Lynda Crowley-Cyr

Homelessness, Mental Illness and the State

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An Endless Crisis of Suffering and Exclusion

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CHAPTER 1 INTRODUCTION

Plus ça Change, Plus c'est la Même Chose

The more things change, the more they stay the same
Alphonse Karr, Les Guêpes (The Wasps) 1849

Twenty-first century Australia, we are told, is experiencing unprecedented prosperity. Indeed, in early 2008 unemployment reached a 33 year low (4.2 per cent), economic growth was strong,[1] and the private property market was booming—leading many to assume that Australians are living a life of affluence and comfort.[2] Indeed, if the former Prime Minister is to be believed, Australians 'have never had it better'. In a 2007 pre-election speech that relied heavily on rhetoric and passion in his commitment to more 'entrepreneurial' government, John Howard proudly declared Australia no longer a 'welfare state'.[3] Yet despite Australia's transformation in the last few decades, there are some who are faring less well in this landscape of apparent opportunity and prosperity.

My purpose in writing this book is to cast some light on the lives of those who live in the shadows of the dominant impression of affluence—notably, homeless people disabled with mental illness.[4] In essence, this book is about the state's failure, past and present, to properly care for and keep safe its profoundly disadvantaged citizens through the provision of appropriate housing and support services. Indeed, none of the changes and 'reform' interventions impelled by modernising processes over the last few centuries has effectively addressed the extreme suffering experienced by mentally ill people which is associated with their exclusion. It is a phenomenon that, whether as welfare state or enterprising state, rich capitalist nations like Australia have been unable and/or unwilling to successfully address. This gives poignancy to the ALP Prime Minister Rudd's identification of homelessness as an early priority for the new Government.[5] This book provides a

[1] The 2007-2008 National Budget provides for an underlying cash surplus of $10.6 billion. It represents a 10th consecutive budget surplus. See 'Budget at a Glance' at the Federal Government's website, <http://www.budget.gov.au/2007-08/overview/html> at 2 November 2007.

[2] See for instance, C Hamilton and R Denniss, *Affluenza: When Too Much is Never Enough* (2005).

[3] Sid Marris (Political Editor). 'We're not "welfare state"', *The Australian* (Sydney), 8 November 2007, 10.

[4] Estimates since the late 1980s suggest that about a quarter to a third of Australia's homeless population has a mental illness. See National Health and Medical Research Council, *Mental Health Homeless and Severe Mental Disorders Monograph Series No 2*, Report of the Health Care Committee Expert Panel (1991) 4; JP Morrissey and IS Levine, 'Researchers Discuss Latest Findings, Examine Needs of Homeless Mentally Ill Persons' (1987) 38 *Hospital and Community Psychiatry* 811-12; Helen Herrman, et al, 'Prevalence of Severe Mental Disorders in Disaffiliated and Homeless People in Inner Melbourne' (1989) 146 *American Journal of Psychiatry* 1179.

[5] The incoming Rudd Labor Government's, *A Place to Call Home* plan, consists of investing $150 million over five years to establishing up to 600 new houses and units for homeless individuals and families. See Kevin Rudd, 'A Place

case study of the legacy left to the incoming government by historical policies and programs and in particular, the foundation laid by the eleven years of Howard Government policy in this area. The law and policies discussed in this book were accurate as at February 2008, hence I do not purport to forecast the future direction of the Rudd Labor Government or assess the changes introduced by it.

In modern western democracies the historical solution to the problem of properly caring for indigent mentally ill people has been the welfare state institutions, which sought to provide security in the form of relief and care to all citizens. The state's 'responsibility' for keeping its citizens and society safe is expressed in the ideas of social-contract liberalism and contemporary manifestations such as the Keynesian welfare state in the post-war period.[6] A concept of citizenship championed by TH Marshall emerged in the mid 20th century following the Second World War forming the basis of the political and policy frameworks of the classical welfare state model.[7] It involved concepts of ambiguous *rights* and *responsibilities*.[8] The rights borne by everyone were to participate as 'social beings' and be 'saved' from the 'habituation to idleness'.[9] Responsibilities were largely moral ones. The social contract with the state was on the basis that it would ensure the 'material conditions' were present for the rights to be exercised.[10]

The citizenship model of the Keynesian welfare state met with serious challenge in the latter part of the 20th century. Developments informed by neo-liberal ideology in the late 1970s onwards emasculated it, leaving it hollowed out.[11] The old framework was restructured into a regime reliant on the new public management (NPM) of re-invented governments supported by ideas of

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to Call Home-Federal Labor's Plan to Build More Homes for Homeless Australians' (Media statement 5 November 2007) <http://www.alp.org.au/media/1107/mshoulo050.php?mode=print> at 11 November 2007.

[6] Jean Jacques Rousseau, *The Social Contract* (Maurice Cranston, trans, 1968).

[7] The dominant post war view of citizenship was heavily influenced by the work of T H Marshall and defined almost exclusively in terms of the possession of political, civil and social rights. According to Marshall, full citizenship status depends on the co-existence of these three components in equilibrium with each other (at least, as Dean and Melrose postulate, to the extent that they embody opposing principles). See TH Marshall, *Citizenship and Social Class* (1952). Also, H Dean and M Melrose, *Poverty, Riches and Social Citizenship* (1999).

[8] For a useful summary of the evolution of rights and responsibilities in the UK welfare state: See David Freud, *Reducing Dependency, Increasing Opportunity: Options for the Future of Welfare to Work: An Independent Report to the Department for Work and Pensions* (2007).

[9] Ibid 1.

[10] Terry Carney and Gaby Ramia, 'Contractualism and Citizenship: Rivals or Bedfellows?' (2001) 18(2) *Law in Context* 8, 13.

[11] See for instance, David Schmidtz, 'Mutual Aid' in David Schmidtz and Robert Goodin (eds), *Social Welfare and Individual Responsibility, For and Against* (1998); Anthony Giddens, *The Third Way: The Renewal of Social Democracy* (1998).

'contractualism'[12] (as championed by writers like Yeatman[13]), and 'mutual obligations' (as espoused by Mead[14]) rather than rights.[15] Other significant developments included the loss of state autonomy in the face of pressures from globalisation, the rise of 'disorganised capitalism'[16] and dramatic structural change to the labour market, the freer play of international economic forces, and the diversification of the 'common culture'.[17]

For those citizens previously locked away in large state asylums, the late 20th century would mean a return to their lives in the community with promises of a better life, improved opportunities, more choices and chances for self-sufficiency. Everyone would be freed up to pursue their self-enterprising goals and aspirations. Self-achievement and aiming for one's personal 'best' were the new catch cries. All of these inspiring and laudable aims were promised with limited interference from the enterprising state.

Both the Right and Left of politics have developed versions of a concept of 'active' citizenship. Both oppose 'passive' citizenship—a condition some critics argue was fashioned by the welfare state. Since the 1980s, the welfare state's nurturing of a culture of dependency by providing entitlements to the disadvantaged, without improving their life chances was to blame for such a condition.[18]

In less than half a century, most advanced capitalist states, including Australia, have moved away from perceptions of the state providing welfare in the form of assistance to its citizens from 'cradle to grave'. Instead, 'dependency' has been stigmatised. The neo-liberal enterprising state that evolved since the 1980s has responded by distancing itself from its welfare delivery functions, adopting instead greater monitoring and regulatory roles as citizens are compelled to prove their eligibility and deservingness of assistance.

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[12] Based in part on a 'revival' of earlier 17th and 18th century notions of the 'social contract' between citizens and the state and among citizens. Carney and Ramia, above n 10, 15. Also Paul Havemann, 'Social Citizenship, Re-commodification and the Contract State' in E Christodoulidis (ed), *Communitarianism and Citizenship* (1998).

[13] Ana Yeatman, 'Interpreting Contemporary Contractualism' in Jonathan Boston (ed), *The State Under Contract* (1995) 124-39.

