



Lost in memory

In the face of Ebola, who helps the helpers? Ella Rhodes reports.

Forced to work in secret using pseudonyms, shunned by families and communities, all the while risking their own lives for the thousands who had been struck down by Ebola. The national healthcare workers in Sierra Leone faced scores of barriers and intense psychological trauma during the height of the epidemic.

In a country with no state-employed psychologist and only 20 mental health nurses the future could look bleak for the Sierra Leonean healthcare workers. However, a small team of psychologists from the South London and Maudsley NHS Foundation Trust (SLaM) has recently launched a pilot service to help them. The three-phase service has already reached more than 70 per cent of those who worked tirelessly for months in the six Ebola treatment centres in the country that were funded by the UK government's Department for International Development (DFID).

This pilot project is part of a wider Ebola Psychological Support Service set up by SLaM and funded by the DFID, which also offered one-to-one Skype support to NHS workers who also gave their time to help those affected by Ebola in the country. Idit Albert, consultant clinical psychologist and expert in complex trauma and PTSD, leads the service for UK aid workers. She said that when faced with the numerous psychological challenges of Ebola, SLaM, DFID and other trusts within the NHS were quick to act to implement a service to support UK workers in the country.

She explained that at the time Ebola broke out, a team from the King's Centre for Global Health had already been in the country for around 18 months. 'A mental health nurse from the King's team had been receiving Skype support from a psychiatrist and she wanted to ensure this type of support was available for the rest of her team in Sierra Leone.' The mental health nurse asked her boss to contact Alison Beck, the head of psychology and psychotherapy at SLaM, to see if any of its team of psychologists and therapists were willing to help the King's staff. Around 10 per cent of the workforce said they would be happy to volunteer their time in supporting the people fighting Ebola in Sierra Leone.

The King's Global Health Team were paired up, one-on-one, with psychologists and therapists from SLaM to speak to whenever they needed. The Chief Medical Officer Dame Sally Davies heard about the service and suggested linking it up with the Department for International Development to offer the service to NHS workers who would soon be sent out to the country.

Although there are only a few NHS staff in Sierra Leone at

the time of writing, and 20 staff on standby to be deployed to Sierra Leone in case of increase in Ebola cases, the service is still supporting NHS volunteers who have returned home. The Skype support sessions from psychologists and psychotherapists who volunteered their time varied from counselling and psycho-education through to higher-level clinical interventions. For the majority of aid workers, it involved discussing their work during deployment, processing what they saw, debriefing and also offering advice on improving personal resilience and protecting their wellbeing.

Dr Albert explained that in other cases aid workers presented with anxiety, depression and PTSD-type symptoms. She added: 'The service aimed to encourage people to think about self-care as well as giving them a place to process their experience during their deployment and supporting them in the adjustment to life in the UK. The psychologists and psychotherapists can be flexible in how they offer help.'

Despite the traumatic scenes many of the aid workers witnessed, Albert said some came out of the experience feeling stronger. She added: 'We haven't analysed all of our data yet but it's encouraging to see that after this experience people's priorities in life have shifted and many discovered they were stronger than they initially thought.'

The DFID were also keen to offer support to Sierra Leone nationals who had been working at the Ebola treatment centres. Elaine Hunter, a consultant clinical psychologist and expert in complex trauma, psychosis and cross-cultural psychology, was chosen to lead this pilot project. She visited Sierra Leone in April to assess the 2000 workers' needs and developed a three-phase pilot project to give culturally appropriate support to treatment centre staff across the country and recruited an in-country team of 15 Sierra Leonean nationals to deliver the service.

Phase one of the project proved highly popular and attracted more than 1600 people. This included group workshops with questionnaires that assessed general wellbeing, and those who had moderate to high scores were then invited to take part in the second phase.

The second phase, also open to anyone who is interested in taking part, will include group self-help sessions focusing on six areas that were found to be most problematic during Dr Hunter's initial visits to the country: stress, sleep, anxiety, low mood and grief, anger and alcohol, and relationships. National staff have been able to sign up to attend any of these problem areas and already over 3500 participants have been booked. The third phase will offer brief individual CBT-style guided

self-help over six weeks for anyone who is still experiencing psychological problems.

Hunter painted an alarming picture of the challenges that so many of the Sierra Leonean healthcare workers face, many of whom have no clinical background. She explained after Sierra Leone shut down schools and places of business to attempt to prevent the spread of the disease, many were drawn to work at treatment centres – one of the few places of paid employment in the country.

'People who work around Ebola are really stigmatised, they often work in secret and used pseudonyms,' Hunter told me.

'I talked to the burial team, who were some of the most stigmatised because they're preventing people from carrying out traditional burial practices. They were such a dignified team despite their very grim job – they had to bury up to 12 people a day. People's relationships broke up, if found out people were pushed out of their families. They all witnessed a huge number of people dying and some of them very suddenly.'

Even experienced clinical staff, including nurses, were left in shock after witnessing the many children who were killed by the disease. She added: 'They don't normally see children dying; with Ebola it has a 100 per cent mortality rate for anyone under five years old. Most people knew others who were dying – family, friends and colleagues.'

