

**The Anthropology of Value and the Valuation
of Mental Health**

**Valuation Studies in light of
NHS England policies towards Mental Health**

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Introduction

This paper aims to contribute to the ‘anthropology of value’ literature, by bringing to light some critical points from the Valuation Studies perspective - in particular, the valuation of mental health based on the notion of Parity of Esteem between mental health and physical health, as adopted during the last decade by the UK Government. Valuation Studies is a recent and increasingly influential interdisciplinary field of study. Valuation scholars are interested in studying “any social practice where the value or values of something is established, assessed, negotiated, provoked, maintained, constructed and/or contested” (Valuation Studies, n.d.).

Mental health is seen today as an important area of concern for state policies (Alexandrova, 2018). Notably, a recent study published by the WHO has led to greater awareness about mental health issues and their economic implications (Schuler et al., 2016). Layard (2012: n.p.), summarizing a publication from the LSE Centre for Economic Performance on mental health services within NHS England, claims that “the under-treatment of people with crippling mental illnesses is the most glaring case of health inequality in our country”.

Within England’s institutional arrangements, the government decides the total budget for the NHS (Bevan and Brown, 2014: 288). In 2011, the notion of “Parity of Esteem” was introduced for the first time in the UK Government’s mental health report, *No Health Without Mental Health*. The motto has been used repeatedly since then and has become a high-profile political issue in the UK. The Royal College of Psychiatrists (Bailey et al., 2013) proposed that Parity of Esteem be defined as “valuing mental health equally with physical health”, and this definition has been widely accepted by the participants of this debate. This concept has become a part of the UK government’s common parlance, following its recent recognition that patients with mental illness receive inferior medical care, low resources in mental healthcare, in addition to low help-seeking and high stigma side-effects of medication. This leads to a marked disparity in terms of morbidity and mortality between mental health and physical health.

However, the fact that members of all parties within the UK Parliament have given prominence to Parity of Esteem (see Morris in All Party Parliamentary Group on Mental Health, 2015: 3) and promised to allot adequate funds for mental health seems to be at odds with the current austerity policies that have impacted all welfare services including NHS funding. Since 2010, the health service has arguably endured the longest period of austerity in its history (Eaton, 2018). Thus, it seems both important and engaging to understand how, and to what extent, “mental health” has come to count as being of value for the UK Government through the creation and

use of the notion of Parity of Esteem. Furthermore, such questioning is also particularly compelling because in Britain, anthropological and sociological studies on mental health have primarily explored questions of deviance, social inequalities, governmentality, biopower and sense of selfhood (as, for example, in the work of Nikolas Rose, 1998, 2007), influenced in large part by Foucault. Mental health has also been extensively examined through the framework of risk assessment¹ (i.e. Moon, 2000), the rise of psychopharmacology and the process of decarceration (see Turner et al., 2015: 600), but, contrary to what happened in other fields of study, the social and economic value of mental health has not been extensively discussed.

Through this case study, this article questions what the Parity of Esteem study of valuation reveals about theoretical and methodological assumptions made by scholars of the Valuation Studies movement. While bearing in mind that Valuation Studies contains a diverse and heterogeneous set of perspectives, this paper aims to answer the following questions: *What does the Parity of Esteem study of valuation reveal about theoretical and methodological assumptions made by scholars of the Valuation Studies movement? Subsequently, what are the limitations of this perspective and is there a way forward for the study of valuation from an anthropological and critical viewpoint? Can Valuation Studies provide valid explanations for our messy realities?*

As we shall see, it remains both empirically and theoretically important to understand the making of value(s), more so since it can help improve and inform the decision-making at play in a number of important situations involving power struggles, “social policies, economic institutions, environmental measures and democratic processes” (Helgelsson et al., 2017: 2). The focus on valuation processes remains highly relevant in terms of how we analyse power: a critical focus on valuation processes can indeed help unravel what is implicitly assumed and made invisible in diverse socio-technical infrastructures (Kjellberg et al., 2013: 14-17). Furthermore, their dismissal of pre-fixed conceptualizations of value(s) is productive. However, we will see that an approach which focuses only on technical devices without ethnographic data cannot get to grips with contemporary realities, and is liable to overlook the affective and ethical politics at play behind “neutral” technocratic framings (Bear and Mathur 2015: 22). Furthermore, it may inadvertently feed into the political use of ignorance and obstruction that public institutions often employ, for instance through information barriers.

First, I explore anthropological debates around value in order to determine the place of Valuation Studies in this body of literature. I therefore introduce the valuation approach with a

¹ Mental health issues have been and are still often defined in terms of dangerousness (Dallaire et al., 2001; Busfield, 2001: 11; Turner et al., 2015).

view to examining how Parity of Esteem may be studied from the Valuation Studies perspective, how the question of healthcare has been dealt with by Valuation Studies scholars and how value(s) has (have) been studied so far in mental health literature.

The second part seeks to explore Parity of Esteem with the tools proposed by Valuation Studies. I question how and why the UK Government decided to value mental health. I also outline the subsequent problems that arise from it: without ethnographic data, which can be difficult to access and which not all valuation scholars are inclined to use, such inquiry is difficult to sustain. This is a result of the standardizing, quantifiable and technocratic language used in the documentation and, crucially, of the politics of knowledge. Finally, I question whether such a politics of knowledge is likely to play a role in Valuation Studies as well, thus limiting the possibilities of critique.

The third part consists of a critique of Valuation Studies. This is accomplished through the exploration of six key points: (1) the importance of decentering knowledge when studying valuation; (2) the redefinition of valuation in accordance with any sort of value change as opposed to just processes of giving worth and the contextualization of valuation within a network of other valuation practices; (3) the role of affect and ethics in valuation practices; (4) the importance of considering modes of relationality between humans and non-humans in valuing practices; (5) the relevance of directionality for valuation; and (6) the use of an approach based on social and economic production to understand the valuation of mental health which shows how earlier literature on value(s) can still be useful for Valuation Studies. The discussion is systematically supported by the study of Parity of Esteem and my analyses are grounded in anthropological thinking, specifically in critical traditions that have influenced it.

2. About Valuation

Valuation Studies constitutes a growing interdisciplinary movement that aims to respond to the numerous and often loosely cohesive theories of value across disciplines. The journal of ‘Valuation Studies’, born in 2013, has been increasingly influential in social sciences, as it is supported by eminent scholars such as Michel Callon, Marion Fourcade, and Steve Woolgar (in the advisory board) as well as Luc Boltanski and Annemarie Mol. They wish to open an interdisciplinary dialogue between sociology, anthropology, philosophy, history, political science and economics, in order to use valuation as a focal perspective cutting across all the social sciences. This dialogue would create a broader basis for the investigation of valuation processes (Céfal et al., 2015).