[14] Lawrence Mead, 'Citizenship and Social Policy: TH Marshall and Poverty' in E Paul, F Miller and J Paul (eds), *The Welfare State* (1997) 197-230.

[15] Havemann, above n 12; Carney and Ramia, above n 10.

[16] Claude Offe, *Disorganized Capitalism* (1985).

[17] Carney and Ramia, above n 10, 13.

[18] W Kymlicka and W Norman, 'Return of the Citizen: A Survey of Recent Works on Citizenship Theory' (1994) 104 *Ethics* 352, 355-6.

In Australia, 'obligation' represents a shift from a needs-based distribution of welfare by a central welfare state bureaucracy founded on ideas of deserts-based entitlement and citizenship rights, to thinking that emphasises obligations of providers and recipients. The discourse of entitlement has given way to the principle of 'no rights without responsibility'.[19] Relief based on this principle requires people on unemployment benefits or welfare dependency schemes to give something back—or as Eva Cox puts it 'repay the taxpayer'[20] so as to meet their obligations to society. Although such notions of reciprocity are not novel in political ideology, there is concern that mutual obligation has revalidated resorting to extensive sanctioning and penalties for those unable to pay, or who do not qualify as 'deserving' of publicly funded services.[21] Having a psychiatric disability and being homeless or at risk of homelessness may no longer be enough to become automatically eligible for public housing or housing assistance.

In a quest for economic success, governments in capitalist countries now plays a different role. It plays a catalytic role in establishing policy priorities but distinguishes itself sharply from delivering services according to these priorities.[22] David Osborne and Ted Gaebler called this approach 'steering rather than rowing' in their United States best-seller about the NPM, *Reinventing Government*.[23] Australia's government has adopted much of this approach. It has also been mission-driven and result-orientated through the funding of outputs instead of outcomes. The consequences of these changes are shown in this book to have created a problem matching good intentions with good results. The trade-offs for outsourcing human services to achieve efficiency and cost-effectiveness in delivery, is service quality and quantity—often leaving the most vulnerable and profoundly disadvantaged still suffering and in need. Indeed, *more of the same*.

---

[19] For various critiques and discussion see, for example, Giddens above n 11, 65; Patricia Harris, 'From Relief to Mutual Obligation: Welfare Rationalities and Unemployment in 20th Century Australia' (2001) 37(1) *Journal of Sociology* 1, 13; Paul Havemann, 'Third Way and Global Human Rights Perspectives' (2000) 9 *Waikato Law Review* 75, 77; ABC Television, 'Pearson Calls for End to Passive Welfare' *The 7:30 Report*, 14 November 2005 <http://www.abc.net.au/7.30/content/2005/s1506518.htm> at 12 December 2005. Pearson's voice is heard loudest by policymakers on the responsibility issue as illustrated in the Queensland Government's latest policy to establish the 'Family Responsibilities Commission' <http://www.brisbanetimes.com.au/news/queensland/tough_love_for_qlds_aboriginal_parents/2007/12/21/1198175309774.html> at 12 January 2008.

[20] Eva Cox, 'The Light and Dark of Volunteering' in J Warburton and M Oppenheimer (eds), *Volunteers and Volunteering* (2000) 140, 142.

[21] Sanctions or penalties can be made through the imposition of covert techniques such as serious decreases in assistance or funding for non-compliance: See Carney and Ramia, above n 10, 13-16.

[22] Michael Trebilcock, 'Can Government be Reinvented?' in Jonathan Boston (ed), *The State Under Contract* (1995) 1.

[23] David Osborne and Ted Gaebler, *Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector* (1993).

1.1 Aims and Questions

In writing this book, I found that it was not sufficient to describe or explain the suffering of homeless mentally ill people without explaining why the suffering subsists. I do so through the prism of modernity. Modernity, as postulated by Zygmundt Bauman, is a continuous *liquid* process of change.[24] Tony Blackshaw, in his analysis of Bauman's work, suggests that the idea of modernity only really began being discussed by sociologists when theories of postmodernism started to emerge in the late 1980's and from that point 'modernity merged into a dialectic (modernism in opposition to postmodernism and modernity in opposition to postmodernity), and the concept achieved a new independence'.[25] He goes on to explain:[26]

> what Bauman in his work after *Liquid Modernity* would refer to as the solid modernist imagination...The onset of modernity was perceived not only as the cusp of change, but the moment when history had at last begun and its protagonists had their eyes firmly planted on the future in 'the search for the state of perfection, a state that puts paid to all further change, having first made change uncalled-for and undesirable. All further change would be for the worst.[27]

The nature of 'solid modernity', as characterised by Bauman, refers to scientific 'projects' developed by institutions of different societies based on discourse characterised by calculative drive and stemming from various forms of classification destined for future fulfilment.[28] Of substantive concern to Bauman is modern societies' 'preoccupation with the way in which the institution of the autonomous realm of solid modernity saw it hastily turning its impetus away from Enlightenment liberation to new and more efficient means of social control'.[29]

The Enlightenment created a way of thinking about the human condition and the place of humans. Modernity represents the shifting of God and metaphysics from the centre stage and placing rationality, science and man into the centre. In doing this, modernity promoted the idea that man with science and rationality could perfect the world. Such theory of modernity provides the theoretical scaffolding that explains my propositions. For Bauman, the solid modernist imaginary was that of system building and order keeping. Such social engineering would be based, in part, on

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[24] Zygmundt Bauman, *Liquid Modernity* (2000).

[25] Tony Blackshaw, *Zygmundt Bauman* (2005) 6.

[26] Ibid 40.

[27] Zygmundt Bauman, 'Liquid Sociality' in N Gane (ed), *The Future of Social Theory* (2004) 20.

[28] Blackshaw, above n 25, 41

[29] Ibid.

a detailed division of labour and increasing expertise which would be subject to ever-growing efficiency and effective action based on scientific reason that would permit a harmonisation of needs to emerge.[30]

For profoundly disadvantaged citizens in present-day modernity, the enterprising state fashioned by neo-liberal ideology appears to have failed to deliver on its promises of a better life through effective and efficient delivery of quality services in the community. Hence, a critique of the complacency of ideologies of modernity provides an explanatory prism through which the causal link between extreme forms of suffering as experienced by indigent mentally ill people and their exclusion from appropriate housing and support services can be better understood. Part of my aim is to demonstrate that although the form of trauma and suffering experienced by some homeless seriously mentally ill people has changed relative to time and place, the extreme nature of their suffering has survived despite modernisation.

Since the persistent suffering experienced by homeless people with psychiatric disabilities is a complex and largely hidden phenomenon, it is an under-researched area. It is therefore vital to contribute to the knowledge base to achieve social equity for the voiceless.[31] Much work has been directed at investigating the effects of homelessness on the individual psychologically, physically and socially. However, the dimension of how homelessness impacts on people with psychiatric disabilities, their families and their communities has often been less actively researched. There are few empirical studies on the topic. Information about people disabled by mental illness as a segment of homeless populations is patchy. Research typically focuses on a specific aspect of the problem of homelessness, or of community-based mental health care, leaving many gaps in the information or 'information underload' as Alexander Leighton coins it, about specific communities.[32]

This paucity of information available to inform policymakers and service providers about homeless people disabled with mental illness and their needs, seriously impairs the capacity to properly respond to the housing and support services required.[33] Lack of data leaves uncomfortable and

[30] Ibid.

[31] Yvonne Hartman, *Jobless Families in Regional New South Wales* (D Phil Thesis, Southern Cross University, 2007) 22.

[32] Alexander Leighton, 'Community Mental Health and Information Underload' (2000) 36(1) *Community Mental Health Journal* 77.