While speaking to national staff, Hunter was struck by the ways in which people described their psychological problems. 'People speak of having "problems with their imagination" following their experiences. People who experienced flashbacks, feeling like they were back on the wards again, said they were "lost in memory". They described having anxiety symptoms as a "restless heart" and they spoke of themselves as being "sick at heart" when describing grief or depression.'

This pilot project will run until the end of December, and the Maudsley team will evaluate data from questionnaires and outcomes to assess whether the project could be expanded. The Maudsley is currently in discussion with the DFID and the organisations recruiting NHS staff for humanitarian aid missions for providing formal psychological screening and support in future.

I For the thoughts of the NHS workers, see the online version of this item via <http://thepsychologist.bps.org.uk>

A treasure trove

The boxes of data – 65 of them – had lain unattended for years. Answers from a two-decade research programme carried out by an Australian academic, who died suddenly in 2007, were in danger of being lost for ever. The records potentially contain clues to how schizophrenia differs across cultures. There was just one small problem – the study had been conducted with the tribal Iban people of Malaysia, and very few people understand the language. But now the project is being rescued, following a chance meeting involving a psychologist from London's University of Roehampton.

Between 1986 and 2006 Professor Rob Barrett investigated the indicators of schizophrenia in Iban people. There are just 400,000 Iban in the world, many living a lifestyle based on farming and agricultural work in Sarawak, Malaysia. Professor Barrett lived amongst them in 'long houses' housing several generations, combining social anthropology, psychiatry and genetics to dig out the roots of schizophrenia. His records included first-hand accounts in the native language, and blood samples from 700 people.

Professor Barrett's theory was that some major symptoms of schizophrenia, such as those related to thinking (e.g. delusions of control and thought broadcast, insertion or withdrawal), may not be a significant indicator of schizophrenia in all cultures – including the Iban. In the Western context, thinking is a mental activity that takes place in the brain. But among the Iban, thinking is believed to come from the heart-liver region and is closely tied with emotion, desire and will.

The research findings would have remained a mystery were it not for an invitation to Professor Cecilia Essau to give a seminar at the University of Adelaide last September. Explaining her personal history and Iban language fluency led to the international connection – Professor Barrett had previously worked at Adelaide. Professor Essau is the only Iban-speaking academic psychologist in the world and was the first Iban woman ever to hold a PhD. She is also a Fellow of the British Psychological Society.

With support from the Florey Medical Research Foundation, Essau is working for the next two months with Barrett's former colleagues at the University of Adelaide, including Head of Psychology Professor Anna Chur-Hansen, to translate and study his findings. 'There's so much

there, it's incredible,' she told us. 'There are lots of videos and interviews with patients and their family members, fieldwork notes, photos, documentation of Iban shaman doing curing rites and death and bereavement rites.'

Professor Essau said: 'This is a hugely exciting project to work on, not least because Professor Barrett's fieldwork was carried out in towns near where my own family have lived, but also because it reaches right to the heart of the nature or nurture debate. Having the opportunity to recover the work of such an eminent scholar, interpret it into English and understand his findings, is a real contribution to science. It would have



Professor Cecilia Essau

been incredibly sad to think so much work and study over a lifetime would have been lost.'

The boxes are being kept at a section of the special collection at the Barr Smith Library. Professor Essau said there would be increased need to work with other psychologists to fully analyse the information. 'At this point, we haven't yet started looking at the family component of the research. The Iban family structure is very complex because we don't have surnames like in the West. And it has been interesting to read how the patients described the way they communicated with the voices they heard: animal themes seem to be very dominant in the content of the hallucinations.'

Professor Essau invites any academic psychologists who feel their expertise may be useful to this project to contact her on c.essau@roehampton.ac.uk. 'Professor Barrett's is definitely work that will last for several years,' she concluded. **JS**

'Focus your attention on the victims and their families'

October's school shooting in Umpqua Community College Oregon was just the latest of almost 300 mass gun attacks in the US this year alone. President Obama could barely contain his emotion and frustration at the regularity of these attacks, saying: 'Our thoughts and prayers are not enough. It does nothing to prevent this carnage being inflicted some place in America, next week or a couple of months from now.' Noting that the US has spent trillions of dollars and passed laws to protect people from terrorism, Obama said: '...yet we have a Congress that explicitly blocks us from even collecting data on how to reduce potential gun deaths. How can that be?'

Yet there are others with a responsibility to reduce the risk of further shootings: the media. Back in 2009 (see tinyurl.com/parkdietz), forensic psychiatrist Park Dietz called on the media to avoid: showing sirens blaring in their reports, using photographs of the killer, having rolling 24 hour coverage of the event, and leading with the body count. Dietz warned that these were all factors in creating 'anti heroes' and prompting copycat, one-upmanship: 'Every time we have intense saturation of coverage of a mass murder we expect to see one or two more within a week.' The coverage of the Virginia TV journalists shot dead earlier this year during a live report suggested Dietz's advice had not been heeded.

