ARAFMI
you are not alone

2026–27 Queensland State Budget Submission

Arafmi Ltd

January 2026

About this submission

This submission from Arafmi supplements the budget priorities identified in the joint 2026–27 budget submission from Queensland Alliance for Mental Health (QAMH), Arafmi and Mental Health Lived Experience Peak Queensland (MHLEPQ). It identifies additional priorities for Queensland mental health carers, that complement those outlined in the joint submission.

For further information about this submission please contact:

Irene Clelland, Chief Executive Officer
ireneclelland@arafmi.com.au

Sue Goodwin, Lived Experience Advocacy Team Lead
suegoodwin@arafmi.com.au

Arafmi
PO Box 248 New Farm QLD 4005
07 3254 1881
arafmi.com.au

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.

Arafmi 2026–27 Queensland State Budget Priorities

1

Fund more mental health carer respite accommodation across Queensland so carers can safely rest, recover, and sustain care.

(See Attachment A: Detailed Funding Brief)

2

Fund locally co-designed, place-based mental health supports in rural and remote Queensland, including supports for families and carers.

3

Allocate a greater share of funding to non-clinical, community-based mental health supports that reduce the burden on carers, prevent crisis escalation and decrease pressure on high-cost, acute, hospital-based mental health services in Queensland.

4

Measure carer inclusion, engagement and support in mental health services as part of a statewide outcomes and performance framework.

Background

Arafmi is the peak body for families and other unpaid carers supporting someone experiencing mental ill-health in Queensland. We deliver specialist mental health carer support services, including a 24-hour Carer Support Line, individual and group support, workshops and respite accommodation. These services are provided at no cost to family members, kin, young carers, friends and other individuals who support someone experiencing mental ill-health.

We also engage extensively with families and carers across the state to understand carer needs and advocate for system reform that recognises carers as essential partners in recovery, safety and wellbeing.

Carers are a critical but largely invisible part of Queensland's mental health infrastructure. Every day, families and carers who support a person experiencing mental illness or distress:

- Identify early warning signs and prevent escalation
- Provide extensive practical, emotional and financial support that helps people stay safe and well at home
- Navigate fragmented service systems
- Step in when services are unavailable, or the person they support is not eligible for support.

When carers are unsupported or struggling themselves, the consequences are felt across multiple Queensland Government service systems, including:

- increased emergency department presentations, hospital admissions, and ambulance demand
- carer burnout resulting in relationship breakdown and/or carers accessing the health system as consumers themselves
- housing instability for both carers and the people they support
- increased interaction with child safety, policing and justice.

The economic value of unpaid caring is substantial. Deloitte Access Economics estimates informal carers contribute approximately $22.5 billion annually to Queensland's economy[i]. While this figure is not specific to mental health carers, national estimates suggest around 37 per cent of unpaid carers provide mental health care[ii], highlighting the scale of this contribution.

Background

Arafmi acknowledges and supports the Queensland Government's investment in hospitals, ambulance services, preventative health and social and community housing. These investments are critical. However, carers consistently report the need for more trusted, reliable services that:

- reduce the day-to-day practical demands of caring
- strengthen carer wellbeing, skills and capacity to sustain their role
- step in when carers are unable to, or when caring is unsafe or inappropriate.

While some of these needs are addressed within Arafmi's current service remit, carers consistently identify gaps that sit outside existing programs.

A significant gap exists in access to non-clinical, community-based mental health supports that provide practical assistance to support recovery, prevent escalation and address the social determinants of health, like housing and employment. These psychosocial supports are often only available after a person becomes acutely unwell and is admitted to hospital. This approach:

- increases pressure on carers who may be unsupported and unprepared[iii]
- exposes individuals and families to avoidable systems trauma[iv]
- drives higher costs by relying on acute, hospital-based pathways rather than lower-cost community supports[v vi].

There are also major gaps in supports that protect carer wellbeing, particularly respite. More than 40 per cent of Queensland carers report unmet support needs, with respite consistently identified as the most significant gap[vii].

