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## Foreword (from the voluntary sector)

Lord Victor Adebowale CBE

In 2004 I was asked to speak at the annual conference of Psychiatry 2004 in Madrid. On receiving my invite I was of course flattered but also curious about why I had been asked other than being a peer of the realm and having a career in social care and housing. What qualified me to speak to several hundred psychiatrists? I guessed that being a member of the House of Lords has a certain cache at such gatherings but it's not exactly a qualification in psychiatry, although it is a qualification (of sorts) in making speeches. So I said I would and put my mind to thinking about what I wanted to say.

I needed to rely on my experience of the mental health world from the point of view of those who have used it, over a twenty year career in social care management. I have worked in communities whose access to good mental health care is minimal, unless someone is in extremis, and then they become subject to the Mental Health Act, the legal framework for compulsion in England. I have also worked in settings where people's experience of mental health has led them to self medicate using alcohol and other drugs. My own experience of mental health has been mercifully robust but at the back of my mind as a black man I have the same fear that many minority ethnic people in the United Kingdom report, that is, I have a fear of the system. I hold my mental health dear to me because I know that should it slip from my grasp the system that I may be subject to will diagnose me on the basis of its own values, not necessarily my own or my culture's. What can be more frightening than to be subject to the confusion of your own mind while being at the mercy, however learned, of the diagnosis of others?

I made my contribution to the Madrid conference against a backdrop in the UK of mistrust of psychiatry. The press had latched onto the grim details of murder committed by people released into the community. The press did not make the distinction between personality disorder, psychosis, what is treatable and what is manageable, the struggles of diagnosis and the challenge of finding the balance between the resources of care and the assessment of change in a troubled individual. In short, psychiatry was being caricatured

as being out of touch with society's reasonable desire for safety. This crude view was not helped by the growing cry from members of the black and minority ethnic communities in the UK about the feeling that psychiatry was not applying the same rules to black people as it applied to white people. Psychiatrists like Sulman Fernandez and academics like Professor Kamlesh Patel were producing the evidence to back up the suspicion. The death of David 'Rocky' Bennett had sparked a self examination of a system that the investigating judge had termed institutionally racist. I was asked to co-chair with the Minister of State for Health, Rosie Winterton, the national black and minority ethnic mental health strategy as part of the Department of Health's response to the Rocky Bennett tragic death and the feelings of injustice this had generated in the ethnic minority community.

While the structures of mental health struggled to come to terms with challenges from patients and society, psychiatry and psychiatrists were seen as being at the top of the mental health tree, the holders of the rings of power and the process of diagnosis. Psychiatrists had prozac and a model that was based on the biological and social sciences. The question that I felt society was asking was 'is this paradigm enough?' I came to the conclusion that psychiatry was in trouble and I think it was fair to say so at the conference as a manager of mental health services and as someone who knew the users of those services. It was clear to me that psychiatry was of value only if it could examine how it could relate to the perceptions of its users. It is not that psychiatry needed attack from me or anyone else, there are enough anti psychiatry websites and groups around to do that job. My view was (and still is ) that debate about psychiatry is not just about the profession but about what we understand to be mental health and what are the concepts that guide our approach to its treatment of those with mental health challenges.

As I prepared my speech I came across the work of Professor Bill Fulford and his colleagues. As a non-psychiatrist it seems to me that an examination of the values on which judgments

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are made may give some clearer understanding of what shapes perception of both professionals and the users of the services those professionals provide. The challenge is to create a dialogue that allows the examination of the self as an instrument of clinical judgement. In other words the question needs to be asked, do the values of the psychiatrist, mental health workers, psychologist, and psychotherapist have some play in the relationship with the patient. I think this is a fundamental question that drives to the heart of the challenges that psychiatry is faced with. If this question can be faced and answered then a major contribution to the field can be made. The issue of values-based psychiatry cannot be examined in isolation; by definition, it needs an international input with which it can debate its approach. It is only through the creation of a constant process of critique, a critique applicable in clinical settings, that psychiatry can take on the challenge of difference not just in the UK but internationally.

I do not know where values-based psychiatry will lead us but in my view this may be a good thing. The tyranny of certainty can create the biggest block to change. I am impressed by the idea that perhaps the skills of psychiatry can be enhanced by the

concept of applied philosophy in some ways. This may be apt given that the roots of mental health lie in the ideas of philosophy. The Lunatic Act was an attempt to end a debate which will simply not go away as long as there are people in the world who are challenged by mental ill health and yet are determined not to give up intellectual freedom in the face of prevailing ideas. The production of this work is a major step forward in creating a new paradigm for psychiatry to contribute to the understanding of mental health. It is overdue but very welcome by those of us who are not psychiatrists and yet want psychiatry to use its authority to lead the way.

The story of my speech to the international conference in Madrid ends quite simply. I said pretty much what I have written here. The response? Well, 50% of the audience liked what I had to say, the other half wanted me 'sectioned'.

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February, 2006

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