

Psychology matters: Psychology, politics and public service

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Keynote Speech at the Division of Clinical Psychology Conference, 19th January 2017, Liverpool.

[This keynote address was preceded by a presentation by four representatives from a group of North West Psychologists Against Austerity (NWPAA), Disabled People Against Cuts (DPAC) Social Work Action Network (SWAN), Mental Health Resistance Network and others, who were protesting at the conference about the coercive use of psychology in the UK government Department for Work and Pensions 'workfare' programme.]

Thank you.

I will address your points, both directly and in more general terms. But this talk is all about our – psychologists' – responsibilities in the political world, and so hopefully the full speech will address your issues as well as the concerns of others.

There's a rather illogical idea out there that the human brain is the most complex object in the universe... which is somewhat illogical because it strikes me that brains are indeed hugely complex, but those brains are part of our complex physical bodies, which adds extra complexity. And those bodies – us – are combined in families, groups, societies... again increasing complexity. A university, with two thousand competitive brains must be more complex than a single brain... and the complexity of UKIP, or any political party, probably requires a whole new approach to statistics!

My point is that the political world is vast in its scope, unimaginably complex, but also inescapably human.

I believe that psychology has a vital place in politics. And I would argue at the centre of politics. But we aren't alone, and that is important in thinking about the role of psychologists, and clinical psychologists in particular.

...The subject matter of politics is the subject matter of psychology

I've argued before – in my blogs as BPS President – that the subject matter of politics is the subject matter of psychology.

Psychology is a discipline and profession that spans the whole range of human experience. Members of the Society are experts in things that really matter to people: relationships, education and learning, mental health, health, politics, sport, crime, work, how organisations function, prejudice and intercultural understanding, and more.

We heard yesterday from Richard Bentall – my PhD supervisor – about the social determinants of our psychological wellbeing. Even in the case of psychotic experiences, the evidence is overwhelming: the abuse of children, bullying, racism, unemployment... it's not just that there exist social determinants, they are overwhelmingly important, and, as Richard put it, we're swimming in them.

So protecting the psychological health – particularly of our children – is rightly a social and psychological priority.

Which is of course where educational and clinical psychology has its role.

Most education is state-funded in the UK and therefore politicians and civil servants are responsible for the range, quality and equity of education. As I've already said, as psychologists, we recognize these key social determinants affecting child development, and we have an obligation to be involved in these discussion.

More generally, while international terrorism may well pose a threat to our safety, it's estimated that 25,000 people died, in the UK, last year, as a result of air pollution, an avoidable environmental threat.

Of the World Health Organisation's list of the 10 most significant health threats, at least six are largely social in origin – we eat too much, too much saturated fat, too much sugar, we drink too much alcohol, consume too many drugs – both prescribed and recreational.

These are issues of interest of all psychologists, particularly health psychologists and, again, clinical psychologists.

Employment law is also very significant, and taxation rules, rules on benefits and investment decisions by government – as well as the more fundamental health of the economy – all impact on the quality of our employment and will therefore affect our wellbeing. Work that we value, and which gives our lives value, is vital to our wellbeing, and unemployment can be disastrous for our psychological health.

That's why I – and the BPS – recently focussed on psychological wellbeing in the workplace, and highlighted the role of occupational... and, yes, clinical ... psychologists.

Through the laws it chooses to enact, the government even affects important spiritual aspects of our lives: the role of religion in our political and cultural life, the interpretation of human rights as they apply to freedom of speech and expression.

Equally, politicians – by definition – take decisions that directly impact on our psychology. Laws and related policies profoundly affect our relationships. The divorce laws, laws on same-sex marriage, pre-nuptial agreements, child-care arrangements, pension laws, benefits regulations and rules for flexible working practices all impact on relationships, and are all matters for politicians.

Relationships are at the heart of psychology, and this means that we as psychologists need to be engaged in the debate.

