Nuffield Health

More than words

The importance of language to normalise everyday mental health and enable access to support in uncertain times.

Contents

> "I'm passionate about preventative care... it's essential to protect and enhance our wellbeing, not just treat problems when they occur."

As the UK's largest healthcare charity, our purpose is to build a fitter, healthier, happier and stronger nation. Never has that purpose been more relevant than now, as we continue to navigate through a pandemic that has fundamentally changed the way we live our lives, and placed an unprecedented strain on our wellbeing.

Health and wellbeing exist on a continuum, varying throughout our lives and affected by a number of factors. As Charity and Medical Director I'm passionate about preventative care, I believe it's essential to protect and enhance our wellbeing, not just treat problems when they occur. As a society we are already encouraged to take the steps to protect our physical wellbeing, such as exercise and diet, but the same emphasis isn't given to our mental wellbeing. We can only address this, if we stop thinking about health as a duality i.e. physical and mental health as separate entities, and encourage a more holistic view of health that recognises the intrinsic relationship between the two.

Language plays a critical role in our understanding of our health, and how and when we seek help. As a practising GP, I see and hear how the right language can encourage people to open up whilst the wrong language can make people feel excluded from the conversation.

As we face one of the biggest challenges to our emotional wellbeing in recent history, this report - and the discussion summarised within it - represents an important conversation that we as society need to have around the language used regarding mental health. Only by changing language can we encourage more people to seek help sooner, encourage a more holistic view of health and encourage individuals to take active steps to protect and enhance their emotional wellbeing.

As a society we need to become better at talking about our health and wellbeing as a whole, as only by looking after ourselves today can we be a healthier and happier nation tomorrow.

Dr Davina Deniszczyc
Charity and Medical Director, Nuffield Health

Executive summary

We all have mental health, in the same way that we all have physical health, and like all aspects of health, our individual experiences will differ. However, the current situation of the Covid-19 pandemic is having, and will continue to have, a huge impact on the mental health of the nation. Never, in recent years, has the entire population shared an experience that has brought about so much worry, stress and fear, and placed such collective pressure on our mental wellbeing.

Recent statistics tell the story of a nation in mental health distress - a consumer survey conducted by Nuffield Health in July 2020 showed that for 80% of Britons, working from home during the pandemic had had a negative effect on their mental health[1]. However we also know people are not seeking help for the problems they are experiencing. The way we talk about mental health in the UK may be playing a part in this, and preventing those in need of help from seeking support early.

Traditionally the dialogue around mental health has been dominated by a 'medical model' that references illness, diagnosis and conditions. At an individual level a diagnosis e.g. depression, may be reassuring for some people as it helps make sense of distressing symptoms, but at a societal level, discussions about mental health via a model that focuses on illness can pose problems. From a societal perspective a 'medical model' places an emphasis on 'what is wrong' with the individual. In turn, this makes us more likely to see any difficulties as 'within' that individual and not our responsibility (as a society) to either talk or do something about. This leads to barriers to discussing mental health and seeking support. Adopting a 'what has happened' to the individual to cause the problems and distress they are experiencing model i.e. a distress-led model, may be more helpful to encourage more inclusive conversations about mental health. With the emphasis on 'what has happened to you', a society is more likely to view mental health as about everyone and be more aligned to the idea that mental health is much more than the absence of mental ill health. People then view mental health as something that can be improved upon, like physical health. In addition the conversation about mental health is seen as a dialogue we should all be involved in.

> "Adopting a normalising or distress model of mental health, focused on 4 in 4 (rather than 1 in 4), can help to reinforce the fact that we all have mental health."

The current 'medical model' perspective of mental health leads to the persistence of obstacles to openly discussing or seeking help for mental health:

- **No way** – a tendency to downplay the distress an individual is experiencing for fear of discrimination or stigma, or feeling that they are "not poorly enough". This is exacerbated by the non-normalised illness model based around diagnosis
- **No how** – a perception by the individual that they don't possess the words, the language or the framework to talk about mental health and mental ill health. This is again, linked to the medicalisation of mental health. Many of the words required to discuss mental health are medical terms and feel very 'alien' to individuals
- **No why** – a view that nothing will happen, that no help will be forthcoming if issues are raised (a view exacerbated by long waiting lists due to current pressures the NHS is under).

The language, the way we currently frame discussions regarding mental health, can lead to barriers to seeking help and be a facilitator for discrimination.

As indicated, barriers exist because of the way society sets the discussion about mental health. Take for example the well-referenced (and well meaning) statistic that '1 in 4 people will experience a problem with their mental health each year[2]. This statistic can be problematic. Firstly because it is 'othering', with people tending to perceive it as referring to 'some other person' rather than to themselves. When you hear the 1 in 4 statistic do you imagine yourself as the 1 or with the 3? Secondly, it places the problem with the individual. It epitomises an illness or medical model of mental health. The way society currently talks about mental health – the medical model – leaves only one intervention… treatment.

Adopting a normalising or distress model of mental health, focused on 4 in 4 (rather than 1 in 4), can help to reinforce the fact that we all have mental health. By focusing on "what has happened to you?" the implication is that our mental health can vary, day to day, week to week, month to month depending on our situations and experiences, and that it can be improved upon.

As such interventions are required by us all across the continuum of health: enhancement ("I am mentally fit but want to be fitter"; prevention ("I am experiencing stress and want to prevent it getting worse"); and treatment ("I am experiencing mental ill health").

This is in essence how we normalise the language around mental health. By doing so, and by adopting the perspective that mental health is much more than the absence of mental illness, we will encourage people to talk more openly about mental health and to look out for each other. As a result we will introduce many more junctures at which help can be offered and a difference made earlier, rather than later.

For a long time most campaigning efforts in public health have focused on increasing the understanding of the biology of mental illness (the physical, organic and biological aspects) i.e. the 'medical model'. However moving towards a 'distress-led' model that asks 'what has happened to you', and considers that our circumstances play a huge role in the development of mental health and mental ill health, is vital. The concept of a biological-psychological-social model of mental health already exists, however it is not applied consistently when discussing mental health.

To embrace this model of mental health our language needs to evolve. Given the increasing impact of Covid-19 on the mental health of the nation, there has never been a more important time to get this right.

In October, Nuffield Health hosted a webinar with an expert panel to explore how to de-medicalise mental health, with an emphasis on language. The panel was

[1]The survey was carried out on behalf of Nuffield Health by Watermelon Research and is nationally representative of the UK population. 1,000 adults aged over 18 who are currently working from home or have worked from home at any point during lockdown were surveyed online between 29th May and 1st June 2020

[2](McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey.)

led by Brendan Street, Professional Head of Emotional Wellbeing at Nuffield Health, a former psychiatric nurse who has worked in mental health services for 30 years. He was accompanied by three other experts, all with a special interest in mental health: Dr David Crepaz-Keay, Head of Empowerment and Social Inclusion at the Mental Health Foundation; Dr Radha Modgil, GP, broadcaster, author and wellbeing campaigner; and Dr Alex George, an A&E and TV doctor, presenter and podcaster, who has talked about his own mental health as a medical student.

The panel first looked at those groups in society who, because of the circumstances they find themselves in, are at greater risk of experiencing everyday mental health problems. They then moved on to discuss the role of language in breaking down the aforementioned blockers, and the role of community-based services in opening up conversations.