Valuation Studies owes its origin to the problematization of currently dominant theoretical approaches to value(s) (Kjellberg et al., 2013: 14). Throughout its history, the term ‘value’ has been conceptualized in numerous ways, as testified by the extensive literature available in disciplines such as anthropology, economics, philosophy and sociology. Anthropology itself could be seen as a discipline dedicated to studying systems of value (Doganova et al., 2018: 84, among others). As Graeber (2001: 1-2) points out, however, anthropological theories of value(s) lack unity and are not very systematic.² He lists three main approaches and definitions used when referring to values: (1) “ ‘values’ in the sociological sense”, that is to say what people generally consider good and ethical; (2) “ ‘value’ in the economic sense” that indicates and measures the amount that people are willing to give away to obtain an object and (3) “ ‘value’ in the linguistic sense,” originally defined as “meaningful difference” by the Swiss linguistic structuralist Ferdinand de Saussure (1966) (see, for example, Strathern, 1988).

Medical anthropology and the sociology of mental health, have, by and large, studied values in terms of ethics. They have explored how values shape the decisions of healthcare practitioners (Dodier, 1994) and how the standardization of classificatory systems of mental diseases (such as the American Psychiatric Association’s *Diagnostic and Statistical Manual*) are imbued with values (see for example Sadler, 2005). There is also a vast literature on the way the concept of health has become an inalienable moral value, exploring medical practice as a “new moral order”

² Some of the most important authors who have explored the question of value in anthropology include: Arjun Appadurai (1986), Louis Dumont (1982), David Graeber (2001), Christopher Gregory (1982), Clyde Kluckhohn, (1951a, 1951b, 1956, 1961), Igor Kopytoff (1986), Karl Marx (1967 [1967]) Marcel Mauss (2007 [1925]), Nancy Munn (1986), Marilyn Starthern (1992) Georg Simmel (1978 [1907]), Terence Turner (1984, 1985), among others.

(Turner, 1994, in Barry and Yuill, 2008; see also Bell, 2017; Metzl and Kirkland, 2010, among others). Critical studies on the economic value of mental health have mostly explored mental health through the question of productivity.

The distinction between the first two terms - “values” in the sociological sense and “value” in the economic sense - has given rise to considerable discussion. Many social scientists have made theoretical attempts to break down the distinction between socio-cultural values and economic value (among others: Appadurai, 1986; Aspers and Beckert, 2011; Dussauge et al., 2015: 8- 11; Graeber, 2001; Miller, 2008: 1123; Stark, 2000; Zelizer, 1978, 1981, 1989, 2005), but in rather different ways. Graeber, for instance, suggests that different manifestations of value ultimately refer to the same thing, thus dissolving completely the distinction between values (social) and value (economic). Other scholars argue that what the concept of value does is precisely to create a “bridge” between these two poles (Miller, 2008: 1123; see also Dussauge et al., 2015: 8; Zelizer, 2005) in order to study how people and institutions deal with both ethical values and quantifiable economic concerns in complex ways, and how they arrange these values in acceptable combinations. According to this view, the concept of value can be used to explain the arrangement between sociological values and economic value, but it also invokes opening up a space to explore recurrent intersections between values in other senses of the word, as in the Saussurian tradition. It further deconstructs pre-established definitions and disciplinary limitations of what types of values are (in)commensurable (Dussauge et al., 2015: 8).

Valuation Studies scholarly groups are themselves rather agnostic towards the debate on economic value versus ethical values (Helgesson and Muniesa, 2013: 6). Indeed, they believe that questions such as ‘how do we define values?’ or ‘how are economic values different from cultural values?’ are addressed in the wrong manner (Dussauge et al., 2015: 3). They doubt the theoretical pertinence of the explanatory power of value(s) that, they feel, has characterized a good part of the literature on value(s) until this point. They wish to caution against analytical naivety that disregards the historical irregularities of society, as well as against the reification of value(s) as being decidedly economic or social (Dussauge et al., 2015: 11). Thus, they abandon the study of abstracted value(s) and prefer to focus on acts of valuation, defined as processes of “giving worth” (Kjellberg et al., 2013: 22). Valuation Studies approaches acts of valuation in the making, instead of treating value(s) as [pre-fixed] terms that exist a priori, guiding social and economic actions (Haywood et al., 2014: 76) or as “something that (...) someone just has” (Doganova et al., 2018: 84-85). For them, we should rather ask how value(s) are practically established, negotiated and constructed (Valuation Studies, n.d.).

Valuation is conceptualized as a common ground for diverse research projects, on the assumption that valuation practices are performed and can be studied everywhere, as valuation is “the basis for creating, maintaining, rearranging and changing social order” (Lamont 2012 in Engels and Wang 2018: 96). Valuation Studies is not clear with regard to its nomenclature and its terminology is not defined in precise terms (Haywood et al., 2013: 79). What does valuation mean on the ground? Is it a cognitive matter or a discursive one? Is it a matter of ‘subjectivity’, as defined by Ortner (2005), for instance? The list of questions may be long, however, such imprecisions regarding the terms of their studies are not the result of academic neglect, but are purposely to rally various perspectives on the matter and to let scholars explore the question individually (Heuts and Mol, 2013), thus encouraging interdisciplinarity.

Regardless of this uncertainty, Hennion (2017: 72; see also Stark, 2009; Dussauge et al., 2015: 13) and other Valuation Studies scholars understand valuing as “making things count”, emphasizing the importance of studying the process itself. Similarly, the very notion of Parity of Esteem aims to draw attention to how mental health comes to count as valuable. The definition of Parity of Esteem is itself an act of valuation, as it draws an evaluative comparison between mental and physical health. The aim of Valuation Studies is also to encourage scholars to look at processes of establishing values in fields that are relevant for social and policy concerns (Beljean and Lamont in Kjellberg, 2013: 23) and, in this regard, Parity of Esteem is exemplary. Furthermore, approaching Parity of Esteem from the lens of the Valuation Studies movement can be said to bridge economic value with other values. Indeed, Parity of Esteem is meant to draw attention to both the (commensurable) financial value of mental health, that is, the underfunding of mental healthcare, and to its (incommensurable) moral and medical values. Moreover, for scholarly groups within Valuation Studies, typical places for studying valuation include sites that participate in shaping and reifying certain systems which ascribe and measure value, such as the healthcare sector (Kjellberg et al., 2013: 23-27).

3. An Exploration of Parity of Esteem with Valuation Studies

3.1 The Role of Technocratic and Standardized Information

Let us now explore the valuation processes of Parity of Esteem from a practical viewpoint. While there is no unanimously accepted method for measuring parity, there are common concepts in this area that are usually considered as indicators of parity by the Department of Health and NHS England. These notions are summarized in the Infographic from NHS England (2014) (see Appendix 1)³. The types of arguments presented in this document vary greatly, yet some shared features are discernible. Whilst it is difficult to distinguish moral arguments from eugenic and medical ones, economic reasons for valuing mental health are directly detectable in the pictorial presence of money (6, 10). Most importantly, these are all quantitative and standardized pieces of information.

