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Social support of mentally ill people in Great Britain

Mental illness is the last great stigma of the 20th century

Tipper Gore, New York, White House, 1999

Mental illness is very common and familiar concern. According to World National Health Organization 20% have these diagnosis. Recently published data by European Committee show that almost 27% Europeans are mentally ill¹. About one in four people in Great Britain has this diagnosis, but there is a great deal of controversy about what it is, what causes it, and how people can be helped to recover. People with a mental illness can experience problems in the way they think, feel or behave. They have negative influence on people's needs, values and aspirations. Ill people may not care neither about their quality of life, their social role nor relations with other people. There is no place for active life, caring about health or hygiene². Having a mental illness is difficult, not only for the person concerned, but also for their family and friends. This can significantly affect their relationships, their work, and their quality of life.

Despite the fact that mental illnesses are spreading and amount of people affected by it is constantly rising, there are still many controversies about it causes, way of diagnosis and way of supporting ill people. Moreover, many resources give different definitions for mental illnesses. On the one hand, we can read that mental illness is a disease of the brain that causes unusual thoughts and emotions, for example depression; feeling like you can do anything and/or not knowing the difference between reality and unreality. What is more, it is said that this term is mostly used for adults³.

¹ Raport (2006) Instytut Praw Pacjenta i Edukacji Zdrowotnej, Instytut Psychiatrii i Neurologii, Warszawa

² Zimbardo, P. G. (2003). Enriching psychological research on disability. In F. E. Menz and D. F. Thomas (Eds.), *Bridging Gaps: Refining the Disability Research Agenda for Rehabilitation and the Social Sciences—Conference Proceedings* (pp. 19-32). Menomonie: University of Wisconsin-Stout, Stout Vocational Rehabilitation Institute, Research and Training Centers

³ Dorene J. (2002) *Philpot Law*, Cambridge

On the other hand, the Mental Health Act 1983 states that mental illness means arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind⁴.

Other sources describes serious mental problems as persistent psychiatric disabilities that can have a profound effect on a person behavior, thinking, emotions and relationships, including diagnosis (for example schizophrenia, bipolar dipolar disorder and severe major depression) and related social experiences (for example fear, discrimination and prejudice) resulting from community responses to people with these diagnoses⁵.

In mental health practice and research diagnoses the term “serious mental illness“ or “severe mental illness” are more often used. However the term may be also used in order to better understand this disorder, which doesn’t allow ill people to think, feel or behave as normal people do.

Mentally ill people are not one of the unavoidable decline and poor functioning, though. Recovery may occur with person’s goals of experiencing hope, healing, empowerment and connection with others after life disruptions from serious mental health problems. Recovery may be defined 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 with limitation caused by an illness Recovery involves the development of a new meaning and purpose in one’s life...”⁶

If serious mental illness are not unavoidable we can prevent them from developing. The issues of health care, supported employment, housing, subsidy programs must also be improved

Unfortunately, as the following figures show, up to today not everyone who experiences mental distress is eager to come into contact with a service. Around 300 people out of 1000 will experience mental health problems every year in Britain. 230 of these will visit a GP, 102 of these will be diagnosed as having a mental health problem 24 of these will be referred to a specialist psychiatric service, 6 will become inpatients in psychiatric hospitals⁷

⁴ Mental Health Act 1983 (in:) Long-term ill or disabled (2006) Departement of Health, London

⁵ Long-term ill or disabled (2006) Departement of Health, London

⁶ Nelson, G. & Prilleltensky, I. (2005), Community psychology: Journeys in the global context. In G. Nelson & I. Prilleltensky (Eds.), The Project of Community psychology: (pp.427-429).New York & England: Palgrave Macmillian

⁷ Based on figures from Goldberg, D. and Huxley, P. (1982), *Common mental disorders*, Routledge

The health care which is received on the National Health Service (NHS) is provided by family doctor (GP's) and by NH Trusts. If patient need support day-to day doctor may suggest counseling or exercising as alternatives to prescribing drugs, however if patient needs more help he or she may be referred on to mental health services for support from specialist mental health professionals such as psychiatrists Research indicates that people initially seek help from their GP only, rather than going to see a psychiatrist⁸. An estimated 10 to 20 per cent of a GP's time is taken up with mental health related problems. This figure is thought to be rising, particularly in areas where the local psychiatric hospital is being closed⁹. Aside from visiting psychiatrist at the psychiatric outpatients department patients may receive a visit from a member of one of the community mental health teams¹⁰. The role of psychiatric is to give an evaluation about ill people and to provide a treatment. Doctors receive money from primary care trusts (PCTs). PCT's organizations are responsible for buying the services people need from providers and making sure the money is being well spent. This is called commission services.

