



Carers WA Policy Submission

WA Mental Health & AOD Strategy:

Strategic Directions

September 2025

About Carers WA

Carers WA is the peak body representing the needs and interests of carers in Western Australia and is part of a national network of Carers Associations. Carers provide unpaid care and support to family members and friends with disability, mental health challenges, long term health conditions (including a chronic condition or terminal illness), have an alcohol or drug dependency, or who are frail aged. The person they care for may be a parent, partner, sibling, child, relative, friend or neighbour.

Caring is a significant form of unpaid work in the community and is integral to the maintenance of our aged, disability, health, mental health, and palliative care systems.

Some important facts about carers include:

- There are currently 3.04 million unpaid carers in Australia.
- There are more than 320,000 families and friends in a caring role in Western Australia.
- The replacement value of unpaid care, according to a report undertaken by Deloitte, Access Economics, "The economic value of unpaid care in Australia in 2020" is estimated at \$77.9 billion per annum.

Acknowledgement of Country

Carers WA acknowledges the Wadjuk Noongar Nation's lands, water, customs, and culture of which the Carers WA Head Office is located. Carers WA recognises our services reach beyond the Perth (Boorlo) region, and so we also acknowledge the cultural diversity of First Nation Peoples across our state and throughout Australia.



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1.0 Recommendations

1. Carers are included in the MH & AOD Strategy as their own bespoke group – i.e. everywhere that ‘families’ are mentioned – and not only as a sub-group under ‘communities’.
2. Carers be defined in the glossary as:
Carer – a person who provides care or assistance to a person with disability, chronic illness, mental health challenges, alcohol or other drug dependencies, or who is frail. This care is unpaid and not part of a volunteer or work contract. A carer can be any age, even between 0-25 years (young carer).
3. A separate definition be included in the glossary for the term ‘care worker’.
4. Peak bodies, carers and other lived experience representatives be involved in the development and ongoing monitoring of evaluation and planning frameworks for the WA Mental Health and Alcohol and Other Drugs Strategy 2025-2030.
5. Measures to monitor primary prevention and complex/multi-factor cases be included within evaluation and planning frameworks.
6. Evaluation and planning frameworks include specific measures to monitor carer wellbeing over the five year Strategy.

2.0 Introduction

Carers WA (CWA) appreciates the opportunity to provide feedback to the Mental Health Commission's WA Mental Health and Alcohol and Other Drugs Strategy 2025-2030: Proposed Strategic Directions.

We are pleased to see greater inclusion of carers within the Proposed Strategic Directions document, following Carers WA's consultation report to the Commission in late 2024. However, we are concerned regarding the placing of carers as a sub-category under 'community' and the use of a definition which has strong connotations with paid care workers. Other concerns raised by carers included queries as to how initiatives were going to be funded, measured and achieved over the five-year Strategy period.

For the purposes of this submission, the term 'carer' is defined as per the meaning under the *Carer Recognition Act 2004* (WA), this being that a carer is a person who provides care or assistance to a person with disability, chronic illness, mental health challenges, alcohol or other drug dependencies, or who is frail. This care is unpaid and not part of a volunteer or work contract. A carer can be any age, even between 0-25 years (young carer). A person is not a carer if the care is provided as part of a work or volunteer contract.

This submission has been informed by ongoing engagement and feedback from WA carers and stakeholders.

3.0 General Feedback

3.1 Carers as a bespoke group

There are over 320,000 carers in Western Australia, who collectively provide unpaid care valued at over \$6.6 billion per annum. The demand for informal care is spiking and is projected to increase 23% by 2030, however the number of carers available is only projected to increase by 16% over this timeframe¹, leaving a significant shortfall across the country.

Carers play a crucial role in supporting the people they care for, working tirelessly to advocate for their loved ones, provide personal care and emotional support, attend and organize appointments, and any other task which may be required of them by their loved ones. However, where carers are not recognised, supported and connected, this significantly impacts their ability to survive and thrive in their caring role, and substantially impacts the longevity of this role.

This impact is demonstrated by the fact that carers in WA have a personal wellbeing score 20% below that of the average Australian². This gap can be reduced through changes to carer recognition and social factors, but can be further worsened by exacerbated levels of social isolation³.

At present, WA carers feel significantly unrecognized by government bodies, community, service providers and formal services, which does little to help them feel valued⁴. Increasing levels of formal carer recognition can lift carer wellbeing and positively impact other related areas of their lives, including levels of recognition of their caring role from family, friends and those they care for – which in turn further boosts carer wellbeing⁵.

