

# PEERLINK

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## WELCOME TO TODAY'S PRESENTATION!

This presentation was made possible through grant funding from SAMHSA.

We would like to thank SAMHSA along with all of today's participants.

**PEERLINK National Technical Assistance Center**

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**[www.peerlinktac.org](http://www.peerlinktac.org)**

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## General Information

- All lines will be muted during the presentation
- \*6 is to mute and unmute your line
- During the presentation you may use the chat feature or the “Raise Hand” feature to ask questions.
- To participate in poll questions, click on your answer choice and then click “submit”.
- The slides from today’s presentation will be uploaded on our website later today at [www.peerlinktac.org](http://www.peerlinktac.org)
- An evaluation survey will appear on your screen at the closing of the presentation. Please stay on and complete the survey. Your input is important to us.

# Poverty and Mental Illness

*A conversation hosted by*

**Amy Zulich and Donita Diamata**

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### Donita Diamata

Donita Diamata began her career in advocacy in 1992 at The Mind Empowered, Inc., a peer-run non-profit, where she worked in their drop-in program. When the organization lost its funding in 1997, Donita collaborated with Beckie Child to start a new drop-in program, continuing The Mind Empowered's philosophy that all would be welcome, regardless of their current status in mental health or addiction services, their ability to pay for services, or their history with other services. Her work continued through Cascadia Behavioral Healthcare as Director of Consumer Affairs until 2006. Donita continues to advocate for improved services, empowered clients, and dramatic changes within the system.

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## Amy Zulich

Amy worked for four years in Oregon's brokerage system for adults with developmental disabilities helping individuals hire and supervise providers to meet their needs and achieve their goals. Most recently, she developed and coordinated programs at Empowerment Initiatives, a peer-run agency that provides mental health recovery brokerages and peer mentor services. She uses her personal and professional experiences with wellness and mental health recovery to power her service and advocacy efforts. Amy serves on Disability Rights Oregon's PAIMI (Protection and Advocacy for Individuals with mental Illness) Council and Multnomah County's Adult Mental Health and Substance Abuse Advisory Council. Amy is also on the board of directors of the Oregon Consumer/Survivor Coalition.

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**The World Health Organization has described poverty as the greatest cause of suffering on earth.**

**Poverty can reduce life expectancy  
by up to nine years.**

World Health Organization

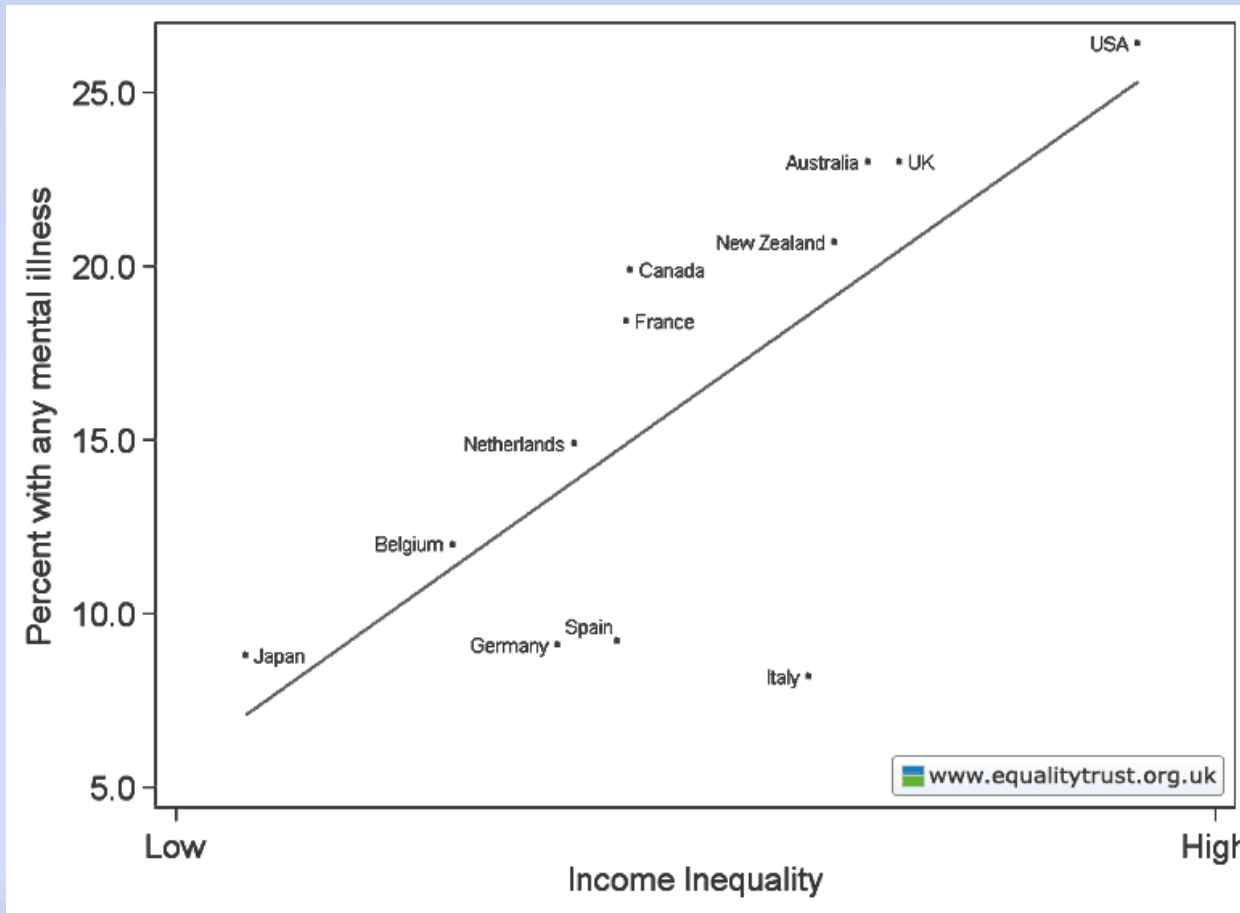
## Long-term unemployment can reduce life expectancy by up to seven years

