

Key concepts
impacting on people
with mental issues
and their support



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ASSIGNMENT TITLEA Written paper which explore key concepts impacting on people with mental issues and their support.

MODULE TITLE: Understanding the context of mental health care delivery.

Introduction

The aim of this essay is to explore the key concepts impacting on people with mental health issues and the support available. As part of the essay, the writer will discuss the background of mental health which include definition of mental health and mental illness, types, causes and prevalence of mental health issues globally and in the United Kingdom (UK). Subsequently, the context and evolution of mental health and mental illness, mental health policies and support programs in the UK. Furthermore, the writer will elaborate on the impact of mental illness on the individual, families, and society as a whole in the context of the UK and also the support services provided to people with mental health problems with emphasis on the role of the mental health nurse. This discussion of the situation will be based on biomedical and biopsychosocial models of health, and argument will be in favour of the biopsychosocial model which has significantly improved mental health care and support services. This will be substantiated with the Francis report on the South Staff Scandal and the recovery model which are congruent with the biopsychosocial model. The literature for this essay will be mainly from peer-reviewed published articles, the media and other textbooks.

Background of Mental Health and Illness

According to World Health Organisation (WHO) (2003), “ mental health is more than the mere lack of mental disorders”. The clear features of mental health are highlighted in the WHO’s definition of health as contained in its constitution “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 2003). The concepts of mental health as outlined by WHO (2003) include: subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one’s intellectual and emotional potential. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health has been defined in various ways, according to the WHO (2014) mental health is defined as “ a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Another definition of mental health and illness according to America Psychiatric Association (2018), stated that “ Mental health involves effective functioning in daily activities, resulting in productive activities such as work, school and caregiving, healthy relationships, ability to adapt to change and cope with adversity. While mental illness refers “ collectively to all diagnosable mental conditions involving significant changes in thinking, emotion or behaviour, problems functioning in social, work and family activities” (America Psychiatric Association 2018).

Mental health should be a concern for all of us, rather than only those who suffer from mental disorders. It affects the society, and not just a small or an

isolated segment of it. This suggests that it is a challenge to global development. Current statistics have revealed a high prevalence of mental disorders globally despite attempts by stakeholders to improve the outcome. According to WHO (2001), one out of four people in the world will suffer mental or neurological disorder at some point in their lives. It is estimated that about 450 million people are currently suffering from mental disorder; making it one of the leading causes of ill-health and disability globally (WHO, 2001). In the UK, the figures are similar, where it is estimated that one of four people are affected with mental disorder (DailyStar, 2018). It is also estimated that currently, mental health problems are responsible for 23% of the UK's burden of disease (DailyStar, 2018). Moreover, government spends only 11% of the National Health Service (NHS) budget on mental health issues (DailyStar, 2018).

Consequences of mental illness are enormous from the individual level to national level. For instance, it is estimated that about 300, 000 people suffering for mental disorder lose their job every year (DailyStar, 2018). In this regard, it affects both individual and their immediate families. At the national level, it is estimated that about 90% of mentally ill people report that their working life are affected negatively (DailyStar, 2018); an indication that productivity will be impacted negatively. Another effect of mental illness is its link to suicide which is found to be the leading cause of death in young people in the UK (DailyStar, 2018).

There are different types of mental health problems. Depression is considered the most common health problem among adults. Others include dementia, schizophrenia, bipolar affective disorder (BAD), developmental <https://assignbuster.com/key-concepts-impacting-on-people-with-mental-issues-and-their-support/>

disorders such as autism, anxiety disorder etc. To address mental health problems and illnesses, it is important to identify the very causes of the problems. Factors associated with mental health problems include biological factors which may be genetic and hereditary, biochemical imbalance, and hormone imbalance. Similarly, other factors including substance abuse, injuries, violence including wars and neglect are important determinants of mental ill health. For instance, as a social factor, war has been the leading cause of post-traumatic stress disorder (PTSD) among many populations (Freedman and Mashiach, 2018).

Evolution of Mental Health Issues in United Kingdom (UK)

Mental health history has been dated back since 18th century. During this period, people with mental health issues did not receive appropriate treatment. At the Bethlem hospital museum, which was a big institution for mental health in South London, there are evidence in form of pictures, sculptures, photos and painting showing how people were kept. for example, Melanchy and Raving madness statues 1815 (BBC 2014).

The introduction of the NHS in 1948 enhanced support for mental health issues and a lot of progress was made in caring for people with mental health disorder. The first legal framework that was designed for mental health in the UK was the Mental Health Act (1959) which sought to integrate mental health into the NHS. It is noteworthy however that, preceding this, treatment of mental health patients was ongoing in asylums which were designated avenues for treating people with mental health issues. This was changed to mental hospitals in the 1930s under the old Victorian Lunacy

Legislation and the Mental Treatment Act 1930 (Morgan, 2018). It is believed that the establishment of the NHS, the introduction of phenothiazine drugs in the 1950s and the social and political climate during that period contributed to the continuing closure of the large Victorian institutions (Killaspy, 2006).

