experience, carer peer workers can offer empathetic, non-judgmental practical support that may resonate deeply with other carers. This peer-led approach not only encourages a sense of understanding and connection, but it also provides support with navigating services from the perspective of a lived experience of caring background.

While some callers may be redirected or referred to online resources such as Wayahead's mental health directory or MHCN's training resources, they may not provide the same tailored guidance and support that an interactive and engaging phone call can offer. Providing such support, which could be found through speaking with persons trained to deal with distress and carer fatigue, with an understanding of the complexities of navigating the mental health system is much needed. Hence, this report also suggests that services such as the Helpline may be filling in deficits in the mental health system through providing such support. A clear implication of these findings is the need for tailored counselling services for families and carers.

Limitations

The year-on-year changes seen in the data are generally (not always) small and may not be statistically significant. While the data is useful, there are inconsistencies in data recording. Furthermore, as discussed earlier, in the case of "Self", there is lack of detail and explanation regarding the choice of words used for record keeping.

Further research, triangulation with other datasets and in-depth analysis of the Wayahead website data such as search terms, most viewed services, click-throughs, and time spent on pages could provide a broader understanding of what people are looking for and offer comparative trends alongside the Helpline data.

Conclusion

This report examined the total number of calls received, and the demographic data of callers and information on the person being supported by callers. It also analysed the

purpose of the calls; referrals made to organisations and supports and actions taken during and after calls as follow-up.

The insights from this report strongly point to the strain on carers and an increasing need for holistic support. This report has significance for informing areas of advocacy for organisations such as MHCN to ensure appropriate and equitable support for different cohorts of carers and the people they care for. Specifically, the findings of the analysis affirm the need for services and supports that provide callers with both emotional support alongside practical assistance in navigating a complex and fragmented mental health system. Tailored counselling services for families and carers is a much needed support. The findings also affirm that specific types of services are needed to support different carers and consumers, especially as significantly more women than men called the Helpline over the two years. Further research should be conducted with carers to better understand the emotional and practical supports for different cohorts of carers and the person they care for, particularly men and older persons.

Appendix: Demographical Data

Related to Graph 1: Distribution of Callers by Gender

Female Callers: Female callers consistently represented the majority of calls, accounting for over 70% of calls in both financial years.
- 2022 – 2023: 71% of total calls.
- 2023 – 2024: 77% of total calls.

Male Callers: Male caller representation decreased, with fewer calls recorded in 2023 – 2024.
- 2022–2023: 26% of total calls.
- 2023–2024: 22% of total calls.

Not Recorded: Calls that did not record the gender of the callers reduced in 2023 – 2024:
- 2022 – 2023: 2.5% of total calls.
- 2023 – 2024: 0.3% of total calls.

Related to Graph 2: Distribution of callers by age group

Under 30 years: Calls from this demographic more than doubled, implying increased outreach or accessibility to younger carers.
- 2022-2023: Approximately 3% of total calls.
- 2023-2024**:** Approximately 7% of total calls.

30 to 59 years old: Individuals aged 30 to 59 years old age group were the largest demographic of callers, showing consistency in engagement over the two years:
- 2022 – 2023: 65% of total calls.
- 2023 – 2024: 65% of total calls.

Individuals aged 60 years and over: Individuals aged 60 years and over were less likely to call the Helpline, though the Helpline did see an increase in calls from this group, which could indicate a need for more support among this group:
- 2022 – 2023: 18% of total calls.
- 2023 – 2024: 23% of total calls.

"Unknown" Age Group: A slight decline suggests improved data recording practices or fewer unidentified cases.
- 2022 – 2023: 5% of total calls.
- 2023 – 2024: Roughly 3% of total calls.

"Not Recorded" Data: A significant reduction reflects a marked improvement in data collection and record-keeping processes.
- 2022 – 2023: 9% of total calls.
- 2023 – 2024: 1% of total calls.

Related to Graph 3: Distribution of callers by their relationship to the person they were seeking support for

Self: The percentage of callers seeking support for themselves nearly doubled, indicating a significant shift in engagement.

- **2022 – 2023:** 24% of total calls.
- **2023 – 2024:** 42% of total calls.

Parent: A decrease in calls from individuals seeking support for a parent could suggest changing dynamics in carer engagement.

- **2022 – 2023:** 24% of total calls.
- **2023 – 2024:** 18% of total calls.

Professional/Support Worker: The decline in calls from professionals may indicate reduced external referrals or engagement from service providers.

- **2022 – 2023:** 10% of total calls.
- **2023 – 2024:** 7.4% of total calls.

Son/Daughter: There was a slight reduction in calls from sons and daughters seeking support.

- **2022 – 2023:** 8.2% of total calls.
- **2023 – 2024:** 7.4% of total calls.

Other Family Members, Relatives, or Neighbours: A minor decline suggests relative stability in this category.

- **2022 – 2023:** 7.5% of total calls.
- **2023 – 2024:** 7.1% of total calls.

Partner: A small increase indicates a slight rise in engagement from partners.

- **2022 – 2023:** 6.3% of total calls.
- **2023 – 2024:** 7.4% of total calls.

Sibling: A slight decrease in calls from siblings seeking support.

- **2022 – 2023:** ~7% of total calls.
- **2023 – 2024:** 6% of total calls.

Not Recorded: A notable reduction suggests improved data collection and reporting.

- **2022 – 2023:** 6.6% of total calls.
- **2023 – 2024:** 3.2% of total calls.

Grandparents: The percent of calls from grandparents remained unchanged.

- **2022 – 2023:** 0.6% of total calls.
- **2023 – 2024:** 0.6% of total calls.

Unknown: A sharp decline suggests improved data accuracy.
- **2022 – 2023:** 6% of total calls.
- **2023 – 2024:** 1% of total calls.

Related to Graph 4: Distribution by Age Group of persons being supported by the callers

Under 10 years: Calls remain consistently low for those supporting this age group.
- **2022 – 2023:** 1.3% of total calls.
- **2023 – 2024:** 1.0% of total calls.

10 – 18 years: There was a slight decrease in calls concerning this age group.
- **2022 – 2023:** 3% of total calls.
- **2023 – 2024:** ~2% of total calls.

18 – 30 years: Calls remained relatively stable, with a slight increase.
- **2022 – 2023:** 10.0% of total calls.
- **2023 – 2024:** 11.3% of total calls.

31 – 59 years: The largest age group supported, with a slight increase in calls over the year.
- **2022 – 2023:** 41.0% of total calls.
- **2023 – 2024:** 43.8% of total calls.

60 – 79 years: A moderate increase suggests growing support needed by callers for this age group.
- **2022 – 2023:** 10.7% of total calls.
- **2023 – 2024:** 12.3% of total calls.

80+ years: A noticeable increase, possibly indicating greater support needs among older individuals.
- **2022 – 2023:** 4.4% of total calls.
- **2023 – 2024:** 6.8% of total calls.

Unknown Age Category: A significant decrease suggests improved data collection.
- **2022 – 2023:** 14% of total calls.
- **2023 – 2024:** ~7% of total calls.

Not Recorded: There was an increase in unrecorded ages, highlighting potential gaps in data entry.
- **2022 – 2023:** 13.5% of total calls.
- **2023 –2024:** 16.5% of total calls.