

SANE Bridging the Gaps survey Jan 2023

Summary of results

Key Findings

Of the 1,000 survey respondents:

- 11% reported **no access** to mental health care at all.
- 75% said **affordability was the main limitation** to mental health care.
- For those in regional and remote Australia, **long waiting lists** and minimal access to **specialist care** was a significant problem.
- 63% have **three or more diagnosed mental health conditions** that require a range of mental health services, but 34% have access to only one.
- 23% were **turned away from services** because their needs are too complex.
- 47% of respondents said they **needed financial assistance**.
- Very **few have NDIS access**, with comments emphasising the challenge of access and the inadequacy of the services provided.
- Most respondents **need more psychology and psychiatry**, reflecting increased out of pocket costs and minimal access to bulk billed services.

About the survey

- As the national organisation representing Australians living with complex mental health needs, SANE delivered the Bridging the Gaps survey to provide a real-time snapshot of what those living with complex mental health needs are experiencing within the Australian mental health system.
- Responses were received from every State and Territory, with representation from major cities, regional cities and outer regional and remote areas.
- The survey was promoted across SANE digital services and social media channels with results collected between Jan 9 and Jan 22, 2023.

About the respondents

- Total survey respondents – **1030**
 - People with lived experience of mental ill health – **63%**
 - Mental health professionals – **10%**
 - Primary carers of those with significant mental ill health – **8%**
 - Friends, family and supporters – **19%**
- Those responding as a person with lived experience were living with a wide range of mental health conditions including depression, anxiety disorders, bipolar disorder, PTSD, OCD, borderline personality disorder, schizophrenia, substance use disorder and eating disorders.
- Most (63%) respondents with lived experience were living with **3 or more** mental health diagnoses.

Current mental health service use

- The most commonly accessed mental health service providers were –
 - o GP (75%)
 - o Psychologist (48%)
 - o Psychiatrist (41%)
 - o Peer workers and forums (9%)
 - o Counsellors (7%)
- 11% of respondents were accessing no mental health care at all
- o More than 85% of respondents with lived experience were not receiving support receiving support through the NDIS.
- o 75% of those with lived experience, and 97% of carers, said their current level of mental health care and support was not adequate for their needs
- o When asked which services they needed more access to, the majority of respondents said psychology (52%) and psychiatry (36%)

What is limiting service use?

- o 99% of respondents listed at least one limitation with accessing adequate mental health care
- o Affordability was the primary reason, with 75% saying cost was a limiting factor to them accessing mental health care.
 - o This was particularly highlighted for psychology and psychiatry.
- o Accessibility was also a factor, with 48% saying waiting lists were too long.
- o Alarming, 28% of respondents felt their existing providers were not able to adequately support them
- o 23% had been previously turned away from services because of their complex needs.
- o 25% said they didn't know what kind of mental health care and support they needed to recover.

What else is needed?

- 47% of respondents said they needed additional financial assistance, with 35% saying this was the most important thing to them.
- 45% said assistance with social and family relationships was needed, with 29% of respondents saying this was the most important thing to them.
- Whilst not a priority for those with lived experience (7%), housing was the most important assistance flagged by carers and supporters (31%).

When asked what the one thing Government could do to improve the lives of those living with complex mental health needs, responses fell clearly into 4 themes –

- 1) **Make mental health treatment more affordable** – This was the most frequently flagged limitation. Even with 10 or 20 subsidised sessions, many consumers simply cannot afford the gap fees associated with clinical treatment.
- 2) **Make mental health care more accessible** – Many highlighted the difficulty getting appointments, others shared stories of reaching the top of waiting lists then being turned away because they were too complex to suit that program.
- 3) **The effectiveness and consistency of existing services is not meeting the need** – Specialist providers are few and far between, many highlighted the paucity of trauma specialists, in particular. Others spoke of their increased distress from having a frequent turnover of care providers.
- 4) **There is an urgent need for Governments to recognise this highly vulnerable community** – Those living with complex mental health needs are significantly more likely to die by suicide and experience poverty, discrimination and abuse, yet this has not been reflected at a policy level.

Quotes from consumers

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- The most vulnerable people in need of free access to GP, Psychological and psychiatric support simply can't afford the gap payments, under the current Medicare system, that's if they can actually get an appointment! Our healthcare system is so broken.
- I've been told I need inpatient eating disorder treatment which I can't afford. I can't take time off work because then I can't pay my rent.
- Please enable direct access to psychiatrist when needed to enable early intervention before full blown episode of psychosis. Shouldn't have to go to emergency and wait many hours to be turned away. Shouldn't have to not be able to get treatment until have to get police because I'm a danger to self or others.
- I can't afford the level of support I need and I can only get support from the public health system when I am in a crisis state (ie. suicidal). However, even then, the minute I show some improvement...I am ejected out the door and back into the same context that led me there in the first place.
- I attended an emergency department after an acute mental health issue but left after waiting 3.5 hours to talk to a mental health worker.
- Experienced trauma therapists are not available in my area and they are difficult to locate for telehealth appointments. I have been on waiting lists for over 12 months.
- Turnover of professions means I just share my stories over and over again and before therapy can start, they move on. There's no continuity of care and I'm so sick of reliving my trauma over and over again.
- The more complex your mental health condition the higher skill set required by the treating professionals, and these professionals are thin on the ground and financially out of reach. This means the level of care you can access is just enough to keep you in a "holding pattern" but never enough to truly achieve sustainable improvement...
- The cost of living has made it difficult to put any mental health needs first. People on social services should have access to mental health care via bulk billing Medicare, otherwise we will never access it due to not affording it. No one chooses to have mental health issues and no one chooses to be poor.
- Even 20 sessions was not enough for me, most of my part time salary (because I am not capable of working more than part time) goes towards my mental health care needs.