The role of standardization and classification in healthcare has been the subject of a whole area of studies (see for example Timmermans and Berg, 2003, as well as Bowker and Star, 2002). The presence of so many classification and standardization practices and systems in healthcare is indeed predictable, since the healthcare sector is a complex collective infrastructure and medical practice is based on constant decision-making acts. As Timmermans and Berg (2003: 8) emphasize, “standards specify how we work, how our technologies interact; they hold our sociotechnical societies together”.

Parity of Esteem is itself an example of a certain kind of standard that aims to classify medical practice into good and bad ways of organizing action. It is also classificatory in the sense that it draws a sharp distinction between physical and mental health. This differentiation, as we can assume, has cultural and historical roots. It has been criticized and questioned not only in various bodies of literature, but also by the Parity of Esteem policy-makers and commentators themselves (see Millard and Wessely, 2014a; Border and Millard, 2015).

Perhaps due to the influence of the Actor-network Theory on their theoretical framework, scholars of Valuation Studies have shown interest in the study of technology, standardization and technocratic governance. Helgelsson et al. (2017: 3) stress that the study of technology is politically relevant, since it is an indispensable medium for the control of things: “their rationale determines the distribution of resources and opportunities”. Hoeyer (in Kjellberg et al., 2013: 14) acknowledges that large and powerful information systems are used to determine and

³ For more details, see also the Mental Health Foundation (2018); Millard and Wessely, (2014a); Border and Millard (2015).

measure the performance and quality of healthcare services. He also cautions us to take note of the increasing role that technical systems and complex measures assume in valuation practices. Jurgenmeyer and Krenn (2016: 182) go even further and argue that situations of valuation are fundamentally pre-shaped by prior algorithmic sorting. For example, the *International Classification of Disease*, a classification system used as a standardized guide by medical practitioners, classifies and reports diseases according to their statistical significance (Bowker and Star, 2002).

The notion of Parity of Esteem follows the same principles; as seen in the infographic (Appendix 1), the way a valuing argument is reported in mental health will depend on its statistical relevance. Hence, the Valuation Studies perspective enjoined by most valuation scholars would argue that we need to study the technical details of algorithms and statistics governing such classification and valuation practices, even if the access to such an inquiry may incur major political obstacles (see Jurgenmeyer and Krenn, 2016: 182- 183).

Indeed, secrecy lies at the core of power and bureaucratic authority, as Max Weber has already noted (see Weber, 1995 [1922], 1978). Foucault also takes note of the dissymmetry in access to knowledge (2003 [1975]: 169, in McGoey, 2007: 217). Today, as inequalities in access to information face increasing scrutiny, people demand more regulatory and bureaucratic transparency and call for the “levelling of informational battlefields” (McGoey, 2007: 2016-217), notably through the Freedom of Information laws in Britain and the US. This said, the administrative process regarding Freedom of Information laws is still very complex, according to scholars working on mental health. Many authors testify how difficult it is to get ethnographic data from NHS England services (Peters, 2010; Quirk and Lelliott, 2001: 1572; Høyland et al., 2015; Allbutt and Masters, 2010; Patterson et al., 2010, among others). Most ethnographies are written for the purpose of quality improvement of health services. This obstacle is particularly evident in the case of mental health and in areas where Parity of Esteem valuation practices are at play, as access is restricted not only for political reasons but also due to ethical procedures that are sometimes difficult to combine with ethnographic methods of study. This obstruction is common to many valuation studies in institutional, political, bureaucratic, medical and ethically sensitive research contexts. Accessible data is thus restricted to a few forms of knowledge, which ultimately makes it difficult to address the complexity of issues and affects at stake in valuation practices for such contexts.

Let us come back to standardization practices. Kitanaka (2014: 254) already noted that biomedical experts create standardized scales to translate the messy world of subjectivity into

orderly and numerical terms amenable to bureaucratic record keeping. This provides the basis for policy decision-making and valuation practices. This movement of abstracting qualitative into quantitative is well illustrated by evidence-based medical practice. Evidence-based medicine is the most comprehensive form of standardized medicine, as it provides guidelines for clinical practice based on information systems technology to assist practitioners and patients in specific clinical circumstances (Timmermans and Berg, 2003). It has been extensively criticized for being dehumanizing, over-regulating and undermining the patient's agency (Timmermans and Berg, 2003: 19-21).

However, NHS England prioritises evidence-based practice, especially for cost-effectiveness analysis (Bevan and Brown, 2014: 281), and evidence-based medical guidelines have been laid down by the National Institute for Health and Clinical Excellence (NICE) since 1999. This is also true of psychiatry. Although in the case of mental health, it may actually be considered an evidence-based medical practice to deal with patients on the social plane and build relationships with them (Bracken et al. 2012) or indeed to question the harmful effects of psychiatric drugs like Prozac (McGoey, 2007: 224), such arguments have not been taken into consideration, as standardization and cost-effectiveness logics have been pushed to their extreme.

In practice, this means that while mental illnesses are reportedly underdiagnosed, the standard procedure used to find out whether a patient is actually suffering from a mental disease is to get this person to fill in a questionnaire. The “NICE guidelines for identification and care pathways for common mental health disorders” (Pilling et al., 2011) are a striking and compelling illustration of how careless the NHS England mental health services can be in terms of human contact with potentially vulnerable people (see some extracts of these guidelines in Appendix 2).

3.2 Beyond Public Discourses: A Methodological Deadlock?

I support Bear and Mathur's (2015: 22) argument that an approach which focuses only on technical devices cannot get to grips with contemporary realities, especially when it comes to valuation practices. However, in the absence of ethnographic data, the only option available is to explore public documentation about Parity of Esteem. However, to what extent can one rely on these pieces of information to understand such valuation practices? This methodology appears to be misleading if one wants to understand how valuation practices work. Such documentation tends to hide the affective and ethical politics at play behind 'neutral' technocratic framings

(ibid.). Furthermore, despite the current emphasis on transparency and accountability, public institutions control access to information through the political manipulation of knowledge and the play of public (in)visibility of information in order to fain ‘strategic ignorance’ (McGoey, 2007).

Michael Taussig has written on the political value of ignorance and the way that often the most important social knowledge is ‘knowing what not to know’ (1999: 9). This ‘negativity of knowing’, he suggests, lies so intrinsically at the heart of a vast range of social powers and knowledges that ‘we fall silent when faced with such a massive sociological phenomenon’ (1999: 7 in ibid.: 227)

Documentation plays a key role for such strategic play, as has already been extensively acknowledged (see, for instance, Hull, 2012). Furthermore, many of the valuing arguments guiding this documentation - for instance the disparity between mental health and the mortality gap - have been known for decades (Panday, 2016: 6; Hilton, 2016). Debates on the relative provision for mental health and physical health are long-standing; as is the demand for more attention and funding for mental health (Millard and Wessely, 2014a: 1; Hilton, 2016). So why is the value of mental health being renegotiated now?

Scholars studying the ‘New Public Good’ (Sanchez, 2018) would certainly emphasize that it has to do with budget management and meeting financial and quantitative targets. An analysis of valuation practices with a focus on the New Public Good would cite at least the two economic reasons in the infographic (Appendix 1) underlining how the treatment of mental illness corresponds to cost-benefit policies. Such argument would further highlight that this renegotiation is in accordance with neoliberal policies favouring productivity, effectiveness and profit.

