



Article

Mental Health Family Carer Needs and Service Navigation Challenges: A Five-Year Retrospective Analysis of Family Peer-Led Telephone Support Records

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Highlights

Public health relevance—How does this work relate to a public health issue?

- Family, carers and supporters provide key psychosocial support for people with mental health challenges in maintaining their health and wellbeing.
- Family, carers and supporters experience their own needs for psychosocial support to maintain their health and wellbeing.

Public health significance—Why is this work of significance to public health?

- Family carer peer workers can play a significant role in maintaining the psychosocial wellbeing of family, carers and supporters of people with mental health challenges.
- Understanding the needs and challenges for family, carers and supporters in their caregiver role will enable public health system responses.

Public health implications—What are the key implications or messages for practitioners, policy makers and/or researchers in public health?

- Family, carers and supporters experience significant challenges in understanding and navigating mental health services and systems.
- Practitioners, policy makers and researchers in public health need to promote and enable the value of psychosocial and practical support provision from peer workers for caregivers



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Abstract

Governments, public and mental health initiatives, policies, and guidelines recognise the value of family and informal carers. However, family, carers and supporters experience challenges with service engagement and insufficient support for their psychosocial wellbeing. Tandem Carers, a mental health family carer community advocacy body in Victoria, Australia, established a carer lived-experience peer worker telephone support service to address psychosocial and practical supports. An exploratory descriptive study retrospectively analysed data from family peer telephone support records, from 1 October 2020 to 30 September 2025. A team of family carer lived-experience workers, policy staff, a data-management officer, and academic researchers undertook descriptive statistical analysis

of over 17,000 records. Findings identified service demand, reasons for calling and demographics of callers, including age, location, and identity. Reasons for calling the service included assistance with system navigation, non-legal advocacy support, managing the National Disability Insurance Scheme, seeking information, financial challenges, counselling, and psychosocial support. Alongside understanding needs and systemic gaps, emerging patterns informed learning across the 5-year period to drive advocacy and service and policy change. Family carer co-production principles guided methodological approaches, resulting in practice-informed evidence of demand and the need for future outcome evaluation of the service and development of the model of peer practice.

Keywords: caregivers; family carer; telephone support; mental health; peer worker psychosocial support; lived-experience

1. Introduction

Internationally, despite repeated and long-term findings that welcoming and involving families in supporting mental health recovery and wellbeing for a family member is beneficial, families experience exclusion from planning and ongoing care within services [1–3]. Further, health professionals have expressed challenges to family carer inclusion practices can occur through concerns about time constraints and confidentiality, the skills and knowledge required for working with families, and, at times, families being blamed for the consumer's distress or being a barrier to “the consumer-health clinician relationship” [4] (p. 2). Subsequently, feelings of being undervalued, invisible, voiceless, isolated, judged, and powerless, as well as heightened levels of psychosocial distress, have been reported by family carers through exclusion and reduced communication with services [4,5].

Within this paper, the term family carer is used to represent people who have a significant relationship of support and care for a person who experiences psychosocial distress and/or other mental health challenges, including with alcohol or other drug use. Family, carers, and supporters might include biological relatives, partners, ex-partners, children, siblings, friends, those with kinship responsibilities, colleagues, people in cohabitation, and other people with a significant relationship to a person with mental health challenges or psychosocial distress [2]. Many family members who provide unpaid care and support do not identify with the term ‘carer’ [2]. Other terms often used besides carer include supporters, caregivers, or informal carers. Within Australia, the term ‘consumer’ refers to people who access mental health services, sometimes also referred to as service users in the international literature [2,3]. While ‘consumer’ can be a contested term, it will be used in this paper to distinguish from when family carers are described as service users of the telephone support service.

Family carers report experiencing distress, confusion, and feeling unsure about how to provide support and navigate mental health systems when excluded from services, or when the person they support disengages from care, or clinical and community services [6]. A national Australian study, which found that the COVID-19 pandemic exacerbated these experiences for family carers [7,8], developed ten recommendations for the government. Two of these recommendations called for (1) the establishment of family peer navigator roles—providing information and support—across inpatient and community services for family carers, and (2) to prioritise the creation of carer support on-call roles, accessible via local and regional mental health triage services to respond to crises experienced by families [7]. This paper explores the demand for and the types of needs addressed by a family carer peer telephone support service as an initial step in working towards addressing the above two recommendations.

1.1. Background

Internationally, family carers have expressed the need for assistance, guidance, information, and advocacy to help meet the needs of the people they support and their own needs [3]. There has been long-reported evidence of the value for family carers of receiving psychosocial support from family peer support workers, who can assist family carers through allaying fears, providing experiential understanding of health systems, and instilling hope [9]. A systematic mapping review of interventions of benefit to family carers, reported from the perspective of family carers, identified that family peer support developed a sense of optimism, reciprocal relationships, and deep knowledge of system navigation [3].

1.1.1. Studies of Family Peer Telephone Support Services in the Literature

A rapid scoping review was undertaken in August 2025 to identify the literature on the existence and value of telephone support services (TSS) for mental health family carers. Aligning with mental health and community care, two electronic bibliographic databases, CINAHL and Scopus, were used for the search. No dates for publication were applied. Keywords from a previous review for mental health family carers [10] were used to identify the literature that would inform this study. Criteria for inclusion were any quantitative, qualitative or mixed-methods studies that reported on telephone support of mental health family carers by family peers or people with lived experience of supporting or caring for someone with mental health challenges.

A total of 484 peer-reviewed articles were screened for titles and abstracts, with 31 being reviewed for the full article to identify if TSS were provided by family peers. A further 30 papers were excluded. Papers were excluded if they focused on general carers, unless combined with mental health carers, and the data related to mental health family carers were easily differentiated. If papers related to the experiences of family carers providing support, evaluations of extended carer support and skill training programmes, study protocols, support was provided in-person, or support was provided by clinicians, these were excluded. The search results included many studies referring to persons supporting people with dementia and cancer. These too were excluded.

Only one study reported on mental health family carers receiving support through a TSS from family peers [11]. Family peers were defined within this study to be “family members who are current or former parents/caregivers of a family member with mental illness” [11] (p. 482). Shor and Birnbaum [11] evaluated a family peer TSS in Israel, through a semi-structured instrument completed by family peers and follow-up interviews, to determine the service’s role in addressing the unmet needs of family carers. The study identified that the value of the family peers’ life experience, together with the anonymity and flexibility of the family carers receiving assistance, may be complementary to the help received from formal services [11]. Family carers reported a sense of feeling understood, as being a distinct feature of the service, which enhanced the psychosocial support they received. Family carers also spoke of the value of support provision from someone “whose experience might be similar to their experience” [11] (p. 487). Family peer support assisted family members of persons with mental illness in their caregiving role, as well as providing them with an alternative source of assistance, if they experienced challenges engaging with professionals. Information provision about service availability and eligibility was an additional service valued by family carers who often spoke of being unable to access this important information from formal services [11].

