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Comparative Analysis of Public Health Care Systems and Their Impact on Mental Health

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ABSTRACT

Throughout the world, there are various healthcare systems in place to provide healthcare for their citizens. From universal healthcare coverage in countries like Canada, The United Kingdom, and France, to private healthcare as seen in countries such as the United States and India. This paper analyses the different approaches the UK and India take to their healthcare systems with a particular focus on understanding how this impacts the treatment of the mental health of the population. Through cross-analysis of the UK and Indian public health systems, this paper establishes that different approaches to public health care systems can have a significant impact on the mental health of a population. This can also be affected by other factors such as societal stigma, economic circumstances, and overall awareness of mental health and mental illnesses.

Key Words: Public Health, Mental Health, Healthcare Systems, United Kingdom, India

INTRODUCTION

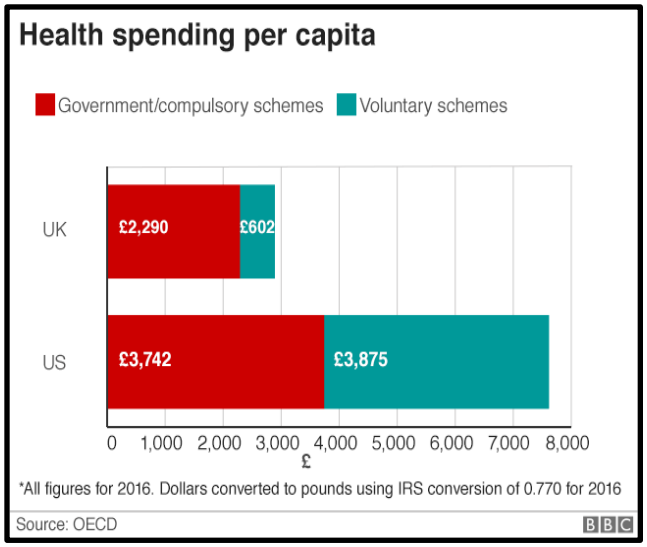
Healthcare is a multifaceted field that comprises fields of medicine to ultimately prevent, treat, and analyze illness and injury. Fundamentally, a healthcare system is an established framework intended to provide medical care to people in a specific area or country. It is a complex and intricate connection of medical expertise, technology, governmental regulations, and socio-economic factors. Importantly healthcare systems also require different types of financing to help keep up and expand the current system. Due to this, many countries around the world have taken various approaches to their respective healthcare systems which depend on their level of development, history, and political attitudes to healthcare.

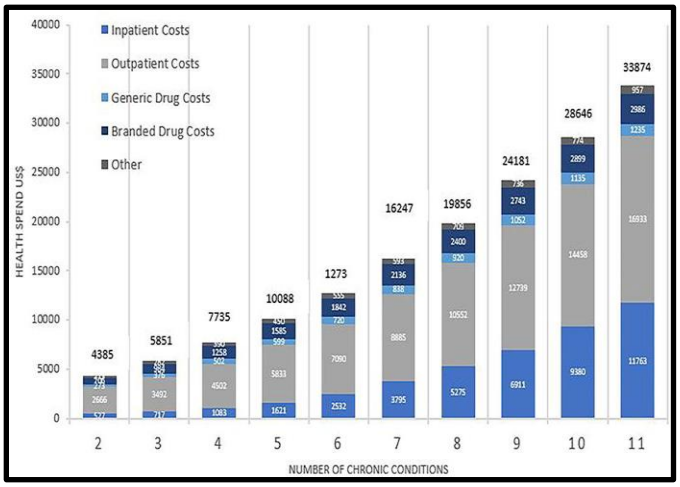
In the ever-changing field of public health, the relationship between approaches of public healthcare models (such as the Bismark Model, Beveridge Model, and Out-of-Pocket Model) has been largely studied and understood. Such healthcare systems have predominately only focused on physical health, however, due to the COVID-19 pandemic the importance of mental health has been truly understood. In line with the aforementioned, this research paper aims to answer the following question: "How do varying approaches to public health care systems affect the population's mental health?" This paper analyses this complex relationship, aiming to understand the influence of diverse approaches to public healthcare systems on the mental health of populations. With various healthcare systems across the world ranging from a spectrum of universal coverage and completely privatized systems, it is essential to understand the impacts of these frameworks on mental health outcomes in a population. By analyzing various factors such as affordability, accessibility, quality of care, stigma and stigma reduction, and finally workplace environment, we will attempt to elucidate how

various approaches to healthcare structures can shape the mental well-being of an entire population.

