Mental Health Carers NSW

Carer Experiences of Crisis Response Report April 2026

Background

In preparation for presenting at TheMHS Sydney Forum 2026 on the topic of 'Help When You Need It: Exploring Approaches for Urgent and Crisis Support in Mental Health,' MHCN wanted to hear from mental health carers about their experiences of seeking and receiving help during a mental health crisis.

Survey methodology

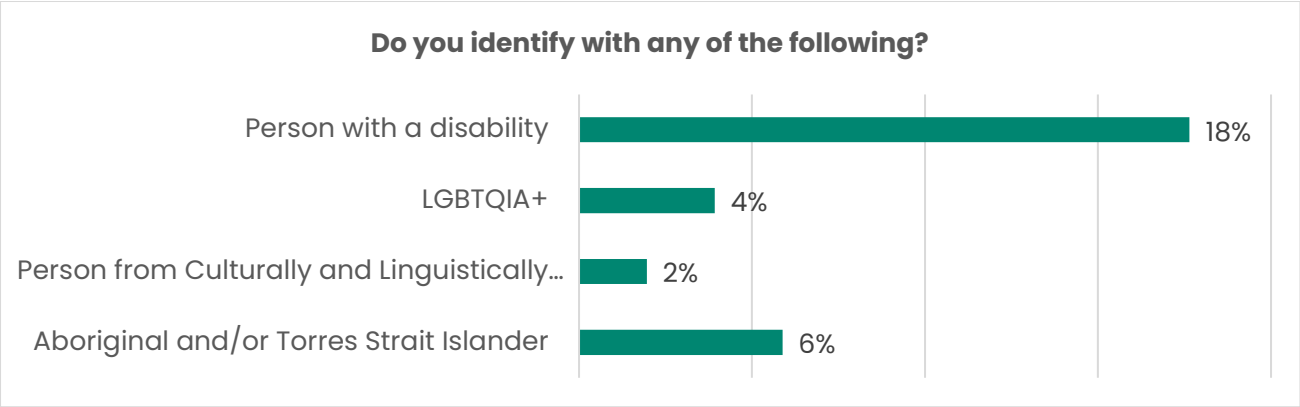
We developed a survey asking carers of a person who has experienced a mental health crisis to answer several questions based on their most recent experience supporting their loved one during a mental health crisis. The survey included both quantitative and qualitative questions, focusing on carer inclusion, information provision and carer experiences. We sent the survey to our Mental Health Carers Advocacy Network (approx. 500 members) and Carers of Forensic and Corrections Patients Network (approx. 50 members).

Demographic analysis

There were 51 responses to the survey in total. Of these, 81% were female and 8% male, with the remaining 11% preferring not to disclose.

This reflects broader MHCN membership demographics, which includes 81% female members, 13% male members, 2% non-binary members, 1% other and 2% preferring not to disclose.

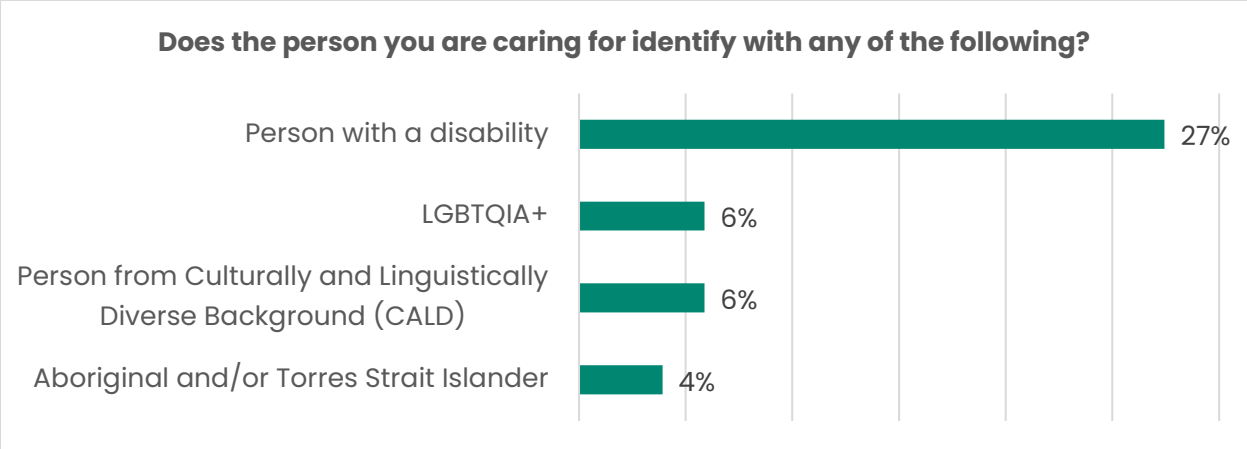
Of the 46 people who answered the demographic questions, 9 identified as having a disability, 3 identified as an Aboriginal or Torres Strait Islander person, 2 identified as an LGBTQIA+ person and 1 identified as a person from a Culturally and/or Linguistically Diverse (CALD) background.



N=46

Mental Health Carers NSW

Of the 46 people who answered our demographic questions about the person for whom they were caring, 14 were caring for a person with a disability, 3 were caring for a person from a Culturally and Linguistically Diverse background, 3 were caring for a person who identifies as LGBTQIA+, and 2 were caring for a person who is Aboriginal or Torres Strait Islander.



