



STUDENTS

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Short articles (around 600 words), news, tips, quotes, cartoons and other contributions of particular relevance to students are most welcome. Send to: Nicola Hills, c/o the Society's Leicester office. E-mail: Nicola_Hills@hotmail.com

Working in POST

READING through *The Psychologist*, an advert for the BPS/POST

postgraduate award caught my eye. The award, targeted at psychology graduates undergoing the second or third year of doctoral research, enabled the award holder to merge psychological research with policy. I had sought to do the same in my PhD on children affected by parental mental health problems, so the chance to be seconded to the Parliamentary Office of Science and Technology (POST) and experience the hustle and bustle of Westminster for three months had great appeal.

POST, an office of the two Houses of Parliament (Commons and Lords), is a fascinating place to work. Its remit is to provide balanced and objective analysis of science and technology issues relevant to parliamentarians. It does this by way of four-page POSTnotes, longer POST reports, and seminars. Situated in the heart of Westminster, POST attracts extensive media attention and tourist interest. It is common to see well-known politicians rushing between parliamentary meetings and frequenting the numerous restaurants and the spectacular House of Commons Terrace.

My application for the award considered the implications of reform in mental health legislation for children and parents with mental health problems. My secondment to POST would focus on the proposed changes to the Mental Health Bill (England and Wales), which Parliament was expected to debate in the forthcoming

BY NICOLA ANN COGAN

session. This was in line with broad agreement that the Mental Health Act 1983 needed amending to take into account advances in our thinking about mental health and therapeutic practice and changes in the structure of the NHS. The government had also expressed its wish to see the new legislation break the link between compulsory treatment of people with mental health problems and detention in hospital.

Together with BPS representatives, I was responsible for working closely with select committees, key players within the Department of Health and the Home Office, and service user/carers groups. Analysing the responses from multiple informants proved no

easy feat as the proposed changes to the current 1983 Act have been hotly debated. Some aspects of the draft bill, including the introduction of specialist independent mental health advocacy services, which aim to empower people with mental health problems, and new safeguards enabling scrutiny of compulsory treatment beyond 28 days by an independent tribunal, have been welcomed by the stakeholder community. Nevertheless, there has been considerable opposition to many aspects of the bill by health professionals, service providers, users and carers alike. Most noteworthy, was the concern that the bill may broaden the criteria for compulsory treatment orders,

which could lead to excessive or variable rates of compulsion, particularly for treatment in the community. Some experts argued that the new legislation might contravene the European Convention on Human Rights if it sets a lower threshold for compulsory hospital admission than is currently found in the 1983 Act. Talking to the experts, I quickly learnt that the main issue here will be how effective new safeguards such as the Mental Health Tribunal prove to be in scrutinising compulsory treatment orders.

Following the collation and analysis of informants' responses to the bill, the BPS supported my attendance at select committee scrutiny team sessions examining the draft Mental Incapacity Bill. This ensured that the briefing was in alignment with recent developments in this area.

DAVE ROBERTS

The bill, if enacted, will make provision for people who lack the capacity to make important life decisions for themselves. I was impressed and enthused by the highly competent BPS representatives who acted as specialist advisers to parliamentarians.

My POSTnote had to be concise, comprehensible and accessible to MPs and non-specialists. Major editorial work was necessary in order to work through the extensive information I had gathered in interviews, at parliamentary meetings, and by literature reviews and internet searches. POST advisers, familiar with this complex and sometimes daunting task, offered excellent support and advice. Prior to publication the POSTnote underwent a peer review process before being submitted to an expert panel for appraisal. Many drafts were prepared in order to reach agreement that the content and structure of the POSTnote represented a balanced analysis of the issue.

The final four-page POSTnote can be seen at www.parliament.uk/post/pn204.pdf. The key recommendations, that many patient, carer and professional groups advocated for reform in mental health treatment and mental incapacity were:

- An assessment of capacity should be an integral part of the compulsion process. A clause stipulating 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 should be included. This would also be in line with the core criteria for compulsion in the Mental Health (Care and Treatment) Scotland Act 2003.
- Advance directives should be used more, as they can

promote individual autonomy and empowerment, enhance communication between patients and those involved in their care, as well as protecting individuals from receiving unwanted treatment.

- Assessing a person's ability to make valid consensual judgements about their mental health care should be an integral part of the new legislation in order for it to be compatible with the Human Rights Act.
- There should be increased government action to address the problem of discrimination against people with mental health problems; they should have the personal assistance, support and conditions to live as independently as those without such problems.
- Improving community and inpatient services as well as providing appropriate education and support for mental health service providers and users is central to reform.

Such changes may strengthen the proposed legislation and ensure it remains compatible with human rights. But the success of the new legislation will depend on sufficient resources being available to implement it.

Reflecting upon my experience in Parliament, I find I gained a great deal personally and professionally. I learnt how psychological research can inform public policy issues. I developed an understanding of the importance of communicating psychological issues to non-specialist audiences in order to increase its accessibility and impact. I also gained insight into the implications of reform in mental health legislation for clinical psychologists, in

BEHIND THE NAME

by Noel Sheehy

Humanistic psychologist **CARL ROGERS** (1902–1987) developed a non-directive or person-centred method of therapy. He attended Union Theological Seminary (New York City) and later obtained a degree in clinical and educational psychology. His therapeutic approach emphasises accepting the thoughts and feelings of the client unconditionally. This 'unconditional positive regard' shares many features with the theological concept of 'being in a state of grace' or unmerited favour, and the similarity may be due in no small part to his early theological training.

Further reading: Cohen, D. (1997). *Carl Rogers. A critical biography*. London: Constable.

particular, the proposed 'clinical supervisor' role with legal powers to detain or compel treatment. Consequently, I am entering clinical training and intend to further my interests in public policy issues within the profession of clinical psychology. I would strongly encourage postgraduates to

experience POST for themselves and soak up the opportunities it has on offer. Look out for the 2005 POST award, to be advertised in *The Psychologist* early next year.

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