



Review of Queensland's Human Rights Act 2019

Submission to the Review

21 June 2024

About Arafmi

Arafmi, founded in Brisbane in 1976, is a not-for-profit organisation supporting people living with mental ill-health, their carers and families. As the peak body for unpaid mental health carers in Queensland, Arafmi has broad and direct engagement with carers across the state and plays an active role in identifying carers' needs and providing systemic advocacy across all government levels.

Arafmi offers a diverse range of supports and services to mental health carers, including:

- **Systems Advocacy:** Representing the experiences and needs of mental health carers with government, healthcare professionals, and the community.
- **Emotional, Therapeutic, and Practical Support:** Providing direct assistance to those living with mental ill-health.
- **Strengths-Based Support:** Providing targeted assistance to carers, families, and friends, including 1-1 support, support groups, carer respite, and a 24-hour Carer Helpline.
- **Information and Learning Opportunities:** Developing resources and delivering information and capability building sessions to educate carers on self-care and the complexities of caregiving.
- **Community Awareness:** Implementing and partnering in initiatives to reduce the stigma associated with mental health concerns.

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Arafmi acknowledges Aboriginal and/or Torres Strait Islander peoples as the First Nations peoples of Australia and recognises their continuing connection to country, waters, kin, and communities. We pay our respect to Elders past, present and future and are committed to ensuring that Aboriginal and/or Torres Strait Islander peoples' voices are heard and respected across Queensland.

1. Introduction

Arafmi welcomes this opportunity to provide a submission to the Independent Review of the Human Rights Act 2019 (QLD) (the Act) and to reflect on what the Act means for mental health carers.

Our submission is informed by our ongoing consultation with mental health carers, our recent statewide consultation findings¹ and the findings of numerous recent state and national reviews and inquiries into mental health and/or caring, to which Arafmi has contributed.

Quotes from mental health carers who have participated in recent consultations are included throughout the submission. We thank these carers for their generosity in sharing their insights and experiences.

We are heartened by the positive impacts already achieved in upholding the human rights of Queenslanders, particularly in relation to the development and review of legislation through a human rights lens.

Arafmi's interest in contributing to this independent review of the Human Rights Act 2019 can be summarised as follows:

- The rights of mental health carers are recognised through *Queensland's Carers (Recognition) Act 2008* and the associated *Carers Charter*, but this legislation was developed long before implementation of the Human Rights Act 2019 and does not cover the full range of human rights. In addition, carer rights are still a long way from being fully recognised and supported in practice by the mental health system and other public services. Areas in which the human rights of mental health carers need to be better recognised and protected are outlined in Section 3 of this submission.
- Without the ability to enforce carer rights, their recognition remains aspirational. Arafmi notes the failure of current legislation to create enforceable legal duties towards carers that public entities and services can be held accountable to. We support the recommendations of the Queensland Council of Social Service (QCOSS) in its submission to the Human Rights Act Review that *The Act should include a direct cause of action and provide access to compensation*, and that *The Government must commit to further*

¹ Arafmi (2024). *At what cost: The experiences of unpaid mental health carers in Queensland 2023 – 2024*. Available at https://arafmi.com.au/wp-content/uploads/2024/06/A04-Arafmi-At_what_cost_040624-web.pdf

investment to support deeper implementation of the Act. We further recommend that enforcement of rights flow through to associated carer-specific legislation.

- Mental health carers are also concerned with and impacted by the human rights of those they care for. There are still many ways in which the human rights of people experiencing mental ill-health are not upheld by the mental health system, the broader healthcare system and other public service systems. We support submissions to the review made by the *Mental Health Lived Experience Peak of Queensland (MHLEPQ)* and the *Queensland Alliance for Mental Health (QAMH)*, which highlight the ways in which respect for and upholding of human rights, or lack thereof, have significant impacts on mental health.
- Mental health carers are often forced by the mental health system to choose between their own rights and advocating for and upholding the rights and dignity of the person they care for. This is largely due to a lack of adequate mental health services, including community based mental health services and respite care services, and also due to the implementation of human rights principles in ways that do not consider how to balance the rights of carers with those of the people being cared for.
- People from Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities should be able to access culturally appropriate mental health services and carer support services.
- People living in regional, rural and remote areas should be able to exercise their right to not be discriminated against in accessing mental health services, including carer supports. However, the reality is that services in these areas are even more challenging to access than in metropolitan areas, placing even greater pressure on mental health carers.
- Mental health carers, and carers more broadly, need to be better informed about their rights as carers and as humans and citizens. The systems and services that interact with mental health carers also need a better understanding of carers' rights and ensure that they are upholding them.

