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Submission to the National Advisory Council on Mental Health – ‘Daily bread, income, and living with mental illness’

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Psychiatric Disability Services of Victoria's (VICSERV) role

Psychiatric Disability Services of Victoria (VICSERV) welcomes the opportunity to provide a submission to the National Advisory Council on Mental Health on the issue of 'Daily bread, income, and living with mental illness'. The submission focuses on some of the difficulties encountered by people living with a mental illness and their families in making ends meet and potential solutions.

VICSERV is a membership-based organization and the peak body representing community managed mental health services in Victoria. These services include housing support, home-based outreach, psychosocial and pre-vocational day programs, residential rehabilitation, mutual support and self-help, respite care and Prevention and Recovery Care (PARC) services.

Many VICSERV members also provide Commonwealth funded mental health programs.

The theme of the inquiry dovetails with VICSERV's own policy agenda which was set in motion by the launch of VICSERV's [Pathways to Social Inclusion Proposition Papers](#) in 2009. This theme was carried through to this year's VICSERV conference with the topic being *Unfinished Business: Pathways to Social Inclusion*.

National Advisory Council on Mental Health - Daily bread, income and living with mental illness

1. How are people with mental illness and their families faring on a daily basis? What income related difficulties do they face?

A recent SANE research bulletin which considered income difficulties experienced by people with a mental illness indicated that 38% of survey participants earned an annual income of less than \$20,000 and 53% relying on credit just to get by. With the current federal minimum wage set at \$543.78 per week¹, many persons with a mental illness are living on a wage that is well below the minimum. If the person is eligible for the Disability Support Pension they will only receive a maximum of \$ 644.20 per fortnight² if they are over 21 and single.

Everyday basic living expenses such as those spent on food, shelter (rent/mortgage), clothing, utilities, communications, and transport need to be met on strained income streams. On top of this, persons with a mental illness need to factor in the costs of medication and clinical treatments and appointments. Not all treatments are subsidised by Medicare and consumers are still expected to partially pay for treatments including medications on the Pharmaceutical Benefits Scheme. Further, the process for registering for the Medicare Safety Net is complex and alienating hence placing it out of reach for many, not just mental health consumers.

As the SANE research bulletin pointed out, "the majority of those surveyed reported that they often had to choose between paying for healthcare and meeting daily needs."³ Of those surveyed, 17 % spend \$100 or more per month on medication alone.⁴ With many also suffering from physical illnesses, those with low or next to no income are struggling to survive from day to day.

¹ Fair Work Australia website, viewed 21 July 2010, www.fwa.gov.au/index.cfm?pagename=minlatest#what

² Centrelink, Australian Government, viewed 21 July 2010, www.centrelink.gov.au/internet/internet.nsf/payments/dsp_rates.htm

³ SANE Australia, *Research Bulletin 9, Money and mental illness*, SANE Australia, July 2009, ISSN 1832-8385, viewed 20 July 2010, www.sane.org/images/stories/information/research/0907_info_rb9money.pdf

⁴ Ibid.

Some of the difficulties for people with a mental illness in engaging in gainful employment include (but are not limited to):

- Having learning trajectories interrupted by episodes of illness therefore not possessing the required skills to obtain meaningful employment.
- Stigma associated with having a mental illness particular prevalent within certain professions.
- Inability to balance recovery and treatment appointments with full-time or part-time employment due a non-supportive employment culture.
- Housing instability and homelessness in the broadest sense.
- Side-effects of medications such as drowsiness which may affect ability to concentrate for long-periods.
- Inability to afford the treatments required to assist recovery.
- Difficulties in performing tasks to due their illness.
- Engaging in a carer role.
- Loss of welfare benefits.
- The episodic nature of mental illness.
- No financial or other supports to undertake/maintain study and/or employment.

The above is supported by recent ABS figures which indicate that young people with a severe mental illness are absent from their usual study/work commitments on average 6 days out of 30, and persons with moderate illness 2 days out of 30 (ABS 2007).

Similarly, carers of those with a mental illness are faring badly. Carers who are often family members are often prevented from participating fully in education, the workforce or the community because of the constraints of their role, lack of resources and supports. Carer physical and mental health also suffers with approximately one third to have been found to be suffering from major depression⁵.