Arafmi's Mental Health Carer Respite Hub in Brisbane is booked out months in advance, with a waiting list of families and carers wanting to access the service. In addition, time and travel costs pose a barrier for regional, rural and remote families and carers to access the service and there is currently no funding to cover these costs.

Evidence also suggests there is unmet need for psychosocial supports that address carers' own wellbeing, alongside a lack of comprehensive data focused specifically on carer needs[viii].

Overall, Queensland's mental health system relies heavily on carers who are an unpaid, largely unsupported and at-risk workforce. Targeted investment is required to make this role sustainable and to reduce long-term risk to individuals and the health system.

Our Recommendations

Recommendation 1

Fund more mental health carer respite accommodation across Queensland so carers can safely rest, recover, and sustain care.

(See Attachment A: Detailed Funding Brief)

What we know works, includes:

- **Dedicated mental health carer respite centres**

  Respite is a formalised break from a caring role focused on improving carer wellbeing and resilience. Where respite is available, carers can step back before burnout occurs, protecting carer mental health and preserving family relationships[ix x].

  Arafmi operates the only mental health carer specific respite service in Queensland – based in Brisbane and delivered by staff who understand the realities and challenges of caring for someone experiencing mental ill-health. In 2025 we provided 237 carers and family members with 574 nights of tailored respite, resulting in an average increase in wellbeing of 206% for those who stayed. We have identified North Queensland as an area of urgent priority for more mental health carer respite services. Additional investment of approximately $400,000 per year would provide more carers from rural and regional Queensland with access to this much-needed and valued support.

  Please see **Attachment A** for a detailed proposal for funding further mental health respite services.

- **Models that support both the carer and the person**

  Respite works best when the person being cared for also receives separate, appropriate, trusted support, allowing carers to take a break without worrying about what will happen to their person in their absence[xi xii].

> **" The respite has made such a difference to my outlook. I can now see a positive future ahead. I am able to think much clearer and have come home happier and less stressed."**
> *Arafmi Respite recipient*
>
> **" It would be amazing to one day have more of these around the state. It's the first I've come across. A lot of carers don't have the extra money to spend on themselves, so our own needs are rarely attended to. So for me, I didn't have to think about where the money came from to pay for a break. I feel like I have recharged to face home again."**
> *Arafmi Respite recipient*

Our Recommendations

Recommendation 2

Fund locally co-designed, place-based mental health supports in rural and remote Queensland, including supports for families and carers.

What we know works includes:

- **Place-based, community-led approaches**

  Programs co-designed with local communities respond better to local needs, build trust, and reduce reliance on traditional clinical services that are accessed far from home, via fly-in/fly-out services[xiii].

- **Family- and carer-inclusive models**

  Family and carer support is critical to bridging the gap between the consumer and professional services in remote and rural settings. Collaborative approaches that provide adequate support for informal carers, recognition of their expertise and open and consistent communication, deliver better outcomes for both consumers and carers[xiv]. Such support would ideally include travel and accommodation assistance for carers to travel with their person when accessing regional or metropolitan acute mental health services.

> **"Caring for someone experiencing mental illness is very isolating. We are managing our people's lives through poverty, malnutrition, homelessness, poor chronic health conditions... We are in permanent ongoing crisis management for our people. Unrelenting crisis. Carers are life coaches, taxis, personal assistants, personal hygiene coordinators, cleaner, maid, cook, nutritionists, sleep behaviour managers, suicide watchers... carers are helping people through poor executive functioning. We are the entertainment, we are their everything. It is a lot of pressure on carers to be everything."**
>
> *Carer in rural Queensland*

Our Recommendations

Recommendation 3

Allocate a greater share of funding to non-clinical, community-based mental health supports that reduce the burden on carers, prevent crisis escalation and decrease pressure on high-cost, acute, hospital-based mental health services in Queensland.

