

What policy approaches are needed to ensure that people with psychiatric disabilities have access to appropriate housing?



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Background

- Research study into the period of men in **South Australia 2000-2005**
- Key question:
 - What policy approaches are needed for people with psychiatric disabilities to have appropriate housing?



Methods

Stage 1: POLICY REVIEW

Review of key national and state mental health, housing (& disability) policies 2000-2005 & thematic analysis

Stage 2: COMMUNITY PARTICIPATION

Explore what NGO advocacy groups & State level Consumer/Carer groups have input into & advocated for and progress/challenges.

Stage 3: INTERSECTORAL LINKS

Public servants' perceptions on collaboration & participation & housing, examples of successful collaboration efforts.

91 participants:

52 professionals in Participant Observation of NGOs & 10 NGOs in Interviews & Focus Group

Interviews and focus groups with 7 Consumer & Carer Reps and 2 Professionals working with state level groups

Interviews (20) X Sectors

Housing & social isolation problems

- Limited disability support resources linked to housing, vocational & recreational options, neighbourhood stigma and poor knowledge of mental illness in the community



Findings: Factors shaping policy responses

- Political-economic framework
- Community discourses/stigma influencing the media and policy environment
- Extent of cross sector collaboration
- Different professional cultures and discourses in each sector
- Nature of government and bureaucratic organisation, funding and planning

Overarching political-economic framework

- Neo-liberalism: declining resources committed to public housing, privatisation, NGOs as service providers
- Less resources: to refer to (housing), to enable reform of MH & for collaboration
- Widespread need identified for additional public housing and support resources

Quote

NGO health sector professional:

Firstly, I answered in terms of accommodation support which obviously comes up all the time – 100%...Accommodation is definitely in the forefront of conversation with a lot of members, whether they be carers who are often saying we have adult children with mental illness living with us who, by way of example, the Mental Health Services have said they can no longer provide services for because their needs are too great; not too little, but too great.

Community stigma

■ Community stigma, reflected in government and media, seen to influence the policy environment

.....and ultimately political and bureaucratic commitment & resources for mental health



Not in our backyard

Rehab plan upsets Mile End street

By NICK BOWEN

A GROUP of Mile End residents is maintaining opposition to a centre treating people with mental health issues opening in their street.

While more than 500 people last year signed a petition opposing such a centre – and fellow Lurline St resident and Federal (ALP) MP **Steve Georganas** saying he still has “great concerns” – the State Government last week announced it would convert the former Ashford Hospital, in Lurline St, into Elpida House, a rehabilitation centre for the mentally ill.

SA Mental Health Minister **Gail Gago** said the centre would house up to 20 mentally ill people not considered “a risk to themselves or other people”. Patients would admit themselves voluntarily but while the centre would be staffed 24-hours, they would be free to come and go.



OPPOSITION: Mile End residents Leah Rosethal and Patrick O'Malley, two of more than 500 residents who oppose the mental health centre.
Picture: Ian Roddie 90074