[33] Ibid.

difficult questions unanswered. There is, for example, little in academic or policy literature explaining the following:

1. How many people with psychiatric disabilities experience homelessness?
2. How do these homeless people live in the community setting?
3. Why have governments, guided by Federal and State mental health plans,[34] not yet successfully matched policy with service delivery to achieve improved outcomes for people with complex mental health problems?
4. What impacts have reforms in mental health and housing systems based on neo-liberal ideology had on families of people with psychiatric disabilities and the community sector?

This book makes a start at answering these difficult questions by outlining some of the challenging theoretical and empirical issues that must be resolved if the problem is to be better understood. Greater understanding of the state's persistent failure to meet the housing and support needs of homeless people disabled with mental illness increases the likelihood of developing more meaningful responses in the future. This endeavour involves an examination of fundamental changes in the way the state has provided assistance to meet the needs of these people. Key changes in selected periods examined in this book include change in the political economy, in ideology and governance, and a case study of the mental health and low-cost housing systems in Australia and their governance techniques, especially since the 1980s.

To explain some puzzling 'mismatches' between ideology, policy objectives and service delivery, this book constructs a multi-layered picture of the problem through the integration of three different levels of knowledge—macro, meso and micro knowledge. The macro is about structural knowledge of the three sectors of society. It is derived from studies about the role and functions of the public and private sectors in providing accommodation and support services to poor people with severe mental health problems. I refer to these two sectors as three in this book, having divided the private sector into business and community sectors. The meso is about knowledge of the roles and relationships of different government departments involved in providing housing and support services to these people, and how their functions intersect with other departments providing other services. Such knowledge is derived mainly from relevant reports created at all levels of government (Federal, State/Territory and Municipal). At the micro level, knowledge about persons disabled with mental illness and their day-to-day lived experience as homeless people is examined.

[34] For example, Australian Health Ministers, *National Mental Health Plan 2003-2008* (2003).

This life world knowledge is derived from their published personal accounts as well as those published by their carers and families, health professionals and non-government community organisations.

Chapters in this book address underlying tensions between issues such as care and control, justice and welfare, power and authority, discretion and accountability, access and equity.[35] They also address the dialectical relationship between social control and protection, social exclusion and inclusion and the ideologies that promote and inform the management of these processes. The chapters trace a long history of extreme human suffering for indigent people with psychiatric disabilities, some of which is causally linked to failures of reform enterprises.

1.2 Some Definitions, Organising Concepts, and Themes

There are several key organising concepts, themes and ideas used in this book that require a working definition. All are interrelated and interdependent parts of the theoretical framework so I do not privilege them by order. Each offers valuable insight—a way of understanding the arguments.

1.2.1 Modernity, Displacement and Wasted Lives

Bauman's theorising about modernity has been influential in the development of my arguments in this book.[36] According to Bauman, modernity is characterised by the social order committed to economic growth and the building and keeping of order. Integral to the modernisation process is the production and disposal of waste—both in the form of pollutants generated from industrialisation, and human beings who serve no recognisable purpose to the dominant social order. Such human beings are portrayed by Bauman as 'wasted lives', 'superfluous populations of outcasts' deprived of adequate means of survival.[37] Their deprivation is a consequence of being 'unneeded' and 'of no use' in a world that is running out of places to put them. Hence, wasted lives impede the imperatives of modernity.

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[35] These issues are ubiquitous in the mental health systems throughout the Western world: See Robert Harris and David Webb, *Welfare, Power, & Juvenile Justice* (1987) 1.

[36] Bauman, *Liquid Modernity* above n 24.

[37] The notion of humans as waste, as developed by Bauman, is used here to mean persons who are poor, homeless and disabled with mental illness. Hence, they are unwanted and unneeded by the modern state because they represent financial and security problems impeding economic growth and order: Zygmunt Bauman, *Wasted Lives Modernity and its Outcasts* (2004) 78.

Often cast out of the domains of work and consumer, people with psychiatric disabilities represent non-producing/non-consuming financial problems and therefore fit Bauman's explanatory metaphor of wasted lives. As human waste, this book argues that they are 'cared' for, or more precisely, 'managed' by the modern state as impediments to the level of economic growth and order required.

Several 'sub-theories' or more meso and micro theories such as Cohen's theory of 'denial' and, to a lesser extent, Isaac Newton's 'displacement' theory[38] complement Bauman's macro theories and are useful tools upon which I construct my arguments.

Like Stanley Cohen, I am critical of a society that has an unhealthy and dangerous obsession with classification and labelling—and yet in this book I also engage in the practice. I do so, however, intending no disrespect toward homeless mentally ill people, but only in an attempt to create 'modes of making sense' of the unfamiliar.[39] As a further example, it is proposed in Chapter Six that in some 'rarer' circumstances, these wasted lives are converted into Giorgio Agamben's notion of 'rightless' *homo sacer*.[40] This can occur when homeless people with psychiatric disabilities are suspected of being 'illegal outsiders' such as asylum seekers and refugees. This form of human waste can be detained in Australia's immigration centres—potentially indefinitely without appropriate mental health treatment and services.[41]

In this sense, modernity (which aims at ever improving/perfecting) is used to explain the constancy of state reform enterprises that allow itinerant people disabled with mental illness to be excluded from appropriate support services (like housing and disability support), relative to time and place. Modern state ideologies, in all their forms, have denied this social crisis and the duty of the state to properly meet the care needs of indigent mentally ill people. Two fundamental responses by the state that illustrate this point are the ideology of the Great Incarcerations of the 18th century and the ideology of deinstitutionalisation of the 20th century. A 'Baumanesque' approach that theorises

[38] Displacement theory is based on Newton's third law of motion, 'every action has an equal and opposite reaction'. See Isaac Newton, *Philosophiae Naturalis Principia Mathematica* (Andrew Motte, trans, 1729).

[39] Stanley Cohen, *Visions of Social Control: Crime, Punishment and Classification* (1985) 1.

[40] The notion of *homines sacri*, as developed by Agamben, is used here to mean persons stripped of all human and citizenship rights: See Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Frans Daniel Hellen-Roazen trans, 1998).

[40] The notion of *homines sacri*, as developed by Agamben, is used here to mean persons stripped of all human and citizenship rights: See Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Frans Daniel Hellen-Roazen trans, 1998).

[41] Lynda Crowley-Cyr, 'Contractualism, Exclusion and Madness in Australia's Outsourced Wastelands' (2005) 5 *Macquarie Law Journal* 81.

modernity as a continuous process, also avoids the overuse of descriptive terms like 'high', 'post', 'late', 'reflexive', 'advanced' or 'second' modernity to periodise or categorise fundamental changes in Western societies.[42]

For some people located at the margins of society, like those disabled with mental illness, the shift from institutional care to community based care has not improved their quality of life or life choices in accordance with the rhetoric. Instead, they have been left isolated from life sustaining services and without any effective process for remedying the exclusion or wrongs they experience. Excluded from the benefits of modernity, these people are described by Luke Clements as 'stranded victims'.[43] The legal and ideological fiction that these people have enforceable social rights perpetuates the process of denial that masks the atrocity of this exclusion. 'Denial' as postulated by Cohen reflects discourse about historical and contemporary indifference by the state and its citizens to the suffering experienced by homeless people disabled with mental illness through their exclusion.[45]

Finally, the concept of displacement is used in this study to help explain modernising processes which occur with and between systems, communities and personal lives. The concept of displacement assists in making visible how a problem in the 'system' can (when it is relocated instead of solved) reverberate in the 'life world' only to eventually turn back upon the system when unintended consequences become unmanageable.[46] The word 'displacement' is defined as 'the act or process of removing something from its usual or proper place, or the state resulting from this'.[47] Displacement, as a concept, also represents the way power is exerted by the more powerful (physically, economically, politically or socially, individuals or institutions) on the least powerful, typically with negative effects.[48] I use the terms 'life world' and 'system' in a somewhat similar way to Derek Layder, who defines life world as 'lived experience in the context of a shared

[42] In particular, see Bauman, *Liquid Modernity* above n 24.