Evidence-based examples that work include:

- **Crisis support spaces and alternatives to Emergency Departments**

  When people can access peer and clinical support outside hospital settings - particularly outside of business hours – evaluation shows improved wellbeing outcomes, fewer emergency presentations and reduced emergency department wait times [xv].

- **A well-supported Lived Experience workforce that is available statewide**

  Involving families and carers in mental health support leads to better outcomes for both consumers and carers. The *Beyond the Squeaky Wheel* report recommends expanding support for and evaluating the impact of carer peer roles in clinical and non-clinical settings, especially in rural/remote areas[xvi].

- **Mental health co-responder models**

  Mental health co-responder models that pair mental health, ambulance and police co-responders to mental health emergencies in Queensland[xvii xviii] and New South Wales[xix] have been found to reduce unnecessary ambulance transports, divert mental health consumers from emergency departments, reduce involuntary assessments, and provide better outcomes for mental health consumers, their carers and families.

- **Flexible funding that addresses contributors to mental ill-health**

  Flexible funding (e.g. brokerage funding) allows mental health services to support families and carers to resolve immediate, practical barriers to stability - such as transport, food, temporary accommodation or essential items - thereby reducing pressure on acute services[xx].

Our Recommendations

Recommendation 3

- **Early intervention approaches that address social determinants of health**

  Social prescribing links individuals to community services, practical supports and social connections, strengthening protective factors for mental health . Evaluation of housing-based models of support have demonstrated decreased mental health-related hospital admissions and reductions in length of stay[xxii].

- **Relational and family-based approaches**

  Relational approaches such as Family Systems Therapy and Open Dialogue have been shown to improve mental health outcomes and system efficiency. These models strengthen mental health outcomes by recognising that recovery occurs within families and social networks, not in isolation [xxiii xxiv].

> **" There are safe spaces, however they have restricted opening times. If someone is appearing very unwell, they then won't take them. They are left with Emergency being the only option, which only exacerbates the situation. They need to beef up safe spaces to help manage crises and make them more accessible."**
>
> *Arafmi statewide consultation participant*

> **" [What's needed is] More preventative measures from the beginning of this roller coaster journey and more education on what to expect and how to care for ourselves and assistance to do so. More support around family relationships and how to solve issues with that."**
>
> *Arafmi statewide consultation participant*

> **" There are very limited clinical and non-clinical supports. Currently our mental health dept will only see people if they are about to kill themselves. We've had people with mental illness and their carers call the hospital only to be turned away as they are not at the point of suicide or serious harm. There is no early intervention and prevention programs. We don't want our people to only get help at crisis. Getting help before crisis could mean no hospitalisation and avoid a long recovery process."**
>
> *Carer in rural Queensland*

Our Recommendations

Recommendation 4

Measure carer inclusion, engagement and support in mental health services as part of a statewide outcomes and performance framework.

Successive inquiries, including that held by the Queensland Parliamentary Mental Health Select Committee [xxv], have identified the systemic exclusion of carers as a persistent failure requiring stronger accountability mechanisms. Similarly, evidence from carers shows that inclusion remains inconsistent, discretionary and highly variable across services. Carers are frequently excluded from treatment planning and information-sharing, yet are relied upon to manage risk, monitor deterioration and sustain care once formal services disengage [xxvi].

Arafmi is concerned about the current absence of performance measures and data relating to mental health carers, even though Queensland's Mental Health Act recognises families and carers as essential partners in care, recovery and safety.

Specific funding is needed to:

- **Co-design, implement and monitor carer-related outcome measures such as:**
    - involvement in treatment planning and discharge
    - access to timely, appropriate information
    - support for carer wellbeing and sustainability.

Including adequate and appropriate co-design with carers, people with lived experience and services is essential to make sure that what really matters for mental health carers and the people they care for is what is measured.

Conclusion

The Queensland Government's priorities to deliver *health services when you need them* cannot be achieved through hospitals and acute services alone.

Families and carers are essential to prevention, early intervention, recovery, and community wellbeing. But without targeted investment, this reliance is unsustainable.

