



Examining Neoliberalism and Mental Health Strategy- A Discursive Analysis
of a UK Department of Health Document

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ABSTRACT

Mental health has become a growing priority for the government of the UK over the past few decades and during the same period, the economic and social goals of the government have become increasingly neoliberally focused. The present study combines analysis of both neoliberalism and mental healthcare in examining a UK Government mental health strategy document. The present discourse analysis furthers the work of Tegtsoonian (2009) in examining how government produced literature can exhibit the rise of contemporary post-liberal agendas in political systems.

The present study uses an epistemological position derived from the work of Fairclough (1995, 2010), Laclau and Mouffe (1985) and Foucault (1972). In doing so, it uses a unique methodology to analyse '*Closing the gap: priorities for essential change in mental health*' (Department of Health, 2014), a document produced by the Department of Health for outlining Government strategy for mental healthcare in the UK.

The analysis uncovers a clear neoliberal agenda throughout the document. Replicating the findings of Tegtsoonian (2009), the analysis evidenced the document's continuous attempts to align public interests with that of the government through various methods. Defining illness with the aim of inducting the public into the role of the consumer, prioritising functionality over wellbeing, and the adoptions of specific ways of conceptualising mental health are all identified as technologies of power. The concept of shifting between different paradigms of mental illness is uniquely explored in the way that it is used within the text to advance free market capitalist aims and goals.

KEY WORDS:	DISCOURSE ANALYSIS	NEOLIBERALISM	MENTAL HEALTH POLICY	FOUCAULT	PARADIGMS
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Introduction

For the last 20 years, industrialised countries around the world have begun pursuing a neoliberal agenda. Distinctly different from previous 'liberal' eras, the term 'neoliberalism' broadly refers to a shift in economic mind-set in which political parties engage in processes of free-market privatisation of central government services, individualisation and governing 'at a distance' via non-traditional government technologies. Throughout the present study, the terms post-liberal and neoliberal are used interchangeably.

Through engaging in a neoliberally focused economic agenda, a government ensures that the effects of this policy shift, are felt in all areas of government control, including health and social care, education and the penal system. In focusing on health care, McGregor (2001) argues that the concepts of free-market privatisation and individualisation negatively impact healthcare in neoliberal societies. She argues that in treating unwell individuals as consumers rather than patients for economic gain (the ultimate reduction of government spending on healthcare), the standard of care they will receive will ultimately suffer (McGregor, 2001).

Scott Samuel et al. (2014) focus on neoliberal effects on healthcare in the UK; they argue that the sinister effects of this agenda have resulted in the population of the UK being fundamentally less healthy. Counter-intuitively During the same period as the rise of neoliberalism, mental healthcare has received increasing attention and in doing so, has attracted increased funding and government focus (Ramon, 2008). The present study seeks to examine the effects of neoliberalism on UK mental healthcare by analysis of a UK government mental health strategy document.

Discourse analysis has been a key force within health research for the past few decades. Through careful examination of how meaning is constructed using language and further exploring the ideologies of discourse, this type of analysis is particularly relevant to health research. An effective tool in deconstructing the reality that is constituted via our social interactions, discourse analysis has previously been used to examine representations of mental health in newspapers, service user involvement and UK healthcare, and interactions between pharmacists and patients (Hazelton, 1997, Hui and Stickley, 2007, Salter, Holland and Harvey, 2007). Tegtsoonian (2009) used discourse analysis to critically examine the neoliberal discourses present in two pieces of British Columbian political mental health literature and in doing so, highlighted the complex ideologies that affect mental healthcare policy in her province of choice. The current study seeks to both complement and further this analysis by applying it to healthcare in the UK.

Foucault (1977-1978) conceptualised the way by which power is exerted on populations as 'governmentality.' Governmentality comprises the technologies by which an institution influences its' subjects, and Foucault (1977-1978) postulated that this can be done through forms of knowledge. Every document that a government administration creates represents a new, specific body of knowledge and it is

through this knowledge that the power of the government influences populations. Tegtsoonian (2009) drew heavily on Foucauldian notions of power in her analysis of British Columbian mental health literature and the same focus on technologies of rule and knowledge and power will be placed on the analysis of the current study.

