Housing for people
with a psychiatric disability;
community empowerment,
partnerships and politics

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Table of Contents

Executive Summary .................................................................................. x

Declaration ................................................................................................ xiii

Acknowledgements ................................................................................... xiv

List of Acronyms ........................................................................................ xv

1 Introduction ............................................................................................. 1
   1.1 Research focus .................................................................................. 1
   1.2 Rationale ......................................................................................... 2
   1.3 The South Australian context ............................................................. 4
   1.4 Structure of the thesis ..................................................................... 6
   1.5 Conclusion ...................................................................................... 7
      1.5.1 A note on terminology: People with psychiatric disabilities ........ 8

2 The governance of mental illness and new public health interventions ...... 10
   2.1 Government, state policy and the potential for community empowerment ... 11
      2.1.1 Dispersed power, discourse and governmentality .................. 13
      2.1.2 Dispersed power and self-regulation .................................. 15
      2.1.3 Neo-liberal discourse, carers and consumerist participation strategies 16
      2.1.4 Medical discourse and governmentality ................................ 19
   2.2 Medicalisation critiques and community empowerment ..................... 20
      2.2.1 The impact of stigma on participation processes and community care/housing 22
   2.3 Alternatives to medical discourses on health: social determinants approaches ... 25
      2.3.1 Community participation as a key strategy of the new public health approach 26
      2.3.2 Value placed upon community participation in policy and planning .... 27
      2.3.3 Participation, professionals, elitism and ‘knowledge elites’ ............ 28
      2.3.4 Community participation and empowerment in the mental health context ... 29
      2.3.5 Problems with modes and processes for participation ............... 30
      2.3.6 Co-option by political parties or within neo-liberal strategies ........ 31
      2.3.7 Role of NGOs in participation, advocacy and reform ................. 32
      2.3.8 Intersectoral collaboration for healthy public policy ................. 34
      2.3.9 Intersectoral collaboration and community participation ............ 38
   2.4 Conclusions and implications for this research .................................. 39
      2.4.1 The capacity for empowerment through community participation .... 39
      2.4.2 Empowerment as access to resources determining health .......... 40
      2.4.3 Tension between citizen control and the need for professional support in participation processes 41
2.4.4 Intersectoral collaboration and community participation discourses across sectors 41
2.4.5 Intersectoral collaboration, new forms of governmentality and trust 42

3 The Policy Making Process 43
3.1 Traditional approaches to state policy making and critiques 43
3.1.1 The traditional ‘policy stages’ or ‘cycles’ approach 43
3.1.2 The 'garbage can' or 'multiple streams' approach to policy development 44
3.1.3 Institutional theory, political discourse, and policy implementation 48
3.2 Policy networks beyond the state 50
3.2.1 Structural interests, networks and ideas in health policy analysis 52
3.3 The role of discourses in policy development: social and critical constructionism 54
3.3.1 The social and political acceptability of evidence for policy 54
3.3.2 Contextual constructionism, problem representation and voices and silences in policy debates 56
3.4 Policy development, accountability and cross sector policy 61
3.5 Conclusions and Implications for this research 62
3.5.1 Policy development theory and the role of discourse 63
3.5.2 The role of community groups within policy, and the attitudes of professionals towards participation at a policy level 63
3.5.3 Policy making and social constructionism 64
3.5.4 Policy networks, ideas and views of policy change 65

4 Research Approach and Methods 67
4.1 Research Approach: View of Knowledge and Practice held 67
4.2 Researcher background and connection to the researched 72
4.2.1 Educational background 72
4.2.2 Work experience 73
4.2.3 Personal experiences 75
4.3 Research Methodology 76
4.3.1 Embedded Case Study 77
4.4 Research Design 78
4.4.1 Study Aims and Research Questions 78
4.5 Methods of Data Collection 80
4.5.1 Stage One Review of Policy Context, Sampling and Administrative Procedures 80
4.5.2 Stage Two Community Participation Mechanisms 87
4.5.3 Stage Three Interviews with Public Servants 92
4.5.4 All Stages Field Diary 99
4.6 Methods of Data Analysis 99
4.6.1 Stage One Data Analysis 99
4.6.2 Stages Two and Three Data Analysis 100
4.7 Generalisability and Validity 101
5 Mental Health and Housing Policy Context ____________________________ 105

