

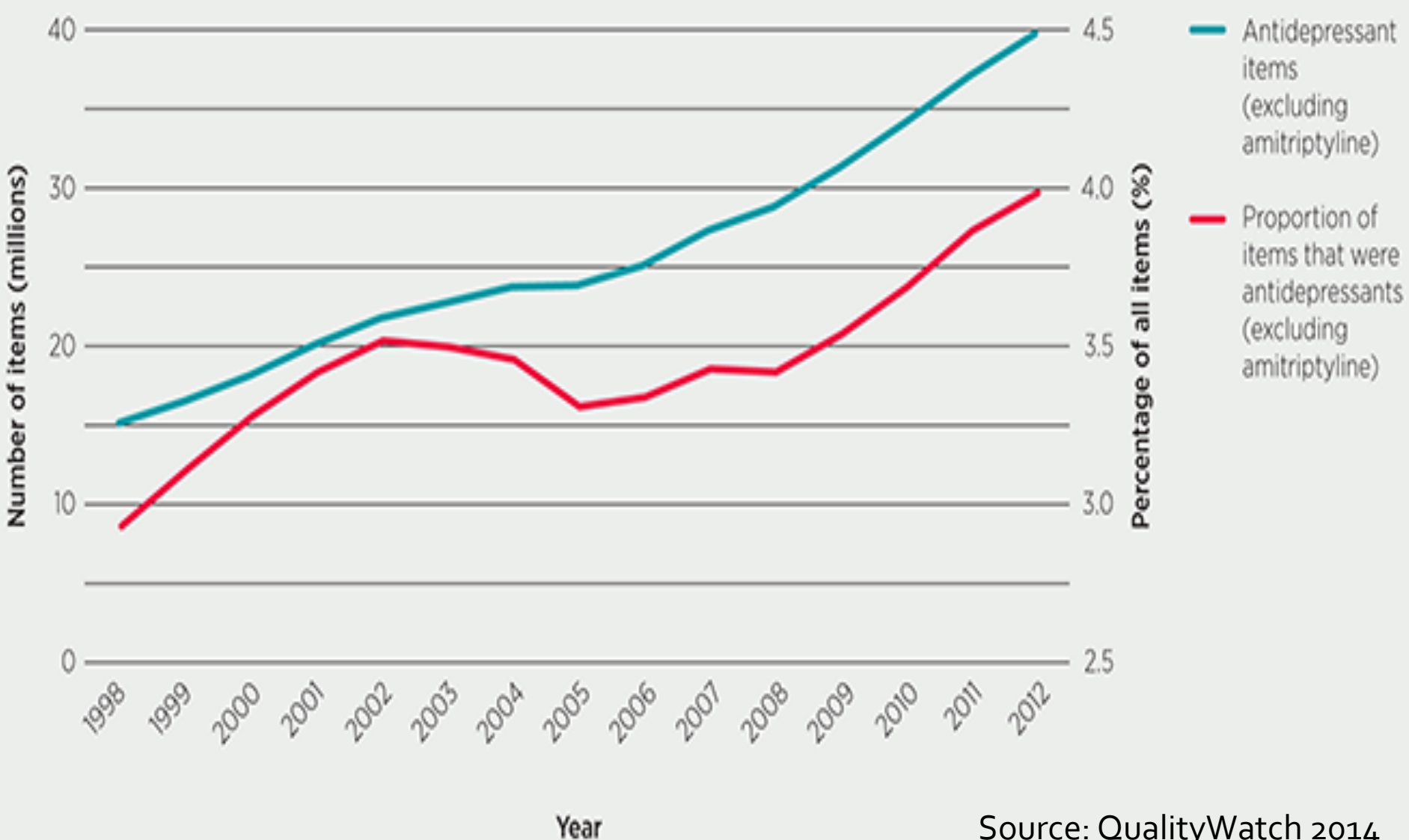
# Mental health and wealth in the context of austerity and welfare reform

