Do neo-liberal ideologies disadvantage those with mental illness within the Australian mental health care system?

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Abstract

Within current academic literature pertaining to the social policy of mental health, there is a general acknowledgement that the mental health system utilised in Australia is inadequate. The history of the mental health system is tumultuous and yet recent times have shown a marked move towards the incorporation of systems aimed at aiding those who suffer from mental disorders. Given the constantly changing nature of how mental illness itself and its treatment are perceived it has been studied, and is continually studied under a variety of paradigms. Currently, in conceptualising and analysing the mental health system, it is considered within academic discourse through Social Policy. In the past, social policy has been analysed using several different theoretical frameworks including Marxism and social democratism. However, this thesis argues that neither are adequate in explaining the current issues within the mental health system, and argues that the current system is better conceptualised within a neoliberal framework. Furthermore, it is considered that the employment of this ideology has had detrimental effects on the current mental health system employed within New South Wales. As such, this thesis argues that the employment of neoliberal ideologies has resulted in disadvantaging those with mental illness. This conclusion was reached through three different methodological approaches. The first two were aimed at ascertaining different attitudes and involved interviews with social workers within the system and a content analysis of the media. The final approach served two purposes, to analyse the usability of the Australian Government’s website and to ascertain the facilities available to those with mental illness. Despite methodological flaws it was surmised that the employment of neoliberal ideologies within the mental health system of Australia significantly disadvantages those with mental illness.
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1. **Introduction**

Currently within America, a substantial number of the population die each year because they do not have health insurance. This finding has been directly attributed to the privatisation of the health care system. Within Australia, recent years have seen a marked shift to incorporating American health policy changes into our own. Given the glaringly fallibility in the American system, Australia’s continued shift towards adopting the American system is of grave concern. Ideally, health care systems are designed to meet the health care needs of target populations, and there are a wide variety of health care systems around the world. The aetiology of health care systems also varies though is usually the result of careful planning or continued evolution. The diversity of systems is a direct result of various different government and religious bodies attempting to serve their citizens. In Australian, the current Health Care system is a combination of private and government run agencies which provide a wide range of health care services (The Australian Government: Medicare Australia, 2009).

One of the main premises surrounding the Australian health care system is that all people have the right to medical attention regardless of their financial status (Hall, 1999:97). However this initial mentality has gradually changed with Australia becoming the only country to date, to have established a completely government funded health care insurance (Medicare), and then gradually dismantled it in favour of increasing private options (Hall, 1999:96). Given that within Australia mental health is considered a subsection of the overall Health system, this change in policy has substantial implications for mental health.

Mental health is a significant issue within Australia and many Australians will have their lives affected by mental illness at some point (The Australian Institute of Health and Welfare, 2008:xi). It is currently thought that 1 in 5 Australians suffer from a mental illness at any given time and that co-morbidity is as high as 1 in 4 of these (Andrews, Hall, Teeson & Henderson, 1999). In the past 10 years the proportion of people estimated to have long term mental health problems has gone from 5.9% in 1995 to 11% in 2004 (The National Health Survey, 2008). The responsibility of mental health care is shared within Australia between both state and federal governments (The Australian Institute of Health and Welfare, 2008:xi). Subsequently, the services provided in Australia, whilst amongst the best worldwide; are fragmented, since despite an overarching Federal guideline, they have been developed independently within the various states (Anderson *et. al.*, 1999). This fragmentation is furthered as, like the Health care system as a whole, services are provided through a
combination of private, public and community based agencies (Whiteford, Thompson & Casey, 2000:405).

The Mental Health system in Australia is constantly changing and is highly influenced by social policies of the time. The social policies surrounding mental illness have undergone dramatic changes over the past 50 years due to significant changes within societal conceptualisations of mental illness and advancements in knowledge. As a result, the social policies surrounding mental health are constantly evolving and there is significant debate around the quality and validity of the approaches taken. Similarly, social policies are considerably influenced by the ideologies of the time and for many years the idea of the welfare state prevailed. The welfare state encompassed emerging views which placed the focus and the power within the average person. Governing bodies were in place to ensure the collective community sovereignty of a society, theoretically truly serving the people. However the maintenance of this ideology came under increasing pressure with the continually amplifying power and persuasion of economics and capitalism. From the instigation of the welfare state there have been several different philosophies attributed to explaining the effects of capitalism on societies. Two of the most influential schools of thought, prior to the 1980s, were those of Social Democratism and Marxism. Karl Marx was a highly influential thinker during the industrial revolution and his theories have prevailed into current social political discourse. However, his conceptualisations of how the mental health system should be analysed were highly pessimistic, and were eventually overtaken by the ideologies of social democratism. Social democratism was a school of thought which emphasised the importance of societal welfare and the role of the citizens in effecting changes within society. However, both of these schools of thought were made redundant within the United Kingdom, the United States of America and Australia during the 1980s when changes in Government resulted in policy formation being formed employing conservative ideologies. The conservative concepts that followed were highly influenced by the emergence of neo-liberalism, an ideology characterised primarily by the increased focus on economic gain achieved through instilling the individuals within society with increased senses of personal autonomy. However simultaneously, neo-liberal driven policies provided Governments with the means to relinquish the financial burden afforded by employing notions of the welfare state.

Thus, this thesis seeks to show that the current mental health system employed within Australia is steeped in neoliberal ideologies, and that this is resulting in increasingly
disadvantaging people with severe mental illness. This theory will be argued through examining the chronological changes in the mental health system and how social policies within mental illness can be historically linked to ideologies incorporating the welfare state, Marxism and social democratism. Finally, this thesis will examine the emergence of neo-liberalism, and examine how it can be used to interpret the current problems within the mental health system. The thesis is broken into three separate sections. The three different methodological approaches were designed to answer the overarching research question from three different angles. Each different approach will be outlined in detail, including the appropriate reasoning for its inclusion, the methods used, the results obtained and a discussion of the findings. The findings from each exercise will be discussed individually pertaining to the research questions addressed in the specific section. Finally, a general discussion will be undertaken, which will address the overarching research question, by drawing on the results from the three exercises. The research questions addressed within this thesis are:

What are neo-liberal ideologies? What are the roots of neo-liberal ideologies? How do neo-liberal ideologies relate to mental health policies? How do neo-liberal ideologies disadvantage the mentally ill?

The overarching question that this thesis seeks to answer is:

Do neo-liberal ideologies disadvantage those with mental illness within the Australian mental health care system?

The motivation driving this thesis is that in reality, the mentally ill within Australia are a particularly vulnerable faction of society and as such should be afforded the upmost care and respect from their fellow society members and most important their Government. Consequently the ideologies driving policy formation should reflect this.
2. **Theoretical Overview**

**The Mental Health system**

Conceptualisations of health and illness vary and are strongly influenced by the culture in which they originate (Waitzkin & Waterman, 1974:7; Mechanic, 1999:35). Even within cultures, variations can occur due to the ongoing debate surrounding how mental health/illness should be defined (Mechanic, 1999:19). Despite this, society nevertheless still needs to ascertain who should receive treatment, what sorts of treatment should be administered and where this should occur (Mechanic, 1989:152). Subsequently, the mental health system has changed dramatically since the early 1900s and continues to change as a result of various social, political and economic influences (Frank & Glied, 2006:1). As such, mental health as subject matter is studied within several different discourses with each discourse focussing on a specific facet. Although this thesis will draw on ideas from different discourses, the focus of this thesis is within the field of the social policy of mental health. As a discipline, the social policy of mental health is ultimately aimed at improving existing policies, and forming new policies to deal with the treatment and prevention of mental illness. The classical theories pertaining to the social policy of mental health are strongly influenced by Anglo-American notions of the rise and fall of the asylum, and the community treatment models that followed (Carpenter, 2000:602). Consequently, the continually evolving nature of the social policy of mental health requires that to understand its current standing, its historical roots must be examined as well.

Until the 1960s, mental health policies were dictated and enforced by a societies governing bodies (Frank & Glied, 2006:91). The era between 1965 and 1982 “may be fairly described as the revolution in mental health law” and was characterised by the process of deinstitutionalisation (Petrila & Levin, 2004:43). Deinstitutionalisation is a term used to refer to the period of time from the 1950s onwards in which a change in policies, surrounding mental health; resulted in a shift in the housing of people with mental illnesses from traditional hospital based mental health facilities, into community based care (Mechanic, 1999:177; 1989:161; Rose, 1979:430). The new policy stipulated that people should only be institutionalised if they require significantly high levels of treatment and supervision and should be discharged when this is no longer necessary (Croll, 1995:487; Grob, 1991:239). Australia, as part of the Commonwealth, inherited its systems based on those being

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1 Please note that this thesis will use the terms mental health and mental illness interchangeably.
articulated within the United Kingdom. The original system was subsequently one rooted within the asylum. But as the Western worlds views on these facilities changed, so did Australia’s, ultimately resulting in the mass closure of mental facilities within Australia as well (O’Brian, 2006:220).

The policies surrounding deinstitutionalisation had two main aims, to reduce the number of people institutionalised by at least 50%, and to implement preventative programs for mental health. These aims relied heavily on their being significant funding to do this (Bassuk & Gerson, 1978:132). The process itself was fuelled by several different factors. The most monumental of these was that of the social policies of the time surrounding human rights, which suggested that the current system was not properly equipped for the care of those with mental illness (Mechanic, 1989:161). Legislation has changed significantly since the 1960s regarding the treatment of people suffering from mental disorders. In this time there has been a steady decline in mentally ill patients admitted and within hospitals, instead, there has been significant emphasis placed on community based care (Anderson & Martin Lynch, 1984:41). The 1970s onwards also showed momentous changes in the rights of those with mental illness including the right to an active role in their treatment, and the retraction of the Governments’ right to incarcerate people against their will (Frank & Glied, 2006:4). The second factor was one perpetuated by the Governments’. The policy change claimed that shifting the care of the mentally ill into the community would not only benefit the individuals involved, but also decrease the financial strain previously placed on the Government (Group for the Advancement of Psychiatry. Committee on Psychiatry and Community, 1978:304).

