Attending to Mental Health: Individuals, Systems, and the Potential Contribution of the Professional Doctorate

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The concept of 'mental health' is complex and is often defined as the absence of mental illness or mental distress. The literature detailing the different types of mental illness that need attention tends to be based in a powerful medical model rather than positioned within a psychosocial framework. This has led to some critical debates in the mental health field that highlight and promote a plea for a more contextual approach.

From a 'mental illness' perspective, and following the wide range of issues set out in publications such as the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013) or the more recent version of the International Classification of Diseases (ICD-11, 2018) we could imagine that we were dealing with research based issues, definitive signs and symptoms within individuals, and guidelines for treatment planning for those concerned. However, while allowing these diagnostic systems to have some conceptual and clinical usefulness, we also need to attend carefully to a critique of these systems from the perspective of individual reductionism, an over reliance on objectivity and rationality, difficulties about the meaning and reliability of the research that is assumed to underpin these categorisations, and the

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lack of contextual exploration and understanding of presenting issues. Psychiatry and the DSM-5/ICD-11 are based on a medical model that holds a great deal of power. By contrast, it is essential, in my view, to focus on a more holistic and social model that highlights the relevance of contextual and environmental factors that underpin individual and system health and a sense of 'dis-ease'.

The latter perspective raises issues of scientific rationalism that promotes the language of deficiency. Critics in this tradition point to the idea of mental illness as a 'social myth' than can be used for the purpose of social control (e.g. McNamee and Gergen, 1992). Such writers argue that categorisation systems are not value free and are intrinsically linked to social processes. For example, the issue of homosexuality has had a long political struggle with different versions of the DSM system. Homosexuality was listed as a disorder up to DSM-II; in DSM-III this 'diagnosis' was changed to Ego Dystonic Homosexuality. It was not until DSM- III-R in 1987 that this 'disorder' was dropped (see, for example, Kutchins and Kirk, 1997).

Vanheule (2012) argued for an alternative to the DSM-5 as a support for interventions in psychological therapy. Pilgrim and McCranie (2013) offer a sociological analysis, highlighting the concepts of 'misery' versus 'happiness' and the lack of emphasis on the fact that emotions such as fear and sadness are with most of us quite a bit of the time – perhaps a lot of the time in the current COVID-19 environment. Paris (2013) argues for a more balanced and critical approach to issues described in the DSM-5, while the classic experiment of Rosenhan (1973) provides some interesting data on the possibility that madness, like beauty, might lie in the eye of the beholder. From this perspective, issues of mental health or emotional well-being need to be understood as not necessarily related to the absence of certain diagnostic symptoms. In terms of interventions, Paul Gilbert (2007), for example, has highlighted the need for a focus not just on individual deficits, but also on systemic, social and political processes. The Division of Clinical Psychology of the British Psychological Society (BPS, 2018) has produced a critical document on formulation and treatment that focuses on a Power, Threat, Meaning

Framework that aims to explore an individual's contextual and historical experiences and the phenomenological sense that the person has made of these.

From these perspectives, we can raise the question of how professional doctorates might contribute critically and ethically to such debates, both in theory and in the contribution to professional practices. A key notion for those involved in the management and supervision of professional doctorate projects could be described within the criterion of the 'so what' question. What difference could a proposed practitioner doctoral project potentially make to professional, organisational, or social practice, and importantly to the practice of the professional who is undertaking this research? The idea of 'the product' in the professional doctorate centres on this issue and can be considered within the realms of philosophical, theoretical, methodological, and ethical challenges. Candidates who engage in a professional doctorate are usually arriving with questions that have arisen within their own practice setting. This makes the undertaking of such a doctorate profoundly reflexive, opening the way for contextual change.

By way of highlighting some relevant contributions that incorporate the ideas outlined above I would like to draw attention to a few projects that may be of interest. My own doctoral work focused on the experience of stress in organisations. In several consulting projects that I had undertaken I noticed that there was a strange dynamic at work whereby stress appeared to be passed around the organisation. In effect, it seemed as if 'stress' moved from one desk to another, often surreptitiously! As a result of my project work I proposed that issues of stress needed to be approached from individual, group and organisational perspectives if the difficulties were likely to be resolved in an ethical and appropriately practical way (e.g. Orlans, 1986, 1991).

