Mental health practice: Bonnyrigg

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Introduction

This course explores a number of issues relating to mental health practice. It starts by helping you define and understand the difference between mental health and mental illness. It also explores the discrimination that can arise when people experience some form of mental distress. You will look at how professionals working within the community can counter some of the effects of discrimination and stigma and contribute to the well-being of the wider community, as well as those who use their services directly.

This OpenLearn course provides a sample of Level 1 study in Health and Social Care.

Learning Outcomes

After studying this course, you should be able to:

- distinguish between mental health and mental illness
- give examples of how community resource centres can benefit the well being of individuals and communities in terms of mental health.

1 Defining and understanding mental health and illness

1.1 Introduction

Like many subjects, mental health is complex. This is partly because the language used in discussions about mental health is diverse, can mean different things to different people, and can sometimes be misleading. For example, the term 'mental health' is usually used in discussions about just the opposite: 'mental *illness*'! There are, however, good reasons for the confusion surrounding its language. One reason is that decisions about what constitutes 'mental health', 'mental illness', 'mental disorder' and so forth are difficult to make and so people often disagree about them. Another reason is that such decisions are also value-laden. For many people, being diagnosed with a mental illness such as schizophrenia or depression is a deeply stigmatising experience. In this section we explore some of the problems with defining mental health.

1.2 Boundaries between mental health and illness

Activity 1: What is mental 'health'?
0 hour(s) 20 minutes(s)

What do you think it means if someone is described as 'mentally healthy'? Think of all the different ways of describing 'mental health' you can and write them out on one side of a sheet of paper. For example, you might think that 'feeling happy' is one of the characteristics of mental health. Next, on the other side of the paper, write down all the different ways of describing people when they are not mentally healthy. As you write this list, consider whether you think that not being 'mentally healthy' always means that a person is in some way 'ill'. Where do you think the dividing line between 'ill' and 'healthy' is?

Like our testers, your first list may have included some of the positive feelings people associate with mental health, such as feeling happy, content, calm or 'stable'. Your second list might have included negative feelings, such as unhappiness, depression, confusion, distress, fear and anxiety, as well as some of the 'symptoms' associated with mental illness, such as 'hearing voices'. However, you may also have noted that just having negative feelings does not in itself mean that someone can be described as 'mentally ill'. Equally, you may have considered the idea that someone might feel perfectly well, but be considered mentally ill by those around them because of their behaviour. Furthermore, some of the so-called symptoms of mental illness are, in certain contexts, considered appropriate and 'normal'. Hearing voices in a religious ceremony, for example, or during a seance, would not necessarily be regarded as out of place. This is what one of our testers said:

> The cut-off point between being mentally ill and healthy is somewhat arbitrary as there is a continuum between, for example, being healthy and happy, and unhealthy and unhappy. Illness suggests treatment may or may not be required. I have a health condition which is treatable so I do not see that I am 'ill'. I am indeed happy and cheerful so consider I am mentally healthy.

It's important to recognise that mental health issues affect everyone in that we all experience a degree of mental distress at some point in our lives, not least through bereavement or other major losses. However, it is also important to acknowledge that there are groups of people who have specific mental health needs at various times, who experience severe distress, and for whom labels can serve an important purpose. Labels such as a diagnosis can be important because they can help to secure access to services, treatment and support when needed.

> Anyone who has experienced this illness (and it is an illness) will know what I mean when I say others have no idea how devastating it really is. Everyone suffers from some sort of 'depression' at one time or another, but to endure this lingering state for weeks or months on end is totally indescribable.

> Read and Reynolds, 1996, p.35

> Frequently, I am told that the drugs I take only suppress the illness without curing it. There is, they say, no cure for schizophrenia. And yet the state I am in at present is, I am convinced, as good as a cure. I have a nice home, a good job, no sleepless nights, no disastrous mood swings, no hallucinations, no confused or disordered thoughts.

