

## **Do commissioners care what clinical psychologists do?**

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*This article explores some of the concerns of professionals and commissioners with particular reference to the reflective practitioner position and its maintenance in today's NHS.*

Though it seems a little psychological, or at least, relational we might begin by asking, "Who are the commissioners?" It is worth enquiring what has led people to the commissioning role and what their particular interest in clinical psychology might be. Over the years I have known a little of several commissioners from various parts of the country. Most have been from other professional groups; there is no such thing as a commissioning profession. They have included an ex occupational therapist, a couple of ex-social workers and an ex-manager who didn't get onto a Doctoral Psychology training course. I know of two ex-administrators, one of whom saw himself as a man of the people and an ex-clinical psychologist who might well come from the same mold. They shared certain difficulties (like how they can find time to read the latest declaration from NICE) and a similar view of psychologists (that we seem an expensive and inflexible resource when compared with, for example, community care workers or counsellors). They seemed barely aware of what we do beyond ill-defined clinical work. To expect commissioners, even those with some experience of clinical psychology, to care about the activities of such a small profession may be to expect too much.

To anyone genuinely concerned about mental health in the wider community, these activities should be of interest. In Shropshire, for example, 13 A grade psychologists in nine CMHTs, a CBT service, mental health liaison and a young offenders institution do the following: writing, publishing, facilitating a group for the public on understanding depression (Black Dog), a series of sessions for the public on mental health issues and supervision of numerous non-psychologists. The department has arranged training courses on, for example, "What is mental health?" and run three Balint groups for local GPs (one for 12 years). Local clinical psychologists are actively involved in reform of the in-patient wards, co-ordinate training for many non-psychologists in the Trust and offer training to Junior Doctors. Successful courses include the Alternative Approaches to Psychosis series. There is a much-visited Website ([www.shropsych.org](http://www.shropsych.org)). Two psychologists have been involved in co-organizing theatre productions with service users and one has led drumming sessions for members of the public with a focus on service user inclusion. Psychologists lead on Critical Incident Debriefing, local research, and planning a third clinical doctoral course for the West Midlands. They provide and advocate for a user perspective in CMHT work and lead on the local initiative on Early Intervention in Psychosis. We run a writing for publication group for all Trust staff. All this, in addition to clinical work might have been expected to impact on commissioners' consciousness. After all, we are not shy; the department produces numerous publications per year and posts its annual report on the Website. The critical psychology book series from PCCS Books, for example, has

been entirely commissioned by psychologists in the department. So far the series totals eight books in five years (*This is Madness, This is Madness Too: Critical perspectives on mental health services, Personality as Art: Artistic approaches in psychology, Beyond Help: A consumers' guide to psychology, Spirituality and Psychotherapy, The Gene Illusion: Genetic research in psychiatry and psychology under the microscope, Violence and Society: Making sense of madness and badness, and Beyond Prozac: Healing mental distress.*). These books could help commissioners design an entire service. It is not clear to us if they know they exist, let alone read them: the tidal wave of Department of Health publications more or less prevents commissioners having time to read beyond government dogma.

The writing for publication group is an example of something commissioners should be passionately supporting. In a world where evidence-based practice is now the buzz-phrase, writing, reading and researching practice-based publications should be high on the agenda. The group examines creativity, unblocking, reflective practice, notes in therapy and supervision, and getting work published, from press releases and news stories via book reviews to articles. Articles published by the writing group currently number seven (produced in little more than six hours over several weeks). There are many more book reviews and at least one press release extolling the virtues of a community project. Again, this activity seems to have passed the commissioners by. If asked what the Trust might include under the Research Development agenda, the simple process of teaching people to write is unlikely to feature, despite the obvious lack of writing ability in lead clinicians tasked with research.

