Preventing a problem, the politicians created themselves

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Like a worm in a fruit, profit-oriented policies have slowly but steadily weakened welfare and solidarity in many countries. This article describes how the Norwegian health- and welfare services have been affected and how the situation for patients, families and carers is nowadays in Norway.

The Mental Health Carers Association in Norway (LPP) turned 30 years of activity last year. Unfortunately, we have just recently and perhaps too late become aware of what kind of barriers we have been and are still dealing with. These policies are extremely powerful in their New Public Management way and hide behind good intentions and beautiful promises. As a result, we mental health carers have turned into the role of watch dogs and whistle blowers.

LPP and many voluntary organisations and health and welfare associations have protested and sent alarm warnings which have fallen on deaf ears. We try to make our politicians aware of the severity of the situation. At the same time, we keep on reminding them of the importance of upholding essential values like solidarity and compassion alive.

The Scandinavian welfare model has typically been described as an excellent example of public welfare but is now in jeopardy. How is this possible? The answer can be found in the political model called New Public Management, which has ravaged the world for decades. This policy can be explained in a very simple way, and this also sheds light on what is happening with the health and welfare sector in many countries. It can be best summed up in one phrase: everything in society that is not profitable in the short term must go. Efficiency, keeping the budget and production are the key terms and issues. It is not difficult to understand why mental health care and care for the elderly have been hit so hard.

Both patients, carers and professionals are worried. As carers we feel that we're at rock bottom in Norway. Unfortunately, it looks this way after almost 10 years of gradual erosion of our health and welfare services.

Many will ask if the situation really is that bad. The Norwegian government has never spent as much money on the health and welfare sector as they are doing now. They seem to be particularly focused on new ways of organizing health and welfare services as well as more efficient ways of using the professionals. A problem we have noticed is that the professionals that have grown in number the recent years, are not those working with patients. It's the bureaucrats and controllers needed to run New Public Management procedures.

Though it is true that the health budget is higher than ever before, the question remains, "where has all the money gone?" In LPP we know that a great deal of the funding is used to produce countless reports, studies and strategies on rationalization, reorganizing and keeping the budgets. In addition to this there are the revisions and reforms of laws and regulations. Not to mention inquiries, especially during the pandemic. We are acutely aware of this because this abundant activity also produces a multitude of hearings, meetings, and investigations, all of which we are privy to. This huge amount of information has kept us so busy reading and responding that we've hardly been able to see the forest for the trees.

Today we are witnessing the consequences of this health policy. Nearly 40% of the beds in mental health hospitals have disappeared the last 18 years (Sykepleien, 2022). The inpatient service has not been replaced by adequate and accessible community mental health services. Several psychologist positions in hospitals have been removed. Rehabilitation centres are closing down. Insufficient housing and residential facilities are being built. Many voluntary organisations have lost all or some of their financial support and have had to cut down their activity or close down entirely.

As careers we are very worried about the politicians not seeming to see or respect the needs of people with the most comprehensive problems and those most vulnerable.

The consequences of this policy are dramatic:

- The suicide rate is not decreasing.
- Families' suffering and worries are increasing.
- The number of people who need help is increasing.
- In-patients beds are far too few.
- Patients are being discharged too early and follow-up after discharge is insufficient or absent.

LPP will soon submit advisory responses on suicide prevention. Our response will be clear and unambiguous: The best prevention begins with understanding the cause(s) of a problem. If the reason why a person does not want to live anymore is not known, then of course it won't be easy to help the individual.

We are dealing with a great paradox here. The health authorities want to prevent something they themselves have created with a policy that leads to a deep sense of hopelessness among the most vulnerable in society and their families:

- People who ask for help when help has become virtually non-existent.
- People who require follow-up and care in hospital are discharged, and there is lack of resources and expertise.
- People who require a longer stay in hospital when 38% of the beds have gone.
- People who require housing support when houses ares no longer being built.
- People who unfortunate enough end up in drug hot spots, when living on the streets is their only alternative.

This list is by no means complete but provides a few examples to highlight how hopelessness is directly linked to a policy that creates hopelessness.

When considering reasons why something is not going well, we can also focus on how this health and social policy is creating this hopeless situation through a marked based service organisation. People we talk about here need tailored services, not fragmented and product based.

In addition to having to endure this policy, many countries have experienced services and trends that promote cheaper, quick-fix solutions for patients. In short, you go home (if indeed you have a home) after shortterm in-patient services, either alone or with your family. A nurse or team will pop in x number of times a week, or you'll have to visit the outpatient clinic.

Naturally this is a reasonable course of action for those with less severe problems. However, it does not meet the needs of people with severe mental health problems.

These measures are discriminatory towards the person and the relatives/caregivers. It seems like it is taken for granted that relatives are available and can function as nurses, psychologists, social workers, and occupational therapists. Not to mention supporting the patients financially, as is often the case. In a way this is quite a money-spinner because relatives provide the help that expected from services.
In some countries families are natural caregivers due to culture and traditions. In Norway this used to be the situation decades ago, but the typical situation now is that family members work full time, and children move out and live their independent life. It is well known that families support their loved ones in a many facetted ways all year around. However, if the amount of support and worries becomes too much, this may lead to even more sick and vulnerable people who require help. When relatives themselves must go on sick leave or even quit their regular jobs, the result is one more patient and one less taxpayer.

This article begins with the claim that we've hit rock bottom. It seems that we will have to endure even more serious consequences to shake those responsible out of their drowsiness. Many families have simply given up, and for many it is too late. The obvious questions are, how many more and for how much longer?

LPP's priority in this situation is the same as it was during the pandemic: damage-control. We are doing everything we can to help and support each other so that as few of us as possible lose out in this fight.

Reference

Sykepleien, 2022: https://sykepleien.no/2022/05/nest-en-fire-av-ti-senger-har-forsvunnet-i-psykiatrien