However, following the Umpqua killings, the Sheriff of Douglas County, John Hanlin, refused to name the shooter in an official statement released on Facebook, and implored news outlets to do the same. He said: 'Let me be very clear: I will not name the shooter. I will not give him

credit for this horrific act of cowardice. Media will get the name confirmed in time... but you will never hear us use it. We would encourage media and the community to avoid using it, repeating it or engaging in any glorification and sensationalisation of him. He in no way deserves it. Focus your attention on the victims and their families and helping them to recover.'

Unsurprisingly though, once the killer's name was released to the press, hugely in-depth investigations of his background were released. His internet activity, his history and interviews with his distraught father saturated the news while a photograph of the shooter holding a rifle accompanied each separate report.

Research supports the suggestion that such coverage has a deadly impact. Work led by Sherry Towers (Arizona State University) and published in *PLOS One* earlier this year (see tinyurl.com/towersetal) found that there is a 'temporary increase in probability' following mass killings involving firearms, lasting on average for 13 days and leading to at least 0.30 new incidents. Shockingly the authors outline that 87 per cent of all children (aged 0 to 14) killed by firearms are children living in the US, despite the fact only 5 per cent of the world's children live in the country.

Psychologist Pam Ramsden (University of Bradford), an expert in vicarious trauma, said that in the wake of school shootings a certain percentage of the public – particularly



the very worst of the images that they can.'

As for helping schools to reduce their vulnerability to deadly shooting incidents, research by Traci Wilke and Mark Fraser from 2009 identified six strategies, including

strengthening pupils'

attachment to their school, reducing social aggression, breaking down codes of silence, establishing resources for troubled and rejected students, increasing basic security measures, and bolstering communication within the school (e.g. by introducing a mass text message alert system) and between school and community agencies, allowing, for example, the rapid review of pupils whose essays and compositions may betray signs of mental distress. 'If implemented successfully, programs based on these six strategies are likely to reduce social stratification, increase school bonding, and provide early intervention to ostracized and angry students who, if exposed to other risk factors, may have a higher likelihood of violence,' the authors wrote. (See also the excellent piece on the race to stop the next school shooter: tinyurl.com/nrm7jep).

But to turn the spotlight back on the media, is it time for outlets to take responsibility for reducing glorification and sensationalisation? There are media guidelines around the reporting of suicide (see tinyurl.com/8fvckxv) so why not homicide? Surely a first step would be to follow Sheriff Hanlin's advice: to not name the killer, ditch his photo and focus instead on the victims and their families. **ER**

parents – could be prone to experiencing some symptoms of trauma after viewing coverage on the news. She said: 'We know that when children are involved the amount of trauma is higher – especially if they have school-aged children, because they can visualise their own children in danger at what is suppose to be a safe environment. Trauma is more likely when normal people are doing normal things – for example we all are not shocked when a soldier is killed during active duty, because we have an expectation that this will happen. We don't have the same expectations in what we would consider "safety zones".'

Some of the media images following the Virginia shootings, showing the precise moment the victims realised they were going to die, seemed particularly graphic. Ramsden said: 'These pictures are traumatising as the human brain is specifically designed to catalogue visual memories... we store these and each picture we see further builds on these traumatising images. I believe it is enough to show that a terrible accident occurred, or a natural disaster, we don't need to see floating bodies – whether they are human or animals. These graphic violent images can be damaging, and I believe that the media, in an effort to increase shock value, portrays

'Stampede' – a loaded term

The horrific crush near the holy city of Mecca, during the annual Hajj pilgrimage in the valley of Mina, killed 717 people and injured more than 850 others. Press coverage quickly focused on 'panic' and 'stampede', but is the 'mindless mass' really to blame for such tragedies?

Professor Steve Reicher (St Andrews University) told us that the problem lay in crowd physics management rather than crowd psychology. 'Claims of inevitability are using excuses for doing, and having done, nothing... descriptions like "panic" and "stampede" suggest that the problem lay in irrational crowd psychology or behaviour. Yet there is little evidence of anyone "rushing wildly", as is the nature of a stampede. In fact, in events such as this the problem is that people can't run anywhere.'

When crowds meet a certain density of around four people per square metre, Professor Reicher explains, any push or shove results in waves passing through the crowd. Another issue, he said, is that is people at the front fall or meet an unexpected barrier; those behind may carry on moving leading to a 'catastrophic' build-up of pressure. Dr Clifford Stott (University of Leeds) added: 'While we still don't know the full details it appears the authorities allowed crowds from different directions to converge on a single location that itself was a confined space. Much like the Hillsborough disaster this would have created fatal pressures that no-one could have escaped from.' There is also growing evidence that two paths near the site of the accident had been closed off for 'unknown reasons'. 'This points to the fact that in many disasters, the problem lies in the way that certain exits are blocked off,' Reicher said.

On top of this, Reicher added, there were issues with group psychology, trust and respect of authorities. 'We know that Islam is a house divided. Previously that was not seen to be too significant at the Hajj. Whether it was a factor in the tragedy, we don't know yet. But what we can see is that the tragedy has affected socio-political divisions. Iran, for instance, has attacked the Saudi regime for mishandling the Hajj. Since the whole legitimacy of the Saudi regime rests on being "custodians of the two mosques" this is potentially of huge geopolitical significance.'