Three areas of consensus emerged. Firstly, and most importantly, that language plays a critical role in destigmatising and normalising mental health problems. The way we currently talk about mental health is as an illness. This not only puts people off talking about it for fear of being labelled, but it stops people accessing support early on i.e. at the prevention stage, as they believe they have to be 'ill' to receive help. As noted, mental health is much more than the absence of mental illness and as such we need to de-medicalise the language we use and take a more nuanced perspective.

Secondly, that support for mental health should be provided across the entire continuum from enhancement, to prevention, to treatment. The earlier we can intervene in mental health, the more beneficial it is not only for the individual but for society as a whole.

Thirdly, that intervention should begin in schools, where we can equip children early on in their lives with the language, framework and tools to discuss their mental health and to enhance and support that of their peers.

Following these discussions, Nuffield Health has identified key groups within society who, because of the roles they play and the responsibilities they have, can help to drive the de-medicalisation of mental health and accelerate the much needed change in language to help break down barriers and encourage more people to seek support:

Employers can ensure that within the work culture, mental health is seen as much more than the absence of mental illness and the concept that mental health exists on a continuum from healthy to stressed to ill and supporting employees in terms of enhancement, prevention to treatment. This can be encouraged with non-medicalised conversation guides to help colleagues support each other in the workplace.

Schools can help by normalising the conversation around mental health, ensuring it is seen on a par with physical health, encouraging children to talk about how their experiences can make them feel and teaching them how to protect and enhance their emotional wellbeing, helping to build mental resilience from an early age.

The media can help educate people that mental health is much more than the absence of mental illness. Raise awareness that everyone has mental health, that it's intrinsically linked to physical health and can be improved upon as part of our overall fitness and that a multitude of factors can affect our mental health, with our experiences playing an important role.

> **We all have mental health, in the same way that we all have physical health, and like all aspects of health, our individual experiences will differ.**

Meet the panel

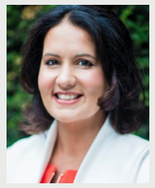
Brendan Street

Brendan is Professional Head of Emotional Wellbeing at Nuffield Health. He is a BABCP Accredited Cognitive Behavioural Psychotherapist and Supervisor, fully qualified EMDR practitioner, and NMC registered Mental Health Nurse, and has over 25 years' experience of supporting those experiencing mental ill health in the NHS and private sector.

Dr David Crepaz-Keay

David is Head of Applied Learning at the Mental Health Foundation where he has worked for ten years. With more than 30 years' experience in service user involvement, David now has a special interest in taking what we know about mental health interventions in a clinical setting and applying that understanding to help everyone. In addition, David has spent the last three years on a part-time secondment at Public Health England, as a senior advisor on its Every Mind Matters public mental health campaign.

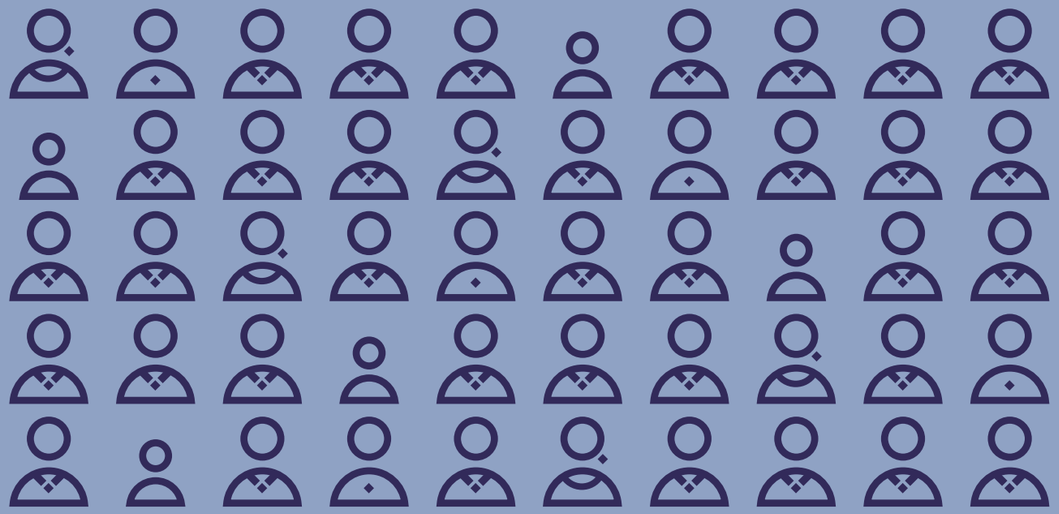
Dr Radha Modgil



Radha is an NHS GP, broadcaster, author and campaigner for wellbeing. She is currently the medical expert for BBC Radio 1's daytime show, Life Hacks, and the co-presenter of its weekly Life Hacks Podcast. Radha has worked hard to increase programming on mental health and emotional wellbeing in mainstream media during her 12 years working in national broadcasting. She is particularly passionate about providing people with day-to-day strategies to help them manage their own mental health and wellbeing as well as making the topic a part of everyday conversation.

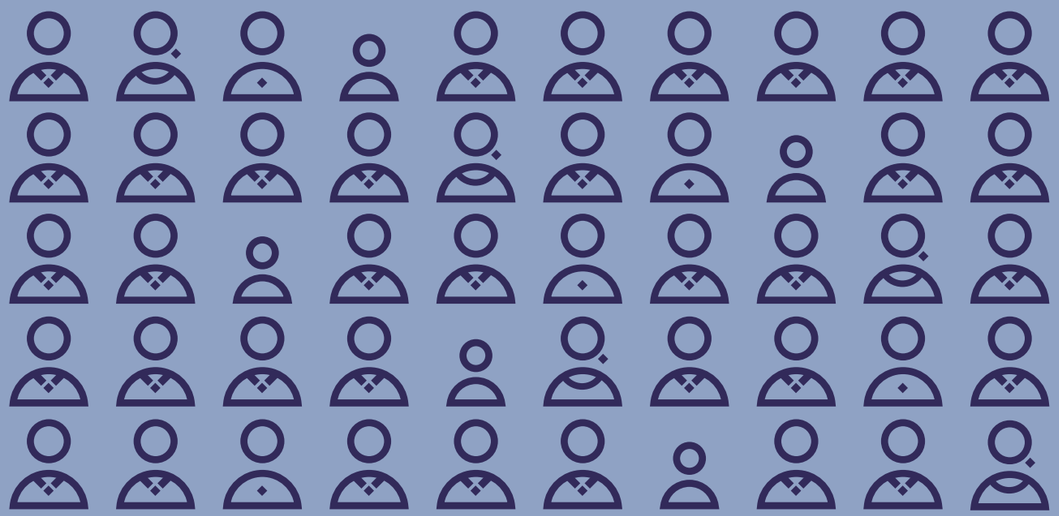
Dr Alex George

Alex is an A&E & TV doctor, presenter and podcaster who has appeared on shows including Good Morning Britain and Lorraine. Alex's interest in mental health started in medical school, when he experienced his own mental health challenges and found it difficult to speak to people. After working to improve all aspects of his wellbeing which helped him recover, it became a personal passion to help others talk about mental health more openly. Alex's focus now is on campaigning to improve mental health education in schools, so all young people leave with a mental health toolkit of skills to help them better look after themselves and their families.