[43] Luke Clements, 'Winners and Losers' (2005) 32(1) *Journal of Law and Society* 34, 34.

[44] The notion of humans as waste, as developed by Bauman, is used here to mean persons who are poor, homeless and disabled with mental illness. They are unwanted and unneeded by the modern state because they represent financial and security problems: See Bauman, *Wasted Lives*, above n 37.

[45] Stanley Cohen, *States of Denial: Knowing about Atrocities and Suffering* (2001) 9.

[46] Hartman, above n 31, 308.

[47] James Simpson and Edmund Weiner (eds), *The Oxford Dictionary* (1989) and also *Merriam-Webster's Medical Desk Dictionary* (revised ed, 2002).

[48] M Fullivlove, 'Psychiatric Implications of Displacement: Contributions from the Psychology of Place' (1996) 153(12) *American Journal of Psychiatry* 1516; Lisa Vandermak, 'Promoting the Sense of Self, Place and Belonging in Displaced Persons: The Example of Homelessness' (2007) 21(5) *Archives of Psychiatric Nursing* 241; Svetlana Stephenson, *Crossing the Line: Vagrancy, Homelessness and Social Displacement in Russia* (2006).

world'.[49] I use 'system' to mean structures and institutions that are 'interconnected' to the life world. The notion of displacement assists me to expose and explain the connections between transformations in systems and the life world—including possible impact on the lives of people with psychiatric disabilities.

Theory assists in navigating through a dense and confusing maze of data and research material. I find some comfort however, in the words of Layder when he writes 'theories are not perfect end products in their own right',[50] and Cohen who states, 'ideas are part of the market place and not commodities to be fetishized by the privileged few'.[51]

1.2.2 Homelessness, Mental Illness and Disability

The terms 'homelessness', 'mental illness' and 'disability' are of particular importance because they represent the individuals and populations with whom and with which this book is concerned. In particular, I am concerned with the interface between disaffiliated or socially isolated individuals who are disabled with mental illness, and the availability of appropriate affordable housing and support services crucial to their recovery and welfare in the community.

i. Homelessness

It may be presumed that the need for appropriate housing and disability support for these people is self-evident. This is, however, highly contested terrain. Even the simplest of terms like 'homelessness' or 'community' is the subject of debate; and the subject of further analysis in Chapter Two. Leaving aside for now the misconceptions that are created through the use of ambiguous terms, '*home*lessness'[52] is given a broad interpretation in this book.

Homelessness refers to people who are without appropriate and affordable short or long term housing. By appropriate housing, I mean both in terms of basic structural standards and the needs

[49] Layder's conception and use of the terms differs somewhat from how other theorists may conceive them. See Derek Layder, *Modern Social Theory: Key Debates and New Directions* (1997) 87, and, for example, Habermas' conception of systems in developed societies as external or separate to the everyday life world, pathologically colonising instead of being interconnected with day-to-day life. J Habermas, *The Theory of Communicative Action: A Critique of Functionalist Reason* Vol. 2 (T McCarthy, trans, 1987) 124.

[50] Derek Layder, *Sociological Practice: Linking Theory and Social Research* (1998) 40.

[51] Cohen, *Visions of Social Control* above n 39, 9-10.

[52] Given its literal meaning, the term 'homelessness' refers to a state of being without a 'home'. Yet, as discussed in Chapter Two, it is sometimes used by government organisations to mean *house*lessness or *roof*lessness. For a review of the literature about the meaning of 'home' see Lorna Fox, 'The Meaning of Home: A Chimerical Concept of a Legal Challenge?' (2002) 29(4) *Journal of Law and Society* 580.

of occupants. My use of the term 'homeless' takes into account the entire spectrum of homelessness—from individuals who are at risk of becoming homeless for the first time, to those who are chronically homeless. It includes situations where people disabled with mental illness temporarily reside in boarding/rooming houses, hostels, crisis shelters, caravans, improvised dwellings and public places. It also includes situations where such people are detained, pursuant to a mandatory order in secure mental health units, prisons and immigration detention centres. I consider such occupants to be homeless even if, as Anne Coleman suggests, they adapt to this lifestyle, come to accept it as a way of life, or have come to equate such places with 'home'.[53]

ii. Mental Illness

There is no uniformly accepted legal definition of 'mental illness'. Definitions reflect a continuum from the broad definition of mental health care problems to narrower clinical definitions. In Australia, each State and Territory has enacted specific mental health legislation.[54] Only in two such jurisdictions is there a requirement that internationally accepted medical standards are considered in deciding that a person has a mental illness.[55] The Northern Territory *Mental Health Act* provides an example of a comprehensive, contemporary definition of the term.[56]

Mental health legislation is relevant to the care and control of people with mental illness. This book does not, however, draw on such legislation in support of the arguments raised. This is because the concern is with people who are living in the community, whether or not they are also properly

[53] Anne Coleman, *Five Star Motels: Spaces, Places and Homelessness in Fortitude Valley Brisbane* (PhD Thesis School of Social Work and Social Policy University of Queensland 2000) 40.

[54] *Mental Health (Treatment and Care) Act 1994* (ACT); *Mental Health Act 2007* (NSW); *Mental Health and Related Services Act 2002* (NT); *Mental Health Act 2000* (Qld); *Mental Health Act 1993* (SA); *Mental Health Act 1986* (Vic); *Mental Health Act 1996* (Tas) and *Mental Health Act 1996* (WA).

[55] *Mental Health Act 2000* (Qld) s 12(4) the provision refers to United Nations *Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care*, principle 4 paragraph 1. *Mental Health and Related Services Act 2002* (NT) s 6(2) refers to accepted clinical standards concordant with the current edition of the World Health Organisation, *International Classification of Mental and Behavioural Disorders, Clinical Descriptions and Diagnostic Guidelines* or the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders*.

[56] The Northern Territory defines mental illness to mean: a condition that seriously impairs, either temporarily or permanently, the mental functioning of a person in one or more of the areas of thought, mood, volition, perception, orientation or memory and is characterised by the presence of at least one of the following symptoms: delusions, hallucinations, serious disorders of the stream of thought; serious disorders of thought form; serious disturbances of mood or by sustained or repeated irrational behaviour that may be taken to indicate the presence of at least one of the [above] symptoms). See *Mental Health and Related Services Act 2002* (NT) s 6 (1). Section 4 of the Act also defines 'mentally disturbed' to mean 'behaviour of a person that is so irrational as to justify the person being temporally detained.

served by the mental health care system. Also, an exhaustive review of the laws in all of the fields discussed in this book is not directly relevant to this research.

Aside from the contested meaning of 'mental illness', there is also disagreement about prevalence rates. For example, Karla Hayman-White and colleagues question the much-quoted Australian Bureau of Statistics[57] (ABS) finding that 'one in five' adults in Australia (18%) experience a mental disorder.[58] The concern is that the rate is likely to be an underestimate. It does not, the authors point out, include low prevalence disorders such as schizophrenia, nor responses from, for example, homeless people, residents of nursing homes, hospitals or prisons, 'where prevalence rates tend to be higher than in the general population'.[59] Research by the Wesley Mission in 2007 places the prevalence rate only slightly higher (22%) than the ABS rate, thereby apparently confirming the ABS estimates for people who are diagnosed with a mental illness.[60] However, the Wesley Mission found the rate to be significantly higher (36%) when people suspected of mental illness are added to the assessment, confirming concerns of underestimation of the true extent of the problem; a subject of further analysis in Chapter Two.[61]

iii. Disability

The term 'disabled' is also given a broad meaning in this book. The term is used to refer to people who have a 'high need' of support services to assist them in achieving a reasonable life in the community. People who need specialised resources such as supported accommodation are typically identified as having a serious mental illness of significant duration that results in a marked level of disability.[62] Serious mental disorders include psychotic disorders (schizophrenia and related

[57] Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing of Adults* (1997) Canberra.