A large-scale survey of pilgrims at the Hajj, by Dr John Drury (University of

Sussex) and Hani Alnabulsi and published in PNAS, has shown that the effect of density on feeling safe is moderated by social identification. If a person felt part of the crowd of pilgrims they didn't fear crowding and, in fact, felt safer in denser spaces – because they felt that they were alongside people like themselves who would support them. Reicher said: 'This could potentially lead people into risk taking and attract them to dangerous spaces. I would stress, though, that compared to issues of crowd flow and management this is relatively minor.'

So how can the risk of such tragedies be reduced? Dr Stott says: 'The solutions do not lie in increasing coercion and security measures, nor merely in addressing the infrastructure, but also in

facilitating awareness and communication with and among crowds.' In this sense Reicher highlights the need to see crowd members as part of the solution to disasters and not just the problem. Studies have found that, far from panicking, and looking after oneself at the expense of others, in disasters people come together and help each other often at severe risks to themselves. 'So we should examine the role of crowd members as 'first responders', as helping to deal with the aftermath of the crushing,' Reicher concluded.

In 2006, more than 360 pilgrims were killed in another incident in Mina. Back then, pilgrims were blamed before the finger was pointed at poor management as the primary problem. 'Most crowd safety experts would say "accidents" are due to mismanagement,' Dr Drury told us.

Writing about the term 'stampede' on his blog (<http://dontpaniccorrectingmythsaboutthecrowd.blogspot.co.uk>), psychologist Dr Chris Cocking said: '...it is such a loaded term, and does not accurately describe what actually happens in such incidents... if we are going to improve safety at large crowd events, using outdated terms such as "stampede" when things go wrong, will only get in the way of trying to create safer crowd experiences for everyone involved.' JS



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Nudging us towards a better future

Eloise Smart reports from Behavioural Exchange Insights 2015

Over two days in London this September, the Behavioural Insights Team hosted the inaugural Behavioural Exchange conference. Addressing an array of global social issues, the sold-out event brought together 900 of the world's leading behavioural insights experts, policy makers and practitioners to use social norms to create policies that can affect the world for the better. Amongst the leading speakers were esteemed Nobel Prize winner Daniel Kahneman and President of the American Economics Association Richard Thaler.

Starting the conference by tackling 'the world's biggest challenges' head-on was a team including David Halpern, psychology graduate and Chief Executive of the Behavioural Insights Team, discussing social issues such as poverty and inequality. Professor Iris Bohnet from the Harvard Kennedy School spoke to the impact of gender inequality at the highest levels within the workplace. To remedy this, the British government found that telling companies a positive statistic (that 94 per cent of companies had at least one woman on the board) rather than a negative one (that only 17 per cent of board members were women) led to a much better response in those companies' promotion policies.

The science and style of behaviour change communication were debated between leading psychologists Steven Pinker and Robert Cialdini, where the effectiveness of 'reciprocity' (that people are more likely to give something up if

another party has also given something up) was highlighted in Cialdini's example that hotel guests are more likely to reuse towels if told their hotel has already given to an environmental charity.

Health and behaviour change was also given thorough and thought-provoking examinations. The 'interactive' session 'You are the doctor' allowed the audience to experience how good and bad medical decisions can cause life or death, and stress-tested the alternatives. Health experts, including Cornell University's Brian Wansink (whose obesity research contributed to the introduction of smaller 100-calorie' packages for reduced portion size) and the White House's Sam Kass (who served as Executive Director of the First Lady's 'Let's Move' campaign) then discussed the epidemic of obesity and solutions to change widespread health behaviours around impulsive eating patterns.

Topical sessions on finance and behaviour demonstrated the UK government's pressing need to entice the public to actively manage their money for sustained financial health, as best exemplified in the recent pension reforms. Effective communication of the implications of poor financial management drove reformed behaviour, as observed after reminding people that taxes fund vital public services, rather than simply demanding payment without explanation. Another route was equally effective, as explained by David Halpern: 'Findings from behavioural science show us that people are strongly influenced by what they think their fellow citizens are doing. The Behavioural Insights Team, for example, has shown that people are more likely to pay their tax when they are reminded of the truth – that most people pay their tax on time. So this survey has important implications. We underestimate how virtuous our fellow citizens are, and this really matters. If we think others are cheating, not saving enough, or not eating healthily, then we're much more inclined to do the same ourselves. Our perception of others' behaviours is often way out of line with reality, and this has consequences for what we ourselves do.'

Halpern's references reflected the findings of the Ipsos Mori survey released at the event. This found that Britons underestimate how much exercise they really do, and the extent to which they save for retirement. The survey found

people think that 65 per cent of the population are not saving enough for retirement, when government studies suggest it's actually 43 per cent; and that only 42 per cent do the recommended amount of exercise each week, when detailed physical activity surveys indicate it is 57 per cent.

The survey, which was conducted in the UK, US, Canada, Australia, France and Germany, also found that people believed others' behaviour was generally worse than their own. For example, people think that 52 per cent of their fellow citizens have pretended to be sick in the past year, but only 23 per cent of workers say they have done so themselves.