> Jameson, in Read and Reynolds, 1996, p.54

For these reasons, some mental health service users and carers actively prefer the label of 'illness', or specific labels such as schizophrenia or depression. In this course, the use of the term mental illness is usually avoided because it implies that people can be categorised easily and their distress 'treated' in the same way as a physical illness, such as diabetes or heart disease. The notion of treatment in mental health is contentious because, while some service users have positive experiences, many others with serious needs have negative experiences of compulsory admission to hospital and treatments such as medication, particularly when they are forced to take them against their will. The

issues of power and rights are therefore central to discussions about mental health and illness, as illustrated by this quote from one service user:

> I was on [an] intensive ward and I really had bad treatment there, although I was getting the medications on time. One time, one nurse came in the evening and, you know, we have our smoking area where I was smoking, and the nurse tells me to go to my room, you know … And I say 'I'm not feeling sleepy, I don't wanna sleep – I wanna relax, sit down and smoke, or watch the telly.' And they said the telly time – the telly have to be switched off by 12 o'clock. I said: 'Fine, I just wanna sit, I don't wanna go to my room'. He said 'Go to your room – I'm not gonna say it again – if I say it that last time you're gonna get [an] injection' … Well I was struggling with them but – you know what I mean – they pulled me down and gave me [an] injection.

> Keating et al., 2002

Because there is disagreement about how to define mental health and illness, the figures which attempt to measure the numbers of people who experience mental health problems at any given time vary considerably. One of the most frequently quoted states that one in four adults in the UK will experience some form of mental health problem at some point in their lives. The next information literacy activity focuses on finding out more about how many people experience distress and/or illness.

Activity 2: How many people experience mental health problems?
1 hour(s) 30 minutes(s)

In this activity you will use the PROMPT criteria to find quality information about mental health from a number of websites. You will need to:

- examine the PROMPT criteria which can be used to evaluate information;
- find information about mental health and the number of people affected by mental health problems from a few organisations' websites;
- use the PROMPT criteria to evaluate two of these websites.

You will work through the PROMPT criteria, a useful tool for evaluating the quality of information, using the printable PROMPT table linked below. You will use these criteria to evaluate at least two websites for organisations which support people affected by mental health problems. In looking at the websites you will also have the opportunity to find out more about mental health and the number of people affected by mental health problems.

Click to open the printable PROMPT criteria table.

Visit two websites

- Visit two of the following websites:

    Mental Health Specialist Library - National Library for Health

    MIND

    BBC Health: Mental Health

    Mental Health Foundation

    Rethink

- Whilst you are looking at your chosen websites, find out as much information as you can about mental health and the number of people affected by mental health

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problems. Jot down any statistics you come across in the printable PROMPT table, linked above.

- Note the different language used, with some organisations focusing on mental illness and others on the broader category of mental health problems.
- Evaluate the chosen websites using the PROMPT criteria and complete the table provided.

This activity has introduced you to the PROMPT criteria, a tool you can use for evaluating all types of information, whether print or electronic. Having worked through this exercise, you may have found it time consuming and complicated. We are not suggesting that you will need to work through it all in detail each time you have a piece of information to evaluate. As you become increasingly familiar with the questions in the checklist, you will find that you can scan things very quickly and identify their strengths and weaknesses. It is about developing a critical approach which just takes a bit of practice. Poor presentation of a website can have serious consequences, particularly if as a result you can't find the information you want. Did you use the search facilities on the websites you tried? Did you find any of the websites particularly relevant? As you surfed some of the sites you may have noticed the different language used, with some organisations focusing on mental illness and others on the broader category of mental health problems.

Objectivity is a very important evaluation criterion when you are looking at websites. Many websites are owned by people who are selling products or services or who are trying to influence public opinion. The provenance criteria will help you identify whether the owner of the site is likely to have a vested interest in what they are communicating. The method criterion is only for use with research reports and data collection. As you were looking for information on the number of people affected by mental health problems, could you tell how the statistics you found were gathered and how up to date they were? It is easy to assume that all information on the web will be up to date. However, this is often not the case, but it can be quite difficult to find out how often websites are updated. Hopefully, having bookmarked the sites you found particularly helpful, you will use these as an excellent way to keep up-to-date with developments in the mental health field.

1.3 Models of understanding in mental health

Because mental health is such a complex area, it is important that the models of understanding which are applied to it are broader than the 'biomedical' one alone, which focuses simply on professional activity and on diagnoses and treatment. The box below provides a quick summary of the biomedical model.