Foucault (1977-1978) examined the human body as an artefact of power that institutions can seek to govern, terming this governance 'biopolitics'. Foucault's (1977-1978) conceptualising of the human body this way is the most pertinent part of his work to healthcare research and even more so in the UK where healthcare is provided (and controlled) by the government. Although Foucault's work focused the 'anatomy-politics' of the physical body and the 'species' of humans, this study will seek to apply the theme of biopower to the psychological self; postulating that the biopower of the physical self extends to that of the psychological self in a way that Foucault could not have, due to the relative lack of recognition of mental health during his lifetime (Foucault, 1979, Hacking, 1982). Additionally, Tegtsoonian (2009) identifies the concepts of responsibilisation, the shifting of responsibility for staying well from the government onto the individual and the community and the idea of 'evidence based practice' as key technologies of government rule. Both of these concepts link with the Foucauldian concept of the subjugation of populations via power created by bodies of knowledge.

Neoliberalism and paradigmatic shifts in conceptualising mental health

Since the birth of psychological study and later the birth of psychiatry, a number of distinct paradigms have competed to explain psychological distress (Aneshensel, Rutter and Lachenbruch, 1991). The two modern paradigms for explaining mental illness are the 'biomedical' model and the 'psychosocial' model; the two models sit either side of a Cartesian divide with the former often characterised as reductionist and overly positivist and the latter characterised as unscientific and vague (Tavakoli, 2009). Further dividing the two paradigms is the complex nature of mental health, a field of health often misunderstood or plagued by incomplete science; even the very nature of human consciousness causes potential problems for understanding mental illness - 'is my consciousness and are my experiences solely biological in nature?' To reduce the idea of a 'mind' to a solely biological system can be difficult to accept and more difficult to accurately conceptualise (Tallis, 2004).

A typical liberal agenda emphasises the biomedical model, with the 'expert' state healthcare system assuming responsibility for treating 'ill' individuals; in a neoliberal age, in which a government seeks to push away individuals from state services, it has been theorised that the healthcare system would adopt more of a psychosocial paradigm (Rose, 1999). In adopting a psychosocial conceptualisation of mental health, the government gives individuals the power to change their own lives, through more psychologically based methods and strategies. In doing this, the government pushes the burden of healthcare away from the state as much as possible- individuals need not rely on professional opinions and prescriptions to feel better and instead turn to the idea of modifying their own thinking instead (Ferguson, 2007).

In keeping with Foucault's (1977-1978) postulations about generated bodies of knowledge, it can be argued that the specific way that the document conceptualises mental health also exerts a specific form power. By using an exclusively

psychosocial or biomedical paradigm for conceptualising mental illness, the document examined in the present study would project power by changing the way that those individuals understand themselves and those around them. In this way, controlling the paradigm by which the state healthcare system (and the individuals who use it) is a technology of power. Tegtsoonian (2009) did not examine particularly the different ways in which a government uses paradigms of mental health to neoliberal ends; in this way, the present study will further the work of Tegtsoonian (2009) by considering the use of models of mental health and closely examine the way in which they can be used as technologies of rule (Foucault, 1977-1978, 1979).

A proposed central tenet of healthcare in a neoliberal age is that the state prioritises functionality and economic worth over all else. In the UK it has been argued that neoliberal government policies have emphasised employment as an outcome of mental health treatment rather than the wellbeing of individuals (Bell, 2014). This allying of productivity with a sense of self is indicative of a neoliberal political agenda and would be expected to be present in any strategy document produced by a post-liberal administration. Callaghan, Fellin and Warner-Gale (2017) analysed several UK government mental health documents including 'No Health Without Mental Health' (Department of Health, 2011), and highlighted the Department of Health's strategy goals for the treatment of young people focusing on the prevention of problems in adulthood, when individuals are expected to be in employment, rather than focusing on individual wellbeing and a child reaching his/her potential. 'No Health Without Mental Health' (Department of Health, 2011), is a predecessor to the document in the present study and these neoliberally focussed elements are expected to be portrayed in the document in question.