N=46

Responding services and support

Respondents were asked which services were involved in the crisis response for their loved one's most recent mental health crisis. Despite being the only service on the list that is not primarily a health service, police were more represented in crisis response than any other service except for the Emergency Department.

During your loved ones most recent mental health crisis, which services were involved in the crisis response? (please tick all that apply)

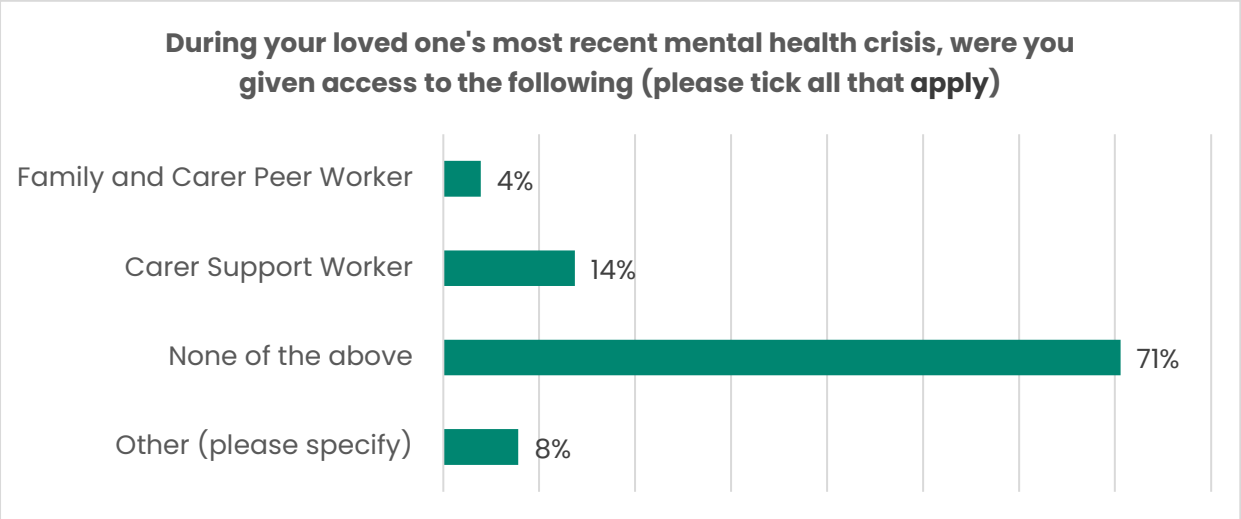
	%	n=
Emergency department	64%	29
Police	49%	22
Inpatient unit	44%	20
Ambulance	44%	20
Public mental health services	42%	19
Private psychiatrist and/or psychologist	22%	10
NSW Mental Health Line	20%	9
GP	20%	9
Other (please specify)	13%	6

N=45

'Other' responses included 'teacher', 'nurse' and specific hospital units.

Respondents were asked to identify whether, during their loved one's most recent mental health crisis, they were given access to any of the following: a Family and Carer Peer Worker, a Carer Support Worker, neither of these options or another type of support.

Of the 49 respondents who answered this question, only 2 respondents had access to a Family and Carer Peer Worker and 7 had access to a Carer Support Worker. 36 respondents reported having access to neither a Family and Carer Peer Worker nor a Carer Support Worker. Of the remaining respondents, 4 selected 'Other,' 2 of whom identified a social worker as another type of support.



