The Value of Community Psychology: Being Critical in the NHS.

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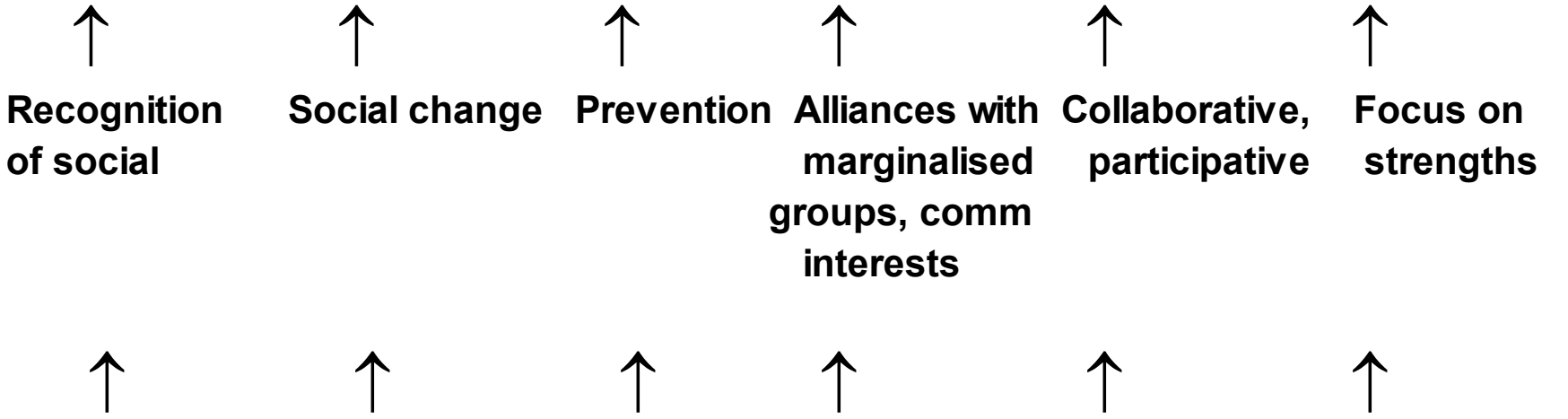
Jan Bostock, Northumberland

Janet.Bostock@nmht.nhs.uk

Bob Diamond, Nottingham

Bob.diamond@nottshc.nhs.uk

What is Community Psychology about?



"…… effective and far reaching prevention needs organisational, institutional and social change. This is not only expensive but also involves conceding power and control, anathema to corporations and governments." Albee & Fryer, 2003

Being critical in psychology means:-

- **Criticising society**: challenging the the oppression and exploitation that perpetrate inequalities and distress

- **Criticising psychology** for its part in developing theories and practices which contribute to oppression. Thus psychology as a discipline has maintained rather than questioned the status quo and supported discrepancies in power that are to the advantage of particular groups and interests.

We need to recognise social positions and “whose interests are being served by what is thought, written and done,” (Fryer, Duckett & Pratt, 2004) in psychology and in the wider world.

Characteristics of the NHS

Promotion of expertise	Individualistic explanations	Emphasis on individuals	Positions of security & power	Organisational uncertainty	Consumer focus
Target driven (top down)	Social control		Bureaucracy, central control		Evidence base limited

Opportunities in the NHS

User involvement →

NSF Standard 1 →

Recognition of social exclusion & inequalities →

Partnership working →

Experience of working closely with individuals →

High commitment to alleviating distress →

Awareness of limitations of therapy →

Clinical governance →

Northumberland Strategy for Mental Health Promotion "Everyone's Business"

- Puts across message re interventions at 3 levels:

  Structures/Policies

  Communities, families, groups

  Individuals (mentality, 2004)

- Strategy and Action Plan with Priority settings: Communities, schools, primary care, workplace, prisons; Priority groups: Children and young people; older people; survivors of domestic violence; people on low incomes; people using mental health services; carers; people living in rural areas.