Aside from the prioritising of functionality over wellbeing, studies of UK government healthcare documents have emphasised neoliberal technologies within Department of Health strategies. In particular, Callaghan, Fellin and Warner-Gale (2017) echoed the work of Tegtsoonian (2009) in highlighting increased focus on individualisation, the process of shifting responsibility for healthcare from the state to the individual. Callaghan, Fellin and Warner-Gale (2017) examined the role of private sector and voluntary organisations for this change of responsibility, as well as the process by which the UK government gradually privatises state mental health services.

Research Aims

The present study will use discourse analysis to examine a UK government mental health strategy document: '*Closing the gap, priorities for essential change in mental health*' (Department of Health 2014). It seeks to further the work of previous neoliberal government document analyses, in particular that of Tegtsoonian (2009). This examination aims to highlight not only the effects of neoliberalism on contemporary UK Government strategy for mental healthcare but also the technologies present within the document to implement neoliberal policy ideals, as evidenced in a government document. The current enquiry seeks to draw heavily on Foucauldian literature on the generation of power through specific bodies of knowledge and the concept of governmentality as a way of exuding power over a population. Examining the paradigms present in this Department of Health document, will further show the effects of neoliberalism on the societal conceptualisation of mental health and how these effects exercise power in their own right.

Research objectives:

- To examine how Tegtsoonian (2009)'s findings on the effects of neoliberalism on mental health strategy documents apply to a similar UK document
- To scrutinise the ways in which a neoliberal agenda is portrayed in the document in question
- To analyse which technologies of power the document in question uses to further a neoliberal agenda

Methodology

The present study seeks to analyse the UK government strategy document '*Closing the gap, priorities for essential change in mental health*' (CTG) (Department of Health, 2014). While broadly using discourse analysis to examine the document, no one prescriptive discursive methodology is used. The analysis takes elements from Foucauldian literature, the work of Fairclough (1995, 2001, 2010), and Laclau and Mouffe (1985) to derive a unique epistemological position from which to better understand a key UK government strategy document (Foucault, 1972, 1977-1978). This paper outlines the government of the UK's strategy towards mental healthcare from 2014 to the present day.

The document in question was published in January 2014 for a specific although considerable target audience:

Local Authority CEs, CCG CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs, Health and Wellbeing Boards, Directors of Public Health, Medical Directors, Directors of Nursing, Directors of Adults SSs, NHS Trust Board Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Youth offending services, Police, NOMS and wider criminal justice system, Coroners, Royal Colleges, Transport bodies (Department of Health, 2014, P2)

An update and addition to a much larger strategy document, published in 2011, 'No Health Without Mental Health', CTG outlines the what the government of the UK views as contemporary problems with mental healthcare and how it plans to address these issues (Department of Health, 2011, 2014). The present study required no participants and therefore no method of data collection. There were no ethical issues associated with the analysis of a document that is readily available online. The document in question was selected as it is the natural successor to the much larger strategy paper 'No Health Without Mental Health', but more recent; it therefore reflects the changes in attitudes towards mental health and the growing knowledge around mental health in the three years between the two publications (Department of Health, 2011, 2014)

Discourse analysis seeks to examine not just the language and the elements that constitute the discourse, but also the gaps and hidden meanings within the discourse. An inspection of these gaps illuminates which issues the government (through a strategy document that it produced) leave problematized and which discourses are left privileged (Bacchi, 1999). Critical Discourse Analysis as described by Fairclough (1995, 2010) concerns the interactions between discourses,

objects and people to construct meaning. Fairclough (2010) postulates that these interactions are key in fostering power in a particular socio-political context. In health research, an area in which one set of individuals or institutions are deemed to be 'expert(s)' and an immediate knowledge differential is created (I am a medical professional/you are not), Critical Discourse Analysis is a crucial viewpoint from which to study the imbrication and conflicts present (Fairclough, 2010).

