ABSTRACT

This is a research proposal about the extent of discrimination by age in the provision of mental health services in the UK. The research is based on the fact that although mental health service provision should be universal, there is a lot of evidence to suggest discrimination especially by age. The objective is therefore to examine the extent of available health care services for mentally ill patients as well as how the services are administered to different age groups as well as investigate the rate and degree at which patients of different age groups use medical private and public institutions to seek mental health services. Besides, the study aims to analyze the prevailing patient-doctor (or caregiver) ratio and duration against age of mentally ill patients compared to other ailments as well as investigate the rates at which patients are turned away from mental health services by caregivers and the impacts various discrimination variables on patients.

Data collection will be based on a positivist research design using quantitative data collected from a survey administered to multiple case studies selected judgmentally. The case studies are four private and four public hospitals as well as two residential or care centers of elderly and mentally sick patients. Respondents will be patients or survivors as well as caregivers of mental health services in the said case studies. Questionnaires will be the research instrument whose data will be analyzed through SPSS. The research duration is estimated for two academic years.

1.0 INTRODUCTION

1.1 Research background

Provision of health services is considered as a very important element of any stable state. Exemplary provision of health services is one of the ways that citizens develop legitimacy for their governments. Although general provision of health services has few issues, questions have always been raised about discriminations in the provision of mental health services in the UK. According to Corker et al (2013), mental health discriminations have increased stigma associated to the disease leading to severe problems among victims. Reports also indicate that many suicides have been experienced among mentally ill patients not because of their statuses of disease but stigma related to the condition. From a report by Evans-Lacko et al (2012), the greatest level of discrimination in the UK in relation to mental health services is age whereby elderly people face a lot of rejection and denial of medical services. This proposal presents a methodology and plan of a research aimed at identifying the extent of discrimination based on age in the UK.

1.2 Problem Statement and Justification

According to Rogers & Pilgrim (2014), the UK government has considered establishing legislations to outlaw discrimination by age in provision of mental health services in public institutions. This is an implication that the government acknowledges the hurdle but has no reliable mechanism to handle it amicably. As a result, inequalities in mental health between young and elderly populations in the UK continue to rise. Besides, the a mental health policy group report that the UK has about six million mentally ill patients aged less than 65 with more than 75% of them not receiving treatment for fear of being stigmatized.

However, mental health problem is wide spread especially among corporate employees who are often diagnosed of depression and anxiety (Creek, & Lougher, 2011; Lasalvia et al., 2013). Nevertheless, the UK government established a legislation requiring a compulsory treatment of mental health illness which according to Henderson, Evans-Lacko & Thornicroft (2013), is a directive that has increased stigma and that the psychotherapy services initiated by the government has no legal obligations making it vague as well as escalating age discrimination. This is despite the fact that the UK spends more than £105 billion every year to deal with mental problems (Evans-Lacko et al, 2014).

Based on this context, this dissertation will not only find out the extent of age discrimination in UK mental health services but also suggest long-term remedies to the problem among policy makers on the national health services departments. Conducting this research will be also relevant to educational institutions dealing with special needs on how to promote equity and equality in service provision irrespective of health status or demographic characteristics for a more united and prosperous country. This research also contributes to the scholarly theory in mental health, special needs education and psychology.

1.3 Hypothesis and Objectives of the Study

To investigate the extent of discrimination by age for mental health services in the UK, a number of objectives will be pursued:

To examine the extent of available health care services for mentally ill patients as well as how the services are administered to different age groups.

To investigate the rate and degree at which patients of different age groups use medical private and public institutions to seek mental health services.

To analyze the prevailing patient-doctor (or caregiver) ratio and duration against age of mentally ill patients compared to other ailments.

To investigate the rates at which patients are turned away from mental health services by caregivers and the impacts various discrimination variables on patients.

The hypotheses for this research will be as follows:

H1 – There is discrimination by age in the provision of all available health care services for the mentally ill patients

H2 – Many elderly and mentally ill patients seek health services from private than public institutions

H3 – There is a disparity in patient-doctor (or caregiver) ratio and duration against age of mentally ill patients compared to other patients with different ailments

H4 – Many elderly and mentally ill patients are turned away from mental health services by caregivers

2.0 LITERATURE AND RESEARCH REVIEW

Health care is generally defined as the presentation of physical and mental illness or the treatment of illness through services offered by health industry (Frank, Goldman and McGuire, 2001). It involves practitioners in pharmacy, dentistry, medicine, optometry and nursing. Health care in mental health has been observed to be under threat because of discrimination and stigma in the UK. However, Goldman (2006) augments that an increase in human mental illnesses has been heightened by the tremendous changes in work lifestyles where mental disorders are intensified by long working hours and long stares on the computer, especially among state employees hence the need for proper medical cover against mental illnesses.