Bevan and Brown describe how such aspects are indeed at play within the NHS as a whole. They use the concept of ‘rationing political economy’ to characterize the principles of lifetime rationing, technology rationing and cost-effectiveness that are driving the NHS with the help of NICE guidelines. This manifests itself in supply constraints and waiting lists that lead to substantial reductions in quality of care (Aaron and Schwartz, 1984 in Bevan and Brown, 2014: 280). Thus, a research focus on the New Public Good is clearly justified, as Bevan and Brown’s arguments are undoubtedly confirmed by the documentation that emphasizes the value of Parity of Esteem. This can be seen, for example, in reports from the Centre for Economic

Performance's Mental Health Policy Group (2012) or from Her Majesty's Government (2011: 2-3):

The costs of mental health problems to the economy in England have recently been estimated at a massive £105 billion, and treatment costs are expected to double in the next 20 years. We simply cannot continue to allow costs to spiral upwards without ensuring that every pound of public money is being used efficiently.

Therefore, while many Valuation Studies scholars may appear enthusiastic about studying processes such as Parity of Esteem, it seems (1) complicated to access these fields ethnographically and (2) very difficult to go beyond official discourses to understand valuation practices.

3.3 Methodological Considerations for Valuation Studies

In truth, even if the circumstances made it possible to follow these processes and access all the information needed, what would come out of the study of valuation as proposed by Valuation Studies scholars? Would it be possible, with a Valuation Studies perspective, to go beyond the concluding point that Engels and Wang (2018: 117) make when they state that social change does not occur as a direct reaction or response to the object valued – in their case, climate change – but rather indirectly, “in reaction to completely different social dynamics”?

Actually, the follow-up process of acts of valuation and the strongly descriptive dimension that Valuation Studies inherits from Actor-Network Theory makes one wonder if it is not simply a form of social analysis that reproduces valuation practices mimetically instead of coming to grips with value-making (Gilbert in Haywood et al., 2014: 76). Some Valuation Studies scholars do recognise that valuation moments arise from a complex entanglement of various interests, including commercial ones (Jurgenmeyer and Krenn, 2016: 182). Valuation Studies scholars themselves acknowledge that they discuss certain domains more easily than others (Doganova et al., 2018:87). They have most notably been describing phenomena such as the socio-technical apparatus that serves to mediate and measure value(s) (Callon, 1998; Vatin, 2013), the processes of creating, comparing and using value(s) (Helgesson and Muniesa, 2013), or else the creation of commensurable value(s) (Sauder and Espeland, 2009; Styhre, 2013; see also Haywood et al., 2014: 73; Doganova et al., 2018: 85). By focusing on the socio-technical apparatus that serves to measure value, however, and by framing questions that emphasize only the temporal follow-up of a particular process-making, many Valuation Studies scholars risk not only missing out

structural contextual features (as valuation practices exist within a network of *other* valuation practices), but also parallel or alternative discourses from the one(s) that contribute(s) directly to the “stake-making” (Dussauge et al., 2015) of an object. Thus, the vocabulary for a critical inquiry on the subject is a priori absent from the methodology proposed by Valuation Studies, even more so since the language generated by these technocratic tools has the effect of decontextualizing and disconnecting from their subjects.

Furthermore, by following the same processes as their object of study, Valuation Studies are liable to suffer from the same biases. As Haywood et al. (2014: 75) underline, and as we have seen earlier, many Valuation Studies scholars show more interest in the calculative and economic side of valuation than in transcendental, affective or ethical values,⁴ even if they do acknowledge the diversity of the political and ethical positions that socio-technical metrics can reveal (Doganova et al., 2018: 85). In addition, the Valuation Studies scholarly group recently admitted that a large number of contributions falling within the area of Valuation Studies seems to consider the economic as a “univocal valuation principle” that contrasts with other types of values, instead of bridging together different conceptualizations of value(s). Subsequently, they worry that the valuation perspective actually makes it more difficult to deconstruct the ‘economic’: “perhaps even the focus on deconstructing the economic only serves to reify it further as the coin of exchange of different species of value?” (Doganova et al., 2018: 86).

This section has outlined the first political and academic set of challenges for the Valuation Studies perspective. In a commentary article on Valuation Studies, Lisa Lindén noted that it would be potentially beneficial for Valuation Studies to “discuss and include feminist, critical, and political approaches to valuation practices” (Haywood et al. 2014: 90). I believe that if we, as critical anthropologists, wish to take the study of valuation seriously, it is necessary to discuss Valuation Studies in the light of certain critical studies that have influenced our discipline.

Furthermore, despite this criticism, Valuation Studies is trying to adopt an explicitly critical approach towards valuation practices and themselves, as they are open to self-reflection.⁵ Given the democratizing aim of Valuation Studies, it is, I believe, both politically relevant and intellectually stimulating to open Valuation Studies to criticism and questioning, all the more so, since some of the intellectual trends that we are going to discuss are historically grounded in

⁴ This is further exemplified by Fourcade when she notes that “the very concept of valuation is associated with the process of attaching economic value” to some object (Kjellberg et al 2013: 20).

⁵ I.e. Kjellberg et al. in their first editorial paper: “we have now invited readers of this text to engage in their own process of valuation. Such observations of valuations of valuations of valuations are likely to be common across valuation studies” (Kjellberg et al. 2013: 28).

social movements and social struggles. However, they are rarely discussed by Valuation Studies scholars and, when they are, it is usually for the purpose of framing a critique, as in the case of the Marxist theory of value. This inquiry is not without difficulties; I am well aware that these fields of study have generated vast debates and would legitimately deserve far greater space, but I believe that it is important to highlight the many questions they generate for the study of valuation.

4. Valuation Studies at stake

4.1 Decentring the Study of Valuation with Alternative Discourses

The previous part has described how following Valuation Studies methodology can lead scholars to overlook relevant parallel or alternative discourses in favour of the one(s) that contribute(s) directly to the “stake- making” of an object (Dussauge et al., 2015). Hence, how can the study of valuation engage with relevant parallel discourses? The valuation practices at play behind the notion of Parity of Esteem are not able to engage with two questions that are of crucial importance for the subject matter. First, the fact that the allotment of more money and infrastructure improvement are provided for potentially harmful and ineffective services (Timimi, 2014), since improvement in the field of mental distress is not only related to the quality of care in these services, but also to the fact that the biomedical description of mental issues as “illnesses like any other” is systematically linked with the highest level of public stigma (Timimi, 2014). Yet, the NHS treats mental health with the same kind of apparatus as physical health – evidence-based medicine, diagnosis based on symptomatology, pharmaceutical treatment. As Callaghan et al. note, (2017: 122),

The fundamental assumption of the concept of parity of esteem is the notion that psychological distress is a ‘*medical problem like other medical problems*’ [emphasis in original] (...). By conflating mental health with other health problems, we risk increasing medicalisation and further obscuring complex and intertwined family, community and socio-economic contexts that produce and maintain distress.

