

PAUL'S POLITICAL COLUMN

With Paul Atkinson

A fellow mental health campaigner sent an email round the group last week. She wanted to tell us she's worrying about her neighbourhood and its declining mental health. She was finding herself in regular conversations with friends, neighbours and strangers in her local park who, having apparently survived the first 18 months of Covid, are tipping over the edge. Two women told stories of their husbands in the midst of awful psychological breakdown; one refusing to look for help and the other denied a place at a private mental health hospital in the absence of personalised NHS funding. A mother talked about her week with an adult son with autism and two younger children at school. She feels exhausted and desperate. A promise of respite care has never materialised, and domestic life has become threateningly tense and unbearable. In all three cases, the women are carrying an enormous emotional load.

Yesterday, in my own back yard I bumped into a guy who had also had a major breakdown. He was sitting nursing a beer on a bench by the new outdoor gym I wanted to try out. He warned me not to overdo it, and we got chatting. Both his parents had died recently, which seemed to bring on his crisis – he didn't know why. He'd been hospitalised and was now on psychotropic meds and living alone in a hostel, with no regular contact with mental health services. He had four adult children, a couple living nearby, but he didn't want to burden them with his troubles. He moved between tears, apologies and pulling himself back together. As we parted, I was thinking of two other men I had met recently, in the same park, whose lives had crumbled around them years ago, and who were surviving on meds, universal credit and a nomadic circuit of community welfare workers.

These are everyday stories, repeated thousands of times a day on the streets, in the parks and

cafés, community centres and libraries of Britain. Most of the people I see for free therapy in Tower Hamlets attest to the dire lack of support available to them from the National Health Service (NHS) or the local council. Most have had some kind of initial contact with mental health services – an acute episode, hospitalisation and/or contact with a crisis team. They may have occasional meetings with a psychiatrist to check up on their diagnosis and meds. They may have had a round of IAPT (Improving Access to the Psychological Therapies). None have had an ongoing relationship with a therapist that offers the time, space and respect to explore the meaning of their experience.

Of course, there is nothing new about this. The Care Quality Commission (CQC) report on Community Mental Health services published in November 2020, in the measured language of regulatory bodies, spills the beans on the wasteland of community mental health care:

...people are consistently reporting poor experiences of NHS community mental health services, with few positive results. For example, poor experiences were reported for crisis care, accessing care, and involvement.... There are few results where the majority of people reported good experiences of mental health care.¹

Mental health services in the UK have been underfunded and understaffed for decades – generations, even. Regardless of the fashionable hue and cry about our 'mental health crisis', the mental health of the nation, as defined by the medical model of individual morbidity, is suppurating in the face of criminal long-term neglect.

There has been little growth in the workforce over the last 10 years, with many of the key

staff groups either remaining at a similar level since 2009 or declining. There has been a loss of 7,000 nurses, health visitors and midwives and 6,000 clinical support staff. In 2019 the number of people in contact with mental health services was 1.4 million, an increase of around 21% since 2016. Around 12% of all medical vacancies are in mental health services. Similarly, around 12% of all nursing vacancies are in mental health, and the vacancy rate for Clinical Psychologists is also just over 12%.²

And this is before the arrival of Covid-19!³

Looking ahead through the political telescope of the NHS Long Term Plan, the government and NHS leadership promise unprecedented investment in the recruitment and training of staff, and in 'innovative digital solutions' in partnership with private IT companies. In reality, the growth of the latter and the continuing decline of the former are the likely future for UK health care. We know for sure that the dominant values of our society prioritise the machinery of wealth creation and power for the few over the communality of people's material, emotional and relational lives.

Supporting and caring for each other still enjoys the profound paradox of being simultaneously held in the highest esteem and dramatically devalued. The association of 'people work' with women's work, in a deeply patriarchal culture, remains stubbornly institutionalised. At the same time, making and maintaining relationships with each other is labour intensive in the simple sense of requiring commitment, energy, emotional and mental effort sustained over time. For a society obsessed with economic growth, financialised transactions and the rationalisation of gross inequalities of distribution, people work of all kinds must be reduced to a mechanical utilitarianism, accompanied by low or no pay, or it must be automated, digitalised, condensed into an app.⁴

Examples of this process are all around us. Like counselling and psychotherapy, education is being manualised through the central control of the national curriculum, SATS and league

tables, and the marginalisation of the arts, liberal studies and the freedom of self-directed learning. Child-care is discussed in terms of its cost as a service industry rather than focusing on the centrality of relationship between children, parents and carers. Social care at home is organised to minimise the opportunity of personal contact; in care homes, pay is held to an absolute minimum.⁵ Youth work has been decimated.⁶ GP appointments are restricted to ten minutes.⁷ Businesses no longer offer person-to-person customer services or care about fostering the loyalty of their customers. Central and local governments have stripped community-based services to the bone.⁸ And on it goes.