According to Cunningham, (2009), mentally ill patients are not only stigmatized and discriminated by age but also economic status and gender. Studies have found significant correlations between mental health insurance and discrimination by age, sex and gender most of which concluded that elderly patients, women and economically marginalized patients are less likely to get mental health cover (Lasalvia et al, 2013). Indeed, a study by Frank, Goldman and McGuire (2001) found that psychiatrists were reluctant to accept mental insurance cards from elderly patients and women in general because mental health insurance companies did not readily pay enough escalating stigma of the health condition.

Because of discrimination in mental health services in the UK, Schiller, Lucas, Ward and Peregoy (2012) staged a research of death rates for mental patients of varying age groups. The study found that mortality rate was higher for individual with serious mental illness than those with other diseases estimated to about 21,716 deaths annually. The same study showed that mentally ill patients older than 50 years had 72.1% likelihood to die unattended compared to a likelihood of 52.3% among patients aged above 30 years and about 5.36% likelihood for younger patients (Lasalvia et al, 2013).

The result indicate that age is a prime factor that determines two things: how mental health services are administered in both private and public hospitals, and the likelihood for patients at different ages to seek medical help. A more recent study confirmed the findings in Sweden based on a national hospital registry which noted that there is a substantial gap in life expectancy of individual with mental disorders than other medical conditions with many dying at the age of 30 and those aged above 50 suffering the most risk (McConnell et al, 2012). In addition to researching the extent of discrimination in mental health services by age, this research will suggest how behavioral therapies can help to mitigate the challenges facing mental health services in the UK.

3.0 RESEARCH METHODOLOGY

3.1 research paradigm and strategy

This research will be inclined to positivist research paradigm to collect quantitative and qualitative data. According to Bryman and Bell (2011), a positivist paradigm (research design) is a theory testing research based on reliable concrete scientific evidence, facts, statistics and is mainly used to test hypotheses. Quantitative data is that which is measurable in numerical terms, tangible and which can be processed for statistical analyses while qualitative is intangible, discrete data can mainly be used to describe phenomena and data variable without quantification possibility (Cohen & Maldonado, 2007).

In many cases, quantitative research usually involves large-scale surveys that enable a factual base to be formed with sufficient strength to allow statistically rigorous analysis (Fraser et al, 2004). One major limitation of qualitative research is that the results generalized from the process are often subjective. However, qualitative research remains an effective way to reflect the complexity of the interrelationships associated with marketing activities. The research will use quantitative data to analyze the extent of discrimination by age for mental health services. This is deemed necessary to analyze trends in mental health cover in selected public institutions in the UK as well as finding the association between behavioral therapies and management of discrimination in service delivery.

To achieve this, the research will be based on a case study research strategy. Case studies refer to the grounding of an entire research on one or sets of objectives as the basis for data collection and analysis. A case study may also refer to a place, an object, an organization or anything from which data is collected and the main reason is usually to explore and describe the ‘case’ for vivid understanding of all study variables. This study will be based on multiple case studies of four private and four public hospitals as well as residences of patients with traditional or mental illnesses to collect data.

3.2 Data Collection, Analysis and Evaluation of Data

As not above, the case study strategy will be adopted where data will be collected from four private and four public health institutions as well two residence camps of the elderly or mentally sick people in the UK. Data collection will be restricted to facilities and institutions available in London city to ensure efficiency in the entire process. Respondents will be mental illness survivors, mental illness patients and normal people (caregivers preferred) as appropriate. The study will target 200 respondents to give an insight and an account on the extent of discrimination in mental health services.

Respondent selection will be based on convenience sampling for mentally ill and other patients depending on their ability to provide answers given their sick condition. For other respondents’ categories, sampling will be random even though institutions shall be judgmentally sampled based on their location and provision of medical services of interest to this study. To collect data, a survey questionnaire shall be designed and self-administered to selected respondents. The questionnaire shall be designed to reflect the four hypotheses and objectives with each of the objectives comprising of a set of questions with multiple choices, Yes/No questions and the 5-point Likert scale type of questions. Broad areas of concern shall be mental health services available for different age groups, level of voluntary seeking of medical services, perception on discrimination and conduct of caregivers in service provision to mentally ill patients. Collected data will be analyzed using SPSS software for correlations, ANOVA, p-values and regressions to test the hypotheses.

3.3 Expected Results and Output of the Study

Given a rough examination of secondary materials and data, the hypothesis are expected to test positive implying that the discrimination perception index in mental health by age is very high and that patients generally opt to use to private institutions for suspected mental illness for fear of stigma. It is also expected that the numbers of patients turned away from public mental health services is high.

3.4 Timetable

The Gantt chart below shows the provisional timetable for the anticipated research.

Activity Month 1,2,3 Month 4,5,6 Month 7,8 Month 9 Month 10 Month 11,12 Month 13,14 Month 15,16 Month 17,18, 19

Research project formulation and assessment

Literature review

Methodology development

Approval by ethical committees

Project supervisor’s advice

Data collection

Data analysis

Compilation of dissertation

Proofreading and editing

Submission of research project

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