2. About Mental Health Carers

Queensland's Carers (Recognition) Act 2008 defines a carer as an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks. The Act further clarifies that a person is not a carer only because they are the spouse, parent or guardian of a person to whom care is provided or if they provide the care or assistance as a volunteer for a voluntary organisation.

A **mental health carer** is someone who provides unpaid care and support to a person experiencing mental ill-health. They may be caring for a child, parent, partner or other family member, or for a friend or member of their community.

The Productivity Commission has noted that the role of mental health carers can differ from that of other types of caring due to elements such as:

- the episodic nature of mental ill-health
- relationship strain that can result from mental ill-health
- the fact that mental ill-health typically manifests earlier than many physical health conditions
- the stigma associated with mental health concerns².

The most recent available data shows that more than 533,000 Queenslanders were providing unpaid care for someone with a disability, a long-term health condition or who is frail and ageing in 2018. This represents just over 10 per cent of Queensland's population³. Whilst Queensland data does not show how many of these unpaid carers were caring for someone with mental ill-health, Productivity Commission analysis estimates that 4 per cent of Australians were caring for a family member or friend with a mental health condition in 2018.⁴

At the same time, we know that many mental health carers (including children and young people) do not identify with the term carer for a variety of reasons and are therefore not captured in existing data sets, nor supported through available carer support services.

² Productivity Commission (2020). *Mental Health Inquiry Report (No. 95)*. Commonwealth of Australia. p873-875

³ ABS (2018) Disability, Ageing and Carers, Australia: Queensland 2018. Tables 29.1 and 29.2

⁴ Productivity Commission (2020). *Mental Health Inquiry Report (No. 95)*. Commonwealth of Australia. p872

3. Areas in which protection of the human rights of mental health carers could be strengthened

Freedom from forced work

The traditional narrative surrounding caring work tends to portray unpaid carers as ‘heroes’ who willingly give up their own personal and professional lives to care for someone out of a deep sense of love and a desire to contribute to the fabric of society. The reality is that the caring role is often not chosen and comes at a significant cost to the individual. In essence, this could be considered forced work.

Family, kin and other supporters should have the right to choose the extent to which they provide unpaid care for someone who is experiencing mental ill-health, and the extent to which they access external supports and services to provide this care. However, mental health carers often feel they have no choice due to factors such as:

- lack of access to mental health services
- the reliance on bio-medical approaches in the mental health system
- the use of coercive and restrictive practices in mental health services
- a persistent lack of consideration of family, kin and other carers within mental health systems and services.

These factors can mean that family, kin and other supporters feel they have no alternative, or worse, feel co-opted or pressured into assuming a carer role – often to the detriment of their own health and wellbeing and of personal and family relationships.

Some carers talk about feeling forced by the mental health system into ‘quasi medical practitioner roles’ that impact on their relationship with the person they care for as they can no longer simply be a partner, parent or other family member.

“When you lose yourself in your life due to caring, that’s when you become a carer. You aren’t just a mum or dad.”

“[my adult son] would be horrified if I referred to myself as his carer, but that’s what I am”

The impacts of unpaid caring and mental health caring are very well documented across recent inquiries and reviews, including the *Queensland Parliament Inquiry into the opportunities to improve mental health outcomes for Queenslanders (2022)*, the *Productivity Commission Mental Health Inquiry (2020)*, *Australian Senate Committee on Work and Care (2023)*, *Royal Commission into Victoria's Mental Health System (2021)* and the *Commonwealth House of Representatives Inquiry into the recognition of unpaid carers (2024)*.

The impacts are also clearly articulated in Arafmi's recently published report *At what cost: The experiences of unpaid mental health carers in Queensland 2023 – 2024*⁵ and include:

- significant financial disadvantage, due to the high costs associated with medical care and impacts on the carers ability to maintain employment, and the associated effects on income and superannuation across a lifetime of caring
- significant impacts on mental, emotional and physical health and wellbeing
- a toll on family and social relationships, resulting in social isolation and relationship breakdowns.

