



## SOME GOOD REASONS FOR WRITING FOR *THE PSYCHOLOGIST*...

The *Psychologist* has continued to improve over the last ten years. The help and support we received from the editors and the friendly office staff took much of the sweat out of writing our latest article.

**Dr Kwame Owusu-Bempah**, University of Leicester, 'Action plan: Addressing cultural diversity, addressing racism', June 2002

*Turning an oral presentation into an article appropriate for 35,000 readers isn't easy! Editorial staff on The Psychologist are always tremendously helpful, tactful, supportive and encouraging.*

**Professor Tony Gale**, University of Portsmouth, 'A stranglehold on the development of psychology', July 2002

*Writing in The Psychologist reaches a wide readership within psychology and beyond. When I raise issues in The Psychologist I know that they will be noticed.*

**Frederic Stansfield**, 'Counterpoint: What price free speech?', July 2002

*Excellent editorial advice delivered in a helpful and efficient manner.*

**Aidan Moran**, University College Dublin, 'Special issue: Sport and exercise psychology', August 2002

*I found the editors to be very supportive and engaged with the material. Also, publishing in The Psychologist meant that students could see their lecturers are actively involved in research, and I received many useful e-mails from other psychologists since the publication is so widely read.*

**Dr Meg Barker**, University College Worcester, 'Personal space: The evil that men, women and children do', November 2002

*I received lots of interesting e-mails and letters of support and made useful contacts with psychologists as a result of my contribution.*

**Sue McGaw**, Learning Disabilities Directorate in Cornwall, 'Head to head: Should parenting be taught?', October 2002

*One could not have asked for a more friendly and supportive editorial service; one that led to a number of interesting contacts.*

**Dr Howard Steele**, University College London, 'State of the art: Attachment theory', October 2002

*Writing for The Psychologist goes well on the way to fulfilling a key BPS objective, namely to 'bring psychology to society'. The theory to practice link is vital for the development of sport and exercise psychology.*

**Ian Cockerill**, 'Special issue: Sport and exercise psychology', August 2002

See p.55 for contributors' information

# Council work

**T**HE editor, Jon Sutton, suggested that it would be a good idea to include a regular summary of Council business in *The Psychologist*. This would keep members informed of current issues and policy decisions, and give a good indication of the way that the Society is moving on important matters. I agreed to get this off the ground by reporting on events and decisions at last October's Council meeting.

One of the matters early on the Council agenda was of some historic importance – both for members of Council and for the role that Council itself plays in governing the Society. The Honorary General Secretary, Professor Ingrid Lunt, reported that the Privy Council had agreed changes to the Society's Charter and Statutes. These changes transfer trustee status from Council to an expanded Board of Directors (likely to be renamed the Board of Trustees). As the Society has grown, so has the size of Council, and it had become too unwieldy to operate effectively as a board of trustees. Although Council will relinquish its powers as a trustee body, it is hoped that this will allow it greater freedom of operation and representation, and that it will develop as an important body advising the Board of Trustees on the views of the membership.

A second, potentially very important, decision taken by October Council was on the future of the Society's London office in John Street. This building, purchased in 1999, has served the Society very well in a number of capacities. Principally, it has served as a convenient venue for Society board and committee meetings, and it currently houses the Society's History of Psychology Centre. However, John Street is a Grade 2 listed building, which has made it difficult to obtain planning permission for disabled access. Both the Board of Directors and Council felt these current circumstances provided an ideal opportunity to consider alternatives. Apart from a move to a new building that possesses proper disabled access, Council believed now to be an appropriate time to seek a building in London that would not only fulfill the functions served by John Street but also accommodate anticipated needs over the foreseeable future. These anticipated needs might include rooms for small one-day conferences, strategic

functions, workshops, and reading/resource rooms for members generally. Many members of Council felt that if psychology is the important and influential discipline and profession that we perceive it should be, then the profession deserves a London base that reflects this status. With these developments in mind, Council set up a small working group chaired by the Honorary General Secretary to take forward the sale of John Street and the purchase of a new building. At this point I offered to receive further written views from Council members on possible functions for the new London office – I am happy to extend this invitation for ideas to members generally.