Indeed, and this is my second point, there is actually great scientific uncertainty about what mental health “is”. While scholars in favour of Parity of Esteem (Millard and Wessely, 2014) argue that this concept goes beyond ontological discussions around mental health, it just means that this notion doesn’t engage with this question, and, consequently, scholars studying the valuation of Parity of Esteem cannot a priori do so either.

Yet, this is an important point. In a shorter version of “No Health Without Mental Health” (Her Majesty’s Government, 2011), the government defines mental health as “how someone is feeling in their mind”. This appears somewhat superficial, given the many controversies raised by this concept. In Britain, the definition of mental disorder that has been historically structured around rights and has changed substantially as it has become complicated with new notions such as “costs”, “risks”, “needs”, “inclusion” or “equality”; in the last half-century, mental health services have consequently been enlarged and fragmented (Turner et al., 2015: 624).

The controversial definition of mental health has meant a lot for service user movements⁶ and has generated a large amount of literature. Indeed, there is often no unequivocal “objective” indication that someone is experiencing mental illness (Barry and Yuill 2008: 161). Biological explanations are still very much in the experimental phase (despite the fact that the medicalization of such phenomena has been going on for a few centuries), while social explanations are varied. Some of the most popular studies have linked the emergence of mental illnesses with social inequalities or emphasized that mental health has no organic basis and is only a constructed reality, a “myth”, as Szasz (1960) has famously argued (see also Dunn 1998: 4; Barry and Yuill 2008: 162; Basaglia 1987, 2007, 2012; Foucault 1972, among others). Other social scientists have paid considerable attention to the seemingly arbitrary diagnostic categories within which mental health professionals get the authority to operate and the way in which social and political factors have shaped them (Rose, 2013; Busfield, 2001: 2-4; Brown, 1990, among others).

Because of the negligible political and decisional influence of these important debates on Parity of Esteem, they seem to be ignored not only by policy-makers when they talk about mental health, but also by the methodology presented by Valuation Studies. Is there a way to “embrace the pragmatism of the valuation-as-practice approach” in a manner that would allow a description of the contingent and hidden principles and relations at play (Haywood et al. 2014: 76)? This project seems jeopardized in the current form of Valuation Studies, which puts more emphasis on following processes than on engaging methodologically with parallel and/or marginalized discourses.

Mbembe (2008: n.p.) argues that while postcolonial thought constitutes a massive and pluralistic literature, a common central point in this field of study is its emphasis on decentring knowledge, with the idea that “the elsewhere is a constituent of the here and vice-versa.” As the product of the encounter between Europe and the colonized worlds, this area of study invites to engage in an alternative reading of modernity and to rethink the relationship that the western world has with itself.

This perspective invites us to consider valuation from alternative sites, to view valuation in the encounter between what is at stake in valuation practices and parallel discourses that get invisible through these processes between policymakers and citizens. We would thus be able to view valuation practices more critically, by giving agency to these alternative discourses, which would help us understand better how the socio-technical apparatus deployed by valuation practices

⁶ The rise of service user movements provided a space in which complaints and concerns regarding the social exclusion and the denial of civil rights of these patients could be expressed (Turner et al. 2015: 610).

contain irresolvable tensions “between desires for the collective good and the reality of inequality” (Bear and Mathur 2015: 19-20).

4.2 Redefining and Contextualizing Valuation

Valuation, defined in a “positive” manner as the “process of giving worth” (Kjellberg et al., 2013: 22) is, I believe, problematic inasmuch as it does not give any place to what is forgotten or sacrificed in the valuation process. Heuts and Mol emphasize this when they state that

In the case of tomatoes, valuing does not only go together with caring (improving, adding worth), but also with destroying (killing, metabolising, decomposing). This is an important lesson that the specificities of our case bring home. Exploring ‘good tomatoes’ is not just a contribution to valuation studies, but also suggests that devaluation studies are equally relevant. (Heuts and Mol, 2013: 142)

The very action of valuing something means that the older value attributed to an object (be it a positive or a negative value) is lost and changed in the process. Subsequently, we need to situate the practices of “giving worth” within the complex dynamics of revaluation and devaluation. This is particularly important, because the restructuring of social boundaries that follows a valuation process gets invisible through the definition of valuing proposed by Valuation Studies scholars and the subsequent studies it generates. I argue that this can be resolved by redefining valuation as the process of *changing* worth, instead of *giving* worth, and by contextualizing our focus on a single valuation practice within a network of other valuation practices, thus symmetrizing the worth-changing of entities such as Parity of Esteem with other and past valuation practices that impact and are impacted by this particular valuation practice.

In practice, this would notably mean that we need to understand why Parity of Esteem’s implementation to date has been poor despite repeated discourses on its value. Indeed, since 2011, very little money and resources have been put into it (Mitchell et al., 2017; Smith and Wessely, 2015; All Party Parliamentary Group on Mental Health, 2015, among others). Total investment in mental health services across England decreased consequently between 2010 and 2014, despite an increase in the average number of referrals being handled by community mental health teams (Mental Health Strategies, 2012; Buchanan, 2013; Mitchell et al., 2017: 202). The “Mental Health Taskforce” (2016) report shows continuing inadequate provision and worsening outcomes (Mitchell et al. 2017: 203). One can argue that this is due to the fact that the implementation of Parity of Esteem depends on a broader network of valuation practices that

echoes the current austerity regime. Indeed, despite the parity rhetoric, the government has insisted that mental health services would have to effect austerity savings like other sections of the NHS (Hilton, 2016: 134).

This approach also makes us realize that while the objective behind the creation of the NHS was to achieve equity of access by need and “socialised medicine”, the very concept of Parity of Esteem acknowledges that it is not so in actual practice. Indeed, Parity of Esteem unintentionally draws attention to the effects on the social distribution of life-chances that the unequal values between mental health and physical health institute, and between patients who are treated for these different disabilities. However, the Parity of Esteem example is just one among many within the NHS (see Jørgensen ,2015 in Mitchell et al., 2017: 202). The logic of cost- effectiveness and rationing developed by the National Institute for Health and Clinical Excellence (NICE) literally means that “spending resources to extend by a month the life of a 100-year-old person who is in a vegetative state” will have a lesser value than “spending resources to extend the life of a child by many healthy years” (Neumann and Weinstein, 2010: 1496 in Bevan and Brown, 2014: 282).

Fourcade and Healy (2013: 560; see also Jurgenmeyer and Krenn, 2016: 178) have already noted that systems classifying people not only reproduce inequalities based on sociological categories (age, gender, class, etc.), but are also productive forces of inequalities. Hence, despite the government’s insistence on including all citizens in the access to healthcare services, the technocratic devices developed by NICE position people on a “continuous scale with cut-points or thresholds” (Fourcade and Healy 2013: 564), and condition access to healthcare by tracking individuals and predicting future outcomes for patients, thus recombining them into groups for efficiency and economies rather than for medical reasons (see also Jurgenmeyer and Krenn, 2016: 178).