Finally the process was aided significantly through the invention of psychoactive drugs (Bassuk & Gerson, 1978:127). Particularly through the invention of Chlorpromazine², a drug which meant that even the most severely affected by mental illness could be reduced to a more manageable state not requiring the extensive facilities of the mental institutions (Croll, 1995:484; Dewdney, 1989:81).

However, the process of deinstitutionalisation was instigated without there having been adequate investigation into how or whether the process would work (Torrey, 1997:87; Croll, 1995:487). In America, deinstitutionalisation resulted in there being a dramatic decline in the number of people receiving hospital care for mental illness (Mechanic, 1989:161). For

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² Chlorpromazine is a psychoactive drug which had the effect of a chemical lobotomy, leaving people highly sedated.
example, prior to deinstitutionalisation in the USA, there was an estimated 560,000 people residing in hospitals, however in the late 1980s there were approximately 115,000 (Mechanic, 1989:161). Between 1980 and 1995, the jail population simultaneously increased, with the number of people incarcerated in America rising by 216%. A number of theorists have attributed this finding to deinstitutionalisation (Torrey, 1997:35; Dewdney, 1989:81). Furthermore, mental disorders make up a significant amount of those affected by disease and disability in the United States (Levin, Hanson & Hennessy, 2004:3). Similarly many people with mental illnesses still live below the poverty line in the USA, have the lowest quality of life expectancy, suffer the most stigmatisation and are one of the most disadvantaged groups (Frank & Glied, 2006:2).

The current policy pertaining to admitting people with mental illnesses to treatment facilities, has changed to one of admit, treat, and then discharge as quickly as possible. This philosophy has two purposes: considerations of a more moral form of treatment, and the potential for significant financial merit (Dewdney, 1989:81). This follows the concept of ‘community mental health’; this policy was received well within societies. The policy also insinuated a promise of increasing the mental health of the community in general (Bassuk & Gerson, 1978:131; Grob, 1991:239). The process of deinstitutionalisation and the shift to community treatment appeared initially to work, however, it was found that a faction of the previously institutionalised population could not be reintegrated into society. These people were those suffering from chronic mental illnesses that had been institutionalised for a substantial amount of time, and had few to no friends and family in the outside community (Group for the Advancement of Psychiatry. Committee on Psychiatry and Community, 1978:305). This issue has prevailed into the present, according to Holmes, Hodge, Lenten, Feilding, Castle, Velakoulis, & Bradley (2006), there is a portion of the population identified as ‘community treatment resistant’ which is unable to gain treatment within the system. The Government and NGOs do provide some support for people existing within the community, however, the responsibility for these peoples welfare falls predominantly onto their family and friends. Those without family may find themselves in cheap housing, in inadequate nursing homes, or homeless (Dewdney, 1989:81; Chesters, 2005:280; Torrey, 1997:86).

Arguably, if the community based accommodations and facilities available were adequately funded and staffed, then the system could be successful, however, this is generally not the case, and some fear that we are moving back towards a need for the institutions people fought
to close (Group for the Advancement of Psychiatry. Committee on Psychiatry and Community, 1978:306). Interestingly, improvements, which have occurred within the mental health field, have come about largely because of the greater increase in consumer options and the competition these competing institutes create; not because of scientific breakthroughs (Frank & Glied, 2006:4). As it stands, there are significant problems with the current mental health care system. Only a small number of people receive adequate treatment from the system and a significant amount do not. These people often miss out on treatment for financial, legal and ideological reasons (Torrey, 1997:89).

It is beginning to look like neither approach, whether institutionalisation or community, is morally adequate (Bassuk & Gerson, 1978:144). From the point of view of policy formation the focus on the change from institutionalisation to community based caring should not be based on where those with mental illness actually reside but which space provides the greater quality of life (Mechanic, 1999:185). Within Australia we are seeing, like in America before us, a shift to health care delivery being viewed as a profitable business, (Waitzkin & Waterman, 1974:35) whereby the different levels of health care are projected as optional (Lupton & Najman, 1989:3). This has resulted in the current situation in Australia whereby mental health services are provided by a collection of institutions (Tippett, Elvy, Hardy & Raphael, 1994). However, this has resulted in facilities affiliations being within either, the public, or private sectors, and there is a significant lack of collaboration between the two (Levin, Hanson & Hennessy, 2004:3). Also, what was financially gained from deinstitutionalisation has not been resubmitted to the problem. Consequently there is a significant lack of facilities available to those with mental illness (Ozdowski, 2005:203).

The welfare state, Marxism, social democratism and mental health

In conjunction to changing social policy, the evolution of the mental health system was also strongly influenced by the prevailing ideologies. Mental health must always be understood within the social climate of the time since the policies surrounding mental health will be highly influenced by the values and concerns of the society within which they originate (Scheid & Horwitz, 1999:377). However the social policy of mental health in itself does not have specific theoretical frameworks for discussing the specific conditions within society that has led to these changes over time. Changes within society are fuelled by many factors including those mentioned above like social activism, however they are also highly influenced by academic thought. As such, this paper will now consider and discuss three of
the most prominent theoretical conceptualisations which have influenced, and theorised about, the changes within the social policies surrounding mental health. The theories pertaining to social policy are particularly relevant when considering mental health since social policy is predominantly concerned with the wellbeing of the vulnerable within society and social policy changes in the area of health have had a significant effect on Australian society (McClelland, 2006:5). It should also be acknowledged that Australian social policy has been highly influenced by developments within the field in the United Kingdom, and the United States of America, subsequently changes noted in the UK and the USA have been deemed relevant within this argument (McClelland, 2006:12). It is considered that the changes in the mental health system can be attributed to changes in the political ideologies driving the conceptualisations of the welfare state.

Within Australia, social policies are inextricably linked to the expansion of the welfare state which is embedded in capitalist economies (McClelland, 2006:19; Huber & Stephens, 2001:276). In general, the welfare state is often studied in reference to other phenomena, like health and rarely considered as a phenomena in itself (Esping-Anderson, 1990:18). However, the welfare state as we currently know it came into being during the middle of the twentieth century in a desire to even out the financial inequalities brought about by capitalism (Giddens, 2001:334). Governments at this time were endowed with an increased awareness that they should take a greater responsibility for their society’s wellbeing and subsequently incorporated this into their policy making (McClelland, 2006:19). According to Ashford (1986:1) “the transformation of the nineteenth-century liberal state and its diverse manifestations throughout Europe and North America into the contemporary welfare state is perhaps the most remarkable accomplishment of democratic governance”. The actual political structuring of the welfare state varies between different governing bodies however they are all characterised by the provision of assistance by the state to the citizens (Ashford, 1986:1). More specifically, the welfare state is generally supposed to “promote economic efficiency, reduce poverty, promote social equality, promote social integration, avoid social exclusion, promote social stability and promote autonomy” (Goodin, 1999:22).

Throughout the initial conception of the welfare state Marxist thought was greatly acclaimed. Karl Marx was a highly influential thinker who conceptualisations of society began during his analysis of the effects of the industrial revolution. However throughout his career, his primary concern was the analytical consideration of the affects on modern society as a result of capitalism (Giddens, 2001). Marxist views of the welfare state are predominated by
notions of economic production and specifically that production is the foundations of society (Taylor-Gooby, 1985:99). Production was paramount to Marx since it the means of production, and the control of the means of production, which will dictate a person’s relationship within societal hierarchy and their ability to interact within it (Farganis, 2004:25). According to Marx (1844:38) society is inherently unequal. Since he maintains that the means of production are the foundations of society, society then falls into two classes “the property owners and the property-less workers”. For Marx the political economy is inextricably linked to ownership and notions of private property. Within Marxist thought labour also played an integral role. Specifically that, according to Marx (1844:38) workers do not in themselves own the products of their labour, their labour is their commodity. This, he maintains, means that workers feel alienation from the fruits of their labour.

Marxism was particularly concerned with the dichotomy between the increasing development of production and the finances that were gained through this and the fact that the vast majority of the money gained from these advances was attributed to a small group of individuals (Taylor-Goody, 1985:7). The crux of Marx’s theory is that the working class is exploited by the non-working class and as such society is inherently unequal (Taylor-Gooby, 1985:101). For Marxist thought, this dichotomy between the workers and owners of work, is exemplified in mental health, originally within the asylum and then later during the shift to community care, on to the psychiatrists. Subsequently it was those controlling the asylums, and later on the psychiatrists specifically, which exerted control over those with mental illness. So for Marx the mental health system and the policies surrounding it were inherently unequal. Marxism also conceptualised the changes pertaining to mental health as coming about largely due to the political and economic pressures placed on the governing bodies, not reforms in societal thought (Carpenter, 2000:604). Furthermore for Marx a true welfare system that was able to support and provide for all people, was not possible under capitalism at all (Sullivan, 1994:85). In general Marxist views suggest that social policy changes are pessimistic at the best of times, and insinuate that further change for the better is unlikely. Marxist views are also predominated by notions of hierarchy and leave little room for the power and impact that social movements can have. Subsequently Social democracy rose as an antithesis to Marxist thought, emphasising the role that society can play in effecting change at the policy level.

According to Sullivan (1994:85) social democratic views were arguably one of the welfare state’s driving ideologies. According to Sandbrook, Edelman, Heller & Teichman (2007:13)
social democracy as a school of thought, rose in the early twentieth century and was fuelled by the social optimism surrounding post World War II. Social democracy was incorporated into political thought due to the promise of “an active, ethically engaged, cross-class, and democratically orientated strategy for winning power and transforming capitalism” (Sandbrook, et.al., 2007:13). According to Sandbrook, et. al. (2007:14) social democratic societies have several different features: “A heavy role for the state in economic life, with an extensive public sector and state regulation underpinning a ‘mixed economy’. The pursuit of equality and justice through high redistributive taxes and a comprehensive and universal welfare state. The promotion of full employment and the maintenance of an alliance between the social-democratic party and a centralised labour movement”. In summary, social democracy is centred on notions of equality, the principal being that through incorporating these ideologies into social and political policy, the creation of a society in which everyone regardless of their means, can potentially have a good quality of life, is an achievable goal.