On these and many other key topics that affect our everyday in big and small ways, such as crime, the environment and education, it was acknowledged that behavioural economics could seem paternalistic, and that turning theory into policy brought with it responsibility, and uncertainty. In a plenary session that was by far the highlight of the event, long-time colleague Richard Thaler interviewed Daniel Kahneman (dialling in from New York) about these issues, whose words were wise as a reminder of consequence: 'In designing policy you have to worry about who the losers are going to be. What I believe is when you are introducing change there will be winners and losers. Losers will fight harder. Reform is more expensive than expected. Leaders don't anticipate loss aversion... they create winners and losers who they have to compensate... That would be the first piece of advice: who will the losers be and what will they be able to do to you?'

As final parting words, Kahneman's concerns felt apt to the number of policy makers in the room: 'I think there is an awful lot of decision making going on within firms and government and much of it is really very poor quality – it has evolved but it hasn't been designed. And designing decisions is a very large field. Seeing an organisation that produces decisions and asking: what quality controls can we apply? Getting into that is a very big challenge.'

Perhaps Thaler nailed the shortcut to the solution to this challenge by asking Kahneman how one can get buy-in for change management even if you don't have a Nobel Prize? 'Well, I think every consultant should have one,' quipped Kahneman.

SCOTTISH HIGHERS – A CORRECTION

The news item on p.793 of the October issue, headed 'A-level Psychology', stated that total entries for Scottish Higher Psychology in 2015 were 3175, a '10 per cent decrease' compared with 2014. In fact, the 2015 exam was the first year of the new revised Higher under 'Curriculum for Excellence', running alongside the old Higher in its final year. The old Higher had 3175 entries while the new Higher attracted 497. Old and new Highers yield the same Higher Award, and entries should therefore have been collated to give an overall entry total of 3672 – a 5.5 per cent increase.

Aiming to forget – human frailty or strength?

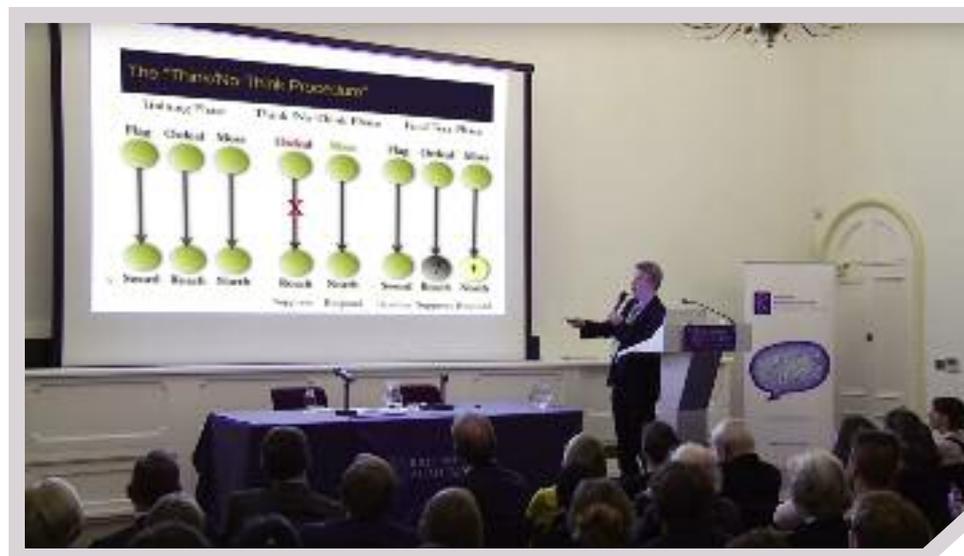
What does it really mean to forget? Michael Anderson (University of Cambridge) has spent his career challenging the belief that forgetting is a human frailty and exploring the neurological mechanisms behind so-called motivated forgetting.

He began his talk, at the British Academy in a joint event with the British Psychological Society, speaking of *Eternal Sunshine of the Spotless Mind*, a film that follows a man's mission to have memories of his ex-partner erased. He said that although people think forgetting is a negative thing, there are many situations where people may be motivated to actively forget. For example, one may wish to alleviate negative feelings, to protect one's own self-image. He added: 'More often than we realise, forgetting is what we want and need to do. Forgetting is the goal while remembering is the human frailty.'

Dr Anderson told a story of knocking a cactus from a windowsill and inhibiting himself from catching it. He said it occurred to him that if nature saw fit to give us mechanisms to prevent actions, some of those mechanisms might be able to be turned inward – for example in the case of memory retrieval.

He went on to investigate this idea in the lab. Participants were trained to memorise word pairs. When faced with one of the cue words, could people actively prevent themselves retrieving the associated word? Anderson looked further into the moment where a person stops themselves from remembering. A 'think – don't think' paradigm presented subjects with words either in green or red: when shown green they retrieved the associated word, when shown red they had to refrain from remembering the associated word, not allowing it to enter their consciousness. In the final phase of the test participants had to try to remember all word pairs. The words presented on 'think' trials were remembered well, while those on 'don't think' trials were remembered more poorly. Anderson used the term 'suppression induced forgetting' to describe this phenomenon – constantly trying to keep something from one's mind results in worse memory for that stimuli.