[58] Karla Hayman-White, Silvana Sgro and Brenda Happell, 'Mental Health in Australia: The Ideal versus Financial Reality and the Role of the Mental Health Nurse' (2006) 5(1) *Australian e-journal for the Advancement of Mental Health* 3.

[59] Ibid.

[60] The disparity is explained by noting that the ABS rate refers to experiences of mental illness over a 12 month period, whereas the Wesley Mission refers to mental illness experienced over life spans: See Wesley Mission, *Living with Mental Illness: Attitudes, Experiences and Challenges* (2007) Sydney 20.

[61] Ibid.

[62] Centre For Addiction and Mental Health, 'Housing' (Discussion Paper, Spring 2002, 2) <http://www.camh.net/best_advice/housing_paper_camh2002.html> at 12 September 2002.

[62] Centre For Addiction and Mental Health, 'Housing' (Discussion Paper, Spring 2002, 2) <http://www.camh.net/best_advice/housing_paper_camh2002.html> at 12 September 2002.

disorders)[63] and major mood disorders (severe depression and bipolar disorder) that can severely impair the person's ability to function.[64] These disorders and their disturbing symptoms almost always dramatically alter the person's life and can become disabling if not adequately treated.[65] Each of these disorders is service intensive and typically involves some time in hospital. Mostly they are as yet without cure.

Some studies have used a wider range of mental disorders, especially in research of people who are mentally ill and homeless.[66] They tend to have multiple psychiatric diagnoses, including licit and illicit substance abuse disorders, depression, anxiety, and personality disorder. Individuals who are described as having disabling mental illnesses also tend to suffer from other undiagnosed and untreated medical problems exacerbated by their housing/living standards.[67] Although not all co-morbid problems are severe in themselves, together they may disable a person by obstructing employment, independent living, or attainment and retention of secure housing. As such, they are included in my definition of 'disabled'.

While disability and the phenomenon of homelessness provide limitations, they also act as common denominators in the profile of disadvantaged populations—permitting some generalisations to be made about these populations.

1.2.3 Social Exclusion, Social Protection and Social Control

My focus of study in this book, at a conceptual rather than substantive level, involves a particular kind of analysis of ideas and theories of modernity, exclusion, denial, coercion and consent,

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[63] Schizophrenia and bipolar disorders are characterised by auditory or visual hallucinations, thought disorder and delusions. See generally, Australian Department of Health and Ageing, *Homelessness and Mental Health Linkages: Review of National and International Literature* (May 2005) 7.

[64] My intention is not in any way to suggest that this list is exhaustive. It merely represents the more commonly understood severe mental illnesses or conditions discussed in the literature. For a definition of these and other serious disorders see World Health Organisation, *ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (1992) or American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (4th ed, 1994).

[65] See 'Mental Illness' 12 July 2000 <http://www.iversonsoftware.com/reference/psychology/mental_illness.htm> at 7 December 2000.

[66] FR Lipton, A Sabatini and SE Katz, 'Down and Out in the City: the Homeless Mentally Ill' (1983) 34 *Hospital and Community Psychiatry* 817-21; J Kroll, et al., 'A Survey of Homeless Adults in Urban Emergency Shelters' (1986) 37 *Hospital and Community Psychiatry* 283-6; Helen Herrman et al, 'Disability and Service Use among Homeless People Living with Psychotic Disorders' (2004) 38 *Australian and New Zealand Journal of Psychiatry* 965.

[67] PW Bricker, et al., 'Medical Aspects of Homelessness' in HR Lamb (ed), *The Homeless Mentally Ill* (1984); H Whiteford, B Macleod and E Leitch, 'The National Mental Health Policy: Implications for Public Psychiatric Services in Australia' (1993) 27 *Australian and New Zealand Journal of Psychiatry* 186, 188.

synthesised by law into ideals of care and protection.[68] For instance, although care and protection have connotations that are interpersonal, social exclusion, social control and social protection lifts them out of their interpersonal status. A broader set of connotations, such as the role of the state and its citizens and the role of the law, is thereby allowed to emerge.

Like Janie Percy-Smith, I find social exclusion,[69] for instance, to be as much about political and spatial exclusion as it is about poor access to specific services like housing, health, education, information, policing services and so on.[70] The broad interpretation of the term allows an analysis of non-monetary experiences of exclusion, such as the consequences of discrimination, trauma and dispossession[71] also to be considered. Such an approach allows the interconnectedness of exclusion with other problems to become visible. Significantly, it also means that inclusive qualitative approaches, that consider the subjective experiences of the excluded, are considered as relevant. The idea of social exclusion and its use in contemporary mental health and housing policy development is examined as a major underlying theme throughout this book, but is developed more fully in Parts Two and Three.

A study of one central set of public services, namely housing and support services, reveals one of the state's most important commitments to social protection—the provision of shelter. The provision of appropriate shelter bears directly upon the lives of indigent people disabled by mental illness. Mark Considine advocates that by using one fundamental welfare service (like housing) the nature of two radical changes in the paradigm of governance in Australia can be explained and theorised.[72] These are: i) 'the widespread use of privatisation, private firms and market methods to run core public services, and ii) the conscious attempt to transform the role of citizenship from

[68] Gramscian theories about the synthesis of coercion and consent constituting law as a hegemonic expression is an interesting dimension to this concept: See Antonio Gramsci, *Selections from Prison Notebooks* (Quintin Hoare and Geoffrey Nowell Smith trans, 1971).

[69] The term was coined in France in the form 'l'exclusé' in the late 1970s. See, ABC Radio National, 'Social Exclusion' *Background Briefing* 7 February 1999 <http://www.abc.net.au/rn/talks/bbing/stories/s18970.htm> at 8 January 2008.

[70] Janie Percy-Smith, 'The Contours of Social Exclusion' in Janie Percy-Smith (ed), *Policy Responses to Social Exclusion* (2000).

[71] Anne Coleman, *Sister, it Happens to me Every Day': An Exploration of, and Responses to, Indigenous Women in Brisbane's Inner-city Public Spaces* (2000) Queensland Government and Brisbane City Council. Also see 'social distance' surveys in psychiatry like: Matthias C Angermeyer, Michael Beck and Herbert Matschinger, 'Determinants of the Public's Preference for Social Distance from People with Schizophrenia' (2003) 48(10) *Canadian Journal of Psychiatry* 663; and Christopher Lauber, Carlos Nordt, Luis Falcato and Wulf Rossler, 'Factors Influencing Social Distance Toward People with Mental Illness' (2004) 40(3) *Community Mental Health Journal* 265. See Chapter Three for further discussion.

[72] Mark Considine, *Enterprising States: The Public Management of Welfare-to-Work* (2001) 3.

ideals of entitlement and security to new notions' of 'self- responsibility and self-enterprise'.[73] I use these changes to explain how the ideals of social protection are being eroded to give way to notions of economic 'risk management'.

The development, purpose and practice of regulating low-cost housing are also used as a springboard for an analysis of social control by the state. The regulation of low-cost housing becomes important both in terms of availability and adequacy of such housing. In this sense, I adapt the method used by Cohen in his analysis of social control to frame Australia's transforming public housing service and the consequences of such changes on homeless people disabled by mental illness in Part Three.[74]

Themes in Part Two focus more on reforms of the mental health system based on ideas of social control, social protection and social exclusion. Part Three (and that is where a departure from the influential works of social historians like Cohen and Andrew Scull is most prominent) draws attention to more contemporary socio-political works on the transformation of the state and low-cost housing governance.

1.3 Book Outlined: Parts and Chapters

This book consists of ten chapters and is divided into three Parts. The social, historical, political, medical and legal literature relevant to a given topic is incorporated into the various chapters as appropriate. The reason for such eclecticism is that no one field covers the spectrum of knowledge needed to unravel the topic in a holistic way but when combined, there is a rich source of evidence supporting the different threads of my arguments.

