



# Scouting ahead

**I** RECALL a ditty we used to sing sitting round Scout campfires. The most memorable part of it (for me anyway, since I've forgotten all the rest of it), was the oft-repeated chorus: 'Where will we be in a hundred years from now?' The song came back to my mind recently when I was asked to give the closing address at the Society's one-day conference at the Royal Society in January, which marked the launch of our centenary year (see the report in this issue). The title of the event was 'Psychology – A Science for Society', and my part was simply to speak about 'the future'. The remit included making reference to psychology and the Society in a hundred years' time.

Speaking about the future can be a risky business. There is always the possibility that you might get it wrong. A recent example was the disorder and confusion widely predicted for the year 2000 – computer problems, air crashes, collapse of the distribution chain, suicide cults bent on mass destruction. It was enough to persuade many of the 'survivalists' in the US to dig

themselves into bunkers, and I hear that some of them still haven't risked coming out to check if things are OK.

So what about psychology and the BPS in the year 2101? I'm not very certain about the 'B', but I feel fairly confident about the 'P'. Psychology today is thriving, and I believe it will continue to do so into the longer-term future. It is probable that at some stage prior to the middle of this century there will be a major redefining of the boundaries of the academic disciplines, and this will affect psychology in common with many other subjects. In some respects psychology might even seem particularly vulnerable. It has little territory to which it can lay exclusive claim, and some would foresee large areas of it disappearing into other disciplines ranging from sociology to brain science. Professor Rand B. Evans (East Carolina University) warned of this when reviewing the last century and looking forward to the next for the *APA Monitor* (December 1999, p.29). He predicted that psychology as we know it might become a subject which had 'died of success'.

Nevertheless, my own prediction for psychology is of a future that is bright and optimistic. There are two principal reasons for this optimism. The first is simply the current healthy position of psychology. Just over a century ago, in 1896, the first UK lectureship in psychology was established in Aberdeen. The fledgling subject was of dubious status, and indeed for many years was hardly regarded as a discipline in its own right at all. Today, by any standards, psychology is prospering as never before. Whatever statistics you examine, whether young people studying the subject at A-level, numbers on undergraduate courses or indeed membership of the Society, we have seen a period of phenomenal expansion. Psychology seems set to be a very popular subject for a long time to come.

The second reason for optimism is a more fundamental one. This year, in association with the Society, the Science Museum has launched an exhibition of British psychology called 'Mind Your Head'. If psychology, to quote the popular definition used for the exhibition, is the systematic study of mind and behaviour, then it is clearly central to all our interests,

since the main issues which society faces are of human behaviour and relationships. If psychologists can contribute to changing human behaviour, then by definition we have primary importance for the well-being of society.

On my way by taxi to 'A Science for Society', I listened to the news headlines. There were four items that morning: a bizarre murder case, traffic congestion, a new report on teen obesity, and bad golfing. In every single one of these issues psychologists were working. Indeed, in virtually every aspect of life our discipline has a significant contribution to make, and I believe we are only at the start of exploring the extent of that contribution.

Taking on the role of futurologist has its pitfalls. It was the view of Edmund Burke that to conceive extravagant hopes for the future was one of 'the common dispositions of the greatest part of mankind'. In his *Cynic's Word Book* (1906), the American writer Ambrose Bierce defined the future as 'that period of time in which our affairs prosper, our friends are true, and our happiness is assured'. To answer the question of where we'll all be in a hundred years from now, I think the verses of the ditty with which I commenced this column took as their theme the process by which we would become skeletal remains.

Despite all that, I'm content to adopt the futurologist's mantle, and to assert that psychology is on the verge of a prosperous new era. Its role will be central – not just to the 'problem' areas such as disorders and special needs, but to promoting physical and mental health, raising educational achievement, enhancing the workplace and fostering quality of life in all areas of human activity. I predict that, as the century progresses, we will not witness the burial of psychology's skeletal remains, but will watch its healthy growth and development as a central force in society's affairs.

Tommy MacKay

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## Press Committee

### Media Training Days 2001

Tuesday 27 March  
Monday 17 September  
Monday 10 December

Media Training Days will be held on 27 March in Glasgow (pre Annual Conference) and at the Society's London office on 17 September and 10 December.

The days will include:

- news writing
- snapshots of the media
- media releases
- interview techniques

For a registration form and further details contact:

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## National Science Week and the British Association

**T**HE British Association for the Advancement of Science (BA) is co-ordinating National Science Week, which starts on 16 March and

involves over a million people in science events throughout the UK.

There has never been a better time to join the BA, and

as the Society is affiliated to them you are entitled to discounted membership fees – £24 a year, or £12 for students.

The BA is for everyone concerned about public issues in the development of science. They run a variety of innovative events: science in a pub (sciBARS); discussions on topical science; the Festival of Science (Glasgow, 3–7 September 2001); and science clubs for young people.

As a member you will receive invitations and discounts for BA events, plus the *BAnter* newsletter and bimonthly *Science & Public*

*Affairs* magazine to keep you up to date on the work of the BA and how science affects our lives.