Whilst some mental health carers can access Australian Government carer payments, they are likely to be financially disadvantaged over the long term.

Research commissioned by Carers Australia and published in 2022 found that “At the mean, and at current subsidy settings, Australian carers will lose:

- \$392,500 in lifetime earnings to age 67; and
- \$175,000 in superannuation at age 67.

Some who are carers for extended periods of time will lose substantially more, with the most affected 10% losing at least \$940,000 in lifetime income, and \$444,500 in retirement savings.”⁶

Given that mental ill-health typically manifests earlier than many physical health conditions and that the episodic nature of mental ill-health can impact on carers' ability to maintain employment, mental health carers are more likely to be affected by these financial impacts.

⁵ Available at https://arafmi.com.au/wp-content/uploads/2024/06/A04-Arafmi-At_what_cost_040624-web.pdf

⁶ Evaluate (2022) *Caring Costs Us: The economic impact on lifetime income and retirement savings of informal carers*. Commissioned by Carers Australia

At the same time, it has been estimated that it would cost \$13.2 billion per year to replace informal mental health care with formal support services, even after accounting for carer payments.⁷

Mental health carers clearly face significant disadvantages by taking on the caring role and, when coupled with a lack of choice and a lack of support for the unpaid work that they do, Arafmi believes this represents an impost on the human rights of carers. Given the fact that the large majority of caring roles are performed by women, this issue also perpetuates gender inequality.

Issue 1

Implementation of the Human Rights Act should protect individuals from being forced into unpaid caring work due to a lack of suitable mental health services and other supports. When individuals do choose to take on this role and in doing so, save Governments significant expenditure, they should be adequately supported.

Privacy

Arafmi fully supports the right to privacy of information, including the rights of individuals with mental ill-health to choose what information they share and to maintain their own dignity of risk (i.e. the freedom to make the same decisions as people in the general population as to how much risk they are willing to take). However, the ways in which privacy requirements are implemented by health services can result in family, kin and other carers lacking information that is essential to their ability to provide care and support to someone with mental ill-health.

Mental health carers who participated in Arafmi's recent statewide consultations and those who access Arafmi's carer support services, regularly speak of instances where they feel excluded from important discussions and decision-making processes that directly affect their lives, as well as those they care for.

“Our son was released from the mental health unit after a suicide attempt. There was no follow up or any advice on how to support him afterwards.”

⁷ University of Queensland (2016) *The economic value of informal mental health caring in Australia: summary report*. Commissioned by Mind Australia

“As I cared for an adult son with mental health illness and substance use issues, I experienced 4 years of frustration and at times anger. Many closed doors that included, we can’t help you, we only help kids and adolescents, we only look after mental health, we only look after substance use, due to privacy we can’t talk to you about your adult son.”

Mental health carers have shared that they want better communication with healthcare providers and to be included in treatment and care planning. The Queensland Government Mental Health Select Committee has recommended that “the Queensland Government investigates and implements strategies to better involve families, carers and support persons in the mental health care and treatment of individuals”; a recommendation that is also reflected in Queensland Health’s *Better Care Together* strategy.

Similarly, the Productivity Commission Mental Health Inquiry recommended that “All mental health services should be required to consider family and carer needs, and their role in contributing to the recovery of individuals with mental illness”⁸.

However, implementing these aspirational recommendations will require more nuanced approaches to the protection of rights to privacy by providers of public health services, which balance the rights of individuals with the rights of those who are responsible for caring for and supporting them. Arafmi is currently developing a resource for healthcare professionals on working with carers, family and kin, which provides guidance on balancing the rights of consumers and carers.

The recommendation in QCOSS’ submission to the review that *The Act should incorporate a participation duty*, will also go some way to addressing concerns about balancing the rights of carers and consumers. We recommend that special requirements related to mental health consumers and carers be included in these provisions. Already, Queensland Health and other bodies such as the Queensland Mental Health Commission are making significant efforts to include mental health carers in policy and decision-making processes. However, enshrining participation duties in the Human Rights Act will highlight the importance of both consumer and carer lived experience participation in designing all aspects of the mental health system.