According to social democratism, the mentally ill are an identifiable and vulnerable group in need of community and Governmental assistance and support (Carpenter, 2000:604). Carpenter (2000:604) argues that it was through the increased focus on societal welfare, social awareness and heightened medical knowledge that the pushes from deinstitutionalisation to community treatment paradigms were placed in effect. Subsequently social democratism was one of the driving forces behind the implementation of the community treatment model. Social democratic views consider the state to be primarily a neutral being, whereby they create social policies based on the desires of the people. So in this line of thinking the changes effected in the social policies pertaining to mental health came into effect due to the desires of society (Carpenter, 2000:604) However social democracy has been attacked for many reasons ranging from being accused of inefficiency to being completely redundant (Maddox & Battin, 1996:4). According to a Marxist view social democracy does not adequately explain the experience of class division within society and that the Government primarily satisfies the needs of the ruling class. Another argument has been that social democracy is merely used as a means of legitimising Governmental control and leaves the state in a subservient role (Sullivan, 1994:54).

Consequently it is believed that neither social democracy nor Marxism can be utilised to explain the current situation within the Australian mental health system. In sum, the social democratic view is considered far too optimistic and suggests that society plays a much larger role in effecting change than is actually likely. Similarly Marxism is believed to be far too
pessimistic in that it does not take into account the influence that social movements have had on changes in social policies. Consequently it is argued that the changes to social policies within mental health have been primarily effected by the increasing influence of neo-liberal ideologies. According to Giddens (2001:336) and Johnson (1990) the welfare state within the 1980s, in the United Kingdom and the United States of America underwent some dramatic changes in their policy formation characterised by a decline in the welfare being provided by the governing bodies, as a result of the changes in Governmental administration.

**Neo-liberalism and mental health**

According to Giddens (2001:336) during the 1980s Western Governments were faced with the reality that the financial strain of the welfare state was exceeding the financial benefits of economic expansion. However according to Johnson (1990) these changes were a result of the increased influence of the conservative political parties which intended to change the system to “increase privatisation, reduce the power of the state and increase inequalities”. The welfare ideologies of the previous years’ appeared to have been reversed (Sullivan, 1994:102). It is argued that the idea behind the conservative governmental regimes when implementing neoliberal thought was not to eradicate the welfare state but to transform it into a more economically viable model (Sullivan, 1994:103). The emergence of neoliberal ideologies within political thought, is generally attributed to the election of Conservative social policies into Government. In the UK, it was Margaret Thatcher, the USA, Ronald Regan and within Australia although later in time, with the Liberal Government under John Howard (Sullivan, 1994:117). Neo-liberalism as school of thought, is primarily characterised by a shift away from government controlled agencies and a push towards the privatisation of previously government controlled agencies, community run agencies with a heightened emphasis on the individual and the family to take responsibility for the vulnerable (Sullivan, 1994:116). It is argued by political bodies that the shift to opening the market within the health sector is beneficial to society, and perhaps theoretically it is. Basic economic notions of supply and demand, dictate that the greater the market size the more competition there will be and subsequently there will be greater choice for consumers, in products and price (Sullivan, 1994:118). However it is not believed that this positive outlook on neo-liberalism has occurred in Australia when considering mental health.

According to Carpenter (2000:602) the current economised health care system can be attributed to an increase in neoliberal political ideologies. This neoliberal climate has resulted
in a shift away from Government run agencies to an increase in those run by the private
sphere, affecting a shift in the monetary strain from the Government to the individual
(Morgen, 2001:747). Whilst these policies originated in the USA, there is significant
evidence of their incorporation into political thought within the UK and also Canada. Whilst
some may argue that this is the result of globalisation and an increase in cultural
homogeneity, others argue that the adaptation of American policies into other Western
societies was driven purely by economics. According to Terris (1999:153) this was largely
due to the influence of the World Bank and the International Monetary fund. Both, he
maintains, have aided in “exporting” the ideology throughout the world through issuing
demands on governments to adhere to “austerity measures”. These “austerity measures” are
allegedly in favour of the wealthy and powerful. This has resulted in a decline in the services,
facilities and funding provided by the governments to the welfare sector (Terris, 1999:154).
For example within the health field “the World Bank published in 1987 its Financing Health
Services in Developing Countries: An Agenda for Reform, which proposed “an agenda for
reform that in virtually all countries ought to be carefully considered”. This included four
policies: 1) charge users of government health facilities; 2) provide insurance or other risk
coverage; 3) use non-governmental resources effectively; and 4) decentralise government
health services” (Terris, 1999:153). It is argued that three aspects of neo-liberalism are seen
quite significantly within the current Australian mental health policies, specifically the
increased role in economics, the decreased role of the state and the increased emphasis placed
the Australian mental health policy has been influenced by neo-liberalism since the mid
1980s. Since then there has been a marked change in the services provided for the mentally
ill. Specifically there has been a shift from complete government control to the responsibility
for care being shared amongst government, private and community based programs. The
other main shift which has occurred is that this has resulted in a dramatic change in the way
the government views personal autonomy. Under social democratism, the focus was on
assisting people however neoliberal ideas have shown a shift to ideas of personal
responsibility and notions of self sufficiency. Subsequently in an attempt to decrease peoples
dependency on the state, neoliberal ideas have fostered a sense of personal autonomy.
Specifically encouraging individuals to take personal responsibility for the choices they make
(Morgen, 2001; Henderson, 2005). However what this results in is a substantial increase in
the amount of care and assistance expected from the families of those with mental illness.
Subsequently it is argued that in terms of mental health neo-liberalism shifts the burden of
care away from the governing bodies to the individual person and their family (Henderson, 2005:244).

This thesis has addressed several different problems within the mental health system. Specifically the process of deinstitutionalisation, the subsequently shift to a community based model and the implications that this has had on those suffering from mental illness. It was expressed that the process of deinstitutionalisation, characterised by the mass closure of public mental health hospitals was theoretically a positive change, however it was not properly considered before being implemented. Furthermore this overview demonstrated that the community based model that followed was again theoretically sound however has resulted in a variety of new problems for those suffering from mental illness. Those suffering from mental illness are still amongst the most disadvantaged within society and substantial changes need to occur to rectify this. An examination of the ideological frameworks within which mental health policies were and are formed, including ideas of the welfare state, Marxism and social democratism suggested that none can provide a theoretical framework for analysing the current situation within the mental health care system. Although neoliberalism provides a far more coherent means of conceptualising the Mental Health care system within Australia, the theoretical overview suggests that this is at the detriment of those who suffer from mental illness.
3. **Approach 1:**

The effectiveness of the current mental health system from the perspective of people working within the mental health system.

**Background information for the exercise:**

The deinstitutionalisation of mental healthcare in Australia has led to a marked decrease in negative stigma as well as a reduction in the financial burden on the Government. However this has also led to a significant fall in the number of medical facilities available to those with mental illness (Ozdowski, 2005:203). Those unable to get treatment are often placed in the immediate care of their families or become homeless. This exercise aimed to identify the service gaps that exist in the current mental healthcare system in Australia and examines the reasons why these gaps have been widened over time. By undertaking interviews with social workers and case workers in the field of mental healthcare, it critically analyses the validity of social policy shifts towards a neoliberal climate which emphasises a greater responsibility of the private, community and family-based care provision (Henderson, 2005). It also aimed to examine the coordination problem of various organisations involved in the mental health service delivery (Holmes, et al., 2006). Participants potentially included welfare workers, social workers, case workers and/or psychologists. This category of people was chosen primarily since they have significant access and interaction with the people directly affected by unfortunate circumstances (Morgen, 2001:748). The primary aim of this exercise is to ascertain the quality of the current mental health system from the perspectives of those working within the field. The main research questions which will be addressed are as follows: What are the main problems within the current system? What are the greatest challenges faced by those within the field? In the participants opinions what are the differences amongst the different agency run facilities? Do these facilities collaborate? And finally is their evidence that suggests that the current system is rooted in neoliberal ideologies? These questions will be examined through in depth interviews.

**Method:**

It was initially aimed to recruit 10 participants (aged between 18 and 60, of varying ethnicity and sex) from various facilities which offer services for those with mental illnesses. Participants could include; welfare workers, social workers, case workers and/or psychologists. Potential participants were recruited via email. A letter requesting expressions
of interest was emailed to Rough Edges; Uniting Care, Mental Health; The Black Dog Institute; Headspace; The Schizophrenia fellowship of NSW; NSW Health; South Pacific Private; Mental Health Council of Australia; and Psychological Therapy (see Appendix 1: Letter to potential participants). Potential participants were then asked to contact the researcher (myself) via email so that an interview could be scheduled.

The interviews were open ended, based on a list of guiding questions which were aimed at ascertaining people’s beliefs, opinions and the problems they have encountered in aiding people to gain assistance for mental illness. A list of the guiding questions can be found in Appendix 2: Guiding interview questions. Interviews were conducted in the participant’s workplace offices, one on one and when allowed, an audio recording was undertaken.

Results:

Since the interviews were all done without recordings the results were written up based on each participant’s answers to the questions. It should also be acknowledged that whilst the sample is small all 3 participants worked with in different areas of the field. Interviewee 1 worked for the Australian Government, Interviewee 2 for a non-profit community organisation and Interviewee 3 for a church run community organisation. The general findings from the interviews are as follows.

It was found that when asked about the problems regarding the current mental health system, Interviewee’s 1 and 2 outlined very practical concerns with the current system. Specifically these concerns were that the current system needs to provide:

- More outreach programs.
- More hospital beds.
- More ‘Pioneer Clubs’.
- More staff, specifically more case managers and more mental health professionals in all communities.
- More housing. Housing is particularly hard to come by even in emergencies.
- More funding, specifically recurrent funding for successful models.

Interestingly Interviewee 3 placed more emphasis on the need to humanise the services and take into account the substantial individual differences between people.
Both Interviewees 2 and 3 expressed having experienced different ‘greatest’ challenges within their work, Interviewee 1 did not answer this question. Interviewee 2 maintained that the greatest challenge faced was the extreme poverty endured by people with mental illnesses. Interviewee 3 maintained their greatest challenges included:

- Trying to work out responses to peoples’ needs.
- Trying to facilitate a sense of belonging within people and a connection to the community.
- Fostering trust and integrity with people.
- Making a safe place for people to go regardless of where they came from.