Similarly, issues related to our arts, culture and leisure are, of course, matters for government, not least through planning and investment decisions. Crime and criminal justice matters are, of course, quintessentially matters for legislators. And, finally, of course, politicians have a key role in drawing up policies and strategies in the arena of mental health.

That gives us a responsibility to act as well as speak out.

Yesterday, Nimisha Patel discussed psychologists' role in human rights and the so-called war on terror, so often itself an assault on, rather than being a defence of, civil liberties.

She argued that psychologists encounter challenges to human rights whenever we deal with issues of involuntary detention, racism – and remember that we are seeing clear evidence of increases in hate crimes after the Brexit and Trump votes, indeed, I know of clinical psychologists who have experienced racist assaults in recent weeks, and I'm sure the worst experiences are hidden – with refugees and the supposed migrant crisis (which is again, to say the least, complex), with the 'Prevent' strategy and counter-terrorism policies.

She also stressed how, within the realm of psychology, we can challenge the use of pathologising language and practices – something, obviously, with which I agree - and the tendency to 'other' – a clumsy term, but I have noticed myself the huge change in thinking that lay behind, and was consequent upon, changing my own language from:

*“...we need to understand how **THEY** have learned to make sense of the world, and tailor help to **THEIR** unique and complex needs...”*

to become:

*“...we need to understand how each one of **US** has learned to make sense of the world, and tailor help to **OUR** unique and complex needs...”*

... Activists, not bystanders...

Nimisha called on us not to be bystanders, but instead to acknowledge how health and wellbeing are dependent upon social justice.

Well, I think we've actually done that.

When I took up the role of President I called upon the Society to live up to its charitable obligation to make psychology relevant to citizens and the real world.

Over the last eight months we have supported and been a driving force behind:

- a clear statement repudiating "gay conversion" therapies
- a charter on perinatal mental health
- a moratorium on the use of psychiatric drugs for people with intellectual disabilities
- the call by the BMA and the All Party Parliamentary Group on Prescription Drug Dependence for a national 24-hour helpline for people struggling to withdraw from prescription drug dependence
- a charter on workplace wellbeing for mental health professions
- the report of the All Party Parliamentary Health Group into public health and public mental health.

And we've played our part in developing the NHS mental health Five Year Forward View.

We've led discussions in the Scottish, Northern Irish and Welsh parliaments and assemblies on issues such as acquired brain injury and offending, dementia and refugees and asylum seekers.

We've issued assertive press releases (and supplied spokespeople) on issues as broad as human rights, child abuse, funding of health and social care, social justice and Brexit.

We've been active and influential on the joint Department of Health and Department of

Work and Pensions expert advisory group on work and health and influenced the content of the green paper Improving Lives on benefits reform – guided by our principled and active lobbying on the issues of benefits conditionality - and the failings of the Work Capability Assessment.

And, to address more directly the criticisms we've heard this morning, our position on Work Capability Assessment, sanctions and benefits, is clear, and we've expressed this clarity in our press releases and publications:

While people with disabilities and mental health conditions deserve to receive benefits commensurate with their needs, this should be based on their individual needs, not their 'capacity for work', that therefore, welfare conditionality is an inappropriate approach, that the Work Capability Assessments are invalid, not fit for purpose and carried out in the absence of necessary expertise in understanding complex conditions, that benefits sanctions are ineffective and harmful, and illogical from the perspective of psychological science, and that linking healthcare to the benefits system is unethical, ineffective and could have severely detrimental consequences for vulnerable groups.

Work can be good for health, but only if it's undertaken voluntarily, and is appropriate, supportive and sustainable.

But merely shouting at politicians (from the letters page of the Guardian) isn't enough. We need to sit down with them. That isn't 'collaboration'; it's mature professionalism.

And our negotiations often bring success...