For many of us, as therapists working in relational modalities and prioritising the exploration of meaning with our clients, the settler colonial occupation of the public sector by short-term, pseudo-medical therapy has been a post-truth shock of Trumpian dimensions. The cancelling of all longer-term therapeutic relationships and the imposition of Cognitive Behaviour Therapy and CBT-like therapy, delivered increasingly through digital platforms, flies in the face of human experience. Anyone who knows the data on which IAPT claims successful recovery knows that 'evidence-based' in this context has nothing to do with truth. Anyone who knows the real evidence for meaningful therapeutic experiences knows that human relationships are their habitat – not 'an average of 6.9 sessions' of CBT.⁹ Real therapy is a profound encounter between human beings.

For some time, the Alliance for Counselling and Psychotherapy has toyed with the idea of a campaign for real therapy. The proposal stalled around the ontological ambiguities of what is 'real', and the potential divisiveness and elitism of making a claim on real against not-really therapy. Recently, the idea has taken on a new lease of life in response to the ever-expanding and increasingly dysfunctional empire of IAPT, campaigns against the pseudo-medical model of psychological distress and its treatment, resistance to the SCoPEd project and the institutionalisation of a two-tier provision of

therapy – relational therapy via private practice for the better off, utilitarian state therapy for the less well off.

A group of us are now launching the campaign under a more inclusive title and vision: universal Access to Counselling and psychoTherapy (uACT). To quote from our mission statement:¹⁰

The campaign for universal Access to Counselling and psychoTherapy (uACT) is working for fundamental change in the organisation of support for people experiencing emotional suffering and distress.

We want this support to be organised around the following principles:

- community led, not provider led
- client led, not diagnosis led
- client need, not imposed time frames
- lasting changes, not quick fixes
- client/counsellor relationships, not manuals or websites
- listening to clients, not telling them
- life changes, not short-term goals
- emotional depth, not positive thinking
- understanding people, not collecting statistics
- benefit for clients, not benefit for service funding
- relational approach to assessing progress, not tick-box number crunching

Read our statement and look out for our launch event. We are hoping it will get you to act, too.

Notes and References

- 1 Care Quality Commission, *Community Mental Health Survey 2020*, London; available at <https://tinyurl.com/39jwfy3p> (accessed 12 October 2021).
- 2 British Medical Association, *Measuring Progress: Commitments to Support and Expand the Mental Health Workforce in England*, London, 2019; available at <https://tinyurl.com/ddxykpn4> (accessed 12 October 2021).
- 3 Adam Forrest, 'NHS fears "mass exodus" of staff as mental health absences soar in 2021', *The Independent*, 24 August 2021; available at <https://tinyurl.com/4fetjt99> (accessed 12 October 2021).
- 4 See letter from Debbie Burton, 'Don't be fooled: this Tory party is no friend of the low-paid', *The Guardian*, 6 October 2021; available at <https://tinyurl.com/v8vw9p8c> (accessed 12 October 2021).
- 5 The King's Fund, 'New analysis shows "widespread decline" in adult social care', London, 6 May 2021; available at <https://tinyurl.com/4843tprh> (accessed 12 October 2021).
- 6 Carole Pugh, 'Death of a service', *Youth & Policy*, 5 April 2019; available at <https://tinyurl.com/dfkdbhc> (accessed 12 October 2021).
- 7 Nick Lakin, 'Ten minute GP window "not fit for purpose" as patients in Morecambe Bay feel mental health issues are going unrecognised', *Lancaster Guardian*, 24 July 2020; available at <https://tinyurl.com/29xarjcu> (accessed 12 October 2021).
- 8 Jo Bibby, 'Cuts to local government funding and stalling life expectancy', *The Lancet Public Health*, 12 July 2021; available at <https://tinyurl.com/4vucccwe> (accessed 12 October 2021); and Harriet Whitehead, 'Over 60% of community groups have closed or decreased services during Covid-19', *Civil Society News*, 10 November 2020; available at <https://tinyurl.com/vfztdu33> (accessed 12 October 2021).
- 9 Anthony Venning, Madeleine C.E. Herd, Tassia K. Oswald, Sabran Razmi, Fiona Glover, Tim Hawke, Victoria Quartermain & Paula Redpath, 'Exploring the acceptability of a digital mental health platform incorporating a virtual coach: the good, the bad, and the opportunities', *Health Informatics Journal*, 27 (1), 2021; available at <https://tinyurl.com/sna7ewba> (accessed 12 October 2021):
'Whilst participants valued the online cCBT program for enhanced privacy, flexibility and autonomy, others struggled with the absence of interpersonal contact. Consistent with this, participants in the current study struggled with the lack of "rapport", "expressions", "emotions" and ability to "form a therapeutic alliance".'
- 10 uACT, 'Campaigning for universal Access to Counselling and psychoTherapy', Draft Manifesto, 15 June 2021; available at <https://uaccess2ct.wordpress.com> (accessed 12 October 2021).

About the contributor



Paul Atkinson has been wild swimming in the intersection of psychotherapy and political activism since the early 1970s – admittedly with many spells of apathy, despair and watching telly. He has five grandchildren, and helped set up the Free Psychotherapy Network.