While these were the main items of interest, there was much other business (as there always is), and I am very grateful to those members of Council who not only take a day out of their weekends to attend Council, but also contribute fully to the discussions and debates. Thankfully, during the two meetings of Council that I have chaired so far this year, the debates we have had have been informed and good-natured, and I certainly feel that we have collectively taken wise decisions.

Finally, there were a number of items on the Council agenda that require me to offer congratulations. First, congratulations to the Sport and Exercise Psychology Section on its redesignation as a Special Group. Sport and exercise is an area in which psychologists are becoming ever more involved as practitioners, and an eventual move towards Division status seems quite appropriate. Secondly, congratulations to Professor Martyn Barrett and Professor John Arnold on their appointments as new editors of, respectively, the Society's *British Journal of Developmental Psychology* and *Journal of Occupational and Organizational Psychology*. Finally, congratulations to Dr Elizabeth Campbell on being appointed to succeed Dr Norah Frederickson as chair of the new Membership and Professional Training Board.

*Graham Davey*

Contact address: School of Cognitive and Computing Sciences, University of Sussex, Brighton BN1 9QH. E-mail: [grahamda@cogs.susx.ac.uk](mailto:grahamda@cogs.susx.ac.uk).

**NEW RESEARCH CENTRE**

THE University of Birmingham has established the Centre for Forensic and Family Psychology at its School of Psychology. The Centre's aim is to investigate the causes and consequences of family violence and serious crime and will be concerned with its prevention through prediction, assessment and treatment of victims and offenders.

**AWARD FOR SCOTTISH PARTNERSHIP**

A NOVEL project delivered by a partnership between two Scottish firms has won a European Good Practice Award for preventing work-related stress. A BP technology team, with technical assistance from The Keil Centre, an Edinburgh-based firm of Chartered Psychologists, delivered the award-winning project at BP's Grangemouth petrochemicals complex. The award forms part of European Week for Safety and Health at Work, whose 2002 theme concerns preventing work-related stress.

**AUTISM AWARENESS WEEK**

THIS year's Autism Awareness Week will be held from 11 to 18 May. The focus will be around the theme of 'Entitlement' – looking at the fact that many people with autism and their families have difficulties accessing the entitlements that are due to them.

□ For more information visit the National Autistic Society's website: [www.nas.org.uk](http://www.nas.org.uk).

**DOES SCHIZOPHRENIA EXIST?**

A Maudsley Debate will be held on 29 January at the Institute of Psychiatry, entitled 'Does schizophrenia exist?' Planned speakers include Jim Van Os and Peter McKenna. The event is free. □ See [www.iop.kcl.ac.uk/iop/news/mdebates.stm](http://www.iop.kcl.ac.uk/iop/news/mdebates.stm) or e-mail [maudsley.debates@iop.kcl.ac.uk](mailto:maudsley.debates@iop.kcl.ac.uk) for more details.

# European Latsis Prize 2002

**THE European Latsis Prize 2002 has been awarded to Professor Annette Karmiloff-Smith, Head of the Neurocognitive Development Unit at the Institute of Child Health, University College London, for her outstanding contribution to the understanding of cognitive and language development in children with genetic disorders. This is the first time the prize has gone to a psychologist and the first time to a woman.**

The European Latsis Prize, of a value of 100,000 Swiss Francs, is financed by the Latsis Foundation and awarded by the European Science Foundation to an individual or group who, in the opinion of their peers, has made the greatest contribution to a particular field of European research. The chosen field of the 2002 prize was cognitive sciences.

Already recognised in her early career for her outstanding contribution to the understanding of the human mind through her studies of normal child development in



Annette Karmiloff-Smith

several areas of cognition and psycholinguistics, Professor Karmiloff-Smith switched her main research focus some 15 years ago to understanding the nature of language and intelligence in children with genetic disorders. A particularly original facet of her work is that in her studies of both normal and atypical development she has always embraced several different areas of cognition, using multiple cross-disciplinary theoretical questions and techniques.

Professor Paolo Legrenzi from the European Latsis Prize

committee said: 'The theoretical and empirical contributions of Annette Karmiloff-Smith are amongst the most important results of the cognitive sciences over the last 30 years. Her research on multiple areas of cognition and language, which builds on a wide range of transdisciplinary techniques, has made an enormous impact on other researchers within Europe, North America and the rest of the world.'