Northumberland Strategy for Mental Health Promotion "Everyone's Business"

Scope

Networks of people
national, local, electronic

Mutual enthusiasm

Awareness of resources

Influence, putting message across

Funding for training

Influence, collective voice

Focus on people not pathology

Limitations

No-one's priority

Limited resources

Shifting objectives

Performance m'ment

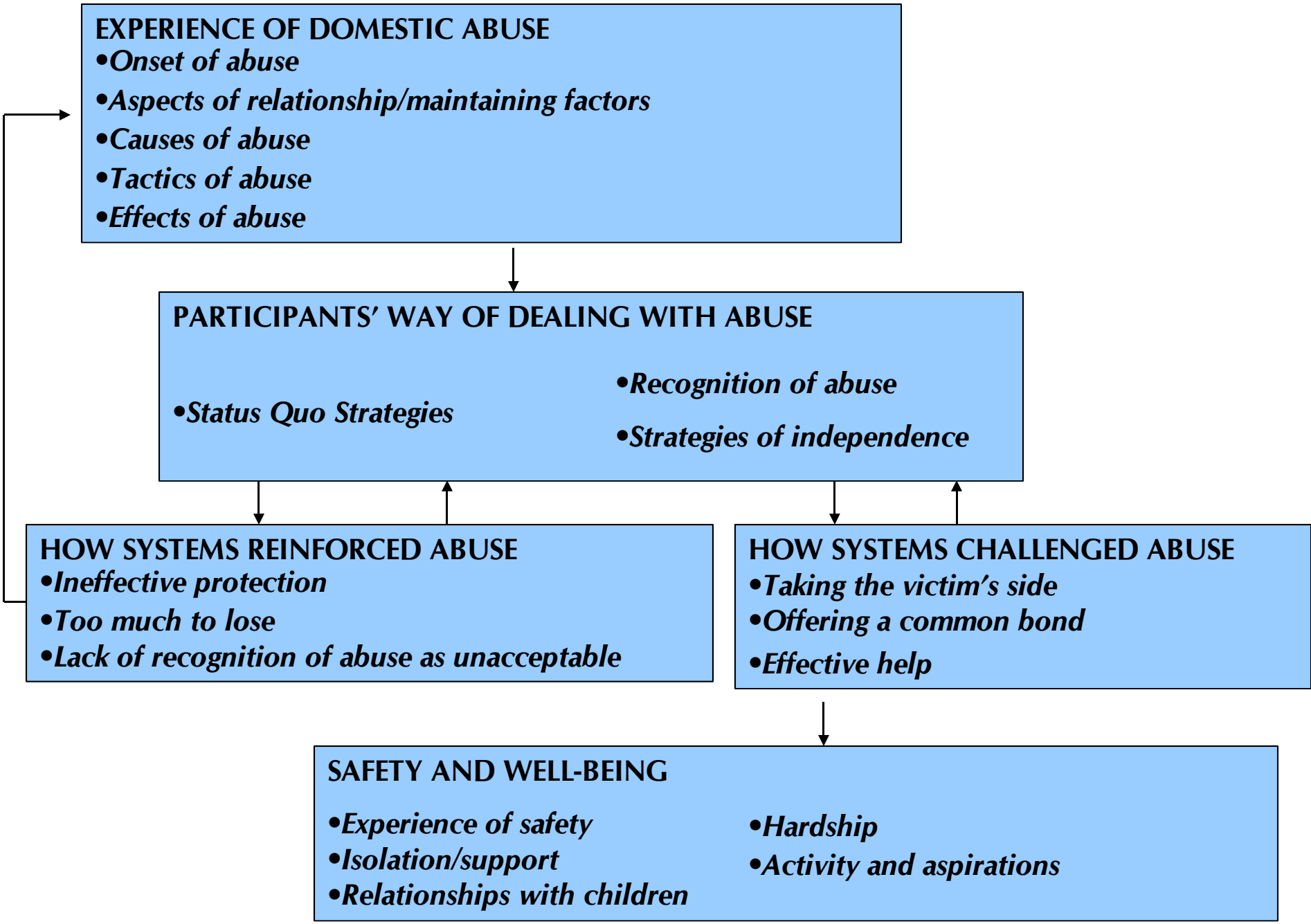
Celebration culture

Top down

Aspirational re structural change, individualistic

Impact

Biting the hand that feeds us


EXPERIENCE OF DOMESTIC ABUSE
•Onset of abuse
•Aspects of relationship/maintaining factors
•Causes of abuse
•Tactics of abuse
•Effects of abuse
PARTICIPANTS' WAY OF DEALING WITH ABUSE
•Status Quo Strategies
•Recognition of abuse
•Strategies of independence
HOW SYSTEMS REINFORCED ABUSE
•Ineffective protection
•Too much to lose
•Lack of recognition of abuse as unacceptable
HOW SYSTEMS CHALLENGED ABUSE
•Taking the victim's side
•Offering a common bond
•Effective help
SAFETY AND WELL-BEING
•Experience of safety
•Isolation/support
•Relationships with children
•Hardship
•Activity and aspirations

Mapping the Journey: A qualitative Study of Women's Experiences of Domestic Abuse

- Domestic abuse is a major public health issue
- Overcoming abuse is prolonged and unsafe
- Abuse in context of dominant relationships
- Onus on victims to address and resolve
- Services could make situation worse
- Participants' potential to deal with the abuse depended on their access to resources and services that were empathic, practical, supportive and non-blaming
- Important role for primary care

