

SWITCH Research Group

Social Work Innovation, Transformation and Collaboration in Health (SWITCH) Research Group, Monash University, Faculty of Medicine, Nursing and Health Sciences, would like to share:

- ***Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).***

The COVID-19 pandemic increased the level and complexity of support provided by mental health family carers. The threshold for entry for hospital admissions appeared higher than pre-COVID, with the person in distress reporting a number of times to emergency departments but being discharged home, even when they expressed thoughts of suicide. The closure and restrictions on services led to family, carers and supporters needing to provide extra hours and at times constant support, including maintaining the safety of the consumer through monitoring both emotional and physical needs, including maintaining 24-hour watch to prevent suicide. At times this was provided by lone carers who were unable to get the support from family members because of restrictions.

When the person you care for is at extreme risk, it is already 24/7, then to have cancellation without notice of carefully negotiated supports puts intolerable strain on you. I have had to reduce my working hours (and income).

Many families spoke of the challenges of providing support within community and service restrictions and across borders. The impact of these burdens arising through systemic failures led to isolation, feelings of being overwhelmed, higher adverse mental health challenges, physical and emotional distress and reported thoughts of suicide by mental health family carers. More than 1 in 4 carers surveyed experienced suicidal thoughts within the context of excessive demand, isolation, feeling helpless and powerless to help the supported person, and being in close contact with a loved one who was distressed, threatening or themselves suicidal. Young people who provide support spoke of isolation from friends and lower amounts of support from peers and academic professionals influenced their lacking energy, motivation and general feelings of interest in living.

Mechanism for future responses

Australian Governments to

- fund diverse modalities of consultations and therapeutic interventions to enable mental health consumer and family carer choice, inclusive of but not defaulting to telehealth,
- create more considered access to services, to enable support of highly distressed people with mental health challenges – through family visitation, including within forensic settings,
- fund available and responsive mental health carer respite to ensure carer workload does not overwhelm family members so they are able to protect their own mental health and remain in paid work,
- recognise the impact of providing long-term and acute mental health care on the psychosocial wellbeing of family carers, to establish suicide prevention services responsive to family members experiencing acute and/or cumulative stress and distress.

- **Community supports (across early childhood education and care, higher education, housing and homelessness measures, family and domestic violence measures in areas of Commonwealth Government responsibility).**

There was an increase in the experiences of domestic violence during the pandemic, with more than 1 in 5 carers feeling unsafe, afraid, controlled, or were physically harmed, by the person they support. However, family carers (12.9%) also reported incidences of domestic violence before the pandemic. Respondents reported both experiences of domestic violence for themselves and also for the people they supported. Incidences included feeling controlled by the person they supported through threats of suicide or from behaviours associated with mental health challenges such as during periods of delusions and distress. Supporting someone experiencing delusions and distress in close quarters during lockdowns was highly distressing for carers, as well as being distressing for the person themselves.

The hospital services had closed the mental health rehab, and the in patients was full, and my very ill son needed to be put in, but they didn't have room. This put me in danger, and was very stressful.

More clinicians to be aware of how subtle family violence can look from the outside. I have had a clinician tell me that "name calling" and "being rude" is not grounds for family violence-look... I would love to see a more holistic approach to family violence and have services more accessible to victim survivors.

Mechanism for future responses

Australian governments to

- recognise the risk inherent in providing long-term and acute mental health care on family carers, to establish domestic violence services tailored and responsive to family members experiencing acute and/or cumulative risk and violence,
 - provide national guidance and co-ordination for innovation across all states in administration and guardianship as it relates to mental health carers concerned about the safety of loved ones in their absence or upon their death.
- ***Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).***

The COVID-19 pandemic highlighted prior areas of Mental Health systemic support that had been missing and also the loss of services that had been of benefit to the mental health consumers and family carers and supporters. Mental health family carers are a vulnerable group, especially during periods of disasters, including pandemics. Family spoke of being overwhelmed, 'burned out' and of severe and persistent fatigue, which led to them feeling they had lost the ability to support –

I have become an anxious person, always on the alert, trying to look out for him, keep him safe and ensuring his needs are met. Feel exhausted, but fail to get sleep, sometimes even guilty that my empathy is drying out.

The following recommendations have been developed through the voices and experiences of families which have been adversely impacted by the COVID-19 pandemic, but also speak of difficulties experienced through services not engaging with them or lack of systemic support in helping mental health family carers to maintain a quality of life within their family and society/community.

Mechanism for future responses

Australian governments to

- recognise the unpaid work and its impact on mental health family carers when services are inadequate or unable to respond to the needs of mental health consumers,
- create local and regional mobile centres for family assistance, to respond to current and future major disasters (pandemics, fires, floods, and drought),
- establish funded family-carer collaborative hubs to foster, mentor and disseminate family leadership in service responsiveness, redesign, evaluation, research and future planning.

Please refer to:

Petrakis, M. and Walters, C. (2022). *Mental Health Family Carer Experiences of COVID-19 in Australia*: Final report for the National Mental Health Commission from the NMHCCF as part of the Pandemic Grants for Priority Groups. Melbourne: SWITCH Research Group, Monash University.

Read the summary of the report here: [Mental Health Family Carer Experiences of COVID-19 in Australia \(Summary\)](#)

(2-page infographic)

Read the full report here: [Mental Health Family Carer Experiences of COVID-19 in Australia Final Report](#)

(69 pages)

Sincerely,

ASSOCIATE PROFESSOR MELISSA PETRAKIS

Group Director, Social Work Innovation, Transformation and Collaboration in Health (SWITCH) Research Group

<https://www.monash.edu/medicine/spahc/research/switch-research-group>

Social Work, Monash University, Australia

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Contact me at:

[Redacted]

T: [Redacted]