However both interviewees 2 and 3 maintain that one of largest challenges they faced was dealing with the mental illness itself, for example understanding what causes mental illness, the problems of addictions and co-morbidity\(^3\).

In regards to problems which the interviewees saw repeatedly in their patrons, Interviewee 2 maintained that the main recurring problem is directly related to the fact that there is currently no cure for mental illness. Also interviewee 2 maintained that because mental illness is a lifetime ailment that there are other issues which also constantly recur like problems with the legal system and problems associated with poverty. Interviewee 3 was more concerned with the social ramifications of mental illness. They specifically identified stigma and a lack of understanding within the community, as problems which can result in social isolation. Interviewee 1 did not provide any comments on this subject.

In regards to the differences between public, private, and community based services for the mentally ill, all 3 interviewee’s maintained that there are differences, however these differences should not be seen as a negative. All three claimed that each group provide different services and so are all important within the mental health system. In regards to collaboration between the services, both Interviewee’s 2 & 3 maintain that whilst there is an active attempt to increase collaboration still further work needs to be done as collaboration is still limited. Interestingly on this matter Interviewee 3 maintained that one of the reasons that collaboration is still minimal is because of privacy laws, however Interviewee 2 bought up this same issue claiming that privacy laws were often used as an excuse, and yet maintained that they were easily navigated with the use of release forms. In contradiction to this

\(^3\) Co-morbidity is when a person suffers from more than one mental illness at the same time.
Interviewee 1 maintains that collaboration is a frequent occurrence. In the experience of both Interviewee’s 2 and 3 people are often bounced about between different services and so collaboration between these services is of great importance. However Interviewee 2 maintained that the bouncing from different services often had negative consequences, and yet Interviewee 3 maintained that it was a positive.

Interviewee’s 1 and 2 also provided some other points individually which were deemed relevant to the study and bear mentioning:

- **Interviewee 1** indicated that there has been a substantial change within the Australian Governments approach to mental health, specifically that recently there has been a shift from a more person centred approach with the Personal Support Program (PSP) into a more vocational approach. This she suggests is due to a lack of finances on the Governments behalf.

- **Interviewee 2** emphasised the problems currently associated with realising that at the moment there is no cure for mental illness. This they maintained, results in one of the main problems with the current mental health system, that the Government currently fails to see that mental illness will be a lifetime ailment. Subsequently the current policies in place suggest that the Government views mental illness as though there will be a clearly defined point at which people suffering from mental illness will no longer need Governmental assistance. According to Interviewee 2 the Government needs to in general view mental illness differently when considering different approaches for dealing with it. A possible way of helping this forward suggested by Interviewee 2 is to change mental health from being merely a subsection of ‘Health’ currently covered by the Minister for Health and providing the issue with its own Minister for Mental Health.

- **Interviewee 2** also emphasised that progress is very difficult to measure and present to Bureaucrats.

Finally all participants were asked in their experience how did they think that these problems came to be. However only Interviewee 2 provided an answer, they maintained that the current problems are a cause of a combination of problems including deinstitutionalisation, world politics and stigma.
Discussion of results and potential methodological problems:

The practical concerns regarding the problems with the mental health system outlined by Interviewee’s 1 and 2 are concurrent with the literature. Specifically that the current system based on community treatment has some substantial inadequacies. The fact that Interviewee 3 did not outline any specific problems with the system but more so focused on the need for humanising the system could be attributed as having a connection with their vocational position. Interviewee 3 is a pastor and throughout their interview there seemed to be a much larger focus on the psychological effects of the community like stigma and misunderstanding. These problems are generally understood with the discourse of the Sociology of Mental Health and whilst interesting are not however the focus of this paper.

The greatest challenges that the Interviewee’s faced strongly correlated with the problems that they saw repeatedly with their patrons. Subsequently both will be discussed here. Both Interviewee’s 2 and 3 claimed that their greatest challenge was mental illness itself specifically understanding what causes mental illness and the fact that it is a life time ailment. This is a problem that was not specifically raised in the theoretical overview however it is an issue often bought up within the literature. For example it is now generally accepted that mental illness should be considered within a medical approach, however for many years this notion was contested by social constructionist views (Frank & Glied, 2006:8). However despite their differences, both arguments agree that whether it is illness or deviance, mental illness is characterised by a digression from the ‘norm’ (Locker, 1981:93). In an attempt to bring some cohesion to the field, the DSM (the Diagnostic and Statistical Manual) was created and is still (in its revised form) used today. This manual attempts to categorise and explain different psychological disorders and provide some consistency within the diagnostic aspect of the field (Mechanic, 1999:20). Despite this, within Australian Mental Health Policies there have been several different approaches to defining mental illness (Shea, 1999:7). According to Shea (1999:7) within the various Government acts over the years regarding mental health, the Australian Government has taken 7 different approaches to defining mental illness including using; “no definition, a circular definition4, definition by syndromes5, definitions by exclusion6, definitions in terms of mental functions7, definitions

4 For example “metal illness is a disease of the mind” (Shea, 1999:9).
5 Like saying someone has ‘schizophrenia’ (Shea, 1999:10).
6 Through looking at what mental illness is ‘not’ can determine what mental illness ‘is’ (Shea, 1999:11).
7 “Instead of looking at mental illness in terms of syndromes it should be defined in terms of the greater categories that each mental illness belongs to, like mood disturbances etc” (Shea, 1999:12).
in terms of symptoms\textsuperscript{8} and mixed definitions\textsuperscript{9}. This illustrates that over the years the Australian government has utilised a variety of different definitions for mental illness. The field is subsequently unable to make a conclusive decision regarding what mental illness actually is. However this inconsistency is not surprising since there is still an absence of evidence for the aetiology of mental illnesses (Mechanic, 1989:25; Croll, 1995:483).

Interviewee 2 maintained that the greatest challenge he had encountered was the severe poverty found with many people with mental illnesses. This is concurrent with the general findings regarding mental illness, particularly those of Frank & Glied (2006:2) which suggest that people with mental illnesses have the lowest quality of life expectancy, often live below the poverty line and are in general one of the most disadvantaged groups. Since mental illness is a lifetime ailment it puts people at a lifelong disadvantage. Rogers and Pilgrim (2003:132) suggest that this can be considered as a longitudinal inequality. The presence of extreme poverty also supports the idea that the current mental health system employs neoliberal ideologies. As was stipulated by Morgen (2001) throughout the shift to neoliberal ideologies with the closure of many government run hospitals and facilities a substantial amount of the monetary burden has been shifted to the individual and the government facilities are overstretched. Subsequently as Torrey (1997:89) suggested there are a significant number of people who will miss out on treatment and arguably because of this will be unable to maintain a ‘normal’ quality of life. Those with severe debilitating disorders and limited financial means often are provided with few options to increase their quality of life.

Interviewee 3’s greatest challenge was again more relevant when considering notions of stigma and ostracism. Whilst they will not be discussed in length here since they are not pertaining to this particular exercise, it is worthwhile mentioning that according to Interviewee 3 stigmatisation and ostracism within the community are still significant issues for those suffering from mental illness.

In regards to the differences between the private, public and government run facilities, the results were not what was suspected. All Interviewee’s maintained that the differences between the public (government run), private and community based facilities were apparent

\textsuperscript{8} For example mental illness is described in terms of the symptoms which characterised the syndrome, this method is used in the DSM currently (Shea, 1999:13).

\textsuperscript{9} Which are as they are suggested, a combination of one or more of the above mentioned definitions (Shea, 1999:16).
but were not negatives. All claimed that each group provide a different set of services and that they are all important to the mental health system as a whole. This finding is more concurrent with the suggestion of Sullivan (1994:118) which stipulates that political bodies argue, that in opening the health sector to the private and community there will be a greater variety of services available to people. This finding suggests that neo-liberalism is a positive for society, like the ideology was originally sold by political bodies to society. According to Pauwels (1999:65) this notion is referred to as “consumer sovereignty” and suggests that the power to choose a treatment or facility is passed to the individual consumer and not dictated by the governing body. However how much choice people have is questioned. For example are choices limited based on a person’s financial means? Similarly it should be noted that the Interviewee’s did not suggest that people have a choice as to which service they use but simply that each services have different roles within the current system. This question also did not assess the quality of these services or to whom these services are available. Answers to these questions would have furthered the quality of these implications.

One of the problems outlined in the literature regarding the current mental health system is that there is little to no collaboration between the facilities available (Levin, Hanson & Hennessy, 2004:3). According to both Interviewee’s 2 and 3 this is still a significant problem, however the problem has been recognised. Since the problem has been acknowledged, according to the Interviewee’s there has been an active attempt made by people within the field to increase communication and collaboration between the services and both reported having been a part of such communications. It was interesting to note however from a practical point of view that Interviewee 3 claimed that one of the reasons that collaboration is difficult is due to privacy laws. Interviewee 2 however claimed that this is often an excuse used by people to not collaborate and that they are many practical ways around the privacy laws, like for example getting people to sign release forms. Furthermore it was interesting to note that according to Interviewee 1, collaboration happens on a regular basis between all different facilities and workers. To ascertain properly whether or not collaboration occurs, a greater sample is required. However these findings do at the very least suggest that collaboration is increasing. In the experience of both Interviewee’s 2 and 3 people are often bounced between different facilities. However as both disagreed as to whether this had a positive or negative effect on individuals there was not deemed to be sufficient data either way to discuss the problem in reference to the previous findings.
The last part of the results presented in detail three points which were brought up by Interviewee’s 1 and 2. These were included in the results since they, whilst not applicable to the original questions, were points raised by the Interviewee’s and bore specific relevance to the research question regarding neo-liberalism. Interviewee 1 indicated that there have been substantial policy changes within the mental health system recently. This change has specifically been from the Personal Support Program (PSP) to a new approach which heavily focuses on reinstating people into employment. PSP was a Commonwealth Government initiative which was strongly focussed on equal opportunity and life planning, therefore helping people to address non-vocational barriers such as mental health issues and welfare problems such as housing, financial budgeting and physical health problems. The focus was to support those in need to move towards a higher quality of life than they had at the time which included employment and education goals. The current program is not as well rounded in that there is less focus on helping people in other areas of their lives and more on getting people gainfully employed. Interviewee 1 maintains that a possible reason for this shift is due to the financial strain on the welfare system and the need for the Government to focus more on employment outcomes to reduce the financial burden. One of these strategies was to embed the PSP program into their new employment services program. However, there appears to be less case management and more group servicing in the new program which can be very difficult for people with mental health issues. What this means practically however is that there will likely be more people with mental illnesses not receiving the medical treatment and support that they require. Since this new approach focuses on getting people back into the work force and not necessarily getting them the help that they require in the process. Subsequently in so far as those with mental illness are concerned, the Australian Government has for financial reasons, taken a step back.

