

The Gold Standard for Mental Health and Wellbeing

Creating Mental Wealth

Introduction

Mental health is central to physical and social health and it is dependent on the quality of relationships. Mental health can be regarded as an indicator of general health and ultimately, an indicator of the quality of relationships. The links between the quality of relationships, mental health, physical health and social health have been made clearer today through science. Julian Tudor Hart describes the Care-Effect. This is derived from caring relationships and it is a powerful determinant of health whereby the effectiveness of a treatment is influenced by the environment in which it is given.¹

In today's economic climate, value for money is of paramount importance and this is especially true for the future success of the NHS. Although modern, technological medicine continues to improve the treatment of disease, it can be expensive. However, caring relationships, through the Care-Effect, are a low cost intervention that are appropriate for most health problems and, like technological medicine, are also key to improved health outcomes.

The cost effectiveness and clinical effectiveness of the Care -Effect must be recognised, promoted and included in health and social care policy as well as in everyday practice. The Care Effect, when integrated with technological, evidence- based medicine, will lead to a higher quality, more equitable and cost-effective health service.

The gold standard for technological medicine, the randomised controlled trial, is well established and has been developed to ensure that we have the best quality, evidence based treatments. The gold standard for mental health and wellbeing is the gold standard for caring relationships. This has been developed so that we can ensure the best quality, relationship- based healthcare. Both evidence based practice and relationship based practice are required for humane and effective health and social services.

The Gold Standard for Mental Health and Wellbeing is a proposed standard for caring relationships. Although caring relationships can be described in many ways such as positive, collaborative, empathic, compassionate, loving and good, the benefits are the same through the Care- Effect. The importance of caring relationships to social, mental and physical health has been demonstrated whereby caring relationships are today considered to be as much about cure as they are about care². It must be emphasised that there is no either-/or- between science and care and the best outcomes are achieved when high quality evidence-based treatments and services are delivered through high quality, caring relationships.⁷

The Gold Standard for Mental Health and Wellbeing is a measure of the quality of relationships and is an indicator of the Care-Effect in organisations, health and social services. The Gold Standard Programme is the practical implementation of this gold standard.

The World Health Organisation Helsinki Declaration endorses the view that there is no health without mental health³ and links mental health to social capital which describes the qualities of relationships that shape the social interactions and the organisations that underpin society. Good social relations such as friendship and social support are beneficial to health whilst poor relationships are bad for health.⁴ Associations between relationships, mental health and physical health apply at all scales from the individual to the community as well as to populations.⁵

Dixon and Sweeney suggest that getting the relationship right keeps people well, makes people better, saves money and therefore has a positive impact on health and on the economy.² Relationships can be between people, within and between organisations and between people and their environment including their workplace, home and community. Although the current global economic recession means that less money will be available for healthcare, restoration of a culture of care and the integration of relationship based care with evidence based health and social care systems, should provide a valuable opportunity to deliver high quality, equitable and cost-effective healthcare with less waste. This will free up resources to fund the more expensive technological healthcare innovations and treatments.

'All this will need new ways of thinking and working both inside and outside our health services'

The Welsh Declaration for Mental Health and Wellbeing⁶

Background

'Adopting Welsh Solutions to meet Welsh Challenges'⁶

The founding values of the NHS are being restored in Wales with an emphasis on collaborative working in order to create a world-class health service⁷. With fewer available resources, this poses both a challenge and an opportunity for all of us to work together to provide equitable, high quality and compassionate health care. Although the universal provision of evidence based medical care will improve health outcomes, the main determinants of health and health gain are the social and economic inequities that lie outside the current remit of modern medicine. The challenges of restoring the NHS today are similar to the challenges when establishing the NHS. However, advances in medical and social sciences over the past 60 years have reframed our understanding about the nature of quality and equity in health care.

A new science is emerging that links positive relationships and social health to mental health and mental health to physical health⁸. This changes the view that relationships are less important to health gain and less measurable when compared to the more objective evidence-based technological treatments. The gold standard represents the ultimate standard and the randomised controlled trial is today considered to be the gold standard for modern health and social care.⁹ The motto of the Royal College of General Practitioners is 'Cum Scientia Caritas' which can be translated into 'science with compassionate care'. In a modernised, new NHS, evidence based medicine and in particular the gold standard randomised control trial has predominated in service development, education and research. In contrast, a comparable gold standard for caring relationships, caritas, has been overlooked until now. The Gold Standard for Mental Health and Wellbeing is a proposed standard for caring relationships.