Quote

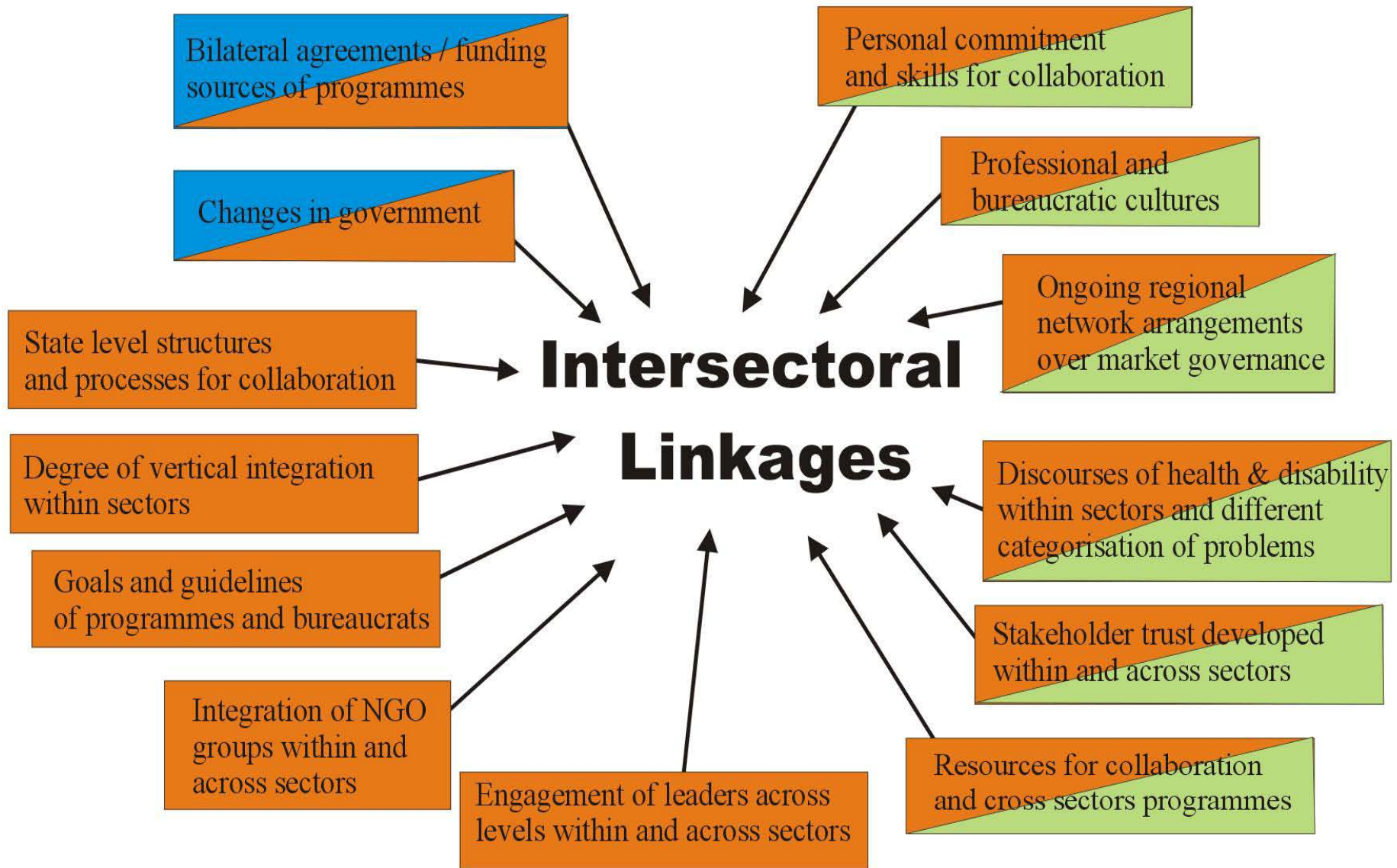
Housing/disability sector bureaucrat:

So, one of the major barriers I think is community attitude and the political nature of the beast, because it is highly political and you've seen the debate going on in mental health, will be, and health will be a key election issue and it gets politicised. When anything's politicised to a certain extent, I think you'll have decisions that are influenced by those policies at times.

Quote

MH Consumer representative:

I think the biggest influences on the government and its policy is X (radio presenter); its the media, the media, the media, and then from the media, the public perception of what's going on. Like psychotropic, knife-stabbing schizophrenic; the media, the media, the media, the portrayal in the media...People ring the radio to have a bitch and away you go. An the politicians listen, that's all tracked apparently and documented.



Regional level



State level



National level



Intersectoral collaboration

- Little strategic collaboration - Sectors different 'policy subsystems' (Sabatier & Jenkins-Smith 1999) with little integration
- Lack of intersectoral collaboration at a strategic policy level influencing housing problems for people with a mental illness

Agreements between sectors

- Separate bilateral agreements between federal and state governments (CSTDA, CSDA, AHCA) not co-ordinated
- Agreements – tied to funded sectors & programme objectives – leading to competing goals, guidelines and accountability mechanisms in funded programmes
- Influencing the ‘responsibilities’ of levels of government & public servants
- Housing & disability sectors were also seen as being reluctant to cater for people with a psych disability

Mentally ill homeless left to states

by Patricia Karvelas
Adam Cresswell



Cross government policy
development

THE mentally ill who have suffered because of the past policy of closing down psychiatric hospitals are no closer to being helped under the Howard Government's \$1.8 billion health announcement yesterday.

The package, which was designed to ease the crisis in mental health, still leaves it up to the states to solve the problem of people roaming the streets or those whose elderly parents can no longer care for them.

And the state governments failed yesterday to commit to building accommodation facilities, instead promising more discussion on the topic.

John Howard yesterday announced 650 extra places to help up to 15,000 families per year.