But what are the neurological mechanisms behind this process? Anderson found activity in the



dorsolateral prefrontal cortex during motivated forgetting, an area also heavily involved in inhibiting action. Interestingly, Anderson also saw suppressed activity in the hippocampus – an area with a well-established role in memory.

Anderson wanted to find out in these 'don't think' trials whether people were simply waiting and not thinking of the associated word, or 'slamming on the mental brakes', as it were, to stop themselves remembering. So he asked subjects in the scanner to report on the 'don't think' trials whether the associated word had crept into consciousness or hadn't. He said when a participant experienced the word coming to mind and had to push it out he saw huge down-regulation of hippocampus activity.

Potentially, Anderson said, down-regulating hippocampus activity does not target specific memories but has a more global effect on memory – causing people to briefly become amnesic. He described the case of one woman who suggested to him that she had experienced organic amnesia. It later emerged that she had witnessed a mass school shooting and later had to return to the same school. She found that her memory for her school years was badly affected. Anderson suggested that while suppressing memories triggered by stimuli related to the incident, this down-regulation of the hippocampus would have affected other memories that were unrelated to the trauma but that happened to the woman just before or after the incident that triggered the suppression.

In his future work, Anderson and his

team are hoping to assess whether people can be trained to suppress certain memories and whether people can be trained to down-regulate the hippocampus using neurofeedback. He concluded: 'Forgetting is much more active than we realise. We do it on purpose more often than we realise.'

ER
| Watch the lecture in full at tinyurl.com/babpsma

HCPC REVISE TRAINING GUIDANCE

The Health and Care Professions Council (HCPC) has launched revised guidance for people with disabilities who are considering or training for a profession regulated by the HCPC.

Nicole Casey, HCPC Acting Director of Policy and Standards commented: 'Disabled people have an important contribution to make to the health and care professions we regulate. Having a health condition or disability should not be seen as a barrier to becoming a registered health and care professional. Many people who have disabilities successfully complete our approved training programmes, go on to register with us and practise as health and care professionals. We hope that this revised guidance will encourage, enable and support disabled people who are considering or training to become HCPC-registered professionals.'

| Download the guidance from tinyurl.com/ps8zges

Not-so-smartphones – government reviews mobile policy in schools

An investigation into how to train teachers to tackle poor pupil behaviour is to be expanded to cover the use of mobile phones. Former teacher and expert in behaviour in schools, Tom Bennett, will lead the government-commissioned review into how initial teacher training prepares teachers for managing behaviour in 21st-century schools.

Though many schools now use devices such as tablet computers to help children learn, teachers have reported that the growing number of youngsters bringing personal devices into class hinders teaching and leads to disruption. A recent study from LSE found banning mobile phones from classrooms could benefit students' learning by as much as an additional week's worth of schooling over an academic year. The report found that banning phones would most benefit low-achieving children and those from disadvantaged backgrounds.

A 2013 survey suggested that the vast majority of schools have some form of mobile phone policy in place and one third of schools ban mobile phones outright, with a further fifth limiting their use in lessons. Chief Inspector Sir Michael Wilshaw has already called for more schools to ban children from bringing phones into lessons – a major issue that Tom Bennett will now review.

Occupational Health psychologist Gail Kinman (University of Bedfordshire) is part of a team who have organised a BPS-funded seminar series on the so-called



'Always On' culture. She said focusing on mobile device behaviour in schools would be useful in preparing young people for the workplace. 'As well as the need to understand how using mobile devices at school can impair learning, it is important to help children appreciate the etiquette around using mobile phones – what is appropriate and what isn't. Most university lecturers and employers have experiences of young people being unable to switch their phones off and who are engaged with them during important meetings and even during job interviews. The behaviours children learn in schools are reinforced and, if not challenged, will be used later.'

There is increasing evidence that a respite from mobile phones has benefits for learning as well as health and relationships. Professor Kinman said that although mobile devices are here to stay, there are ways of setting boundaries for their use. She added: 'Parents have quite a lot

of power in this, and they are important role models for mobile phone use. They may tell children they can do something while a school says they can't – there needs to be a negotiated and consistent view.'

Kinman suggested that schools should involve teachers, parents and children in developing the policies around mobile phone use in school. She added: 'Parents and children need to appreciate the accumulated evidence that constantly switching attention from a phone to a teacher will impair attention at school as well as potentially create problems for them in their future education and in the workplace.'

The final seminar on the always-on culture, entitled 'The always on culture: Implications for work life boundary management over the lifespan series' will be held on 11 March. Further details will be available on <https://alwaysonculture.wordpress.com>. **ER**

POLICE AND UNIVERSITY TEAM UP FOR STUDENTS

University of Bolton staff and students have joined forces with Greater Manchester Police on research and professional training, thanks to a memorandum of understanding. This also aims to support the provision of placement opportunities for students interested in working alongside police.

This marks one of the first agreements that links up a large police force with a psychology department. Leader of the BSc in Criminological and Forensic Psychology at the university, Dr Gill Allen, said the memorandum would allow students to engage in research within applied areas around policing. She added: 'Following the successful set up of a data-sharing agreement, which is in progress, students will be able to use existing data and collect their own data, which

may contribute to the completion of their third-year honours projects.'