5.1 Common themes across national policy ____________________________ 107

5.1.1 Increased privatization across sectors consistent with neo-liberalism ________ 107
5.1.2 Intersectoral linkages, bilateral agreements, and access to government programmes 109
5.1.3 Competing concepts of health and disability within national policy documents __ 111
5.1.4 Changing definition of the ‘rights’ of people with a psychiatric disability in national mental health policy ____________________________ 114
5.1.5 Tension in the way carers are perceived in national policy; as resources or people with moral obligations to care, or people requiring support________________________ 115
5.1.6 Crisis response and lack of political will ____________________________ 116

5.2 South Australian Mental Health Reform Policy Context _______________________ 118

5.2.1 Slow progress in National Mental Health Strategy objectives, ongoing review of mental health, reform across sectors ____________________________ 118
5.2.2 Access to resources under bi-lateral programmes ____________________________ 120
5.2.3 Affordable and High Needs housing strategies in state policy________________________ 120

5.3 State level community participation trends ____________________________ 123

5.3.1 Different cultures of community participation processes across sectors in South Australia ____________________________ 123
5.3.2 Carer invisibility, carer support and carer recognition________________________ 128
5.3.3 Narrow definition of the rights, anti-discrimination legislation excluding psychiatric disability ____________________________ 129

5.4 State level programmes and policies for intersectoral collaboration _______________ 130

5.4.1 Project based initiatives and relationships, separate strategic policy networks __________ 130
5.4.2 Responsibility for housing people with a psychiatric disability: intersectoral collaboration and the Social Inclusion Unit ____________________________ 132

5.5 Conclusion___________________________________________________________ 134

6 Perceptions of housing problems and policy solutions ________________ 136

6.1 How were problems and policies conceived? ____________________________ 137

6.1.1 Different emphasis on resources or intersectoral links, different perspectives on neo-liberal policy solutions ____________________________ 137
6.1.2 Feedback mechanisms and the interpretation of problems: political acceptability of evidence and the national reporting context ____________________________ 143
6.1.3 Different categorisation of problems and solutions proffered, and overlooking the connections between problems ____________________________ 144
6.1.4 The effect and interpretation of budgetary constraints and protectors________ 153
6.1.5 The perceived urgency of problems and what was being advocated for: consumer and carer perspectives ___________________________________________________________ 157
6.1.6 The influence of crisis events on mental health policy ___________________________________________________________ 160
6.1.7 The effect of community and institutional stigma, the media and political and government commitment ___________________________________________________________ 161
6.2 Conclusion ___________________________________________________________ 165

7 Intersectoral links, discourses on disability, and the impact of governance reform ___________________________________________________________ 167
7.1 The extent of and barriers to intersectoral linkages ___________________________________________________________ 167
7.1.1 Mismatch between national and state policy on intersectoral linkages, linkages across departments ___________________________________________________________ 167
7.1.2 Cross sectoral policy network structures, consumer groups and NGOs ___________________________________________________________ 173
7.1.3 Processes and resources for collaboration ___________________________________________________________ 175
7.1.4 Bilateral agreements, programme guidelines and the goals of bureaucrats ___________________________________________________________ 178
7.1.5 Integrated organisational structures and policy networks ___________________________________________________________ 180
7.1.6 Vertical linkages, stakeholder trust and the impact of within sector reform ___________________________________________________________ 182
7.1.7 Professional cultures and ideologies: Leadership and ownership ___________________________________________________________ 186
7.1.8 Relationships, commitment and protocols for cross-sector collaboration ___________________________________________________________ 188
7.1.9 Contracting out and within sector ‘market governance’ ___________________________________________________________ 189
7.2 Conclusion ___________________________________________________________ 191