This service would allow families caring for someone with chronic mental problems to place their relative in a facility overnight to give them a break.

But the package does not fund new accommodation services to provide 24-hour care for the people most in need. As revealed by *The Australian* two weeks ago, the biggest chunk — around one-third — of the Government's cash injection is earmarked to pay for massive expansion of services by psychologists.

It will allow GPs and psychiatrists to refer patients to them and for the psychologists' services to be subsidised under Medicare.

"These initiatives will need to be complemented by an investment from states and territories in the areas of supported accommodation, improvements to hospital and emergency crisis services and the care of young people in prisons with mental illness," the Prime Minister said.

Mental Health Council chief executive John Mendoza yesterday said the government package was a "first step" but the federal Government still has a role in establishing accommodation in conjunction with the states.

"I don't think the states can do it on their own," he said.

The Australian 6th April 2006

Intersectoral collaboration

- Failure to recognised the overlaps been a range of problems
- Lack of 'common view' of problems and interplay between them – also leading to lack of responsibility for policy problems
- Also helps to explain lack of 'agenda setting' for housing in MH & vice versa

Quote

Health sector public servant:

I still think there's a long way to go to recognise the intersection between housing, mental health, criminal justice interface and to me we've got to bring that together if we're going to think about the health of our community rather than treating them all as separate things. There's still a recognition there that for us to have a, what's the word, a vibrant society we've got to somehow or other stop compartmentalising or seeing these things as outside the square rather than central to it.

Discourses on health, housing, disability

- Different discourses leading to different perceptions of policy problems & affecting collaboration efforts
- Dominant medical view of health critique



Within sector solutions and problems

- Within sector advocacy networks had led to 'within sector' problems & solutions
- People with MH problematised as 'disruptive tenants' within the housing sector – separate housing solutions supported
- Overlooking 'cross sectoral' problems

Professional cultures

- Professional cultures/hierarchies affecting cross sectoral collaboration in service delivery
- Also some historical professional resistance to deinstitutionalisation and community care models
- Privacy and confidentiality practices also posing problems for collaboration

Reform processes

- Reform within sectors, tied to changes in govt, caused major problems for intersectoral collaboration and projects
- Professional resistance to MH reform also related to stakeholder (dis) trust in reform processes



Value of SA Strategic Plan

- Trouble for state level Social Inclusion drawing together separate sectors & interests, with attempts to develop ownership through SA strategic plan.
- SA strategic plan – creating ownership over policy problems

Quote

Housing sector public servant:

I think the question has been thrown at us, either intentionally or unintentionally, by saying you basically need to show more initiative around what is your area of responsibility and how you can help other parts of government, if you like, by contributing to those [State Strategic Plan] targets.

Policy approaches to promote better housing outcomes

Strategies to promote better intersectoral collaboration

- Cross sectoral advocacy – for policy agenda setting & countering within sector interests
- Integrated government structures & mechanisms for pulling sectors together – for policy implementation
- Common accountability targets and mechanisms

Policy approaches to promote better housing outcomes

- Tackling community stigma – and thus the social-political acceptability of proposals
- Getting the media onside
- Development of cross sector policy networks – involving community participants (breaking down established views/discourses + stigma)
- Working with neighbourhoods when introducing housing models

Policy approaches to promote better housing outcomes

■ Tackling professional resistance to reform & collaboration

- collaborative reform with sectors – engaging stakeholders (workforce) ‘bottom-up’ support
- engaging professional leaders across levels of government in MH sector when introducing X sectoral programmes
- challenging medical discourses on health and disability via collaborative policy forums

Housing models

- Cross sectoral programmes which separate management of tenancy and support functions considered best practice
- Need to link housing, disability support, clinical care (integrated service models), vocational and recreational options
- Housing models which address social and geographical isolation – family friendship networks, resources
- Consider user preferences for housing

Conclusions

- Strong connection between policy networks and ideas or conceptions of problems (& solutions)
- Stable, cross sectoral networks important for policy agenda setting on housing for people with disability
- Engaging leaders & Integrated processes/structures also important for implementation – but reform processes can effect collaboration in a negative way
- Community stigma must be tackled to challenge the social-political acceptability of policy proposals on housing for people with a psych disability
- Better housing models must be developed which meet the social, economic and health needs of people with mental illness or psych disability

Further information

■ Published PhD Thesis:

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

– See South Australian Policy online