It is said that mentally ill people in Great Britain can be divided into "in-patients" and "out patients". Out patients receive support provided by community, however in patients stay in hospital and receive 24 hours care.

Furthermore, on this level patient receives are given his or her Care Plan, which describes his or her needs and what help can be expected in the community. This is known as Care Programme Approach (CPA). This plan is regularly reviewed and a care co-coordinator is responsible for co-coordinating care and promoting effective communication between all concerned. People having CPA may be given an advantage of going to a work centre for people of mentally ill problems, they may be entitled to welfare benefits or other alternative options, moreover mentally ill people with Care Plan are subject to see health professionals regularly. CPA may be divided accordingly to the level of patients needs.

In addition, the CPA provides a framework within which carers can also be identified, and gave their own needs are assessed, and relevant services are also put in place for them¹¹.

⁸ Rogers A. (1996) Loosening the bond: mental health psychiatry and primary care, *The mental health review*, 1 nr 3.

⁹ Kendrick, A. 1991, The role of GPs in the long-term care of the mentally ill, *British Medical Journal*, 302: 508-510

¹⁰ Supporting people(2006) Cambridgeshire County Council, Cambridge

¹¹ Mental Health Act (2001) in Guidance for GPs: medical examinations and medical recommendations under the Mental Health Act, Department of *Health*, London

It is known that as far as patients are concerned they receive their treatment and their Care Plan, but what are the differences between care provided to in patient and out patients? What are the financial sources?

In patients receive 24-hour care with drug supplementation. The trust and Social Services have a duty to provide in- patients with after-care services until they think in-patients no longer need them. What is needed should be properly negotiated with them and written into care plan before they leave a hospital. The carer may also be involved. His or her duties come from section 117 of the Mental Health Act 1983. People should not be charged for any services which they receive under this provision(guardianship and supervised discharge)¹².

As far as out-patients are concerned they receive treatment and care in the community. They are obliged to go to psychologists (psychiatrists, counselors, psychotherapists). Their treatment may also include medication and drugs.

Both to in—and out-patients are often assigned CPN (Community Psychiatric nurse) and/or SW (Social Worker).

Most of people who have mental health problems are treated in the community or in hospital on a voluntary basis and have the same rights as everyone else. They are sometimes called `informal` patients. A small number of people are compulsorily detained under a section of the Mental Health Act 1983, and they have different rights. The latter are referred as `formal` patients. It is said that, informal patients can sometimes find that when they attempt to leave they are held under Section 5 and then become formal patients.

Compulsory admission to hospital, consent to treatment, the right of appeal, guardianship, patient's involvement in criminal proceedings and many more concerns of mentally ill people are all enclosed in complex The Mental Health 1983 The Act applies in England and Wales and it is, like any other Act of Parliament, divided into Sections. This has coined the term "being sectioned" to mean being compulsorily admitted to hospital. The Act itself is not well organized, is written in language that can be hard to follow, and always uses "he" to refer to people detained under the Act¹³.

There is also a separately published *Code of Practice*, which is regularly updated. This gives a guide to implementation of the Act. The most commonly used sections of the Act are: two, three, four, 135 and 136. It is worth noticing that people need an advice in interpreting the

¹² Dukes, Cathey, GP: General Practitioner (2005) Registrar: Medico-Legal Issues - Mental Health Act assessments,02688417

¹³ Mental Health Act 1983 (in:) Long-term ill or disabled (2006) Departement of Health, London, s.3

Act, it is recommended to contact Local Citizens Advice Bureau or a solicitor specializing in mental health¹⁴.

Additionally, in order to improve the way The Mental Health Act's assessments are functioning The Mental Health Act Commission (MHAC) cooperates with government sending them regularly the Biennial Reports.

