

Knowing your subject

I WAS particularly interested in the content of *The Guardian's* education supplement of 28 May. This issue contained a league table of university psychology departments based on whatever idiosyncratic indices that particular paper had decided to use. However, it wasn't the league table as such that grabbed my attention (I suspect it would have done had my own institution figured prominently in the table!) but the supporting piece on undergraduate psychology written, as *The Guardian* put it, by 'Big Brother's psychologist' Professor Geoffrey Beattie.

Geoff was admirably enthusiastic about the benefits of studying psychology, and touched more than once on the benefits that psychology has to offer both to society in general and to individual development in particular. He says: 'I enjoy appearing on Big Brother attempting to bring some psychological insight to bear on the behaviour of the contestants. I believe that psychologists have a responsibility to share any knowledge about their subject with society as a whole.'

This set me thinking about what we as psychologists have achieved so far in terms of 'Bringing psychology to society' and about how best to achieve our aims of making people aware of the contributions that psychology can make. This is

especially important for the Society, because one of our aims as outlined in the Royal Charter is 'to raise public awareness of psychology and increase the influence of psychological practice in society'.

It is difficult to gauge how much progress we have made over the past 20 years or so when it comes to educating people about psychology and what it is. A large number of school leavers apply to take psychology at degree level, but I am still not convinced that the majority of those applicants are truly aware of what they will be studying. Alternatively, if you go to almost any bookshop in a non-university town and look for the section marked 'Psychology', you are likely to be confronted by books on religion, philosophy, mysticism, fringe therapy, and so on – all topics rather far removed from the psychology curriculum.

I frequently tell the fond story of my own experiences as an undergraduate student many years ago now. I left home to study psychology at Bangor and failed to receive a single letter from my parents during the first term. When I arrived home for the Christmas vacation I asked my parents why they hadn't written to me. My father said they had been writing to me every week – but to the Physiology Department at Bognor! I am sure that

parents of undergraduate psychology students today have a good idea of where their children are studying, but do they still have a good idea of what they are studying!

So, as psychologists, how do we take psychology to the people? Is the appearance of more psychologists on reality-TV programmes such as *Big Brother* a step forward? We have to be cautious that psychology doesn't simply become part of the trivial entertainment that is clearly the main function of these programmes, but is seen to be authoritative and informative. Such exposure might help brand awareness, but does it really inform and educate?

The Society's centenary year certainly saw psychology disseminated broadly to a wide range of audiences, and a working group has been convened to ensure that the successes of that year continue into the future. But the Society can do more, and has to do more – not only to tell people that something called 'psychology' exists, but to show them what it is, and how it can have a positive influence on their lives. At present psychologists take psychology to society in a very haphazard way. Some psychologists even ruthlessly guard their psychological knowledge in order to sell it!

The Society has an important role to play in coordinating and educating, and we hope that we can move some way to achieving important progress on this aspect of the Society's mission in the medium-term future.

A frequent response by a layperson to being told that you are 'a psychologist' is 'Can you read my mind?' A good answer to that at present is 'Yes, you don't know much about psychology!' Let's hope we can change that.

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SCOTTISH EXECUTIVE URGED TO THINK AGAIN

THE Mental Health Foundation has reacted strongly to the news that the Scottish Executive plans to introduce legislation to allow doctors to carry out neurosurgery on patients without their consent.

Maddy Halliday, director of Scotland and UK development for the MHF said: 'To carry out irreversible surgery which can have damaging side-effects, including personality changes, without receiving an individual's consent is an affront to their human rights. It should not be tolerated.'

SURROGACY LINK WITH BETTER PARENTING

RESEARCH at City University in London suggests that surrogate mothers have little difficulty when it comes to handing over their babies and that families who receive the child are warmer, happier and more caring than ordinary families. The findings were presented at a meeting of the European Society of Human Reproduction and Embryology in Vienna in July.

DEADLINE

We welcome news items from members for possible publication; deadline for the October issue is **30 August**

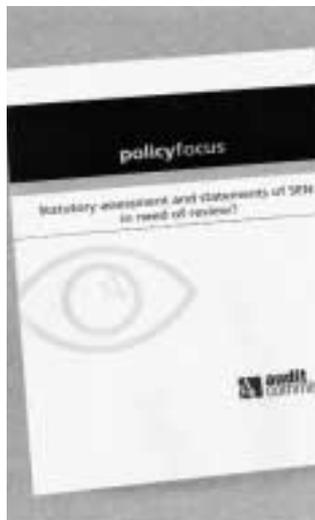
NATIONAL HONOUR

SOCIETY member Professor Anne Anderson of the University of Glasgow becomes an Officer of the Order of the British Empire (OBE) in the Queen's Birthday Honours list. The honour is for her services to social science.