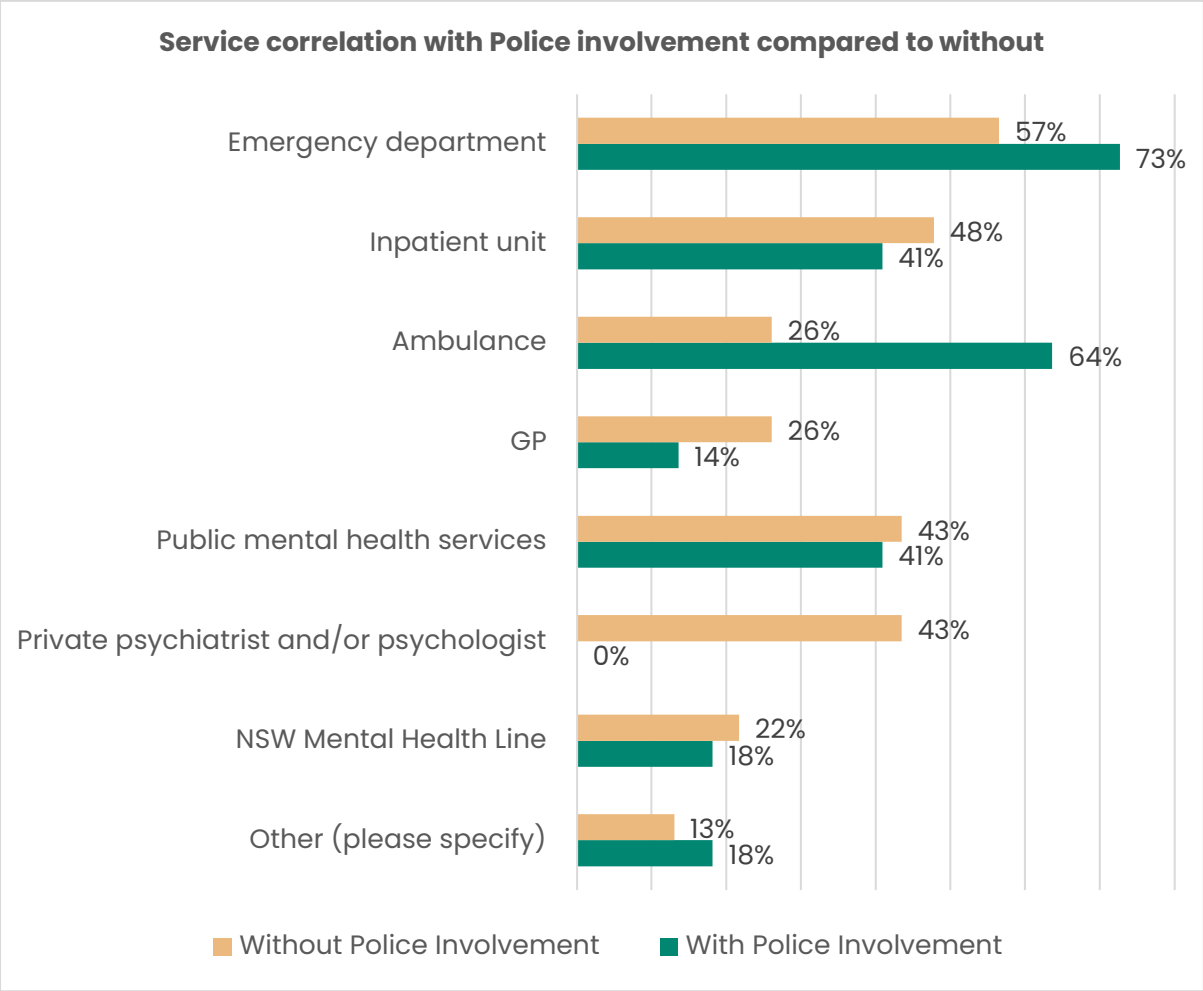
N=49

Service correlation

There was more variation in the correlation of some services than others, with Police involvement standing out as highly correlated with some services and not with others.

Police involvement was more likely to occur when both the emergency department and ambulance were also involved, and less likely with the involvement of both GPs and private psychiatrist and/or psychologist.

22 of the 35 respondents who did not have a private psychiatrist or psychologist involved also had police involvement in the crisis response, while 0 of the 10 respondents who did have the involvement of a private psychiatrist or psychologist also had police involvement.



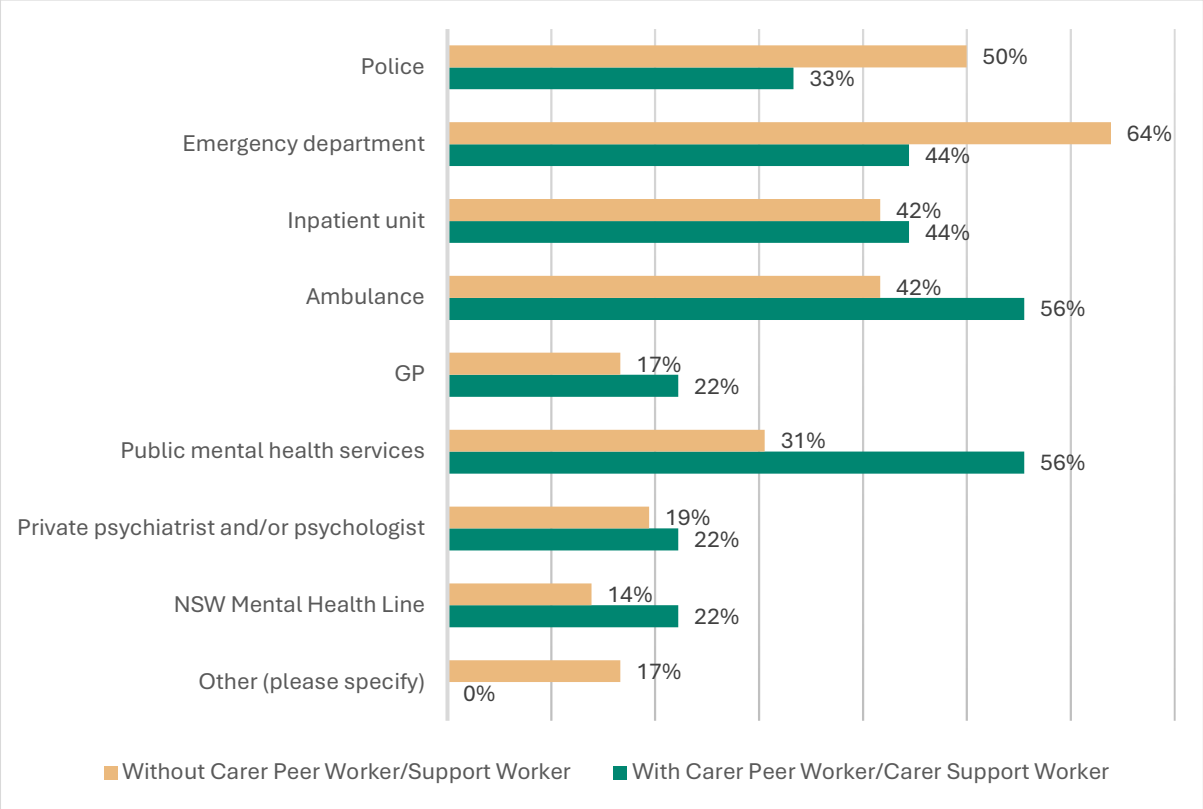
The involvement of GP's and private psychiatrist or psychologists was negatively correlated with the involvement of either ambulance or police.

