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VIEWS AND REVIEWS

NO HOLDS BARRED

Margaret McCartney: If this was cancer there'd be an outcry—but it's mental health

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A million British volunteers will learn skills in mental health first aid, at a cost of £15m. The government, which is funding the exercise, says that this will improve "personal resilience" and "help people recognise and respond effectively to signs of mental illness in others."

This will include an online learning module "based on what has been shown to work, so that we can all be better at supporting people experiencing poor mental health." Public Health England will also work with Mental Health First Aid England to build "on the knowledge and experience of the sector."

Theresa May has said that she wants to "use the power of government as a force for good to transform the way we deal with mental health problems right across society." Even Jeremy Hunt has been on a mental health first aid course, where he discovered that "quite a lot of the course is about looking after your own mental wellbeing" and learnt how to "spot signs in others around you who might be experiencing difficulty."

Is this a good thing? One case study from 2016 cites an incident where a welfare benefits officer had mental health first aid training. When one man expressed suicidal thoughts after his money was cut, the benefits officer thought that she didn't need to call the police—apparently the usual response—but could now encourage him to call the crisis team instead.³

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It's profoundly sad that such basic training for being a benefits officer should be supplied as an optional add-on. The research cited finds that people who undertake this training feel more confident about supporting people with "mental health difficulties" and feel more empathetic. But data are distinctly lacking on what people with mental illness think about it.⁴

Does mental health "first aid" help the people receiving it? Do people with mental illness find it supportive—or intrusive? Is it helpful to talk to a comparative stranger? Do some people prefer privacy and more subtle support?

What about side effects? If we encourage people to seek professional help, could this this lead to overdiagnosis and the medicalisation of human distress? And might such medicalisation inappropriately and harmfully trump sensible and kind human care? Hunt says that we can avoid this by teaching "resilience and self help" as a first step. I think that we're in an evidence-free zone. The risk is that huge sums may be spent with great flourish but with little benefit to the people who are suffering most.

Let us remind ourselves: access to children's mental health services is a lottery, where waits of years are commonplace⁵; constant difficulties arise in obtaining inpatient beds for children and young people⁶; more than 5400 people had to travel away from family and friends for inpatient care in 2014-15⁷; and a third of referrals to child and adolescent mental health services are turned down and often bounced to the charity sector.⁸

If this was cancer there would be an outcry. But it's mental health, so we get a sticking plaster instead.

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