Professor Karmiloff-Smith received her prize in November at a ceremony at the Assembly of the European Science Foundation in Strasbourg.

□ An article by Professor Karmiloff-Smith on the genetic basis of Williams syndrome ('Elementary, my dear Watson, the clue is in the genes... Or is it?') was published last month in *The Psychologist*.

## ASSESSING STUDENTS MEETING

THE Learning and Teaching Support Network will be hosting a meeting on issues in assessment at the BPS London office on 21 March 2003. Guest speakers are Dr Peter Banister, Dr Donald Laming and Professor Steve Newstead. Discussion will include the cognitive psychology of grading student work, comparisons of examination board practice and degree outcomes around the country, devising and managing change in assessments, and the future of degree examining in psychology.

□ Attendance is free, but places must be booked. For more information e-mail Siobhan MacAndrew ([s.macandrew@abertay.ac.uk](mailto:s.macandrew@abertay.ac.uk)).

## ANNUAL CONFERENCE 2003

The 2003 Annual Conference will be held in the Bournemouth International Centre from 13 to 15 March, as the eagle-eyed will have spotted from the full page ads! The Society's Standing Conference Committee had a hard-working two-day meeting in November assembling a full programme, which will run from 9.30am on the Thursday to 6pm on the Saturday. Six keynote speakers will each be hosting at least one invited symposium, and there will be a galaxy of other invited speakers and award lectures.

The themes of Groups, Genes and Memory have, as we'd hoped, stimulated a wide range of submissions from across the full spectrum of psychology. The conference this year coincides with National Science Week and will include two public lectures to mark the fact.

If you haven't got round to submitting in time, don't despair. We are offering an extended poster deadline (31 January) to give the latecomers one last chance. All details are on the Society's website, via the events link. For advice on submissions, or anything else to do with the conference, contact the conference office (e-mail: [conferences@bps.org.uk](mailto:conferences@bps.org.uk); or tel: 0116 252 9555).

Bruce Napier, Chair, Standing Conference Committee

# Mothers and babies

*A report from the annual conference of the Society for Infant and Reproductive Psychology (11–13 September, University of Sheffield).* SALLY CORBETT, HARRIET GROSS and JANET HIRST.

**T**HE Society for Infant and Reproductive Psychology provides a forum for multidisciplinary researchers and practitioners involved in reproductive medicine and infant development. This year Lord Robert Winston (Imperial College, London) was the keynote speaker, presenting controversial arguments regarding reproductive technologies. He showed that children born as a result of IVF treatment using frozen embryos are more likely to be developmentally delayed, and so their long-term development should be closely monitored. He also argued that unused embryos should be used to develop tissue implants to treat conditions such as defective heart valves, and that cloning could not be considered an ethical form of treatment for infertile couples given the high rates of abnormal births found in studies.

Mavis Kirkham (University of Sheffield) was invited to convene a symposium addressing the special needs of teenage mothers, survivors of sexual abuse, and women with eating disorders. Common themes emerged amongst those mothers that could be generalised to the care all mothers. Women in labour feel vulnerable, and such feelings can be ameliorated by sensitive care and strategies to empower women. But mothers are not the only vulnerable group. Major issues for midwives who ceased practice included lack of support, insufficient control over their working lives, shortage of staff and stress.

Other symposia examined a wide range of issues in reproductive psychology and infant development. Papers by Zack Boukydis (Children's

Hospital Philadelphia), Trecia Wouldes (University of Auckland) and Martha Laxton-Kane (Nottinghamshire Healthcare NHS Trust) explored fetal behaviour and maternal antenatal attachment. Mothers became less anxious about their pregnancy and were more likely to attribute characteristics to their baby during the ultrasound consultation. Increased attachment to the fetus provided an opportunity to promote healthy behaviour, for example giving up smoking. Women thinking of quitting in the next 30 days were most attached. Ann Becker (University of Tromsø, Norway) found that seasonal variation in the extreme environment of the Arctic Circle influenced infant behaviour: those born in the winter showed more motor maturity and calmed themselves best, and summer babies were more alert and responsive.

On day two a symposium on antenatal screening for depression convened by Jo Green (University of Leeds) reviewed problems identified by the committee of inquiry into maternal deaths. Margaret Oates (University of Nottingham) argued that the term 'postnatal depression' is incorrectly used to refer to all types of mental illness, which should not be treated alike. Instead services should be focused on women who are at risk of serious mental illness by virtue of their previous history.

