Psychology Matters

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Issue Brief

# Poverty and Mental Health

## The burden of mental illness is most acute for individuals living in poverty

One in five Canadians (*and their family members*) will be impacted by mental illness in their lifetime. Unlike many other chronic disorders, mental disorders tend to start at a young age and hit the hardest when people are in their prime working years. As a result, the cost to the country's economy is staggering: $50 billion a year in healthcare, social services, lost productivity and decreased quality of life (*Mental Health Commission of Canada - 2015*). The personal costs are more devastating - unemployment (*up to 90% of Canadians with a serious mental disorder are unemployed*), family breakup, suicide and a lifetime of deprivation and psychological pain for individuals and their family members.

Poverty and mental disorders go hand in hand. Poverty is notable as both the cause of mental disorders and the result of mental disorders. The traditionally poor suffer increased likelihood of psychological trauma in the early years and throughout their lifespan due to the stress of their unstable living conditions. Both poverty and mental disorders are said to "feed" of one another with the mental ill sinking further into poverty. While the wealthier members of society have access to mental health services, financial barriers reducing their opportunities for access to healthcare and further impacting on educational and employment opportunities.

As far back as the 1980s, it was known that periods of high unemployment rates were correlated with increased rates of suicide, in addition to deaths from alcoholism, heart attack and homicide (*Stack and Haas - Sociological Focus, 1984*). The World Health Organization (Who) has linked major mental disorders such as depression and schizophrenia to suicidal tendencies. Those unfortunate enough to endure such major disorders are also more likely to be unemployed. As a whole, the mentally ill were found to be the least likely to enjoy ongoing employment, decent housing and stable personal lives (*The UK Mental Health Foundation report, 2004*); however the impact of poverty impacts some groups in society more than others. Virtually all population-based studies of at risk factors for mental disorders, particularly anxiety and depression, show that the poor and the marginalized are at greater risk of suffering throughout their lifespan due to untreated or poorly treated conditions.

A McMaster University study found a 21-year difference in life expectancy between the poorest and wealthiest residents in Hamilton, Ontario. "Poverty Impacts Health" *(Centre for Effective Practice - Stats & Facts, November 2015"* reports that those living in below the poverty experience the highest rates of the major chronic disorders:

- 58% higher rate of depression than the Canadian average.
- 17% higher rates of cardiovascular disease;
- Higher rates of diabetes (10% vs. 5% in men in the higher income brackets and 8% vs. 3% in women);
- Higher rates of lung, oral and cervical cancers;
- Higher rates of having multiple chronic conditions such as hypertension combined with arthritis and respiratory conditions.

In Ontario, close to 400,000 ***children*** (13.8% of all children) live in low-income households - a rate that is higher that the pledge made in 1989 pledge to eradicate child poverty by 2000.

- 38.2 percent of children of single mothers live in poverty. 7% of single fathers raise their children in poverty.
- Across Canada, 40% of indigenous children live in poverty. The rate of child poverty amongst ethno-racial groups is extremely high (estimated at between 60% and 90%).
- Children living in poverty are deprived of proper housing (*exposing them to hazardous environmental toxins*), nutritious food, early education and recreational opportunities.
- They are at higher risk of being a high school dropout, parenting at an early age, apprehension by the Children's Aid Societies and demonstrating aggressiveness and/or bullying, depression, anxiety and suicidal ideation.
- The rate of major mental disorders amongst ***young people ages 15 to 24*** is estimated as 1 in 4.
- 3 out of 4 children and youths with a mental disorder will not receive any treatment and the average wait-time for those that do receive care is 12 months.
- Of the 450,000 young Ontarians with a mental disorder only 5 out of 6 of them receive the psychological interventions that are required for them to function effectively in school or in the workplace.
- Suicide is the leading cause of non-accidental death among youths. 23% of all deaths for youth 15 to18 can be accounted for by suicide.
- Unemployment rates for young people are estimated at between 16 and 17%. The combination of untreated mental disorders, poverty related to unemployment or dependency on their parents make them vulnerable to suicide and engagements with the police and the justice system.

An estimated 300,000 people receive financial support from the Ontario Disability Support Program (ODSP) and 52% of them have been declared ***disabled*** due to a mental disorder.

- 10,000 people in Ontario are homeless and countless others are precariously housed (living in unaffordable, below standards and/or overcrowded conditions).
- Mental disorders and addictions are common conditions amongst the people receiving financial support from the ODSP program or the Disability Support Program.
- The rate of major mental disorders including acquired brain injuries is extremely high amongst the **homeless populations** with life expectancies are low as third world countries.
- The life expectancy of a homeless person in the UK was 47 years compared with 77 years for the rest of the population.
- Over 64,000 (7.2 %) of **seniors** over the age of 75 live in poverty.
- Seniors with a depression, anxiety or dementia overlay to their other chronic disorders are much more likely to be amongst the High Cost Users, identified by Ontario's Health Links and be part of the 1.5% of the population using 61% of the healthcare resources.

### Summary

The Globe and Mail's recent series "Open Minds" speaks eloquently to the problems in Canada and certainly in Ontario in the provision of mental health care. The series speaks of the inequity amongst income groups I accessing health care, but especially to the inequity based on the type of illness. Erin Anderssen and Andre Picard noted that we have come very far in how the public healthcare system responds to physical needs such as cancer and heart, but these same systems still fail to provide a comparable range to solutions for people living with a mental disorder. According to former Senator Michael Kirby, the founding chair of Partners for Mental Health, the income gap is most pronounced in mental healthcare, which he referred to as a "two-tiered mental" heath system. We have a morale obligation to provide those most in the need with the best access to the highest level of care possible - as well as, a sound economic reason to do so.