10 million

The number of people in England the Centre for Mental Health predicts will need either new or additional mental health support as a direct consequence of the pandemic*



The long shadow of poor mental health

The population's mental wellbeing has been put under a huge amount of strain by the Covid-19 pandemic this year, with the nation understandably worried about the physical and mental impact of the virus on themselves and their loved ones. Many have felt isolated and lonely. Many more have suffered job insecurity and financial concerns, while families have struggled to balance childcare, schooling and work. Prolonged periods of working from home have also taken their toll on mental health, with a survey conducted by Nuffield Health in July 2020 showing that for 80% of Britons, working from home during the pandemic had had a negative effect on their mental health[1]. More recently, an open letter to the UK government in early November from 42 leading mental health experts warned about the wider impact of another lockdown, which is expected to trigger spikes in suicide, self-harm, alcohol and drug misuse and domestic abuse[3].

Inevitably, there has been a rise in the number of people experiencing mental ill health such as depression and anxiety. Data from the Office of National Statistics (ONS)[4] has shown that the number of adults who were likely to be experiencing some form of depression has almost doubled during the pandemic to close to one in five. These numbers will only increase as the restrictions to life continue.

However, there is reluctance by people in distress to seek help. A survey of 16,000 people by the charity Mind showed that one in three adults and more than one in four young people did not try to access support during the first lockdown because they did not think their problem was serious enough.[5]

Mental health is more than the absence of mental illness. Mental health exists on a continuum and varies throughout our lives. Just as our physical health fluctuates so will our mental health. However we tend not to seek support or interventions to improve our mental health from fit to fitter, in the same way we improve our physical health from fit to fitter with exercise. This is because the current medical model of mental health leads us to believe that if we are not 'mentally ill' then we're doing OK and do not require any help. It does not ask 'what is happening to you' that could cause distress, or take into account that like physical health, we may wish to merely protect and enhance our mental health rather than treat a problem.

With the whole nation's mental health being challenged like never before, it's more important than ever that we de-medicalise the language around mental health to encourage more conversations at a societal level. Only by doing so will we help those that need support at any stage of the mental health continuum - enhancement, prevention or treatment - get the support they need as early as possible.

The following report explores the rationale behind the need for a change in language around mental health and reflects the discussions held by the panel.

> "Mental health is more than the absence of mental illness."

[3]Psychology Open Letter to Policy Makers and the Public. Accessed here: https://www.psychologycounts.com/

[4]ONS https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020

[5]The mental health emergency How has the coronavirus pandemic impacted our mental health? June 2020, Mind Accessed here: https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf

*centreformentalhealth.org.uk [Internet]. O'Shea, Nick: Covid-19 and the nation's mental health: October 2020. Available from: https://www.centreformentalhealth.org.uk/news/10-million-people-england-may-need-support-their-mental-health-result-pandemic-says-centre-mental-health

Covid-19's unequal impact on the mental health of society

As the Covid-19 crisis hit in March 2020 many commented that it didn't discriminate. The UK government initially suggested the pandemic was a great social leveller. However, as the situation has further unfolded, it has become increasingly clear that its impact is not being felt in equal ways across society. This is both in terms of who is most at risk of the disease itself, but also who is more likely to feel a lasting financial, social and mental health impact as a result.

While everyone's mental health has been affected in some way, studies, media headlines and insight from community groups suggests certain groups in society have been harder hit. This is often due to the circumstances they find themselves in. These groups include:

◆ **Frontline/key workers**

A UK study in September found 80% of frontline health and social care workers felt their mental health has suffered because of the pandemic, reporting feelings of depression, anger, anxiety, lack of appetite, trouble sleeping and lack of sexual interest.[6] Initial findings from the Covid-19 Psychological Research Consortium (C19PRC) Study found that, compared to the rest of the population, frontline workers had significantly higher prevalence estimates of depression, anxiety and PTSD during both wave 1 and wave 2 of the virus.[7] Additionally, food workers were nearly twice as likely as others to screen positive for anxiety, while all frontline worker groups, other than transport workers, were significantly more likely to screen positive for PTSD7. A study in June also showed a quarter of supermarket workers had experienced abuse from customers during the coronavirus outbreak, adding to levels of anxiety and distress.[8]

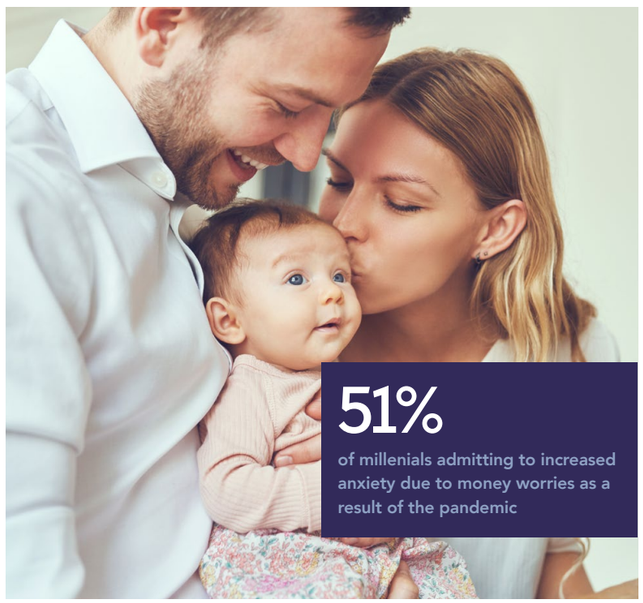
◆ **Those living with low resources**

Studies[9] have shown the mental health of those living with low resources have been disproportionately affected by the pandemic. Contributing factors include: increased financial worries due to redundancy, being furloughed on less pay, being unable to work due to increased caring responsibilities, challenging living conditions and increased living expenses. Those living on low resources are also over-represented in frontline roles, where ongoing risk of exposure to the virus can place an additional strain on mental health.

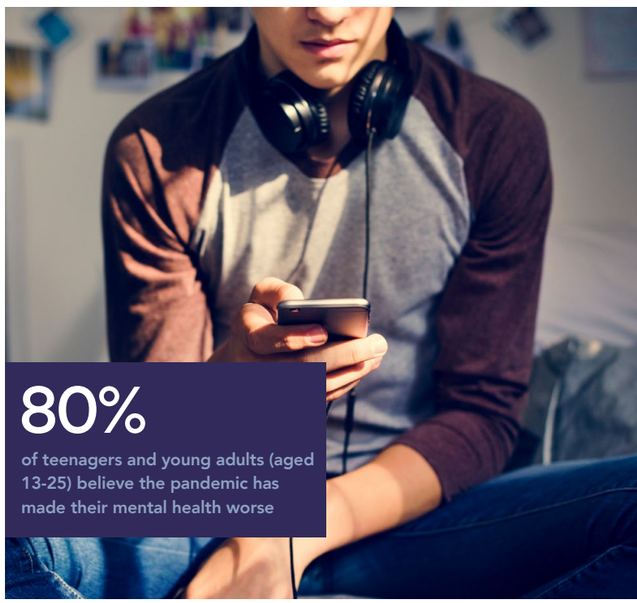
> "Poverty itself, i.e. living with low resources, has been described as the Cause of All Causes of Mental Ill Health"
>
> **Brendan Street**

80%
of frontline health and social care workers felt their mental health has suffered because of the pandemic

38%
of men reported a negative effect on their mental health during the first lockdown



51%
of millenials admitting to increased anxiety due to money worries as a result of the pandemic



80%
of teenagers and young adults (aged 13-25) believe the pandemic has made their mental health worse

