Mental Health Carers NSW

Mental Health Carers NSW Inc.

Submission to the headspace Plus and Youth Specialist Care Centres Consultation

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About Mental Health Carers NSW (MHCN)

Mental Health Carers NSW (MHCN) is the peak body for carers of people who experience mental health challenges in NSW. MHCN is a community managed organisation that provides systemic advocacy, capacity development and education for the carers, family, friends, and kin of those experiencing mental health challenges across NSW.

In Australia, there are approximately 354,000 mental health carers who, each year, provide 186 million hours of unpaid support.[1] Due to the demands of their caring role, carers are at a high risk of developing mental health issues, as well as experiencing loneliness and social isolation. MHCN supports mental health carers and advocates for services and systems that support them in their caring role. MHCN ensures the voices of mental health carers in NSW, and the people they care for, are represented in policy and service reform processes. We work to uphold the rights of carers and consumers to receive equitable, accessible, and adequately funded mental health services.

MHCN empowers mental health carers to become champions for mental health reform and advocacy. We engage regularly with carers so they can inform our policy priorities and advocacy; for example, every month we convene the *Carers of Forensic and Corrections Patients Network* meetings, and peer led *Mental Health Carer Connection* meetings.

MHCN also provides the Disability Advocacy Futures Program. This program engages in systemic advocacy on behalf of those who experience psychosocial disability. In this role MHCN advocates to non-Health state government services under the Disability Advocacy Futures Program.

MHCN is funded by the NSW Ministry of Health and the NSW Department of Communities and Justice. We are a foundation member of Mental Health Carers Australia.

[1] Diminic, S., Lee, Y. Y., Hielscher, E., Harris, M. G., Kealton, J., & Whiteford, H. A. (2021). Quantifying the size of the informal care sector for Australian adults with mental illness: Caring hours and replacement cost. *Social Psychiatry and Psychiatric Epidemiology, 56*(3), 387–400.

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Introduction

As the peak body representing family members and carers of persons experiencing mental health issues in NSW, Mental Health Carers (MHCN) welcomes investments into the development of a more integrated, multidisciplinary, and developmentally appropriate youth mental health system. The investment being made to support young people is much needed given the prevalence of mental health challenges, forecasted to worsen against cost of living, affordable housing and other significant pressures.

MHCN welcomes efforts to provide family-inclusive and relational approaches captured in part in the proposed youth mental health reforms, however accountability mechanisms are needed to embed these approaches. MHCN recognises that supporting young people requires family engagement because young people's wellbeing is influenced and supported through family, community and other relationships.

MHCN's submission highlights key considerations for strengthening the models, including in relation to family-inclusive practice linked with accountability mechanisms, support for carers and young carers, service integration, and improved access and engagement with young people, families and carers.

Key Comments and Recommendations

Family Inclusive Approaches

- *Section 5.2 Providing appropriate care for young people and family* mentions *family inclusive practice* and involving families while respecting the young person's choices, confidentiality and privacy. In addition, it is important to state that even when the young person does not consent to sharing of information with their family, the family is still able to provide and should be asked to provide relevant contextual and background information to clinicians that is vital for assessment and treatment planning. Families play a key role in maintaining continuity of care before service engagement, between appointments, and after service involvement. Furthermore, promoting the participation and autonomy of young people and engaging families are not opposing objectives.

- Recent studies have indicated that family orientated perspectives are needed in transcultural mental health practice (Poon et al, 2025; Pool et al. 2026). However, a framework to guide this practice is lacking. MHCN is collaborating with Transcultural Mental Health Centre (TMHC) and UNSW to conduct a study on mental health services and family-focused practice with young people (aged 18 - 25) from culturally and linguistically diverse backgrounds, their families and carers. MHCN recommends that centres draw on evidence-based family focused practice frameworks to guide engagement with young people, their families and carers from CALD backgrounds.

- *Section 2.4 Support for family* of headspace Plus draft model of care document states that families also need support and information, which may take the form of *psychoeducation, brief interventions, peer-led supports or referral to external family and carer services* (p.26). While the document recognises that families may seek support, this should be formalised through a separate assessment process for carer needs and linked to accountability mechanisms. In addition, families should be proactively advised by services of the type of support they can expect to receive, especially when concerns escalate.

- *Section 1.5 headspace Plus Model of Care outcomes* describes important outcome measures for young people and families. Specific dedicated accountability mechanisms should be identified in relation to these outcomes for young people, families and carers.
- MHCN also recognises that families are diverse and that what is beneficial and supportive will differ based on individual family dynamics and relationships. In many cases, family and friends can be the first people to identify mental health concerns and the need for engaging services. It is therefore vital that the models of care respond to young people in the context of their support networks and family relationships.

Target Population

- The age range 12-25 years old is consistent with the existing Headspace model. MHCN notes, however, that children and young people have previously

asked for mental health services to be more widely available to younger children – *"Children and young people wanted more mental health services to be made available to them, and to younger children too. For example, some children and young people said that services like Headspace should be available for children under 12 years of age"* (AHRC, *'Do things with the information we tell you', p.35).*

- The developmental needs of different cohorts within the target population should be explicated, along with the specific risks that each cohort is vulnerable to experiencing, particularly between the ages of 18 to 21 years of age (such as emerging mental health issues, increased risk of suicide, substance abuse and transition into adult services).