Recently, there has been exponential changes in the NHS and mental health generally. The Mental Health Act 1983 was reviewed amid concerns of rising rates of detention and disproportionate use of the Act (Parkin, 2018).

Interestingly, the most current development encapsulates the Health and Social Care Act, 2012; the “ Five Year Forward View of Mental Health” among others which seeks to improve mental health issues and support tremendously. In this, the role of the mental health nurse may be critical and this will be discussed in the succeeding paragraph.

Model and Theories

Theories in mental health is traced back to 19th century with the detection of biological causes and bringing together of psychosocial and biological approaches. Previously, theoreticians used different kinds of speech therapy and psychotherapy and interested in the complex structure of the mind to highlight the effect of environmental factors on its development (Pehlivan and Guner, 2016). Nowadays it is a widely accepted belief that mental health and mental disorder is a process that emerges through the effect of psychosocial and biological factors with dynamic interaction between them (Varcarolis, (2014), as cited in Pehlivan and Guner 2016). “ Many psychosocial theories are developed based on theoretician personal experience rather than evidence” (Videback, 2013 as cited in Guner P,

Pehlivan T, 2016). This suggests that early theories should be called models instead because they have not been proven. Most prominent theories of mental illness are analytical, developmental, behavioral, cognitive and social theories. Theories are used to provide models for the understanding of human thoughts, emotions and behaviours.

The two contrasting models that have shaped the scope of mental health and the patients support system which will be discussed in this section are the Biomedical and Biopsychosocial models.

The Biomedical model

Here the biomedical model views illness as infirmity or physiological disorder and translates the same view into mental health. Therefore, mental illness is viewed as a defect or abnormality with the brain function. According to Deacon (2013), the biomedical model postulates that mental disorders are brain diseases and emphasizes pharmacological treatment to target presumed biological abnormalities. Consequently, the focus of addressing using science, policy, and even in practice have primarily been biological approach (Deacon, 2013). Thus, their belief is based on the assumption that diseases have specific causative organism which may likely be biological. According to this model, mental illness may be caused by genetics, neurotransmitters, neurophysiology and neuroanatomy, or substance abuse (Haggerty and Mrazek, 1994).

Moreover, under the biomedical model because of the assumption that mental illness or disorders are as a result of physical cause, it remains that psychiatrists are the ones that are usually the medical doctors who offer <https://assignbuster.com/key-concepts-impacting-on-people-with-mental-issues-and-their-support/>

treatment. For them, every mental disorder is directly or indirectly a physical abnormality or defect on the brain, so they use various means to restore mentally ill patients to good health. Based on this model and their belief in the biological perspectives of mental health, it has impacted on the way mental health support is rendered and treated as well. For instance, the use of antidepressants such as Prozac, mood stabilizers, antipsychotics, anti-anxiety medications (National Institute of Mental Health, n. d.), and psychosurgery; a leucotomy (Heeramun-Aubeeluck and Lu, 2013), have become common remedies. These medications may help in correcting imbalance in brain chemistry that are seen as causes of some mental illnesses. This biomedical model has been the basis of health systems in several countries and it is unsurprising to see that the situation is the same in the UK.

Despite the model's dominance in shaping mental health and support service, it has not been without criticisms. Many authors and practitioners critique the modus operandi of the biomedical model and its efficacy especially in addressing mental health problems. First, it is clear that the biomedical model is too narrow in defining the determinants of mental illness by limiting it to physical cause only. Thus, once people are made to believe that their mental health problems are solely a physical cause, it limits thinking "outside the box" and makes seeking alternative solutions almost impossible. In this particular case, other social factors which may be very important are ignored and that alone is a barrier to innovation. In fact, this is supported by Deacon (2013) who claimed that notwithstanding extensive confidence in the potential of neuroscience to transform mental health

practice, the biomedical model era has stifled clinical innovation and has not significantly improved mental health outcomes. The author further argued that clinical psychology has also been severely impacted by the adoption of drug trial methodology in psychotherapy research (Deacon, 2013). The more fascinating part may be that this biomedical model and its ideologies may spearhead the unending and dreaded stigma that comes with mental illness. According to Abramovitz (2015), clinicians and health advocates push for the biomedical model was to also help negate blame and stigma, yet this has backfired. The author emphasized that, as there is a high acceptance for the biomedical model for its promotion of mental health as any other disease and that mentally ill patients do not need to suffer discrimination, the situation has not improved anti-stigmatization in any way. He pointed out that as noted by Schomerus *et al.* (2012), research on public attitudes toward people with schizophrenia, found out that as acceptance of the biomedical model has increased in recent times, so too has the desire for social distance from people with this condition (Schomerus *et al.* , 2012). In essence, the promotion of the biomedical model to reduce stigma seems “ at best ineffective and at worst potentially stigmatizing” (Pescosolido *et al.* . 2010, pp. 1327). The sad part of the push for the biomedical model as basis of mental health and this particular allegation of substantiating stigma creates a polluted environment for the mental health nurse and the family of the patient.