13%
increase in calls to LGBT Foundation's helpline about mental health (16th March - 5th April 2020)

35%
of women struggled to separate work and home life during lockdown

[6] Health and Safety Matters https://www.hsmsearch.com/Frontline-workplace-mental-health-support

[7] https://www.researchgate.net/publication/342251558_The_psychological_wellbeing_of_frontline_workers_in_the_United_Kingdom_during_the_COVID-19_pandemic_First_and_second_wave_findings_from_the_COVID-19_Psychological_Research_Consortium_C19PRC_Study

[8] Research by Shepper, accessed here: https://shepper.com/coronavirus-quarter-of-uk-supermarket-staff-have-experienced-abuse-from-customers/?_thumbnail_id=3390

[9] The impact of coronavirus on low-income families and children, Child Poverty Action Group. Accessed here: https://cpag.org.uk/sites/default/files/files/policypost/Poverty-in-the-pandemic.pdf

1.5 million

increase in the number of children who had new or deteriorating mental health post-lockdown

> “I’m actually seeing a lot more people who have never really thought about their mental health and they’re the ones who literally have absolutely no coping skills.”
>
> **Dr Radha Modgil**

◆ **Working parents at home**

Covid-19 has seen huge swathes of the population work from home, often working longer hours than usual. Mental distress was reported in two thirds of workers whose working week increased and who were also engaged in higher than average active childcare.[10] Working from home appears to have a bigger negative effect on the mental health of women than men: a survey by Nuffield Health showed that 35% of women were struggling to separate work and home life compared to 26% of men.

◆ **BAME**

According to a survey by MIND, existing inequalities in housing, employment, finances and other issues have had a greater impact on the mental health of people from different Black, Asian and Ethnic Minority (BAME) groups than white people during the coronavirus pandemic.[11] It is these issues that will have a more long-lasting effect than the direct impact, i.e. isolation, of lockdown. Occupation is a key risk factor for mental health in this group as the BAME population are overrepresented in frontline positions (see frontline/key worker point above).[12]

◆ **Men**

Nearly four in ten men (38%) reported a negative effect on their mental health during the first lockdown and the charity, The Samaritans, report poorer middle-aged men as being the group most at risk of suicide during the Covid-19 crisis.[13] Men are also particularly affected by loneliness due to social isolation when life is in lockdown.

◆ **Millennials**

This group has suffered poor mental health around personal finances, with 51% admitting to increased anxiety due to money worries, compared to an average of 40%.[14] This age group are juggling work and young children and are most affected by school closures. Older millennials also face worries about their parents, who are likely to be in the vulnerable age category.

◆ **Teenagers/young people**

Research by the charity YoungMinds indicates that 80% of teenagers and young adults (aged 13-25) believe the pandemic has made their mental health worse. Six in 10 young people with pre-existing mental health issues and four in 10 without reported higher levels of stress.[15] Additionally, while working from home, 18-24 year-olds struggled with all aspects of mental health and particularly loneliness and isolation, which was felt by 33%, compared with an average of 25%.[16]

◆ **LGBTQ+**

The LGBT Foundation states that the mental health of LGBT people is disproportionately impacted by Covid-19 as studies have shown LGBT people are more likely to have existing poor mental health. Therefore, strategies such as social isolation can have a greater impact due to their circumstances, experiences, or conditions.[17]

◆ **Those in education**

Children and young people are a particularly vulnerable group for mental ill health given the changes to schooling, exams and university life brought about by Covid-19. Research from the Centre for Mental Health indicated a 1.5 million increase in the number of children who had new or deteriorating mental health post-lockdown.[18]

The final two groups at greater risk of mental ill health as a result of the pandemic are those at polar ends of the experience spectrum:

◆ **Those experiencing mental ill health for the first time**

Those who have experienced problems with everyday mental health in the past may have developed some form of strategy to cope or may have previously sought help. However, for those who have never experienced problems with their mental health, there are no coping strategies to turn to and little knowledge of where to look for support.

◆ **Those with existing mental ill health**

A survey of people with severe mental ill health conducted by Rethink found that 79% of respondents said their mental health had got much worse as a result of the pandemic and the measures to contain it, with 42% saying this was because they were getting less support from mental health services.[19] A similar survey conducted by Mind found that 25% of those people who report trying to access services within a two-week period were unable to.[20]

When it comes to protecting and intervening to improve the mental health of the nation, the groups above are where efforts should be focused.

---

[10] https://www.workingmums.co.uk/report-highlights-mental-health-risks-to-working-mums/

[11] Mind. Existing inequalities have made mental health of BAME groups worse during pandemic. Accessed at: https://www.mind.org.uk/news-campaigns/news/existing-inequalities-have-made-mental-health-of-bame-groups-worse-during-pandemic-says-mind/

[12] https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities

[13] https://www.cygnethealth.co.uk/blog/world-suicide-prevention-day-the-impact-of-covid-19-on-mens-mental-well-being/

[14] Changing Trends of Financial Wellbeing from the Close Brothers. Accessed at: https://www.closebrothersam.com/for-employers/financial-wellbeing/research/changing-trends-of-financial-wellbeing/

[15] Coronavirus: Impact on Young People with Mental Health Needs. Accessed at: https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/

[16] Survey carried out on behalf of Nuffield Health by Watermelon Research and is nationally representative of the UK population. 1,000 adults aged over 18 were surveyed online between 16th April and 1st June 2020.

[17] https://lgbt.foundation/coronavirus/why-lgbt-people-are-disproportionately-impacted-by-coronavirus

[18] Centre for Mental Health https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020

[19] Rethink. People living with severe mental illness at heightened risk of relapse or crisis during pandemic. https://www.rethink.org/news-and-stories/news/2020/06/people-living-with-severe-mental-illness-at-heightened-risk-of-relapse-or-crisis-during-pandemic/

[20] Mind. Mental health charity Mind finds that nearly a quarter of people have not been able to access mental health services in the last two weeks. https://www.mind.org.uk/news-campaigns/news/mental-health-charity-mind-finds-that-nearly-a-quarter-of-people-have-not-been-able-to-access-mental-health-services-in-the-last-two-weeks/

Could the medical model of mental health act as a barrier to help-seeking behaviour?

Although the evidence laid out previously points to a nation in distress when it comes to mental health, people are not seeking help or talking openly about the challenges they are facing, big or small. Contributing to this reluctance is the fact that traditionally, the dialogue around mental health has been dominated by a 'medical model' based on diagnosis and conditions.

The medical model's school of thought is that mental disorders are believed to be the product of physiological factors. This model causes multiple problems which are tackled in this report. The biggest of which is that a diagnosis-based model places an emphasis on what is wrong with the individual. With the emphasis on 'what is wrong with you', people don't see mental health as something that exists on a continuum, that can be improved upon.