Formulation is central to our identity as psychologists and vital for the kind of multi-professional, integrated, health and social care we all want. This year has seen two

interesting developments here – quite apart from the obvious fact that major policy developments such as the continuing emphasis on wellbeing as a goal for government and the NHS mental health Five Year Forward View implicitly place such formulation at the heart of policy.

Following joint working with the Royal College of Psychiatrists, Royal College of Nursing and Health Education England, we were successful in ensuring that formulation was included as a core element of the mental health core skills framework (due to be launched imminently). But we were recently faced with a minor dilemma.

We had been asked to endorse a set of recommendations for record-keeping and reporting within mental health and social care. Nearly all of them were good, but we were disappointed to find that, while ‘diagnosis’ (in the context of mental health care) was listed as a mandatory element, there was little attention paid to alternative approaches.

Our position isn’t of course, to reject or oppose diagnosis as an element of care, but to ensure that alternative and complementary approaches are given attention commensurate with their importance. So we declined to ‘endorse’ these recommendations, while explaining our logic and expressing our support for the work.

The response has been positive, as we are now in discussions about how formulation – and other key elements of multidisciplinary care and social perspectives on the delivery of services – can also be incorporated in mandatory record-keeping and reporting. So I welcome this, again, as an example of effective professional lobbying.

It is abundantly clear to me that the Society, its members and staff, are indeed refusing merely to be bystanders, but are in fact not only speaking up, but acting.

...Where is the profession going?

But while I am certainly proud of that list, and that list doesn’t cover all the day-to-day work of lobbying that we’re engaged in, it won’t address all the criticisms I have no doubt that you’re formulating in your frontal lobes.

In a symposium yesterday, a colleague asked, specifically about clinical psychology: “*what services do we want other people to look to us to provide?*”, and commented that: “*I... [the colleague]... fear I have been a witness to a profession that has been losing the plot over 20 years or so, and desperately needs to find a way forward...*”.

Well, maybe. But, as I said in a blog yesterday, I don’t think binary choices, or simple answers, are good responses to complex issues.

...Stepping out of binary challenges...

A common trick – the real contrast, as it happens, to the use of Socratic questioning in CBT – of politicians is to pose the first of two linked issues as a challenge, a question, and then to infer the consequent, linked, point.

So I might be asked something like: do I realise, or do I appreciate, or can I not see the harm being done by this Government’s benefits’ sanctions policy? Which of course I will answer with “yes”. As a parenthesis, I have to say that a common response, when I do, is for people to say “*really?!?*” But when I answer “yes”, the follow-up comes... “*Well, then... how can you defend colluding or collaborating with the Department of Work and Pensions?*” Agreement with the first premise is seen – or used – as an argumentative hook to secure agreement on the second point... which I reject.

I don’t accept that the issues are linked in that way. I don’t accept the binary challenge.

Yes, I appreciate the harm done by a punitive and, frankly, un-psychological, sanctions regime, and I take the opportunities offered me to make that point to the people who matter. And yes, I can see that boycotts have their place in professional and political life. But so does constructive engagement.

...A complex professional and multi-professional body...

Political complexity is not only found in issues such as our relationship with the DWP, it's also found in our role as a professional body.

And I would add something else... our skills and competencies are hugely valuable – I am, and remain, a clinical psychologist. But it would be wrong – it would be another binary choice – to see us as unrelated to other colleagues. Our skills and competencies are distinctive and valuable, but there is vast, fuzzy, overlap.

First, merely within this Division, my skills and competencies overlap in a complex manner with you ... I am very confident of my skills within my envelope of competencies... but... while I would have no difficulty representing you all in general discussion, for example on the radio, in practice I would have great difficulty pretending that I am an expert in the developmental needs and wellbeing of children born with major congenital conditions, with survivors of human trafficking, with people who have themselves committed unpleasant crimes against their own children, people with major physical health conditions, or people living with dementia.

I am proud of my skills, but I am also aware of sub-specialism and expertise within clinical psychology.