Healthcare is complex and like all complex systems, is underpinned by a few simple values such as those of caring relationships. Caring relationships can be defined by the three measurable values; the 'hallmarks' of Person Centeredness, Good Communication and Trust. This new Gold Standard will, like all standards, redefine relationships and reset responsibilities between us all including patients, healthcare professionals and managers.¹⁰

Executive Summary

- Mental health is central to physical and social health and it is dependent on the quality of relationships. Mental health can be regarded as an indicator of general health and ultimately, an indicator of the quality of relationships.
- The Gold Standard for Mental Health and Wellbeing is a measure of the quality of relationships and is an indicator of the Care-Effect in organisations and in health and social services.
- The Care-Effect, which is derived from caring relationships, is a clinically effective and cost-effective intervention that is a powerful determinant of health.
- Science is making clearer the processes by which the Care-Effect promotes health, aids recovery and produces resilience. The Care-Effect needs to be better utilised within the NHS.
- A small input of caring relationships can lead to much larger outputs in health gain at a relatively lower cost than just technical medical interventions alone. By reducing waste, resources could be freed to support the universal and equitable provision of quality technological healthcare.
- The best outcomes in health will be achieved when the highest quality, evidence based interventions are delivered through the best caring relationships.
- The Gold Standard Programme is the practical implementation of this gold standard that is set out to demonstrate the best relationship based practice through an evaluation process based on the three measurable hallmarks of caring relationships: Person Centredness, Good Communication and Trust.
- Capability building in relationship based practice needs to be developed alongside capability building in evidence based practice.
- Clinical governance has been developed to improve the quality of healthcare through evidence based practice. Given the importance of the Care- Effect, clinical governance needs also to incorporate the hallmarks of caring relationships.
- The Gold Standard for Mental Health and wellbeing should inform health policy and national standards including National Service Frameworks.
- Research and development utilising complexity science provides a greater understanding of relationship based care.

Social Inequalities and General Health

Social factors-rather than genetics-are to blame for huge variations in ill health and life expectancy around the world.

Social Injustice is killing people on a grand scale

The key message is that the circumstances in which people are born, grow, live, work and age are the fundamental drivers of health and health inequality ¹⁰

Closing the gap in a generation: health equity through action on the social determinants of health, Sir Michael Marmot, WHO, August 2008

The Beveridge report of 1942 identified the five giants of disease, ignorance, squalor, want and idleness to be slayed for a better post World War Two Britain. This report paved the way in 1948 for the NHS that was based on the principles of equity, quality and universality of care. Aneurin Bevan's NHS brought evidence-based treatment of disease to all UK citizens irrespective of the ability to pay and without discrimination. However, the NHS did not address the other four of Beveridge's giants and the NHS responsibilities did not cover good housing, sanitation, conditions at school and work, diet and nutrition and economic security that are the main determinants of health and health inequalities. ^{11, 12}

In 1979, Sir Douglas Black's report on inequalities and health suggested that health inequalities had increased despite the establishment of the NHS and were largely due to social inequalities that relate to income, education, housing, diet and employment and work conditions. The relationships between social inequalities and health inequalities have been further demonstrated since the Douglas Black report. ¹³

In 1971, Julian Tudor Hart summarised the inverse care law as 'the more any community needs good medical care, the less likely it is to receive it'. Such communities share the experience of mass unemployment that has lasting consequences for social and biological health.¹ He suggests that capacity to work depends on the health of our minds and mental health depends itself on creative work, good company; respect and affection from others, which we can ourselves return.¹⁴ Dame Carol Black's report on work and health has stated: The links between health, employment, productivity and poverty underline the critical importance of improving the health of the working age population in achieving both greater social justice and higher economic growth. Similarly, increasing employment and opportunity of employment would directly promote better health and well-being for all. ¹⁵

Marmot and Wilkinson have suggested that high social capital and friendships are goods in themselves. Importantly, that the social environment is crucial to health equity whereby health can be improved by a nurturing environment for children, better education, a socially supportive environment for adults, employment rather than unemployment, better psycho-social working conditions and improved community infrastructure. ⁵

Social Inequalities and Mental Health

Mental distress in communities needs to be understood as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing

It is the distribution of economic and social resources that explain health and other outcomes in the vast majority of studies.¹⁶

Mental health, resilience and inequalities

Dr Lynne Friedli

WHO 2009

The WHO Helsinki Declaration in 2005 stated: ‘there is no health without mental health and mental health is central to the human, social and economic capital of nations.’³

Social capital is the quality of relationships that shape social interactions and it is associated with mental health. Mental health problems are a major cause of life years lost to disability worldwide and mental health is linked to social capital whereby different mental health problems are related to different aspects of social capital i.e. social interactions. Social capital affects physical health through psychological mechanisms and much evidence links illness with poor access to social relationships.⁴

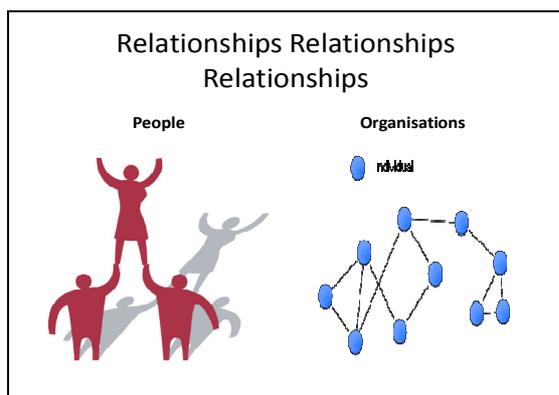
In a report of an all Wales review of mental health services, it was concluded that: ‘we need to view mental health and wellbeing from a different perspective like the lenses of a telescope and focus on mental wellbeing as a social issue.’¹⁷

Wales has eight out of the ten poorest and most deprived areas in the UK and some of the poorest health in Europe. The connection between poor physical health and poor mental health cannot be ignored. Mental health is therefore a major economic issue in Wales.⁶

Relationships:

Social Health, Mental Health and General Health

Health has been described a social indicator because health is shaped largely by social circumstances such as family, community, work and housing.¹⁸ Social factors are relationships in various forms and mental health depends largely on the quality of relationships and quality of the Care Effect.



*"He first deceased; she for a little tried
To live without him; liked it not, and died"*

-Sir Henry Wootton.

In 1967, Welsh GP Dewi Rees wrote a paper for the British Medical Journal on the Mortality of Bereavement, known as 'Dying from a Broken Heart'.¹⁹ The research revealed a greatly increased mortality risk for the bereaved who had lost a close relative. The Care Effect is also known as the 'Placebo Effect' and the 'Human Effect', which has been discussed in detail by Dixon and Sweeney who cited Dewi Rees's work, which is regarded as the first scientific evidence to support the importance of relationships to an individual's health.²

In 1957, psychotherapist, Michael Balint's work 'The Doctor, His Patient and The Illness looked at the relationship between doctor and patient and described the central role of the therapeutic relationship for healing'²⁰ In a recent critical review of the evidence relating to the prescription of antidepressants for depression, it was concluded that the therapeutic importance of the consultation may be as/more important than the tablets.²¹

Richard Wilkinson has described health as a social indicator and has defined illness as a sign that something is going wrong in our relationship with our environment. He proposes that whether the health problem is depression, anxiety, obesity, alcoholism or heart disease, they all are indicators of an aspect of someone's life going wrong.¹⁷ Wilkinson and Marmot describe the causes behind causes that link social relationships to mental and physical health.⁵:

Person centred approaches that acknowledge and value individuals as people and give proper recognition to the therapeutic potential of these relationships. Good practice by engaging with individuals and their carers, as they are central to the relationship between service providers and themselves in setting and shaping the services they require. This will be achieved through partnership, empowerment and personal responsibility.

As members of society, the people of Wales must accept responsibility within their own communities, workplaces and families to address those relationships that impact on all aspects of our day to day lives

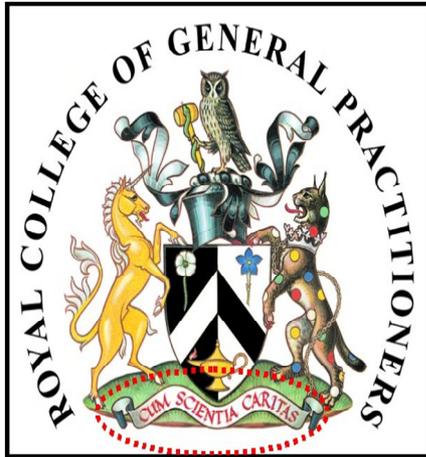
Have a responsibility for our own and others mental health and wellbeing Need to be able to develop the understanding and gain the skills so that we can recognise signs of mental ill health in others and ourselves.⁶