4.3 Affective and Ethical Politics

Many Valuation Studies scholars assume that valuation is always the “outcome of work” (see for instance Engels and Wang, 2018: 97; Helgesson and Muniesa, 2013: 6). This work is implicitly or explicitly described with an emphasis on long-term institutional processes, rationality and pragmatic reasons: “operations of valuation, such as qualification, codification and judgment, do not only require theoretical skills, but involve adequacy to logics of action and practical reason” (Céfai et al., 2015: n.p.). Again, these arguments seem to follow the same line as Max Weber and Foucault. Weber considered bureaucratic organizations as “the very embodiment of

rationality” (Graeber, 2006: 4), while in Foucault’s theorizing there is an acute faith in the bureaucratic structure’s efficacy for control (McGoey, 2007: 218).

But as several authors have pointed out (Graeber, 2006; McGoey, 2007), this constitutes a long-stranding fallacy in academia, since bureaucratic structuring can be just as dysfunctional and arbitrary. So, are acts of valuation always purposeful and conscious, as the Valuation Studies scholarly group argues, or can they also be unintended? According to McGoey (2007: 219), in order to study bureaucracies without falling into this analytical bias, we must refuse to take their coherence for granted and suspend our trust in their logistics. Yet, by underlining the pragmatic rationality of valuation practices - especially in institutional and bureaucratic settings - and by apprehending valuation processes via “socio-technical *agencements* made up of instruments, devices and routines” (Haywood et al., 2014: 75; emphasis in original), many Valuation Studies scholars tend to fall into it. At the same time, the importance of “ethical and affective politics” (Bear and Mathur, 2015: 19) such as the “strategic ignorance” (McGoey, 2007) underpinning technical and economic processes of valuation is not emphasized enough, if at all.

In fact, affect is not something that goes against self-interest or rationality, but just as much as it guides economic activities, it is a driver of valuation practices. As Bear and Mathur (2015: 31) emphasize, “economistic and managerial techniques [of contemporary bureaucracies] are founded on, and generate, ethical and affective claims and conflicts”. It is, in fact, through categorical distinctions such as “instrumental action” versus “affective/ethical action” that certain inequalities are generated (see Yanagisako, 2012). This is one of the core arguments of feminist scholars and it also applies to the stigma surrounding mental illnesses. By highlighting a certain rationale and technicality, but neglecting the importance of affect, Valuation Studies scholars may contribute to perpetuate such misconception even as valuation practices actually seem to constitute unique sites to study the enactment of ethical and affective politics. Such a perspectival focus can reveal exactly how the affects and ethics of institutions are made invisible and turned into “neutral” technocratic framings (Bear and Mathur, 2015: 20). However, ethnography is in a unique tool to grasp the subtleties and nuances of such a research focus, as affect is something that is experienced and sensed, but not always in a discursive manner. The holistic and temporal dimensions brought by participant observation allow us to take in consideration diverse and interlinked aspects of social life without isolating them in separate spheres (ethical, political, economic, etc.) (cf. Shah, 2017).

4.4 The Importance of Relationality in Valuation

The question of identity/alterity is a classic in anthropology, as the understanding of the “Other” has been at the very foundation of the discipline. Do values constitute things that are simply affixed to other objects, and subsequently, does valuing something work in the same manner than classification? If so, what does the question of identity/alterity imply in terms of commensurable and incommensurable valuing, considering that, following J. Z. Smith (2004 : 145), we tend to only classify what we see as being of commensurable value? How and to what extent does the relationality of the valuer to the object being valued count for the valuation process, and how is it inscribed in a network of modes of relations with other valuation practices for this valuer, be it a group or a person?

These kinds of questioning play a decisive role in understanding the subtleties of valuing acts. We have seen for instance in the Infographic (Appendix 1) presented in the preceding part how discourses on moral engagements towards the population play a central role in legitimizing Parity of Esteem decision-making. Such moralizing language attests of a certain kind of relationality towards Parity of Esteem and vis-à-vis citizens. Besides, these types of discourses are widely employed by policy-makers (among others) today, as underlined by Fassin (2014). Neglecting these central issues hence risks perpetuating misconceptions that can be potentially beneficial for a neoliberalist agenda. Yet, the question of relationality is hardly mentioned by scholars studying valuation.

Overall, the grammars of relationality have been widely studied in this discipline, and in various manners (see Baumann, 2004, for example). My hypothesis is that this literature can provide insights into ways of apprehending the modes of relationality at play between humans and non-humans participating in valuation practices, notably in capitalist contexts (i.e. with Escobar, 1999). As Long and Moore (2013: 13) assert, “human subjects always exist in a dynamic relational matrix”. Acts of valuation too exist within this matrix and are essential for the constitution of such relationality to the world. In order to understand these “forms and means (...) through which individuals imagine relationships to themselves and to others” (Long and Moore, 2013: 13), Moore (2011: 16) has developed the concept of “ethical imagination”, arguing that ethical imagination is essential for cultural invention. The understanding and studying of the so-called “ethical imagination” at play in valuation practices is of crucial importance to apprehend the politics at play in such processes.

4.5 The Directionality of Valuation

Following in the footsteps of thinkers like Heidegger and Deleuze, anthropology has recently turned its attention towards experiential temporality, laying stress on temporal directionality driving human action and emphasizing the importance of future orientation towards subject-formation (see, for instance, Gammeltoft, 2013). As Bloch (1995: 223) stresses, “concrete utopia stands on the horizon of every reality”.

This type of literature evokes the idea of a potential that is yet to be realized, a utopian vision that provides direction. Such a perspective is highly relevant for the study of valuation. In the case of Parity of Esteem, the valuation of mental health is meant to realize diverse ends such as the potential of mental healthcare services, and, as we shall see in the next subsection, the subsequent capacity of numerous potential English workers to get more productive for the nation. This would necessitate an investment in the distant future, as Millard and Wessely (2014a: 2) note: “Parity of Esteem is (...) not really about money. (...) The issue is one of political will to accept spending in the short term for financial and therapeutic gains later. It is not about literal or mechanical parity.”

The practice of (re)valuing something, individually or collectively, is thus inscribed in a certain directionality towards time in a network of valuing practices where each one pursues one’s own “pragmatic and utopian goals as part of a broader conduct of life” (Bear and Mathur 2015: 20). While both the notion of network and of directionality refer to wider processes of which a single valuation act is part, the notion of network expresses a network of humans and non-humans, and refers to a synchronic structure, while the notion of directionality is related to both temporality and aspiration. The two notions are thus distinct but complement each other, since one cannot exist without the other. As such, a collective valuation practice exists in a network of individual directionalities, of agencies and vital projects. This perspective implies that each collective valuation practice is “heterogeneously made through processes of aligning multiple projects, converting them towards diverse ends” (Bear et al., 2015: n.p.). It is clear in the case of Parity of Esteem that politicians, doctors, service users, citizens have all participated, at different levels, in the implementation of this notion within the NHS, but they do not all seek the same objectives as regards its application.