Biopsychosocialmodel

To challenge the dogmatic biomedical model which has predominated

medical practice and health care generally, Engel proposed the

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biopsychosocial (BPS) model. This approach was suggested as an alternative theory that will bring change in the long-held belief that health was the result of the absence of disease, and where illnesses and treatment were assumed within a physiological framework (Engel, 1977). According to Engel (1977), limiting ill-health to only a physiological defect or cause, makes it too myopic and does not help to facilitate the treatment and healing process.

Primarily, the biopsychosocial model views health from the systems theory perspective where biological, psychological and social factors and their interconnectedness are the fulcrum around health should be conceptualized. Thus, it is believed that behaviours, thoughts and feeling play a role in the physical state of an individual. Of course in this line, the role of the psychological and social factors cannot be discounted because they may be critical to the biological and physiological functioning of the individual.

Consequently, just as it is believed that the cause of the ill-health is beyond the biological, it is usually addressed through integrated approach.

Therefore, in clinical practice, there is a broader scope that is considered with respect to how health and illness may be examined. Deacon (2013) asserts that using the biopsychosocial model is more realistic, especially in this modern era where lifestyle is very key in society.

Based on the foregoing, the writer argues that the biopsychosocial model is more important and significantly improve mental health care and support because of its broader, holistic and integrated approach to determining ill-health and treatment. In contrast to the narrow and myopic stance of the biomedical model, embracing other determinants of health are important and may facilitate the healing process particularly in mental health.

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For the mental health nurse, the understanding of the mentally ill client and the possible biological, social and psychological conditions provides a critical platform to provide appropriate support to the client. In this case, the writer as a mental health student nurse together with mental health team members will see beyond drug administration or medication, that tackles the biological part of the mental problem. However, counselling may fast-track the healing process through active interaction that may bring about behaviour change and lifestyle. Moreover, open communication and showing love, companionship, friendship, trust, among others to the mentally ill patient may take away other things medications cannot do. In essence, the stressful conditions, loneliness, and other factors that lead to depression may well be catered for through well-structured psychological and social interventions rather than simply administering drugs to patients.

Treatment and Support of Mental Health

Interestingly, the biopsychosocial model is in tandem with other support and treatment activities going on currently. The recovery model, the Francis report of Staffordshire scandal among others have equally impacted mental health support and issues over the years. In the Staffordshire scandal which caused the death of over 1, 200 patients between 2005 and 2009 happened through acts of negligence, provision of substandard care and other staff failings (The Telegraph, 2013). According to the Francis report, there is a need for two main themes – proper accountability, a “zero tolerance” approach to breaches of “fundamental standards” and a “common culture” that puts patients first (Adams 2013)

In this report, he recommended five (5) essential tenets that are fundamental to transforming the health care service experience under this scandal. Thus, 1) “ A structure of clearly understood fundamental standards”; 2) “ Openness, transparency and candour throughout the system.” 3) “ Improved for compassionate caring and committed nursing” 4) “ Strong and patient-centered healthcare leadership” and 5) “ Accurate, useful and relevant information” (Adams, 2013). Critically, assessing these recommendations, they augment the biopsychosocial model which has shaped mental health over the years. For instance, “ improved compassionate caring and committed nursing” alongside “ strong and patient-centred health care leadership” means the mental health nurse and the patient need to build a relationship beyond the health care setting. In essence, it is such relationship that Engel (1977) acknowledges makes the patient become active participant in the recovery process rather than mere passive victims of deviations in physiologic functioning.

The Recovery Model

Over the last few years, the recovery model has gained popularity in mental health and psychiatry cutting across policy and practice. Recovery has been described as “ a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness” (Anthony, 1993, p. 527). Here the focus is not to restore the patient to the premorbid level of functioning rather the emphasis is the resilience and control over problems of life. It works through the concepts of

empowerment, optimism, and interpersonal support between the patient and the mental health provider.

This model again deviates from the focus of biomedical treatment which is usually about resolving symptoms. Rather it is well placed in the biopsychological perspective which embraces other social and psychological factors that are relevant for building the resilience that makes the patient make contribution to his/her community. As a mental health nurse, it becomes relatively easier to render appropriate care and support to mentally ill people that meet their needs.

Conclusion

I therefore conclude, in this essay that, it was found that mental health generally and particularly in the UK has been largely impacted by political, historical and social contexts. Moreover, I argued that biopsychosocial model is all encompassing and presents broader perspectives of providing mental health support. Thus, mental health nurses are better off using this model compared with the biomedical model which is narrow and limited to a physiological framework. In addition, the South Staff Scandal and the Francis report together with the recovery model are also identified to be congruent with the biopsychosocial model which have and will continue to shape mental health in this modern era. These concepts altogether point to patient-centered care which is a necessary component of the recovery process.

Mental health and support at the individual level, facility level and community level are all impacted taking into consideration the biopsychosocial model and its complementary concepts of recovery model

and the Francis report. It is worth noting that as a mental health nurse, this view is as important as the profession itself and the fact that the mentally ill people are the reason we exist.

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