

## **MENTAL health and poverty: A poisonous relationship**

### **ACOSS 2011 National Conference**

By Andrea Mason

“People living with mental illness suffer disconnection, alienation, exclusion and blatant discrimination, and they are also living in poverty.”

Janet Meagher, from Psychiatric Rehabilitation Australia, began a captivating discussion on the relationship between poverty and mental illness at this year’s ACOSS National Conference in Melbourne.

Currently people living with mental illness in Australia are being failed by government policies, which are leading them into poverty, she argued.

Poverty is a strong word - when you hear it, distressing images of starving children in third world countries tends to spring to mind. We don’t often hear it in the context of ‘our nation.’

As an established first world nation most of us naturally assume that we don’t have poverty in our nation. The word ‘poverty’ itself invokes a sense of not just being poor but abjectly poor, struggling to put food on the table. Most people assume this kind of poverty does not exist in Australia.

Yet it does and it is our most vulnerable citizens who are suffering, according to a number of speakers on a panel dissecting the relationship between mental illness and poverty.

People living with mental illness are struggling to survive as a result of government failings said some of the speakers.

John Mendoza, Director of ConNetica Consulting was quite scathing about the current Government’s performance on issues of mental health.

“I have worked with a lot of incompetent Governments in my time, but this undoubtedly the worse, and that’s saying something.”

Over one third of people living with a mental health illness survive on less than \$20,000 a year. They are living in poverty as a direct result of the mental illness they are inflicted with, he told the audience.

A definition of poverty as ‘the state of being inferior in quality or insufficient in amount’ describes the way people suffering from mental illness are living daily.

Though they may not be street beggars they are essentially living in poverty, as they do not have enough money to afford all basis necessities, the audience was reminded.

Barbara Hocking director of SANE Australia gave some statistics on mental illness.

She said the average cost of medication for people with mental illness is \$100 per month, which for those in living on a disability pension is a huge chunk of their budget. Also stating,

- 46% of people with a mental illness are un-able to afford treatment and medication
- 54% able to afford medication.
- 96% unable to afford all basic necessities ie housing, food and the very medication that can help their sufferings.

Ms Hocking said that that mental illness in Australia is gendered, with around 70% being women.

She spoke of 'Kylie's story.' Kylie is a 28 year old single mother of two, suffering from schizophrenia. She cannot work because of her condition.

*"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."*

Kylie's story is not unique, there are many others in a similar position, who just cannot afford the bare essentials to make their conditions bearable.

Putting food on the table or treating the very illness that put them in their position is a sad reality for many sufferers of mental illness.

The current disability pension allows people to afford some of these basic necessities but not all, the panel agreed.

Janet Meagher a sufferer of schizophrenia, mental health advocate and someone who had lived solely off a disability pension for many years spoke of the harsh reality she and others faced.

"If you have a severe mental illness such as severe depression, schizophrenia, and many others, you are most likely to end up living in poverty as a result of the illness."

She listed the many losses that people living with a mental illness encounter. These include, "credibility, role, friends, job, home, family, physical health, trust and self-esteem."

So why is it that so many people living with mental illness are also systematically living in poverty?

Well the short answer is the current disability pension is severely inadequate for current living costs. Though Janet and the other speakers agreed it has a lot to do with the way we as a society view and judge mental illness.

Governments and society have a long history of failing our mentally ill.

Although we have come a long way in addressing mental illness and treatments, John Mendoza argued, “not far enough.”

“A mental illness should be treated in the same way that as any bodily harm is, it just isn’t, and the majority of society still doesn’t understand that.”

There is still a harsh stigma attached to mental illness in Australia. Ms Meagher said many people believe that “sufferers can pull themselves out of it, if they really wanted too.”

The importance of the workplace and the stigmas that surround mental health issues in the workplace was a key area of discussion.

Many sufferers of mental illness find themselves in poverty as a result of losing or quitting a job and having to live solely off the disability pension.

Ms Meagher pointed out that the workplace is one of the main areas in which mental health issues are still highly stigmatised, which leads to people being unable to cope with the pressures of the work place which inevitably leads to un-employment.

Another panellist Mark Butler, Minister for Mental Health and Ageing, also emphasized the importance of the workplace.

“There is still a lot of work to be done on how the people suffering from a mental are treated in the workplace,” he said.

“People with a mental health issue do not want their co-workers and or boss to know of their condition due to fear of judgement and quite often poor treatment as a result”, he added.

The Minister said that mental health reform will focus on changing attitudes within the workplace and as “building block.”

John Mendoza stressed the importance of early detection and correct treatment of mental illness.

He said that, “one in four Australians between the ages of 16-24 experiences a mental health issue. Out of those affected 700,000 people do not get help.”

He arguing this is a result of the inadequate mental health structures in which are often difficult to access and expensive.

Mr Mendoza said that treatment rates for young males affected in particular were “absolutely appalling with only about 7% receiving treatment.”

Mental illness is bad for both ‘health and wealth,’ he added, pointing to the unequal nature of Australian society as another cause of mental illness.

In fact Australia ranks among the top 5 most unequal societies in the world it was revealed. What is meant by unequal in this instance is that there are many people living far better and in better conditions and outcomes than others.

People in the top 20% of the earning bracket in Australia live on average 7.2 times better than those in the bottom 20%, who live in close to third world standard conditions.

Unsurprisingly people in this bottom 20% are more prone to mental illness, as a result of the harsher nature of their lives.

Mr Mendoza said that not only does poverty occur as a result of mental illness, but that poverty can also be the onset of mental illness. “More social inequality leads to more mental illness,” he concluded.

Mark Butler was forced to defend the present Government’s failings and acknowledged that Governments at all levels over many years have failed the mentally ill.

He said the poor and insufficient funding that went into mental health care after the de-institutionalisation of the mentally ill produced “a generation of failed Australians.”

Mr Butler concluded by stressing that one of the main things the Federal Government hopes to achieve in reforming the mental health sector is to provide correct diagnosis and treatment for children, which will ultimately decrease the number of adults affected by mental illness as they age.

All acknowledged that reform won’t be easy to achieve in this area, but is absolutely urgent, if we are to minimise the damage on individuals and society as a whole from conditions that affect so many fellow-Australians.