In a parallel session attitudes to contraception, early heterosexual experiences and the 'morning-after pill' were explored. In the Pacific Islands nearly 60 per cent of women said they had not planned their pregnancy (Janis Paterson and Esther Cowley, Auckland University of Technology). In the

UK even, young women had received little information about sex, seeing it as mysterious, embarrassing and taboo (Paula Nicolson, University of Sheffield), and those needing the morning-after pill could encounter negative attitudes from health professionals if they are single and had used the pill before (Holly Hope, University of Leeds).

On the last day we heard about infant feeding problems. Mothers who experienced breastfeeding problems felt a reduced sense of competence as parents (Debbie Sen, Royal Victoria Infirmary, Newcastle), there was insufficient support for breastfeeding mothers when their infant's weight gain was found to be faltering during routine weighing (Magda Sachs, University of Central Lancashire), and a lack of information for mothers intending to bottle feed (Pat Cairney, University of Dundee).

The last symposium of the conference addressed improving coping strategies in childbirth, postpartum debriefing, and women's expectations of intrapartum care. Debra Creedy (Griffith University, Australia) found that postpartum debriefing reduced depression, anxiety and trauma symptoms, but Anne-Marie Steel and Marie Beadle (University of Hull) argued that debriefing has been underrated because current practice rarely meets the criteria for a debriefing service.

■ *Sally Corbett is a health psychologist with Northumbria Healthcare NHS Trust. Harriet Gross is a senior lecturer at Loughborough University. Janet Hirst is a lecturer at the University of Leeds.*

## Changing minds about emotional health

**T**HE Samaritans has launched its first advertising campaign specifically designed to build awareness of the organisation and its vision. The campaign will be asking people to 'change their minds' about emotional ill health.

Each advertisement will lead with a statistic about emotional health and pose a question asking everyone everywhere to take some responsibility for the

state of the nation's emotional health. Advertisements will direct people to a website ([www.changeourminds.com](http://www.changeourminds.com)).

The charity's Director of Marketing, David Richards, said: 'The campaign seeks to make people aware of the concept of emotional health and the importance of talking about it at an individual and societal level by simply showing people the extent of the problem today.'

The Samaritans has also

announced the setting up of an e-mail support service across the UK and the Republic of Ireland ([jo@samaritans.org](mailto:jo@samaritans.org)). Eight years ago the Samaritans Cheltenham branch was the first to establish an e-mail service for people in emotional distress, since when several other branches have followed suit. Now with funding from Barclays Bank it has become possible to extend this service throughout Britain and Ireland.

Chief Executive of the Samaritans, Simon Armson, said: 'We have found that it can be easier for people to express distressing feelings by writing them down than by speaking them. Samaritans' new e-mail service provides an alternative to picking up the phone and a completely safe way for people to express themselves and gain the emotional support that can help them to find a way through.'



# How to win friends and influence politicians

PETER KINDERMAN *on the Society's role in the reform of the Mental Health Act.*

**D**URING the first few days of November there was much speculation that the government would announce its intention to reform the Mental Health Act in the Queen's Speech. These proposals have been the subject of much criticism – led by the Mental Health Alliance, of which our Society is a member. The Mental Health Bill was not presaged in the Queen's Speech, and this simple omission may be very significant. It means that important changes in the text of the bill are now being proposed, potentially making for mental health legislation that is much more acceptable from a psychological perspective.

We should expect a significantly redrafted bill to be presented to a Parliamentary Standing Committee in the spring of 2003. This bill should include many of the changes demanded by the Mental Health Alliance and by the Society. Ultimately, we should expect a better Mental Health Act. But such an Act will still have a major impact on the working lives of many psychologists.