- ***'Most NHS staff believed care was not a top priority for NHS organisations'***
- ***'NHS staff perceived a lack of value in their own work by NHS organisations'***

*Healthcare Commission Report
2008*

The Science of Care

Science with Compassion



Modern medical knowledge and practice are influenced by two chief values that inform the ethical or moral stance or attitude of physicians—emotionally detached concern and empathic care

For the humanistic or humane practitioner, however, scientific medicine is embedded within empathic care that includes the patient's and the physician's emotional state.

▣ *Humanizing Modern Medicine
An Introductory Philosophy of Medicine,
James A. Marcum*

The Royal College of General Practitioners motto is *Cum Scientia Caritas* which can be translated as science with compassionate care. And the values of General Practice are those of evidence based medicine and the continuity of personal care.²²

Advances in science are revealing the links between social health, mental health and physical health whereby, as Goleman suggests: 'our relationships mould not only experience but also our biology'. Relationships exert influence on the ways our genes express themselves as well influencing habits such as eating and smoking. As Goleman puts it: 'nourishing relationships have a beneficial impact on our health while toxic ones can act as slow poisons in our body'. The idea of the sociable brain, with us all being wired to connect, has emerged from recent neuroscience.⁸

From a public health to a community to an individual, the relationship between health inequalities, social capital, mental health and physical health is becoming clearer through science which helps us reframe our understanding of modern health problems such as metabolic syndrome i.e. type 2 diabetes, obesity, hypertension and cholesterol disorders. It is suggested that negative relationships cause social distress which, through negative psychological and emotional arousal, alter hormonal and immune system function. Social distress can also lead to adverse changes in behaviour and habits such eating and smoking that can have detrimental effects on the body and body functioning. A person's genetic makeup and the context of stress are important factors in a person's psychological, emotional and physical response to stress.⁵

The placebo effect has also been described as the 'care effect' and the 'human effect'.² This effect has been shown to be a relationship effect and has an important role in wellbeing, healing and recovery. 'Placebo responses' can arise from both conscious beliefs and

subconscious associations between recovery and the experience of being treated. Science has demonstrated that the effect arises from processes in the brain that influence all body processes including hormone and immune function.²³

Mental ill health increases mortality and morbidity and has the associated complications at an individual and public health level....in addition to the poor chronic disease outcomes caused by associated mental ill health, the complications of obesity, addictive habits, medically unexplained symptoms, accidents, unemployment, debt, poverty, relationship and behavioural problems need to be recognised and tackled.

Recovery through services that have the appropriate values and evidence base

Research and Development that will be directed towards providing the evidence base for mental health and wellbeing.⁶

The Gold Standard for Mental Health and Wellbeing: The Gold Standard for Caring Relationships



***'Quality that is delivered productively
is a complex task'***

***'The big issue for me was around
what you can do to create quality.
And it's about relationships.'***

Clare Chapman

Director General NHS Workforce, 2009

BMA news, 9th May 2009

Health problems, whether mental or physical are complex as they are usually associated with many risk factors. Such complex systems, which also include organisations like primary care and hospitals have the property of self-organisation described by Sweeney as: 'when a system can produce fresh behaviour without a master plan'.^{24,25} Complex systems can be explained with a few simple rules an example of which is the flocking of birds. Computer scientists in the 1970's simulated the flocking of birds by programming each computer 'bird' called a 'Boyd' to each follow three simple rules:²⁵

- To move to the perceived centre of the flock
- Match the velocity of other birds in the neighbourhood
- Maintain a minimum distance from other birds

The result was the simulation of flocking behaviour. Flocking also demonstrates another feature of complex systems called emergence whereby simple interactions such as the three the rules for the 'boyds' give rise to new features i.e. in the 'boyd' example to flocking itself. A third feature of complex systems is that input does not relate to output. This means that small changes can have big effects in a system be it a person's health or an organisation's performance and vice versa. The concept of initial conditions is a fourth feature of complex systems and it is crucial to outcomes. Factors that set the correct initial conditions can lead to the desired outcomes effectively and efficiently. That is, health outcomes can emerge without too many instructions, directives or targets.

