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Participation and Partnership:
The development of a social work model of service delivery
for consumers and carers living with schizophrenia

Thesis submitted by
Catherine FLANAGAN ADCW (JCU)
BSW (JCU) BSW (Hons) (JCU)
in January, 2007

For the Degree of Doctor of Philosophy
in the School of Social Work and Community Welfare
at James Cook University

Cairns, Queensland
Australia

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.....
Catherine Flanagan

.....
Date

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ABSTRACT

The primary intention of the research reported in this thesis was to develop a model of social work service delivery within one mental health service, Lantana Integrated Mental Health Service (LIMHS), that would prioritise the development of participation and partnerships in service delivery, planning and evaluation for consumers diagnosed with schizophrenia and their carers as stipulated under Standard 3 of the *National Standards for Mental Health Services (1996)*. In order to undertake this task, ethnographic case study research was employed which incorporated focus group discussions and individual semi-structured interviews. The intent was that any proposed model, arising from the research would be capable of operationalisation within the existing structure of LIMHS. Research participants consisted of three members of management, a community development worker, twelve social workers, fourteen consumers and fourteen carers either working or receiving services at LIMHS.

The findings of this study indicate that LIMHS experiences many constraints to implementing participation and partnership policy expectations. The primary themes which emerged from the consumers' and carers' discourses were about their powerlessness in relation to psychiatry and bureaucracy, and the importance of mental health professionals, including psychiatrists, to help them address their social, emotional and material needs rather than continue a strict focus on bio-medical issues and solutions. This research uncovered a more respectful stance towards social work as demonstrated by consumers and carers than the respect social workers afford themselves. Using structuration theory (Giddens, 1984) this study found that social workers position themselves precariously between an overt demonstration of collusion with psychiatry in the workplace and a more covert alliance with their own codes and methods of practice in the intimate shared space of consumer and carer engagement.

This study found many anomalies and tensions within a third way (Giddens, 1998) politics when applied to the field of mental health. The findings of this case study suggest that consumers and carers are exposed to legal, medical and social structures, and third way policies which fail them. These conclusions have implications for socially just social work practice. This thesis culminates in the presentation of a proposed model of social work practice at LIMHS.

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ABBREVIATIONS

AASW	Australian Association of Social Workers
AHMAC	Australian Health Ministers Advisory Committee
AMHAC	Australian Mental Health Advisory Council
CAG	Consumer Advisory Group
GPs	General Practitioners
LCAG	Lantana Consumer Advisory Group
LIMHS	Lantana Integrated Mental Health Service
MHPs	Mental Health Professionals
MHS	Mental Health Service
NCAG	National Consumer Advisory Group
NHMRC	National Health and Medical Research Council
NSMHS	National Standards for Mental Health Services

KEY CONCEPTS OF THE STUDY

This section clarifies the overarching philosophical distinctions that underlie some commonly used terms of this study. Commonly used terms are often weighed with different meanings for different people. The interpretation of these concepts is a reflection of my experience and philosophical orientation. The definitions borrowed from other authors are identified and referenced accordingly.

Binary	a distinction that is black and white so that things are thought of as only one way or the other.
Biopower	has two poles or components. First is the pole of scientific categories of human beings (i.e., species, population, race, gender). This pole is tied to the practice of confession. The second pole is disciplinary power. (Danaher, Schirato & Webb, 2000).
Carer	any person who is involved with unpaid caring for a person diagnosed with schizophrenia.
Carer's framework	the way that a carer of a person with mental illness would like to be treated by mental health professionals.
Caring	any duty carried out by a carer which contributes to the overall well-being of a person diagnosed with schizophrenia.
Consumer	any male or female 18 years and over who has been diagnosed with schizophrenia and who does not manage their life without assistance from others. Throughout this research, people with schizophrenia have been referred to as consumers. The term consumer however, is now common to all stakeholders in mental health services, including consumers and carers.
Consumer's framework	the way that consumers would like to be treated by mental health professionals.
Disciplinary power	a form of surveillance that is internalised. With disciplinary power, each person disciplines him- or herself. The basic goal of disciplinary power is to produce a person who is docile (Dreyfus & Rabinow, 1982, p.13).
Disciplinary technologies	techniques for producing docile people who may be subjected, used, transformed and improved (Dreyfus & Rabinow, 1982, p.135).
Discursive formation	roles within a particular field that precede the people who now occupy the roles Foucault (1972).
Empowerment	a process through which people become more able to influence those people and organisations that affect their lives (Meagher, 1995, p. 20).
Governmentality	a centralisation and increase in government power. This power is not negative. In fact, it produces reality through 'rituals of truth' (Dean, 1999).

Mainstreaming	The management of people who are seriously mentally ill, under the same organisational arrangements as those applied to general health services (<i>Australian Health Ministers</i> , 1993).
Panopticon	a method of surveillance used in modern prisons. It involves the observation of those incarcerated at all times in order to coerce obedience to a dominant order (Bentham, 1995).
Partnership	is multiple people as groups or individuals associating in a common endeavour, moving forward together through the process of learning about each others skills, knowledge, strengths and abilities in mutual growth (Meagher, 1995, p. 20).
Role	the part played by persons attending to myriad duties required of them through formal or informal processes and/or structures of organisation.
The Medical Model	a general term describing the power of the medical profession in terms of its control over its own work, the work of other mental health workers, mental health resource allocation, mental health policy, and the ways that psychiatric hospitals and community mental health services operate. This term is commonly used instead of the more descriptive term, medical dominance (Germov, 2000).
Technologies of the self	specific practices by which people identify themselves within and through systems of power, and which often seem to be either 'natural' or imposed from above (Danaher, Shirato, Webb, 2000).
Tokenism	processes whereby a dominant group promotes a few members of an oppressed group to high positions and then uses them to claim there are no barriers preventing any member of that group reaching a position of power and status. The people promoted are 'tokens', and the process of their engagement is 'tokenism' (Bishop, 2002).
Transdiscursive	a paradigm reclaimed from the past and represented as new and progressive (Foucault (1977b)).