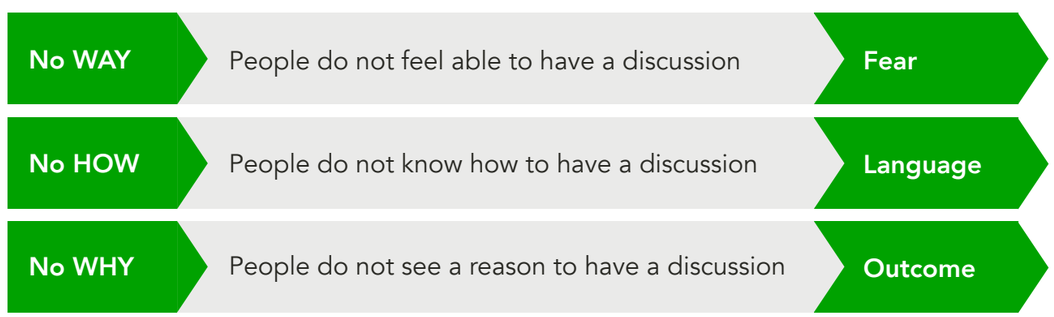
Exacerbated by this view of mental health as an illness like any other, people face certain barriers to openly discussing or seeking help for their mental health:

These barriers can be summarised as:

- **Fear** - the 'mental illness is an illness like any other' model appears to increase stigma by inadvertently supporting stereotypes of difference[21 22 23], so people fear being labelled and discriminated against. Equally people worry they are not 'ill' enough to warrant help, and so do not seek it
- **Language** - the language used around mental health can feel inaccessible to people as it is medical/disorder-led. People therefore feel they lack the words or framework to have a conversation
- **Outcome** - people worry they won't be able to access appropriate help if they do open up about the problems they are experiencing.

In contrast to a medical-led model which places the emphasis of mental health on physiological/ biological causes, it would be more helpful to society to think about mental health using a BioPsychoSocial model. This model already exists, and considers mental health to be affected by three main areas rather than one: biological (e.g. genetics, brain chemistry and brain injury), psychological (e.g. how we interpret events as signifying something negative about ourselves)[24] and social (e.g. life traumas and stresses, early life experiences and family).

FIG 1: Why conversations regarding emotional wellbeing and mental health are either not happening or occurring in a simplistic way. Source: Nuffield Health



[21]Biogenetic explanations and public acceptance of mental illness: Systematic review of population studies. Angermeyer et al, 2018. Accessed here: https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/biogenetic-explanations-and-public-acceptance-of-mental-illness-systematic-review-of-population-studies/E6078EED07031B5828DB84FCDC90657F

[22]The 'side effects' of medicalization: a meta-analytic review of how biogenetic explanations affect stigma. Kvaale et al, 2013. Access here: https://pubmed.ncbi.nlm.nih.gov/23831861/

[23]Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach. Read et al, 2006. Accessed here: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1600-0447.2006.00824.x

[24]Engel GL. The need for a new medical model: A challenge for biomedicine. Science. 1977;196:129–36.

The role of language in tackling fear of discrimination

The problem - "no way"

There is a tendency to downplay the distress an individual is experiencing for fear of discrimination or feeling that they are "not poorly enough". There are two reasons why this happens.

The way society frames the discussion about mental health can act to discriminate. Take for example the well-referenced statistic that '1 in 4 people will experience a problem with their mental health each year'.[25] When it comes to 'illness', no one likes to perceive themselves as the unlucky one, the 1 in 4. No-one wants to be 'in the other group' or the 'one who's different' so we don't speak up.

This fear of discrimination is particularly true in the workplace, where all too commonly, workers say they experience discrimination when it comes to mental health.

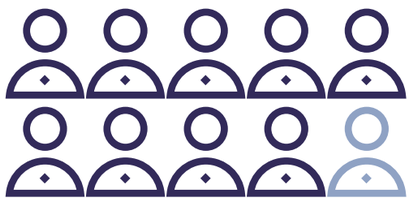
The solution

Make it about everybody - talk about 4 in 4, not 1 in 4

The BioPsychoSocial model of mental health encompasses all of us: we all have biological, psychological and social components that contribute to our mental health. Adopting a normalising, or distress model of mental health focused on 4 in 4 (rather than 1 in 4), can help to reinforce the fact that we all have mental health and that everyone and anyone can experience mental health to differing degrees along a scale (see Fig 2).

By focusing on "what has happened to you?" (distress) rather than "what's wrong with you" (medical), the implication is that our mental health can vary, day to day, week to week, month to month depending on our situations and experiences, and that it can be improved upon.

As such interventions are required by us all across the continuum of health: enhancement ("I am mentally fit but want to be fitter"; prevention ("I am experiencing stress and want to prevent it getting worse"); and treatment ("I am experiencing mental ill health").



9/10

People with mental health issues say that they've experienced some form of discrimination.*

Figure 2: The Mental Health Continuum is a Better Model for Mental Health. Source: Delphis

Make it about wellness and health, not illness

Using phrases such as 'emotional health', 'feeling mentally well' or 'distress' which are much more tangible, understandable and user friendly, can help people open up without fear of judgement or fear of being labelled as 'ill'. They also imply any problems are a move away from 'good' rather than a step towards 'bad'.

Share lived experiences

In terms of helping to normalise everyday mental health, we need more people across the whole of society to share their lived experience, and to see these stories represented in the media we watch, read and listen to. Typically stories covered in the media either represent the extreme, or present a 'medical model' of mental ill health, which can reinforce a stereotype of difference and can act to prevent those experiencing less severe symptoms from seeking help.

It's not just in the media where sharing lived experiences is important. The panel noted that in the work environment, senior executives within organisations should be encouraged to share any challenges they experience with everyday mental health with their workforce as a way of tackling fear of discrimination, and normalising the conversation. Not put in terms of being a survivor or a sufferer, but in relatable everyday terms within the context of their own lives.

> "Every person should be seen as a database of information of life experiences, life challenges... if we share what has helped us then we all benefit."
>
> **Dr Radha Modgil**

[25]McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey.

*The Mental Health Foundation]. Managing Mental Health in the Workplace. [Internet]. Available from: https://www.mentalhealth.org.uk/sites/default/files/CR00233_Ebook_dualbranded_interactive.pdf

The role of language in facilitating conversations

The problem - "no how"

There is a perception by people that they don't possess the words, the language or the framework to talk about mental health and mental ill health.

Language is one of the most important tools we have in our armoury as it can simplify, normalise and make more relatable things we find hard to talk about, such as mental health. However the language framework around mental health has become toxified over the course of time, with phrases such as 'mental' being used as a pejorative term.

The medicalisation of mental health is also problematic in that it is focussed on the diagnosis of a disorder or a condition, such as post-traumatic stress disorder, or social anxiety disorder. These terms are not ones that ordinary people typically use so it's hard to be part of the conversation, and the English language lacks words that can help describe everyday emotions in a more nuanced way (as exist in other languages).

A disorder-led approach may also make people feel as though the problems or distress they are experiencing is not severe enough to be considered 'real', or serious, as an absence of diagnosis could indicate to them that they are mentally well, simply because there's an absence of mental illness.

But mental health is more than the absence of mental illness.

> "Words that have been used in the past, like, psycho, bonkers, crazy ... they are very emotive, and they are very damaging."
>
> **Dr Alex George**

The solution

To adopt a concept of mental health across a continuum from Maximum Mental Fitness to Compromised Mental Fitness to Minimal Mental Fitness (mental ill health). We will all vary in our position on this continuum depending on what is going on in our lives i.e. what is happening to us.

Moving from disorder to distress

The panel agreed that there's a need to de-medicalise the language around mental health, as this will not only encourage more people to open up about their problems, but help remove the stigma around using mental health services.

The current disorder-led 'medical model' of mental health focuses on what is wrong with us. But our circumstances play a huge role in the development of mental ill health. People also find it easier to talk about what has happened to them than what is wrong with them.

