

The UK Community Psychology Network

For immediate release

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Changing politicians' minds about changing our minds?

"Cognitive Behaviour Therapy and associated approaches are comprehensively problematic. Primary prevention is the only way to substantially reduce socially, economically and materially caused distress. To be effective primary prevention must involve social rather than cognitive change. Reducing income inequality in our society would be one of the most effective ways to reduce psychological distress and ill health", says the UK Community Psychology Network.

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Notes for Editors:

1. The government has recently announced £170m is to be made available by 2010 to increase the availability of low intensity, high volume, interventions, of which Cognitive Behaviour Therapy (CBT) is currently the most favoured, to be delivered at primary care level to adults of working age by people who have some basic training.
2. We welcome the recognition of widespread emotional distress and the will to spend public money on it. But the scale of socially caused distress is so vast, and growing so rapidly, that it is impossible to 'treat it better' by training enough people to treat all those in distress one at a time with any therapeutic technique.
3. Even if we could train enough practitioners, there is little reason to think that the one to one talking treatments by professionals are more than marginally effective in the hands of some practitioners for some people, especially those in the most difficult living circumstances. This is so even when delivery is organised through the stepped care model that runs from use of self help guides to full therapeutic interventions.

4. Whilst community psychology research suggests that lay people are as effective as professionals in delivering help through talking and listening, the effectiveness of CBT and kindred interventions in any hands is widely exaggerated and they are impossible to apply in many situations and with many people.
5. Moreover these treatments individualise social problems, draw attention away from the more important social economic and material causes of distress and position individual cognitive dysfunction as both the cause of the person's problem and the locus for intervention.
6. It is bad enough to be depressed because of difficult living circumstances or to be anxious because you are subjected to regular domestic violence, without being told your depression or anxiety are caused by your own dysfunctional cognitions. Blaming the victim like this imposes irrelevant therapeutic rituals on top of societal oppression
7. Besides, when those treated go back into the psychologically toxic contexts that made them distressed in the first place, to which many or most will have no alternative, they are subjected to the same social causes of distress all over again. If those treated do not go back into those psychological toxic contexts, there will still be an epidemic of newly damaged people coming on stream due others being subjected to the ignored social causes of distress.
8. Cognitive Behaviour Therapy and associated approaches are comprehensively problematic and primary prevention is the only way to substantially reduce socially, economically and materially caused distress. To be effective primary prevention must involve social rather than cognitive change. Contemporary research shows that reducing income inequality in our society would be one of the most effective ways to reduce psychological distress and ill health not just for the disadvantaged but across society in general.
9. For the sake of conciseness we have not included scholarly references to substantiate assertions made here, but further background information can be obtained from the network via the two contact people identified above.
10. The UK Community Psychology Network exists to promote community psychology as one alternative to the individual focused approaches so dominant in the psychology of the English speaking world. Its members include clinical, educational, social, organisational psychologists, both in the field and in research and teaching posts, as well as people without formal psychological qualifications.

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