- Young carers should be able to access timely and appropriate support that is consistent, reliable, and responsive to their needs, regardless of where they live or which service provider they engage with. This is essential as young carers often face similar challenges across different settings, including stress, educational disruption, and reduced opportunities for social participation.

Minimum Service Requirements

- The draft models of care should more clearly define the minimum service requirements, including delivery of effective crisis responsive services, outreach and assertive follow-up, youth specific suicide response and aftercare, and appropriate youth-oriented spaces (as opposed to untherapeutic and/or adult inpatient units).

- Accountability mechanisms should be incorporated to ensure family inclusive aftercare following hospital discharge, especially critical after a young person turns 18 years of age.

- Young people should be provided with extended hours and after-hours support along with rapid response to avoid admission into Emergency Department. The hours of operation should be provided.

- The employment of family peer workers and bicultural support staff is an important step forward. Family peer workers can provide practical support, assist with advocacy, bridge communication, reduce isolation and foster a sense of hope. Similarly,

bicultural support staff can be a huge resource for families and young people, as they can improve communication, help to build trust, reduce barriers to care, assist with cultural understandings to improve engagement with families, and address family dynamics. Centres should be adequately resourced so that family and peer workers and/or bicultural support staff are accessible for all families.

Flexibility to Allow Local Implementation

- Families and young people should receive support consistently, irrespective of flexibility to allow for local implementation, geographic location or service provider.

Workforce

- The Centres provide a multidisciplinary workforce, including clinicians, youth and family peer workers, and cultural specialists. The model includes important workforce development elements, particularly its learning hub approach and focus on training pipelines and supervision.

- Significant gaps in service provision within the mental health sector has meant that families and carers often bridge gaps and take on significant burdens. The draft models of care documents should ensure support for carers linked to outcome-based measures, alongside timely and accessible care to young people through well-resourced multidisciplinary teams.

Access and Engagement

- *Section 4.2 Accessing centres* states that centres will "further expand their operating hours outside standard business hours" and mentions "safe third spaces". This is positive and reflects what children and young people have been asking for. However, the information provided is general. For example, will centres be open on the weekends or 24/7? Crises tend to happen outside standard business hours, and the centres should be established to respond to this need.

- Evaluations of headspace found that young people from culturally and linguistically diverse backgrounds were underrepresented (CALD) as headspace clients (KPMG, Social Policy Research Centre, & batyr, 2022).

Research conducted with young people from CALD backgrounds indicates that the location of services affects help seeking behaviour (Colucci et. al. 2015). Some young people may be more likely to access services that are discreetly located and easily reached, including by public transport (Baker et al. 2019). MHCN recommends that significant consideration be given to the location and visual appearance of centres so that young people can access services discreetly, particularly in contexts where stigma is a concern.

- Mental health literacy: Young people having knowledge of mental health issues and available services can improve access and engagement with services (Copolov and Knowles 2021). Multicultural communities may differ in their understanding of Western mental health concepts, beliefs about mental health issues, language and communication preferences, and trust in health services. MHCN recommends that mental literacy programs be tailored to specific communities to reduce stigma and increase understanding of mental health concepts across different cultural groups. MHCN's recommendation is consistent with research conducted with CALD communities in Australia (Fauk et al. 2022; Luu et al. 2024; Slewa-Younan et al. 2020).

Pathways into and out of services

- While the draft models acknowledge the importance of pathways into and out of services, greater clarity regarding transition points across the continuum of care is needed. Clear articulation of referral pathways, step-up and step-down processes, and interfaces with state-funded specialist and tertiary mental health services would support more consistent implementation and reduce the risk of fragmentation.

Safety and quality considerations

- Safety and quality considerations should include AOD-related risk protocols, assertive follow-up, crisis-stabilisation alternatives other than Emergency Departments, structured suicide prevention or aftercare pathways for young people and families, and safe guards to support transition cliff for young people aged 18 – 21 years of age.

- MHCN agrees that family involvement is central to safety, engagement and continuity of care.

- MHCN is pleased that *Section 9.1 Family Participation* affirms that Centres may engage with families to review service provision and engagement opportunities, and involve families in internal governance structures and references.

Integration with existing mental health and other relevant services

- Focusing on the least intrusive form of support prior to clinical interventions will be critical for young people and their families, and should be prioritised by services.

- The draft models of care outlines integration at internal, local and national levels, describing roles for integration leadership and care navigation. Internal service integration aims to assist young people and families to "experience care as a single, interconnected service, regardless of who they engage with or what services they access" (headspace Plus draft model of care document, p.45). Improving continuity of care, reducing fragmentation and supporting young people through different areas of life is critical. Mechanisms to ensure coordinated crisis planning, along with co-location of clinicians in acute settings and warm handovers should be provided within these important reforms.

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