The panel agreed that instead of concentrating on mental ill health, mental health should be seen as a continuum and viewed in the context of a distress model. For example a conversation initiated by a healthcare professional, therapist, carer, friend or family should ask an individual in distress 'What happened to you' or 'how did it affect you?'. This phraseology does not assign blame, or an internal cause, to the individual in the same way questions and language framed in an illness-based model can.

By focusing on "what has happened to you?" the implication is also that our mental health can vary, day to day, week to week, month to month depending on our situations and experiences, and that it can be improved upon. As such interventions are required by us all across the continuum of health: enhancement ("I am mentally fit but want to be fitter"; prevention ("I am experiencing stress and want to prevent it getting worse"); and treatment ("I am experiencing mental ill health").

FIG. 3 Adopting a distress-led model of mental health. Source: Nuffield Health

Moving away from disorder to distress also helps normalise people's experiences as we all have mental health i.e. 4 in 4 not 1 in 4.

The panel did note however that at an individual level a diagnosis e.g. depression may be reassuring for some people (as it makes sense of symptoms), but at a societal level, discussions about mental health via an illness model can pose problems.

Recognising the importance of language in encouraging people to talk about their everyday mental health, Nuffield Health has been working with the British Psychological Society (BPS) on a three-year project to help integrate physical and emotional health care in a non-clinical setting. As part of this, the BPS is working in conjunction with Nuffield Health to revisit the language used in its corporate training courses to ensure it is distress-led and not diagnosis-led.

Encouraging a 360 degree approach

The 'mental illness is an illness like any other' model[26] [27] [28] appears to increase stigma, by inadvertently supporting stereotypes of difference. In many ways it isn't helpful to see mental illness as any other illness. We would be better to focus on the fact that our mental health and physical health are intrinsically linked i.e. mental health is health, and end the idea of health dualism.

The panellists concurred that the separation of physical and mental health in language is also not helpful as people view the two as distinct entities. They agreed that health should be seen as a whole, and viewed with a 360 degree approach. This will encourage people to think more holistically about their health: both physical and mental.

Pre Covid-19, Nuffield Health located psychological therapists within its fitness and wellbeing centres in order to communicate their commitment to the de-medicalisation of mental health and its parity with physical health.

[26] Biogenetic explanations and public acceptance of mental illness: Systematic review of population studies. Angermeyer et al, 2018. Accessed here: https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/biogenetic-explanations-and-public-acceptance-of-mental-illness-systematic-review-of-population-studies/E6078EED07031B5828DB84FCDC90657F

[27] The 'side effects' of medicalization: a meta-analytic review of how biogenetic explanations affect stigma. Kvaale et al, 2013. Accessed here: https://pubmed.ncbi.nlm.nih.gov/23831861/

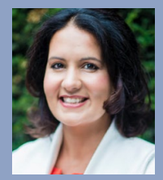
[28] Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach. Read et al, 2006. Accessed here: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1600-0447.2006.00824.x

"We don't just have bodies from the neck down...we are bodies...the distinction between mental and physical health is artificial and unhelpful"

Brendan Street

"When people ask me what's good for my mental health, the first thing I say is, drop the word 'mental', because anything that is good for your health is likely to be good for your mental health."

Dr David Crepaz-Keay



"We see all these positive public health messages around - don't smoke, it's bad for your lungs, exercise is good for your heart. Why not 'go out in nature, it's great for your brain."

Dr Radha Modgil

"It wasn't until I took a 360 degree look at improving my health by increasing my social interactions, physical ability and improving my diet that I was able to build my overall resilience."

Dr Alex George

Adapting and reclaiming language

The panel agreed that certain words were unhelpful when it comes to encouraging people to open up about how they are feeling emotionally. Use of medicalised words such as disorders and conditions can halt a conversation before it's begun. However phrases such as 'What has been happening to you?', 'How has it affected you?' and 'What sense did you make of it/what does this mean to you?' talk to a distress-led model (and are recognised by The BPS as questions to improve conversations about distress[29]).

Dr Crepaz-Keay noted though that it's important not to over-medicalise emotional responses like anxiety and stress as they are important emotions: they drive our fight or flight response. Given the uncertainty and challenges being faced by the nation, anxiety and stress are to be expected and can be adaptive. It is only when these emotions become chronic and start to have an impact on mental and physical wellbeing that they are problematic.

Similarly, people need to be able to reclaim certain words if they feel it appropriate and empowering. Dr Crepaz-Keay noting that words like 'mad' for example, should not be outlawed. 'Mad' has been used historically by those in power to keep people in their place and he supported the reclaiming of this word.

> **It's not so much that we discriminate against people with a mental illness, I think it's that we apply madness as a title to the people we discriminate against.**
>
> **Dr Crepaz-Keay**

Summary: demedicalising language around mental health is critical to drive earlier intervention

As with any aspect of health, the earlier people seek help the better, not only for themselves but for society as a whole. Data suggests that early intervention for problems like depression and anxiety can prevent the need for costly interventions later down the line. In England, early interventions and home treatment for mental health problems can reduce hospital admissions, shorten hospital stays and require fewer high-cost intensive interventions. This can potentially result in a saving of up to £38 million per year.

To facilitate earlier intervention though, we need to change the way we view and talk about mental health:

- We need to proliferate the message that 4 in 4 have mental health, not 1 in 4, to help eliminate stigma and encourage more people to seek help
- We need to discuss our mental health in the context of a distress model focused on what has happened to us, not a disorder model that asks what is wrong with us. Only then do we take into account the role of experiences in shaping mental health and open up language that is more accessible to everyone
- We need to help people understand that mental health is much more than the absence of mental illness. That mental health exists on a continuum that can be improved upon and enhanced, not just treated.

Only by doing this will we open up conversations and encourage help-seeking behaviours. This change is never more needed than now.

[29] The Power Threat Meaning Framework. Johnstone, L. & Boyle, M. (2018) Accessed here: https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/PTM%20Main.pdf

Opening up access

The problem - "no why"

The third barrier to conversations around mental health is the view that nothing will happen, that no help will be forthcoming if issues are raised.

The reality is that access to help is still hard to find for some people. The panel found there is a role for organisations and groups outside the NHS to play to improve access, by helping deliver support services in the places and spaces where people lead their everyday lives. This is even more important now and in the near future given the pressures that the 'mental health echo' of Covid-19 may impact on the NHS.

The solution

Take conversations into non-clinical, community settings

This report has already stressed the importance of de-medicalising mental health and removing the stigma around attending mental health services. Being able to access help in non-clinical settings in the community is one way of taking this forward, and emphasises the holistic approach to overall health.

Nuffield Health signed a Memorandum of Cooperation with The British Psychological Society (BPS) in 2018 to identify and deliver a model of best practice for integrating physical and emotional health care in a non-clinical setting - at its fitness and wellbeing centres. There is no stigma associated with going to a gym.

Nuffield Health's ambition is to have emotional wellbeing services at every one of its fitness and wellbeing centres throughout the UK. These centres are also being used as Community Wellbeing hubs enabling Nuffield Health to deliver tailored offers to different communities. During the pandemic, the majority of these services have moved online.

The panel agreed that it's important to go to where the people are, listen to what communities need and build and shape services in collaboration with them.

