Chapter 21: A Prescription for Psychiatry

Chloe

We have to be really careful of one group shouting louder than another group, or one group overshadowing the experience of another group. So for example, if we have a group of, I don't know, say, predominantly white women talking about the injustice of, you know, like me and you, talking about the injustice of exclusion from services and being told things like, "You've got the capacity to kill yourself" and being written off as having a personality disorder, and denied help, and that sort of thing. It's really, really important. But also, that's perhaps not speaking to the experience of, say, Black people who have had the experience of being arrested, or sectioned on multiple occasions, or forced into a system that they didn't want to be in, or that they asked for something from and got given something completely opposite.

And it's not binary. And I don't want to make sweeping generalisations or say that it's one or the other. But I think what I am saying is that it's really important to consider there are *so many* different narratives and experiences out there. And, I don't know, I worry a lot about inadvertently making things worse for a group that I have less understanding of, or that I have more privilege than or, you know, whatever.

It's sort of like when celebrities talk about mental health and, you know, they use their platform. And I know that they mean well. But a rich white celebrity guy talking about his depression and writing a book about it, that's lovely, and important, and hurrah for talking up, and of course we know that male suicide is a problem and men asking for help doesn't happen enough and all that sort of thing, and I'm not diminishing that.

But a rich white celebrity man is not the same as, you know, countless other things. That's not the patients that I see. And that's not somebody who is perhaps going to be excluded from their community, or criminalized, or ostracised, or unable to get employment in the future or, you know, whatever.

You know these people using their platform, it's great, but if you don't acknowledge your own privilege then you are *totally* part of the problem. And that's very much the same for me, as a psychiatrist with other privileges. Because actually it's always the people with the most privilege that we hear the most from.

Eve

I'm really glad you've raised this issue around activism in the mental health sphere. I find it so, so challenging, and so difficult to kind of navigate, because I find a lot of the activism quite bougie, and quite intellectual…

Chloe
[laughs] Yes!

Eve
…and actually, for me, I want to talk about feelings as well as ideas and, you know, analysing papers and looking at policy and its implications. And I feel that we don't always join up the dots between what we think, and analyse, and how it makes us feel. So I've been trying to do that. Been trying to keep asking those questions around the embodied response to a lot of these philosophical, legal, clinical decisions and assumptions and interpretations.

And also really really mindful that I need to own my place in that. And the way that some of my questions are framed are probably quite exclusive, and don't always speak to everybody, and are geared towards, driving towards, certain responses over others. So it's, yeah, it's trying to hold all of that. It's trying to hold the position, and betray the position, in the same breath I guess. [laughs]

Chloe
Yeah and I think that nobody has all the answers, and nobody is perfect, and nobody can speak for everybody. And I think that it's important to be aware of that and to stick to your lane as far as possible, but also invite people from other lanes where you can.

And I think then we come right back to the problem with psychiatry again, which is thinking that we can speak for everybody. And thinking that we do have all the answers. And thinking that we do know better than everybody, and know something about everybody. I think that there's lots of people doing work who know that they don't have all the answers, like you, and who know that you can't speak for everybody and that there are problems with privilege, and we can always do more.

But I suppose the biggest problem is when people won't acknowledge that or won't accept that it exists. And that is the problem with psychiatry, is that psychiatry doesn't have insight. Or lots of psychiatrists don't have insight. I think that's the problem. I don't think the patients are the ones whose insight is a problem. I think that we can work with anybody's view of their own situation. You can have somebody who is living as good a life as they want to live, who supposedly, in clinical type terms, has no insight, who has a mental illness, for want of a better term, that is not treated, whatever, but that's OK and that's the life they want to live.

So I think that actually, the concept of insight is not helpful. What is helpful is figuring out what's important to somebody, what their view of their situation is, and what would help them. But I think that it's our insight that we need to

look at. And it's our insight as clinicians that's the problem, because we are setting a very, very normative baseline. And it's a very old fashioned baseline. And it's a very, you know, it's based on such old fashioned values. And it's based on absolutely no diversity. And it's based on everything being very binary. And it's based on 100-year-old concepts of psychiatry.

Eve
If you could write a prescription for psychiatry, what would it be?

Chloe
Insight! [laughs]. I think common sense. I don't think there's enough of that around anywhere in the world. But common sense and thinking about things and not doing something blindly because you've heard it. So thinking about what you mean. What do you mean by insight? What do you mean by has capacity? What do you mean when you write this in the notes? I think yeah, I think common sense is something I wish I could put in the water. It's sorely lacking, and I do think that it is lacking in psychiatry as much as anywhere else, perhaps more so in some ways.

Because I don't, I don't know, I'm sure lots of people will disagree with me, but I don't think that compassion is the least lacking thing. I think that it is there to some degree, because if there was absolutely no compassion in psychiatry or in most people who worked in psychiatry everyone would be psychopaths. And I just I think that's too simplistic to say that.

But I think that what you get is compassion that gets skewed by stigma and prejudice and misinformation, which gets handed down and handed down and handed down and people not using their common sense means that they don't question that convention. So I think that more common sense would solve a lot of problems.

And I think that patients get accused of rigidity, when actually it's us and our profession that’s rigid. This concept of insight I think is massively problematic and has so many different meanings as to render it meaningless, certainly, as a clinical term. But I think that what we really need to wake up to is how we use this and other terms to justify mistreatment really, and to justify doing things that we shouldn't do.

And I'm not saying that detention is 100% wrong. Of course I'm not, you know, I'm a psychiatrist. I use the Mental Health Act. I detain people. I treat people against their will. And also I say no to people. I'm not saying that I'm not guilty of exclusion, or that I don't see patients where my view is no, honestly, I don't think you need this thing that you want. Or I can't, for whatever reason, I'm not going to do this. But I think that we need to question more closely our reasoning for those things, and not make those

decisions on thoughtlessness or on spurious reasons or things that we haven't questioned.