This literature also opens new avenues, as the valuation of Parity of Esteem can be directed towards two axes: it can be a means to achieve certain things, as mentioned above, and/or it can exist as an end in itself. Parity of Esteem is generally conceived by the government as a strategic

vision for the future developing programmes with a set of commitments and recommendations to promote this concept.⁷ Yet, as we have seen, their implementation to date has been poor (Mitchell et al., 2017; Smith and Wessely, 2015; All Party Parliamentary Group on Mental Health, 2015, among others). Instead of an increase in funding, the NHS is under severe financial pressure and funding for mental healthcare has suffered as a result. However, this logic of strategic action continues as the report announced that by 2020 new funding would increase access to certain medical services (Mitchell et al., 2017: 202). Hence, it seems legitimate to ask if this rhetoric of valuation is not simply an effective way to keep up people's hopes without betraying the NHS' core values and without having to concretely invest in this vision. According to this argument, the valuation practice framed as a parity rhetoric and materialised through numerous documents would be a way of manipulating the timescape between the present and the future (see Bear, 2016; Pelkmans, 2006).

Furthermore, by paying attention to the directionality of the notion of Parity of Esteem, we can also highlight what this notion hides. Parity of Esteem's purpose is to give weight to the inequalities related to mental health within healthcare services. But while it underscores inequalities of this kind, it remains silent on the structural socio-economic inequalities reinforced by the austerity regime that favour the emergence of social suffering contributing to mental distress (see i.e. Mcgrath et al, 2016)⁸. As Callaghan et al. (2017: 122) stress: "The notion of 'parity of esteem' and 'health inequality' (...) shifts our emphasis onto 'service landscapes' rather than the contexts that *produce* [emphasis in original] distress. This move to seeing inequality as a problem for services is coupled with the increasing individualisation of psychological difficulty."

4.6 The Value of Production

Valuation Studies are directly opposed to theories of value - such as the Marxist theory of value - that tend to regard value as being explanatory. Yet, the Marxist theory of value is interesting for this case from another point of view. Marx famously argued that the social and economic value of commodities is derived from the human labour that goes into producing them. For Marx, "labour" was a matter of human energy, of expression of the inner being. While this conception

⁷ See for example the "No Health without Mental Health" report (2011), the "Five Year Forward View for Mental Health" published by NHS England (2016) and the "Mental Health Taskforce" report (2016).

⁸ For Mcgrath et al. (2016), UK's high-income inequality is linked to health outcomes. More generally, it has been acknowledged that socio-economic inequalities of all sorts contribute to the prevalence of mental issues. See for instance Scheper-Hughes, 2001; Hollingshead and Redlich (1953); Barry and Yuill (2008: 168 - 171); Faris and Dunham (1939); Busfield (2001: 6), Pilgrim and Rogers 1993.

of labour can be, and has been, critiqued (see Strathern 1988: 142- 143), I believe that viewing the question of value through the prism of “productive labour”, understood more simplistically as human energy, is interesting in this case. In fact, one of the arguments advanced to increase the value of mental health is the fact that it costs the nation a great deal, not only in terms of healthcare provision but also in terms of productivity. In the “No Health Without Mental Health” report (2011: 10), the government noted that

detailed estimates in 2003 put the costs of mental health problems in England at £77 billion, including costs of lost productivity and the wider impacts on wellbeing. More recent estimates suggest that the costs may now be closer to £105 billion, of which around £30 billion is work related. Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also results in £15.1 billion in reduced productivity (...). There are also the further, incalculable costs to the individuals, their family and their community of lost potential and 22andomized hopes and goals.

This follows the arguments advanced by the WHO calculating the economic costs and returns from investments in depression and anxiety treatments “in the form of a better health and better work productivity” (Schuler et al., 2016). Kitanaka (2015: 253) has already noted that depression is increasingly discussed as an illness of productivity, degendering “what was formerly an ‘illness of emotions’ to (...) an ‘illness of inaction’”. All in all, the question of productivity contributed, at least partly, to the valuation of mental health in the case of Parity of Esteem. This is not to claim that Marx’s theory of value is actually right, but I wish to point out that while valuation scholars are right to insist that we should examine value in-the-making and not presuppose any explanation for it, it may be ill-considered to throw away the baby with the bathwater by ignoring completely former theories of value. Indeed, any sort of theory can be very useful for anthropologists wanting to research with an inductive approach, not because these theories can explain everything, but because they can open us to more questioning and creativity.

5. Concluding Remarks

This paper has explored the valuation of mental health by the UK Government based on the notion of Parity of Esteem. Through this exploration, this paper has brought to light critical theoretical and methodological points in the valuation studies perspective and in the way valuation has been studied by some authors of the movement. It has first examined the place of valuation studies in the literature on value and then taken up the study of Parity of Esteem on a theoretical level. Secondly, it has explored the valuation process of Parity of Esteem through the Valuation Studies perspective, discussing in particular the use of standardized, quantifiable and technocratic language and the politics of knowledge in such operations, while defining the subsequent issues for Valuation Studies. Finally, it has drawn attention to several critical aspects of the study of valuation and the ways it has been done by some valuation scholars on the basis of my case study and the anthropological literature on the subject. The study of Parity of Esteem has proved to be fruitful for illustrating my discussion on valuation studies. This text therefore opens a number of avenues for further research on mental health and Parity of Esteem.

So, can Valuation Studies provide theoretical and methodological pathways for critical anthropology? Their rejection of the explanatory power of value, of pre-fixed conceptualizations of value(s) is convincing in order to get a better grasp of our messy reality. Furthermore, the focus on valuation processes remains highly relevant in terms of power analysis, as I agree with Valuation Studies scholars that a critical focus on valuation processes can help unravel what is implicitly assumed and made invisible in diverse socio-technical infrastructures (Kjellberg et al., 2013:17). However, a valuation study of Parity of Esteem should take into consideration the points highlighted in this paper in order to retain a critical approach and avoid academic compromises:

- (1) It needs to systematically define the contextual meaning of valuation by grounding it in emic vocabulary and/or practices. This can help prevent academic reification of terms – a risk to which terms like valuation and value(s) are exposed, all the more since Valuation Studies are not constituted as an approach, but a movement created around the notion of “valuation” (Doganova et al., 2018).
- (2) It has to adopt an ethnographic approach to study acts of valuation, even if such data may be difficult to access, because it is at the risk of being biased by discourses on public valuation that hide the social dynamics at play.