LITERATURE REVIEW

Universal Healthcare (UHC) can be defined as a healthcare system that provides all people free or almost free healthcare primarily paid through taxes, examples of these systems are mostly frequently found in developed countries such as Canada, The United Kingdom, France, and Germany (Amadeo, 2022). In Canada, the United Kingdom, France, and Germany, healthcare services are often free at the point of delivery. There are different incentives and drawbacks for Universal Healthcare (in developed countries) with the main incentive being that all citizens can access healthcare at affordable or even at no cost. This is especially shown in Fig.1, a graph created and published by the BBC (2018) to show that the UK, which utilizes the National Health Service (NHS), pays nearly half less than the United States of America in health spending per capita.





Another incentive for Universal Healthcare is a standardization of services as the healthcare system is under governmental regulation. However, a significant drawback to a UHC system is that the healthiest people in a population pay for the sickest who need more healthcare spending than most people, while healthy people only need the occasional visit and annual checkup. This is further evidenced in Fig 2, taken from Hajat et al. (2021), which shows the rising costs of healthcare with each increasing amounts of chronic illnesses. While the graph is from a US-based study it shows the fact that the costs for treatment get higher for people with more serious illnesses or comorbidities. Additionally, another criticism of UHC is that healthcare costs might overburden governments' budgets which can be seen in countries like Canada, the United Kingdom, and several European nations where healthcare spending typically accounts for a substantial portion of government budgets, often ranging from around 10% to 20% (Ortiz-Ospina & Roser, 2017). While the outcomes of Universal healthcare are similar, the ways countries finance it differ significantly. Furthermore, the patient experience and the price of healthcare also differ between countries with varying levels of UHC. According to a paper published by Kutzin (2013), there are three main models of UHC:

- Single Payer Model (Beveridge Model): Where most if not all of the financing comes from tax revenue. Countries such as The United Kingdom, Spain, New Zealand, and Cuba use this model.
- Social Health Insurance Model: In this model, everyone is forced to buy insurance, usually through governmental programs or employers. To offset the costs, employers deduct taxes from employee paychecks; these payments are then deposited into a government-run health insurance fund that provides coverage for all citizens. Private doctors and hospitals provide services. This is primarily seen in Germany
- National Health Insurance: Public insurance is used in the national health insurance model to cover private practice costs. Every person contributes to the national insurance program. Since there is just one insurance firm, administrative expenses are reduced. The US's programs Medicare and Medicaid are prime examples of this type of UHC model.

While most developed countries either have UHC or some form of legislative policies that alleviate the costs of healthcare for citizens, in the developing world it is a different story. Looking at the Universal Healthcare Index while a multitude of countries have Universal healthcare aside from developed and mature countries most of them don't score above 80 (The Universal Healthcare Index is rated on a scale of 0-100) on the index (Wisevoter, 2022; Venkatesh et al., 2015). In most developing countries the public health sector is usually too slow, inefficient, and understaffed forcing citizens to choose costly private treatment which is usually out of reach for most people. This means that for people who need specialized attention, their only option is often expensive private healthcare, pushing many families into poverty or debt. One of the main reasons for the inefficiency and inadequacy of public healthcare systems in developing countries is the chronic underfunding and lack of resources. Limited government budgets allocated to healthcare lead to insufficient infrastructure, outdated medical equipment, and shortages of essential medicines and supplies. Additionally, healthcare professionals in these countries often face low salaries, poor working conditions, and inadequate training, resulting in high turnover rates and a shortage of skilled personnel (Wisevoter, 2022; Zwi et al., 2001). Moreover, corruption and mismanagement further exacerbate the challenges faced by public healthcare systems in developing countries. Funds intended for healthcare may be siphoned

off through embezzlement or misallocation, hindering the delivery of quality services to those in need. Lack of transparency and accountability in the healthcare sector perpetuates these issues, undermining trust in public institutions and discouraging investment in healthcare infrastructure and services. Furthermore, socio-cultural factors such as limited awareness about preventive healthcare, traditional beliefs, and stigma surrounding certain illnesses contribute to delayed or inadequate treatment-seeking behavior among populations in developing countries. This often results in patients seeking care only when their condition has worsened, leading to higher treatment costs and poorer health outcomes.

Regardless of the healthcare system adopted, in recent years, there has been a notable shift in discussions within the healthcare sector, with a growing emphasis on mental health. As societal awareness and understanding of mental health issues continue to evolve, it has become increasingly apparent that addressing mental health is essential for holistic well-being. In light of this critical shift, the remainder of this paper will embark on a comprehensive analysis of the coverage and approach to mental health in two distinct healthcare systems: one with a Universal healthcare framework and one without. By exploring these differing approaches, we aim to illuminate the strengths, challenges, and potential implications for mental healthcare delivery in diverse healthcare contexts.