8 NGOs and Consumer and Carer Groups’ Influence on Policy ___________________________________________________________ 193
8.1 Different perspectives on the role of NGOs and Consumer groups in policy across sectors ___________________________________________________________ 194
8.1.1 Public servants perspective on the role of community groups on policy ___________________________________________________________ 194
8.1.2 Involvement of Consumer Representatives and NGO groups in reform and policy processes across sectors ___________________________________________________________ 196
8.1.3 What were NGOs and consumer groups participating within or advocating for? ___________________________________________________________ 199
8.1.4 NGOs and the contractual environment: advocacy and service provision roles ___________________________________________________________ 202
8.2 Examples of successful and unsuccessful lobbying activity regarding housing and related support ___________________________________________________________ 205
8.2.1 Community Housing Council of South Australia and Disability Forum, and Affordable Housing Strategies ___________________________________________________________ 206
8.2.2 Shelter SA and Resistance to Changes to Disruptive Tenants Policies ___________________________________________________________ 208
8.2.3 Mental Health Coalition of South Australia, Psychiatric Rehabilitation Support Services and Supported Accommodation ___________________________________________________________ 213
8.2.4 Mental Health Reform Alliance and Social Rehabilitation Resources ___________________________________________________________ 216
8.3 Consumer and Carer Participation in mental health policy and services ___________________________________________________________ 219
8.3.1 Changes in the ‘political stream’ affecting community participation ___________________________________________________________ 219
8.3.2 Consumer and carer representation vs. accountability ___________________________________________________________ 221
8.3.3 Professional accountability and consumer representation __________________ 223
8.3.4 Bureaucratic and political accountability _______________________________ 225
8.3.5 Carer involvement and perspectives in participation processes and professional accountability ___________________________________________________________ 227
8.4 Conclusion_________________________________________________________________ 229

9 Conclusion ____________________________________________________________________ 232
9.1 Summary of findings ______________________________________________________ 232
9.1.1 Intersectoral collaboration questions ______________________________________ 232
9.1.2 Housing for people with psychiatric disability on policy agendas_________ 235
9.1.3 Community empowerment as determined by influence upon policy processes and outcomes ________________________________________________________________ 236
9.1.4 Discourses within community participation groups and processes ___________ 238
9.1.5 The impact of carers upon housing issues for people with a psychiatric disability 241
9.1.6 Professional and bureaucratic control over participation ___________________ 241
9.1.7 Governments’ role in terms of preventing stigma and discrimination _________ 243
9.2 Generalisability and consistency with previous theory and literature ________ 244
9.2.1 Findings consistent with previous research _____________________________ 244
9.2.2 Findings consistent with policy theory_________________________________ 245
9.2.3 Findings in the thesis that did not fit with available literature or theory ______ 247
9.2.4 Findings in the available literature or theory that did not appear in the thesis___ 250
9.3 The role of the researcher _______________________________________________ 251
9.4 Limitations___________________________________________________________ 252
9.5 Implications and Recommendations ______________________________________ 253
9.5.1 Policy networks: Government partnerships with NGOs and community groups, and cross sectoral lobbying networks ____________________________________________ 253
9.5.2 Policy change, cross sectoral policy networks and public forums _______ 255
9.5.3 Tackling community stigma__________________________ 256
9.5.4 Supported housing models and support linked to existing housing programmes 258
9.5.5 Carers role within policy, programmes and treatment _____________________ 260
9.6 Scope for future research________________________________________________ 261
9.7 Epilogue_____________________________________________________________ 263

10 Appendices ______________________________________________________ 265

Appendix 1 Descriptions of Interviewee IDs ________________________________ 265
Appendix 2 Participant observation themes _________________________________ 267
Appendix 3 Questions for focus groups with NGOs _______________________ 268
Appendix 4 Questions for leaders of community groups ____________________ 270
Appendix 5 Questions for focus groups with consumers & carers ________________ 272
Appendix 6 Questions for interviews with professionals ______________________ 273
Appendix 7 Aims, mission and Terms of Reference of NGOs groups observed____ 276
List of Tables and Diagrams

