Monday, December 24, 2012

A more humane approach to mental health

Originally posted on University of Liverpool website as "The Liverpool View": https://news.liv.ac.uk/2012/11/16/the-liverpool-view-a-more-humane-approach-to-mental-health/ and re-posted on the Huffington Post: www.huffingtonpost.co.uk/peter-kinderman/a-more-humane-approach-to_b_2211465.html

Mental health is back in the News again, with Ed Milliband calling it the 'biggest unaddressed health challenge of our age' and the Schizophrenia Commission report condemning the current state of care.

The Labour leader went on to call for greater understanding and investment in a problem that “blights the lives of millions”, and costs the UK billions of pounds in lost business and NHS costs. This builds on a recent House of Commons debate in which MPs spoke movingly of their own psychological problems … as well as calling for radical new approaches in our thinking.

Reliance on medical approaches

In Parliament, MPs Charles Walker and James Morris both questioned our reliance on medical approaches, and linked mental health to economic and social circumstances. Charles Walker MP pointed out that the number of prescriptions for antidepressants had doubled from 1998 to 2009, and asked: “Were all of those 40 million prescriptions necessary? Of course they were not”. Walker went on to state very clearly that: “We can talk about medical solutions to mental health problems, and of course medicine has a part to play. In reality, however, society has the biggest part to play. This is society’s problem”.

James Morris MP made a similar point: “We must also examine whether our approach to tackling the problem is fit and appropriate for the 21st century. Our approach to mental illness over a number of decades has been based on what I would call the psychiatric model. The model has medicalised mental illness and treated it as something to be dealt with using drug-based therapies. It is clear that someone who has been made suddenly unemployed might feel miserable and hopeless as a result”.

Research, including research conducted here in Liverpool, backs this up. The Greek Ministry of Health has reported a 40% increase in deaths from suicide over the same timescale and our colleagues Ben Barr and David Taylor-Robinson have demonstrated how 1000 deaths here in the UK can be specifically attributed to the economic crisis.

This has several profound implications. It means that our psychological well-being is as much a problem for politicians as for health professionals. And it means we need to think differently about mental health itself.

It’s obvious how the economic downturn could affect our mental health. It’s clear that someone who has been made suddenly unemployed might feel
miserable and hopeless as a result. These feelings might be so bad that they begin to interfere with other aspects of that person’s life, and it may be that they would benefit from some kind of professional help and support.

But it makes little sense to describe their distress as an illness or a disorder. And we need to apply social and psychological – not medical – solutions. This means focussing on prevention and early intervention, on a ‘life-course approach’ and reducing inequality and tackling stigma.

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Our thoughts, our emotions, our behaviour, and therefore our mental health, is largely dependent on our understanding of the world, our thoughts about ourselves, other people and the future. Biological factors, social factors, circumstantial factors – our learning as human beings – affect us as those external factors impact on the key psychological processes that help us build up our sense of who we are and the way the world works.

Good mental health is a consequence of how we make sense of and understand the world, primarily our social world. And how we make sense of and understand the world is largely determined by our experiences and upbringing.

Mental health services should be designed and commissioned to that end. We should simply drop the language of ‘disorder’ and think about we can help people fulfil their potential and maximise their personal well-being.

**A more rational and humane approach**

That means working with our medical colleagues, of course, but it means we should be commissioning and delivering much more fully integrated services.

We should be linking with Jobcentre Plus employment advisers who are delivering what are effectively wellbeing interventions for people.

We should be working with the education services. And we should be working with the physical health services. We should be working with employers, there’s plenty of evidence that interventions aimed at improving people’s wellbeing, not curing their mental illnesses but improving people’s wellbeing is productive for employers.

Evidence-based psychological therapies will be a key part of this picture, but we need a much more thorough-going psychosocial revolution in mental health care.

It’s great that mental health is back in the news; and discussed in more positive terms than ever before. This is an opportunity not only to press for greater understanding and investment in science and care, but also to argue for a more rational and humane approach to the problem.