There is a scarcity of peer-reviewed literature about the availability, provision of and demand for family carer peer-led telephone support services in providing assistance to

family carers. No peer-reviewed studies that retrospectively analysed a peer-to-peer family carer support line were identified.

1.1.2. Family Peer Telephone Support Services for Mental Health Family Carers in Australia

Australia, as a federation, has both national organisations and state-based services for mental health service provision and support. At the time of this paper, each state has an organisation that is providing support for family carers. While some support services identify as providing support exclusively for mental health family carers, other services describe being for all carers and mention mental health carers. For some telephone support services, it is difficult to determine if they are provided by family peers with mental health family carer lived experience. Across Australia, organisations providing family peer telephone support identify a range of non-crisis services aimed at assisting family carers, which include access to peer support, resources and information to help with service navigation, assistance with respite, and advocacy. However, there was a lack of information about the evaluation of these services or the reasons mental health family carers contact them.

1.2. Family Carer Lived-Experience Worker (Family Peer) Support

Internationally, there is identified pressure on health resources with growing demands for alternative avenues to access information and support [12]. Telephone support, referral and triage helplines usually provide services by non-clinical staff, with advice being more generalised in nature, aimed at encouraging the caller to self-manage or seek appropriate channels for support [12]. However, there is limited understanding of the demands for TSS, the reasons why family carers call a peer-support telephone service, and how family peer-staffed telephone support services assist mental health family carers. As a retrospective study, this paper explores the records input into a data management system by family carer peer workers in providing support to family carers via a telephone support service.

Tandem Carers' Family Peer Telephone Support Service

Tandem Carers is the state peak advocacy body [13] representing families, carers and supporters (family carers) of people living with mental health challenges in Victoria, Australia. Tandem Carers is a not-for-profit, membership-based community organisation, with a focus on promoting and advancing the needs and interests of Family, Carers and Supporters in the mental health and wellbeing sector in Victoria, Australia. Membership is free. In June 2017, Tandem Carers [14] initiated a family carer support and referral service to meet the needs of mental health family carers. The Tandem Carers' service, staffed by family carer lived-experience workers (family peers), was established primarily as a TSS and provided family carers with information, psychosocial and practical support, and service referrals.

Since the establishment of Tandem Carers' support and referral service, family carers with experience of supporting and caring for someone with mental health challenges have been employed as family peer workers. While no formal educational requirements exist to fulfil the role, the family peer needs to be able to demonstrate skills to meet the scope of the role. The scope of the Tandem Carers support and referral service family peer worker role included being part of the delivery of a range of initiatives providing advocacy and peer support to family carers. Skills and duties included completing intakes and referrals, maintaining records to enable service provision and evidence-informed system improvement, and the ability to compassionately draw on lived experience to negotiate a diversity of complex systemic and personal experiences for family carers.

Early records indicated family carers called seeking information and advocacy assistance with accessing mental health services, the National Disability Insurance Scheme

(NDIS) [15] and understanding implications of the Mental Health Act (2014) (Vic) [16]. The TSS was mainly contacted by parents of people with mental health challenges, with the most prevalent concerns being communication difficulties and a lack of carer engagement within mental health services [16]. These challenges were reported as existing even when the consumer consented to the inclusion of the family carer in treatment and discharge planning. Other reported issues included inadequate information about carer supports and financial pressures. Growth of the TSS continued with access to an interpreter service, and more family peers being employed, including a team leader role, in 2019 [16]. The service arranged meetings and provided support for family carers, including with health professionals, and referred carers to support networks and services to assist them in their own right. Referrals were received from mental health services, and the Tandem Carers' service provided family carers with referrals to partner organisations, including the Mental Health Complaints Commission and the Mental Health Legal Centre [16]. The Tandem Carers' support and referral service continues to operate as a free service between 9 am and 5 pm, Monday to Friday (excluding public holidays) [14].

1.3. Tandem Carers' Data Management System

To uphold and develop the work of the support and referral service, Tandem Carers established a data management system in 2020. The stored information (described within the data preparation section) enabled Tandem Carers' systemic advocacy, policy and research agendas, with the anonymised data reflecting the insights and information shared by family carers through the TSS.

1.4. Purpose/Aim

The authors of this paper co-designed the purpose, aim, and research question. This study examined a designated support and referral telephone service led by family peer workers to assist mental health family carers. The study aimed to explore the demand for and types of help requested by mental health family carers contacting the telephone support service provided by Tandem Carers.

1.4.1. Research Question

The overarching research question was as follows: What are the unmet needs, demand for, and types of assistance requested from a telephone support service staffed by family carer lived-experience workers (family peers) within Victoria, Australia?

1.4.2. Researcher Positionality

This paper is co-authored by a research team of family carer lived-experience workers, policy staff, managers, and a data-management officer, all of whom are staff members from Tandem Carers, working together with academic researchers. All team members have either extensive experience working with family carers or their own lived experiences of being a family carer. Lived and professional (social work, psychology) experiences informed the research design, especially in relation to understanding the significance of the findings for mental health family carers. Known as insider research [17], the team brought richer engagement with the data through shared understandings of mental health family carer experiences and knowledge of the mental health system [7].

2. Materials and Methods

Due to there being little prior research on family peer TSS, and to gain initial insights into the characteristics, quantities, and qualities of calls to the Tandem Carer TSS, an exploratory descriptive study based on retrospective analysis of service records was

undertaken [17]. The study commenced in August 2025 with the research team establishing the purpose, aim, research question, and methodology.

Quantitative analysis of five years of the Tandem Carers TSS records, from the 1 October 2020 to 30 September 2025, was undertaken to explore unmet needs, the demand for, and types of assistance requested by mental health family carers from a family peer TSS in Victoria, Australia. The study was prepared according to the RECORD checklist reporting guideline [18].