One of the aspects concerning mentally ill people, which is described in Mental Health Act is housing. There is great variety in the types of supported housing and residential care available and different types of accommodation suit different levels of need. Apparently, similar types of accommodation can often vary widely in the facilities and degree of comfort they offer, as well as in their environmental features and household rules and conditions such as: care homes (residential care homes), care homes with nursing (nursing homes), respite care, outreach support / floating support, assertive outreach, hostels, group homes, supported housing (sheltered accommodation) therapeutic communities. Moreover, it is described that if people are homeless and are considered to be in priori need (which may be the case for people with mental health problems), local authorities have a duty to provide temporary accommodation, whereas they will be considering if there is a duty to provide permanent accommodation. Often disadvantage people go to the housing office with a social worker, but they can contact the housing office direct, in which case the office will need to contact the relevant mental health professionals. If a homeless person who is not a local is discharged from psychiatric hospital, the local authority may still have a duty towards that person, but could refer them to an authority where they lived previously. If people with mental health problems are not homeless but want to be rehoused by the local authority, they can go to the Housing Department to put their name on the Housing Needs Register. Sometimes medical problems may be counted as additional points when that person's application is considered. If mentally ill person has a social worker it is desirable to discuss that with him. If not, it is good to go and discuss matter with local housing department¹⁵.

The other aspect is sport and leisure time. In Great Britain the city council Sports Development Service provide a program of activity for Community Mental Health Users. There is a wide ranging number of activities on offer including swimming, yoga, gym sessions, football and badminton. Emphasis during the sessions is to be physically active, and have fun in a social setting. There is a buddy system in place for those who feel they may

¹⁴ Lifecraft (2005) Mental Health Handbook, Cambridge

¹⁵ Mind (2003) An outline guide, Publications, Mind Publications, Cambridge

need a little extra support. This year has occurred the emergence of a mental health focus group which will have a great responsibility in shaping and developing the work that the service offer, with the aim of encouraging more service users to participate in physical activity opportunities. Membership of the group is voluntary and open to any service users. Many local self-help organizations provide also social clubs; a places where anybody who has mental health problems can come to relax, meet people, have a cup of tea or coffee and listen to music. It's friendly and informal. Sometimes people play chess or backgammon¹⁶.

Work is important to everyone; it is personally meaningful and offer us a social role and identity. In Great Britain there are many agencies, which all have expertise in mental health matters including employment. Most of them support people with mental health problems in their job search and in the workplace, and operate on a local or regional level. They welcome approaches from employers seeking information or advice on good employment practices in relation to mental health – for example, what to do when a member of staff starts showing signs of a breakdown in mental health. They should be able to advise on adjusting work premises or practices where necessary. Some offer mental health awareness training and some may be able to support a member of staff directly.

Mentally ill people have an extra Leeds, moreover, they have a loss of income such as earnings, As a result, they may be entitled to welfare benefits. Benefits for people with disabilities are called Disability Living Allowance (DLA) Disability Living Allowance is worth up to £97.15 a week. The amount depends on how much health problems affect daily life. It is paid on top of other benefits, is tax-free and is not affected by any savings or other income you have. People can work and still get Disability Living Allowance. If someone receives Disability Living Allowance, he or she may also be able to get Income Support, income-based Jobseeker's Allowance, Housing Benefit, Council Tax Benefit, Working Tax Credit or Child Tax Credit.

Ill people can claim Disability Living Allowance if: they are under 65, have had mental (or physical) health problems for the past three months (there are different rules if someone has a terminal illness) and their health problems are likely to last for at least another six months. Disability Living Allowance has two parts, the care component and the mobility component. You can get both components, or just one.

¹⁶ Lifecraft (2005) Mental Health Handbook, Cambridge

Lump sum grants for people who are getting Income Support or income-based Jobseeker's Allowance, or will do when they leave hospital are called Community Care Grants Disadvantage people may claim for items of clothing, furniture or bedding, minor repairs and removal expenses, amongst other things. Claim on form SF300 from the DWP. If disadvantaged person gets refused, it is advisable not get as much as he or she asks for, it is good to ask for advice ¹⁷.

Concluding, mental illness is very common in Great Britain, however not all of people are willing to be diagnosed, because fears, discrimination and stigmatization connected with people who are mentally ill still exists. Moreover, there are too many obstacles within diagnosing certain people, like poor, yet they can't be good diagnosed. Despite those many obstacles recovery may occur and what is proved mentally ill people have improved their lives recently by having been supported in their personal, communal and societal deliberation about responses to serious mental health problems. British social support system is one of the very good developed support system in Europe. Most of the aspects of mentally ill people's life are regulated by *parliament* Mental Health Act from 1983. What is more, mentally ill people because of receiving their CPA may be given an advantage of going to a work centre, they may be also entitled to welfare benefits or other alternative options

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¹⁷ Mind 2003, The Mental Health Act 1983 – an outline guide, Publications, Mind Publications

