



NMHCCF submission to the National Advisory Council on Mental Health: *Daily bread, income and living with mental illness*, July 2010

The National Mental Health Consumer & Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

The NMHCCF is pleased that the National Advisory Council on Mental Health is considering the effects of low income on the lives of mental health consumers and carers and how best to improve these.

Living on a low income is a feature of the lives of most mental health consumers and carers. The result is that already socially isolated people are further marginalised by their lack of economic participation in the community. As well as the significant costs of health care and medicines, consumers and carers also face the financial burdens associated with acute and episodic illness which can result in loss of stable housing, homelessness, interruptions to income and government income support and loss of opportunities for training, study and work experience.

A 2009 survey by SANE Australia found that people living with mental illness were far more likely to have a lower income than those without.¹ A 2006 survey found that 44 per cent of carers of people with mental illness reported that their financial situation worsened when the person they care for experienced a relapse.² While some carers may have access to carer support payments and allowances from Centrelink, they report that these are extremely difficult to access by the mental health sector and are insufficient for the purpose.³

Poverty can define the life context for people with mental illness. The NMHCCF works with the Mental Health Council of Australia (MHCA) and other partners in the mental health sector to promote initiatives that relieve this burden.

Key priorities include:

- more and improved housing and support options;
- increased employment participation;
- fairer and more streamlined access to income support assistance; and
- making it easier for consumers and carers to pay for medicines and health care.

¹ SANE Australia, 2009, *Money and mental illness*, SANE Australia Research Bulletin 9.

² World Federation for Mental Health and Eli Lilly and Company, 2006, *Keeping care complete: Caregivers' perspectives on wellness and illness, an international survey, summary of key findings*, Eli Lilly, Australia.

³ MHCA, 2009a, *Adversity to Advocacy: The lives and hopes of mental health carers*, MHCA, page 55, www.mhca.org.au/publications.

Housing

Housing instability, homelessness and lack of appropriate housing options dominate the lives of many mental health consumers and carers. Australian and international studies indicate that there is a significant overrepresentation of people with mental illness in the homeless population and who experience housing instability.⁴ A survey by SANE of people living with a mental illness found that 94 percent of respondents have been homeless or were without suitable housing at some time in their lives.⁵ Mental health carers report that provision of stable housing can be a significant financial cost to families⁶ and the housing support needs of adult children of ageing carers can place a significant burden on this potentially vulnerable group.⁷

The NMHCCF Advocacy Brief on supported housing and homelessness⁸, and the MHCA 2009 report: *Home Truths: Mental Health, Housing and Homelessness in Australia*⁹, outline the range of issues around housing that consumers and carers wish to see addressed.

The NMHCCF seeks the:

- development and implementation of a whole of government approach to achieve the provision of safe, affordable and secure accommodation and the provision of access to appropriate and support services that can assist people to maintain their lives and remain in their homes when support to do so is needed; and
- strategic funding and implementation of successful housing models in areas of need such as the Woolloomooloo Homelessness Project¹⁰, and programs like NSW Housing Accommodation and Support Initiative (HASI)¹¹ to provide appropriate accommodation options for people with mental illness.

Employment Participation

There are high levels of unemployment and non-participation in the workforce for mental health consumers in Australia.¹² Carers also find that the demands of their role directly reduce their capacity to participate in paid employment, with most primary carers working only part time.¹³

⁴ MHCA, 2009b, *Home Truths Mental Health, Housing and Homelessness in Australia*, MHCA, www.mhca.org.au/publications.

⁵ SANE Australia, 2008, *Housing and Mental Illness (Research bulletin 7)*, SANE Australia.

⁶ MHCA, 2009b, page 58.

⁷ *Ibid*, page 50.

⁸ NMHCCF, 2010, *Supported Housing and Homelessness (shh!)*, *Advocacy Brief*, sourced from the NMHCCF website www.nmhccf.org.au/advocacy-briefs.

⁹ MHCA, 2009b.

¹⁰ NSW Audit Office, 2007, Auditor General's Performance Report Responding to Homelessness, NSW Audit Office, accessed from the Youth Accommodation Association website www.yaa.com.au.

¹¹ NSW Department of Health, 2007, Housing Accommodation and support initiative, NSW Department of Health, www.health.nsw.gov.au/pubs/2007/pdf/hasi_initiative.pdf.

¹² MHCA, 2007, *Lets get to work: A National Mental Health Employment Strategy for Australia*, MHCA, page 17, www.mhca.org.au/publications.

¹³ House of Representatives Standing Committee on Family, Housing, Community and Youth, 2009, *Who Cares: report into the inquiry into better support for carers*, Parliament of the Commonwealth of Australia, page 196.

In 2007 the MHCA released *Let's Get to Work: A National Mental Health Employment Strategy for Australia*,¹⁴ which outlines a range of strategies to improve the employment participation of mental health consumers. Many of its recommendations are still current and are highlighted below.

The *National Mental Health and Disability Employment Strategy* was released in 2009 and was concurrent with the dismantling of the Howard Government's welfare to work policies, which had caused considerable hardship for people with mental illness. The Strategy has also initiated some important activities for improving the employment participation of people with mental illness, such as uncapping Disability Employment Service Programs, improving the assessment process, implementing the Job in Jeopardy assistance program and undertaking research on effective models for disability employment. However, there is still much more to be done to improve employment participation.