- (3) Notably, this methodology can obscure crucial parallel discussions on the subject. However, this difficulty could be overcome by focusing not only on valuation practices per se, but also on the dialogue between them and alternative and/or marginalized discourses, allowing us to be critical towards valuation practices, while giving agency to alternative discourses and bring to light the tension between “desires for the collective good and the reality of inequality” (Bear and Mathur 2015: 19-20).
- (4) The study of valuation needs a redefining of what valuation means in reference to any kind of value change. Subsequently, we need to situate practices of worth-*changing* within complex dynamics of revaluation and devaluation by contextualizing our focus within a network of valuation practices.
- (5) Studying valuation without fieldwork can also conceal from view the place of affects and ethics as drivers of valuation practices that are not always experienced in a discursive manner. The study of valuation must put them at the centre of their inquiry.
- (6) It needs to be attentive to and contextualize the modes of relationality at play between humans and non-humans in a certain valuation practice.
- (7) It ought to inscribe valuation practices in a certain directionality towards time in a network of valuing practices, where each one pursues one’s own goal, in order to highlight what is hidden by valuation practices and fully grasp their purpose.
- (8) It must keep ourselves informed of new developments and bear in mind other theories of value, even when they assume pre-existing definitions of what value(s) ought to be.

These remarks are based on the observation of Parity of Esteem valuation practices; yet they can be generalized and applied to other studies of valuation. By using valuation as a common ground for diverse research projects, valuation studies are formulating a generalistic theorization on the assumption that valuation practices are at play and can be studied everywhere. Generalization, as well as the never-ending quest for unbiased critical perspective, are brave and fair academic goals. However, such aspirations should not be sacrificed in favour of interdisciplinary dialogue. While I do believe that interdisciplinarity is often fruitful (this paper could not have been written without such a conviction), because of the a priori inclusion of everything in the notion of valuation, valuation studies have been criticized for being at risk of explaining nothing (Michael Franklin in Haywood et al. 2014: 78; Engels and Wang 2018: 96). To avoid such criticism, the anthropological study of valuation should always be critically informed and its theorizing must remain firmly grounded in ethnographic fieldwork.

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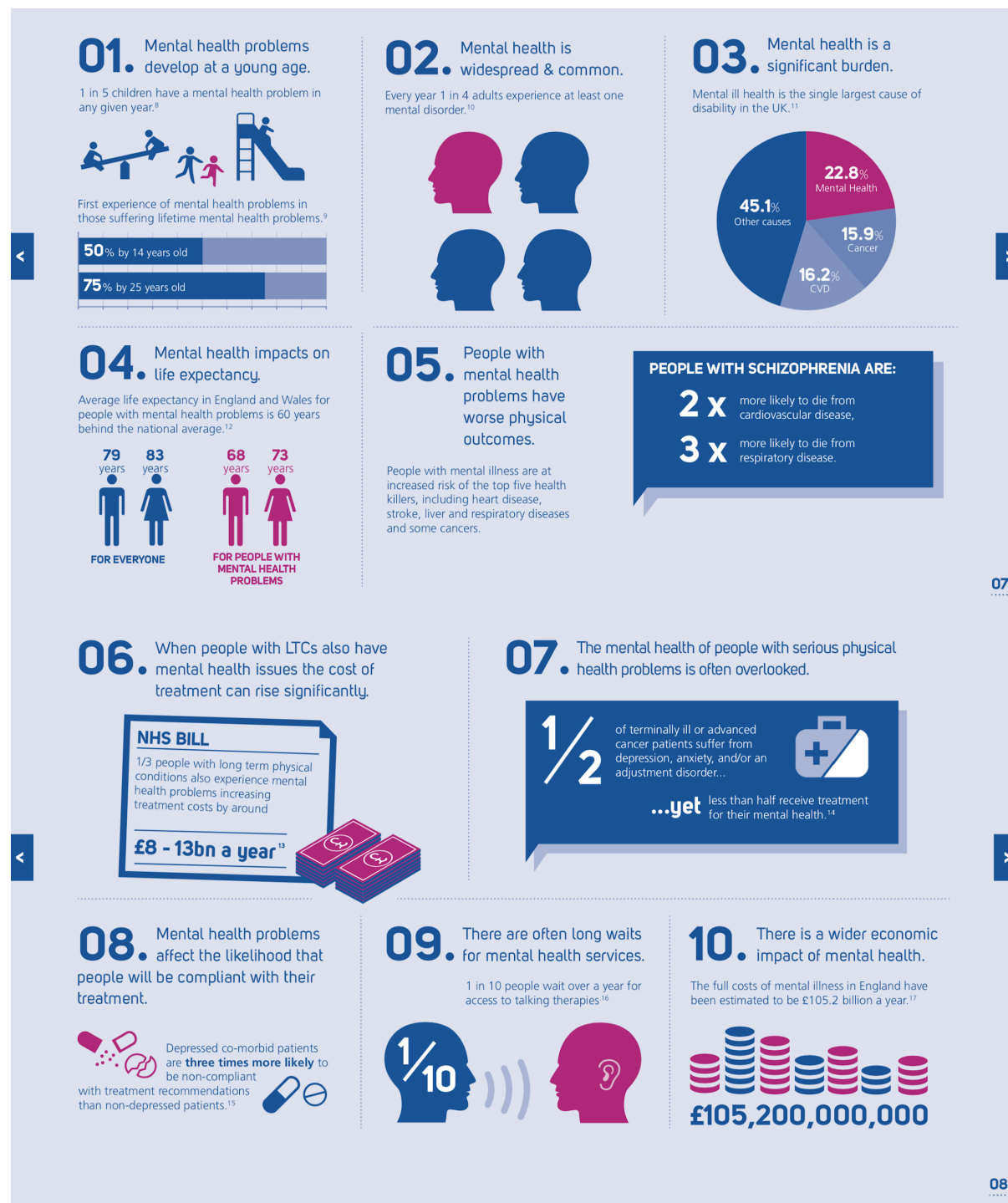
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Appendix 1

Infographic showing the main reasons in favour of Parity of Esteem provided by different institutions, including the Department of Health.



Source : NHS England, (2014). "A Call to Action: Achieving Parity of Esteem; Transformative Ideas for Commissioners." NHS England, [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/02/nhs-parity.pdf>, [Accessed: 15.08.18].

Appendix 2

Extracts from: Pilling, S., Whittington, C., Taylor, C., Kendrick, T., on behalf of the Guideline Development Group, (2011). “NICE guidance for identification and care pathways for common mental health disorders.” *British Medical Journal*, 342, d2868.

Identification of common mental health disorders

Be alert to possible depression (...), and consider asking people who may have depression two questions, specifically:

- During the past month, have you often been bothered by feeling down, depressed, or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

If a person answers "yes" to either of the above questions consider depression and follow the recommendations for assessment.

(...)

When assessing a person with a suspected common mental health disorder, consider using:

- A diagnostic or problem identification tool or algorithm—for example, the screening prompts tool in the data handbook from the Improving Access to Psychological Therapies programme"
- A validated measure relevant to the disorder or problem being assessed — for example, the nine-item patient health questionnaire (PHQ-9),¹⁵ the hospital anxiety and depression scale (HADS),¹⁶ or the seven-item generalised anxiety disorder scale (GAD-7)¹³ (box) to inform the assessment and support the evaluation of any intervention.

(...)

Always ask people about suicidal ideation and intent. If there is a risk of self-harm or suicide:

- Assess whether the person has adequate social support and is aware of sources of help
- Arrange help appropriate to the level of risk
- Advise the person to seek further help if the situation deteriorates.