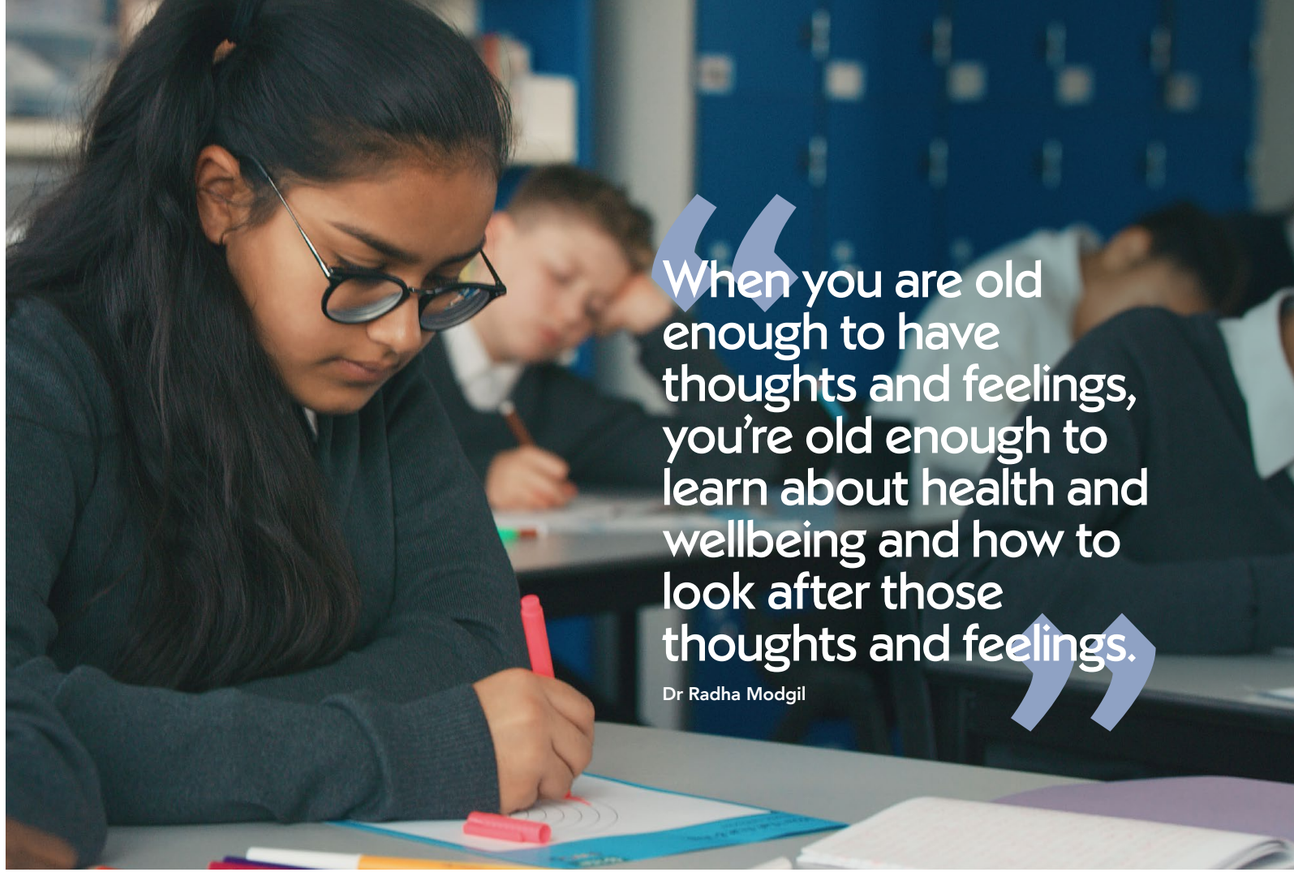
Encouraging conversations in the workplace

Having a supportive workplace environment can make a huge difference to people's everyday mental health, particularly in stressful times. It also makes business sense to prioritise mental health, with poor mental health costing employers up to £45 billion per year, before the pandemic.[30]

Brendan Street noted that through its Corporate Wellbeing Services, Nuffield Health has seen requests for prevention services, and especially those for front-line workers, rise by 50% during the pandemic. While always a legal obligation for employers, the pandemic has increased the need to provide support for all employees' health and wellbeing with innovative ways of communicating to all staff.

Away from the frontline, many employees have been forced into home and remote working. This presents a challenging new environment and many staff may have disrupted sleep, anxiety and potentially turning to increased use of alcohol. Acknowledging people may be adopting different coping strategies to deal with everyday mental health problems is the first step for employers. Having supportive policies in place and pointing towards sources of support in or outside the workplace can help prevent problems from escalating.

> "You don't go to communities and tell them what they need. You actually listen to the communities, and they tell you what they need."
>
> **Brendan Street**



> "When you are old enough to have thoughts and feelings, you're old enough to learn about health and wellbeing and how to look after those thoughts and feelings."
>
> **Dr Radha Modgil**

The panel agreed the importance of employers understanding the ripple effect of an individual's poor mental health, on not only their families but on their colleagues. However with the right support structure provided within the workplace, individuals can seek help for problems before they not only escalate, but start to impact those around them.

Providing support in schools

Every one of every age has mental health. Starting young is the key to building resilience and coping strategies that will benefit people throughout their lives, and hopefully prevent people from reaching the treatment end of the mental health continuum.

The role of schools in supporting the emotional wellbeing of children has been widely recognised pre-Covid-19, with the introduction of the mandatory RHSE (Relationships, Sex and Health Education) curriculum, and additional resources provided to support teacher and pupil mental health. In June 2020, the government announced new online resources for schools to support the mental wellbeing of their pupils and staff, as well as grants for charities working with schools in recognition of the impact of Covid-19.[31]

There is a significant role for external organisations with expertise in mental health to play in delivering education and support in schools. Brendan Street outlined Nuffield Health's School Wellbeing Activity Programme (SWAP), which helps schools incorporate health and wellbeing lessons into their timetables. Based on academic research and behavioural change theory, the lessons address the four main areas of wellbeing: how I move, how I eat, how I sleep, how I feel – empowering students to improve their overall wellbeing not just their mental health. Before the pandemic, Nuffield Health had been delivering the lessons to pupils aged 9-12 in schools around the UK.[32] To date the 266 schools benefited from SWAP, with over 400 programmes delivered and 15,000 children participated in the programme.

[30] Analysis by Deloitte, accessed here: https://www2.deloitte.com/uk/en/pages/press-releases/articles/poor-mental-health-costs-uk-employers-up-to-pound-45-billion-a-year.html

[31] GOV UK. Extra mental health support for pupils and teachers. [Internet]. June 2020. Available from: https://www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers

[32] nuffieldhealth.com [Internet]. United Kingdom: School Wellbeing Activity Programme. Available from https://www.nuffieldhealth.com/swap

Opportunities for change: who can help and how?

Informed by the panel discussions, Nuffield Health has identified key groups within society who, because of the roles they play and the responsibilities they have, can help to drive the de-medicalisation of mental health and accelerate the much needed change in language to help break down barriers and encourage more people to seek support. These include:

Employers

All too commonly, workers say they experience discrimination - or fear they will - if they admit to problems with their mental health. It's vitally important that employers embrace their role in not only supporting those who speak up about mental health, but encouraging others to do so. A good work culture is one where employees feel that a dialogue about mental health is both welcomed and expected.