Laclau and Mouffe (1985), present an alternative perspective on analysing discourse, with distinct ideological position. They posit themselves at the end of a spectrum that treats discourse as an entirely abstract concept and argue that meaning can never be fundamentally fixed. This assertion allows discussion around the way that social struggles can shape the meaning of discourse although their work is fundamentally tied to a Marxist critique of discourse and society; this position represents a very distinct ideological standpoint that governs their analytical process (Jorgensen and Phillips, 2002, Laclau and Mouffe, 1985). Nevertheless, the theory of discourse that Laclau and Mouffe (1985) employ is useful particularly in mental health research. They make clear the importance of certain 'nodal points' around which all other meaning in a literary discourse is organised; Laclau and Mouffe (1985 P122) argue that all other signs (words, phrases) in a text are organised around certain nodal points. For example, this form of discourse analysis would postulate that medical discourse consists of a 'net of interrelated meanings' fixed around the domain of the body and pathology, and that the term 'body' would be a nodal point, which gives other medical terms such as 'cell' and 'catheter' meaning (Jorgensen and Phillips, 2002). In mental health discourse, a topic on which much of the public still has little knowledge about, individual terms become all the more poignant. In a field of discourse which by nature crosses between the discursive domains of the medical, biological, psychological and social, emphasis on nodal points that inform the rest of the surrounding discourse and give meaning to a text as well as creating a domain for it to exist in, becomes all the more important.

While the rationale behind the methods of Laclau and Mouffe (1985) is key to examining government mental health literature, a purely Marxist analysis was not appropriate for the present study. To effectively analyse a document produced by a government for a state national health service, it is crucial to have an understanding of the relationships between existing institutions and the discourse in question. The discourse produced by the Department of Health can only be partially examined by only focusing on the field of meaning that it produces and the social context that governs that field, something that the methodology of Laclau and Mouffe (1985) offers. Therefore, that analysis must be paralleled by a politically situated examination of the power which that body creates, an element which the ideas of Foucault (1972, 1977-1978, 1979) adds to the analysis.

The present methodology draws heavily on Foucauldian literature to examine the document in question. The notion of governmentality is key to the present analysis, the broad construct that Foucault helped develop to understand the non-traditional technologies of power being exerted by institutions on populations, being particularly relevant in examining neoliberal government strategy and healthcare (Foucault, 1977-1978, 1979). Given that the work of Tegtsoonian (2009) drew so heavily on the Foucauldian literature and governmentality, any attempt to replicate her findings would be remiss without a similar methodological focus.

In the *Archaeology of Knowledge* (1972), Foucault focuses on the idea of texts constituted by 'statements' – either words or phrases that form meaning throughout the text, but crucially can also be considered on their own. In doing so, Foucault (1972) draws a parallel to the 'nodal points' that would later be conceptualised by Laclau and Mouffe (1985). Foucauldian analysis seeks to examine the body of knowledge that a particular text is creating. However, dissimilar to the Marxist analysis of Laclau and Mouffe (1985), Foucauldian analysis further seeks to scrutinize the form of power that the body of knowledge is exerting (Foucault, 1972). This focus on the technologies of influence is evidenced in additional work by Foucault and is a key component of the methodology of the present study. Viewing the present, government published text as a tool for power that creates a body of knowledge, is crucial to understanding the ways in which the document asserts its own ideological tenets and the methods by which it does so.