2.1. Study Design

Three phases of an exploratory research design were undertaken, using three sources of data from the Tandem Carers TSS records: telephony metrics, data held within a client record management system (iMIS <https://www.imis.com/why-imis> (accessed on 3 March 2026), Melbourne, Australia), and data recorded in an Excel Microsoft 365 (Version 2108) spreadsheet holding records of anonymous clients and other callers to the Tandem Carers' service. The first phase of the study determined the demand for the TSS through telephony metrics. The second phase explored the data held within the iMIS (described below) records, compiled by the family peer workers either during or at the completion of the call. The call records were examined to identify demographics of callers and the types of assistance requested by mental health family carers using the service. The third phase was examining call interactions noted within the separate Excel Microsoft 365 spreadsheet. This spreadsheet does not record the same detailed information recorded within the iMIS system.

2.2. Data Preparation

Telephony metrics were obtained by the support and referral service Team Leader (WA) in consultation with the client record management and analytics lead (MF) through the 3CX Enterprise Business IP Phone System <https://www.3cx.com/> (accessed on 25 March 2026). This data was non-identifiable and recorded the number of calls into and out of the service.

During or at the conclusion of engaging with a service user of the Tandem Carers' TSS, family peer workers electronically input discussions on records stored on the iMIS platform (iMIS <https://www.imis.com/> accessed on the 11 March 2026). iMIS is a cloud-based engagement management system comprising three main components: a content management system to build and maintain the Tandem Carers' website; an association management capability to handle membership and event requirements; and a constituent relationship management system that allows Tandem Carers to record, track, and report interactions in ways that keep data secure. The engagement management system ensures high availability and compliance with ISO/IEC 27001:2022 security standards [19]. Data integrity within the system is enforced through a proprietary "Business Object" logic layer, which validates all inputs against pre-defined business rules prior to commitment to the database. iMIS is customisable to allow for specific system requirements, meaning the TSS record functions were designed to facilitate detailed accounts of interactions through using an easily accessed and completed form. Access to the iMIS data management system was restricted to the family peer workers. The system supports detailed notes to record the relationship, needs, and experiences built over time, as well as providing reportable data to identify trends and issues. The system is agile and, subsequently, the data types collected, for example, presenting issues, have changed, been modified, dropped, expanded on, or added to over the five years of the analysed data.

Data held within the system was deidentified (information such as names, phone numbers, and addresses were not included for export) by the client record management

and analytics lead (MF) prior to being exported to an Excel Microsoft 365 spreadsheet for analysis. The spreadsheet was saved on a secure server for analysis by the lead academic researcher (CW), with the assistance of the client record management and analytics lead (MF). Data categories within the spreadsheet included the record number, date, age, community identity, membership, modified Monash model, relationship, and access to support, presenting issue and notes. The Excel Microsoft 365 spreadsheet of anonymous service users and other callers was provided to CW with all identifying data removed except for the role of the person. Categories within this spreadsheet included record number, date, modified Monash model, role, presenting issue, and notes.

2.3. Data Analysis

2.3.1. Data Analysis of Telephony Metrics

Demand for the service was identified through the directly downloaded data from the 3CX Enterprise Business IP Phone System (<https://www.3cx.com/> accessed on 25 March 2026) with telephony metrics, identifying the number of calls in and out of the TSS, the average call time, and unanswered calls (calls that may have occurred out of hours, or were unable to be answered due to a staff member being on another call), across the whole of the data and for each year.

2.3.2. Data Analysis of Electronic Records of Contact Entered into the iMIS System

Descriptive statistical analysis functions and pivot tables within the Excel Microsoft 365 spreadsheet were used to analyse the downloaded data from the iMIS system. The records of contact for each call were analysed using descriptive statistics (totals, frequencies, percentages, and means). Limitations within the system and the voluntary nature of information provision by family carers mean it is not possible to accurately identify repeat callers, and therefore each call was treated as a unique record of contact with the service. Demographic categories included caller age (years); gender; geographic location; relationship to supported person; and diverse communities, including multicultural communities, First Nations, and the lesbian, gay, bisexual, transgender, queer/questioning and intersex community (LGBTQI+). Reporting of the geographic location was based on the modified Monash model (MMM) 2023 classification system [20], which categorised metropolitan, regional, rural, and remote areas based on geographical remoteness and town size. Remoteness and population size were measured on a scale of categories being MMM1 (Major City) to MMM7 (Very Remote).

2.3.3. Data Analysis of Presenting Issues

To gain an understanding of the different needs and requirements for support, one of the recorded data categories within the iMIS data system was the presenting issue/s for each call. For each call, the record of contact may identify more than one presenting issue. The presenting issues are recorded by staff in a free-form text (from a list of 56 common categories), with the possibility of adding new categories if required. In determining the demand for types of service and need, the presenting issue became a unit of analysis. Prior to analysing the data for the presenting issues, three support and referral service staff worked with (CW, WA and JO) to distil the 56 presenting issues recorded in the iMIS records down to 18 categories. Utilising a printed list of the categories and a whiteboard, a service practice consensus, with family peer staff discussing what each category meant to them and how they could be grouped together, was undertaken to inductively establish and recode the presenting issues into the 18 categories. These categories (described in Table 1) were recoded in the downloaded Excel Microsoft 365 spreadsheet of the client record management data by CW.

Table 1. Categories of presenting issues.