I don't think I'm actually that unconventional as a psychiatrist, and I'm not, as I said, I'm not against detention, I'm not against certain types of exclusion, because also you can harm people by giving them something that isn't actually the right thing. And, you know, that is why I qualified as a doctor, because I think I'm reasonably able to prescribe things and to know, you know, what to do in certain situations. But we have to be questioning ourselves all the time. And whether we're doing things for the right reasons, or what the reasons are, that we're doing things.

Eve
I guess I keep coming back to, throughout this entire project, what insight means to the individuals that are involved in it. So if you were to redefine insight, from your perspective, what would your own personal definition of that word be?

Chloe
So I think as we currently use it, the definition of insight is, "Does this patient agree with the doctor or not?" But yeah, I don't really feel particularly inclined to be measured or diplomatic about it. I think that as clinicians, if you want to put it in the notes, put it in the notes, but ultimately, instead of writing insight, put whether the patient agrees with me or not, because that is what you're saying most of the time. So I think if that's what you want to write, be honest about it. [laughs]

Eve
Yeah. I've come to this point in my journey and have heard so many different definitions of insight, from insight being a feeling, a memory, insight being context, insight being self-awareness, regardless of whether the person rejects or embraces the construct of illness in itself. There's just so many different definitions, I've got to the point where I'm thinking this word doesn't mean anything and because of that maybe it's OK to bin it. [laughs]

Chloe
Mmm, yeah, you know, we don't talk about whether someone's got insight into their bowel condition, unless we've decided it's psychosomatic. But, you know, you might write if the patient doesn't want the treatment that's being proposed or something.

But yeah, so much of psychiatry is sort of predicated on thinking that we know people's minds better than they do. Thinking that we can see into people's minds. And we can't. Spoiler!

Eve

[laughs] I’ll have to put a big spoiler alert at the top of this!

Chloe
[laughs] Yes! I can't read minds! [both laugh]

Eve
Do you have a sense of what a just mental health service looks like?

Chloe
Oh, God. Um, [pauses] well it's got a lot more money for one thing! [laughs]

Eve
[laughs] Yeah!

Chloe
I think it's one where approaches are tailored. Where we don't punish people for not fitting into the only boxes that we are prepared to provide in terms of diagnosis or treatment, but where things can be truly individualised. And I don't actually think that's impossible.

And I don't actually think that it's all about funding, although funding is a huge issue because we only have what we have because we only have so much resource. And I think that a mental health service where people who are going to use that service are more listened to, and are more involved in decision making, sort of service design but also in their own care and their own treatment.

But I think that a just mental health service takes place in a just society and a just welfare system and a just system of government. And, you know, I think if you've got the mental health system as this sort of nucleus, then you've got all of these concentric rings of other layers of injustice around it.

And I don't think a just mental health system can exist with all of the other injustice that we have in society. You know, we would need a complete overhaul of everything. But that doesn't mean that we shouldn't try. And that things can't be made better than they are.

Eve
I'm wondering what the incremental steps can be. For instance, if there's someone listening to this, a psychiatrist but perhaps maybe a bit earlier on in their journey, feeling equally frustrated, struggling with some of the things that you've experienced yourself, the rage, the sadness, you know, struggling with your own health as a consequence, and wondering whether they can continue. What kinds of things have been helpful to keep you going that may possibly be useful to listeners of this who are within psychiatry?

Chloe
Although it's hard work to keep up the fight, I think not allowing yourself to be assimilated is important. So being honest about the limitations and about the problems and being honest with your patients. And instead of pretending that, you know, we're not going to give you X, Y and Z because you don't deserve it, or you don't fit the box, or you haven't shown enough commitment, be honest about why you're not giving it. You're not giving it because you haven't got it and because resources are stretched. And you'd love to give somebody this, but we can't.

So I think that treating patients as an individual and speaking to them as humans, which sounds like such a no brainer it's sort of embarrassing to even say it, but actually just speaking to your patients on a level, and working collaboratively with them, and hearing them, and believing them. And it's good for them but it's also good for you as a clinician as well and will help you not get burnt out if you don't feel that you don't have to be *complicit* in the harm.

It's hard work to fight against it, but you actually can find a middle ground where you're not, you know, a complete sort of maverick on an island going completely against the grain and pissing everybody off, but you can stay true to your own principles.

And find, seek out other people who feel like you, because they do exist, they really do. And that was one of the things that keeps me going is having friends and colleagues who share my values and who feel the same way as me. And believe me they do actually exist. And figuring out, picking your battles, I suppose, and accepting that you can't fight them all, but picking the right ones and fighting them well and consistently.

And, I don't know if I've got the answer because I'm still in it as well. I'm still full of rage, and I'm still struggling with the injustice and my own mental health will probably always be a battle. And I don't know how to advise anybody else. I suppose just don't lose your integrity. Don't sell out and get assimilated. But find other people who are like you. [laughs]

Eve
I love that idea of finding your tribe, your radical crew…

Chloe
[laughs] Yeah!

Eve
…who can keep you going when things just feel too overwhelming and too much. So where's next? What's your next step in your own work and your process with it all?

Chloe
God, a few things. I'm doing more work with the Royal College of Psychiatrists because it feels like trying to work on it on a bigger level and trying to work with other people and get ideas and thoughts and projects going on a wider level is hopefully a way to affect some change.

I'm writing some bits and pieces about mental capacity. I continue to get asked to speak quite a lot, particularly about suicide and capacity, which is my major hobbyhorse. So more of that. Yeah, I don't know, just more of the same really. More banging my drum and trying to stay alive.

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