⁸ Productivity Commission (2020). Mental Health Inquiry Report (No. 95). Commonwealth of Australia. p868

Issue 2

Mental health carers have a right to information that impacts on their ability to care for and support someone with mental ill-health. Implementation of the Human Rights Act should require public health services to find ways to balance the rights of carers with the rights of the individuals they care for. Incorporating a participation duty into the Human Rights Act would be one way of prompting public entities to consult with mental health carers and consumers on how best to do this.

Protection of families and children

The current Human Rights Act states that *Families are the fundamental group unit of society and are entitled to be protected by society and the State.*

Arafmi notes that if the rights of all Queenslanders are to be protected in this respect, that legislation, policy and service delivery need to adopt definitions of family that extend beyond traditional concepts of nuclear families. Unpaid mental health carers may be parents, partners, children, siblings or other extended family members. However, they may also be friends, ‘family of choice’, other kin, or community members or elders. It is important that these carers are not excluded from access to information and support services that will assist in their caring role.

Mental ill-health of a family member generally impacts on the whole family (whatever form this family takes) and frequently takes a toll on family relationships. If these units of society and important sources of support for someone experiencing mental ill-health are to be protected, then support services are needed for the whole family, not just the primary carer.

In addition, there is much more to be done to protect the rights of children and young people who are caring for someone with mental ill-health.

In 2021, Arafmi and support service, Little Dreamers, funded research into ‘young carers’ (i.e. people under 25 years of age who provide unpaid care to a family member or friend who has a chronic illness, is frail, aged, or has a disability (physical or mental)). The research found that:

- many young carers do not identify as a carer, as they and others assume this is a “normal” role

- young carers are over-represented amongst females, Aboriginal and/or Torres Strait Islander peoples, and people from culturally and linguistically diverse backgrounds
- young carers have diverse care experiences that include both positive aspects (such as increased resilience and maturity, a closer relationship with the person they care for, and development of life skills) and negative aspects (such as competing demands on their time, the burden of responsibility and feelings of isolation that may result in a reduction in confidence, self-esteem and hope for their future).
- mental ill-health is a significant risk for young carers, with many reporting they did not have enough time for themselves and feel alone in their role. Sleep deprivation is common and a small proportion of young carers use substances (e.g. alcohol) or have harmed themselves, because of caring.⁹

From this research, our own work supporting carers, and our relationships with organisations that support young carers, we also know that young carers are frequently disadvantaged in relation to education and employment. They can experience being late for class or handing in assignments and/or missing school/assessment as a result of caring responsibilities and report that their availability for work is limited due to caring roles and they are often overlooked for promotions, which has impacts on their economic participation across a lifetime.

Our consultations have highlighted significant repercussions for children and young people when systems (including education, mental health, health and justice systems) fail to recognise that the child or young person is performing a caring role and fail to provide the necessary adjustments and supports.

Children and young people who care for a parent with mental ill-health also risk significant repercussions in disclosing their caring role, which may result in them being removed from their family and experiencing even greater negative impacts.

⁹ Hutchings, K., Harris, N., McMillan, S., Radford, K., Slattery, M., Spencer, N., & Wheeler, A. (2021). *Young Carers in Australia industry research report*, Griffith University: Brisbane, Australia

“I would visit my GP and tell them that I was looking after people in my family and that I was feeling really tired and didn’t know what to do about it. They told me that it was probably hormonal or that I had an iron deficiency. Even when I did find my own supports, I needed a referral from my GP and they wouldn’t give it to me because they didn’t understand what I was doing as a carer. Child services didn’t understand either. They interpreted my situation as neglect and I was removed from my family.”

This is a particularly significant issue for First Nations communities. Research that Arafmi is currently conducting with First Nations communities and support services in North Queensland has found that traditional caring cycles and cultural practices have been broken in both Aboriginal and Torres Strait Islander communities due to the removal of children from families and increasing levels of incarceration of children and young people.

Issue 3

Definitions of family adopted in legislation, policy and service delivery need to be broad enough to reflect the diverse range of relationships between groups of people who support someone with mental ill-health, so that the full range of mental health carers receive the information and support needed to perform their caring role. This includes ensuring that the health and wellbeing of entire families is supported, not just that of primary carers.

Issue 4

Much more needs to be done to ensure that young carers are recognised and adequately supported. The starting point is the right of children and young people to choose the extent to which they wish to take on a caring role and if they do so, to ensure that they have the necessary supports in place and are free from negative repercussions of choosing to undertake this role.