World Health Organization



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People with mental health disorders make up 34% of all SSI (Supplemental Security Income) recipients (ages 18-64).

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SSI Recipients	Federal Poverty Guidelines*	Difference
\$8064	\$10,890	\$2826 (74%)

\*Federal Poverty Guidelines for 48 contiguous states and D.C.

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In 2010, as a national average, a person receiving SSI needed to pay 112 percent of their monthly income for a 1-bedroom apartment and 99 percent of their income for a studio or efficiency apartment.

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According to the Substance Abuse and Mental Health Services Administration, 20 to 25% of the homeless population in the United States suffers from some form of severe mental illness.

In comparison, only 6% of Americans are severely mentally ill (National Institute of Mental Health, 2009).

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- In a 2008 survey performed by the U.S. Conference of Mayors, 25 cities were asked for the three largest causes of homelessness in their communities.
- Mental illness was the third largest cause of homelessness for adults (mentioned by 48% of cities). For homeless families, mental illness was mentioned by 12% of cities as one of the top 3 causes of homelessness.

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A recently published large-scale, seven year study suggests that poverty, acting through economic stressors such as unemployment and lack of affordable housing, is more likely to precede mental illness than the reverse.

**\*Study by Christopher Hudson, PhD**

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Hudson's data shows mental illness to be three times as prevalent in low-income communities as in higher income ones. Other studies have shown the rate to be anywhere from two to nine times higher in poor communities.

**\*Ami Albernaz, January 12, 2011**



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**Cliff Wright: “You can help people recover from most anything, but if, at the end of the day, they don’t have what they need to take care of themselves, keep a decent roof over their heads-somewhere clean and safe, feed themselves healthy food, get the care they and their family need, have reliable transportation, and a few bucks for some comic relief-their efforts, your efforts, no matter how heroic, may end badly (~25 year premature death rate).**

**Randy Bosin: “Economic recovery and economic wellness or well-being or empowerment are integral and essential to recovery, and wellness more generally, just as they are for the non-consumer world.”**

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## Where do we go from here?

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## Supports and Services for Poverty Alleviation

- Financial Self-Sufficiency Education
- Micro-lending Programs and IDAs
- Educational Support Services
- Employment Support Services
- Benefits Planning/Work Incentives (ERWEs, PASS Plans, etc.)
- Non-medical Model Recovery Services
- General Community Mental Health Services

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## Peerlink Financial Self-Sufficiency Services:

- Money Basics Curriculum
- Money Basics Class - an 8-week course taught by peers for peers covering basic components of financial self-sufficiency. Participants will create their own Person-Directed Financial Empowerment Plan.
- Train the Trainer for Money Basics/Financial Empowerment Services in Peer-run Programs and Services

How do you think Peerlink could be a catalyst that for Financial Self-Sufficiency and the alleviation of poverty in the consumer/survivor community?

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Alternatives Conference October 2012:  
***Honoring Our History, Building Our Future***

October 10-14, 2012  
Portland, Oregon

What ideas do you have for making poverty a prominent topic at the conference?

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## WEBINARS

Next Webinar:

Thursday, March 15, 2012

**Negotiating Medication Concerns**

with

**Beckie Child**

*Register at [www.peerlinktac.org](http://www.peerlinktac.org)*

## Evaluation

At the conclusion of this webinar, please take a moment and complete evaluation survey that will appear after the webinar has closed.

Your input and comments are valuable to us and assist us in providing relevant programs.

Thank you.

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