Involvement of Police or Ambulance	
Without private involvement (n=35)	74%
With private involvement (n=10)	20%

Without GP involvement (n=36)	67%
With GP involvement (n=9)	44%

N=45

The involvement of a Family and Carer Peer Worker or Carer Support Worker (n=9) was positively correlated with both public mental health services and ambulance and negatively correlated with both police and the emergency department.



N=45

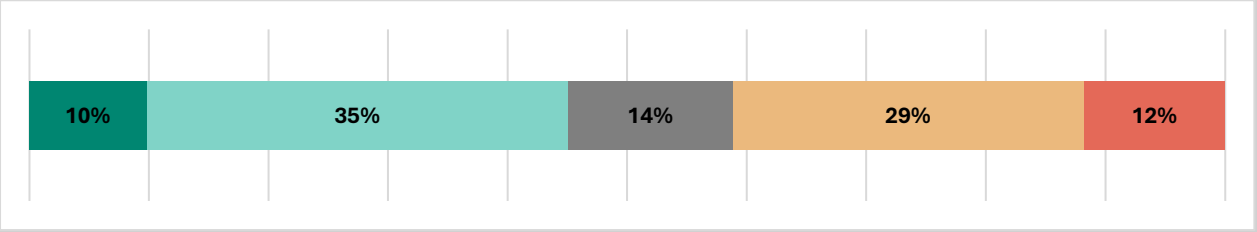
Quantitative analysis of inclusion and information

Respondents were asked to rate 5 statements on a scale of strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. The 5 statements were:

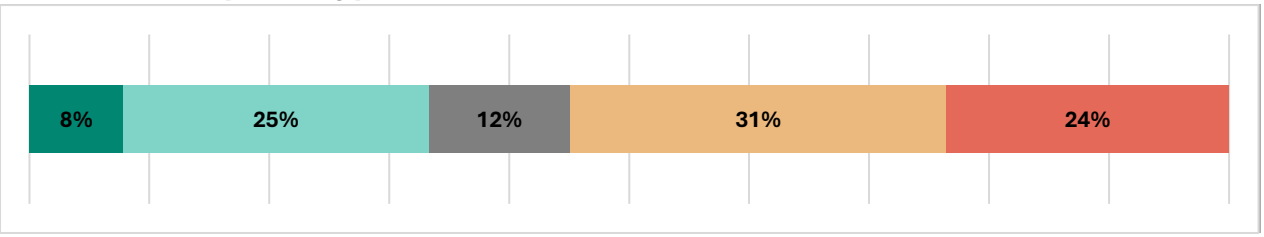
1. I was given the opportunity to provide information to clinicians during the assessment process
2. I was given the opportunity to provide information to assist with my loved one's treatment planning process
3. I was involved in my loved one's discharge planning process
4. I was given information to better understand my loved one's mental health condition
5. I was given information on local mental health services available for my loved one

There were 51 respondents for each statement. The highest level of agreement was for statement 1, with 45% of respondents agreeing or strongly agreeing. Across the remaining 4 statements., agreement ranged from 26% to 33%.

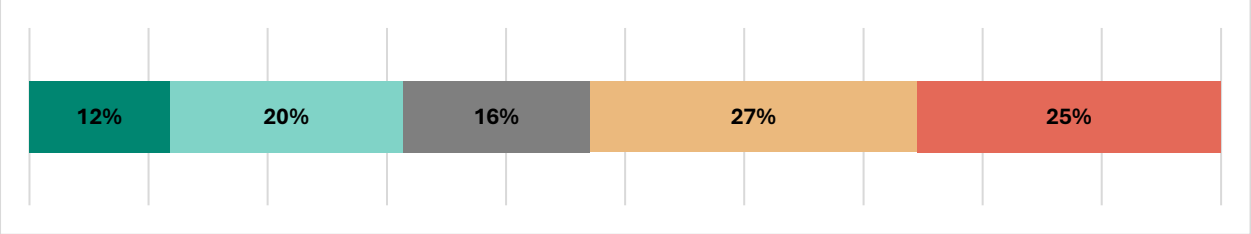
Statement 1 - I was given the opportunity to provide information to clinicians during the assessment process:



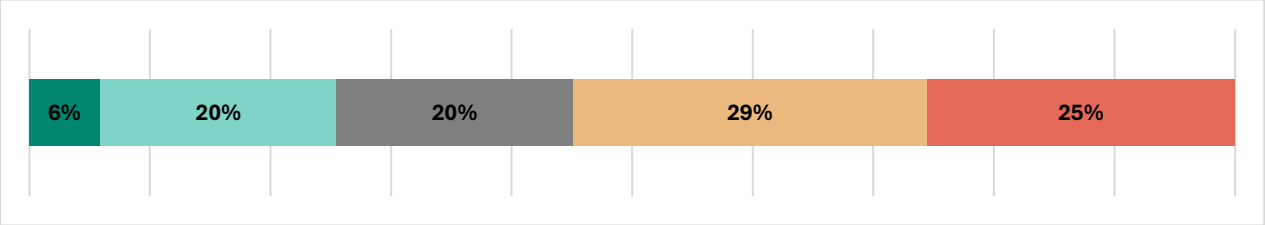
Statement 2 - I was given the opportunity to provide information to assist with my loved one's treatment planning process:



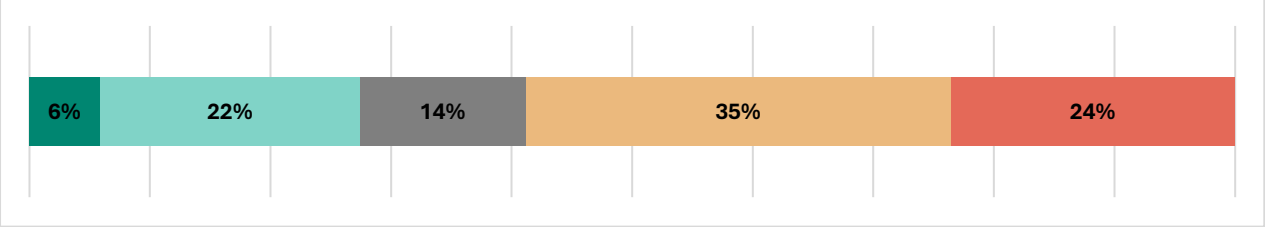
Statement 3 - I was involved in my loved one's discharge planning process:

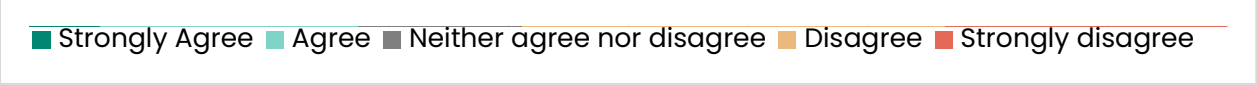


Statement 4 - I was given information to better understand my loved one's mental health condition:



Statement 5 - I was given information on the local mental health services available for my loved one:





N=51

How crisis responses differed when a private psychiatrist or psychologist was involved

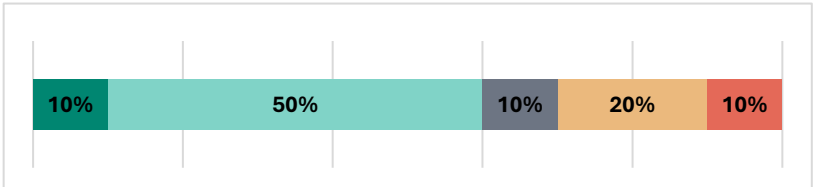
There was a modest but consistent decrease in disagreement and increase in agreement across all statements where a private psychiatrist or psychologist was involved in the crisis response, compared to responses with no private psychiatrist or psychologist involvement.

	Average rating without private (n=41)	Average rating with private (n=10)
I was given the opportunity to provide information to clinicians during the assessment process	3.0	3.3
I was given the opportunity to provide information to assist with my loved one's treatment planning process	2.5	3.1
I was involved in my loved one's discharge planning process	2.5	3.2
I was given information to better understand my loved one's mental health condition	2.5	2.7
I was given information on the local mental health services available for my loved one	2.5	2.7
TOTAL OUT OF 5	**2.6**	**3.0**

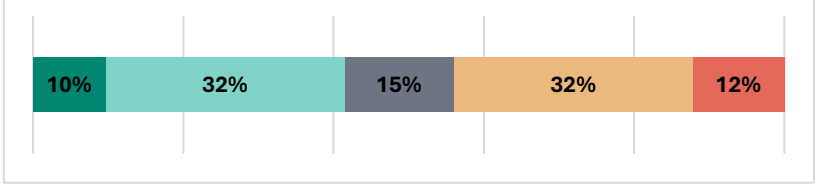
N=51

Statement 1 - I was given the opportunity to provide information to clinicians during the assessment process

With involvement of private psychiatrist and/or psychologist



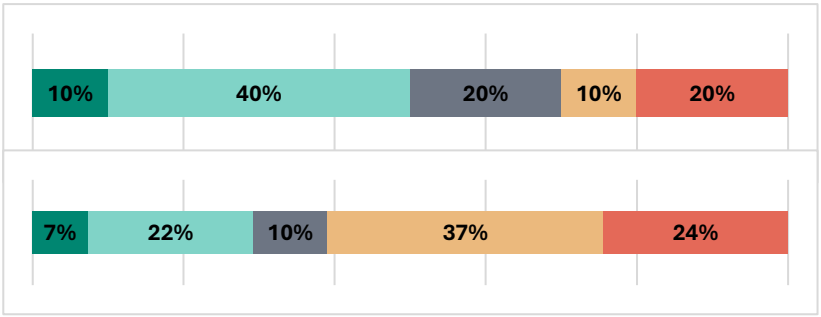
Without involvement of private psychiatrist and/or psychologist



Statement 2 - I was given the opportunity to provide information to assist with my loved one's treatment planning process

With involvement of private psychiatrist and/or psychologist

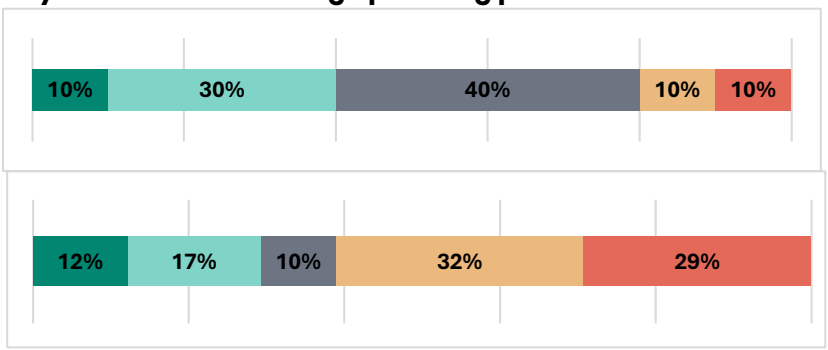
Without involvement of private psychiatrist and/or psychologist