This change has strong links to neoliberal ideologies. Specifically as Morgen (2001) suggests one of the primary aims of neo-liberalism is to shift the monetary strain from the Government to the individual. This new Government initiative is primarily focussed on re-employment with the aim of getting people not only off welfare but making them self sufficient financially. The concept of self sufficiency is also strongly rooted in neoliberal thought (Morgen, 2001:747). The idea behind self sufficiency is that it was argued that under the welfare state people were becoming to dependant on the system. Subsequently policy debates argued that in fostering self sufficiency the governing bodies would be able to reduce dependence on the welfare state. According to this philosophy employment is the key to
reducing dependency and fostering self sufficiency (Morgen, 2001:748). However there are some significant problems with this outlook, which were however brought up by Interviewee 2.

Interviewee 2 emphasised the fact that there are significant problems associated with the fact that mental illness is a lifetime ailment for which there is currently no cure. The current vocational approach taken by the government suggests that people will be able to be ‘cured’ to a point at which they will be able to gain and maintain employment. However for many people this will not be the case. For example the second point that Interviewee 2 raised was that measuring progress with mental health is extremely difficult and explaining progress to bureaucrats is even more so. For example one member of the club Interviewee 2 works at has improved substantially over the past three years and is no longer turning up to the club in soiled clothing and is able to catch public transport unassisted. However these things, whilst monumental to the individual and those who have helped them, are considered as little progress since the individual is still a long way off being able to be completely independent from the system and even further from gainful. Subsequently as is suggested by Henderson (2005), Sullivan (1994), Dewdney (1989), Chesters (2005) and Torrey (1997) the burden of care is potentially shifted to the families and friends and those unable to reach a level of self sufficiency may even find themselves homeless.

However despite these findings some limitations and problems that were encountered need to be addressed. Firstly when writing up the results for the interviews, it became apparent, that the depth of the questioning was not sufficient to be able to form genuine conclusions. For example further questioning regarding the differences between the public, private and community based facilities could have provided a stronger argument for or against neo-liberalism. Secondly, it should be recognised that the sample size is acknowledged as being way too small to place any real weight on the findings. However what was found is considered to be a good step in the right direction. I am hopeful that if a similar study is ever conducted, the results reported here will be further supported. The small sample size was a result of the complete lack of responses from potential participants approached. It is also considered possible that the method I chose for contacting potential participants was flawed to begin with. In my personal experience e-mails are often disregarded before being read, subsequently were I to undertake this research again I would seek out an alternative method for recruiting participants. Also due to a methodological flaw on my behalf, in contacting The Schizophrenia Fellowship of NSW, I received several expressions of interest, problematically

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though from the Northern Territory in one case and another from a place I believe to be approximately 5 hours south of Sydney. Subsequently interviewing these people was not possible. So in total only 3 people were interviewed, despite the initial desire to interview at least 10. However thankfully, these 3 participants all came from 3 different areas of the field and so at least there was some diversity.

The interviews themselves were also somewhat mixed in their success. For example the results from Interviewee 1 are mixed in that the interviewee diverged significantly from the initial questions prepared. Subsequently whilst informative, the majority of the information gained was deemed irrelevant to the study. Another problem encountered was that the first participant’s reluctance to be recorded came as a complete surprise and in truth I was not adequately prepared for an alternative. This is perhaps another one of the reasons that the interview itself was not focussed enough on the questions that I had prepared. This is believed to have been a good learning curve and it was found that the second and third interviews were much more successful even though recordings were not taken of these either. Finally it should also be noted that each participant was shown a copy of their results prior to their inclusion in this report. This was a condition of the participant’s participation in the interviews. Subsequently it should be noted that some changes were made on behalf of the interviewees so that they would be satisfied with their inclusion in this thesis. However none of these changes were substantial in most cases they merely elaborated more clearly as to what they meant.
4. **Approach 2:**

**Content analysis of the media’s attitudes towards mental health and the Government’s approach to mental health.**

**Background information for the exercise:**

The purpose of this exercise was to ascertain the general attitudes of the mass media and to attempt to determine whether they portray conservative neoliberal ideologies or whether they adequately portray the severity of the issue of Mental Health depicted in the academic literature. The media is utilised by many people worldwide, as a means by which information regarding the world is both gained and analysed (O’Shaughnessy & Stadler, 2002:21). However this is inherently problematic since the media does not portray the world as it actually is, but more so they “construct and represent” a version of reality (O’Shaughnessy & Stadler, 2002:22). Subsequently this version of reality is shaped by those who create it. This problem has been quite a prominent issue for mental illness, given that the media has been found to play a significant role in shaping how society views people with mental illnesses (Knifton & Quinn, 2008). For many years those suffering from mental illnesses endured substantial stigmatisation and discrimination and this was fuelled by perceptions within the media (Klin & Lemish, 2008:434). Whilst this may no longer be the case the influence of the media remains the same. The media influence has been readily accepted by governing bodies, and has in the past been found to play a significant role in perpetuating conservative ideologies (Ginsberg, 2000:386). Subsequently this exercise seeks to answer the following research questions: What are the attitudes portrayed in the media regarding mental illness? How does the media portray the government’s current approach to mental illness? According to the media, is the current system for mental health in Australia is adequate? Does the media portray the Government in a positive way? And finally, does the media perpetuate a conservative neo-liberal ideology?

**Method:**

A content analysis of 60 recent articles detailing mental illness were examined. A content analysis, whilst sometimes argued to be too subjective, was believed to be the most efficient way of analysing the media in this instance. For example, Hartley & McKee (2000) used a similar methodology with much success to examine the attitudes towards Indigenous people of Australia within the Mass media.
All articles were taken from the website “news.com.au”. This website was chosen over more academic search engines due to the accessibility of the site. Other websites for example ‘factiva’ could have produced a wider berth of articles, however these types of sites are not available to the majority of the population. Consequently it was considered that news.com was more likely to procure articles accessed by a larger portion of the population. In keeping with this thinking however the website was chosen for a second reason. News.com was also chosen since when you type into the search engine ‘Google’, the word ‘news’, this is the first suggested site that comes up. Google is one of the most prolifically utilised web sites. News.com also theoretically brings ups articles from a wider range of sources than merely searching each individual news outlets website.

5 headings were used to perform searches on the website, news.com.au; Deinstitutionalisation, Community Treatment, Mental Health, Mental illness and Mental health policy. These particular headings were chosen because they were the terms which occurred most frequently within the literature. Each heading was typed into the search criteria box and the first 12 articles that the search yielded were used. Only articles were included, no editorials or comments were utilised. This was because comments and editorials are not subjected to any regulations and so subsequently the validity of their contents can be questionable. Similarly articles which the search procured which had no mention of mental health/illness were also disregarded. A list of all the articles procured can be found in Appendix 3: Website addresses for all articles used in the content analysis. Articles were only used once. Subsequently if the same article appeared in more than one search the article was disregarded the second time.

Several questions were asked of the articles, for a full list of the questions asked please see Appendix 4: Questions addressed in content analysis of the media. In terms of coding the majority of the questions addressed the content of the entire article seeking to ascertain whether the article portrayed a positive, negative or neutral attitude towards the specific question. The term attitude here has been used in the context that social psychologists employ. Specifically an attitude is a term utilised to explain a person’s opinion of evaluations of any phenomena in the social world. Attitudes can be positive, negative, neutral or can be a combination (Baron, Byrne & Branscombe, 2006:125). This analysis seeks to ascertain the attitudes of the media through interpretations of the articles presented on the topic of mental illness. Whether an attitude is deemed positive, negative or neutral will be decided based on the written content and whether the majority of the views presented overall sway towards an
attitude of positivity, negativity or neutrality. In articles were there is no opinion presented regarding the question asked, or if the attitudes presented appear to contain a combination of both positivity and negativity then the overall attitude will be considered neutral.

Results:

60 articles were examined. Of these 2 articles were unable to be accessed, 9 articles were deemed not relevant and 1 article was a repeat. Subsequently only 48 articles were included in the results. All articles were written in the past 2 years. 50% of the articles examined suggest that there are significant problems within the current mental health system. Of these 12 claim that there are problems with the system in general, 7 maintained that the facilities available are inadequate, 3 maintained that there is inadequate funding being provided to the system and the remaining identified more specific problems for example Article 10 from *Community Treatment* which outlines the problems faced by families attempting to get their loved ones help. The remaining results of the content analysis have been tabulated as follows:

Figure 1: Division of Newspaper distributors

<table>
<thead>
<tr>
<th>Newspaper Distributor</th>
<th>Number of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP</td>
<td>18</td>
</tr>
<tr>
<td>The Courier Mail</td>
<td>14</td>
</tr>
<tr>
<td>The Australian</td>
<td>12</td>
</tr>
<tr>
<td>The Advisor</td>
<td>8</td>
</tr>
<tr>
<td>Adelaide Now</td>
<td>4</td>
</tr>
<tr>
<td>Reuters</td>
<td>2</td>
</tr>
<tr>
<td>The Herald Sun</td>
<td>2</td>
</tr>
<tr>
<td>News.com</td>
<td>2</td>
</tr>
</tbody>
</table>

The above table shows the distribution of the different newspapers from which the articles analysed came from.
Figure 2: General attitudes towards the Government

The above table shows the distribution of the general attitudes towards the Government, being positive, negative or neutral for the articles examined.

Figure 3: General attitudes towards mental health

The above table indicates the distribution of attitudes towards mental health in general, being positive, negative or neutral, within the articles examined.
Figure 4: Attitude towards the Government’s approach to mental health.

The above table indicates the distribution of the attitudes towards the Australian Government’s current approach to mental illness and the mental health system, whether positive, negative or neutral, within the articles examined.

