ACOSS National Conference 2011

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

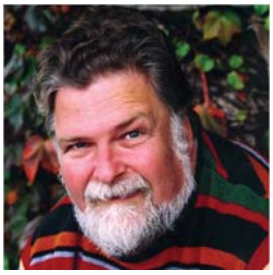
SANE Australia

Campaigns and works for

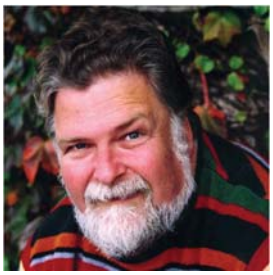
- An end to stigma and discrimination
- Access to all effective clinical treatments - early and ongoing
- Services and support in the community
- Help for family and other carers

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

Research Bulletin 9

sane RESEARCH

Money and mental illness

Australians with a mental illness struggle to pay for their own healthcare, as well as to make ends meet. Government needs to take a range of targeted measures so that they are able to afford the treatments they need, as well as to participate in the community and improve their quality of life . . .

People living with a mental illness are far more likely to have a lower income than the average Australian, with many relying on the Disability Support Pension. Furthermore, while we are proud of our Medicare system, there are significant additional costs of ill health which it does not cover, and many cannot afford.

Australians face some of the highest co-payment costs for medication in Organisation for Economic Cooperation and Development (OECD) countries, and have out-of-pocket costs close to those faced by Americans.* This SANE Research Bulletin looks at the income levels of people affected by mental illness, the costs associated with their illness, and the impact of poverty on their capacity to look after their own overall health.

The survey was conducted during April and May 2009, using a convenience sample of 371 people who completed a questionnaire anonymously via the SANE website. The most common diagnoses reported were depression (35%), bipolar disorder (26%), and schizophrenia (21%).

What is the income level of people with a mental illness?

Over a third of those surveyed (38%) had an annual income of less than $20,000, and the majority (54%) lived in rented or public accommodation.

Over half (56%) could not afford private health insurance. A similar proportion (53%) used a credit card to help make ends meet, but many were concerned at the level of debt they were building up.

What are the costs of living with a mental illness?

Many costs of having a mental illness are unmet (or only partially met) by Medicare and the social security system. These include co-payments for medications and the cost of over-the-counter medicines; gap payments for medical appointments, plus other recommended health services such as podiatry, dentistry and dietitians.

The majority of people with a mental illness also have chronic physical health conditions (90%) and require a range of medications, as well as having other healthcare needs.** For those on a low income, these costs mount up and can be substantial. One in six (17%) of those surveyed were spending $100 or more a month on medications. Despite this, around a third of those who took part (32%) were not registered with the Medicare Safety Net.

Does cost influence ability to quit smoking?

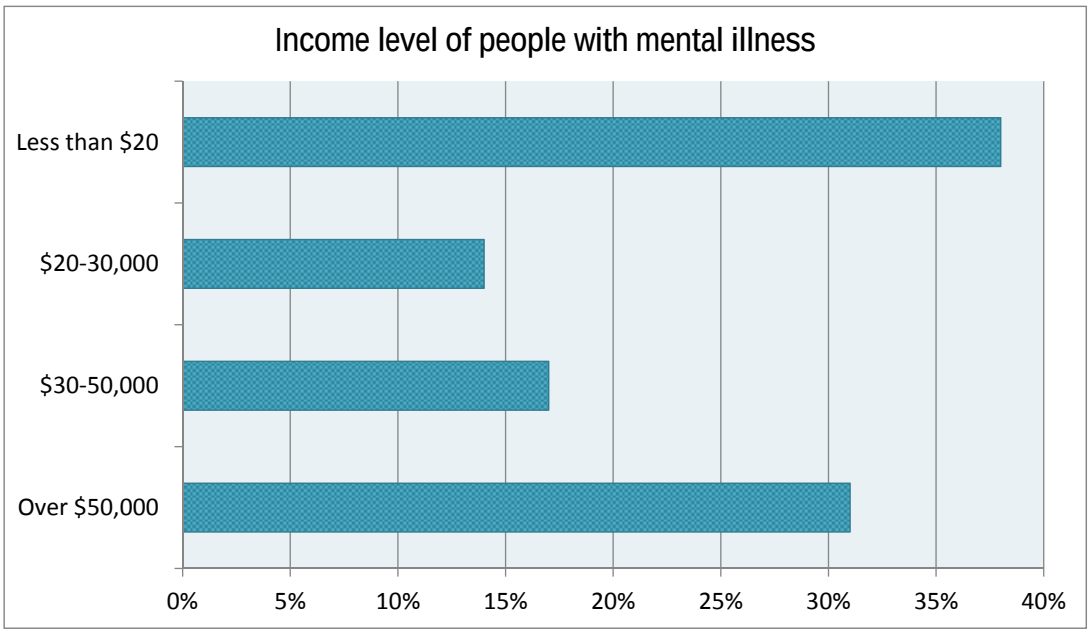
Thirty-one per cent of respondents were smokers, compared to around 18% in the general population, contributing to significant overall health. Nicotine replacement therapy (NRT) is the most effective aid to quitting, yet is not subsidised by the PBS. Almost half of smokers (45%) said that they could not afford NRT, even though they wanted to quit.

www.sane.org

Money and Mental Illness

Sample size – 371

- Depression – 35%
- Bipolar disorder – 26%
- Schizophrenia – 21%



*

Average income in Australia in 2009 ~ $ 63,000

Money and Mental Illness SANE Research Bulletin 9, 2009

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%

Money and Mental Illness SANE Research Bulletin 9, 2009

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

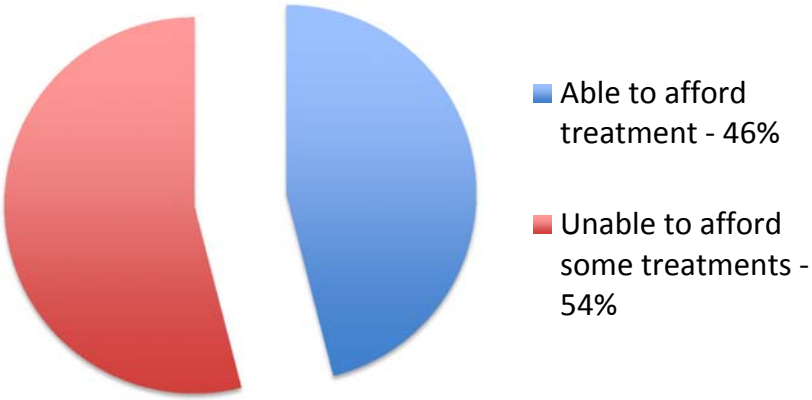
Costs unmet or partially met by Medicare include

- Copayments for medication
- OTC costs
- 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



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%

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 Mental Illness SANE Research Bulleti

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

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

Further information on mental illness

SANE Helpline

1800 18 SANE (7263)

To download Research Bulletins, Factsheets, podcasts and Helpline Online