Statement 3 - I was involved in my loved one's discharge planning process

With involvement of private psychiatrist and/or psychologist

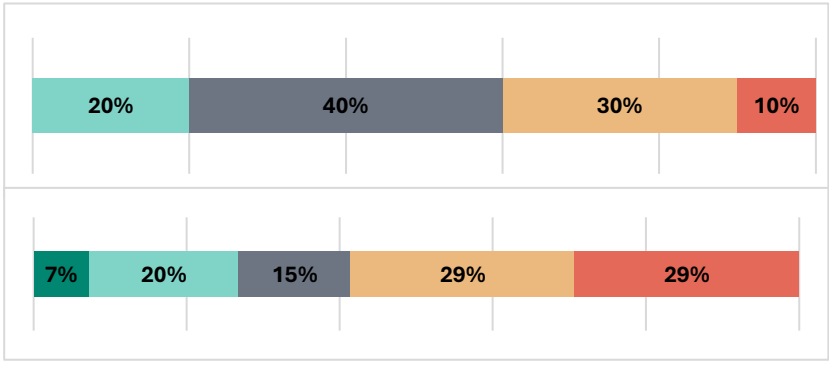
Without involvement of private psychiatrist and/or psychologist



Statement 4 - I was given information to better understand my loved one's mental health condition

With involvement of private psychiatrist and/or psychologist

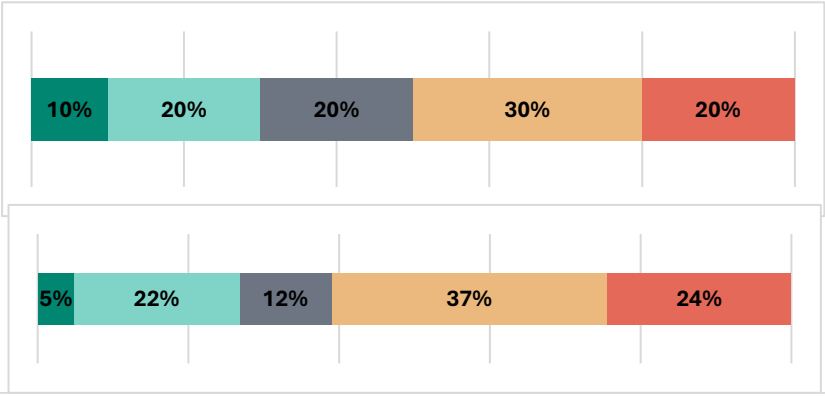
Without involvement of private psychiatrist and/or psychologist



Statement 5 - I was given information on the local mental health services available for my loved one

With involvement of private psychiatrist and/or psychologist

Without involvement of private psychiatrist and/or psychologist



How crisis responses differed when a Family and Carer Peer Worker or Carer Support Worker was involved

There was a notable decrease in disagreement and increase in agreement across all statements where a Family and Carer Peer Worker or Carer Support Worker was involved, compared to those where neither was involved.

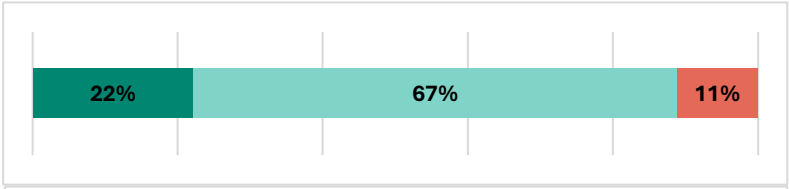
Access to a Family and Carer Peer Worker or Carer Support Worker was associated with an average increase in agreement of just over 20% across all statements, a higher correlation than that seen with access to private psychiatric or psychological care.

	Average rating without access (n=36)	Average rating with access (n=9)
I was given the opportunity to provide information to clinicians during the assessment process	2.8	3.9
I was given the opportunity to provide information to assist with my loved one's treatment planning process	2.4	3.1
I was involved in my loved one's discharge planning process	2.5	3.3
I was given information to better understand my loved one's mental health condition	2.2	3.6
I was given information on the local mental health services available for my loved one	2.2	3.8
TOTAL OUT OF 5	**2.4**	**3.5**

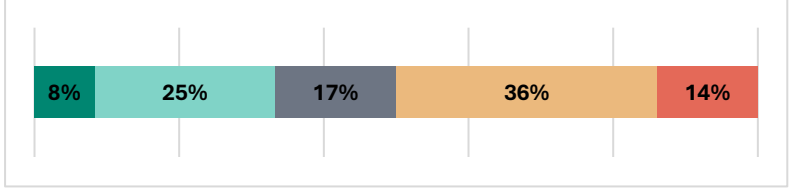
N=51

Statement 1 - I was given the opportunity to provide information to clinicians during the assessment process:

With involvement of Family and Carer Peer Worker or Carer Support Worker



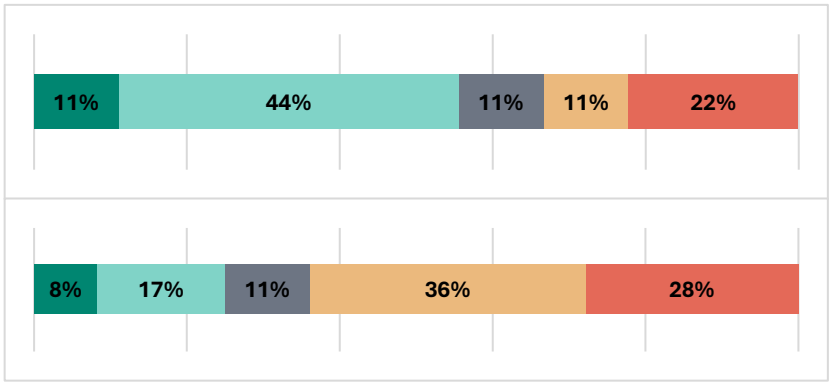
Without involvement of Family and Carer Peer Worker or Carer Support Worker



Statement 2 - I was given the opportunity to provide information to assist with my loved one's treatment planning process:

With involvement of Family and Carer Peer Worker or Carer Support Worker

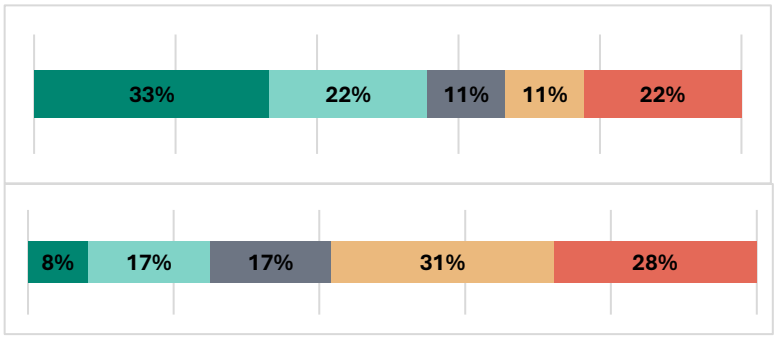
Without involvement of Family and Carer Peer Worker or Carer Support Worker



Statement 3 - I was involved in my loved one's discharge planning process:

With involvement of Family and Carer Peer Worker or Carer Support Worker

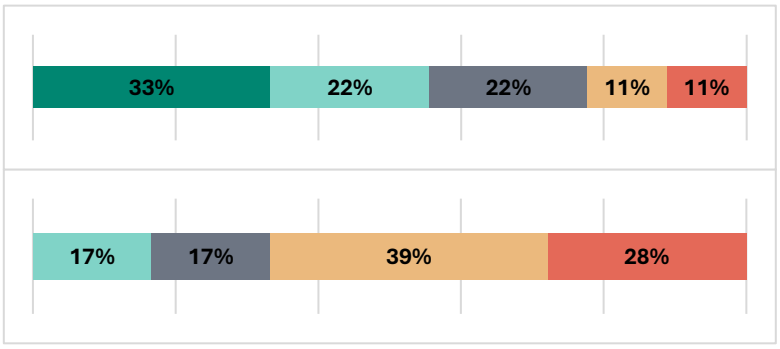
Without involvement of Family and Carer Peer Worker or Carer Support Worker



Statement 4 - I was given information to better understand my loved one's mental health condition:

With involvement of Family and Carer Peer Worker or Carer Support Worker

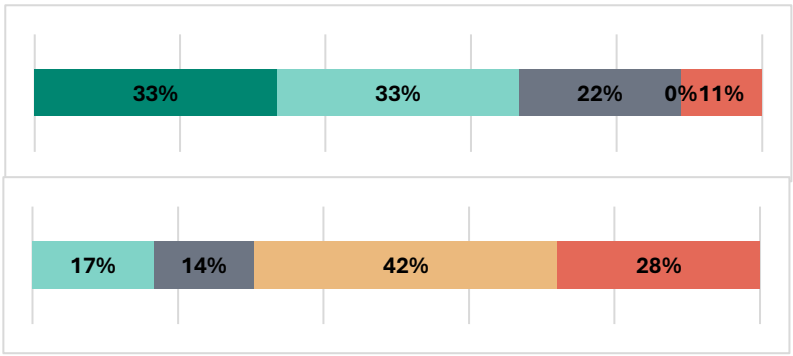
Without involvement of Family and Carer Peer Worker or Carer Support Worker

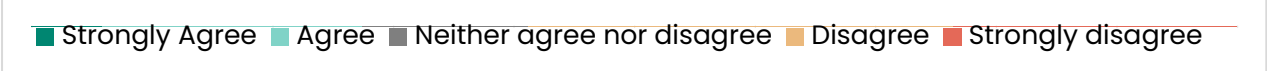


Statement 5 - I was given information on the local mental health services available for my loved one

With involvement of Family and Carer Peer Worker or Carer Support Worker

Without involvement of Family and Carer Peer Worker or Carer Support Worker





Qualitative analysis

We asked two open-ended questions:

1. How can hospital emergency departments and inpatient facilities better support families and carers?
2. From your carer perspective, what is a helpful initial response to a mental health crisis?

The environment of the emergency department and the associated assessment process were identified as key sources of distress for respondents, many of whom wrote about the difficulty of their loved ones being in a busy and potentially traumatising environment for long periods of time while awaiting assessment.

Some respondents felt strongly that a triage system designed for physical health was not adequately recognising the risks associated with a mental health crisis. Several wrote about the stress and difficulty of trying to encourage a loved one to remain in an environment that was exacerbating their distress for unknown lengths of time and for an uncertain outcome.