Discussion of results and methodological problems:

It should be mentioned that 9 articles were disregarded since they were deemed not relevant and one was unable to be accessed for some form of technical reason. Those that were disregarded as “not relevant” were done so on the basis that the article made no mention of mental illness. One example of a disregarded article, was article Number 9, subtitle ‘mental health’, which procured an article relating to a fake penis being sold on the internet used for evading drug testing. Subsequently in total 48 articles were used in the content analysis.

In reference to Figure 3: General attitude towards mental health, the general attitude portrayed by the media regarding mental illness was overall either deemed neutral or positive. None of the articles analysed were considered to have portrayed mental illness in a negative light. Articles were considered neutral when they did not attribute a specific opinion to mental illness. Subsequently many of the articles spoke of both mental illness and people with mental illness in a detached way. Meaning that within the articles mental illness is considered separate from both the people who suffer from it and from the issues mentioned. For example in the article ‘Debate Locking up the mentally ill – Nelson’ the article merely

speaks of the different issues currently faced which have resulted from deinstitutionalisation. The article does not attribute at all a value judgement on the mentally ill or make any comments which could be attributed to negative stereotyping or stigma. This is considered a substantial step forward. This finding suggests that the stigmatisation towards the mentally ill within the media is not as apparent as it was in the past as was suggested by Klin & Lemish (2008:434).

In reference to Figure 4: General attitudes towards the Government’s approach to mental health, the media portrays the current government’s approach to mental illness generally with neutrality. 25/48 of the articles examined expressed neutrality towards the Australian government’s approach to mental illness. However 20/48 portrayed negative attitudes towards the Australian Government (21 if we include one article which was negative towards the American Government). However it should be noted that of those that expressed neutrality this is in part because some of these articles had no reference at all to the Australian Government. Subsequently almost 42 % of the articles mentioning the Government portrayed the Government in a negative light in reference to their approach to the mental health system in Australia. This is contradictory to Ginsberg’s (2000:386) theory which stipulates that the media can play a significant role in perpetuating the conservative ideologies of the Government. According to these findings the Australian media is quite disparaged with the government’s approach and by no means perpetuates the conservative neo-liberal ideas currently within the Government. If anything the perceptions of the media suggests that there are significant problems within the current system and that the Government needs to take some drastic measures to rectify them. In accordance with this, it was questioned that overall, what was the media’s general attitude towards the Government itself. As was seen in Figure 2: General attitude towards the Government, the vast majority of the articles examined portrayed a neutral attitude. Subsequently it was surmised that for the most part the media is disgruntled with the Government’s policies surrounding mental health more so than the Government itself.

Of the articles analysed 50% suggested that there are significant problems within the current mental health system and that it is by no means adequate. Of these 12 claimed that there are problems with the system in general, 7 maintained that the facilities available are inadequate, 3 maintained that there is inadequate funding being put into the system and others claimed a variety of more specific issues. In order to ascertain how these link back to notions of neo-liberal ideologies it is pertinent to examine the 12 articles which claim that there are problems
in general. Of these general problems the primary concern was the inadequacies of the facilities and treatment options currently available to people with mental disorders. These articles all maintain that there are a significant number of people unable to receive treatments and get assistance for a variety of reasons like financial problems and the accessibility of the treatment options. This is concurrent with the findings of Torrey (1997:89) that a substantial number of people are missing out on treatment for a variety of different reasons. Several of the articles also raise the issue of the problems faced by families in trying to get people assistance. The problems faced by families mentioned is again concurrent with the findings of Henderson (2005), Sullivan (1994), Dewdney (1989), Chesters (2005) and Torrey (1997) which all stipulated that a substantial amount of the burden for those suffering from mental illness is being shifted to the individual and then subsequently the family. This is again in accordance with the findings that the current system is steeped in neo-liberalism. This is seen specifically through the apparent shift of the burden of care away from the governing bodies to the individual person and their family (Henderson, 2005:244).

Despite the findings there are some limitations and methodological problems which should be addressed. Something interesting which is automatically noticeable, was that a high proportion of the articles found were from The AAP, The Courier Mail and The Australian (please see Figure 1: Division of Newspaper distributors). This could be the result of several different factors. Firstly there may be an affiliation between news.com and these news distributors. However it is also possible that these papers have produced more articles on mental illness. Regardless this is something that may have affected the results. A way of rectifying this problem would have been to pick the news distributors in advance and ensured that each distributor was evenly represented in the analysis. This however was not done since it was deemed that a more truly random sample would be possible with the method used. On later inspection however this was perhaps unwise.

Interestingly all the searches yielded articles from the past 2 years. Subsequently perhaps the exercise would have procured different results had the search been widened to cover a greater time frame. However in some respects this was quite a positive outcome, in that all the articles examined are still quite relevant. It also insinuates that information pertaining to mental illness has been quite widely covered by the media in recent times, suggesting perhaps that it is an issues of great importance within the media at the moment.
Finally, one of the primary concerns pertaining to the validity of this exercise is the obvious subjectivity of the method chosen. Whether an article was deemed for example to have a positive or negative ‘attitude’, was dictated by myself and myself alone. On later reflection the measures for indicating attitude could have been made far more stringent. For example indicating specific words or phrases which would indicate a negative or positive attitude could have been identified from the beginning and followed throughout the analysis. It is also considered that the subjective biases which may be present could also have been minimalised had there been more than one person undertaking the analysis. This option was obviously not possible here. In general however a content analysis was still deemed a valuable contributor to this thesis as it is a relatively easy and effective way of analysing the media. Also as Sproule (2006:128) points out practitioners are generally aware of the limitations that content analysis entails however it is still a readily employed method.
5. **Approach 3:**

The facilities and treatment options available according to the Australian Government’s website.

**Background information for the exercise:**

In general, internet usage has risen substantially since the mid 1980s (Cline & Haynes, 2001:672). However whilst the internet is used for numerous reasons ranging from recreational to vocational, it has also been found that a significant amount of people use the internet for seeking medical advice and researching personal health issues (Cline & Haynes, 2001:671; Jadad & Gagliardi, 1998:611; Diaz, Griffith, Ng, Reinert, Friedmann & Moulton, 2002:180). This has likely occurred since the internet has afforded a substantial increase in the information available to people, regardless of previous training or expertise. Subsequently the internet is a valuable tool for people seeking assistance (Cline & Haynes, 2001:675). Yet despite the positives, the internet does not automatically pick the information the searcher requires, nor can it automatically validate quality. Subsequently sifting through information on the internet can be both time consuming and occasionally quite misleading (Jadad & Gagliardi, 1998:611). Yet despite these fallacies, internet usage prevails.

From the point of view of the community the internet can provide people with a wealth of information regarding mental health (Christensen & Griffiths, 2000:987) and based on the above mentioned findings it is believed that many people do use the internet in this manner. It is based on this premise that the following investigation was devised. To bring the reader back quickly, the overall aim of this paper is to ascertain is the employment of neo-liberal ideologies within the current Australian Government resulting in a mental health care system that disadvantages the chronically mentally ill. Subsequently this exercise also seeks to ascertain how accessible the various treatments and facilities are for the average person with access to a computer. Or in other terms, how do you get help and what is available to help?

The primary rational for this exercise comes from a personal experience which continues in complete frustration. Someone I care about suffers from what we believe to be schizophrenia, and yet all attempts to get this person assistance have thus far failed. Through many of these attempts, the internet has played an integral role in seeking out potential avenues that we might take. Based on the previous findings of internet usage I believe that I am not alone. Subsequently this task aimed to answer several different research questions in regards to
finding evidence of neoliberal ideologies and also the general effectiveness of the Australian Government’s website in searching for help with mental illness: How many different treatment options and facilities’ are able to be located for those with mental illness? Who runs the different options found? Are they Government Private or Community based? Are the different options found restricted by area and financial means? And finally overall, how effective is the Australian Governments website, when seeking out assistance and services for a person with mental illness?

Method:

4 scenarios were generated (see Appendix 5) which were then used as the basis of each search. Each search was begun from the Australian Government home page located at http://www.australia.gov.au/. The Australian Government website was chosen over popular search engines due to the overarching focus of this thesis on neo-liberal philosophies within the Australian Government. This is furthered by the premise outlined by Bunz (2001:3) which states that “ideally, every website has a clearly defined purpose. Ideally, users recognise this purpose as the message to be communicated, and ideally, if they fell addressed by it they use the website successfully”. Subsequently this exercise sought to determine what the Australian Government’s website suggests in terms of facilities and treatment options, and how easily accessible they are.

Each scenario was primarily characterised by a different mental disorder(s). The disorders chosen were schizophrenia, depression, eating disorders and substance abuse. This list is by no means exhaustive but was derived based on two premises. Firstly their perceived frequent occurrence and secondly they are all disorders which often have a profound impact on not just the individual affected but also their family and friends. Each search was performed from the perspective of a friend or family member with the intention of discovering the options for treatment and assistance available for the individual with the disorder. This was done primarily since the researcher (myself) undertaking the exercise does not (knowingly) suffer from any of these disorders. Subsequently it was considered to search from the personal perspective of the person with the disorder would have been highly questionable methodologically speaking. For a full list of the questions asked at each website see Appendix 6: Basic Website instructions. Each search was thoroughly documented including each website visited within the search and how and why a new website was visited. Results were tabulated based on the answers to the predetermined questions and then analysed.
Results:

This exercise did not work as planned. When seeking out different options for treatments and places where one can seek treatment, the sheer volume of potential websites which came up made the initial methods suggested completely unrealistic. For example, in the case of the Schizophrenia scenario, the search procured 6041 results which were directly related to government websites whilst a further 2336 web sites which were related to state territory and local government. In truth I had neither the time nor the patients to adequately search through all these websites! There were similar occurrences for the other 3 scenarios. Consequently ascertaining all the facilities and treatments available and assessing the financial means required to access them is simply not possible using the method I chose. Subsequently no results can be reported.