Academic staff will also be able to work with the police to undertake research, which will in turn benefit teaching across modules on the Criminological and Forensic Psychology programme. Allen added: 'In addition to this student research, psychologists from the university will support Greater Manchester Police through delivering training sessions, research dissemination and facilitating on wellbeing events, which are increasingly important for the police force.'

Students will also be given bespoke lectures from Chief Inspector Shane O'Neill on opportunities of working in the police force as well as giving advice on important transferrable skills they will develop during

their academic studies. The memorandum of understanding will also open up new opportunities for placements for both undergraduate and postgraduate students with an interest in working with the police.

Dr Allen said: 'The undergraduate students were delighted to hear about this new partnership. When the information was disseminated to students in induction week, one final-year student who is keen to forge a career within the police service said, "I think it is a really fantastic opportunity for young motivated individuals like myself to get a foothold in the police force, and it will help boost relations between the community and Bolton University if the general public are aware that GMP are in partnership with us".'
ER

A new era for psychology?

Could psychology be heading for a new era, where the subject is high on political agendas and guides policy and legislation? Recent events seem to signal a shifting focus towards psychology and the behavioural sciences in the political world.

The newly elected leader of the Labour Party, Jeremy Corbyn, has garnered praise for his appointment of a new Shadow Minister for Mental Health Luciana Berger. In a statement announcing the members of his Shadow Cabinet, he pointed out it was the first time there was a majority of women. He added: 'I am delighted that we have established a Shadow Cabinet position for mental health, which is a matter I have long been interested in.'

The Independent reported (see tinyurl.com/ox2rbe3) that Berger will: 'Directly work on mental health issues and consider how they can best be addressed by the NHS and prioritised by a Labour government.' Her position is an entirely new creation, and Berger has no counterpart in the current Conservative government.

BPS President Elect Peter Kinderman said on Twitter that the appointment of Berger was game changing. He added: 'It's wonderful that mental health now has a Shadow Cabinet position – Luciana Berger will sit at Shadow Cabinet meetings – rather than being a subsidiary Shadow Minister under the Health portfolio – which substantially raises the profile of this vital issue.'

'Luciana Berger herself has been a strong advocate of good mental health services and, indeed, the work of the British Psychological Society, speaking at the launch of our report *Understanding Psychosis*. And,

as Shadow Public Health Spokesperson, Luciana has powerfully advocated for an appreciation of the social determinants of health – for physical health problems,



Shadow Minister for Mental Health Luciana Berger

where economic and social disadvantage dramatically affect our health, and in mental health, where social determinants are overwhelmingly important.'

Psychology and mental health also featured in Corbyn's first Prime Minister's Questions – in which he asked members of the public to submit questions to be put to David Cameron (see *Hansard* report at tinyurl.com/q56zgph). He was asked by one woman why mental health services were 'on their knees' and Angela Gilchrist, a clinical psychologist, had one of her own questions put to the Prime Minister, she asked about the lack of beds for mental health patients.

The Prime Minister responded that although more resources need to be made available there should also be a change in both the way the NHS works and public attitudes to mental health. He added: 'But I say again that we will not be able to do any of

those things without the strong economy that we have built over these last five years.'

On the other side of the pond, Barack Obama signalled his intention to put psychology at the heart of policy by issuing an Executive Order on the use of so-called 'nudge' techniques (see tinyurl.com/pgzgnfw). Obama said in the order that findings from psychology about how people make decisions and act on them could be used in policy to 'better serve the American people'. He added that where policies have been guided by behavioural science they have improved outcomes for Americans, and he gave the example of automatic enrolment and escalation in retirement plans, which have helped people accumulate more in retirement savings.

He said that behavioural insights could support people in finding better jobs, lead healthier lives and increase access to educational programmes. He made recommendations, among



Dr Tom Insel, Director of the National Institute of Mental Health

others, that Executive Departments and agencies should identify areas of policy where behavioural science could have good input, test and evaluate areas where it is used and recruit behavioural

science experts to the Federal Government to help achieve this.

Also in the USA Dr Tom Insel, Director of the National Institute of Mental Health, announced he would be stepping down to join Google Life Sciences, which looks into developing technologies for early detection of health issues. This potentially signals psychology and mental health issues having more input. The *New York Times* reported (see tinyurl.com/qzavfzr) that Insel was turning back to the psychosocial realm after focusing much of his career steering funding towards the most severe psychological problems, such as schizophrenia, and into basic biological studies. The report, by Benedict Carey, gave insight into what his first input may be: 'One project he has thought about is detecting psychosis early, using language analytics – algorithms that show promise in picking up the semantic signature of the disorganized thinking characteristic of psychosis.'