SEN reform call

A FUNDAMENTAL review of the special educational needs statementing process in England and Wales is needed, according to a new Audit Commission report.

Statutory Assessment and Statements of SEN: In Need of Review? identifies a costly and bureaucratic process that may not help much with meeting children's needs and that for many parents is stressful and alienating. One of the many criticisms is that the present system works against early intervention because extra resources are made available to schools only 'after much evidence of difficulties and a lengthy assessment process'. But some aspects of the current



framework are nevertheless seen as valuable. For example, the Statement was found to represent for parents a formal

recognition of a child's needs and an authoritative summary of them.

The report recommends a series of actions that could lead to meeting children's needs more effectively within the present system. But it points out that there are tensions at its heart that mean that mere changes in SEN practice will not be enough in the long term. The main recommendation is therefore for an independent high-level review engaging all principal stakeholders to consider options for reform.

□ *The report is available for £18.00 from Audit Commission Publications (Freephone 0800 502030) or download it free at www.audit-commission.gov.uk/publications/senpolicyfocus.shtml.*

Psychology at the Festival of Science

THE British Association for the Advancement of Science is holding its Annual Festival of Science at the University of Leicester from 9 to 13 September 2002. The BA's Psychology Section has put together a varied programme of symposia with speakers who are leading experts in their fields.

On the first day Professor Mike Burton (University of Glasgow) will be presenting a session on giving blind people access to computers. The theme of information technology will be taken up later in the week by Professor Anne Anderson (University of Glasgow) and Dr Will Reader, (Cardiff University) in a symposium called 'The mind and the machine: Psychology in the information age'.

Professor Chris McManus (UCL) is this year's president of the BA's Psychology Section. He has organised a symposium on psychology

and the arts, asking about the nature of creativity and how experiments can be done on aesthetics in painting and music.

'Psychology at Leicester: Improving quality of life?', organised by Dr Paula Moran (University of Leicester), will provide a summary of research aimed at improving quality of life being carried out at Leicester's School of Psychology. The session will look at how research into music, crime and the chemistry of the brain can help people as diverse as adolescents, drug-abusers, victims of crime and people with schizophrenia.

Children's vision and the developing brain is the subject of a symposium convened by Professor Oliver Braddick, (University of Oxford).

There are also two special talks: 'Vision enhances sense of touch' by the Experimental Psychology Society project prizewinner Marisa Taylor

Clarke, and 'Free will and conscious awareness' by the BPS/BAYS (British Association Youth Section) speaker, Patrick Haggard (UCL). Dr Haggard was nominated, and is sponsored, by the BPS as a psychologist skilled in communicating science to young audiences.

As well as symposia there are a number of social events throughout the week: the Festival President's dinner takes place on the Thursday evening, and the Psychology Section holds its own dinner on the Tuesday evening, to which all speakers and delegates are welcome. On the Wednesday afternoon, at the end of the day's talks, the School of Psychology at Leicester University will hold a drinks reception for all delegates, which this year is sponsored by the BPS.

□ *For more information and bookings go to the festival website via www.the-ba.net.*

MENTAL HEALTH BILL

MENTAL health legislation reform has moved a step closer with the unveiling in Parliament of the draft Mental Health Bill, issued for a 12-week consultation.

The proposed legislation is the first major overhaul in this area for nearly half a century and is meant to bring the current system in line with modern patterns of care and drug treatments. Health Minister Jacqui Smith said: 'This new Mental Health Bill is a landmark in legislative reform. Our mental health legislation remains rooted in the 1950s. It fails to recognise modern forms of treatment and it fails to properly protect patients or the public.'

The draft bill introduces a single definition of mental disorder. This will mean that people with personality disorders will no longer be excluded from compulsory treatment on the grounds that they are 'untreatable', provided they meet the criteria for compulsion.

Dr Peter Kinderman (University of Liverpool), a member of the Society's Working Party on Mental Health Act Reform, said: 'The BPS, along with colleagues from the Royal College of Psychiatrists, the Law Society and the Mental Health Alliance, welcome the government's intention to reform the 1983 Mental Health Act. Unfortunately, despite considerable consultation, the government's proposals remain seriously flawed. They propose a wide range of statutory powers based on the assumption that people with mental health problems are inherently dangerous. The proposals are based on a very broad and over-inclusive definition of 'mental disorder' that fails properly to protect the rights of vulnerable people.

'The BPS is closely involved with the Department of Health and the Home Office in the continuing negotiations over the Bill, and we hope that there is still time to improve the proposals.'

☐ Copies of the draft bill are available from the Stationery Office (tel: 0845 702 3474) or from the Department of Health website (www.doh.gov.uk/mentalhealth). Responses to the consultation should be sent by Monday 16 September to: Sara Raisbeck, Room 318, Wellington House, 135-155 Waterloo Road, London SE1 8UG. E-mail: mhbillconsultation@doh.gsi.gov.uk.