Action Research in the NHS

Scope

Alliances

Local voices

Participation in bids

Recommendations to Care Trust

Inclusion in staff training

Practical interventions

Limitations

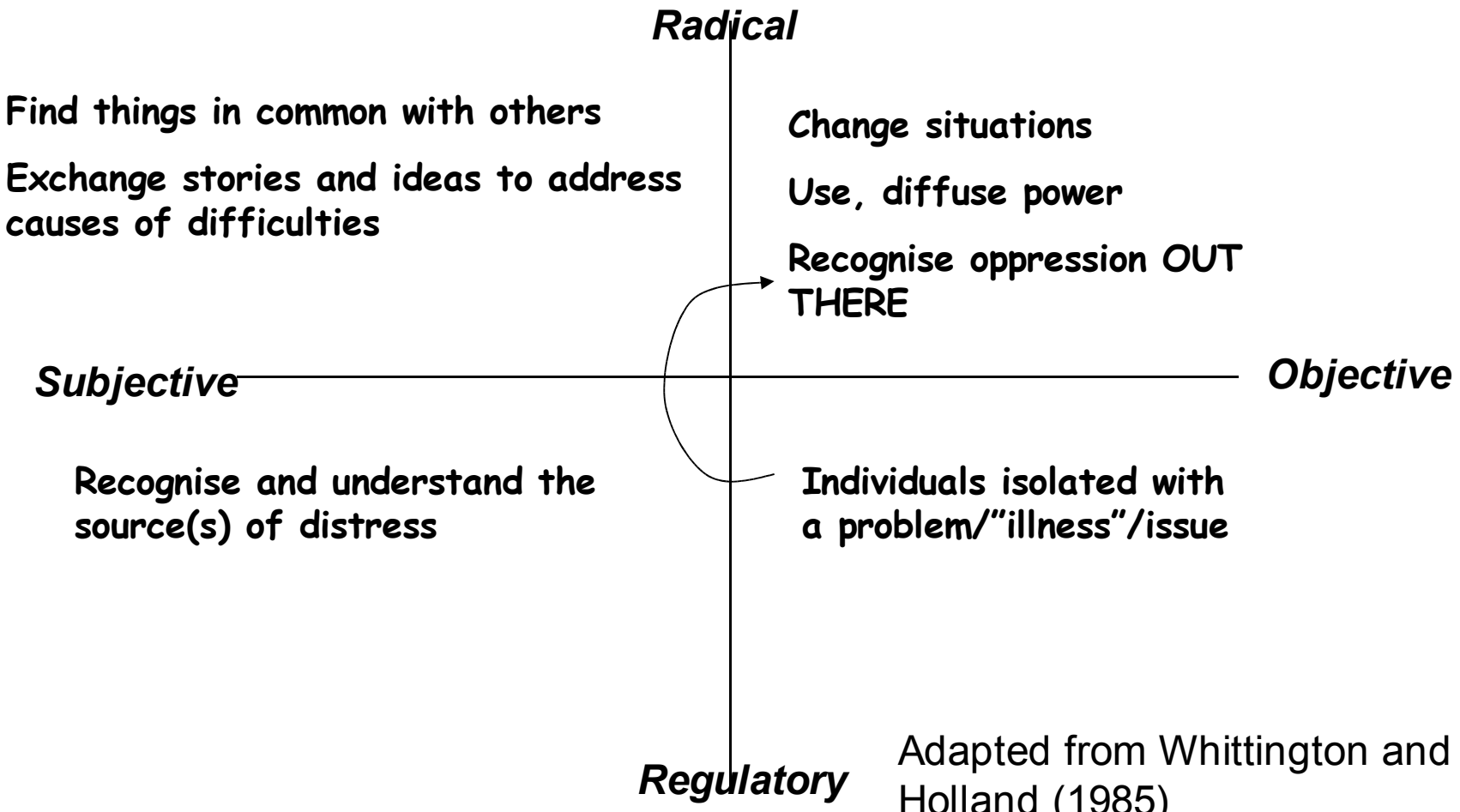
Service user focus

Amelioration rather than prevention

Colluding with social control

No-one's priority

Community Psychology and the NHS



Adapted from Whittington and Holland (1985)

Community Psychology and the NHS: Some thoughts

- Community psychology can enhance clinical psychology roles in the NHS.
- Opportunities for alliances within and outside of psychology, gives legitimacy.
- But how much scope is there for genuine community psychology from the “inside” and positions as paid professionals?
- Community psychology keeps us mindful of limitations, helps personal, professional and political congruence.

Community psychology in psychiatry

Psychiatry:

- Creates its own knowledge for dominance and power
- Shows limited respect for individual's own views and experiences
- Explanations rooted in faults within the individual
- Controls agenda for what will be discussed

Psychiatry contributes towards isolating, alienating and marginalising people experiencing distress

Community psychology

- Recognises that peer support can be mutually benefitting and an effective means to change
- Attempts to devolve professional power in the interests of sharing control and decision-making
- Develops people's strengths rather than focusing on diagnoses and problems
- Promotes prevention, support and coping
- Engages in action designed to address pathology in services

However…

"madness, distress, alienation is not simply located in individual heads. It is a social phenomenon through and through, and as such requires a social response. If we take the voice of service users seriously and acknowledge the loss of social position that comes with using services, then we must prioritise our work with communities."
"Poverty, racism, unemployment, loneliness, relationship difficulties, spiritual conflicts, sexual abuse and domestic violence are at the heart of mental health crises."

Taken from Critical Psychiatry
(Bracken, P & Thomas, P. 2004)

Whose Agents are we?

Acknowledge issues of power, interest and values. How can we work with more accountability, towards a sense of transparency.

Recognising our professional position and interests

- The developments and trends of psychology, the "vagaries of fashion" have nothing to do with scientific progress – no sign of an emergent unifying paradigm. "Our ducking and weaving seems in fact to have been much more about our attempts to situate ourselves as advantageously as possible within the structures of power that determine our interests"…Therefore, there is a need to establish an authority that demonstrates that our theories and practices are founded on an authority that is *independent* of our interests"

- With regard to the concepts of power and interest… “if ever we are to get at least a conceptual grip on those pervasive and intractable aspects of human suffering that are of our own making, we are going to have to struggle with the ways in which power and interest shape the material conditions of our lives as well as the structures of meaning that filter our understanding of our plight.”