At a national level, the value of carers in the mental health sector has been recognised through specific naming of carers within the National Safety and Quality Mental Health Standards for Community Managed Organisations, with a bespoke standard for 'Partnering with Consumers, Families and Carers'.

Where the term 'carer' is not specified and is rather contained under a sub-category such as 'consumer' or 'community', carers are often excluded or even confused with care workers. Ensuring carers are embraced as true partners in care, who are also supported as individuals, carries significant positive impact and cost benefits for both government and community, for reduced hospital admissions and readmissions; longevity of caring roles; and improved care experience for the person receiving care when the carer is informed, included and also thriving and supported as an individual.

¹ (Deloitte Access Economics, 2020)

² (SAGE Design and Advisory, 2025)

³ (SAGE Design and Advisory, 2025)

⁴ (SAGE Design and Advisory, 2025)

⁵ (SAGE Design and Advisory, 2025)

Carers WA recommends:

1. Carers are included in the MH & AOD Strategy are their own bespoke group – i.e. everywhere that ‘families’ are mentioned – and not only as a sub-group under ‘communities’.
2. Carers be defined in the glossary as:
Carer – a person who provides care or assistance to a person with disability, chronic illness, mental health challenges, alcohol or other drug dependencies, or who is frail. This care is unpaid and not part of a volunteer or work contract. A carer can be any age, even between 0-25 years (young carer).
3. A separate definition be included in the glossary for the term ‘care worker’.

Examples of where carer inclusion can be implemented within the proposed strategic directions include (but are not limited to):

Section and Page	Recommended amendment
Purpose (pg 8)	To guide the transformation of Western Australia’s mental health and alcohol and other drugs systems to empower and support people, families, carers and communities in their wellbeing.
Aspirations (pg 8)	People Individuals, families, carers and communities are supported to meaningfully participate in decisions that impact their lives and wellbeing.
Pg 10	Aligned to the purpose of the Strategy, health promotion and prevention remains a key priority for system transformation to enable individuals, families, carers and communities to stay well and to reduce harm.
Pg 12	Harm Reduction Reducing the adverse health, social and economic consequences of the use of drugs, for the person who uses, their families, carers and the wider community.
Page 14	Improving and maintaining mental health Equipping people, families, carers and communities with the skills and tools to support their own and others wellbeing. There is growing community awareness and understanding of wellbeing, mental health issues and conditions, and impacts on individuals, families, carers and communities. This increasing public conversation and strong community engagement has contributed to reducing stigma and facilitated improved help-seeking

Page 74	The term ‘family, carers and significant other’ is a broad term that refers to family members and friends in caring and supporting roles and includes the term Support Person as defined in the Carers Recognition Act 2004. Support Person is not a term which is defined in the Carers Recognition Act 2004. Recommended inclusion of a separate definition in the glossary for the term ‘carer’, as defined in the Carers Recognition Act 2004, with reference to the need to uphold the WA Carers Charter.
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3.2 Achieving the Strategic Directions

Carers raised that while the proposed Strategic Directions addressed many of the key concerns at a high level, they were not clear as to how they would be funded, measured or achieved over the next five years. While Carers WA understands that frameworks are underway for this purpose, we strongly recommend that peak bodies, carers and other lived experience representatives be involved in the development and ongoing monitoring of these frameworks.

Carers also raised the need to focus and address primary prevention and complex cases, as well as the impact of different variables upon each other. i.e. the effects of domestic violence and homelessness as a direct result or as a cause of mental health challenges. Carers WA recommends that measures to monitor primary prevention and complex/multi-factor cases be included within evaluation and planning frameworks.

Carers WA recommends:

4. Peak bodies, carers and other lived experience representatives be involved in the development and ongoing monitoring of evaluation and planning frameworks for the WA Mental Health and Alcohol and Other Drugs Strategy 2025-2030.
5. Measures to monitor primary prevention and complex/multi-factor cases be included within evaluation and planning frameworks.
6. Evaluation and planning frameworks include specific measures to monitor carer wellbeing over the five year Strategy.

4.0 Conclusion

Should any further information be required regarding the comments included within this submission, or assistance from the perspective of WA carers, Carers WA would be delighted to assist. Please contact the Carers WA Policy Team at policy@carerswa.asn.au.

References

- Deloitte Access Economics. (2020). *The value of informal care in 2020*. Deloitte Access Economics. Retrieved from https://www.carersaustralia.com.au/wp-content/uploads/2020/07/FINAL-Value-of-Informal-Care-22-May-2020_No-CIC.pdf
- SAGE Design and Advisory. (2025). *2024 National Carer Survey: Understanding carers experiences*. Unpublished.