The UK - A Universal Healthcare Perspective

The National Health Service (NHS) which is present in the United Kingdom provides comprehensive healthcare coverage to all UK citizens regardless of financial status. While private practice is still present in the UK, the NHS still sees more than 1.3 million people a year making it the nation's primary provider for healthcare. Established in 1948, the NHS is primarily funded using citizens' taxes and covers the territories of England, Scotland, Wales, and Northern Ireland. Primary, secondary, and tertiary care as well as public health services are included in its structure (NHS England, 2021; Zwi et al., 2001). For instance, primary care encompasses routine check-ups, vaccinations, screenings for diseases such as cancer and diabetes, and counseling on lifestyle modifications like diet, exercise, and smoking cessation to prevent illness and promote wellness. Primary care, anchored by general practitioners (GPs), serves as the initial point of contact within the NHS. GPs offer preventive care, diagnosis, and management of chronic conditions, facilitating referrals to specialist services when necessary. Patients access primary care services through GP surgeries, receiving consultations, prescriptions, and referrals as needed (The King’s Fund, 2022; Zwi et al., 2001).

Furthermore, the NHS provides a range of mental health interventions, including counseling, therapy, psychiatric assessments, and crisis intervention. However, despite the NHS's comprehensive mental health services, challenges persist in addressing the mental well-being of the UK population. Approximately one in four individuals in the UK experiences mental health disorders, with rising rates of depression, anxiety, and suicide attempts observed. Marginalized groups, such as ethnic minorities and LGBTQ+ individuals, face disparities in accessing mental health support. Resource constraints and workforce shortages present challenges to expanding mental health provision within the NHS (Stanton, 2014). The stigma surrounding mental illness also remains prevalent, hindering timely support-seeking behaviors and exacerbating conditions.

In response to these challenges, the NHS has implemented various policies, initiatives, and collaborations aimed at promoting mental well-being within the universal healthcare framework. One such initiative is the

Improving Access to Psychological Therapies (IAPT) program, which aims to increase access to evidence-based psychological treatments for common mental health disorders like depression and anxiety (Campbell, 2018; Stanton, 2014). Through IAPT, individuals can self-refer or be referred by their GP to receive therapies such as cognitive-behavioral therapy (CBT) or counseling. Furthermore, the NHS has collaborated with community organizations, charities, and local authorities to provide holistic support for individuals with mental health needs. Initiatives such as social prescribing enable healthcare professionals to connect patients with non-medical services and activities, such as exercise classes, art therapy, or support groups, to improve mental well-being and address social determinants of health (Campbell, 2018; Stanton, 2014).

Despite these efforts, critical questions remain about the adequacy of resources and the effectiveness of stigma reduction efforts within the NHS's approach to mental health. Resource allocation within the NHS often prioritizes acute care services over preventative and community-based mental health interventions, leading to gaps in early intervention and long-term support. Additionally, while campaigns to reduce the stigma surrounding mental illness have been launched, ingrained societal attitudes and misconceptions persist, deterring individuals from seeking help and perpetuating discrimination.

Addressing these challenges requires a multi-faceted approach that encompasses not only healthcare provision but also public education, community engagement, and policy reform. The NHS must continue to invest in mental health services, ensuring sufficient funding, workforce training, and infrastructure to meet the growing demand for support. Moreover, collaboration with stakeholders across sectors is essential to address the social determinants of mental health and create supportive environments that foster resilience and well-being.

India - A Contrasting Perspective

Unlike the healthcare system in the UK, the Indian Healthcare system has a greater emphasis on private healthcare. While it does have a government and free healthcare service, by law, providing healthcare services is a state responsibility they are also supposed to provide nutrition, living standards, and public health. The degree to which they are successful in their endeavors varies greatly. India's healthcare system is funded through government taxation (Columbia University, 2020). In 2019, the government was spending $36 billion on healthcare annually, or roughly 1.23% of its GDP. However, most Indians use private insurance with 36% of the population having some kind of private insurance. It should be noted that this varies a large amount by state (Tikkanen et al., 2020). At the primary level of healthcare, care is typically given by government-run primary health centers and in the realm of private healthcare, by private practitioners, clinics, and traditional healers. This is the primary and first point of contact for most of the population offering basic medical services, preventive care, maternal and child health services, and immunizations (WHO, 2021). The private sector controls the majority of the healthcare industry, especially in urban regions, even if the public sector is essential in delivering healthcare to underprivileged communities, particularly in rural areas. That being said, the reliance on out-of-pocket payments for healthcare remains a major challenge in India. High out-of-pocket expenses deter many individuals from seeking timely medical care, leading to delayed treatment, financial strain, and catastrophic health expenditures for households. This reliance exacerbates healthcare disparities, particularly for marginalized and vulnerable populations (Riley, 2012).