An additional element of the present study that is complemented by Foucauldian analysis, and not considered in previous strategy document research is the idea of shifting models of conceptualising mental illness. Considering the paradigms for understanding mental health, the two differing models, biomedical and psychosocial, come with specific evidence bases, epistemological frameworks and different ontological claims. In this way, the two competing paradigms can best be understood as two separate bodies of knowledge. As a form of analysis that examines what constitutes separate textual bodies of knowledge and scrutinises the ways in which those bodies exert power, Foucauldian analysis is an important tool in considering the effects of neoliberalism the knowledge that it privileges and obfuscates in a document produced by the Government of the UK.

Little of Foucault's work is prescriptive in terms of epistemology and as a result, specific assertions as to his epistemological framework have often been contested (Alcoff, 2013, Hewett, 2014). The present study draws on Foucault's epistemological stance shown in *Genealogy of the Penal System*, maintaining that knowledge and power conserve a dyadic relationship in which power is not privileged over knowledge (Foucault, 1979, Alcoff, 2013). The present methodology takes the ontological claim that discourse is not entirely abstract and accepts that other institutions and practices that exist outside of the discourse in question, are both real and meaningful.

The present study uses a methodology that combines the work of Fairclough, (1995, 2001), Laclau and Mouffe (1985), and Foucault (1972, 1977-1978). While all theorists are concerned with discourse, no single one epistemological stance or method lends itself to all qualitative analyses and thus elements from a number of discursive viewpoints are used. Critical Discourse Analysis represents a key base for the current methodology, with the interactions between language and power and a focus on the socio-political context of discourse being key to any discursive method. However in terms of specific analytical method, the present study more closely follows the discourse analysis of Laclau and Mouffe (1985) and focus on specific nodes within the text, conceptualising meaning as being built from those nodal points, within the contextual domain of the text. However while using elements from the method Laclau and Mouffe (1985) assert, the present methodology does not use the specific Marxist epistemology associated with that form of analysis. Foucauldian

analysis forms a key tenet of the methodology of the present study, with Foucauldian notions of the constituents of texts echoing that of Laclau and Mouffe (1985), with the interface between power and the knowledge/meaning created by the text playing a central role. Foucault (1977-1978)'s ideas around the technologies of power are key in analysing a government published document while Foucauldian notions of governmentality also give insight into the analysis as for Tegtsoonian (2009). In doing this, the present study provides a unique but effective methodology that is tailored specifically to suit the examination of the document, CTG (Department of Health, 2014).

Analysis and Discussion

In examining the government mental health strategy document '*Closing the gap, priorities for essential change in mental health*,' (CTG) (Department of Health, 2014) a political agenda behind the text became clear. The key themes became that became evident were shown by distinct nodal points and statements throughout the text, they were: neoliberally focussed aims, prioritising functionality over wellbeing and paradigmatic shifts within the document.

Neoliberalism

It has been argued that the economic agenda pursued by the UK government in recent decades has negatively impacted the wellbeing of citizens in the UK (McGregor, 2001). In CTG, the Department of Health uses 'statements' to create a conceptual field for understanding mental healthcare in which the economic agenda of the government features heavily. The statement

'Psychological therapies work' (CTG, Department of Health, 2014, P14)

is a powerful phrase and a key nodal point within the text. By unequivocally affirming that psychological treatment '*work[s]*' the Department of Health not only claims to know the truth in a contested area of research but also begins to create a specific body of knowledge. It has further been argued that in focusing on changing the attitudes and cognitions of an individual, psychological interventions focus exclusively on the individual and in doing so, fail to address the critical socio-economic conditions that may be contributing to mental illness (Lambert, 2006, Tegtsoonian, 2009) found a similar emphasis in British Columbia and in this failure to focus on complex contextual variables, the document in question creates a specific body of knowledge for seemingly the purpose of saving money spent on state mental health services – a neoliberal end.