The task is to develop a language that *articulates* our relations to reality as accurately as possible

(Smail, D. 2002)

Whose Agents are we?

- Looking and listening out for the "unsaid as well as the said...We're neither autonomous agents nor controlled automatons, we struggle between positions that reflect a discontent but not constrained by conformity. "Social power, managerial positions or academic expertise are not necessarily a source of moral legitimacy"

(Prilleltensky, I. 2002)

- "If psychology is to become a vehicle of conscientization for the public at large, it must be the first one to subject itself to this very process. Only then will psychologists be in a position to scrutinize the cultural hegemony of which they are a constituent part" (Prilleltensky, I. 1989)

- “Psychology has abdicated its fundamental intellectual and moral responsibility for simple honesty, intellectual autonomy, critical self-scrutiny and humane respect. Instead it promotes cognitive distortions, self-aggrandizement and social prejudice… Psychologists have subverted basic truths into egocentric possessions, and where they can’t, they have manufactured truths to expand their activites and to maximise their profits…The psychology industry with it’s activities and research dependent on governmental or institutional funding…dimishes its capacity to step back and question the always present and unspoken assumptions that underlie the present form of society”

(Dineen, T.1999)

The Positioning and Values of

Psychological Agency

LOCALITY	INSIDE	MESO	EXO
	Statutory & Vol. Funded services	Vol. & Lay/Social. Communities	Ind./ Vol Public/ Social Interests

A Framework for legitimate authority

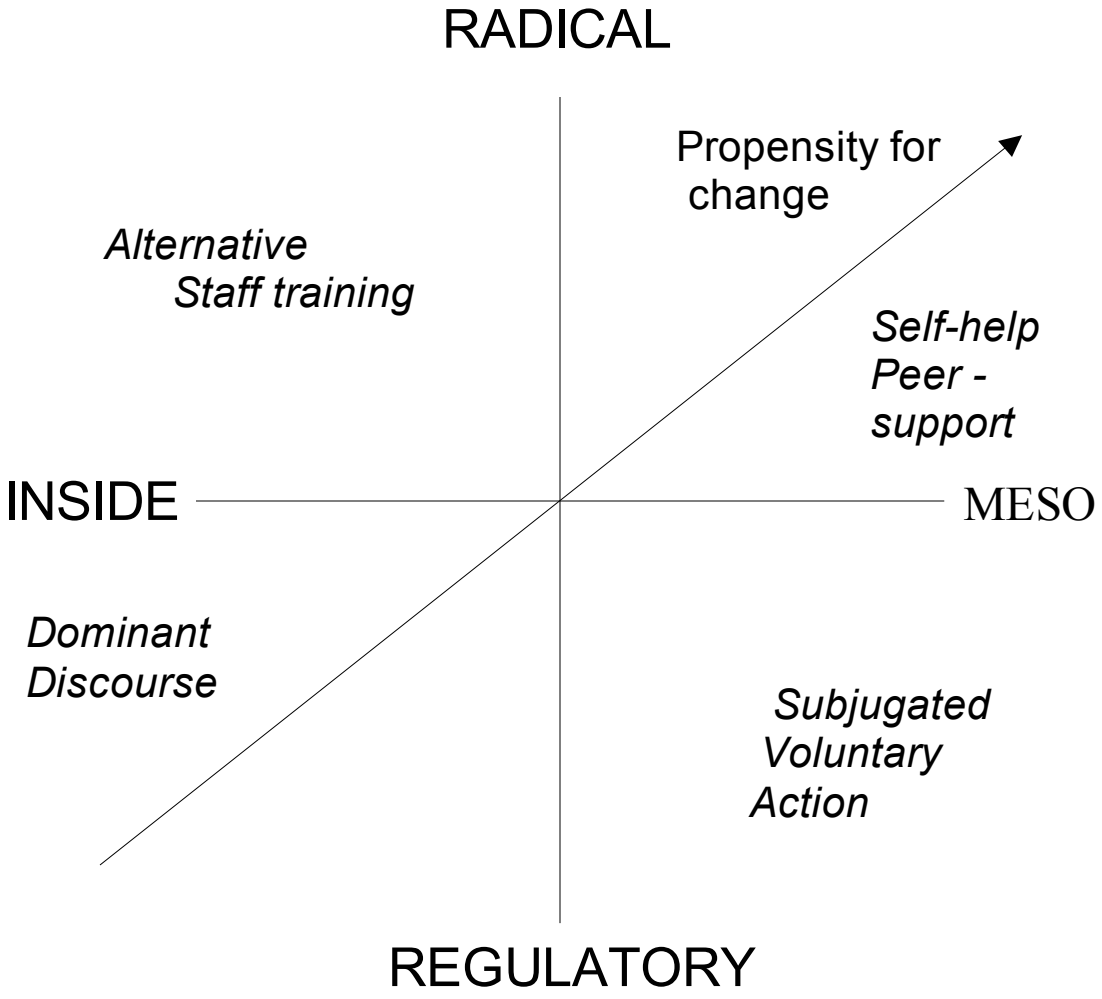
INTEREST -	PERSONAL	PROFESSIONAL	SOCIETAL
VALUES -	NORMATIVE	DIVERSITY	SOC. JUSTICE
AUTHORITY -	PROFESSIONAL	ORGANIZ/L	PUBLIC
POWER -	INDIVIDUAL	INSTITUTION	STRUCTURAL