The approach to addressing mental health concerns is gradually gaining recognition within the healthcare system in the country.

Primary healthcare providers, including general physicians and community health workers, are often the first point of contact for individuals seeking mental health support (WHO, 2019). However, there is a shortage of mental health professionals, resulting in limited access to specialized care. Despite efforts to improve mental health services, the current state of mental health in India presents significant challenges. According to statistics, the prevalence of mental health disorders is on the rise, with a significant burden of depression, anxiety, and substance abuse disorders among the population. Factors contributing to this trend include socio-economic stressors, rapid urbanization, cultural norms, and inadequate access to mental healthcare services. The government's role in addressing mental health issues is crucial but it faces several obstacles. Government initiatives, such as those outlined in Section 18 of the Mental Healthcare Act, aim to provide mental health treatment alternatives for those with limited financial means. These initiatives include the establishment of mental health facilities, training programs for healthcare providers, and community-based interventions to raise awareness and reduce the stigma surrounding mental illness (India Code, 2017). Existing policies and programs often lack adequate funding, infrastructure, and trained personnel to meet the growing demand for mental health services.

The stigma surrounding mental illness persists, hindering help-seeking behaviors and perpetuating social discrimination. Mental health issues are frequently stigmatized and misunderstood, leading to social isolation, marginalization, and even exclusion from family and community life. Conditions such as depression, anxiety, and schizophrenia are often associated with personal weakness or moral failings rather than recognized as medical conditions requiring treatment and support (Venkatesh et al., 2015). Moreover, prevailing cultural norms emphasize stoicism and resilience, discouraging individuals from expressing vulnerability or seeking professional help for mental health concerns. As a result, many individuals suffer in silence, enduring immense emotional pain and functional impairment without access to appropriate care.

CONCLUSION

The approach to public healthcare systems significantly impacts the mental health outcomes of populations. The comparison between the United Kingdom's Universal Healthcare (UHC) system and India's predominantly private healthcare system highlights the complex interplay between healthcare structures and mental well-being. In the UK, the National Health Service (NHS) provides comprehensive coverage for mental health services, offering interventions ranging from counseling to crisis intervention. Despite challenges such as resource constraints and stigma, the NHS has implemented initiatives to address mental health needs, demonstrating a commitment to holistic care. However, questions remain about resource allocation and stigma reduction efforts, emphasizing the need for ongoing investment and collaboration across sectors. On the other hand, India's healthcare system, while gradually recognizing the importance of mental health, faces significant challenges in accessibility, affordability, and stigma reduction. High out-of-pocket expenses and a shortage of mental health professionals limit access to specialized care, exacerbating disparities and hindering help-seeking behaviors. Government initiatives aim to address these challenges, but inadequate funding and infrastructure remain barriers to effective mental healthcare delivery.

Overall, the differing approaches to healthcare systems reflect varying priorities, resources, and socio-cultural contexts, shaping the mental health outcomes of populations. Universal

healthcare systems like the NHS prioritize equity and accessibility, providing essential mental health services to all citizens regardless of financial status. In contrast, systems reliant on private healthcare may struggle to ensure equitable access to mental health care, particularly for marginalized and vulnerable populations. Addressing mental health within healthcare systems requires a multi-faceted approach that encompasses policy reform, resource allocation, stigma reduction, and community engagement. Governments and healthcare stakeholders must prioritize mental health as an integral component of overall well-being, investing in prevention, early intervention, and long-term support services. Collaboration between public and private sectors, as well as with community organizations and advocacy groups, is essential to address systemic barriers and promote mental health equity.

This paper concludes that while the landscape of healthcare systems may vary, the imperative to prioritize mental health remains universal. By understanding the impact of different healthcare models on mental well-being and implementing evidence-based strategies, societies can work towards achieving holistic health outcomes for all individuals. However, the strength of this conclusion may be further tested by conducting this study on a much wider scale, encompassing more countries with even more complex and diverse healthcare systems. Moreover, conducting longitudinal studies to observe changes over time in mental health outcomes in relation to healthcare system reforms or changes could provide deeper insights into long-term impacts.

Declaration by Author

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