PANDORA'S BOX

Pandora searches the world literature for evidence, news and other sources on matters of interest (doesn't shy away from controversy) to bring to the reader. She welcomes comments and suggestions (via ip@rcpsych.ac.uk)

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The 70th Anniversary of (Global) Health (7th April)

The World Health Organization (WHO) held the first World Health Assembly in 1948, and from 1950 it designated 7 April as World Health Day, a day of awareness of global health issues, celebrated every year and sponsored by the WHO and other related organisations. Each anniversary is dedicated to a particular theme, which is chosen for its global importance and is given the opportunity to be promoted worldwide.

The theme for 2018 is that of universal healthcare (UHC) – 'Health for All'. According to the WHO data, at least half of the world's population does not have full coverage of essential health services. In 2010, an estimated 808 million people – 11.7% of the world's population – spent at least 10% of their household budget paying out of their own pocket for health services. An estimated 97 million people were impoverished by out-of-pocket healthcare spending in 2010.

UHC is the eighth target under the Sustainable Development Goals (SDG) 3 programme (SDG 3 is the main SDG with an explicit focus on health), adopted in September 2015 by the United Nations General Assembly to guide global development by 2030. The aim is to achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality and affordable essential medicines and vaccines for all. The WHO's evidence-based message to member countries is that investing in UHC will be a 'sound investment in their human capital'.

The simple message of World Health Day is to give people access to healthcare without the prospect of financial hardship, regardless of where they are from – Africa, Asia, South America or the USA. In Europe, some countries do well at meeting UHC goals in general, but could do better to secure financial protection, especially for poorer people. According to a new WHO analysis, European households in the poorest fifth of the population are most likely to experience catastrophic health spending, often due to out-of-pocket payments for medicines. They are also most likely to forego or delay seeking care owing to cost and other barriers to access.

The question is how the goal of UHC can be achieved when many 'low-income' countries cannot raise the necessary funds and some 'high-income' countries are impoverished through the recent world economic crisis.

The 70th Anniversary of the NHS

This year (5 July 2018) also celebrates the 70th anniversary of the National Health Service (NHS) in the UK – a health service that has been offering UHC long before it was even considered by the WHO as an SDG.

Office for National Statistics (2018) *How Does UK Healthcare Spending Compare Internationally?* ONS.

World Health Organization (2018) *World Health Statistics 2018: Monitoring Health for the SDGs, Sustainable Development Goals.* WHO.

World Health Organization (2018) *Progress towards the SDGs: A Selection of Data from World Health Statistics 2018 SDG3: Ensure Healthy Lives and Promote Well-Being for all Ages.* WHO.

Deaths of UK homeless people more than double in 5 years

Healthcare goes hand in hand with social care and, unless both are addressed, problems will continue. Affluent countries such as the UK, which offers UHC through the NHS, is still not able to provide for all its citizens, particularly those that need it the most.

According to research carried out by the *Guardian* newspaper, the death toll among homeless people is rising. The number of homeless people dying on the streets or in temporary accommodation has doubled over the past 5 years; at least 230 people have died in supermarket car parks, church graveyards and crowded hostels since 2013. This is believed to be a 'substantial underestimate as no part of the UK government records homeless death statistics at a national level and local authorities are not required to count rough sleeper deaths'. The average age at death was 43 years, and of those for whom gender was known, 90% were men.

The homelessness charity Crisis attributes the deaths 'to low temperatures, violence and abuse and fatal illnesses. They are 17 times more likely to be a victim of violence, twice as likely to die from infections and nine times more likely to commit suicide. What's worse, we know these figures are likely to be an underestimate'.

The Homelessness Reduction Act, which came into force in early April this year, imposes new legal duties on English councils to prevent and relieve homelessness, but according to the local councils, the funding offered for this purpose is inadequate. Charities have said the act fails to address the root causes of poverty.

Greenfield, Patrick and Sarah Marsh. "Deaths of UK homeless people more than double in five years" (2018, April 11) Retrieved from https://www.theguardian.com/society/2018/apr/11/deaths-of-uk-homeless-people-more-than-double-in-five-years

Human Rights (10th December) – the Special Rapporteur's report: a missed opportunity

The year 2018 celebrates and promotes global health, but it is also dedicated to human rights, with 10 December chosen as the designated day.