The central role of relationships in health and wellbeing suggests that relationships set the initial conditions and the simple values that lead to the emergence of health and wellbeing outcomes. Relationships that are positive between people and within organisations are the simple small inputs that lead to the much bigger output of improved outcomes and health gain. The Care effect could be compared to the 'Butterfly Effect.'^{23, 26}

Using the Boyd's metaphor, the three rules of flocking can be translated into three simple rules of caring relationships:

- To move to the perceived centre of the flock **Person Centredness**

- Match the velocity of other birds in the neighbourhood **Communication**

- Maintain a minimum distance from other birds **Trust**

Values (input)	Added value (Output)
<p>Shared Values of: -</p> <ul style="list-style-type: none"> • Trust • Good Communication • Person Centredness 	<p>Mental Health, Well-being, Self Esteem Improved chronic condition outcomes Empowerment, Recovery, Resilience Independence, Safer services & practice, Improved work, Less sick leave, Organisational effectiveness, Cost Effectiveness, Equity, Efficiency, Self care, Less Referrals and Less Admissions to hospital, Clinical effectiveness, Reduced and better prescribing, Better Access.</p>

Modern medicine uses the mathematics of Isaac Newton that works well where cause and effect are more obvious. Such 'complicated' rules can also be simple but in contrast to 'complex' rules, they are more precise. Such rules underpin rocket science, have put man on the moon and brought him home again! The success of modern medicine is based on this science whose objective methods dismiss the care- effect to help ensure that medication and surgical procedures are having a beneficial effect in their own right. Objective science underpins evidence based medicine and plays a major part in the standardisation of health and social care.⁹

However, despite the success and advances of evidence based medicine four paradoxes of modern medicine have been identified:²⁷

- The spiraling costs of healthcare
- The soaring popularity of complementary therapies
- The worried well
- Disillusioned health professionals

The Gold Standard for Evidence- Based Healthcare

- The Randomised Controlled Trial



The Gold Standard for Relationship Based Health Care

The Hallmarks:

- Person Centerdness
- Good Communication
- Trust



The gold standard is the ultimate standard. For modern medicine and evidence based health and social care, the gold standard is the randomised controlled trial. The paradoxes of modern medicine could be the result of an over reliance on evidence based medicine and an underestimation of the importance of the Care- Effect from caring relationships for good health outcomes.

The gold standard for mental health and wellbeing is the gold standard for caring relationships and is an indication of the care effect in a system. Complexity science is the underlying science of caring relationships as relationships are complex. The hallmarks are the simple values of positive relationships that can lead to the emergence of mental, physical and social health and consequent health outcomes. The small input of caring relationships, through the Care-Effect, can produce increasing returns in health gain and save resources in the process.

Evidence based care and should be available to all without discrimination and caring relationships should also be available to all without discrimination. Science and care are a unified concept and together can deal with all of Beveridge's 'giants', not just disease, in the restoration of the NHS in Wales. Both evidence based healthcare and relationship based healthcare are required for health gain.

Increasing Returns: The Gold Standard for Mental Health and Wellbeing

- ☐ Caring relationships create mental health that in turn create good relationships
- ☐ Mental health is a care- effect that emerges from caring relationships
- ☐ Mental health is key to all health
- ☐ The gold standard for mental health and wellbeing is the standard against which all relationships can be measured
- ☐ The hallmarks are the assay of relationships and an indicator of the care-effect



Conclusion

The global economic crisis has stimulated debate about the need for new thinking about how we can get more value from fewer resources in health and social care. Modern medicine continues to be highly effective in its quest to reduce the burden of disease but technological advances in medicine can be very expensive. New thinking has been stimulated by recent scientific discoveries about how our social circumstances determine our mental functioning which in turn determines our physical health.

The placebo effect is discounted in medical research for scientific objectivity that ensures that any medication, therapy or surgical intervention is beneficial to health in its own right. However, advances in science have also led to a revisiting of the long- known but difficult-to- prove benefits of caring relationships to health through the care effect.²⁸

Caring relationships are relatively cheap interventions and the restoration of a culture of care, which is integrated with evidence- based technological care, should provide a low cost solution to many health problems today. This could lead to increasing returns rather than diminishing returns in the health economy. By reducing waste, resources could be freed to support the universal and equitable provision of quality technological healthcare.

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