## The Mental Health Bill

In June 2002 the government published a draft Mental Health Bill (Department of Health, 2002; see Weblinks). Under the proposed reforms compulsory detention and mental health care would be based on a very broad definition of 'mental disorder', but with few functional criteria. The bill appeared distorted by a disproportionate focus on dangerousness – a focus for psychologists, therefore, on risk and risk assessment. Many professionals and user

groups were concerned that compulsion was to be permitted in the person's 'best interests' even in the absence of risk. Compulsory treatment could be community based, potentially allowing greater numbers to be subject to compulsion. There was no acknowledgement of the primacy of consent – or of the person's capacity to make decisions for themselves. Many of the positive elements of the proposals were diminished in such a framework – for example, an emphasis on care plans rather than diagnosis and treatment, a formal right to advocacy and the establishment of Mental Health Tribunals as new

---

**'It looks highly likely that the government is willing to engage in constructive dialogue'**

---

independent decision-making bodies (Cooke *et al.*, 2001).

Perhaps the most worrying of the proposed reforms were the broad and vague criteria for detention and compulsory treatment. Such criteria would have given wide powers to detain people *thought* to be at risk or dangerous and were viewed by many as incompatible with the Human Rights Act 1998 (Kinderman, 2001). And psychologists would be right in the thick of it – responsible medical officers (consultant psychiatrists with statutory powers) were to be replaced by clinical supervisors, who could be 'consultant psychologists'. Many psychologists viewed this as a poisoned chalice at best.

## The Society's response

The detailed proposals are complex, and the Society's response must also be complex. How can we, as a Society, make it clear to government which of the proposals are welcome, which are unacceptable, which are unscientific or unworkable, and which should be amended? Should psychologists welcome the proposal that they could have statutory powers, or reject this idea? Perhaps most

importantly, what do psychologists think mental ill health actually is, and how should services (in this case compulsory care) be structured? And, finally, how can we avoid the impression that whenever two psychologists meet, there are three opinions?

In practical terms, the Society did many things. We joined the Mental Health Alliance, a body of over 50 organisations, including the British Association of Social Workers, MIND, the Royal College of Psychiatrists, SANE, and the Church of England. Journalists have more than once commented on the government's unique success in achieving such unanimity of opposition from such diversity.

Our membership of the Alliance had many benefits. Alliance members have numerous links with government agencies, and our intelligence gathering and avenues of influence are broad. Many of the member organisations are experienced in quasi-political campaigning, and the BPS is campaigning far more effectively than it could alone. With more qualified members of the Alliance concentrating on lobbying, the BPS has been able to concentrate on a slightly different role – advising government over technical, scientific and professional aspects of their proposals, and thus applying complementary pressure and a psychological message.

The Alliance has organised continual media briefings over the draft bill, its implications and our conjoint stance. The most prominent event in the Alliance's campaign was a rally and mass lobby of Parliament on 23 October. At the same time Society representatives have been having frequent meetings with colleagues, civil servants, MPs and politicians of all shapes and sizes. Our written submissions in response to the consultation period on the draft bill are available on the Society's website (see Weblinks).

## Outcome

The government published its proposals for reform of the Mental Health Act in the form of a draft bill, with an invitation for consultation. This is relatively unusual, but

## WEBLINKS

The White Paper and draft bill:

[www.doh.gov.uk/mentalhealth/legislation.htm](http://www.doh.gov.uk/mentalhealth/legislation.htm)

The BPS response to consultation:

[www.bps.org.uk/about/papers/MHBill.doc](http://www.bps.org.uk/about/papers/MHBill.doc)

The Mental Health Alliance:

[www.mind.org.uk/take\\_action/mha.asp](http://www.mind.org.uk/take_action/mha.asp)

may be related to Robin Cook's aspiration to allow more 'pre-legislative scrutiny' as part of modernisation of the procedure of the House of Commons. Following a relatively brief period of consultation, all indications were that reforms to mental health legislation would be announced in November's Queen's Speech. The Home Secretary David Blunkett, in particular, pressed hard for the Mental Health Bill to be included in the current parliamentary session. Then, in the parliamentary equivalent of a flanking manoeuvre, a House of Lords and House of Commons joint committee reported on the human rights implications of the draft bill (Joint Committee on Human Rights, 2002). They echoed previous concerns (Kinderman, 2001) by concluding that many of the government's proposals – specifically the definitions of 'mental disorder' and 'treatment' – were cast so broad as to threaten basic human rights. The committee noted that, as drafted, epilepsy and diabetes could be included in the term 'mental disorder' simply because they occasionally have consequences that affect mental functioning.