CTG continues to create a specific body of knowledge throughout the text;

"People with mental health problems have higher levels of alcohol misuse and obesity than the population as a whole, and do less physical activity. Some 42% of all tobacco smoked is by people with mental health problems" (CTG, Department of Health, 2014, P27)

While the Department of Health is identifying areas in which it can improve the health of individuals, this claim is not as innocuous as it seems. In defining what 'health' is, and giving specific meaning to what being 'healthy' is, the government uses this

statement as a nodal point to create meaning that exerts a power over the bodies of individuals, a form of governance coined 'biopolitics' by Foucault (1977-1978). The more 'unhealthy' individuals in the UK, the more potential customers there are either for NHS services or privately commissioned services. In defining the parameters of what is health, the Department of Health is creating more potential clients for the health market and inducting individuals into the role of the consumer (Tegtsoonian, 2009). The concept of the government defining illness is clear in the statement:

"It will mean that whether individuals themselves request help because they are in crisis, or any public service recognises that someone they are dealing with is experiencing a crisis" (Department of Health, 2014, P23)

In allowing public services to define what constitutes a mental health crisis for someone, or what behaviours (i.e. smoking) are unhealthy CTG is taking power away from the individual. In doing this, the document again creates potential consumers in a society where mental health crisis services are becoming increasingly privatised (Freeman and Peck, 2006). To serve this political and economic end, the present study contends that Foucault's concepts of biopower can extend to the psychological self rather than just the physical self; the Department of Health is not subjugating and regulating physical bodies in the document, rather individuals' psychological selves (Foucault 1977-1978, 1978). By allowing entities other than the individual to define what is 'healthy' and what is unhealthy, the government seeks to create a body of knowledge that exerts power, and does so to fit an economic end.

The document in question shows a clear preference for private sector funding for mental healthcare services rather than state spending. This attempt to save the money of the Department of Health is part of a clear neoliberal agenda, identical to the discourses uncovered by Tegtsoonian (2009) in British Columbia.

"By using some of the Care and Support Specialised Housing Fund to encourage developers to think specifically about homes that can support people who have a mental illness or learning disability to live safely and more independently for longer we can help showcase some good practice for future developments." (CTG, Department of Health, 2014, P28)

"But to make the most difference to the most people, we need to look beyond mental health services into wider public services; then beyond public services into our society as a whole." (CTG, Department of Health, 2014, P35)

In clearly attempting to shift the responsibility of healthcare from the state to the private sector, the document in question evidences the post liberal agenda in the way that the UK government plans future health services. This confirms the work of Tegtsoonian (2009) applies in the UK and furthers the work of McGregor (2001) on physical healthcare.

Prioritising functionality over wellbeing

Further replicating the findings of Tegtsoonian (2009), CTG creates a conceptual field in which public interests are aligned with those of the neoliberal state. A key

way in which the document does this is to clearly prioritise functionality over wellbeing in desired outcomes of mental health treatment. In the eyes of the state, the more an individual can function, the greater his or her economic value, it is the reducing of worth to economic outcomes that characterises a neoliberal governmental agenda in the UK (Bell, 2014).

“23. We will support employers to help more people with mental health problems to remain in or move into work” (CTG, Department of Health, 2014, P30)

“24. We will develop new approaches to help people with mental health problems who are unemployed to move into work and seek to support them during periods when they are unable to work” (CTG, Department of Health, 2014, P32)

These two unambiguous statements head two sections of CTG. More focus is given to employment than any other topic in the text, further emphasising employment or education as a crucial outcome of mental health treatment and a marker of good mental health. The repeated statements on unemployment create a specific meaning the discursive field represented by the text; in this way, the Department of Health’s conceptualisation of employment and mental health becomes a central principle throughout the entire discourse. In pursuing a specific political and economic agenda that equates economic value to worth, the government is prioritising the functionality of individuals over their personal wellbeing; this distinction is crucial as by giving less importance to welfare, the mental healthcare system inevitably begins to ignore the personal experiences of individuals, making them fundamentally less well (McGregor, 2001, Callaghan, Fellin and Warner-Gale, 2017).