The life and legacy of Anna Freud, charity founder and eminent psychoanalyst, was commemorated in June with the unveiling of an English Heritage Blue Plaque by John Cleese (pictured here with his wife, Alice Faye). The plaque is displayed at 20 Maresfield Gardens, where Anna Freud lived after coming to Britain. Alongside it is another plaque unveiled some 56 years ago marking the life and work of Anna Freud's father, Sigmund Freud, who lived in the same house. The event also marked the 50th anniversary year of the children's charity she set up – the Anna Freud Centre.

HEFCE announces major review of research assessment

THE Higher Education Funding Council for England has announced it is to undertake a full review of research assessment in the UK, in conjunction with other funders of higher education.

The review will be led by Sir Gareth Roberts and will begin in autumn 2002, with full terms of reference and a timetable being published in early August.

The announcement follows the recent report from the Science and Technology Committee on the review of the RAE 2001, and the criticism levelled at HEFCE over its failure to anticipate the outcomes of the exercise.

The HEFCE review will examine the strengths and weaknesses of the current research assessment model, alongside those of alternatives.

WEBSITES

www.britac.ac.uk/news/reports/index.html

Incentives for Excellence: Review of Graduate Studies, report from the British Academy.

www.nspcc.org.uk/inform

The NSPCC's new free web service intended to help professionals working with children and those who work in child protection to keep up to date with issues, resources and services.

www.mhilli.org/dass

A new Mental Health Foundation site with information and discussion forums about the early stages of dementia.

If you come across a website that you think would be of interest to our readers, let us know on psychologist@bps.org.uk.

Asylum seekers – Who cares?

JEANETTE SENIOR *discovers the truth behind recent headlines.*

ON 4 June *The Guardian* ran a story with the bold claim ‘NHS psychologists refuse to treat “traumatised” asylum seekers’. According to the article (available from the online archive at www.guardian.co.uk), Barnet, Enfield and Haringey Mental Health NHS Trust had written to a GP stating that it was ‘not currently accepting referrals of asylum seekers’.

The tone of the report was critical, saying that ‘asylum seekers are being refused treatment by NHS psychologists on the grounds that they are too traumatised, too time-consuming and have little grasp of the English language’. But what are the facts behind the headline, and what do they say about psychological service provision for asylum seekers?

Getting to the bottom of it
In response to my queries, Clare Callard (Head of Communications for Barnet, Enfield and Haringey Mental Health NHS Trust) sent me a briefing note. It explained that the letter described in the *Guardian* article was addressed to a GP in Edmonton and written by one of the Trust’s psychologists working in the Halliwick Psychotherapy Unit. John Newbury-Helps, Chief Executive for the Trust, said that the letter was ‘poorly worded and gave the impression that the Trust could not accept referrals of asylum seekers and refugees’. He went on to say that ‘this is not the case

and the Trust is very aware of the clear NHS guidance on this matter’.

But this did not make it a non-story – I felt that *The Guardian* had raised important issues. Newbury-Helps admitted that the Trust’s ‘ability to meet these people’s needs is very limited by [other] sources of stress [that] inhibit dealing with more deep-seated trauma’. He also said that ‘the Trust has no specific treatment programmes for PTSD with the exception of a very small service in Enfield’, and that ‘therapy is extremely difficult to provide when it is through an interpreter, and where a long-term relationship is unlikely to be established because asylum seekers are frequently moved on’.

While these barriers to change seem reasonable concerns, some trusts have responded effectively to the growing needs of asylum seekers. So what is being done?

Breaking down barriers
Refugees are likely to benefit from psychological intervention, and prompt identification of those suffering acute distress is important (Ager & Young, 2001). Counselling has been suggested as a key intervention to support adjustment (e.g. Van der Veer, 1998), and the opportunity of merely sharing experiences with others in a group setting should not be underestimated (Ager & Young, 2001). So how does existing practice address the suggestions of the *Guardian* article that

this population is too traumatised and time-consuming, and communication too problematic?

Too traumatised? In the *Guardian* article the case of the Turkish man being refused cognitive behaviour therapy by the Trust’s psychologists would seem to highlight a problem of blanket decision making. Given that he was referred for treatment of chronic headaches and depression, does this suggest a belief on the part of the psychologists that PTSD is at the root of these mental health difficulties? Are we to refuse all treatment to asylum seekers just in case they might have PTSD and because we do not feel we have the appropriate skills or funding to deal with them? The evidence-based clinical practice guidelines in the Department of Health’s document *Treatment Choice in Psychological Therapies and Counselling* suggest that cognitive behaviour therapy has been found efficacious in the treatment of depression, so surely one aspect of the Turkish man’s mental health care could be attended to.