In June 2017, at the 35th session of the Human Rights Council on the promotion and protection of all human rights – civil, political, economic, social and cultural rights, including the right to development – the Special Rapporteur presented his report on 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.

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He focuses on mental health and calls for a paradigm shift on the recurrence of human rights violations in mental health settings. He points out the lack of parity between physical and mental health everywhere in the world, despite the recognition that there is 'no health without mental health'.

In his analysis of these problems, he puts the blame on what he calls a 'paternalistic biomedical model' and proceeds to launch an 'antipsychiatry' polemic against diagnostic classifications, drug treatments and hospitals. He describes current treatment practices in mental health services as harmful.

He recommends that mental health policies should address 'power imbalance' and not 'chemical imbalance'. His recommendations to prioritise mental health promotion and prevention, as well as psychosocial interventions early in childhood and adolescence, are most welcome. So is the protection of the human rights of people with mental health problems.

However, the Special Rapporteur's dismissal of any value in the current approach to diagnosis and drug treatment, and the need for hospital admission, is of concern. It is recognised that the current diagnostic classifications are not ideal, but they are helpful in providing a framework for clinical and research practice. Similarly, the drug treatments do not offer a cure, but the same applies to many treatments in physical health such as diabetes, cardiovascular disorders and others. At a time when research evidence has demonstrated the importance of a unified biopsychosocial approach to mental health, which recognises the role of both biological and psychosocial factors in the causation and treatment of mental conditions, it is a major retrospective step to set them against each other as two mutually exclusive approaches (biological versus social)!

Of particular concern is the recommendation to end all financial support for residential mental health institutions and large psychiatric hospitals, without mentioning any requirement for adequate care facilities in the community. This is a missed opportunity for recommending an increase in resources allocated to mental health in parity with physical health, for research, education and services, rather than a reallocation of funds.

A further recommendation is to put an end to 'coercive' treatment, replacing this with 'mainstream alternatives', but makes no suggestions as to what these may be. There is no clear discussion on this. Is the application of the mental health law and compulsory treatment an infringement of one's human rights? Whose right is it, the person's or that of the illness? A sober and objective discussion is needed to improve on mental health law and policies, and scrutiny of their application, in the best interests of the person without ideological bias.

Pandora welcomes comments.

Do you think you know better than others? Think again!

Some of us think that our views are superior to those of others and that we are better informed, particularly when it concerns politics. Researchers in Michigan University tested this out on four political issues. They found that those who perceived themselves as more knowledgeable showed the greatest gaps between their perceived and actual knowledge.

The investigators also observed that many of those with belief superiority, when they found their limitations, did seek more information even when they had previously considered this inferior. It is worth pointing out to your 'smug' friends, who think they know it all, that they don't; they may thank you for it, as it will encourage them to seek more learning. Well, some of them will!

Hall M. P. & Raimi K. T. (2018) Is belief superiority justified by superior knowledge? *Journal of Experimental Social Psychology*, **76**, 290–306.

The millennial man

Younger generations of men are dropping the old masculine stereotypes! In a study involving a group of 15–29-year-old Canadians, five health-related masculine values were highlighted: (1) selflessness – caring for and helping others; (2) openness – willingness to gain exposure to new experiences, ideas and people; (3) well-being – fitness and masculine body and aesthetics; (4) strength – intellectual, emotional and physical strength; and (5) autonomy – be self-sufficient and decisive.

These findings, according to the authors, 'run counter to long standing claims that young men are typically hedonistic, hypercompetitive and estranged from self-health'. They point out that these attitudes shown by the youth of today, which are parting company with the traditional stereotypes of masculinity, will help improve men's healthcare and outcomes, with the life expectancy gap closing up between men and women.

Oliffe J. L., Rice S., Kelly M. T, *et al* (2018) A mixed-methods study of the health-related masculine values among young Canadian men. *Psychology of Men & Masculinity*, doi:10.1037/men0000157.

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