Insel told *Technology Review*: 'We are at a really interesting moment in time. Technology that already has had such a big impact, on entertainment and so many aspects of our lives, can really start to change health care. If you ask the question "What parts of health care can technology transform?" – mental health could be one of the biggest. Technology can cover much of the diagnostic process because you can use sensors and collect information about behavior in an objective way. Also, a lot of the treatments for mental health are psychosocial interventions, and those can be done through a smartphone. And most importantly, it can affect the quality of care, which is a big issue, especially for psychosocial interventions.' **ER**

Wiley Prize in Psychology

Professor Peter Fonagy has been awarded the British Academy's prestigious Wiley Prize in Psychology, awarded every two years to an outstanding international scholar for lifetime achievement in psychology. Previous winners were Professors Martin Seligman, Michael Tomasello and Anne Treisman – it has never before been awarded to a British academic.

Professor Fonagy is being recognised for ground-breaking work that has had a major impact on social policy on early childcare, adoption and fostering. His research has demonstrated that having a secure attachment to a parent or caregiver helps children to develop the ability to understand their own and others' thoughts and feelings. This capacity, which he termed 'mentalisation', is uniquely characteristic of humans but individual differences have been shown to influence personality development and mental health in both the short and longer term. He has shown that these abilities are passed from caregiver to child, not genetically but via the quality of childcare.

This research into mentalisation has also been extended to psychotherapy for patients with borderline personality

disorder (BPD). This group, characterised by difficulties with emotion regulation and impulse control, and unstable relationships and self-image, were previously often seen as 'untreatable'.

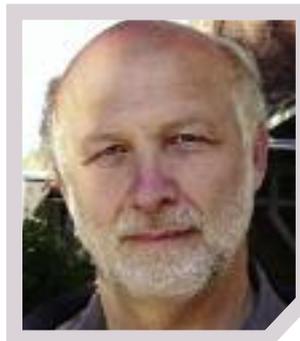
With Anthony Bateman, Senior Consultant Psychiatrist at St Anne's Hospital, London, Professor Fonagy developed and evaluated mentalisation-based treatment (MBT), which has had a major impact on clinical practice for the treatment of patients with BPD in the UK (NICE CG 78) and internationally. It has also been used with other common mental health problems, including eating disorders and substance misuse, and in a range of clinical settings.

As well as being an academic at University College London, Professor Fonagy is Chief Executive of the Anna Freud Centre (www.annafreud.org), a pioneering children's mental health

charity. The Honourable Michael Samuel, Chair of Trustees of the Centre, said: 'We are delighted that Peter has received this recognition. He has been an energetic and exceptionally successful academic leader of the Centre and has overseen its growth from a local mental health provider to a national centre for child mental health.'

The charity is currently leading a push for a step-change in the way services for children and adolescents with mental health problems are delivered. The Duchess of Cambridge visited the Anna Freud Centre two weeks ago to find out more about this work.

Professor Fonagy said: 'Naturally, I feel deeply honoured to receive this award which I feel recognises my many collaborators over nearly four decades of research whose contribution I am delighted to join in celebrating.' **JS**
I See p.948 for a 'One on one' with Professor Fonagy, and read more about his work in our archive (see tinyurl.com/pj6xn4s)



Professor Sarah-Jayne Blakemore (UCL Institute of Cognitive Neuroscience), who has spent her career investigating the emotional and social development of the adolescent brain, has been awarded the Klaus J. Jacobs Research Prize for her research. The award is given by the Jacobs Foundation, which promotes child and youth development, to recognise exceptional research in the field.

Blakemore's research has focused on the development of social cognition and decision making during adolescence, she has helped to overturn the previously held belief that no major neurodevelopmental changes occur after early childhood. By demonstrating that the brain develops both structurally and functionally during adolescence, her work has shown adolescence represents a period of relatively high neural plasticity, particularly in brain regions involved in executive function and social cognition.

Professor Sarah-Jayne Blakemore said: 'It is a great honour to be awarded the Klaus J. Jacobs Prize. It is truly humbling that my lab's research has been recognised by this prestigious award from the Jacobs Foundation.'

'I am indebted beyond words to my mentors and to all the people who have worked in my team at UCL over the past 13 years, and I am grateful to the many children and young people who have taken part in our studies and the schools that support our research. I am also grateful to the colleagues who nominated me for this award. I feel privileged to work with such inspiring and supportive people.'

The award, consisting of 1 million Swiss francs, will be presented on 4 December at an award ceremony at the University of Zurich in Switzerland.

WHAT DOESN'T KILL YOU MAKES YOU... A CEO?

The 25th First Annual Ig Nobel Prize Ceremony was held at Harvard University in September, celebrating research that makes people laugh and then think. Its founder, Marc Abrahams, presented prizes to winners including academics who have studied the likely descendants of Moulay Ismael the Bloodthirsty (the Sharifian Emperor of Morocco) and research into the biological principle that nearly all mammals empty their bladders in about 21 seconds (plus or minus 13 seconds.)

Each of the Ig Nobel winners was given their prize by a real Nobel

laureates and the winning teams also received a cash prize of a ten trillion dollar bill from Zimbabwe. Although there was no psychology prize this year the management prize went to Gennaro Bernile and his team, who discovered that many business leaders developed a fondness for risk-taking after childhood experiences of natural disasters, such as earthquakes, volcanic eruptions, tsunamis and wildfires (see tinyurl.com/otdx8xv). **ER**
I Watch the ceremony at tinyurl.com/nkrhqqu. More improbability: tinyurl.com/improbres