It is also important not to jump to the conclusion that the often traumatic experiences of asylum seekers mean that they are ‘traumatised’. In a needs assessment with local refugee community groups, individuals and support organisations it was found that the residual effects of traumatic events were mentioned

less than might be expected (Harris & Maxwell, 2000). The key concerns of these people were more to do with isolation, cultural bereavement, boredom, anxiety about status, changes of roles in the family and physical illness, to name a few. Surely these problems can be dealt with in a cognitive-behavioural framework, and perhaps within a GP counselling setting?

Too time consuming? In the *Guardian* article the letter from the Trust had suggested that GPs should 'wherever possible' send cases to specialist voluntary agencies such as the Medical Foundation. While this would seem to be an acceptable approach to get a patient some help, the Medical Foundation cannot possibly have the resources to replace NHS services, and probably should not.

But networks and partnerships can undoubtedly be important. Sharman (2002) describes how clients in Sheffield could be referred on if counsellors felt that the presenting problems were outside their skills and competence. In this case liaison was made with a charitable organisation offering counselling to torture victims, Burregreave Ethnic Network.

Communication too problematic?

One common assumption among healthcare professionals is that multicultural services demand that service providers speak the community language. This is especially true in the field of counselling services where there is concern over the client/therapist relationship being adversely affected by the presence of a translator. Sharman (2002) reports that counsellors in Sheffield used to work with interpreters who had little insight into mental health issues, resulting in mixed messages. Training was then offered to suitable interpreters, and it was agreed that individual interpreters would be present at all sessions with a particular client to offer consistency and continuity. The interpreters also now receive group supervision and debriefing at the end of counselling sessions.

Overall, it is good to see that there are some pioneers. South East Sheffield Primary Care Trust (SESPCT) is very much leading the field in providing counselling services to their patient population. Certainly they pride themselves in being one of the largest primary care trusts in England, with 32 GP practices having a counsellor. Having read all the articles in the April issue of the *Healthcare Counselling and Psychotherapy Journal*

relating to asylum seekers, it seems to me that it all boils down to training. When primary care trusts support further professional development of their staff and related associates, things get moving.

No excuses

According to the Department of Health's *Mental Health Policy Implementation Guide*, new funding for 1000 new primary care mental health workers will be available by 2003/4. As an assistant psychologist, my remit is to pilot the role of the soon-to-be-instated graduate mental health worker in primary care.

As part of the pilot scheme I spend approximately three hours a week on research activity around the mental health needs of asylum seekers. There are isolated pockets of work being done in relation to their needs, but the most astonishing finding so far has been reluctance to actually get started. Recently I e-mailed approximately 50 heads of psychological services in the Midlands, South and North East asking what they were doing to help asylum seekers in relation to mental health. I received just three replies.

Perhaps few psychologists have time to reply to non-urgent e-mails. But perhaps there really isn't much being done to help asylum seekers with mental health problems. I do believe that there is widespread enthusiasm out there to get the ball rolling on development of specialist services for asylum seekers and refugees, but that some of us would like some help, support and training. SESPCT seems to have succeeded because of good relationships with other community organisations and a careful and meticulous attention to networking. Basically, they just got on with it, and even appointed a nurse consultant, Joan Macfarlane, to oversee asylum seekers and refugee health. Now is probably a good time for the rest of us to get on with it too. For those trusts whose main problem is staffing, why not consider giving those 1000 new graduate mental health workers something to do in 2003/4?

As far as Barnet, Enfield and Haringey Mental Health Trust is concerned, Chief Executive John Newbury-Helps states that 'the *Guardian* article highlighted an issue of growing concern within the Trust which we are keen to look at in partnership with other public services across the three boroughs'. He calls for 'clearer guidance on referral criteria and pathways to psychological therapies' and he states that 'we are undertaking work to identify the current gap in service'. He goes on to say

that the Trust is 'actively recruiting from ethnic groups so that we have psychologists with the language skills to communicate directly with the ethnic groups represented in our local population'. While all this is very promising, it would be prudent to take the lead from trusts such as SESPCT. Their work ethic demonstrates that difficulties are never quite as 'difficult' in practice as they are in theory.

A scandal though it seemed at the time, *The Guardian's* news piece can surely do more good than harm. It seems already that the trust in question is beginning to wake up to the requirement for immediate action. More often in the future we will find ourselves working with asylum seekers and refugees. Increased migration also gives psychologists a chance to show that their theories and research are not eurocentric – that we can implement truly cross-cultural psychology.

In not acting now, we risk caseloads becoming more severe with more cases requiring long-term care. Time and monetary investment now should reap benefits later. It would be inhumane of us not to take the trouble to find out what we should do to help asylum seekers with mental health problems. But it would be even worse to have known and to have done nothing about it.

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