By drawing from such a broad source of knowledge, thematic links with the Euro/US models of care and control of people with psychiatric disabilities (and their consequences) can be made despite differences in the detail. The states and systems discussed in this book share common ideologies, policies and priorities, making them valuable sources of information about the past. Often by digging into the 'architecture of the past', we locate the ideas that formed the basis for the similarities of the present.

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[73] Ibid 8.

[74] Cohen, *Visions of Social Control*, above n 39.

Insights from other jurisdictions are mainly used here to lend support to a particular argument in circumstances where there may be a deficit of equivalent local empirical information, or to illustrate that, despite specific variations in reinvention processes and new strategies used elsewhere, the consequences are the same.

Part of my objective is to critique some current key changes to highlight planned and programmed responses to expected and realised failures of de-hospitalisation policies and supporting laws; specifically, policies that were couched in promises of improved quality of life for people with mental illness through the community mental health care intervention.

Since there is already sufficient empirical data about the suffering experienced by homeless people with mental illness in the plethora of mental health, public policy, human rights, legal and welfare reports and literature in Australia and overseas, I did not consider it necessary or ethical to generate any new empirical data.[75] There have been fewer large contemporary investigations examining individual biographies of homeless people with mental illness in the community setting.[76] Such reports nonetheless provide a rich source of information about unmet an under-met housing and support services needs and the consequential extreme trauma and suffering experienced by participants, their families and carers. However, while this book is ostensibly about the plight of homeless people with serious mental illness, the conclusions and claims made are often based on more general research with psychiatric populations. There is less empirical data available that specifically deals with the different nuances of life experienced by homeless people with serious mental illness.

[75] Liz Newton, 'In Self and illness: Changing Relationships in Response to Life in the Community Following Prolonged Institutionalisation' (2001) 12(2) *Australian Journal of Anthropology* 3.

[76] See for instance, Australian Human Rights and Equal Opportunity Commission, *Human Rights & Mental Illness, Report of the National Inquiry into the Human Rights of People with Mental Illness* Canberra (1993). This important report is often referred to as the 'Burdekin report' based on the chairperson's name Brian Burdekin. In 2003, see Robinson's report based on 185 surveys and 28 in-depth interviews with homeless people with mental disorders in Sydney and Brisbane. Catherine Robinson, *Understanding Iterative Homelessness: The Case of People with Mental Disorders* (2003) Australian Housing and Urban Research Institute, and Jon May, 'Housing Histories and Homeless Careers: A Biographical Approach' (2000) 15(4) *Housing Studies* 613. For a recent national report see Mental Health Council of Australia, *Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia* (2005). This is a report of consultations by the Mental Health Council of Australia and the Brain and Mind Institute in association with the Human Rights and Equal Opportunity Commission. Also see Wesley Mission, *Living with Mental Illness: Attitudes, Experiences and Challenges'* (2007).

1.3.1 Part One (Chapters 1, 2, 3)

The purpose of Part One is to outline what I call the 'contours' of the problem. The intention is to form a more comprehensive picture of the true extent of the problem of persistent suffering through homelessness as experienced by people disabled with mental illness living in the community. This part starts by highlighting some of the gaps in the knowledge about the housing and support needs of these people. Such gaps make less visible the severity of what I argue amounts to a crisis of suffering requiring immediate action.

Chapter Two assesses the scale and nature of the problem. It condenses statistical and other research information in order to map out the contours of the problem of homelessness as experienced by people disabled by mental illness. It is argued that current practices used by government agencies to measure homelessness in Australia are inconsistent and inaccurate. I call these practices *miscounting* practices. The chapter explains the connection between miscounting practices and the under-funding by the state of accommodation assistance for people experiencing or at risk of homelessness, what I call *discounting* practices. It reveals how these practices combine to result in a lack of synergy between two significant national policy areas, mental health and homelessness.

These two practices are in a sense connected insofar as they have overlapping functions. They both aim to prevent homelessness of vulnerable people and promote evidence-based practices. These policies also promote whole-of-government/whole-of-sector approaches to service delivery and yet, as the chapter illustrates, these policy instruments are failing to develop a system that properly addresses the housing and support needs of these people. I propose that part of the problem, in the words of Michael Trebilcock, is that policymakers are leaving to others 'the task of developing the rigorous theoretical frameworks and detailed empirical investigations that would enable hard policy choices to be made among alternative governing instruments in particular sectors of government activity'.[77] In other words, inaction based on information gaps and unchallengeable assessments coupled with a lack of commitment to a whole-of-person, whole-of-government approach is impairing the success of mental health system reform.

Chapter Three explains why I characterise homelessness as extreme trauma and human suffering. Its purpose is to make explicit that such suffering is of crisis proportions and as such, requires

[77] Trebilcock, above n 22.

[78] See Cohen, *Visions of Social Control,* above n 39, 14.

immediate action. In support of this proposition, the chapter presents the findings of an extensive body of empirical studies and research on the nature of physical and mental suffering associated with living in substandard housing, living without a home, or with losing or being dispossessed of home. The research shows that people disabled with mental illness are more likely to experience all of these forms of suffering than the general population. It is argued that homeless people are especially vulnerable to physical, material and ontological insecurity which is linked to their persistent stigmatisation compounded by their social exclusion.

The chapter argues that while it is important to respond to structural or social exclusion, issues of individual suffering and cumulative trauma must also be considered in the discourse that informs policy on how to better address homelessness and mental illness. For example, at the structural level, the chapter discusses the overrepresentation of people with mental illness in the criminal justice system to illustrate the lack of collaboration and co-operation between another set of systems, the criminal justice system and the mental health system. The law will be examined in overview for the purpose of demonstrating how, at the community level, it criminalises homelessness yet fails to protect homeless people disabled with mental illness from their stigmatisation, discrimination and vilification. The impact of the failure in our systems and laws is used to expose and explain the connections between displacement and the life world—that is, experiences of extreme trauma and suffering at the personal level.

1.3.2 Part Two (Chapters 4, 5, 6)

Part Two considers the long history of control and exclusion of 'lunatics'. An historical journey to 'the system's original foundations' demonstrates how the crisis of suffering experienced by homeless mentally ill people has persisted despite the passage of time and the modernisation of modern society.

It is also one way of 'making sense of current policies and change'.[78] Historical analyses assist in understanding how and why changes occur to a particular machinery or mode of control such as the mental health system (the focus of this Part) or public housing system (the focus of Part Three). Social transformations are a part of the texture of people's lives. They mark different lives in different ways. Different views about the ideology in such debates permit fascinating 'conceptual

[78] See Cohen, *Visions of Social Control*, above n 39, 14.

analogies with the present' to emerge.[79] According to Cohen, since all revisionist theories contain 'a hidden or not-so-hidden political agenda for the present' this adds further justification for the 'use of the past to illuminate the present'.[80]

Theories of displacement, social exclusion and denial form the link with this Part of the book. The concept of displacement is used to explain relationships between macro system changes and the life world. Mental health system reform of the 1980s involved movement of mentally ill people from institutions to the community setting. In essence this movement involved shifting the responsibility of providing human services like housing, employment, safety and so on to other public systems. The problem of providing affordable housing, for example, fell largely on the public housing system. I call this 'system displacement'.

It follows that poorly co-ordinated social policies, departments with overlapping functions, and agencies with sometimes conflicting missions, like those discussed in Part One, allow the process of 'denial', as postulated by Cohen, to become visible.[81] Denial is a process that can neutralise, normalise, legitimise or render unnoticeable failing policies and strategies aimed at meeting the needs of homeless people disabled by mental illness. The crisis of suffering therefore remains blocked-out of consciousness and unaddressed. Such denial by the state is not confined to the late 20th century. The inexorable process of marginalisation, traumatisation and exclusion of vulnerable mentally ill citizens has a long history. In this Part of the book, the examination of different forms of response by the changing political economy in different eras of modernity are shown to have each played a role in denying and hence perpetuating the crisis.

