CRITICAL ANALYSIS OF

THE MENTAL HEALTH STRATEGY IN THE UK (2011)

INTRODUCTION:

Mental health is an integral part of an individual's wellbeing. The definition of health includes both physical as well as mental well–being. With the increasing number of individuals suffering from mental health disorders or problems in the UK, it becomes the elephant in the room, which the coalition government duly recognised in 2011 and laid out the mental health strategy in 2011 to reach out to people suffering from mental health issues (Thornicroft, 2011). This policy is analysed in this essay using the CDC primary framework and Maxwell – 6- point framework as the secondary strategy

Problem Identification:

 The cost of mental health problems in 2011 was estimated to be a whopping amount of £105 billion, and the treatment costs were expected to be doubled in the next two decades. Social inequality contributes to the deterioration of mental health, and that leads to loss of job, unstable life, and unhappy relationships, which further adds to the problem. Most young people, people from dysfunctional family backgrounds and minority groups who suffer from mental health problems suffer even more when the mental health services do not work efficiently (Thornicroft, 2011). According to the survey conducted by NHS, the trends in mental illness suggest that one adult in six had a common mental disorder (CMD), about one woman in five and one man out of eight and post-2000, the rate of mental illness has increased in females but have stayed stable in males, and the reports of self-harming attitudes suggest more increase in such incidents since 2007, and young women are a more vulnerable group and tend to suffer more from common mental disorder and the habit of self-harming, they also tend to suffer from post-traumatic stress disorder as well as bipolar disorder (McManus et al., 2016). The data also suggests that people living alone or suffering from chronic illness tend to have poor mental states and request medical help. People living in poor-income families also requested treatment but could not avail of it always, and there are demographic inequalities in people who received the treatment as people who are White British, female and mid-aged were more likely to receive the treatment, thus leaving out the young children and young adolescent people (McManus et al., 2016).

Strategy and policy development

This mental health strategy includes communities as well as the states and promotes independence and choice, and reflects the vision for adult social care. The Government aims to work with all sectors of the community and take a life course approach to improve the outcome for people with mental health problems and provide good quality and accessible service to all. This strategy encompasses people of all ages and thus includes infants, young children, working adults and older people also.

There are six shared objectives which are included in this policy, and they are as follows:

More people will have good mental health: -

 People with mental illness tend to have an overall poor quality of life, and by improving the mental health of the people, more people of all ages and backgrounds will suffer less from

mental disorders and will have better well-being and good health, and they will tend to live a better life and will be able to work well, live well and age well (Thornicroft, 2011).

More people with mental health problems will recover

People suffering from mental health disorders will receive mental health treatment there, are a higher chance of them being able to lead a good quality life, manage their own lives and build stronger relationships. They can find better employment and thus will have an improved standard of living (Thornicroft, 2011).

More people with mental health problems will have good physical health:

People who are suffering from mental health problems are unable to take care of their health and thus have poor physical health, which leads to premature death; thus, upon the improvement of their mental health, they will lead longer life (Thornicroft, 2011).

More people will have a positive experience of care and support.

Care and support are much-needed aspects of mental well-being, and it should offer an unrestrictive environment and should, offer some choice to the recipients, and should ensure the protection of human rights. Mental illness is strongly associated with social stigma, and thus, we need to ensure the right kind of mental support to the patients (Thornicroft, 2011)

Fewer people will suffer avoidable harm.

Most people suffering from mental illness tend to be reluctant in confiding into caregivers as they lack confidence. This scenario needs to be changed to bring confidence amongst patients to be able to open up and thus receive the best care possible. They should be able to trust the mental health service as much as they trust any other public service (Thornicroft, 2011).

Fewer people will experience stigma and discrimination

Mental health is still not talked about much and is not a socially acceptable topic. It is associated with stigma, bullying and other injustices, such as discrimination directed towards patients (Thornicroft, 2011)

Policy analysis – Maxwell's 6-point framework: -

Effective and Efficient: The policy of mental health strategy is effective in its structure and includes the relevant areas of mental health and well-being and includes six shared objectives; each of the objectives has some indicators of desired outcomes and is based on the NHS framework, which is scientific in approach. However, the current mental health data of the UK does not suggest much improvement in the mental health statistics as the coronavirus pandemic has impacted the mental well-being of many individuals, and there is a decrease in the recovery of individuals receiving the IAPT treatment from 53%- 50% in the year 2021-22. The study also reveals that the rate of self-harm has increased from 508 per 100,000 populations to 695 per 100,000 populations between 2012/13 and 2019/20 (Baker, 2020). There has been an increase in the hospitalisation rate due to self-harm in children and young people. There is a decrease in the number of individuals who feel involved in the decisions of their care from 56-52 %, and the service user of community mental health service suggests

that mental health service has received the worst rating of 48% among the other health service (Baker, 2020)