Category	Description and Inclusion of Recorded Categories
Advocacy (Non-Legal)	The provision of non-legal advice in assisting a carer to undertake actions to meet their needs. The focus is on empowering the individual and helping them to advocate for themselves. Recommendations or suggestions may be made regarding a course of action or a decision to provide clarity and insight, helping carers make confident and informed choices. Some actions within this category included family meeting information, preparation, or support, as well as systemic change discussions.
Family Peer Worker Connection	Support in connecting with a family peer worker within the mental health system, including: MH&W ^a Connect information, MH&W ^a Connect referral, MH&W ^a Connect complaint, or to a family peer worker in a mental health service.
Assistance with Complaints	Assistance with making complaints, including the role of the Mental Health and Wellbeing Commission and complaints process information.
Mental Health Tribunal	Information and assistance with compulsory treatment, including Mental Health Tribunal meetings, Mental Health Tribunal information, and Compulsory Treatment Order explanations and rights.
Consumer Access to Formal Supports	Information and assistance with consumer peer worker connection, and when the consumer is unable to access support.
Consumer Non-engagement with Formal Supports	Support for family carer when the supported person does not want to engage with, or is experiencing challenges with accessing suitable services.
Counselling and Emotional Support	Activities that provide emotional support, including brief intervention, young carer support, general support and listening for carers' wellbeing.
Criminal justice	Activities to meet carers' concerns about consumer involvement with criminal justice systems, police, and intervention orders.
Disaster support	Assistance to meet needs during disasters, including the COVID-19 pandemic, bushfires, and floods.
Financial	Families express challenges around costs associated with providing support and being unable to participate in employment: Advice and assistance with financial support, including COVID Carer Support Package or Carer Support Fund.
Housing	Assistance with challenges of attaining and maintaining housing for the consumer.
Information Seeking	The seeking of facts, knowledge, data, and context that help carers understand their situation, including general carer support enquiries, general Tandem Carers engagement enquiry, Royal Commission into Victoria's Mental Health System.
Legal Information	How and where to access legal information on child protection, guardianship and administration, the Mental Health and Wellbeing Act (2022) (Vic) enquiry, and referrals to legal support.
NDIS ^b	Information and assistance with applying for and managing the National Disability Insurance Scheme (NDIS).
Serious Adverse Patient Safety Event	Assistance and support for a Clinical Sexual Safety Incident, a Serious Adverse Patient Safety Event, and a Statutory Duty of Candour preparation meeting.
Specific Challenges	A number of specific challenges were coded, including dual diagnosis, dual disability, death by suicide, suicidal thoughts and behaviours of consumer and carer, and family violence.
System Navigation	Information, advice and assistance with navigating the mental health system, including how to access services such as crisis assessment and treatment team, Carer Gateway, clinical mental health service support and advocacy, carer support or referral general, and medication disputes.
Systemic Advocacy Participation	Carers, many longer-term, wanting to know how they can participate in activities to change the mental health system.

^a Mental Health and Wellbeing Connect Centres. ^b National Disability and Insurance Scheme.

A further step of qualitative content analysis was undertaken following the identification of systems navigation as the most common presenting issue. The qualitative content

analysis [17] of the detailed notes for system navigation within the Excel Microsoft 365 spreadsheet of the client record management data was undertaken by CW and MF through reading samples of the notes and using the word search function to identify common challenges. Comparative discussions between CW and MF identified themes of challenges within systems navigation, which were checked as illustrative insights with WA as the TSS team leader.

2.3.4. Data Analysis of Records of Anonymous and Other Callers

Descriptive statistics (totals) were used to describe the people who wanted to remain anonymous or who were callers other than family carers in the extra Excel Microsoft 365 spreadsheet. Qualitative content analysis [17] of these recorded notes clarified details and themes about the reasons for calling the service.

2.4. Ethical Considerations

The study was conducted in accordance with the Declaration of Helsinki and approved by the Human Research Ethics Committee of Monash University (Project ID 31516) on the 9 February 2026. Callers to the TSS voluntarily provide information and agree to the recording of notes in providing them with assistance. Ethical approval was received; With it being a large database, researchers were only able to access deidentified records. Generative artificial intelligence has not been used in this paper.

3. Results

Three data sources that spanned five years from 1 October 2020 to 30 September 2025 were analysed.

3.1. Telephony Metrics

The telephony metrics (Table 2) identified that the largest number of calls occurred between September 2020 and October 2022, as was noted during the COVID-19 pandemic. During this time, the demand for the service was higher, and calls were of shorter duration. The percentage of calls unanswered during the COVID-19 period was higher than for other time periods. Across the five years the average call time varied between 11 min (2021) and 22 min (2025). During the time period of the study, the staffing level of the service remained stable and included a team leader at 0.8 equivalent full-time (EFT) and family peer workers ranging from 2.2 EFT to 2.8 EFT. Across the five-year period, there were a number of staff changes, which may have impacted the recording of interactions.

Table 2. Number of calls to support and referral telephone service.

Year	Item	Number
Total Calls for the Five Years 1 October 2020–30 September 2025	Total completed calls (answered in and out)	7458
	Total calls answered	3956
	Total calls out	3502
	Average of all calls time	16 min
	Total unanswered calls	4509
1 October 2020–30 September 2021	Total completed calls (answered in and out)	1963
	Total calls answered	1300
	Total calls out	663
	Average call time	11 min
	Total unanswered calls	1915

Table 2. Cont.

Year	Item	Number
1 October 2021–30 September 2022	Total completed calls (answered in and out)	1174
	Total calls answered	631
	Total calls out	543
	Average call time	15 min
	Total unanswered calls	894
1 October 2022–30 September 2023	Total completed calls (answered in and out)	1577
	Total calls answered	652
	Total calls out	925
	Average call time	15 min
	Total unanswered calls	789
1 October 2023–30 September 2024	Total completed calls (answered in and out)	1475
	Total calls answered	811
	Total calls out	664
	Average call time	16 min
	Total unanswered calls	535
1 October 2024–30 September 2025	Total completed calls (answered in and out)	1269
	Total calls answered	562
	Total calls out	707
	Average call time	22 min
	Total unanswered calls	376

3.2. Electronic Records of Contact Entered into the iMIS System

Descriptive statistical analysis (frequency and percentage) of the demographics from the electronic records of contact entered into the iMIS system by family peer workers is provided in Table 3. Missing data in the recorded demographics were identified within Table 3 as ‘Unrecorded’. To account for missing data, statistics reflected the percentage in relation to the recorded demographic data. For example, there were 2332 recorded data points for age (years) (54.7% of the total 4265 records); the majority of callers were aged between 51 and 70 years (1136; 48.7% of the 2332 recorded data). The majority of callers were female (2940; 84.1%) within the recorded demographic data. The state of Victoria, which is serviced by the TSS, has diverse geographic regions, as identified within the modified Monash model (MMM) 2023 [20]. While the majority of callers were from urban areas, 2370 (78.8% of the recorded data) lived within a large metropolitan area; a comparison across all of the regions identified that system navigation was the primary reason for calling.

Table 3. Demographics of callers in records of contact.

Demographic	Category	Callers		
		Number (<i>n</i>)	Percentage of Recorded Data (<i>n</i> /Total Recorded)	Percentage of All Records of Contact (<i>n</i> /4265)
Total Callers in Records of Contact		4265		100
Age (years)	Under 18	10	0.4	0.2
	18–30	136	5.8	3.2
	31–50	557	23.9	13.1
	51–70	1136	48.7	26.6
	71+	493	21.1	11.6
	Total Recorded	2332		54.7
	Unrecorded	1933		45.3

Table 3. Cont.

