Social Science & Medicine 191 (2017) 1–8

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

A systemic approach to understanding mental health and services

Mark Cohen

NHS Greater Glasgow and Clyde, Anvil Centre, Salamanca St., Glasgow G31 5BA, United Kingdom

ARTICLE INFO

Article history:
Received 28 June 2016
Received in revised form
23 June 2017
Accepted 28 August 2017
Available online 31 August 2017

Keywords:
Mental health
Systems
Organisations
Culture
Policy

ABSTRACT

In the UK mental health and associated NHS services face considerable challenges.

This paper aims to form an understanding both of the complexity of context in which services operate and the means by which services have sought to meet these challenges. Systemic principles as have been applied to public service organisations with reference to interpersonal relations, the wider social culture and its manifestation in service provision. The analysis suggests that the wider culture has shaped service demand and the approaches adopted by services resulting in a number of unintended consequences, reinforcing loops, increased workload demands and the limited value of services. The systemic modelling of this situation provides a necessary overview prior to future policy development. The paper concludes that mental health and attendant services requires a systemic understanding and a whole system approach to reform.

1. Introduction

NHS mental health services in the UK face a number of challenges. There is a considerable pressure of increasing demand and associated with this a now familiar call for service expansion (RCPsych, 2014). While those working in services are often left in little doubt about the distress of the patients they see and more generally the increasing experience and expression of distress within the wider public, it is also true that the number of NHS psychiatrists, psychologists and other mental health professionals has expanded significantly in recent decades, as has the quantity and costs of psychoactive drug prescription (Appleby, 2003; Davies, 2013; Ilyas and Moncrieff, 2012). This situation may raise questions about the value of current services and the usefulness of continued service expansion (Goldberg, 2008; Jorm, 2014; Moncrieff and Timimi, 2013). These are important and contentious issues. This paper is an attempt to consider the place of mental health services, an understanding of mental disturbance and an increasing identification with psychiatric diagnoses within a systemic context. In social work the Munro Review (Munro, 2011) brought a systemic understanding to the significant problems facing a public service which deals with emotionally demanding work. This approach suggested that there are limitations and serious drawbacks to an approach to child protection based upon an increasing prescription of professional practice. It highlighted the important role of professional judgement and demonstrated how this had been inadvertently inhibited by previous policies. It led to a number of concurrent policy interventions at various levels in the identified system, with the aim of effecting positive change for vulnerable children. In this paper understanding mental distress and service responses, is approached with reference to social contexts and accompanying cultures which shape attitudes, beliefs and behaviour. Features of this culture include an emphasis on individual rather than social responsibility, competition, blaming and defensiveness.

2. Systems approach to mental health services

Systemic thinking has been employed in forming an understanding of particular aspects of mental health services particularly the investigation of serious incidents and the related concept of risk assessment (Cohen, 2013). In this paper this approach is more generally applied to considering mental health services. The value of providing a systems model is that an understanding of this type can then be used as a basis for considering future policy.

3. Systems method

The method employed follows that used in other public sector applications (Lane et al., 2010; Munro, 2011). The approach applies a blend of overlapping methods including the construction of causal loop diagrams (CLD).

E-mail address: mark.cohen@ggc.scot.nhs.uk.

http://dx.doi.org/10.1016/j.socscimed.2017.08.037

System dynamics can be represented by relatively simple CLDs in which elements are linked by arrows indicating the causal relationships between the components. The value of this modelling is in illustrating how changes may lead to complex effects by considering the responses and reactions in behaviours and contexts over time (Lane and Husemann, 2009). The models offers a relatively concise means of understanding a complex system and can be a basis for further discussion and refinement amongst a wider group (Lane, 2010). The letter 's' attached to an arrow, is used to denote a relationship in which an increase in the first element is linked to a rise in the second. The letter 'o' by an arrow signifies that the rising value of the first element is associated with the fall in value of the second.

These arrows can be used at times to construct circuits in which the elements can be connected by a series of relationships which loop back on themselves. There are 2 types of circuits. One is a balancing circuit denoted by a clockwise circular arrow and the letter B. This indicates that the circuit acts as a classical feedback loop in which the rise of an element at the outset of the circuit is linked by series of relationships to a process in which the rise of a value in one element is countered by the changes in the following elements e.g. the action of a central heating thermostat in regulating temperature. The other circuit is a reinforcing cycle, indicated by the latter R and an anti-clockwise circle. This is a vicious or virtuous cycle in which the series of relationships have the effect of intensifying the direction of effect e.g. good morale within the staff group has a positive effect on how patients experience the service and feel more generally which in turn raises staff morale. The circuits do not give an indication of the size of the intensifying or diminishing effects, or the ratio of the relationships between the elements. However the diagrams offer a means of modelling how elements relate to each other in complex ways over time and as such indicate the likely value, effects and limitations of policy interventions.