The lines of historical analysis of the plight of homeless mentally ill people have been drawn by David Rothman, Michel Foucault and Andrew Scull. According to Cohen, Rothman 'begins and ends with the dilemmas of the welfare state and good intentions of modern liberalism'.[82] Foucault connects the history of social control with the growth of capitalism. In his works, capitalism has hovered over Western civilisation since the Enlightenment 'promoting the rule of reason' and rationality, supported by a 'spirit of surveillance' and 'discipline'.[83] Scull links the origins of

[79] Ibid.

[80] Ibid 15.

[81] Cohen, *States of Denial*, above n 45.

[82] This observation is made by Cohen, *Visions of Social Control*, above n 39, 15.

[83] David Rothman, 'Social Control: the Uses and Abuses of the Concept in the History of Incarceration' in Stanley Cohen and Andrew Scull (eds), *Social Control and the State* (1983) 114.

asylums for the insane with the rise of industrial capitalism, a market economy and concomitant 'strengthening of allegiance to central political authority'.[84] Cohen suggests these connections have sufficient clarity and commonality 'to enable their use as templates on which to locate controversies about modern issues'.[85] I make use of these connections to help locate my concerns about contemporary policies and laws, and their consequences, unintended or otherwise.

This Part of the book searches for lessons that can be learnt from mistakes of the past leading me to two basic controlling strategies of intervention in modern times: the Great Incarcerations of the mid-19th century followed by the deinstitutionalisation movement of the mid-20th century.[86] Chapter Four is concerned with the gradual emergence of the mental health system as it developed in England during the Industrial Revolution, first as a function of the adult criminal justice system, and then as an element of a steady expansion of state control over the insane.[87] With these transformations as a guide, the system's transmutation in Australia through the rise of the asylums and their deconstruction is examined. What followed was the community care intervention as a function of the intersecting structures and purposes of the deinstitutionalisation enterprise as discussed in Chapter Five.

These two fundamental interventions are shown not to have met their 'humane' intent. Each has had 'unintended (negative) consequences' on the lives of people with psychiatric disabilities. Both interventions were more about responding to the social problem of where to put people with psychiatric disabilities (theorised as 'waste lives' by Bauman in his seminal work on modernity),[88] than meeting their needs or addressing their suffering in a meaningful way. In other words, these interventions have effectively 'geographically' displaced the problem of caring for, or perhaps more accurately, 'managing' homeless 'human waste' instead of solving it.

Chapter Six discusses a range of new and existing *loci* or 'waste management sites', as used by the state as part of the displacement process. The maintenance of old, and the creation of new places to

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[84] Ibid.

[85] Cohen, *Visions of Social Control*, above n 39, 15.

[86] I adopt Richard Henshel's meaning of the term 'intervention' in this book, to include '*all* of the conscious, organised efforts' to alleviate one of the modern state's ongoing social ills. Richard Henshel, *Reacting to Social Problems* (1976).

[86] I adopt Richard Henshel's meaning of the term 'intervention' in this book, to include '*all* of the conscious, organised efforts' to alleviate one of the modern state's ongoing social ills. Richard Henshel, *Reacting to Social Problems* (1976).

[87] Harris and Webb, above n 35.

[88] Bauman, *Wasted Lives*, above n 37.

'manage' such human waste illustrates the persistent imperatives of modernity—economic growth and statist order building— as postulated by Bauman.[89] These include poorhouses, workhouses, asylums, boarding houses and crisis centres, prisons, the streets, even immigration detention centres. Bauman's explanatory metaphors are used to show that the human beings managed at these sites are waste because they impede the imperatives of modernity. It is this conceptualisation that forms the deep underlying explanation in this book for the phenomenon that the serious mentally ill homeless are always excluded and always suffering on the margins of modernisation, whatever it promises. Each site represents a satellite in what I call 'the orbit of homelessness' journeyed by profoundly disadvantaged persons. The orbit perpetuates the crisis in the sense that each site is a wasteland—each a commoditised and controlling space. Denial permits such orbit or cycle of homelessness to perpetuate the social exclusion of those caught within its trajectory.

By considering flaws and unintended consequences of earlier 'reform' enterprises this book has two principal dimensions, 'the temporal and, within that, the conceptual'.[90] The temporal dimension takes us from one period to the next—from the past, through the present towards the future.[91] My intention is to offer a 'conceptual biography' of a set of processes. By 'conceptual biography', I mean 'a thematic presentation' of key developments occurring concurrently in the two systems. It is a meaning ascribed to the term by Harris and Webb.[92] The processes discussed in Part Two are those that shaped the development and subsequent reform of the mental health system in Australia. In Part Three, the lens turns to processes and reforms in the public service system, but only insofar as they pertain to the exclusion of people disabled with mental illness from appropriate housing and support services.

Temporal as well as conceptual dimensions are relevant to the discussions in this book about common social and political changes. Such changes are supported by changing ideologies of welfare emerging over the last century in countries like Australia, and reflect transformations in the state from the Keynesian welfare state to the 'enterprising' state. Part of the state's transformation involved a restructuring of the public service based on neo-liberal reforms. Dimensions of

[89] Bauman, *Liquid Modernity*, above n 24.

[90] Harris and Webb, above n 35.

[91] Ibid.

[92] Ibid .

[92] Ibid .

managerialism, 'contemporary contractualism'[93] and reworking of public service programs that target the work of officials and the identity of the citizen-client are at the root of this transformation process.[94]

1.3.3 Part Three (Chapters 7, 8, 9)

In Part Three, I unpack the central characteristics of contemporary public sector governance in Australia. I do so by concentrating on the governance regimes, and ideological rationalisation used to regulate welfare housing and support services. Such services, it is argued, are central to the success of community-based mental health care. My focus also turns to the main *actors* who are instrumental in regulating housing and support services, and those who provide such services to the 'target' population.

The changing role of the state towards greater 'steering' (policy development) and less 'rowing' (service delivery) that took place in the latter decades of the 20th century are discussed in this Part. This period represents a time of significant change in which homeless mentally ill *citizens* of the Keynesian welfare state came to be transformed into *consumer/clients* and then *cost-generating units* of waste of the enterprising state. It is a period that has been described as 'exemplifying the movement from simple modernization to reflexive modernization'.[95] This is not to suggest that the process of transformation is complete—quite the contrary. After all, some say, we are 'in the midst of a transition era',[96] and hence modernity is best conceptualised as 'liquid' rather than neatly periodised.[97]

Chapter Seven details the effects of changes in mental health policy in the wider context of corresponding changes in the structure and function of Australia's public service based on neo-liberal reforms, economic and labour market changes and changes to housing polices and the rental

[93] I use the term 'contemporary contractualism' here to refer to transactions that can appear contractual in nature but that do not necessarily draw on the principles of contract law as traditionally understood. Whereas previously, the use of contract was more confined to areas of commercial law and liberal political theory, different versions of the concept is now applied to the management of a wide range of social problems: See B Sullivan, 'Mapping Contract' in G Davis, B Sullivan and A Yeatman (eds), *The New Contractualism?* (1997) 1-13 and also the various essays in Jonathan Boston (ed), *The State Under Contract* (1995).

[94] Considine, above n 72.

[95] Havemann provides a comprehensive list of diverse 'emancipatory goods' and 'apocalyptic bads' which he has drawn in part from the literature, that characterise the contradictory and complimentary dimensions of reflexive modernisation. See Havemann, above n 12, 135.

[96] Guy Standing, *Globalisation: the Eight Crises of Social Protection* (2001) 3.