SANE research indicates that of the family carers surveyed, 72% indicated that they received no support in their carer role including rehabilitation or community support.⁶ Social security payments such as the Carer Payment are of a similar rate to that of the Disability Support Pension and are subject to income and means testing.⁷

The SANE findings on carers are entirely consistent with the feedback VICSERV's and our members receive. Insufficient attention has been paid to this issue by policy makers.

2. How might the income-related difficulties of people with mental illness and their families be addressed?

VICSERV is of the view that in order for people with a mental illness to recover, a holistic approach is needed towards addressing health issues by moving towards a social model of health. A whole person approach considers and addresses the social determinants that influence the state of a person's health including housing, employment, education and social connectedness.

⁵ RA Cummins, J Hughes, A Tomy, A Gibson, J Woener & L Lai, *Summary report: The Wellbeing of Australians: Carer Health and Wellbeing*, Australian Centre on Quality of Life, Deakin University, Melbourne, 2007, p. 1.

⁶ SANE Australia, *Research Bulletin 5, Family carers and mental illness*, SANE Australia, July 2007, ISSN 1832-8385, viewed 20 July 2010, www.sane.org/images/stories/information/research/0707_info_rb5.pdf

⁷ Centrelink, Australian Government, viewed 21 July 2010,

www.centrelink.gov.au/internet/internet.nsf/payments/carer_rates.htm

It is evident that with ever growing income disparities that people are being set up to fail in their quest to get well. This disparity needs to be addressed through an inquiry by the Productivity Commission into the adequacy of welfare supports and how to best address issues of inequality whether it is through taxation, welfare or other methods. A part of this inquiry would be a review of the effect of Centrelink payments and policies on people with mental illness as well as exploring fully subsidised health care (including medicines).

With respect to workforce participation, what has been shown to assist people with a mental illness to obtain gainful employment are programs and strategies based on the following:

- Eligibility for employment services based on consumer choice, not job readiness.
- Integration of disability employment services with mental health care.
- The goal of competitive or open employment.
- Rapid commencement of job searching activities.
- Job placements based on consumer preferences, strengths, experience, and interests.
- Continuing support to retain employment.
- Income support and benefits counselling
- Continuous availability of intensive onsite workplace support.
- Multidisciplinary teams to coordinate treatment and vocational interventions.
- Alliance between staff and consumers in rehabilitation.
- Strategies to counter workplace stigma."⁸⁹

To date there is no specific initiative that combines all of the above. Further, "[w]hilst avoiding a 'model-versus-model' scenario is recommended, it is also important to acknowledge that some consumers may not be in a position (or may not wish) to consider competitive or open employment. For them, a stigma-free work environment – such as those provided through sheltered workshops, transitional employment/clubhouse models, and social firms – may be desired to rebuild work and social skills and confidence."¹⁰

Income management is not a feasible solution for the difficulties faced by people with a mental illness and their families. Not only are such interventions paternalistic and disempowering, they also promote dependency rather than self-sufficiency and hinder recovery. A better approach is to have individual support schemes which are person directed and include a program of financial counselling.

In the context of housing, supported social housing models have proven to be effective in addressing accommodation issues associated with income-related difficulties and mental illness. Supported housing provides for stable housing with access to supports on a flexible basis. For that matter, more affordable and secure housing options in general need to be made available to all, not just those with an existing mental illness.

⁸ Psychiatric Disability Services of Victoria, 2008, *Pathways to Social Inclusion: Proposition Papers*, VICSERV, pp. 85-86.

⁹ L.Collister, *Unfinished business-participation in education and employment*, newparadigm, (summer 2009/10), VICSERV, pp.28-30.

¹⁰ *ibid.*, pp. 86-87

3. Of these remedies, which ones should be pursued as a matter of priority? That is, what are the top 5 measures in order of urgency and priority?

- Affordable, accessible and appropriate housing options including choice of accommodation for people with a mental illness and their families.
- Free or heavily subsidised healthcare and medicines for people on low or no incomes or who are receiving Centrelink payments.
- Launch of a concerted national anti-stigma campaign to address the prevailing stigma associated with mental illness in workplaces, educational settings and wider society.¹¹
- Individual support packages including person directed schemes which allow consumers to choose appropriate services for them that may not be clinical services per se however contribute to the overall health and wellbeing of that person.
- An inquiry by the Productivity Commission into the growing income disparity including Centrelink payments and policies.

¹¹ Queensland Alliance, *From discrimination to social inclusion: a review of the literature on anti stigma initiatives in mental health*, Queensland Alliance, 2010. www.qldalliance.org.au