A conversation with ourselves: reflecting on our professions, the systems we work in and our roles within it.

The statements:

1. The NHS can perpetuate inequality. The NHS has always been unequal in terms of power. Respected Welshman, Nye Bevan said that to get the medical consultants to sign up to a public health service: *"I had to stuff their mouths with gold"*. Even now, there are regular concerns about deference to authority, paternalism and hierarchy, bullying and harassment and a fear of speaking out. Disrupting the status quo can cost you your safety and progression.

2. We draw power and security from this system. The same NHS system gives us qualifications and titles with high social value. These titles provide us with internal and external status. We also get a good salary and pension. A job for life and a progression path.

3. Limited / limiting questioning. We are highly selected for generalist training. The many hoops we have to jump through may also mean that we are carefully selected to both conform and fawn. While we use Socratic questioning in our direct work, it is often only permitted within safe limits when exploring our wider profession. While some difference is welcomed, deep questioning of ourselves and our role can be seen as threatening and risks shaking "professional integrity". This can lead to a monoculture that makes it incredibly hard for people with difference to exist within it.

4. The mental health diagnostic system lacks scientific validity and causes harm. We know the dominant way of thinking about our 'mental health' and the DSM/ICD has always been based on the subjective dominant moral values of the time. This continues to play out today. The WHO and the UN have both commented on the human rights abuses embedded into mental health legislation and model of care, this is even true in the UK.

5. The difference that doesn't make a difference. While we criticise the medical model, we still too often pursue individual approaches, such as CBT, which position wider socio-political and economic issues as individual faults. Asking people to think their way out of societal problems. Through privileging reductionist, manualized approaches, e.g. NHS England IAPT (TTAD), or via talking therapies in structures such as job centres, both us and the people we support can be subjected to moral harm.

6. None of this is new. Back as far as 1950, Raimy defined therapy as an: *"unidentified technique applied to unspecified problems with unpredictable outcomes …for which long and rigorous training is required!"* (p.3). What are we actually experts in? Are we emperors wearing new clothes?

7. Working today. We witness the trauma of those we work with and the trauma of those working alongside us in chronically under-resourced, unsupported and toxic systems. We can feel: loyal, guilty, insecure, proud, complicit, ashamed, overwhelmed and fraudulent at the same time. It is easy to feel disillusioned. Owning this story is hard, but the alternative is it going unspoken and still silently directing us.

8. Daring to organise. Change will not come from anywhere else but us. Some colleagues experienced the BPS so negatively they broke away from it, and many others feel it can be passive and risk averse. How do we join together to create, share and live alternatives? More community-embedded, holistic and rights-based ways of working are available. There are seeds of this in many learning disability, older adult and children and young people services. What else would you highlight as positive pathways forward?

Reference*:*

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