However it did somewhat answer the last question regarding how helpful the government website is when attempting to find assistance for someone with mental illness. The searches undertaken on schizophrenia and eating disorders yielded few results and few options pertaining to treatment options and facilities available. The search on schizophrenia found mainly pages related to the different drugs used to treat schizophrenia and their effects. The search results on eating disorders was also problematic in that the websites visited seemed to require a much more specific diagnosis having been made pertaining to the actual illness. This was because many of the websites found were specific to different eating disorders. Also some of the actual websites themselves were quite vague, and ascertaining what they were meant to provide was at times difficult. The search on depression was the most successful and the website of ‘Beyond Blue’ provided a significant amount of information for people suffering from depression or wishing to get a loved one help. Also the search on alcoholism yielded a substantial amount of information. All the searches that yielded positive results, that is a website with potential treatment options or facilities led to community options and non profit organisations like Beyond Blue. The majority of the searches also resulted in more investigation being required, for example having to call different facilities or hotlines. All except Alcoholism from which the search provided actual physical sites within the Sydney CBD that could either be contacted by phone or in person directly.

Discussion of results and potential methodological problems:

Due to the tenuous nature of the data, it was decided that drawing any conclusions pertaining to neoliberal ideologies within the Australian government would be tenuous and more
speculative than anything else. The method I employed here to ascertain the facilities and which area they are associated with (either Government, private or community) is on reflection deemed overly ambitious and in general methodologically impossible based on both my computer skills and the resources I had available. Having said this however I still maintain that the methodological idea in theory is sound. A vast number of the facilities and treatment options available within both NSW and Australia appear to be listed on the internet. If there was a way to analyse all the treatment options and facilities procured from the searches then this could provide a very interesting data set outlining many of the options available within NSW and even Australia.

The hypothetical case studies were originally chosen since this was deemed an effective way of simulating how a person seeking information on the internet may act. This method is however acknowledge as being highly subjective since people will vary dramatically in their computer literacy, internet literacy and general knowledge on the topic they are searching. The method was used however, since despite this it is deemed that it will provide a basic understanding of what is both accessible and available on the internet. However it is acknowledge that not everyone has access to the internet, and that certain demographics will be particularly affected by this fact, nevertheless the internet is a widely utilised tool when seeking advice regarding mental illness. A way of overcoming this problem may be to use a significantly larger number of confederates physically doing the searching, however due to the available resources this was not possible for this exercise.

Overall there were two things that came out of this study that I deemed important. The first being that based on the searches I undertook depression and alcoholism seem to have a much wider selection of choices easily accessible on the internet than schizophrenia and eating disorders. It is speculated that one reason for this may be that both depression and alcoholism are two disorders which have had a substantial amount of research and information provided on them in recent years. There is also been a lot more community awareness about these two disorders than schizophrenia and eating disorders. For example over the past few years I’m sure people have heard the ‘fact’ thrown around that 1/5 people will suffer depression at some point in their lives. Also programs like Alcoholics Anonymous (AA) have been successfully in place for many years. Subsequently from this exercise getting help seems to be easier if you or someone you care about has a relatively common mental health issue. This is however highly problematic for those who don’t.
The second main point which has come out of this exercise is that even though the methods employed were unsuccessful in obtaining the information I sought, in the process I also discovered how difficult it was to find a person help in using the Government website. This is contradictory to the findings of Christensen & Griffiths (2000:987) and Cline & Haynes (2001:675) who maintained that the internet can be a valuable tool when researching medical problems. After completing the analysis I am far more inclined to agree with Jadad & Gagliardi (1998:611) who suggest that using the internet for searching health problems can be both time consuming and misleading. I would like to add to this extremely frustrating and at times a complete waste of time! Regardless however I believe that this is concerning since the Government website should be able to help you to find assistance for a loved one with a mental illness. If it is unable to do this then it is questioned what exactly is it supposed to do?
6. **General Discussion:**

This section will now attempt to answer the overarching research question posed at the beginning of this thesis. Consequently based on what has been found, do neo-liberal ideologies disadvantage those with mental illness within the Australian mental health care system? Neo-liberalism as a political ideology is not inherently geared towards the welfare of society’s citizens but geared towards economic gain. As has already been stipulated the primary goals of implementing neo-liberal philosophies into mental health policies were to decrease the financial strain on the government, increase consumer choice and increase the responsibility placed on the individual (Morgen, 2001; Terris, 1999 & Henderson, 2005). In some respect these goals have been actualised with the process of deinstitutionalisation and the subsequently community care model that followed. In implementing these goals policy makers insinuated that these would result in an increase in the quality of life experienced by those suffering from mental illness. However according to Habibis (2005:306), despite many years of attempts to reform the mental health system the lives of those affected by mental illness are still relatively unchanged.

This thesis has identified several problems within the current Australian Mental Health system itself. Based on the interviews undertaken it was made apparent that there are still substantial problems regarding and understanding the aetiologies behind mental illness. The findings also suggested that notions of the current psychological understandings of mental illness also have significant practical ramifications within the policy making. As Interviewee 2 pointed out, there is currently no cure for mental illness. This issue has two significant ramifications, firstly it must be considered how this effects the individual and the quality of their life and secondly how this fact effects the role of policy making. As has been described previously there is substantial research being undertaken within the field of psychology to discover the causes behind mental illness however despite the efforts of the discipline they are still a long way off formulate concrete aetiologies. As it currently stands, at best, the discipline is currently only able to treat the symptoms of the disorders with mixed success. Subsequently severe mental illness will still be a lifelong ailment and in some cases a highly deliberating one. What was found through the interviews is that based on the current policies in place, mental illness does not appear to be conceptualised in this manner by the Australian Government.
For example the new policy described by Interviewee 1 regarding the new Government initiative, emphasises the push for individuals to get gainfully employed. This program has been implemented instead of the previous Personal Support Program (PSP). The main point emphasised by Interviewee 1 is that this new program is not nearly as well rounded as the PSP was. Subsequently instead of focussing on other issues pertaining to a well rounded life like education and generally increasing quality of life, the program is almost completely vocationally driven. It was speculated that this initiative was likely introduced due to financial reasons, subsequently in this case it is suggested that financial merit was deemed more important than increasing the quality of life of those with mental illness. It is believed that the issue raised by Interviewee 2, that measuring progress amongst those with mental illness is very difficult to quantifiably express to bureaucrats, could also play a role in this policy change. From the perspective of the Government, providing funding to people who, even after years of assistance are still a significant way off being gainfully employed, could be deemed that the approach is unsuccessful. However as was previously mentioned, for an individual with severe mental illness even the small things taken for granted by many, like no longer wearing soiled clothes, can be a momentous step forward and this is something that perhaps needs to be more readily recognised by those devising and implementing social policies. Furthermore Interviewee’s 1 and 2 both raised some practical problems within the current system, which if changed would substantially aid those with mental illness. These issues included more hospital beds being provided, more ‘Pioneer Clubs’ being formed, more staff, more housing made available and more funding released particularly for successful treatment models.

There was however some inconsistencies between the findings within the literature and the results procured in this thesis. One of the main problems outlined by theories pertaining to the negative effects of neo-liberal ideologies within mental health policy is that the decrease in Government run facilities and the increase in facilities run by the community and private sector, results in people merely being bounced between facilities and never receiving prolonged treatment (Tippett, Elvy, Hardy & Raphael, 1994). It was also argued that treatment is further hindered because there is little collaboration between these facilities (Levin, Hanson & Hennessy, 2004). According to the findings here, the variety between the facilities run by the government, community and the private sector, are beneficial to the individuals. Suggesting that, as was discussed earlier, increasing ‘consumer sovereignty’ is a positive thing (Pauwels, 1999). Also according to Frank & Glied (2006) it is this increase in
consumer options which have resulted in more consumer options constantly being made available. However it is questioned as to who exactly has access to all these facilities and whether they are limited to people based on their financial means. Levin, Hanson & Hennessy (2004) also suggested that one of the biggest problems with having facilities run by different factions’ results in minimal sharing of information. This lack of collaboration has practical implications for individuals in that when using different facilities their personal information is often not passed along. Subsequently it is like starting a fresh each time. This also means that there is little case management occurring, that being a single person who constantly assists individuals with mental illness throughout their various treatments. Interestingly this having a single case manager who constantly assisted people throughout their various treatments, was a facet of the PSP initiative. Subsequently re-instating a similar program could be highly beneficial in this case as well. According to the interviews undertaken, collaboration between facilities’ has been identified as highly important for the welfare of those with mental illness subsequently according to the interviewee’s there is now a very active attempt being made amongst facilities to collaborate. However it was also maintained that still more effort and emphasis needs to be placed on people within the field actively pursuing collaboration. Subsequently it is suggested that collaboration between facilities be made a higher priority from the point of the policy makers.

Furthermore, what has been presented above suggests that Australian mental health policy is highly influenced by neo-liberalism. There appears to have indeed been a shift from government run agencies and a shift to reducing the financial strain on the government (Morgen, 2001). Resulting in general, in a decreased role of the state in the welfare of the mentally ill and an increased role of the community and the individual (Henderson, 2005). However it is argued that this has not been a good thing for those suffering from mental illness. Whilst it has been suggested that the increase in consumer options available has had a positive effect there have been some significant negative ramifications like poverty, the inability to get treatment, notions of personal autonomy resulting in an increased burden on the family and issues of stigmatisation, which will now be addressed in more detail.

According to the Interviewee 2 one of the greatest problems faced by those affected by mental illness is the potential to exist within extreme poverty. This is concurrent with the findings stipulated by Frank & Glied (2006) that within the USA those affected by mental illness are amongst the most disadvantaged groups and suffer the lowest quality of life
expectancy and moreover implies that there is a similar occurrence within Australia. Throughout the process of deinstitutionalisation there was an initial increase in the desire to treat those with mental illness more humanely, this era was characterised by ideologies pertaining to ‘moral treatment’. However we are now seeing a steady decline away from this and many of the inequalities initially found within mental illness are reappearing. Those most severely affected by mental illness often do not receive the welfare benefits which they are eligible for, are rarely insured and often constitute a significant portion of the homeless population. In sum those with mental illness are arguably one of the most vulnerable portions of society which are inadequately cared for (Mechanic, 1999:13). Poverty or a low socioeconomic status also has significant ramifications in regards to an individual’s potential for social mobility. According to Yu & Williams (1999:158) one way of viewing this is that mental illness results in people being unable to maintain gainful employment and consequently are restricted within a low socioeconomic status. Whilst this may suggest that the Australian Government’s push to get those with mental illness gainfully employed, is in theory a good idea, it still does not rectify the problem at hand. Those suffering from mental illness within Australia are still faced with extreme poverty and in order to change this, a more rounded approach to helping these people like the previous PSP initiative is required.