The Queensland Government can reduce avoidable crisis, ease pressure on acute services, and strengthen safety and wellbeing in homes and communities across the state by investing in:

- respite for mental health carers
- place-based rural solutions that include support for families and carers
- community-based mental health supports
- an outcomes and performance framework that includes outcomes for carers.

Arafmi welcomes the opportunity to partner with the Queensland Government to further develop and implement these priorities.

References

[i] Deloitte Access Economics (2025) Queensland Carers – Social Return and Investment. Accessed online 15/01/2025 at Publications and resources | Department of Families, Seniors, Disability Services and Child Safety

[ii] Productivity Commission (2020). Mental Health Inquiry Report (No. 95). Commonwealth of Australia. p873

[iii] Diminic, D., Hielscher, E., Yi Lee, Y., Harris, M. Schess, J., Kealton, J., Whiteford, H., (2017) The Economic Value of Informal Health Caring in Australia: Summary Report. Accessed online 19/01/2026 at The_economic_value_of_informal_mental_health_caring_in_Australia_summary_report.pdf

[iv] Harris M, Fallot R. (2001). Using trauma theory to design service systems. San Francisco, CA: Jossey-Bass, 2001. https://psycnet.apa.org/record/2001-00826-000

[v] Gendera, S., Blaxland, M., O'Shea, P., Fisher, K.R. (2025) Bondi Prevention and Recovery Centre (PARC) Model Evaluation. Sydney: UNSW Social Policy Research Centre.

[vi] David McGrath Consulting. (2023). Unmet Mental Health Service Need in South Australia that could be Met by the NGO Sector. https://s3-ap-southeast-2.amazonaws.com/sahealth-ocp-assets/general-downloads/UnmetMental-Health-Service-need-in-South-Australia-that-could-be-met-by-the-NGO-sector.pdf

[vii] Deloitte Access Economics (2025) Queensland Carers – Social Return and Investment. Accessed online 15/01/2025 at Publications and resources | Department of Families, Seniors, Disability Services and Child Safety

[viii] Health Policy Analysis (2024) Analysis of Unmet Need for Psychosocial Supports Outside of the National Disability Insurance Scheme: Final Report. Accessed online 15/01/2026 at https://www.health.gov.au/sites/default/files/2024-08/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report.pdf

[ix] Hayes, L. (2022). Carer Respite Support at Mind: Carer survey results. Mind Australia, Melbourne.

[x] Carers NSW Australia. Unpublished Report on Carer Gateway Respite Project.

[xi] Diminic, D., Hielscher, E., Yi Lee, Y., Harris, M. Schess, J., Kealton, J., Whiteford, H., (2017) The Economic Value of Informal Health Caring in Australia: Summary Report. Accessed online 19/01/2026 at

[xii] Arafmi (2024) At What Cost? The Experiences of Unpaid Mental Health Carers in Queensland 2023-2024. Accessed online 20/01/2026 at A04-Arafmi-Consultation-Report_190825.pdf

[xiii] Queensland Alliance for Mental Health (2025) Community Mental Health Australia Psychosocial Approaches to Thriving Health Systems (PATHS) Project Summary. Accessed online 20/01/2026 at https://www.qamh.org.au/wp-content/uploads/2025/12/QAMH-2025-PATHS-Project-Summary.pdf

[xiv] Omolewa, L.E., Olasosi, M., Schmidt, D., Burrows, T., and Haracz, K. (2025) Exploring the Meaning of Collaboration in Rural Mental Healthcare Delivery From the Perspective of Mental Health Clinicians and Informal Carers of People Living With a Mental Health Illness - A Qualitative Study. Accessed online 20/01/2026 at https://onlinelibrary.wiley.com/doi/full/10.1111/inm.70066

[xv] Queensland Centre for Mental Health Research (2024) State-wide evaluation of Queensland Health's Crisis Support Spaces: Final report. Accessed online 15/01/2026 at file