Right to liberty and security of person

Arafmi agrees with the assertion in the Queensland Human Rights Commission's issues paper that rights to liberty and security are two separate rights¹⁰. For mental health carers, these rights play out in very different ways. They also highlight other human rights that may be missing from the current Human Rights Act.

Security of person

For some mental health carers, the mental health condition of the person they care for can result in risk to the carer's security of person. Sometimes mental health conditions also underpin situations of domestic and family violence and coercive control.

In such situations, mental health carers can be forced to choose between their own security and the protection of their own human rights and the security and human rights of the person they care for. It can be an extremely confronting and stressful experience for a carer to have to call for help, knowing that the only option available will result in the deprivation of liberty of a person they love and care for.

Until such time as there are readily available and accessible mental health services that offer genuine alternatives to restrictive practices, this will continue to be a reality for some mental health carers. MHLEPQ's report, *shining a light. Eliminating Coercive Practices in Queensland Mental Health Services*, offers further insights into this issue.

Liberty

The demands of mental health caring roles, combined with a lack of mental health services, respite care and carer support services, deprive many mental health carers of their liberty. Carers talk of not being able to leave their home, as there is no-one else to call on. Some live in fear of what will happen to the person they care for if that person is left alone. Initiatives such as Hospital in the Home (in which someone with mental ill-health is treated at home, rather than being admitted to hospital) can contribute to carers feeling trapped in their homes if not carefully managed, with informed carer consent gained and comprehensive carer supports in place.

¹⁰ QHRC (2024) Strengthening the Human Rights Act: key issues paper. p9

Many mental health carers talk about being in a constant state of hyper-vigilance, waiting for the next crisis to occur. They spoke of the crucial need for breaks away from caring to manage their own health and wellbeing, but not being able to access alternative mental health services and respite care for the person they care for.

This lack of personal time away from the caring role takes a large toll on carers' mental, emotional and physical health and wellbeing, and for those who have been caring for 10 or 20 plus years, the toll is even greater.

Other rights that may be missing from the current Human Rights Act

Whilst the above example may not be the strict legal interpretation of liberty as intended by the Human Rights Act, there is no doubt that the freedom of many mental health carers is being restricted in various ways. This suggests that there may be other human rights that should be incorporated into the Act, including the rights to social and economic participation. In some settings these are referred to as citizen rights and are considered to be essential aspects of mental health recovery and reduction of stigma related to mental health.

It is clear from the responses of hundreds of people who participated in Arafmi's recent consultations that social isolation is a common experience amongst mental health carers. Caring responsibilities often leave carers with little time for social interaction and the stigma surrounding mental health and lack of understanding of what it is like to be a mental health carer further contribute to feelings of isolation, impacting on carers own mental health.

“It feels like you are constantly walking behind, waiting for them to drop, to then pick them up.”

“I’m at breaking point trying to keep everyone afloat. But we [carers] don’t have the option to break, otherwise who will support our loved ones?”

“I have my eldest son to take over from me when I pass and that’s a lot to take on, but he’s got no choice. I’ve seen people in care without family and it’s horrendous and I can’t let my son go through that.”

“In the past I’ve had a breakdown due to the pressures. I was in hospital for five months due to doing it alone.”

All Queenslanders should have the right to social participation, but for many mental health carers this is not currently a possibility.

Mental health carers also talk about the impact of their caring responsibilities on their ability to participate in paid employment. In our recent statewide consultations, a third of the 305 respondents to a survey said that they worked fewer hours or not at all due to their caring role. Unsurprisingly, those respondents were also more likely to have experienced financial hardship.

Issue 5

Mental health carers should have a right to security of person that does not have to result in the deprivation of liberty of the person they care for. Mental health carers should also have the liberty to take a break from their caring role. Upholding these rights is dependent on the availability of appropriate mental health services and carer support services that give those who care for someone with mental ill- health the choice as to how much of an unpaid caring role they wish to undertake. Therefore, these rights need to be protected not just through the Human Rights Act, but through carer and mental health legislation and the applications of legislation in service delivery.

Issue 6

Mental health carers should have a right to social and economic participation. These rights are not included in the current Human Rights Act.

Cultural rights

The need for culturally appropriate mental health services and carer support services was a frequent issue raised in our recent Statewide consultations.