Demographic	Category	Callers		
		Number (<i>n</i>)	Percentage of Recorded Data (<i>n</i> /Total Recorded)	Percentage of All Records of Contact (<i>n</i> /4265)
Gender	Female	2940	84.1	68.9
	Male	506	14.5	11.9
	Non-Binary	49	1.4	1.1
	Total Recorded	3495		81.9
	Unrecorded	770		18.1
Geographic Area	Modified Monash Model 1	2370	78.8	55.6
	Modified Monash Model 2	299	10.0	7.0
	Modified Monash Model 3	42	1.4	1.0
	Modified Monash Model 4	77	2.6	1.8
	Modified Monash Model 5	185	6.2	4.4
	Modified Monash Model 6	0	0.0	0.0
	Modified Monash Model 7	1	0.03	0.02
	Interstate	32	1.1	0.8
	Total Recorded	3006		70.5
	Unrecorded	1259		29.5
Relationship to Supported Person/s	Adult Child	253	8.1	5.9
	Dependent Child	27	0.8	0.6
	De facto Relationship	69	2.2	1.6
	Friend	26	0.8	0.6
	Grandparent	44	1.4	1.0
	Other	54	1.7	1.3
	Parent	2066	66.5	48.4
	Sibling	342	11.0	8.0
	Spouse	215	6.9	5.0
	Ex-Partner	11	0.4	0.3
	Total Recorded	3107		72.8
	Unrecorded	1158		27.2
Community	Aboriginal or Torres Strait Islander People	45	0	1.1
	Multicultural	758	0	17.8
	Interpreter Required	22	0	0.5

The majority of carers were parents of the supported person (2066; 66.5% of recorded data), followed by siblings (342; 11.0% of the recorded data). Callers were invited to identify if they were Aboriginal or Torres Strait Islander people (45, 1.1% of total callers), multicultural (758, 17.8% of total callers), and if they required the use of an interpreter service (22, 0.5% of total callers).

3.3. Excel Microsoft 365 Spreadsheet: Records of Anonymous and Other Callers

Alongside the data entered into the iMIS system, the family peer workers recorded callers to the service who were workers, consumers, or people who did not want to provide information about themselves—that is, they wished to remain anonymous—into an Excel Microsoft 365 spreadsheet (Table 4). Workers who contacted the service included clinical workers—such as registered nurses, psychologists, psychiatrists—social workers, case managers, community workers and peer workers.

A qualitative content analysis of the notes within the Excel Microsoft 365 spreadsheet for anonymous and other callers detailing reasons for calling indicated that Tandem Carers holds critical information and acted as a source of information for mental health workers who were working to assist family carers seeking financial, legal, NDIS, and psycho-social support. Workers requested clear examples of statements and applications that had been successful in obtaining financial, Mental Health Tribunal, and NDIS support. The records indicated Tandem Carers also provided information to workers clarifying their responsibilities to family carers within the recently established Mental Health and Wellbeing Act (2022) (Vic),

including information sharing protocols, nominated support persons, advance statements, and assisting families to prepare for Mental Health Tribunals.

Table 4. Callers to service recorded on the Excel Microsoft 365 spreadsheet.

Person Calling	2020–2025	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025
Family Carer	880	92	59	118	311	300
Consumer	84	20	17	14	14	19
Worker	836	269	184	119	143	121
Total	1800	381	260	251	468	440

A number of workers also requested information about the emerging Mental Health and Wellbeing Connect Centres [21], with the TSS providing guidance on roles and referrals. Members of the growing family carer lived-experience workforce contacted the TSS for advice on lived-experience roles, position descriptions, as well as access to discipline-specific support and supervision. The TSS family peers and team leader provided illustrative insights that some people in first calling the service did not want to leave details about themselves; in such cases, they were added to the Excel Microsoft 365 spreadsheet under anonymous or other callers. In subsequent calls and often when a relationship was better established, callers became comfortable providing details that were then recorded in the iMIS client record management system.

3.4. Access to Support Through or Outside the Telephone Support Service

Tandem Carers is a membership-based organisation (Table 5). It was noted that 1456 (34.1% of all records) records of contact identified callers as non-members (69.9% recorded membership details), and 1096 (25.7% of all records) callers were recorded as new callers (37.4% recorded membership details), with the majority of callers (1597; 54.4% of recorded) having an ongoing engagement with the TSS. Of the 1096 records on the utilised supports, 533 (12.5% of total calls) reported receiving support as a carer (48.6% of recorded), 171 (4.0% of total calls) reported the consumer had received support (15.6% of recorded), and 392 (9.2% of total calls) reported they had not received any supports (35.8% of recorded).

Table 5. Engagement with Tandem Carers or other support services.

Demographic	Category	Callers		
		Number (<i>n</i>)	Percentage of Recorded Data (<i>n</i> /Total Recorded)	Percentage of Callers (<i>n</i> /4265)
Total Callers in Records of Contact		4265		100
Membership	Associate Member/Ally	28	1.4	0.7
	Individual Member	592	28.5	13.9
	Non-member Individual	1456	69.9	34.1
	Pending Membership	5	0.2	0.1
	Total Recorded	2081		48.8
	Unrecorded	2184		51.2
Status of Caller	New Caller	1096	37.4	25.7
	Ongoing Engagement	1597	54.5	37.4
	Re-engagement with Service	225	7.7	5.3
	Closed	10	0.3	0.2
	Total Recorded	2928		68.7
	Unrecorded	1337		31.3

Table 5. Cont.

Demographic	Category	Callers		
		Number (<i>n</i>)	Percentage of Recorded Data (<i>n</i> /Total Recorded)	Percentage of Callers (<i>n</i> /4265)
Supports Utilised	Carer Support	533	48.6	12.5
	Consumer Support	171	15.6	4.0
	No Support	392	35.8	9.2
	Total Recorded	1096		25.7
	Unrecorded	3169		74.3

3.5. Reasons for People Calling the Tandem Carers' Telephone Support Service

The most recorded reasons for people calling the TSS were assistance with system navigation (5375 records) and advocacy (2601 records) (Figure 1). Enquiries about the NDIS (2309 records), seeking information (1164 records), financial assistance (1000 records), counselling and psychosocial support (924 records), and disaster support (748 records) were also frequently reported reasons for calling.