“In the last three years alone, they [psychological therapies] have helped more than 45,000 people to recover from and cope with mental health problems so that they can come off benefits and return to work.” (CTG, Department of Health, 2014, P14).

This emphasis on individuals coming ‘off benefits’ encapsulates the neoliberal agenda that the text pursues. This agenda represents a turn away from the economic policies of the liberal welfare state and puts emphasis on withdrawal of state support, replacing it with individual responsibility and private sector services (Tegtssoonian, 2009, Scott Samuel et al, 2014). The strategy document that the Department of Health has created uses statements to create a body of knowledge and a way of conceptualising mental health that advances a post liberal agenda, in influencing conceptions of mental health, the government of the UK is moving further than ‘biopolitics’ and moving into the realm of ‘psychopolitics’, seeking to define and therefore subjugate the psychological selves of the people of the UK (Foucault, 1972, 1977-1978). The discourse represented in CTG is a clear attempt to control the psychological selves of individuals, in this particular instance by setting outcomes that prioritise certain elements of wellbeing. This technology of power is used as an instrument for a post liberal agenda in which the government wishes to withdraw state support from as many individuals as possible.

Shifting conceptualisations of mental health

Foucault (1972) viewed discourse as set of independent statements that allowed the emergence of a particular conceptual field; CTG attempts to integrate different ways

of conceptualising mental illness but does so in a concerted effort to continue exerting power. Within the document the Department of Health offers no ontological claims as to what mental illness is. Although the NHS proffers to use the bio-psychosocial model, this is not mentioned within the document in question; the text switches between the biomedical model and the psychosocial model as separate discrete entities and this 'cherry picking' of ontological claims, is ambiguous and creates a vague field of uncertainty around the epistemological standpoint of the document (Shah and Mountain, 2007).

It has been argued that a neoliberal agenda would push towards a psychosocial model, moving away from a biomedical model in which expert state professionals assume responsibility for the care of 'ill' individuals. This move is evidenced in specific sections of the document:

“Emergency Departments should aim to refer all those who present with self-harm for a psychosocial assessment, as set out in the NICE guidelines. We expect GPs to refer people who disclose self-harm to psychological therapies as appropriate.” (CTG, Department of Health, 2014, P21)

The presumption that self-harm is immediately and exclusively a psychosocial issue is to focus on a specific paradigm of understanding mental health. Self-harm is a complex issue that can be addressed in several ways and this singular focus from the department of health can be explained in terms of a neoliberal desire to delegate a duty of care from the state to other providers, in a time where increasingly more psychological therapies are being commissioned from private companies and charities by the NHS (The King's Fund, 2014). As described above, to localise the problem within the individual and therefore releasing the state from the onus of responsibility of improving the quality of life that may be linked to self-harm (Bell, 2014).

“Potential initiatives could include developing the link between psychological therapies and employment support” (CTG, Department of Health, 2014, P32).

Moreover, the nodal point created by the linking of employment issues with psychosocial stressors further influences the body of knowledge created around statements in the text. This paradigm again shifts the responsibility for treatment to psychosocial services and not with NHS doctors, psychiatrists and medications – all of which are costly. The government is seeking to align public interests with the economic ones of the state, and using a specific way of conceptualising mental health to do so.

However the text does not only predicate the psychosocial model as one for best understanding mental health, it also emphasises the biomedical model:

“That is why Time to Change is at the heart of so much of our public health work, both in terms of supporting people who have a mental health problem, and in terms of prevention. It is the driver of true long-term change.” (CTG, Department of Health, 2014, P34).

In addition to making a financial commitment of £16 million to the Time to Change campaign in the document, the government unequivocally pledges its support for the organisation. While the charity has done much work to reduce stigma around mental health problems in the UK, it does so based almost exclusively on a biomedical model (Page, 2014). The way that the government seemingly changes the way that it conceptualises mental health within the document, (from psychosocial to biomedical) is both ambiguous and vague- from locating self-injurious and unemployment issues with psychosocial causes to pledging support to a charity using a biomedical model to equate physical health with mental health is conflicting. Despite this conflict however, the Department of Health still advances a specific agenda within the text; Time to Change is a private, not a state entity and the shift in responsibility from state healthcare to a private organisation is indicative of neoliberal politics (Tegtssoonian, 2009).