According to the findings of the content analysis there is a substantial portion of people still unable to get treatment within the current system. This is concurrent with the findings of Holmes et. al. (2006). They refer to these people as ‘community treatment resistant’. This issue, according to Holmes, et. al. (2006) is a result of the current mental health system in Australia being focused on community based programs which are deemed by the Government and society to be ‘good enough’. However Holmes et. al (2006) maintain that it is not in fact ‘good enough’ through the identification of a portion of the population which is unable to gain treatment within the system. The identification of this group outlines some of the more severe consequences for individuals with mental illness in Australia whom have no financial means and little if no family support.

The theory stipulates that some people with severe mental illness are unable to function and exist within society at even a base level of normalcy despite the efforts of community programs and community support (Holmes et. al., 2006:274). The theory is based on evidence procured from studies undertaken on homeless people with severe mental illness like that of Kahn & Duckworth (1998) and Burns, Robins, Hodge & Holmes (2009) which
examine the specific problems this population face. For example sporadic stays in acute care mental health facilities, homelessness, substance abuse problems, severe mental diseases and co-morbidity. This theory is somewhat problematic since little is known about the exact size and particular demographics of this population due to their elusiveness to the system. Despite this the theory is deemed valid since it is perhaps because of the elusive nature of this population that they are rarely taken into account. Similarly whilst people deemed ‘community treatment resistant’ are few, they can pose a significant risk to themselves and those around them and they are also the people most significantly affected by the current system (Holmes et. al, 2006). Through acknowledgement of this population we can exemplify the current gaps in the Australian Mental Health system and to outline the severity of the problem posed for this population. As was stipulated by Torrey (1997) there are a variety of reasons why people are unable to receive treatment. The specific reasons as to why people are unable to get treatment can only be speculated here however this does raise an issue for future research; Why are people unable to receive the treatment they require? And mores the point how can we implement policies which will ensure that this all are able to and can access the treatment they require?

An issue raised from both the interviews and the content analysis was the idea of personal autonomy and how substantial burden is being shifted onto the family. This also raises the issue bought up by Henderson, (2005); Sullivan (1994); Dewdney (1989); Chesters (2005) and Torrey (1997) who all maintain that those without family to support them have the potential to find themselves in cheap housing, inadequate nursing homes or homeless as was discussed previously in regards to those deemed ‘community treatment resistant’. However this point also raises the issue as to why this has been occurring. According to the theories pertaining to neo-liberalism this shift is the direct result of the Governmental policies relinquishing the burden of care and placing it onto the families and is rationalised through conceptualisations of promoting self-sufficiency (Morgen, 2001; Henderson, 2005). However this can have dire effects for the family members and the individuals with mental illnesses. Several of the articles analysed within the content analysis spoke of the hardships dealt with by families in their quest to deal with both the illness itself and desperate attempts to get their loved ones help. This was in part what spurned the idea behind the website analysis. However on completion it was decided that the website analysis suggested that for families seeking help the internet is not as valuable tool as prior studies like Christensen & Griffiths (2000:987) and Cline & Haynes (2001:675) have suggested. It also raises the issue that with
an increased burden being placed on the family and friends for the welfare of those with mental illness that the Government website should be at the very least more user friendly.

One of the issues constantly raised by Interviewee 3 throughout the interview was notions of stigma within the community and how according to Interviewee 3, stigmatisation and a lack of understanding with the community are still significant problems and can result in ostracism and social isolation. Within the content analysis however it was found that none of the articles analysed suggested negative attitudes towards mental illness pr people with mental illness. Whilst this is not deemed as evidence that stigmatisation towards the mentally ill no longer occurs, it is still deemed as a step forward. Primarily because the media has been found to play a prominent role in influencing how society views the mentally ill (Knifton & Quinn, 2008) and in the past, negative portrayals of the mentally ill within the media have been found to be reflected by society (Klin & Lemish, 2008:434). However this also raises an issue for further research, if mental illness is still received negatively within society then this is a problem that needs to be rectified. This problem has been acknowledged by the Government and in recent years there has been several different campaigns generated to increase awareness and understanding within the community. However it is argued that more needs to be done.
7. Conclusion:

In conclusion, this thesis has explored several different facets pertaining to mental illness and the social policies which surround it. Due to the methodological flaws encountered it may be said that this thesis raises more issues than it answers. Nevertheless what was found suggests that current social policies within Australia are indeed immersed in neo-liberal ideologies. Furthermore this thesis has suggested (if tentatively) that the current system is focussed more on economic gain than on social welfare. As it currently stands, facilities are dispersed and controlled by a variety of different agencies under the guise of consumer sovereignty. Also there has been an increased role of the individual and an emphasis on personal autonomy, and it appears that these ideas are being legitimised through models of self sufficiency. However this has resulted in extremely negative effects on many of those suffering from mental illness. Poverty, homelessness, the inability to gain access to adequate treatment facilities and stigmatisation are all substantial problems still facing individuals with severe mental illness and the families who are often required to care for them. Whilst the limitations of this thesis are acknowledged, it is believed that the findings of this thesis suggest that the employment of neo-liberal ideologies are substantially disadvantaging those with mental illness. In conclusion, the formation of a mental health system which truly benefits those suffering from mental illness in Australia will not come about solely through changing the policies guiding them, but through acknowledging the fallacies and changing the mentality fuelling them.
8. References:


Jadad, A. & Gagliardi, A. (1998) Rating Health Information on the Internet: Navigating to Knowledge or to Babel?, *JAMA, 279*(8), 611-614.


9. **Appendices:**

**Appendix 1: Letter to potential participants.**

*Sara Yeoman*

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To whom it may concern,

My name is Sara Yeoman and I am currently undertaking my Honours year at the University of Sydney in sociology.

As part of my academic requirement I am undertaking the following research.

My research explores the facilities and resources available to those with mental illness, and examines how easy or difficult it is for them to access these facilities and resources.

To find out this I am currently looking for welfare workers, social workers, case workers, psychologists etc. who have come into regular contact with people with mental illness, and would be interested and willing to participate in my study through being interviewed.

The interviews will be in the form of structured surveys and aim to find out the beliefs and attitudes of those working with people with mental illness, regarding the resources available to them and those they work with.

The interviews will take approximately 1 hour in total.

If you, or others within your organization are interested and would be willing to participate please contact me at syeo9797@uni.sydney.edu.au. Alternatively please feel free to forward this email to your colleagues.

Your participation would be greatly appreciated.

Sincerely,

Sara Yeoman
Appendix 2: Guiding Interview Questions

- How long have you been working within the field?
- How long have you resided at your current job?
- Where were your previous jobs and if relevant, what is different about your previous places of employment?
- (If relevant) Were they community, private or government?
- Of their clients you currently have how many roughly have mental illnesses?
- Do you have a regular client base? Why/Why not?
- With your clients with mental illness what have been the greatest challenges that you (as a helper) have encountered?
- Do you see problems which recur for many of your clients? If so what are they?
- What do you think of the current mental health system?
- Do you think that there are any problems with the current mental health system? If not why? If so:
  - What are they?
  - How do you think that these problems came to be?
  - How do you think these problems could be best rectified
- Do you find that there is a difference between community, private and government mental health facilities? Why/Why not?
  - In your experience do these facilities collaborate on information? How?
  - Do they provide assistance to one another? How?
  - Have you personally collaborated with a facility of alternative funding to your own? Elaborate?
- Do you see clients (or have you in the past) which have been to or used a variety of different facilities?

Interview Topics to be covered:

- The participants current job and previous jobs
- Issues they have faced surrounding clients with mental illness
- Their opinions on the current mental health system
• Comparison of private, government and community facilities
• Knowledge and/or experience of the differently funded facilities collaborating

Appendix 3: Website addresses for all articles used in the content analysis.

Deinstitutionalisation:


Community Treatment:


Mental health:


55
Mental illness:

Mental health policy:

Appendix 4: Questions addressed in Content analysis of Newspaper articles.

Search title the paper was from

Number from the search paper

Name of the article
Appendix 5 Scenarios used in the website analysis.

Scenarios used:

1. Young 15 year old male who has been telling his mother that he hears the neighbours talking about him and he believes his life to be in danger. He was taken to a doctor who believes him to be suffering from Schizophrenia. He lives with his mother and sister who have limited funds available to them but desperately want to get the young man help.

2. A middle aged woman approximately 45, and mother of 2 has been calling in sick to work a lot of late, and on her days off rarely gets out of bed. Her husband took her to their family GP who thinks that she is suffering from depression. Since the Doctors appointment she has been taking anti-depressants but does not seem to be improving. The family is relatively well off financially and so the husband wishes to seek out his wife further assistance.

3. A young 13 year old girl’s parents have noticed that she is eating very little and has lost a significant amount of weight. The parents are very affluent but have had little success in confronting the girl about her eating habits. One of her teachers at school believes that she may have an eating disorder however is also unable to convince the girl to seek help. The parents are seeking out options to help their daughter for fear of the ramifications of the girls lack of eating.

4. A woman of approximately 35, has had a substantial drinking problem for many years. Her daughter fears that her mothers drinking is out of control and is significantly affecting her ability to maintain a normal and happy life. After speaking to her school councillor the daughter fears that her mother may have a substance abuse problem and wishes to get her help.
Appendix 6: Basic Website search instructions:

Time how long the search takes. For each scenario max out at 1 hour.

Record each website that is gone through, take down the site addresses.

Check options at each point record reasons etc for going to further websites.

Results of the scenarios, what are the options that each search procures?

How many options does it provide?

What facilities does it bring up, eg government, private, community.

Where are these options physically placed? What are the financial requirements of these options?

Who are they available to?

Do the websites provide this information?

Or do people have to then make further inquiries by phone or in person?

How user friendly are the websites?

Do you just wind up with a substantial list for further investigation?

Overall how helpful was the government web site?