□ For the full programme of National Science Week events, see [www.britassoc.org.uk](http://www.britassoc.org.uk). To take advantage of the membership offer please call 0870 241 0664 or e-mail [baas@lancaster.ac.uk](mailto:baas@lancaster.ac.uk).

### SCOTTISH OFFICE

The phone number for the new Scottish office we gave in last month's 'News' was incorrect. The number is 0141 211 3901.

## EBMH online

**E**VIDENCE-Based Mental Health (EBMH), the joint venture between the BPS, the British Medical Association and the Royal College of Psychiatrists, is launching a new full-text website at [www.ebmentalhealth.com](http://www.ebmentalhealth.com).

EBMH is a quarterly journal bridging the gap between research and practice, and disseminating the best clinically relevant research in the field. Using explicit methodological criteria for quantitative and qualitative research, journal staff and editors review research papers from over 100 journals in mental health and allied fields. Those papers that are most clinically relevant, newsworthy, and methodologically strong are then summarised in a standardised abstract. Clinical experts provide commentaries giving the clinical context for the research findings.

The site will be open-access until June, with anyone able to see full text of articles. From June non-subscribers will be able to see the contents list and

certain high-importance articles of the editors' choice. Subscribers will have access to a range of features:

- full text of all articles;
- e-mail alerts whenever new content in EBMH or a participating journal is published that matches your criteria;
- direct access to Medline and search facilities across Highwire journals: over 200 clinical and non-clinical topic collections and specialist journals, e.g. the BMJ and Cochrane Reviews;
- full text of articles cited in EBMH if the citation is for one of the journals hosted by Highwire.

The website goes live on 1 March. Once access is closed to non-subscribers in June, Society subscribers will have access as part of their special print subscription rate of £50, or £35 for subscribers in their first year.

□ To subscribe to EBMH phone 020 7383 6270 or e-mail [subscriptions@bmjgroup.com](mailto:subscriptions@bmjgroup.com).

## AWARD FOR DISTINGUISHED CONTRIBUTIONS TO THE TEACHING OF PSYCHOLOGY 2001

**The Membership and Qualifications Board invites nominations**

**Eligibility** — the award is open to any present or past teacher of psychology at any level, and is not restricted to members of the Society. Nominators should be able to demonstrate that the **work of the candidate has made an unusually significant contribution to education and training in psychology within the United Kingdom.**

**Criteria** — The criteria for the award are intended to be broad, and may include any of the following:

- outstanding performance as a classroom teacher of any area of psychology;
- outstanding performance in the application of psychology in the development of individual students;
- outstanding psychological contributions to course or curriculum development;
- outstanding contributions to the psychology teaching literature;
- outstanding contributions to the profession of teaching psychology

**Nominations** — Guidance document available on request. For further details see *The Psychologist*, January 2001, p.43.

Deadline: **20 April 2001.**

# Call to improve youth mental health services

**EVERY year thousands of young people going through a mental health crisis are being failed by current services, according to the Mental Health Foundation.**

The claim comes in a new report, *Turned Upside Down*, based on interviews and discussions with young people who have experienced a mental health crisis, together with the views of mental health professionals and those working in voluntary sector organisations supporting vulnerable young people.

The report argues that the number of people aged 16 to 25 with a mental health crisis has increased in recent years, but the availability of services for this age group has not kept pace with demand. At an age where schizophrenia typically makes its first appearance and where, for many, the transition from childhood to adulthood can be stressful, young people are not getting the specialist services they need.

Ruth Lesirge, director of MHF, said: 'Our research shows that many young people are being let down badly by the current mental health services. It is essential for their future that we turn this crisis upside down. If young people's needs are to be met, the government should be listening to what young people have to say and establishing a framework for community-based mental health services for 16 to 25-year olds, that young people find approachable and accessible.'

The Mental Health

Foundation found that some young people were falling into the gaps between children's mental health services, which in some areas stop at 16 years, and adult services, which start at 18. Between 500 and 600 young people each year are placed on adult wards inappropriately. In addition, young people who are also misusing alcohol or other drugs may be denied help.

MHF makes several recommendations to government to improve mental health services for young people. These include setting up a National Service Framework similar to that developed for adults, emergency responses to be available during weekends and holidays, and an end to the practice of placing people under the age of 18 on adult psychiatric wards.

□ For more information, see [www.mhf.org.uk](http://www.mhf.org.uk).

## AND IN THE STATES...

A report released by the US Surgeon General asserts that mental health services for children in the USA are so poorly organised that the nation faces a 'health crisis'. The report estimates that one in 10 children in the US suffer from mental illnesses that are severe enough to cause some level of impairment, but only 20 per cent of these children receive treatment.

## PROMOTING EQUALITY

Please remember that nominations for the 2001 Award for Promoting Equality of Opportunity must be submitted by **Friday 20 April 2001** (see *The Psychologist*, January 2001, inside back cover).