The biomedical model

Health care is seen as medical care, and medical care is seen as:

- a quest to conquer and cure disease;
- focused on disease more than on the whole person;

- concerned with what is normal and what is pathological and making judgements about the boundary between them;
- a rational activity based on scientific knowledge that is secured through lengthy formal training.

The biomedical model has been the dominant model in mental health services because the dominant profession in these services has been psychiatry. Psychiatrists are medically trained and therefore tend to see the main purpose behind their work as the diagnosis and treatment of illness or disorder. However, the work of more and more mental health professionals, including psychiatrists, is influenced by much broader models of understanding mental health, particularly social models such as the one described in the box below.

The modern social model in mental health has the following key characteristics:

It is based on an understanding of the complexity of human health and well-being.

It emphasises the interaction of social factors with those of biology and microbiology in the construction of health and disease.

It addresses the inner and the outer worlds of individuals, groups and communities.

It embraces the experiences and supports the social networks of people who are vulnerable and frail.

It understands and works collaboratively within the institutions of civil society to promote the interests of individuals and communities and critique and challenge when these are detrimental to these interests.

It emphasises shared knowledge and shared territory with a range of disciplines and with service users and the general public.

It emphasises empowerment and capacity building at individual and community level and therefore tolerates and celebrates difference.

It places equal value on the expertise of service users, carers and the general public but will challenge attitudes and practices that are oppressive, judgemental and destructive.

It operationalises a critical understanding of the nature of power and hierarchy in the creation of health inequalities and social exclusion.

It is committed to the development of theory and practice and to the critical evaluation of process and outcome.

Duggan, Cooper and Foster, 2002

The social model of mental health places much greater emphasis on the role of networks and communities in maintaining the mental health of individuals. Social isolation is a common problem for people experiencing mental distress and some kinds of mental health services can make a vital contribution towards alleviating this isolation, thereby forming an essential part of the social networks of their service users. To highlight the

importance of these issues, this course next introduces the work of a community resource centre in Scotland which makes a significant contribution to the welfare of local people.

Activity 3: Evaluating reflective writing

1 hour(s) 0 minutes(s)

For this activity you need to evaluate a piece of reflective writing rather than complete any yourself. The five questions below should be used to complete this evaluation.

1. Have relevant areas of knowledge, skills, values or processes been selected and discussed?
2. Does the answer show an understanding of the issues and arguments discussed in the course materials?
3. Does the answer indicate an ability to reflect upon practice learning through the integration of learning from a range of sources?
4. Is the writing clearly expressed?
5. Is the organisation of the answer clear and logical, with a clearly expressed, well-evidenced discussion?

Now, use these criteria assess the following piece of writing. For the purpose of this exercise you should correct any mistakes that you find and note any parts which you think are effective. If there are sections which you feel could be written better, then you may wish to suggest a rewording.

My work with young people who had left care led to increased liaison between the young people, hostel workers and local after-care teams. This included the production of a joint protocol regarding referrals and the induction of young people to the hostel. Such liaison should reduce the risk of poor communication between the services leading to vulnerable young people not receiving basic support. This work was informed by research which has shown that young people who leave care are often vulnerable and disadvantaged in terms of life chances (Jackson and Martin, 1998). I incorporated in this work the ethos and aims of Quality Protects (DoH, 1998), Children Act (1989), Children (Leaving Care) Act (2000) and the Care Standards Bill (2000).

The groupwork that I undertook with young people leaving care was planned in response to identified need from the young people themselves and from hostel staff. At the start, I put forward my vision of what the group might work towards. They responded by requesting an informal forum for raising any topic that was relevant to them. A user-led model of social work puts the social worker in the role of ally of service users and this therefore reflected their strengths. In retrospect, however, I considered whether their challenging of my

ideas empowered them or whether they felt they were 'failing' me. With similar groups in the future, I would not impose any pre-conceived ideas before checking out those of the group.

I found that, rather than using one approach in supporting this group, I applied an eclectic mix of counselling techniques, crisis intervention, solution-focused theory and groupwork theory, depending on the dynamics and issues of a particular session. There is strong evidence that such eclectic approaches can be a potential strength (Cosis Brown, 1998, p.145).

In raising concerns about young women and their children in a hostel (Case Study Summary 4) I raised awareness of a gap in resources.