Conceptual fields and the bodies of knowledge that they create are powerful and the shifting paradigms that the Department of Health uses to understand mental health in the text represent another form of power. It has been argued that anti-stigma campaigns tend to individualise mental illness within the self and therefore something for others to accept, rather than a product of socio-cultural/economic context, this again supports the motives of shift if responsibility that neoliberalism advocates (Sayce, 1998). In the document in question, the Department of Health shifts between paradigms but does so to suit its' own agenda. Whether supporting an anti-stigma charity with using a biomedical model or declaring a firm link between certain mental health issues and psychosocial issues, a post liberal agenda is continually present throughout the text.

Conclusion

In viewing the UK government document: '*Closing the gap: priorities for essential change in mental health*', with elements of the methodologies of Fairclough (1995, 2010), Laclau and Mouffe (1985) and Foucault (1972), the text represents a web of meaning, created by statements throughout the text (Department of Health, 2014). These statements constitute nodal points that create a body of knowledge around mental health that is vague but which exerts power; this document uses this power to continually advance a neoliberal agenda, both replicating and furthering the work of other researchers in the field.

Replicating findings by Tegtssoonian (2009), the analysis of the document showed attempts by the government of the UK to align public interests with that of the government, to a specific political and economic end. The analysis elucidated two key themes: the prioritising of functionality over wellbeing by mental health services and shifting conceptualisations of mental health. The present study goes further than previous research by contending that changing the way mental health problems are conceptualised is a technology of power; while the conceptual field that the document in question creates is both vague and amorphous, it does so to advance a specific agenda. This shifting, shown throughout the document, continues to further the UK government's post liberal agenda. Future study is needed when an updated version of the UK government's mental health strategy becomes available, to examine whether the neoliberal agenda underpinning the hidden assumptions and ideologies within the present text are still existent in the present day. Other implications for future study include examining the extent to which the state's broad post liberal strategy for mental healthcare has filtered down into the everyday

interactions of NHS clinicians and patients. Further study would be equally warranted in areas such as the US, where the state does not control mental healthcare and responsibility for the treatment of unwell individuals lies in the hands of private institutions and insurance companies.

Reflexive Analysis

While developing the method used in the present study I immediately realised that the most effective form of discourse analysis would be done not from any one existing methodological standpoint, rather a method with a unique and flexible epistemological position. Fairclough (1995, 2010) provides a key basis for discourse analysis and the way it is situated within political context however I believe the work of Laclau and Mouffe (1985) provides both an alternative and more insightful method for analysing discourse. Knowing that I wanted to take broad ideas on discourse from Fairclough (1995, 2010) but more specific methods from Laclau and Mouffe (1985) I turned to Foucault (1972) for a conception of knowledge and power that did not seem too extreme in ideological tenancy. Foucault's emphasis on power added crucial insight to the present study although to smoothly enmesh the ideas of such discursive giants was difficult; I had to realise how the conceptualisations of Laclau and Mouffe (1985) and Foucault (1972) are separate, and in particular, that Foucault's 'statements' differ from and Laclau and Mouffe's 'nodal points'. Realising the difference between the ambiguity of Foucauldian definitions but also the broader focus of Laclau and Mouffe was key for me in integrating the three methodological standpoints and developing a unique method of my own.

Given that I am currently employed part time by a private company commissioned to deliver mental health services for the NHS, I have my own insights and opinions into the privatisation of mental health services that has resulted from a turn to neoliberalism. I realise that this and the particular familiarity of the topic area in question that my job has given me may have influenced my analysis in the present study. I do however, also believe that this thorough analysis of a complex document would not have been possible without my own initial background knowledge.

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