Across the BPS, it has always been my view that there are more similarities across the Divisions of the Society than there are differences – we all apply psychological theory and psychological best practice to solve human and system problems. But there is value in our distinctiveness.

What we have is a complex Venn diagram of specialisms and sub-specialisms within clinical psychology, between clinical psychology and other branches of applied psychology, with very fuzzy edges. But that Venn diagram also involves others - Nurses and CBT therapists. Psychiatrists and GPs. Neuroscientists. Public health consultants. But then, outside the NHS and – back - into the realm of politics, there's also overlap with sociology, with political science, with human rights as an academic discipline, with law, with geography...

...The public service ethos...

Personally, I am proud of what the BPS is doing. But I occasionally worry that sometimes our internal debates are cast in language that reflects benefit to us – to clinical psychologists – and not to the public quite so much.

A paper discussed yesterday in respect to the future of the Division and the Society talked about: *“delivery to markets, clients, services, and business”*.

I agree that these ideas are important... but, especially in the light of the previous discussion about human rights and benefits claimants, this language is at least complex.

I'm even less convinced by the argument put forward by a colleague recently, when discussing the complex relationship between different branches – different Divisions – of applied psychology that, and I quote as exactly as I can from a conversation:

“I guess it's about whether promoting one Division means you're taking business away from clinical psychologists...”

I'm not comfortable with that.

So I'd suggest the lens of public service, rather than guild disputes or making business cases, is the way forwards

...Binary choices... again...

But I have a problem with my own argument here. Is this really a choice? I spoke earlier, and wrote yesterday in a blog, about the problem with binary choices...

For example, some colleagues appear to see a choice between social (our psychological wellbeing as a consequence of circumstances), and psychological (for example, the focus on thinking styles inherent to CBT) accounts of emotional distress.

When I commented last week that the idea that our wellbeing at work is largely determined by social and environmental issues, some colleagues seemed almost to suggest that an appreciation of social factors was incompatible with an emphasis on cognition.

This binary thinking reflects similar – mistaken, in my opinion – views that set ‘nature’ and ‘nurture’ in opposition.

We can recognise critical perspectives in the way CBT has evolved without being ignorant or rejecting of the value of the approach. We can acknowledge the impact of negative life events and still appreciate the importance of our appraisal of these events. And we can recognise that, across the specialisms of psychology, there is value both in our distinctiveness and in our shared underpinning application of psychological science.

The promotion of a psychological perspective should absolutely not involve pitting one branch of psychology against another.

I can (somewhat in parody) imagine being posed the following questions:

Are biological, social or psychological factors key to our wellbeing?

Is our wellbeing determined by events or our interpretation of and response to events?

Are there strengths to, or flaws in, the ethos and practice of CBT?

Can educational, counselling, clinical, forensic, health and occupational psychologists contribute to the wellbeing of individuals and groups across learning, health, criminal justice and community settings?

If I were asked each of those questions, the answer would be "yes".

So now... if I cast the idea of whether the BPS should be promoting the valuable work of psychologists against – in contrast to – standing up for the rights and interests of our clients or the general public, I'm in danger of creating the same binary choice that I disavow.

Should the BPS be speaking out politically, should it be promoting the science of psychology or should it be promoting the professional role of psychologists?

Yes

...My role as President...

Which makes our job difficult.

The world is complex, and we have a multi-faceted role in it, as psychologists and as representatives of the British Psychological Society.

Do I think we should speak out and act on matters of political importance and in defence of human rights, should the British Psychological Society be a showcase for scientific excellence, or should it be promoting the professional value of psychologists?

Yes

To be clear... should we do a, or b, or c? Or for that matter d, or e, or f?

Yes

Does that pose a challenge to the Members, staff and President of the British Psychological Society?

Yes

Is it going to be a challenge?

Yes

Is it worth doing... is it worth all this effort in meeting those nearly incompatible challenges, squaring those circles, meeting the needs of so many different constituencies?

That answer.... I'll leave to you.