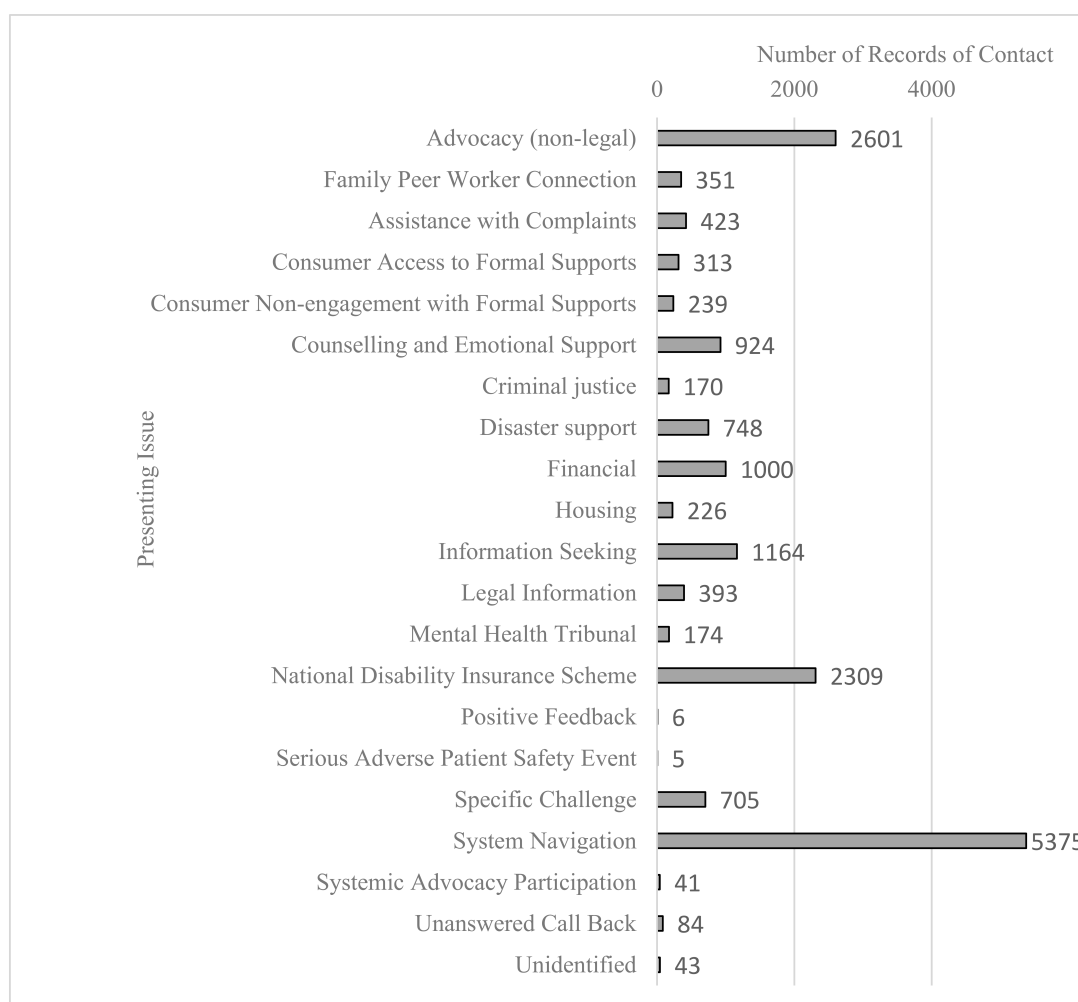


Figure 1. Number of records of contact with the presenting issue.

3.5.1. Qualitative Content Analysis of System Navigation Detailed Notes

Qualitative content analysis of the detailed notes for system navigation identified themes of service engagement challenges, the complexity in transitions between hospital

and community services, and understanding legal framing of care, including compulsory treatment orders, the Mental Health Tribunal, and carer rights being upheld within the system.

Service engagement challenges indicated the need for family peers to assist family carers preparing for high-stakes events such as family meetings within clinical services and Mental Health Tribunal hearings. Family peer workers often reported providing assistance for family carers to manage engagement with clinical services, especially where confidentiality was used as a justification for excluding family carers from treatment team or family meetings.

Admissions and discharges were noted as key times for system navigation and engagement challenges, with a number of callers identifying that the person they supported blamed the family carer for being admitted to hospital and subsequently did not want them involved in their care. Furthermore, communication with services remained restricted, with requests for well-being updates routinely met with a refusal to disclose information beyond being “stable”. In a number of records, the systemic breakdown in not identifying carers, or failing to communicate with carers, led to carers only being notified of a consumer’s discharge, following a premature release.

Within the theme of understanding legal framing, some specific examples were a lack of recognition by services of family carers’ legal status, such as being a nominated support person, or recognising the advanced statements of consumers.

3.5.2. Specific Challenges Noted for Calling the Telephone Support Service

Seven hundred and five records were noted as having specific challenges (Figure 2), which were identified as family violence (237 records), dual diagnosis (194 records), suicide (78 records), medication disputes (72 records) and six records of death by suicide. However, many of these challenges were also present in the detailed recorded notes against the identified category of system navigation.

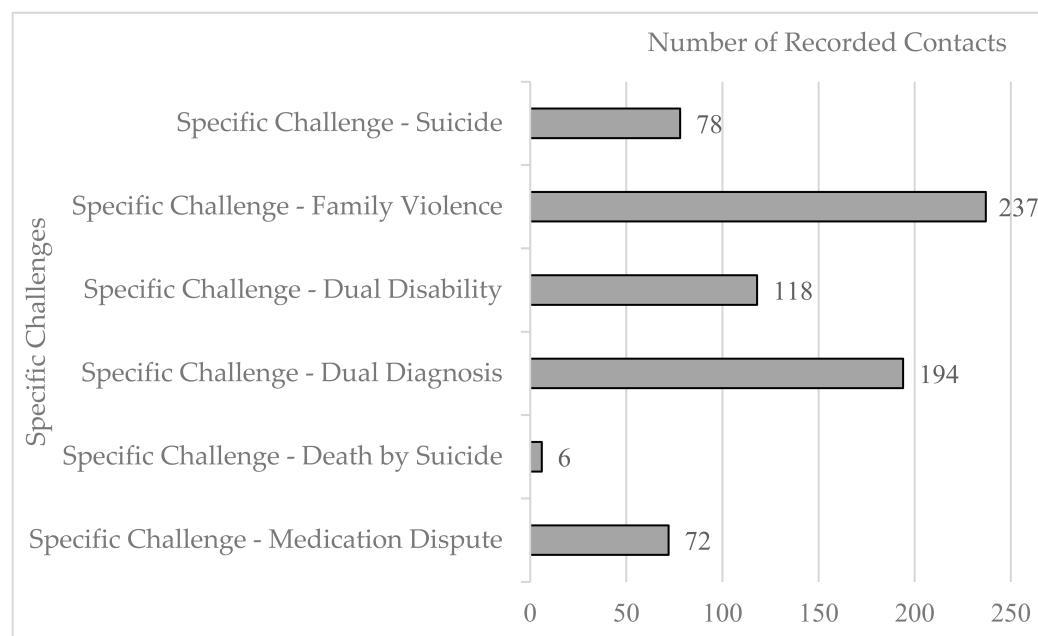


Figure 2. Specific challenges identified within records of contact.