Equitable: The policy has been constructed in an inclusive way as it takes into consideration of people from all age groups and aims to improve the mental health of people of all gender, race and identity without discrimination. However, as per the data of NHS, this has not been the ground reality as many young children and trans community tend to be suffering mental health issues more than adults and non-transgender community individuals(Bailey et al., 2014). These two groups being more vulnerable, are at higher risk of sexual assault and associated mental trauma and need to be counselled for the same. The transgender community already suffers from the problem of adjusting to the biological and hormonal changes and thus needs more emotional support from society. This policy, despite claiming to be inclusive, has not translated into being so, as the data does suggest discrimination(Jones et al., 2019).

Accessible: - As per the data, around 12 of the patients wait for more than one year to start the treatment, and 54% wait for over a period of 3 months. There is a serious crunch in the medical staff, and around 40% of the mental health trust is understaffed. The data regarding bed availability is poor and needs to be improved (Commission, 2013). There are many people, such as transgender, gays and; lesbians, who do not have proper access to the treatment option. This also includes young children and homeless people (Docherty and Thornicroft, 2015, Jankovic et al., 2020, Batchelor et al., 2020).

Appropriate: -

The mental health strategy is socially appropriate and is relevant enough as the outlook of society towards mental health needs to change as the stigma and discrimination around it are very prominent; thus, one of the aims of the policy is to reduce the discrimination against the patients is a much needed one The policy has clear indicators associated with each goal and thus can be assessed effectively. The policy includes social, economic as well as scientific aspects of mental health issues and thus offers a broader perspective on the same.

Policy Enactment and Implementation: -

The problem lies with the policy enactment. Despite being a well-constructed policy, it has not been executed properly, as is evident with the rise in patients suffering from mental health disorders and the rise in the number of respondents being unsatisfied with the quality of services being provided. The policy aims to imply the Equality Act 2010, but this has not been effectively carried out as a large section of society is still facing discrimination and thus is having a poor mental health (Jaspal and Lopes, 2021). The problems associated with policy and Implementation can be overcome by educating people about mental health at the ground level. The introduction of mental health at the school and college level also may improve the general outlook and sensitivity about the issue. Introducing mental health check-ups at primary care centres for in-patients can also help to identify the ones who might need help. The stakeholders being trained to provide service should undergo periodic evaluations to

check the quality of service being provided. Follow-up service should be taken more seriously as many patients relying on anti-psychotic drugs do not adhere to the treatment or become highly dependent on these medications to function normally (Gault et al., 2019). Door-to-door service can also be initiated to reach out to chronically ill people in the UK

Discussion: -

The mental health strategy, as proposed by the Government of England in 2011, aims to achieve six major points to improve the living standard as well as the outcomes of patients suffering from mental health issues. One in every six individuals is suffering from some common mental disorder in the UK, and the data is alarming as it affects not only one's mental health but physical health is also equally impacted, and thus, the focus has been laid on improving mental health to improve the overall living of the patients. However, the policy has not been effectively implemented, and the data suggests that there is still a long way to go. The number of individuals suffering from mental illness has increased, to cases of self-harm and hospitalisation have gone up. The coronavirus pandemic has also impacted the mental health of many individuals badly, and thus, the policy needs to be implemented more proactively with some ground-level changes such as the introduction of mental health check-ups at primary health care centres, the introduction of door-to-door counselling services to people who are living alone or are chronically ill. The quality of service provided at mental health is not satisfactory as many respondents do not trust the service providers and are reluctant to open up. This can be tackled by effective training of the service providers and stakeholders to improve their way of communication and tackling patients of different ethnicity and age groups. The periodic evaluation of the service provided and to implement the feedback effectively can help improve the quality of the service. The Government should allocate more funding to provide financial support or incentives to the individuals who work for the mental health service as well as the needy patients as many patients belong to lower-income or are unable to work due to their mental health condition and find the cost of treatment and medication to be born as a difficult task (Burton et al., 2010).

Conclusion:

The mental health strategy 2011 is a well-thought policy and includes relevant areas regarding the upliftment of patients suffering from mental health issues. However, the policy has not been enacted effectively, and still, a large section of the population needs help with mental health disorders. The improved training of the stakeholder, along with more meticulous budget allocation, is a much-needed step to implement it effectively.

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