Aboriginal and Torres Strait Islander communities and many culturally and linguistically diverse communities have very different understandings of mental health and wellbeing and concepts of caring. These need to be reflected in service offerings.

Issue 7

Queenslanders have a right to culturally appropriate mental health services and supports. Inclusion of a participation duty within the Human Rights Act, which has specific requirements for participation of people with mental ill-health and their carers, would help in the design and implementation of appropriate services and supports.

Right to health services

Our conversations with mental health carers continually highlight the challenges they experience in accessing effective mental health services, or any mental health services, for the people they care for. Carers have also frequently shared stories of how their insights into the mental health of the person they care for are ignored, preventing ‘their person’ from getting the help they desperately need. Once again, issues of the balance of human rights come into play.

“A person can be very unwell/unstable, yet the laws are quite prescriptive in terms of the ability of police/ambulance to take an unwilling person to hospital. My experience is that the background details provided as a carer/observer are given little weight. On one hand, that could be considered adherence to the human rights of the unwell individual... their right to choose to not receive treatment? But what about the rights of a carer to protect their family? Or the rights of a carer to peace of mind? We should not have to fight, beg or grovel in order to get help for our loved ones who deal with mental ill-health, or to protect ourselves and the community.”

“As carers, we are on the front line, and generally know only too well when those close to us are in dire need. It is the hardest thing to call the authorities to 'haul' in one's child for a health assessment because they are unwilling to seek help themselves; but it's even harder when those same authorities tell you they can't help and just drive away.”

Whilst mental health services and carer support services are difficult to access in general, for those in rural, regional and remote areas the challenges are even greater. All Queenslanders should have a right to mental health services, including mental health carer supports, regardless of where they live. This will require substantial investment in mental health support services, and particularly investment in community-based services.

“My community is suffering greatly. [Our local volunteer-led mental health support group] is helping to keep people well but we have very limited clinical supports here. C-PTSD and BPD diagnoses are getting more and more commonplace and there is next to no access to trauma-informed psychiatric or psychological interventions (telehealth is not an option when someone lives in a tent in the forest with zero credit and/or internet access on their phone). I don’t know how much longer I can withstand the exponential growth in number of people and their severity of needs seeking support without a serious injection of resources.”

Issue 8

Policies and processes of the mental health system and emergency services need to better balance the rights of individuals with mental ill-health and their carers and recognise that carers have valuable insights that should be taken into account when making decisions about access to health services.

Issue 9

Rights to the access of health services should not be dependent on where someone lives. This requires that mental health services for rural, regional and remote areas be adequately funded.

4. Other measures to protect human rights

Mental health carers, and carers more broadly, need to be better informed about their rights as carers and as humans and citizens. Whilst Arafmi already conducts workshops for mental health carers on carer rights, there is more that could be done.

For Arafmi, the practical application of QCOSS' recommendation that *The Government must commit to further investment to support deeper implementation of the Act* would involve Government support for the development of further resources and training to raise the understanding of mental health carers of their rights and support for mental health carers to pursue complaints about breaches of their rights.

It would also mean the development of training and resources for public service providers on the rights of carers and the responsibilities of services to identify mental health carers and to uphold their rights.

It is especially important that children and young people who are caring for someone with mental ill-health are educated about their rights, as they will be the unpaid carers of the future – and in many cases will be a carer for most of their lives. It is also essential that public entities in the mental health, health, education, justice and child safety system learn how to identify these young carers and know how to best support them and uphold their human rights. In doing so, they can help to reduce the lifelong impacts and disadvantages that mental health caring can create.

We further support Recommendation 7 from the submission to the Review by QAMH for the provision of specialised training for frontline practitioners to help them better understand how to practically implement the Act in their work setting and that within the hospital and health system, and police first responder services, consideration be given to the provision of training and implementation of policies that support better referral pathways into Community Mental Health and Wellbeing Sector services, which are designed to work from a human rights-centred approach for people in mental distress.

5. Conclusion

Queensland's Human Rights Act has already created positive change and we believe that it will continue to support the development of a culture that respects human rights and encourages policy makers and service providers to place a human rights lens over the development and review of public policy and service delivery.

Thank you for the opportunity to highlight some areas in which we think the Human Rights Act could better recognise and uphold the rights of mental health carers. We would welcome further discussion on any of the issues we have raised above should it be of value to the review.