Change opportunities:

- Reinforce to employees that everyone has mental health and can experience problems i.e. 4 in 4 not 1 in 4. This helps to break down stigma and challenge discrimination
- Ensure that within the work culture, mental health is seen as much more than the absence of mental illness. This involves communicating clearly to staff the concept that mental health exists on a continuum from healthy to stressed to ill. As such employees should perceive what they can do to support mental health in terms of Enhancement (for those who are mentally fit but want to be fitter), Prevention (for those who are experiencing stress and don't want it to worsen) to Treatment (for those experiencing mental ill health).
- Provide employees with non-medicalised language and conversation guides to enable them to not only discuss their own mental health, but to support discussions with colleagues too.

Support from Nuffield Health
Nuffield Health is one of the leading providers of workplace wellbeing solutions in the UK, working to keep clients' employees physically and mentally fit.

Nuffield Health has had a positive impact on the UK economy by helping people stay healthy at work, saving clients over £10 million in lost working days each year by providing solutions for two of the most common reasons for workplace absence - musculoskeletal issues and emotional wellbeing. Further information is available online.

Schools

Equipping children from an early age with the language and skills to talk about their emotional wellbeing, to recognise the link between emotional and physical wellbeing, and providing them with simple coping strategies to help when they experience problems, will help ensure they enter adulthood with these essential life skills. The new RHSE curriculum goes a long way to open up conversations around mental health, however its implementation may vary from teacher to teacher and from school to school. The critical points to bring about change are to:

Change opportunities:

- Encourage children to view mental health as something everyone has, to encourage conversation and acceptance
- Avoid using medical-led or diagnostic-led language, instead encouraging children to think about their experiences and how they can impact on their feelings
- Talk about mental health in the context of a 360 degree approach i.e. that our mental health and physical health are intrinsically linked
- Encourage children to see mental health as something that can be improved upon, in the same way as physical health

Support from Nuffield Health
Nuffield Health partners with schools to provide thousands of pupils with free timetabled programmes to improve their health and wellbeing via SWAP, the School Wellbeing Activity Programme. Supporting the new RHSE curriculum, the programme is designed for students in years 5 and 6 but can be adapted for other school-age children. It provides education and skills to help students learn good habits that promote healthier wellbeing and a holistic view of health. SWAP has been developed from the latest academic research and covers four key areas of wellbeing: physical activity, nutrition, sleep and emotional wellbeing. Whilst restrictions currently prevent delivery of the programme in person, resources to support teachers and pupils can be accessed online.

The media

The use of language around mental health in the media has improved dramatically over recent years. Great work has been done to increase awareness of emotional wellbeing and problems such as depression and anxiety, as they become more commonplace. However there is still more that can be done to de-medicalise mental health and challenge discrimination.

Change opportunities:

- Reconsider the use of the 1 in 4 statistic as this can reinforce stigma and act to prevent people from seeking support. Instead, help increase understanding that everyone has mental health
- Actively embrace a biopsychosocial perspective of mental health that reflects the multitude of factors that can impact on how we feel, and help increase understanding of the critical role our experiences play in our mental health
- Help educate that mental health is intrinsically linked to physical health and so health should be seen as one i.e. that what impacts one is likely to impact the other either positively or negatively
- Increase understanding that mental health is more than the absence of mental illness, and that like physical health, mental health can be improved upon

Support from Nuffield Health
Nuffield Health has developed a resource centre on emotional wellbeing where information on a range of conditions affecting mental health can be found: **nuffieldhealth.com/health-topics/emotional-wellbeing**. Expert advice on how to cope with stress, build emotional resilience and look after emotional wellbeing can also be found **here**

About Nuffield Health

Nuffield Health is the UK's largest healthcare charity and are experts in physical and mental health. For the last 60 years, Nuffield Health's experts have been working together to make the nation fitter, healthier, happier and stronger, all for the public benefit.

As an organisation with no shareholders, the charity invests all its income back into its vision to build a healthier nation. This is achieved through outstanding day-to-day services in its family of 31 award-winning hospitals, 113 fitness and wellbeing centres, healthcare clinics, and over 165 workplace wellbeing services, and through its flagship programmes to support communities by widening access.

Nuffield Health believes that everyone has emotional wellbeing needs, just as they have physical health needs and these needs vary, day to day, week to week, year to year depending on what is going on in our lives. In 2018, Nuffield Health opened emotional wellbeing clinics in over half of its fitness and wellbeing centres, with the ambition to have these clinics rolled out to all centres nationwide by the end of 2020.

Nuffield Health is committed to delivering a connected healthcare service across its entire estate; by providing clinics within its fitness and wellbeing estate, it aims to change the perception of mental health and encourage its members and wider community to rethink the role of mental health provision, looking at health as one.

What also makes Nuffield Health different is its commitment to its flagship programmes. Through these programmes, the charity works in partnership with the NHS, other healthcare providers, research institutes and charities, with the aim of increasing knowledge and sharing insights to improve the quality of health and make pioneering services available to a wider population at good value for money. These include a Joint Pain programme, designed to support people with osteoarthritis manage joint pain without surgery. Based on a mix of education, physical activity and psychological support, the Programme aims to break a cycle of inactivity.

Through SWAP, Nuffield Health partners with schools to provide thousands of pupils with free timetabled programmes to improve their health and wellbeing. STAMINA is the world's largest research project into how exercise can help men recovering from prostate cancer. Lastly the Cystic Fibrosis programme, which aims to improve the lives of hundreds of children with cystic fibrosis through free exercise classes (currently on pause due to COVID-19 restrictions).

Our network

31
hospitals

113
fitness and wellbeing clubs

153
corporate fitness and wellbeing sites

84
emotional wellbeing clinics

Nuffield Health's role in supporting the physical and mental health of the nation through the pandemic

During the pandemic Nuffield Health was committed to continuing to build a healthier nation, and the charity had to adapt its services. Across its hospital estate, all Nuffield Health hospitals were made available to support the NHS efforts against Coronavirus.

Nuffield Health also launched an online resource hub to provide a number of free resources to support members, patients and the wider community while the nation was in lockdown. Available content included workout videos, emotional wellbeing advice and support for parents and kids to keep them healthy and motivated. Nuffield Health also adapted to support a more remote customer base, moving the majority of health services online such as physiotherapy and emotional wellbeing.

Lockdown has significantly impacted the nation's health, and the burden on people's physical and mental wellbeing will have a long-lasting effect on the NHS, as a result Nuffield Health has a crucial role to play in supporting the nation's recovery.

With 50,000-100,000 people being admitted to hospitals and receiving treatment for COVID-19, many requiring critical care, there is evidence to suggest that structured, self-directed rehabilitation strategies can aid physical recovery and help people cope with the physical and psychological effects associated with critical illness. As a result, Nuffield Health's have developed the UK's first specialist rehabilitation programme to support patients in their recovery after they have received medical treatment for COVID-19.

The programme, which blends together physical therapy and mental health support, is being piloted in NHS trusts across the UK, before it is developed into a national programme. The first pilot, launched in September with Royal Stoke University Hospital, part of University Hospitals of North Midlands NHS Trust, will run for 12 weeks. Patients are currently discharged from hospital with no formal recovery plan, which can result in a longer recovery process, and prolonged side effects. Patients will be referred onto the programme by the Trust, before being triaged, online, by a specially trained Nuffield Health physiotherapist.

Date of publication: December 2020

Nuffield Health

Not in recent years has the nation collectively experienced the challenges to mental wellbeing brought about by the current pandemic.

If we act now, and act together, we can use this shared experience of distress to bring about change.

Together we can help encourage empowering conversations around mental health and help more people access the support they need, earlier.