Table 1: Discourses on Disability (Fulcher 1989) ................................................................. 60
Diagram 1: Overall Research Design ....................................................................................... 80
Table 2: Stage one analysis of policy documents: Documents included in the thematic analysis of policy .................................................................................................................. 83
Table 3: Summary of Stage 2A with NGOs .............................................................................. 87
Table 4: Summary of Stage 2B with state level consumer carer groups .................................. 91
Table 5: Summary of Participants in Interviews and Focus Groups ........................................ 93
by Sector and Agency ............................................................................................................ 93
Table 6: Key policies, legislation and reviews affecting Housing and Mental Health Sectors since the National Health & Mental Health Strategies and National Housing Strategy 1990-2005 .......... 106
Diagram 2: Selected Indicators of Change in the Private Psychiatric Hospital Sector (DHA 2003) 108
Diagram 3: Spectrum of Interventions for Mental Health (Revised) (AHM 2003) .................. 113
Diagram 4: Decline in Social Housing Stock in South Australia (DFC 2005) ......................... 121
Table 7: Structures and Plans for Community Participation into Mental Health policy and programmes during the period of the South Australian mental health reform (2000-2005) ........ 124
Diagram 5: Factors impacting upon intersectoral collaboration ............................................. 175
Table 8: NGO recognition and prioritisation of housing issues ............................................... 200
Table 9: Researcher summary on the reasons for limited NGO advocacy and policy participation activity regarding housing and linked support ..................................................... 201
Table 10: Example of successful lobbying within sector using Kingdon’s (2003) multiple streams framework: Affordable Housing ................................................................. 207
Table 11: Example of successful lobbying to resist policy change using Kingdon’s (2003) multiple streams framework: Difficult and Disruptive Tenants Policy .................................. 209
Table 12: Example of unsuccessful outcomes in lobbying using Kingdon’s (2003) multiple streams framework: Supported Accommodation ........................................................................ 214
Table 13: Example of successful lobbying using Kingdon’s (2003) multiple streams framework: Social rehabilitation support services 2005 ................................................................. 216
Diagram 6: Comparing NGO and state level Consumer Groups’ influence on policy ............... 246
Table 14: Brief Description of Interviewee IDs by Sector ......................................................... 265
Diagram 7: Changes in per capita spending mix 1992-03 1999-00 South Australia (DHA 2002) 297
Diagram 8: Total inpatient and 24 hour staffed residential beds per 100,000 at June 2000 by state and territory (DHA 2002) ...................................................................................... 299
Diagram 9: Total inpatient beds per 100,000, South Australia (DHA 2002) ......................... 299
Diagram 10: Funding to non government organisations as a percentage of total spending on mental heath services (DHA 2003) ........................................................................... 300
Diagram 11: MBS Consultant Psychiatrists, percentage changes in patients seen, number of providers, services and benefits per capita 1993-94 to 2001-02 (DHA 2003) ......................... 302
Table 15: General problems raised regarding housing for people with psychiatric disability Across Sectors and related solutions and concepts of ideal housing ............................................. 304
Table 16: Indicators of problems related to housing for people with a psychiatric disability referred to by respondents within specific sectors

Table 17: Gaps previously identified on information or feedback mechanisms in government programmes (2000-2005)
Executive Summary

This research examined intersectoral relationships and community participation in policy processes across the mental health and housing sectors. The focus was on the development of suitable housing options for people with a psychiatric disability. The study period covered five years of mental health system reform in South Australia (2000-2005). The research found a shortage of housing and support options for people with psychiatric disability and lack of significant strategic policy coordination or ongoing cross-sectoral programmes. The problems faced by people in gaining access to housing and disability support services and the ways in which families provide housing or support in the absence of public services are documented.

This case study used qualitative research methods which were triangulated across four stages: 1) a thematic analysis of national and state policies in the health, housing and disability sectors; 2) participant observation of NGO activity, a thematic analysis of NGO documents, and interviews and focus groups with NGOs; 3) interviews and focus groups with consumer and carer representatives and a thematic analysis of the minutes from state-level groups; 4) interviews with professionals from the health, housing and disability sectors

The housing situation for people with psychiatric disability was explained in terms of a number of key issues in the policy environment;

- The overarching neo-liberal policy context synonymous with a decline in public housing resources and increasing tension between NGOs service provider and advocacy roles.

- The political nature of the local mental health policy context and lack of political commitment to ongoing resources. Broad community stigma reflected in the media and government, affecting ongoing political commitment to mental health and housing and the introduction and progress of housing ‘projects’.

- The slow development of peak NGO and consumer organisations and alliances in South Australia which affected access to policy networks and contributed to the dominance of professional interests within policy
processes.