[xvi] Reid, K., Downes, L., Stewart, V., Sellick, K., Wheeler, A., Wyder, M. (2025) Beyond the squeaky wheel: The passion, precarity and potential of the Family/Carer Lived Experience Workforce in the Queensland mental health system. Accessed online at https://research-repository.griffith.edu.au/server/api/core/bitstreams/be8dd015-a08c-476c-b3c2-0f3231469655/content

References

[xvii] Pritchard, V., Watt, K., Garner, S. Bosley, E., Wyder, M. and Donahoo, C. (Unknown) Evaluation of the Mental Health Co-Responder (MHCORE) Programs: Perceptions of Queensland Health, Ambulance (QAS) and Police (QPS) co-responders. Accessed online at Evaluation of the Mental Health Co-Responder (MHCORE) Programs: Perceptions of Queensland Health, Ambulance (QAS) and Police (QPS) co-responders

[xviii] Fisher, O.J., Donahoo, C., Bosley, E., du Cloux, R., Garner, S., Powell, S., Pickard, J., Grevis-James, N., Wyder, M. (2024) Barriers and enablers to implementing police mental health co-responder programs: A qualitative study using the consolidated framework for implementation research. Accessed online at Barriers and enablers to implementing police mental health co-responder programs: A qualitative study using the consolidated framework for implementation research - PMC

[xix] NSW Police Force (2024) Summary Internal Review of the NSW Police Force response to mental health incidents in the community. Accessed online at Internal review

[xx] Queensland Alliance for Mental Health (2023) A Stronger, More Diverse and Independent Community Sector – QAMH Submission. Accessed Online 15/01/2026 at A-Stronger-More-Diverse-and-Independent-Community-Sector-QAMH-Submission.pdf

[xxi] Dingle, G. (2023). Report on the 18-Month Evaluation of Social Prescribing in Queensland. https://www.researchgate.net/profile/Genevieve-Dingle/publication/373653337_Report_on_the_18-month_evaluation_of_social_prescribing_in_Queensland_2/links/64f63a59fa851147de149348/Report-on-the-18-month-evaluation-of-social-prescribing-in-Queensland-2.pdf

[xxii] Social Policy Research Centre. (2022). Evaluation of NSW Community-based Mental Health Programs: Community Living Supports and Housing and Accommodation Support Initiative: CLS-HASI Evaluation Report. https://www.health.nsw.gov.au/mentalhealth/resources/Publications/cls-hasi-eval-rpt.pdf

[xxiii] Lloyd, A., Broadbent, A., Brooks, E., Bulsara, K., Donoghue, K., Saijaf, R., Sampson, K.N., Thomson, A., Fearon, P., and Lawrence, P.J. (2023) The impact of family interventions on communication in the context of anxiety and depression in those aged 14–24 years: systematic review of randomised control trials. Accessed online 15/01/2026 at The impact of family interventions on communication in the context of anxiety and depression in those aged 14–24 years: systematic review of randomised control trials - PMC

[xxiv] Hamilton, B. Fletcher, J. Miller, C., Sansanwal, P., Joffee-Kohn, N., Daborn, A. & C. Roper (2025). Rapid Review Report: the evidence for system reform impacts of the Open Dialogue approach. Centre for Mental Health Nursing, The University of Melbourne, Victoria, Australia. Accessed online 15/01/2026 at Rapid Review of the Open Dialogue approach

[xxv] Mental Health Select Committee (2022) Inquiry into the opportunities to improve mental health outcomes for Queenslanders. Report No. 1, 57th Parliament Mental Health Select Committee. Accessed online 20/01/2026 at Report No. 1, 57th Parliament - Inquiry into the opportunities to improve mental health outcomes for Queenslanders

[xxvi] Arafmi (2024) At What Cost? The Experiences of Unpaid Mental Health Carers in Queensland 2023-2024. Accessed online 20/01/2026 at A04-Arafmi-Consultation-Report_190825.pdf