Respondents identified a calm, private space to de-escalate (if not at home) and assessment completed within a shorter timeframe as key features of a helpful crisis response for their loved ones.

Four key themes emerged consistently across responses:

1. **Listen to carers**

Carers want to be heard, and involved in the assessment, treatment and discharge planning processes. They hold vital information about loved ones' clinical histories, social contexts and the significance of symptoms or presentations that may be unique to the individual experiencing the crisis. Without carefully hearing this information, carers fear that clinical decisions are being made with scant or incorrect information. Respondents told stories of struggling to provide a thorough history to decision makers and felt that their contributions were not being taken seriously. They wrote about established processes not being followed and incorrect assumptions by decision makers leading to poorer outcomes for their loved ones.

2. **Keep carers in the loop**

Carers need to be kept informed about the status of their loved one's wellbeing. Respondents described poor communication from hospital staff that left them unable to provide adequate support for the person they care for. They wrote about waiting for

updates on their loved one's physical health following injury, and being unaware of discharge plans, which often resulted in their loved one being discharged without adequate support in place.

3. **Provide information**

Carers reported that during a mental health crisis, they want to be given a full explanation of what the treatment team will do for their loved one and why. They also want information about their loved one's mental illness and guidance to navigate decisions at the time of crisis, as well as broader information about the mental health system and how to manage at home in the longer term.

4. **Support carers**

Carers reported a dire need for support and described a desire for someone they could speak to freely and without judgment. They want access to a consistent point of contact who understands the process, can support them throughout the crisis and provide clear information about what is happening, who is involved, and what to expect next. This was especially true for those in rural and remote areas, who often travel great distances to the nearest hospital and are completely isolated from their support networks.

Several carers wrote that they would like access to peer workers for both themselves and their loved ones, and for these workers to be available outside of regular work hours.

Learnings for future surveys

Larger sample sizes

While this survey showed some trends, analysis of certain findings was limited by small sample sizes, particularly when cross-referencing specific service use or demographic sub-groups.

More specificity of inquiry

The subjective nature of crisis situations means that important differences are difficult to capture in a broad survey. For example, a crisis involving suicidal ideation can have very different features to one involving psychosis. Further inquiry into specific crisis types and the experience of specific services would be beneficial.

Future directions of interest

- Carer experiences across specific crisis presentations
- The role and impact of peer workers in crisis responses
- Interactions between services across different demographics and crisis types
- The role of police, ambulance and emergency departments in crisis situations as experienced by carers

Key points:

- Fewer than 1 in 5 carers **(18%)** reported being given access to a Family and Carer Peer Worker or Carer Support Worker.
- Despite being the only service that is not primarily a health service, police were the second most likely service to be involved in crisis response **(49%).**
- Police involvement was positively correlated with both emergency department and ambulance involvement.
- Police and ambulance involvement were negatively correlated with GP and private psychiatrist or psychologist involvement. None of the respondents who had access to private psychiatrist or psychological care also had police involvement.
- The involvement of a Family and Carer Peer Worker or Carer Support Worker was positively correlated with public mental health services and ambulance involvement and negatively correlated with police and the emergency department.
- Just under half of respondents **(45%)** agreed or strongly agreed that they were given the opportunity to provide information during assessment.
- One-third of respondents **(33%)** agreed or strongly agreed they were given the opportunity to provide information to assist with treatment planning.
- Just under one-third of respondents **(31%)** agreed or strongly agreed that they had been involved in their loved one's discharge planning.
- One-quarter of respondents **(25%)** agreed or strongly agreed that they had been given information to better understand their loved one's mental health condition.
- Just over a quarter of respondents **(27%)** agreed or strongly agreed that they were given information on the local mental health services available for their loved one.
- Involvement of a Family and Carer Peer Worker or Carer Support Worker was positively correlated with decreased disagreement and increased agreement across all 5 statements, though this finding should be interpreted cautiously given the small number of respondents in this group **(n=9)**
- Access to a Family and Carer Peer Worker or Carer Support Worker was correlated with an average increased in agreement of just over **20%** across all 5 statements, appearing to have a higher correlation with agreement than access to private psychiatric or psychological care.
- Emergency department environments were commonly experienced as inhospitable and symptom-exacerbating. Carers emphasised that a helpful crisis response would involve access to calmer environments and quicker assessment.

- Carers feel that clinical decision makers are either unable or unwilling to take contextual information into account, leading to decisions being made with incomplete patient histories.

Summary

While greater numbers of respondents, particularly in sub-groups, and more specificity around different crisis types would strengthen findings, we believe this survey has highlighted several common carer experiences and identified notable correlations.

Carers can be invisible to professionals whose primary focus is on the patient. But a good crisis response does not exclude the carer.

Carers want to be treated as partners in care – not bystanders. They can provide critical history and context and often continue to support loved ones long after the emergency visit or inpatient stay has ended.

Carers in emergency departments are often exhausted and traumatised. They are telling us that their experience of being able to provide crucial information at every stage of an experience of crisis (assessment, treatment planning and discharge) and to receive appropriate support for both themselves and their loved one is falling well below an acceptable standard.

While every service involved in crisis response has a part to play, including carers, the experiences reflected in this survey suggest that Family and Carer Peer Workers and Carer Support Workers can make a substantial difference.

A good crisis response is a human response for everyone involved.