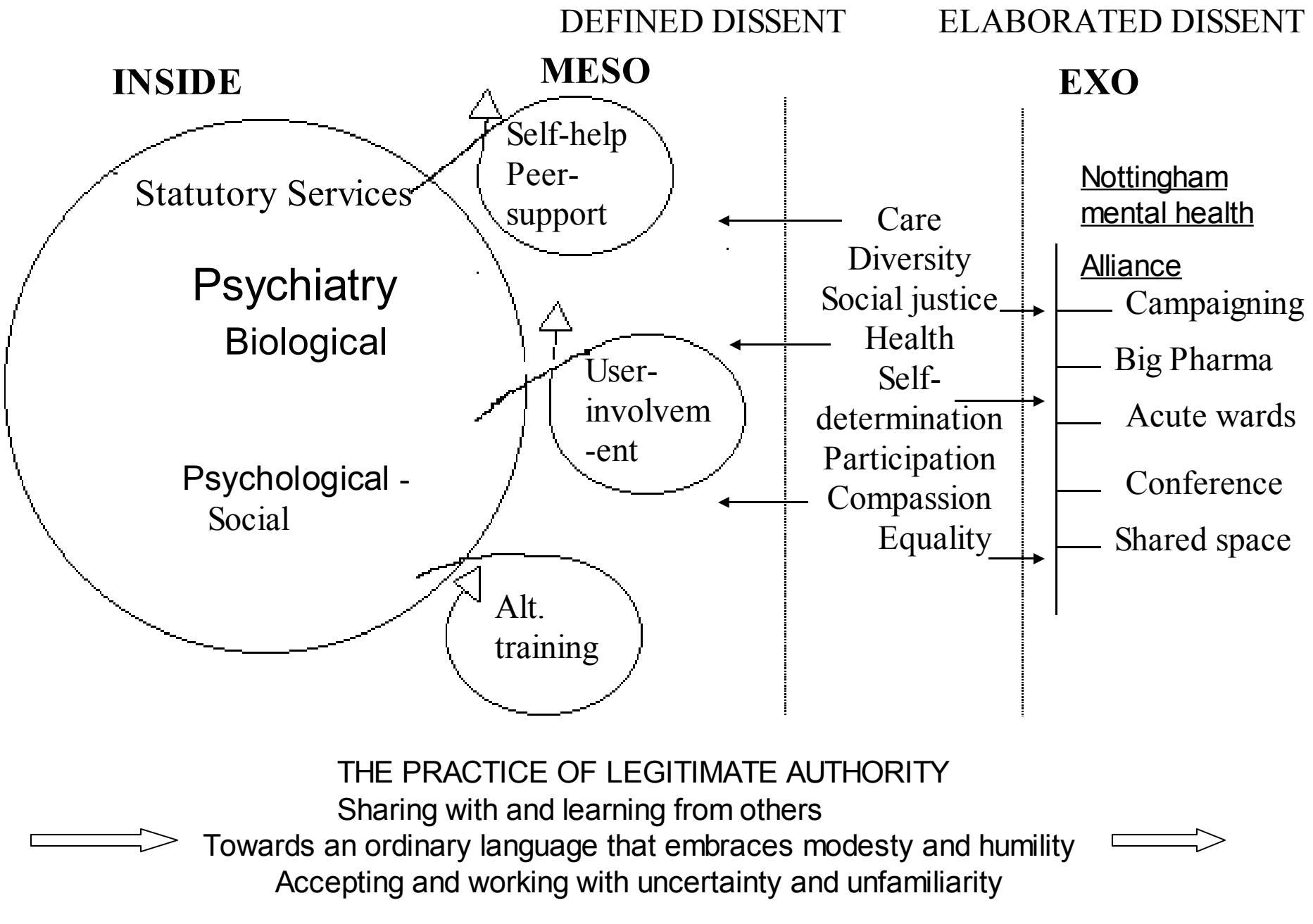
Agency and Change

- Dialectic regulation - tends to involve working at the inside and meso level. Contributes to some changes but the dominant discourse subjugates and prevails. First order change, more likely to address; care, compassion, health, participation.

- Hegemony of privilege – More coherent from the exo level with efforts to address inequalities in society. More likely to be rejected by the dominant discourse. Second order change, more likely to address; participation, diversity, equality, social justice.

Being critical in the NHS: A force for change




DEFINED DISSENT
ELABORATED DISSENT
INSIDE
MESO
EXO
Statutory Services
Psychiatry
Biological
Psychological -
Social
Self-help
Peer-
support
User-
involvem
-ent
Alt.
training
Care
Diversity
Social justice
Health
Self-
determination
Participation
Compassion
Equality
Nottingham
mental health
Alliance
Campaigning
Big Pharma
Acute wards
Conference
Shared space
THE PRACTICE OF LEGITIMATE AUTHORITY
Sharing with and learning from others
Towards an ordinary language that embraces modesty and humility
Accepting and working with uncertainty and unfamiliarity

References

