

Who needs needs?

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Summary – The idea of assessing needs both in individuals and in populations is popular in health and social care, but has serious conceptual shortcomings. The concept of needs does not distinguish between the identification of a problem and its solution. It inhibits a consideration of the probabilities as to how effective various interventions may be in any given case – nor does it reflect the iterative process that is the reality of most health and social care. It does not specify goals and oversimplifies evaluation of outcome because it does not take into account different degrees of change. In assessing population needs, there is the special risk of equating service use with service need, thereby entrenching the status quo. Instead of assessing needs, it is proposed that we identify problems, specify goals and choose interventions on the basis of probabilities of effectiveness. The outcome of any given intervention can be repeatedly reviewed with respect to its goals, and priorities may be reset accordingly. © 1999 Elsevier, Paris

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The term 'needs' has become very popular in mental health planning and research in the UK [18]. Health and social services are expected to meet the needs of people with mental illness, and to conduct needs assessment of both the individual and the population. The term 'need' implies a feature in individuals or populations which can be objectively assessed, and it predicts specific treatments or interventions needed for re-establishing or maintaining health. If a need is met by the indicated treatment, it disappears or remains as a 'met need'. Such a close fitting relationship is very attractive. Its existence would simplify and rationalize clinical decision making and mental health care planning. According to this concept of needs 'met needs' may be regarded as ubiquitous. All of us have needs for social contacts, intimate relationships, food, etc., that are met by someone, though in most cases not by the health and social services. Thus, it is the specific need for professional health and social care that is of interest.

Several standardized instruments have been developed for assessing mental health needs in individuals [3, 10-13]. If patients, their key-workers, and others involved in their care are independently interviewed, the congruence of answers (even for very basic questions) has mostly been found to be low to moderate [7, 9, 16]. Different persons' views on an individual's needs seem to have little correlation. Cohen and Eastman [5] suggested substituting the term 'perspectives on need' for the term 'needs assessment' acknowledging that any needs assessment is value-laden and that no single truth about need exists.

There is exhaustive research in psychology, sociology, and philosophy dealing with the meaning of desires, wants, demands and wishes, all of which are closely related to self-expressed individual needs. This research has illustrated that the concept is intuitively appealing but actually complex, and that it is tempting but very difficult to use the concept in a simplified and straight-