### **The British Psychological Society**

The British Psychological Society has done its best to toe the thin line between what is in the best interests of psychologists and the public. In a well-managed service there should be little difference. In theory at least, a clinical psychologist will use the best evidence to help patients in the shortest time possible, an ideal combination of efficacy and efficiency. In order to do so that psychologist will need time to read, reflect on practice and be aware of the distal as well as proximal influences on us all – whether we be professionals or those receiving our services. Such reflection may not be comfortable. It is entirely possible that we are simply one arm of a government funded death-making agency designed to suppress rather than liberate. It is equally possible that the reality behind the latest rhetoric from the Department of Health is that drug company and other vested interests are not as influential as some might fear. To consider this range of possibilities seem entirely consistent with both a scientist-practitioner and reflective-practitioner position. Feeling free to reflect on the political dimension of our work is key to our autonomy as practitioners, an autonomy the BPS has long defended. It is a position that many others resent, and one which leads to claims that we are inflexible; it is hard to religiously follow NICE platitudes or “What Works for Whom” guidance if one is free to reflect on what might underlie such messages. If we are for our employers part of a necessary function of critical reflection, we should not necessarily expect to be thanked for it. No doubt those wiser than me will have the same to say about this article. Crucially, such a position won't be commissioned. Commissioners might come to notice and care what we do if we constantly

criticize their actions. The simplest response for them would be to stop paying for the privilege.

The BPS is aware of this fine balance. As a primarily academic body it must say how things are (including robust critiques of vested interest in research). As a professional body it can't afford to be overtly politicized. Its contributions, via remarkably committed senior practitioners, to various guidance documents are thus admirably balanced and reasonably evidence based. Such contributions are, unfortunately, no more decipherable or readable than other work daily arriving on commissioners' desks. (Sending an article to a former board member proved salutary: he e-mailed back, "Too many words for me.")

### **Can we do what we like?**

Let us assume for a moment that an experienced clinical psychologist well versed in the therapeutic literature, trained to supervise and teach and receiving a reasonable wage felt free to act autonomously with nothing but the promise of gentle guidance if things didn't go well. Would the psychologist just stay at home pretending to be sick, cynically exploiting local absence policies? Would he or she invent an entire therapeutic genre? Would he or she do as little as possible to avoid drawing attention to themselves? Any answer is, to a degree, based on faith about the human condition. If you believe that love and freedom to act leads to actions that are part of the public good, then that psychologist might come up with a major contribution to theory or practice; or at least make the world a slightly happier place for a while. If you believe that control is crucial to endeavour, then such autonomy would be disallowed and management and commissioning would be very specifically task focused. As the detail of *Agenda for Change* becomes clearer, some might see it as an attempt to reward a broad range of hitherto neglected aspects of labour, others might see it as an attempt to rein in professions by changing the emphasis from potential conduct (due to our training and scientific credentials) to our actual activities (some of which might be less difficult and relevant to the public good than we have claimed). One outcome of *Agenda for Change* is a detailed consideration of what we do and a much closer look at professional activity than might be comfortable. It may reveal that some people do, indeed, do as they please, with no reference to research, outcome, or even an underlying ideology (community versus clinical psychology, for example). Others will be living up to the reflective and scientific practitioner rhetoric by a constant, research-driven reflection on their work.

The latter agenda may seem irrelevant to commissioners. Assailed by GPs wanting to medicalize every ill that befalls us, they will be pressured locally to provide counselling to the entire population and clinical psychology expertise within areas and structures specified by government. What local psychologists actually do is likely to remain, for the commissioners, largely invisible. What we are seen to do will increasingly become paramount. It may be that we need to be seen to do certain activities in order to remain free to do things that are more locally relevant. This is a trick long known to non clinical psychologist colleagues. Look around, identify some good practice, see what strategies are used to maintain it. Ally with others, especially community groups. Go forth and multiply.

## **Further reading**

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- Newnes, C. (2004) On writing. *Clinical Psychology, 42*
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- Radcliffe, N., and Newnes, C. (In press) Welcome to the future of liberal family therapy working. *M/C A Journal of Media and Culture*.
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