3.5.3. Presenting Issues and Complexity of Challenges Across the Years

Across the five years, the priority of presenting issues for calls, identified as the frequency within records of contact, demonstrated the changing impacts on family carers due

to events within the state of Victoria (Table 6). TSS service users often called with more than one presenting issue, with the range being from 1 to 16 issues and the mean being from 2.46 to 4.05 per call. For 2020–2022, this was the time of the COVID-19 pandemic, with many calls related to assistance with disaster management, financial assistance, and counselling and emotional support appearing higher than in other years. The demand for legal information from 2022 to 2025 may relate to the introduction of a new Mental Health and Wellbeing Act (2022) (Vic).

Table 6. Representation of presenting issues across years.

Number of Presenting Issues per Call					
Range	1–12	1–16	1–13	1–11	1–11
Mean	2.46	4.05	3.90	3.54	3.73
Ranking of Presenting Issues for Calling Across Years					
Presenting Issue Order	2020–2021	2021–2022	2022–2023	2023–2024	2024–2025
1	Disaster support	System navigation	System navigation	System navigation	System navigation
2	System navigation	Counselling and emotional support	Information seeking	Advocacy (non-legal)	Advocacy (non-legal)
3	Information seeking	Advocacy (non-legal)	Counselling and emotional support	Information seeking	Information seeking
4	Counselling and emotional support	NDIS ^a	Advocacy (non-legal)	Specific challenge	Counselling and emotional support
5	Financial	Information seeking	NDIS ^a	NDIS ^a	NDIS ^a
6	NDIS ^a	Financial	Specific challenge	Legal information	Specific challenge
7	Advocacy (non-legal)	Specific challenge	Financial	Carer peer worker connection	Legal information
8	Specific challenge	Complaints	Legal information	Complaints	Carer peer worker connection
9	Consumer access to formal supports	Consumer access to formal supports	Carer peer worker connection	Counselling and emotional support	Complaints
10	Carer peer worker connection	Consumer non-engagement with formal supports	Complaints	Consumer access to formal supports	Housing

^a National Disability Insurance Scheme.

4. Discussion

The findings from five years of data (2020–2025), including telephony metrics and the electronically recorded data by family peer workers on a dedicated telephone support service for mental health family carers, indicated a unique contribution to assisting family carers in managing and meeting the challenges they experienced. The high numbers of calls evidenced the ongoing distress of family carers, demonstrating challenges experienced by family carers in support provision and system navigation [22,23]. Alongside the family carer callers, many workers called the TSS seeking information and advice about connecting the family carers they engaged with to relevant supports. The Tandem Carers' TSS provided families with an alternative source of support, including when, as reported in the literature, some clinicians felt uncomfortable or unsure about engaging with families [4]. The data also indicated workers within the mental health workforce, from different professions, contacted

the TSS. Subsequently, as a peak body supporting mental health family carers, Tandem Carers may be of benefit for two interdependent groups: family carers and the mental health workforce. The findings indicated family carers have a great need for assistance with system navigation, information provision and advocacy, including both legal and non-legal understandings, and psychosocial support.

4.1. Mental Health System Navigation

The descriptive statistics of the TSS records show a story of the potential for dedicated, family peer-led support for mental health family carers. The greatest need identified within the records was for family carers to have access to tailored assistance with mental health system navigation and advocacy. Second to this, family carers called requesting assistance with navigating and understanding the National Disability Insurance Scheme (NDIS). These statistics demonstrated that, above all, including considering their own wellbeing and psychosocial needs, mental health family carers required assistance navigating the Victorian mental health system. The findings speak to how challenging mental health systems remain for family carers [3,24] and how important it is to be able to navigate them effectively for the person they support [23]. While many family carers called to receive information, it appeared the challenges of navigating the system move beyond the receipt of information to advocacy.

The need for assistance with system navigation may also reflect the lack of time or exhaustion identified by family carers in other studies [7,8,23,24]. Studies exploring the experiences of family carers identified the distress that arises from trying to gain timely and adequate responses from services [23,25]. Compared to the number of callers seeking system navigation assistance, not as many calls were linked to counselling and psychosocial support. This may suggest that more practical solutions received from family peers were prioritised by family carers and therefore these actions became linked to family carer need and wellbeing, as shown in other studies of family peer support [26,27].

4.2. Complexity of Family Carer Support Provision Within Changing Contexts

The demographic data revealed the societal cross-sections, complexity, and layers of information and systemic understanding required for family carers to know and use in their diverse care roles. The majority of family carers seeking assistance were older people supporting adult children, and mainly women. This older gendered cohort often manages the challenges of meeting the needs of their supported person alongside their own health challenges [7,8]. Callers to the TSS frequently involved multiple, notably overlapping presenting issues, indicating the challenges for family carers interacting with a disjointed service system. Difficulties accessing or exclusions from services have been reported elsewhere as leading to the loss of previously gained positive experiences for the consumer and broken relationships with service providers [8]. The changing priorities in the numbers of calls for presenting issues across the years reflect the needed responsiveness of family carers to social, environmental and political contexts.

4.3. Value of Family Peer Worker Support

The literature identifies that family peer workers bring unique strengths to their work, including life experiences, familiarity with ways of coping and managing resources, and understandings of a system which is often foreign and confusing [3,9]. Alongside this, family peer workers may also provide advice and advocacy that family carers may not be informed of within clinical services, such as psychosocial and community supports and information about caregiver rights [11].

Several studies related to mental health family caring discussed support provided by family peers within an online platform, either within group forums or one-to-one [27–30]. These studies spoke of the value family carers expressed in receiving support from a family peer, and this was shown to extend beyond accessing information and resources and psychosocial support. Family peer workers bring a shared understanding of carer roles and experiences, personal examples of navigating services and resources, and the reciprocal exchange of experiences and learnings [31]. The findings within this paper were similar to a study reporting on data collected from a peer support line for family carers of persons with Alzheimer’s disease, “peer supporters have potential to address practical, physical, social, and emotional needs of caregivers who reach out” [32] (p. 13). The Tandem Carers’ TSS enabled family carers to speak with someone who understood their unique situation, to receive general advice, advocacy and information on services to meet their needs, and support with NDIS access and plan issues. Building on this are the strengths identified in receiving support from a peer through mutuality and shared experiences, leading to a support relationship between equals [33].