In the event the bill was not included in the Queen's Speech. We must therefore conclude that a combination of pressures from the Mental Health Alliance, from professional groups (such as the BPS), from concerned MPs and from parliamentary committees has forced government planners to recognise that the draft bill is unacceptably flawed.

However, the day after the Queen's Speech Alan Milburn (Secretary of State for Health) told the House of Commons that the government remains committed to reform of the Mental Health Act during this session of Parliament. Representatives of charities and professional groups (including the BPS) are currently involved in a series of meetings looking at specific aspects of the bill. It has also been widely reported that the government is planning to convene a special standing committee to scrutinise the Mental Health Bill.

This is a major victory for the Mental Health Alliance in blocking unacceptable legislation. Alliance members are optimistic that positive progress can be made. It looks highly likely that the government is willing to engage in constructive dialogue with the impressive alliance of charities and mental health professionals who have stated that any potential benefits in the proposals were countered by ill-defined criteria for compulsory detention and treatment and an inordinate emphasis on statutory

management of perceived dangerousness. This seems unequivocal good news.

### Implications

The Society will be continuing to negotiate with government to bring about a just and workable Mental Health Act. Psychologists, both through representatives of the Society and as individuals, should continue to press for positive change. Our pressure should reflect the Society's agreed policy. The Society believes that reform of the Mental Health Act is necessary and welcome. We believe, however, that mental health



The Alliance's rally and mass lobby of Parliament on 23 October

legislation should rather focus on provision of effective assessment, support and care than unduly on issues of risk and dangerousness.

Psychologists believe that there are few valid places to 'carve nature at the joints' in the field of mental health. We believe that the central issue in mental ill health is the disturbance or impairment of psychological processes. We believe that psychological processes mediate between causal agents such as genes, biology, the social environment and learning experiences and the experience of mental ill health. Psychologists believe, therefore, that the Human Rights Act concept of being 'of unsound mind' best equates to the impairment of judgement by virtue of the disruption of such psychological processes (Kinderman, 2002). This has two important consequences. It means that psychology should be at the heart of mental health services and mental health legislation. It also means that the Society has strongly recommended (amongst other desirable changes) the inclusion of a fifth further criterion before compulsion is legitimised in the Mental Health Act. We recommend that 'the mental disorder is of a nature or severity so as to impair the individual's judgement to the extent that the individual is incapable of making valid decisions

about health care' before compulsion is legitimised. We believe this would give professionals the powers they need to treat people whose mental disorder renders them a danger, while protecting the rights of vulnerable persons who are not dangerous and whose decisions over their own futures are unaffected by mental disorder.

It is on this basis that our negotiation with government will continue, and we now have every reason to believe our efforts will be successful. But we should still expect a reformed Mental Health Act to be given Royal Assent, and at the same time as continuing our negotiations with government over the shape of the Act, we should begin planning for its implementation. We need to address issues of training: How should psychologists taking on the clinical supervisor role be trained? We should address issues of workforce planning: How will psychologists working as clinical supervisors be managed? How many will need to be employed? How will their roles on tribunals be supported? What are the implications for terms and conditions of employment? We need to address issues of our relationships (both professional and managerial) with consultant psychiatrists and others. We need to look within our own profession at issues of supervision and clinical governance. And finally, we need to examine issues of conscience and psychotherapeutic relationships. How will a new Act change perceptions of psychology and psychologists by clients and the general public? What should be done for psychologists who feel unable to drink from the poisoned chalice? For good or ill, we are now embroiled in all these issues.

■ *Dr Peter Kinderman is Reader in Clinical Psychology at the University of Liverpool, and chairs the Society's working party on Mental Health Act law reform. E-mail: p.kinderman@liverpool.ac.uk.*

### References

- Cooke A., Harper D. & Kinderman P. (2001). Government proposals for reforming the Mental Health Act: Implications for clinical psychologists. *Clinical Psychology*, 7, 48–52.
- Department of Health (2002). *Draft Mental Health Bill*. London: The Stationery Office.
- Joint Committee on Human Rights (2002). *Draft Mental Health Bill: Twenty-fifth report of session 2001–02*. London: The Stationery Office.
- Kinderman P. (2001, December). Mental health and human rights. *Science and Public Affairs*, pp.14–15.
- Kinderman P. (2002). Mental health law and incapacity: The role of the clinical psychologist. *Journal of Mental Health Law*, 7, 179–186.