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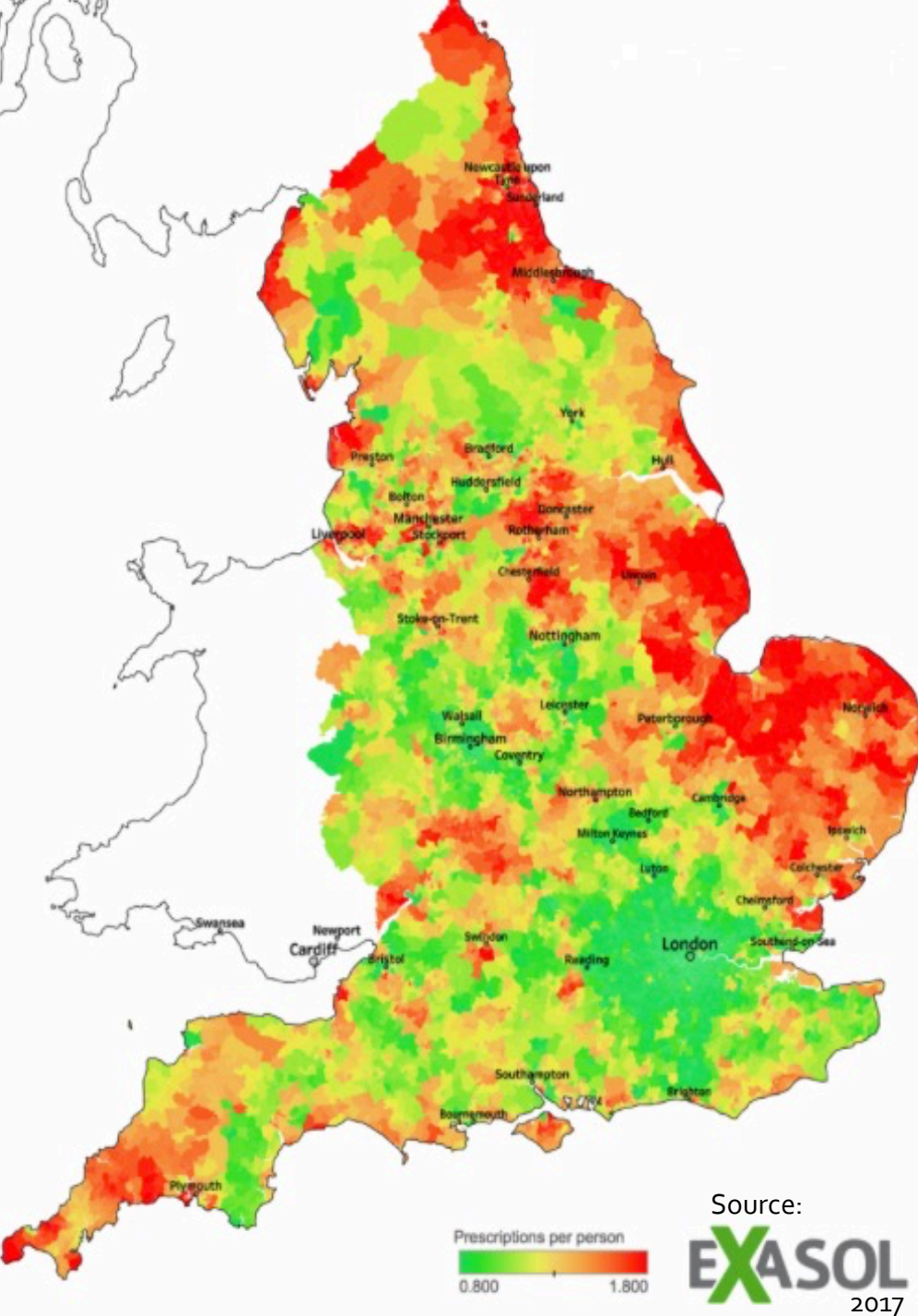
# Mental health in the UK

- Figures suggest 1 in 4 people is affected by a mental health problem
- Mental illness costs UK approx £100 billion a year
- Support for mental health is a key Government strategy
  - Mental health to have parity with physical health
  - Key aim to reduce stigma and discrimination

Trend in prescribing of antidepressants in England, expressed as a total count, and as a proportion of all items prescribed, 1998 to 2012



Source: QualityWatch 2014



## Mental health

# Antidepressants prescribed far more in deprived English coastal towns

Rate in Blackpool, Sunderland and East Lindsey almost twice the national average, analysis of NHS prescription data shows The Guardian 2017



Blackpool for example, has the lowest life expectancy for men in the country, Dr Jay Watts, a consultant clinical psychologist. Photograph: Christopher Thomond for the Guardian

# Framing mental health

- Focus on individual pathology
  - Distress can be 'corrected' through treatment
  - Masks broader issues causing distress
    - E.g. unemployment, isolation, poor housing
- Mental health needs to be considered in the context of wider economic hardship and welfare reform



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# The DeStress project



## Aims:

- to understand how austerity and welfare reforms are affecting mental health within low-income communities
- to understand how antidepressants and talking therapies are impacting on people's wellbeing in low-income communities
- to understand the challenges facing GPs as they seek to support people in these communities
- to identify examples of effective practice in health creation



# Methodology



- Looks beyond the clinic to the broader context of people's everyday lives
- Focus groups, interviews, community meetings, conversation analysis, audio diaries
- Advisory Board – made up of residents, GPs, service providers, commissioners.





# Emerging findings



- GPs are currently one of the few places people can seek help
- People need to medicalise their stress to receive welfare support
- GPs have limited support to offer
- Medication use is often long-term
  - Minimal effectiveness
  - Potential for harm
- Challenges accessing IAPT (talking therapies)

# Health creation, wealth creation

- Difficult for people in low-income communities to feel a sense of control and purpose in the current economic context
- Excellent examples of community health creation exist, but they are undermined by resource cuts and a frenetic obsession to get people into work at whatever cost



# Health creation, wealth creation

- Examples of good practice in GP-patient consultations involve empathy, listening, consistency and alternatives to medicalisation
- GPs are rarely supported to provide this kind of practice
- Yet it would save money and create health....

# Key messages



- We cannot keep addressing mental health as a purely medical issue
- The state must be held accountable for alleviating the conditions that cause stress and exacerbate poor mental health
- GPs play a vital role but are not resourced to deal with distress in low-income communities
- Health creation is often best achieved through community-led initiatives which directly tackle isolation, enable people to be connected and provide people with a voice and sense of purpose





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