[97] Milena Yakimova, 'A Postmodern Grid of the Worldmap? Interview with Zygmunt Bauman' Eurozine <http://www.eurozine.com/articles/2002-11-08-bauman-en.html at 13 July 2006> at 25 September 2006.

housing market. Other important concurrent and connected changes in welfare policy and changes in household composition are examined in Chapter Nine. I propose that it is only by considering such a suite of corresponding changes that the complex connections and impacts of change can be understood as playing a crucial role in the continuation of the crisis of suffering experienced by homeless mentally ill people.

Chapter Seven examines transformations in the state, in particular the 'out-sourcing' of its responsibility for the management or provision of certain services formerly the almost exclusive concern of the public sector to the private sector—what I call 'sectoral displacement'. Sectoral displacement is explained as a continuum of system displacement. The chapter focuses on the outsourcing of affordable housing services and the devolution by the state of public housing to a dwindling, residual amount. It provides an analysis of outcomes associated with the state's displacement of the problem of providing affordable housing to the Government's main delivery arm, the private sector.

It is suggested that under the outsourcing model, those least able to compete for even the least desirable forms of affordable housing, notably older, sub-standard boarding houses are homeless people with psychiatric disabilities. Hence, the data suggest that they are now being squeezed out of even this type of housing which for a significant minority, has typically been their homes. The chapter argues that in the midst of an 'affordable housing crisis', exacerbated by the 'global financial crisis' in mid-2008, what remains is the continuity of exclusion by the state of this outcast 'waste' population.

Chapter Eight examines the human consequences of contemporary contractualism as the overarching framework for the changes discussed in Chapter Seven. The residential services industry in Queensland is used as a case study that illustrates some of the benefits of a greater regulatory and monitoring role by an enterprising jurisdictional housing authority. The case study is also used to shed light on some unintended consequences of the use of a contract model in public sector governance to regulate the standards of low-cost housing. A detailed analysis of two complementary pieces of legislation, the *Residential Services (Accreditation) Act 2002* (Qld) and *Residential Services (Accommodation) Act 2002* (Qld) that created and now regulate the industry in Queensland are used to illustrate contractualism in action and its adverse impacts upon homeless people with psychiatric disabilities.

Boarding houses are used as an example of residential services targeted by the 2002 regulations. The legislation promotes the use of contracts that create rights and responsibilities in residents of low-cost accommodation, and the providers of such services. The analysis questions the value of legislatively created 'rights' for disempowered, socially excluded people as a technique of ensuring compliance by market providers of accommodation services. Problems of access and problems associated with the law are characteristics of the enterprising state contract model that often make legislative 'rights' based systems 'inaccessible, unattractive or irrelevant' to socially excluded people.[98]

The creation of the residential services industry in Queensland is considered against a backdrop of the demise of the Keynesian welfare state and the rise of the enterprising state.

Chapter Nine seeks to understand the link between modernity's changing character as reflected in the structure and functions of the state, and the changes in social policy and re-distribution criteria for housing assistance and disability support services. It is argued that through their structured disempowerment, people with psychiatric disabilities are in a sometimes worse position under the enterprising state than under the previous, highly criticised, needs-sensitive system of the Keynesian welfare state.

The rhetoric of the reworked mental health system promotes a 'whole of person' lifetime support approach to meeting the needs of individuals with complex mental health problems. National strategies aimed at addressing homelessness are calling for a whole-of-government approach. However, the data show that barriers to cooperation and collaboration between government departments and the three sectors (government, business and community) that are critical to delivering whole-of-person services to people with multiple disadvantages and complex needs remain firmly entrenched. Breaking down these barriers is crucial for the success of community-based mental health care programs aiming to improve recovery and quality of life, and for social inclusion.

What is also crucial is acknowledgement by the state of new problems associated with the ever growing shift or system's displacement of the burden of care in a downward spiral from the private sector onto the 'third sector'. This third sector, as the contemporary face of welfare service delivery of the enterprising state, is described in this book as including families of mentally ill relatives,

[98] For an analysis of these problems in the UK where the *Human Rights Act 1998* is thought to provide greater protections for disadvantaged citizens than in Australia, see Clements, above n 43, 35.

friends, non-government not-for-profit community service organisations and their volunteers who provide care and services to homeless mentally ill people.[99] Deinstitutionalisation and the shift to outsourcing of welfare services under the enterprising state involved the consequential reliance of government on the private sector to deliver housing and support services to those in need. The role of the third sector as a provider of shelter and support services has been the most progressive since these changes. And yet, this sector is most at risk due to lack of planning and under funding by the state.

Current welfare arrangements operate to produce a kind of social cohesion which is far from ideal. I propose that despite the rhetoric of progress in mental health system reform since the launch of the National Mental Health Strategy in Australia in 1992, the firm implementation of a whole-of-person, whole-of-government and whole-of-sector approach to community-based mental health care is not yet evident from the data analysed in this chapter. The chapter concludes with speculations and projections about the future of third sector organisations and of volunteering.

In the final chapter, Chapter Ten, I draw together the threads of evidence based knowledge from the preceding chapters. These paint a grim picture of persistent suffering and exclusion based on failures and unintended consequences of mental health system reform interventions. This is far from the 'apparent' prosperous utopia referred to by the Howard government in this chapter's introductory remarks. However, I also draw on important lessons from the knowledge—lessons that can, if 'acknowledged' (as Cohen puts it),[100] form the touchstone for action instead of denial. Indeed, as the antithesis of denial, acknowledgement constitutes the first step towards cognition, emotion, morality and action aimed at remedying the wrongs denied.

Some concrete examples of programs and initiatives being developed that use recovery orientated approaches and socially inclusive strategies are discussed. They illustrate a shift in service delivery that recognises the need to move towards an integrated, co-operative and collaborative system that works with families, community organisations, employers, educational institutions and others. Together these groups substantially increase the probability that individuals with psychiatric

[99] There has been a long line of literature that explores the concept of the third sector. See for example, the conceptual framework presented by Evers which analyses the third sector as part of a mixed welfare system, otherwise made up of the market, the state and the informal private household spheres. From this perspective, the third sector is said to 'appear as a dimension of the public space in civil societies: an intermediate area rather than a clear-cut sector'. See Adalbert Evers, 'Part of the Welfare Mix: the Third Sector as an Intermediate Area' (2006) 62 *Voluntas: International Journal of Voluntary and Non-Profit Organisations* 159. See also, Jeremy Rifkin, 'A Civil Education for the Twenty-First Century: Preparing Students for a Three Sector Society' (2003) 87(2) *National Civic Review* 177.

[100] Cohen, *States of Denial*, above n 45, x-xi.

disabilities will experience greater social inclusion. At the very least, it may de-escalate their suffering from crisis proportions. Such a shift, however, is unlikely to occur in a climate where governments adhere to neo-liberal economic principles and 'Third Way' which is named as much by discourse that asserts that dependency is a state of moral indebtedness; that there are no rights without responsibilities. I argue that what is needed is an alternative discourse based on an ethic of care and a shift in culture that acknowledges:

- That housing and support services are a right for psychiatrically disabled people;
- That previous reform enterprises have failed to address the problem but offer important lessons;
- That the vulnerability to homelessness, based on past experiences of extreme trauma and suffering compounded by social exclusion, requires ongoing consideration and;
- That policy instruments must match policy objectives of mutual interdependency, co-operation and collaboration.

Such an ideological shift, it is argued, must occur across all levels of government and all social institutions simultaneously—what I call the 'Three Ws': a blend of *W*hole of person, *W*hole of government and *W*hole of sector approach. A major issue that remains for Australia is how best to achieve service integration in a service delivery environment fraught with complexity and structural barriers.

1.4 What Follows

What follows is an attempt at answering the research questions raised in this chapter through an interpretation of fundamental changes—a form of social critique. This book does not, however, provide a panacea in the form of simple answers to cure the ills that permeate the lives of some of society's most disadvantaged and excluded human beings.