This form of analysis can be applied to consider the significant challenges facing mental health care. The evidence used in the construction of this analysis is based on quantitative and qualitative research and published theoretical contributions. It is written from the perspective of the author as a participant staff member in mental health services. The author's role involves undertaking direct clinical work as well as involvement in a number of reflective practice groups with staff coming from a range of professional disciplines and with varying levels of experience and seniority. The role also involves relating to colleagues who have designated managerial duties.

A repeated theme in the paper is the importance of culture both within the health service and in wider society. Culture is often cited as an important factor in health care, implicated in high profile failures but also thought of as a means of effecting positive organisational change (Francis, 2013; Mannion and Davies, 2013). Despite this interest culture remains a relatively unfamiliar concept for many and there are uncertainties about the meaning and value of the concept. In part its slipperiness is related to it occupying the place of a pervasive background and gradual changes in culture may go relatively unnoticed or may not be thought to have causal influence. This though would be to miss the important role it has in limiting the nature and content of what takes place in the 'foreground' (Du Gay et al., 1997), in this instance the realities of clinical work, organisational life and policy development. In this paper culture and an ethos of public service is based upon the perspectives of du Gay and colleagues (Du Gay et al., 1997; Dixon-Woods et al., 2013; Burns et al., 2013; Hoggett et al., 2013). This is relevant to psychiatry and associated mental health professions as in recent decades wider societal changes have effected substantial changes in the culture and ethos of the professions. The nature of these changes are examined in the course of this paper, particularly in the section which considers the use of professional judgement.

A diagram (Fig. 1) can illustrate an aspect of how current services function. In this and the following diagrams there is no particular significance to the colour of some of the boxes of text. This colouring has been used solely as a means of identifying the same text descriptions which recur in the following diagrams and thereby allowing a clearer exploration of the complex interrelationships connecting these elements. In attempting to represent complexity a diagram can represent some of the most salient factors and interconnections contributing to the system. The usefulness of the diagram requires that there is a limit to the number of factors which can be included without the diagram becoming unduly complicated or incomprehensible (Armson, 2011).

4. Mental health services – a virtuous cycle of improvement?

Service improvement strategies in recent decades have involved a number of approaches (Fig. 1). This includes the engagement of active citizen patients. The encouragement of active patient/users potentially offers a means for services to improve communication (Pitarka-Carcani et al., 2000) between patients and clinicians and can lead to care which aims to be more receptive to the experience of individuals (Martin and Félix-Bortolotti, 2014). Patients/users input at various levels to service organization, including representation within inspection and regulatory bodies, as well as contributing to consultations regarding service developments. Additionally this change has found expression in the growing number of complaints regarding services (Care Quality Commission, 2014), which have been encouraged as a means of service improvement. Similarly reporting of poor care or errors by staff is encouraged as a means of enhancing services. Addressing concerns regarding the quality, efficiency, responsiveness and safety of mental health services has also been met by responses in keeping with the general trend of new public management (NPM) (Dunleavy and Hood, 1994). This has included an increasing use of approaches such as service standards, audits, targets, the construction of diagnoses specific care pathways and treatment protocols based upon the principles of evidence based medicine (EBM). Additionally, and associated with high profile failures within health services there has been a strengthening of the structures and processes of inspection and regulation (Waring et al., 2010). This has resulted in monitoring both individual practitioners and services with reference to identified indicators. This procedural prescription has aimed to reduce unhelpful or unwarranted variation in services. The intention is that as services become more standardised and approach the approved level of compliance then quality, efficiency, safety and responsiveness will have improved and efforts to encourage or enforce this level of compliance can be reduced. This circuit can therefore be considered as a balancing cycle in which the feedback loop (Fig. 1-B), demonstrates a learning process which ultimately would reduce the requirement for compliance enforcement in respect of any particular area of concern.

At the same time the routine collection of information monitoring the impact of the service changes which have been instituted is evidence of the effectiveness of the service improvement strategies which have been employed. This reinforces the value attached to these approaches and can be indicated as a virtuous cycle of improvement (Fig. 1—R loop).

5. Unintended consequences

In Fig. 1 the potential value of complaints is shown in a virtuous cycle of service improvement. Fig. 2 describes how service