Angela Pocock

Chair, Standing Committee for the Promotion of Equal Opportunities

**The British Psychological Society**

## 2001 Annual Conference

**28-31 March, SECC, Glasgow**

## Society Information Services Stand

### Advice on a variety of issues including:

- ◆ Changing your grade of membership
- ◆ Registering as a Chartered Psychologist
- ◆ Statutory registration
- ◆ Overseas psychologists and the UK job market
- ◆ Discipline, Code of Conduct and ethics

### Also:

- ◆ Binders for *The Psychologist* at bargain prices
- ◆ Careers information
- ◆ Other Society publications

Society staff and officers will be available for informal discussion

# Reforming the Mental Health Act

LESLEY COHEN looks at how proposed new legislation affects psychologists.

UNSHERED in (rather quietly) just before Christmas 2000, the White Paper 'Reforming the Mental Health Act' heralds radical changes in mental health legislation in England and Wales. Many of the changes are controversial, and there are huge implications for psychologists. The paper is elegantly written and clear, and there is evidence that the government has listened to the concerns raised during the consultation process, including those of the Society.

Part I of the paper introduces a new legal framework to cover assessment, care and treatment under compulsory powers (i.e. without consent). The first key change is the use of a broad definition of mental disorder as:

*any disability or disorder of mind or brain, whether permanent or temporary, which results in an impairment or disturbance of mental functioning* (paragraph 3.3).

This means the application of powers will not be limited by particular diagnostic labels, as in the 1983 Act when people diagnosed under the terms 'psychopathic disorder' and 'mental impairment' had to be deemed 'treatable' in order to come under its provisions. In some senses this introduces equity: it will be more difficult for clinicians to exclude people from services that may be in their best interests just because they are labelled 'personality disordered' rather than 'mentally ill'.

However, the second criterion for the application of compulsory powers is that specialist care and treatment is necessary in the best interests of the patient, or because without care and treatment there is a 'significant risk of serious harm to other people' (paragraph 3.15). This sets the framework for new proposals for managing dangerous people with severe personality disorder which have at their heart a concern for public protection, but whose publication has provoked significant controversy among users of mental health services, professional bodies and voluntary and statutory agencies.

New aspects of the proposed legislation are:

- compulsory powers for assessment, care and treatment applying across a range of settings and not necessarily requiring detention in hospital (but any patient who is actively resisting treatment will only be given medication in hospital);
- a statutory requirement for the clinical team to develop care plans based on a full assessment of patients' health and social care needs;
- compulsory powers not to be applied beyond 28 days without review and approval by a mental health tribunal, independent of the clinical team (or a court in the case of mentally disordered offenders);
- new safeguards for people with long-term mental incapacity (who are not actively resisting treatment);
- the RMO (Responsible Medical Officer) replaced with the 'Clinical Supervisor', who can be a consultant psychiatrist or psychologist;
- a new right to independent advocacy.

The use of compulsory powers will be linked to the availability of a treatment plan needed either to treat the underlying mental disorder or to manage behaviours arising from the disorder (paragraph 3.18) – so the concept of 'treatability' is significantly broadened.

Part II of the White Paper covers the application of the new powers to the compulsory specialist assessment, care and treatment of people who pose a high risk to others as a result of their mental disorder. A significant group among these comprises 'dangerous people with severe personality disorder' (DSPD). A working definition of this group is given as individuals who:

- *show significant disorders of personality;*
- *present a significant risk of causing serious physical or psychological harm from which the victim would find it difficult or impossible to recover, e.g. homicide, rape, arson; and in whom;*
- *the risk presented appears to be functionally linked to the personality disorder* (paragraph 2.18).

The new proposed mental health legislation allows for the management of DSPD

individuals without the introduction of new legal powers applied specifically to this group. The same principles apply to their care and treatment under compulsory powers as to anyone with mental disorder. This maintains some fairness and equity.

Alongside the introduction of new mental health legislation is significant service development (for DSPD) with the investment of £126m over the next three years. This will fund pilots of specialist assessment and treatment facilities (in hospital, prison and the community), research, staff training and development and investigation of primary and secondary prevention. Application of new powers should not go ahead of establishing the evidence for the effectiveness of the proposed services or the level of demand (*Dangerous People with Severe Personality Disorder: A British Psychological Society Response*, December 1999).

There are significant implications for psychologists in the new proposed mental health legislation, which will pose both philosophical and operational challenges for the profession. For the first time, psychologists are nominated as key professionals who may exercise statutory powers as members of initial assessment teams, clinical supervisors, core members of DSPD screening, intensive assessment and treatment teams. Psychologists will also be called upon as experts by mental health tribunals, the courts and the Mental Health Commission.

Some psychologists may struggle with undertaking roles so directly concerned with 'social control' and the duties and responsibilities this entails. Whatever the outcome of that personal struggle, the new proposals will bring massive increase in the demands on psychologists. We need to get prepared to meet both sets of challenges.

■ Lesley Cohen was Chair of the Professional Affairs Board working group on managing dangerous people with severe personality disorder. She is based at the Nottingham Forensic Service. E-mail: [lescoh@nadt.org.uk](mailto:lescoh@nadt.org.uk).

**What are your views on the White Paper and the implications for psychologists? Send your 'letter to the Editor' – see p. 122 for details.**

## WEBLINK

[www.doh.gov.uk/mentalhealth/whitepaper2000.htm](http://www.doh.gov.uk/mentalhealth/whitepaper2000.htm)