- The separation of health, housing and disability policy and networks within and across levels of government. This was associated with bilateral agreements (between Australian and state governments) tied to resources within departments, the programme objectives and the goals of bureaucrats.

- The separation of policy networks by sector was also connected to the dominance of bio-medical discourses and interventions and associated professional interests in the health policy sector. Medical discourses on health and disability and ‘consumerist’ discourses on participation also led to social determinants of health such as housing being overlooked within policy processes.

- Governance reform at a state level contributed to organisational instability within departments, causing some problems for cross-sectoral initiatives and protocols.

Kingdon’s (2003) multiple streams analysis of policy helped to explain what missed or reached political agendas within each policy sector of the case study. Kingdon predicts that the unity of policy networks is important for the realization of policy solutions, and the lack of unity in policy sectors was an obstacle to policy agendas on housing for people with a psychiatric disability. However, the way in which problems were being represented (Bacchi 1999) was also important to understanding this policy environment. For example, a medical discourse on disability (Fulcher 1989) tied to the health sector led to a narrow focus on clinical mental health services. Similarly, neo-liberal discourse (Dean 1999) supported private housing solutions and resources or NGOs advocating ‘within sectors’ for the types of services they already provided or wished to provide.

The case study suggested strategies for ‘policy change’ need to address a number of factors across service delivery, policy and political realms. Firstly, better recognition is warranted of the difficulty experienced by many people with psychiatric disability in achieving stable housing, and the need for indicators on housing access and stability for this group. Secondly, processes to address stigma (particularly that perpetuated in the media) will be instrumental for policy change and political
commitment. Thirdly, ongoing cross sectoral advocacy and alliances require development at both a national and state level and support by a political culture which encourages advocacy. Developing processes for working across sectors such as policy learning forums involving both experts and community groups could counter problems arising from professional culture and territories that were documented in this study. Finally, the cross-sectoral development of policy, programmes and accountability mechanisms and the stability of policy networks will be important to ensuring stable housing for people with psychiatric disability.
Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due references is made in the text.

Signature of Student

______________________________________________
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### List of Acronyms

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Australian Broadcasting Commission</td>
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<td>ACF</td>
<td>Advocacy Coalition Framework</td>
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<td>AGD</td>
<td>Attorney General's Department</td>
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<td>AHM</td>
<td>Australian Health Ministers</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>ANF</td>
<td>Australian Nursing Federation</td>
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<tr>
<td>CDHAC</td>
<td>Commonwealth Department of Health and Aged Care</td>
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<td>CDHA</td>
<td>Commonwealth Department of Health and Ageing</td>
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<tr>
<td>CHCSA</td>
<td>Community Housing Council of South Australia</td>
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<td>CRA</td>
<td>Commonwealth Rent Assistance</td>
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<td>CSDA</td>
<td>Commonwealth State Disability Agreement</td>
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<td>CSHA</td>
<td>Commonwealth State Housing Agreement</td>
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<tr>
<td>CSTDA</td>
<td>Commonwealth State Territory Disability Agreement</td>
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<td>CoA</td>
<td>Commonwealth of Australia</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>CSOs</td>
<td>Civil Society Organisations</td>
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<td>DFC</td>
<td>Department for Families and Communities</td>
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<td>DHS</td>
<td>Department of Human Services</td>
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<td>DPC</td>
<td>Department of Premier and Cabinet</td>
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<td>FACS</td>
<td>Family and Community Services</td>
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<td>Acronym</td>
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<td>FHOG</td>
<td>First Home Owners Grant</td>
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<td>HREOC</td>
<td>Human Rights and Equal Opportunity Commission</td>
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<td>MHCA</td>
<td>Mental Health Council of Australia</td>
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<td>MHCSA</td>
<td>Mental Health Coalition of South Australia</td>
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<td>National Mental Health Strategy</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>OPA</td>
<td>Office of the Public Advocate (South Australia)</td>
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<td>Public Private Partnership</td>
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<td>Social Inclusion Unit</td>
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<td>SCRGSP</td>
<td>Steering committee for the review of government service provision</td>
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<td>SDCPSA</td>
<td>Social Development Committee, Parliament of South Australia</td>
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<td>WHO</td>
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