4.4. Telephone Support Service Providing Access for Family Carers

While the Tandem Carers’ TSS was not identified as a crisis service, many callers phoned during periods of stress and crisis, including for assistance with domestic violence and suicide, criminal justice, legal and financial troubles, and disaster support—noted especially during the COVID-19 pandemic. The COVID-19 pandemic saw a burgeoning of needs experienced by mental health family carers [7,8]. There were higher reported numbers of calls to the Tandem Carers’ service during this time [16]. Telephone helplines have been identified as supporting populations who may experience challenges accessing supports in formal settings due to limited services, geographical isolation, and stigma [11,12]. A greater number of callers were non-members of Tandem Carers. While family peer workers will let the caller know the benefits of being a member of Tandem Carers, WA identified that this is secondary to meeting the needs of the person calling, who is often experiencing heightened distress.

Studies have shown the beneficial effects for family carers in receiving information and support, especially in the early stages of supporting someone with mental health challenges [1,31]. Challenges for family carers seeking help continue to include sourcing services, lack of continuity of care, gaps in services, family exclusion, lack of understanding of acuity of distress, relational strains, and isolation [5]. The Tandem Carers’ TSS, as part of a distinct organisation focused on family carer need, provided access to system guidance and information. Further to this support, peer workers have been shown within systematic reviews to be “the most desirable ingredients for carer-focused interventions”, including navigating challenges such as uncertainty, isolation, and stigma [27] (p. 2). A difference in approach between clinical and peer workers has been noted, including peer workers offering “kind words” [27] (p. 10), hope, unconditional support with no judgement, reality-based suggestions, compassion, and a sense of being heard [34]. Further understanding of the value and expansion of family peer-led telephone support services in raising family carer psychosocial wellbeing is warranted.

4.5. Limitations

This paper provides valuable insight into the demand for and needs met through a peer-led mental health family carer telephone support service. Several limitations to the study must be acknowledged. The data management system was created to enable Tandem Carers to provide support and keep an electronic record of family carer interactions, needs and referrals. It was designed in-house following purchase of an off-the-shelf product. The

record management system is agile, meaning the data types collected have been able to be changed, modified, dropped, expanded on, or added to as need arose. The records are not representative of standardised research instruments. Subsequently, there were challenges in analysing some data for research purposes. Standardisation of record keeping may enable ongoing service improvements.

While people staffing the service must have the lived experience of being a family carer, there may be differences in their career background, ways of working and recording interactions with callers. Similarly, there have been staffing changes across the years which may have influenced the recording of interactions. Further investigation of the recording methods and model of support provided within the TSS is required, including staff recruitment methods, training and ongoing professional development.

When people first contact the TSS, some wished to be anonymous, and then provided identifying information as the relationship with the service or an individual staff member developed. Subsequently, demographic data is unavailable in some areas, and there may be duplicated records for an individual. A separate spreadsheet was maintained for people who engaged with the service wishing to remain anonymous or were non-carers contacting the service. This data has been included for completeness, but analysed separately.

A qualitative content analysis of system navigation detailed notes has been undertaken for illustrative purposes. A further deep qualitative study is needed to fully analyse the detailed notes across all records. Similarly, the data are unable to determine outcomes for family carers, whether needs were resolved after contact, or caller satisfaction.

Finally, given this is a telephone support service, there may be underrepresentation of people who face barriers to telephone access, language access, digital literacy, service awareness, or through a lack of trust.

5. Conclusions

The Tandem Carers' telephone support service is unique in being the only family peer support service in Victoria with a sole focus on supporting family, carers, and supporters in mental health. This study, analysing five years of records from the TSS, has demonstrated the demand for and the presenting issues identified in interactions with family peer workers. Through the Tandem Carers' TSS, family carers may access information not readily available through clinical services. The identified value of family peer support [26], in feeling understood and receiving support from someone who has had similar experiences as yourself, appears to have been upheld through the TSS, but requires further investigation. The family peer workers provided a space to listen and act as a sounding board in situations that can be unfamiliar and traumatic to family carers, and where families may be unsure how to provide support and navigate systems. The TSS provided psychosocial and practical support, information, non-legal advocacy, referral, and tailored system navigation to family carers and health services workers. The service aims to continue supporting and building the resilience of family carers who call and to equip them with the knowledge to become effective advocates for themselves and the people they support [17]. Further understanding and research is required to develop the mechanisms of family carer support, including peer-led services and models of peer support, as well as evaluating the outcomes of the Tandem Carers' telephone support service through understanding the experiences of family carers utilising the service.

Implications for Policy, Practice and Research

As with other carer groups [34], there are few published studies that have examined family peer workers' provision of support through a telephone support service. This project provided evidence of the need and demand for a designated support and referral

service led by family peers for mental health family carers and the mental health system in Victoria. Funding dedicated family peer-led services could strengthen service capacity and extend outreach to underserved communities. Appropriate funding should not only ensure staffing of future services but also for the provision of adequate data management and staff support/supervision.

Evaluating the long-term impacts of such services will inform sustainable support models for family carers who are often under-supported in busy mental health services focused on the needs of the person with mental health challenges. Understanding the experiences of callers would be warranted through both a dialogical and written evaluation.

This paper has demonstrated the number of categories of need experienced by family carers who contacted the service, with assistance navigating the complex mental health system reflecting the highest and most urgent need. To fully understand the complexity of the services provided by the TSS and the experiences of mental health family carers, a deeper exploration through a qualitative analysis of the database records is required.

Finally, to benefit family carers and the family carer lived-experience workers who support them, research into understanding family peer-led models of service provision and the added value they may bring to mental health services is needed.

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Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the Human Research Ethics Committee of Monash University (Project ID 31516, 9 February 2026).

Informed Consent Statement: This was a retrospective study using data collected as part of service provision and was conducted without direct collection of information from human participants.

Data Availability Statement: The data are not publicly available due to privacy or ethical restrictions.

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Conflicts of Interest: Authors Caroline Walters, Mary Felton, Wendy Ayzit, Joanna Tilkeridis, Jessica Ouchirenko and Marie Piu, were employed by Tandem Carers. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Abbreviations

The following abbreviations are used in this manuscript:

SRS	Support and Referral Service
TSS	Telephone Support Service
MH&W	Mental Health and Wellbeing
NDIS	National Disability Insurance Scheme
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex

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