Albee, G. W. & Fryer, D.M. (2003) Towards a Public Health Psychology. Journal of Community and Applied Social Psychology, 13, 71-75.

Bracken, P. and Thomas, P. (2004) Out of the clinic and into the community Openmind, 127,

Diamond, R.E. (1998) Stepping outside and not knowing: Community Psychology and enduring mental health problems Clinical Psychology Forum 122, 40-42

Diamond, R.E. Parkin G,Morris K, Betinis J, Bettesworth C (2003) User Involvement: substance or spin? Journal of Mental Health 12,6 613-626

Diamond, R.E. & Hardy, M. (2004) Callenging the medical model Openmind 129 Sept/October 18-19

Dineen, T, (1999) Manufacturing Victims London Constable

Fryer, D. Duckett, P. Pratt, R. (2004) Critical community psychology: What, why and how? Clinical Psychology, 38, 39-43.

mentality (2004) Briefing 24. Mental Health Promotion - Implementing Standard 1 of the National Service Framework for Mental Health. London, The Sainsbury Centre for Mental Health.

Prilleltensky, I. (1989) Psychology and the status quo American Psychologist 44, 5 795-802

Prilleltensky, I. & Nelson, G. (2002) Doing Psychology Critically Basingstoke Palgrave Macmillan

Smail, D (2002) Psychology and Power: Understanding human action Journal of Critical