My approach was subsequently reflected in projects where I would, for example, help an organisation develop a useful counselling service for employees. I always argued that the service needed to be evaluated contextually. This meant that 'problems' that

presented themselves in the confidential consulting room with the counsellor needed to be appropriately analysed in a form that located a number of difficulties with the employee and retrieved a number of others for the attention of senior management as group or organisational issues. I also outlined a strategic methodology to undertaking this in an ethical way that honoured the confidentiality established between a counsellor and their client. My experience was that consent for such an approach was actively welcomed by employees as a way of avoiding turning organisational issues into individual pathology.

Of the many doctoral projects that I have supervised, we can also see a similar focus on contextual factors in which individual problems can be located. For example, Dr Anita Sattar- Jenkins (Sattar-Jenkins, 2019) conducted her research on Asian mothers who gave birth in the NHS in the absence of maternal support. Her project highlighted the important need for the NHS to attend to cultural and language factors in the interactions with Asian mothers and to become much more knowledgeable about the importance of family factors; it also highlighted the role of men and women in Asian culture in relation to birth processes and the need to review and expand the nature of the service available to new mothers. In the course of her doctoral work she had policy discussions about strategic implications for the NHS on the need for attention to cultural factors and the implications for the mental health of patients.

Dr Hannah Cruttenden (Cruttenden, 2019) undertook a narrative study on the experience of older/oldest old adults of the loss of an adult child. This work highlighted the ways in which older adults are often ignored by the care systems in terms of their need to talk with someone about their experiences, the ways in which a phenomenological understanding is potentially key to a more effective approach, and the fact that, going forward, our social systems shall be dealing with a far greater number of older adult issues. This work highlighted the importance of an interpersonal context where phenomenological experience is both respected and supported. At present, such a process based perspective is generally not part of the NHS culture.

Dr Tarun Pamneja undertook a qualitative study of patients in the NHS who had been diagnosed with 'psychosis' (Pamneja, 2018). He conducted in-depth interviews with both patients and their psychiatrists about their respective experiences of the presenting issues and of the experiences of patient and psychiatrist of each other. The project highlighted the need for a greater understanding of both the patient's and the psychiatrist's experience in the understanding of the phenomena of psychosis, the tensions in perspectives that can ensue from a structural perspective within the environment of the NHS, and the need for a shift to a more intersubjective and interpersonal form of relating. Projects such as the ones that I have outlined are also aligned with the position set out by the recent BPS Report on a *Power, Threat, Meaning Framework* in the exploration and analysis of psychological and emotional difficulties (BPS, 2018) and the fact that a diagnosis of 'psychosis' is often related to early and chronic trauma.

I have many other examples of this kind of practitioner research that I have supervised or managed within the DCPsych doctoral programme at Metanoia Institute that have taken such a critical perspective on the subject of mental health and that successfully sought to locate the individual within a contextual frame. What follows from this kind of approach is a much more grounded perspective on relevant treatment and interventions that also often requires a strategic perspective on service delivery. In my view, at a doctoral level of investigation such a critical analysis is crucial, coupled with the professional doctorate's emphasis on the 'so what' question, where knowledge for its own sake is not enough, and where action and useful intervention is a part of the doctoral frame. From such a perspective we can also develop social and policy changes that can potentially bring a more appropriate, effective, and ethical approach to the issue of mental health and emotional well-being.

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Vanja has many years of experience in higher education and in the design and development of professional doctorates. Until recently, she was Senior Director of Studies and Programme Leader of the Doctorate in Counselling Psychology and Psychotherapy by Professional studies (DCPsych) at Metanoia institute, a joint programme with Middlesex University. She was also a Research Tutor and Supervisor on this programme and has seen many candidates through the development and completion of complex projects. Over her professional career she has worked extensively with individuals and organisations, consulting and teaching as well as running a psychotherapy and consulting practice in North London. She also continues to supervise doctoral research projects. Vanja has published widely in both the clinical and organisational fields.