Mental health care and poverty
- intersections and policy implications

Barbara Hocking / Executive Director / SANE Australia

Kylie’s story

I don't think society understands the insidious cycle created by having mental illness and living on the lowest of incomes.

Every day is spent working out what bill must be paid and which can wait. It is mentally draining and all consuming, exacerbating my symptoms.
For me, low income means being acutely aware of what is in other people’s shopping trolleys. I’m in awe when I see trolleys stacked with meat and brand products. Luxury items to us.

We can’t afford what we need, let alone what we want and I’m aware of constantly having to say no to my children.

How would people feel if people with cancer were having to choose food over health care and treatment? Living this way is not acceptable for anyone - even someone with mental illness.

Kylie Griffen, 2009

Kylie, mother of two and a mental health consumer advocate, was diagnosed with schizophrenia at 28
Richard’s story

My illness means periodically managing a roller coaster of paranoia and mood swings. This can be challenging enough, without added financial stress and feelings of hopelessness.

When I see my psychiatrist it costs $185.00 per half hour – simply to oversee a change in medication. Part of this is later refunded but it’s very difficult for vulnerable people to come up with large amounts of cash at the very time help is needed.

I have moved 16 times in the last 10 years. I am limited by what I can afford and at times live in unsuitable accommodation – most often share houses.

At one point, during one of my darker times, I couldn’t afford rent and it was a friend who bailed me out. My housing options are also severely restricted because I have a pet dog, Steinberg, who gives me great company.
Dreams of owning a home have all but vanished due to my fluctuating illness, yet I am still hopeful.

Richard McLean 2009

Richard is an author, artist and mental health advocate and was diagnosed with schizophrenia at 22.

SANE Australia

A national non-government organisation

working for a better life for people affected by mental illness
SANE Australia

National, independent, non-government organisation

*working for a better life for people affected by mental illness*

- Education
- Applied Research
- Campaigning for improved services and attitudes

SANE Australia

Independent of government, religious or other special groups

*Funded by project grants and donations*

Works in partnership with other health, community, academic and corporate partners
SANE Australia

Campaigns and works for

- An end to stigma and discrimination
- Access to all effective clinical treatments - early and ongoing
- Services and support in the community
- Help for family and other carers

*SANE’s Charter for a better life for people affected by mental illness*

Working with and for people affected by mental illness
Guided by people affected by mental illness, including Helpline callers, people surveyed and board members

Applied research

SANE Research Bulletins

Reporting on issues of concern.....
SANE Research Bulletins - biannual

Social Isolation  Keeping well
Employment     Stigma
Families       Physical health
Housing        Intimacy
Money          Suicide & self-harm
Social inclusion Parenting

Working life – current

See sane.org

Funded by R E Ross Trust, John T Reid Trust

SANE Research Bulletins

Convenience sample - SANE website, Helpline
Widely promoted to ensure large sample size

Respondents ~ 70% female, range of diagnoses
40 - 50%  Depression and anxiety disorders
20 - 25%  Bipolar disorder
12 - 15%  Schizophrenia
Money and Mental Illness

Sample size – 371

- Depression – 35%
- Bipolar disorder – 26%
- Schizophrenia – 21%
Average income in Australia in 2009 ~ $63,000

Profile

- Rental accommodation: 54%
- Could not afford private health insurance: 56%
- Smokers who wanted to quit and could not afford NRT: 45%
- Use a credit card to make ends meet: 53%
Costs of living with mental illness

- 17% spend $100 or more each month

*Money and Mental Illness, SANE Research Bulletin 9, 2009*

Costs unmet or partially met by Medicare include:

- Copayments for medication
- OTC costs
- Gap payments for consultations eg psychologists, podiatrists, dietitians, dentists

Not registered with Medicare Safety Net - 32%

*Money and Mental Illness SANE Research Bulletin 9, 2009*
Costs unmet or partially met by Medicare include

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- Gap payments for consultations eg psychologists, podiatrists, dietitians, dentists

90% have other chronic health conditions – so additional costs

*Physical Health Care and Mental Illness SANE Research Bulletin 6, 2009*

**Impact of low income on treatment**

- Able to afford treatment - 46%
- Unable to afford some treatments - 54%

*Money and Mental Illness, SANE Research Bulletin 9, 2009*
Healthcare or daily needs – a choice……

Not filled scripts for medication due to cost 42%
Unable to afford essentials such as food 96%
Credit card holders concerned about debt 64%
Contacted by debt collectors in last year 29%

Yet, 75% had not seen a financial counsellor for advice on managing money
Money and people with mental illness

In summary

• Majority live on below average incomes
  – 1/3 survive on <$20,000 a year

• Cost of living is high, many expenses not met by Medicare or social security payments

• Many are forced to choose between medical treatment or essentials such as food

Recommendations

1. Financial support for health care
2. Financial skills
3. Medicare safety net
4. Subsidised help to quit smoking
Recommendations

1. Financial support for health care

PBS co-payments, gap payments and other recommended medical services need to be affordable for people on low incomes – including people with mental illness.

Recommendations

2. Financial Skills

To ensure financial literacy and counselling is available for people living with mental illness.
Recommendations

3. Medicare Safety Net

Government processes need to ensure that all people on low incomes are registered for the Medicare Safety Net as a matter of course.

Current process is too complex and is not automatic....

Recommendations

4. Subsidised help to quit smoking

PBS subsidy for NRT.....
National research project 2010/11

Survey of High Impact Psychosis

A National survey examining
• prevalence and profile of psychosis
• identifying factors associated with good outcome

Follow-up to the first Australian National Survey of Low Prevalence (Psychotic) Disorders, conducted 1997-98

Funded by Australian Gov (DOHA)
supported by SANE Australia

New National research project

SHIP data currently being analysed

Early findings suggest that
• financial problems
• loneliness and isolation
• lack of employment
are the top challenges facing people with psychosis.

Final report July 2011
Money and people with mental illness

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Further information on mental illness

SANE Helpline
1800 18 SANE (7263)
To download Research Bulletins, Factsheets, podcasts and Helpline Online

www.sane.org