Income support arrangements are also an issue for mental health consumers. These issues are summarised in the following documents:

- the NMHCCF Advocacy Brief on *Employment and Mental Health*¹⁵;
- the MHCA submission to the *Commonwealth Ombudsman's Own Motion Investigation: Engagement of customers with a mental illness with the social security system*, made in October 2009¹⁶; and
- the MHCA publication *Adversity to Advocacy: The lives and hopes of mental health carers*.¹⁷

These issues include:

- addressing the broad based stigma that exists in the community:
 - around employing people with a mental illness ; and
 - that reduces the ability of services such as mental health and income support services to provide accessible and equitable support to consumers and carers, thereby disadvantaging them further;
- implementation of national employment targets;
- monitoring and publishing data on the performance of disability employment services;
- increased funding for specialist mental health employment services;
- provision of specialist advocacy support for consumers and carers to access and negotiate with Centrelink and advise on appeals and review processes;
- more streamlined, accessible and transparent Centrelink procedural processes;
- Centrelink assessment processes and administrative arrangements that recognise the episodic nature of mental illness and the needs this creates; and
- improved arrangements for carer support payments including:

¹⁴ MHCA, 2007, *ibid*.

¹⁵ NMHCCF, 2010, *Employment and Mental Health, Advocacy Brief*, sourced from the NMHCCF website www.nmhccf.org.au/advocacy-briefs.

¹⁶ MHCA, 2009c, MHCA Submission to the *Commonwealth Ombudsman's Own Motion Investigation: Engagement of customers with a mental illness with the social security system*, sourced from the MHCA website www.mhca.org.au/submissions.

¹⁷ Mental Health Council of Australia, 2009a, *Ibid*.

- improved access to carer support payments that recognise the high cost of caring for someone with a mental illness; and
- implementation of fairer assessment processes for carers that acknowledge the level of support provided by carers of people with intellectual disability, mental illness or with challenging behaviours, and also recognise the episodic nature of mental illness.

The high cost of managing mental illness

Living with a mental illness can carry a significant economic burden for individuals and families. The SANE 2009 survey found that majority of those surveyed reported that they often had to choose between paying for health care or meeting their daily needs.¹⁸

The Pharmaceutical Benefits Scheme (PBS) does not cover all of the costs associated with treating mental illness including co-payments and over the counter costs of medicines and health care and the SANE survey of 2009 also found that many people were not registered for the Medicare safety net.¹⁹

The poor physical health of many people with mental illness adds to the illness cost burden. Research conducted by the University of Western Australia in 2001 shows people with mental illness are at higher risk of conditions such as diabetes, heart disease, and obesity, and have considerably elevated mortality rates from all main causes compared to the general population.²⁰

Another study into the impact of co-payment increases on dispensing of government-subsidised medicines in Australia also found that the cost of co-payments acts as a disincentive for people to fill prescriptions, especially in relation to antidepressant medication.²¹ From this it could be concluded that some current arrangements under the PBS actually restrict consumer access to effective mental health treatment. This point was recently made to the Senate Community Affairs Reference Committee Inquiry into Consumer Access to Pharmaceutical Benefits. The MHCA recommended the development of a National Mental Health Medicines Strategy to address these issues.²²

Further priorities for addressing these issues would need to include:

- more streamlined and user friendly arrangements to assist with use of the Medicare safety net by mental health consumers and carers; and
- better access for mental health consumers to services that assist with physical health care, including dental services.

¹⁸ SANE Australia, 2009 op cit.

¹⁹ Ibid.

²⁰ Lawrence D, Holman CDJ, Jablensky AV, 2001, *Duty to Care – Preventable Physical Illness in People with Mental Illness*, University of Western Australia.

²¹ Hynde A et al, 2008, *The impact of co-payment increases on dispensing of government subsidised medicines in Australia*, *Pharmacoepidemiology and Drug Safety*.

²² MHCA, 2010, Submission to the Senate Community Affairs Reference Committee Inquiry into Consumer Access to Pharmaceutical Benefits, www.mhca.org.au/submissions.

Comment on the proposal to use income management arrangements

While the NMHCCF understands the reasoning behind the option of income management to ensure that children and other family members are protected and not unnecessarily disadvantaged, we would see no role for such a scheme in improving the finances of mental health consumers and carers who are in receipt of income support and who do not already indicate that they would welcome this assistance.

The possibility of the general use of such a scheme for mental health consumers and carers would be directly in contradiction to the principles of recovery that are being promoted as part of the 4th National Mental Health Plan.²³ Any consideration of such a scheme for exceptional circumstances or for those who request it would need careful evaluation of benefits and drawbacks and effective national consultation with consumers and carers. This would ensure that any voluntary scheme would be implemented with the maintenance of dignity and recovery as objectives.

Conclusion

The NMHCCF welcomes the interest of the National Advisory Council on Mental Health on income and the cost of living with a mental illness. While many of these priorities have already been advised to senate committees and government departments, we hope that your support will ensure that they are addressed.

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²³ Australian Health Ministers, 2009, *Fourth National Mental Health Plan, an agenda for collaborative government action in mental health 2009-2014*, Commonwealth of Australia.