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*Focus Point*

# IT IS TIME WE STOPPED COLLUDING

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*I argue here that we psychotherapists in the private sector bear our own share of responsibility for the institutionalization of a two-tier system of psychological care and therapy. We are on aggregate a profession of the self-employed, focused on the self-development of the individual who can afford to pay our fees. As a profession we appear to be relatively blind to the living conditions of the less well-off citizens in our society and to the ethics of collective responsibility.*

*KEYWORDS:* SOCIAL INEQUALITY, NHS TALKING THERAPIES, ACTIVISM, CLASS, MENTAL HEALTH CRISIS, COMMUNITY PSYCHOTHERAPY

I confess that since qualifying as a psychoanalytic psychotherapist in 1990, I have become steadily disenchanted with our profession. These days I identify more with the radicalism of my 20s than the professional psychotherapist in private practice. Like other baby boomers brought up in working-class terraces north of Watford, I appreciate being part of a generation that had at least some opportunity for social mobility via grammar school and plate glass university.[1] I certainly don't complain about having had a working life earning enough money and doing more or less what I have wanted to do. But it has been deeply depressing to be part of a nominally liberal profession that has now spent a generation slouching into 'the shadows of the indignant desert birds'.[2] By the time Layard and Clark were celebrating the first three years of the Improving Access to Psychological Therapies (IAPT) initiative in 2011, I was heading back into a life more political than professional.

We are all aware of the growing social inequality in the UK, as well as the inequalities between countries globally. Obscene inequalities of wealth, income, power and opportunity have become the natural environment of wealthy nations like ours in this era of neoliberal ideology and policy making, with its dogma of markets, financialization and transactional relationships.[3] Low pay, part-time work, zero hour contracts, debt and the steady erosion of social security and local authority services in the name of austerity have all conspired to produce a new generation of relative deprivation and bare survival. Inequalities of health and material well-being between different ethnic groups in our ostensibly rich, democratic society are shocking.[4]

Since the financial crash in 2008, there has been growing talk from government, the major mental health charities and in the media of a mental health crisis in the UK.[5] But what does 'mental health crisis' mean?

The correlation between social inequality, deprivation and mental ill health is well established.[6] We have a growing body of evidence that the structural dynamics of modern capitalism generate psychological pain and distress.[7] Currently, the government estimates the prevalence of common mental health disorders as around 20% of the adult population of England.[8] There seems to be an epidemic of depression and anxiety. Prescriptions of antidepressants have been steadily growing since the 1980s.[9] Four million people are long-term users of antidepressants,[10] and the prescribing of antidepressants to children, mainly male, aged between 5 and 12 increased by 40% between 2015 and 2021.[11] Psychological distress, self-harm and suicide among young people are on the increase.[12] Referrals to the NHS Talking Therapies service (formerly IAPT) have increased from an average of 380,000 per annum in its first three years to over 1.8 million last year—a total of something over 16 million adult referrals in England since its roll out in 2008.[13]

Yet at the same time the provision of public mental health services in England has experienced austerity cuts in funding, staggering staff shortages across the mental health care professions and a woeful decline in continuity of care and reliable ongoing professional relationships. In our field, virtually all provision of counselling and psychotherapy in the public sector in the UK has been reduced to a very limited number of sessions of behavioural and other manualized therapy. Crucially, in the field of mental health and the provision of counselling and psychotherapy, we have been watching the creation of a two-tier health system—one system for the rich, another for the poor.

I argue here that we psychotherapists in the private sector bear our own share of responsibility for the institutionalization of a two-tier system of psychological care and therapy. We are on aggregate a profession of the self-employed, focused on the self-development of the individual who can afford to pay our fees. As a profession, we appear to be relatively blind to the living conditions of the less well-off citizens in our society and to the ethics of collective responsibility.

Psychoanalytic psychotherapy is a middle class profession with a predominantly middle class clientele.[14] Measuring social class crudely by income levels, average fees of between £50 and £80 per session leave little room for doubt on this.[15] Meanwhile, 2.5 million families used a food bank in 2020/21. Nearly 5.6 million people were claiming UC (Universal Credit) in July 2022.[16] Currently, one fifth of the population are living in relative poverty and over a tenth in absolute poverty after housing costs.[17] Last year, 25% of the adult working population were on low pay, defined as less than two-thirds of the median pay level.[18] A very small proportion of these people will be found in our analytic consulting rooms with their comfy chairs and carefully curated decor.

In the early 1990s, I was one of the Guild of Psychotherapists' delegates to the UKCP[19] and sat through the process of splitting driven by the psychoanalysts. The analysts claimed to be the heirs of Freud and therefore the natural leadership of the

psychotherapy world generally. They left to form the British Confederation of Psychotherapy[20] in 1992 and were followed over time by the training organizations who identified with the authority of the BPS and the SAP. Most of the psychoanalytic trainings that stayed with the UKCP had their origins in the political challenge to the hegemony of the BPS and its financially exclusive training requirements. Whatever else, the issue was clearly one of professional status and social class.

Between the formation of the UKCP, the roll out of Layard and Clark's IAPT service in 2008, and the final collapse of the government's attempt to regulate us under HPC in 2011,[21] the profession of counselling and psychotherapy was a political battlefield.[22] Internecine tensions between therapeutic modalities, between counselling and psychotherapy, and between national membership bodies were kindled and inflamed by the build-up of political pressure from the government, for regulation, ostensibly in the name of protecting the public. It was pressure calling on the tribal and village organizations of counsellors and psychotherapists to collect ourselves as a coherent profession with an agreed definition of purpose and standards of training and practice.

Important though these issues were and remain for therapists,[23] for 'the mental health crisis' and the general public there were more important politics in process. Government attempts to regulate private practice marched in step with a revolution in the provision of psychological therapies in the public sector. The alliance of a professor of economics and a professor of experimental psychology, Richard Layard and David Clark, persuaded the Blair government that cognitive behavioural therapy rolled out in the NHS primary care sector would pay for itself by getting people with common mental health disorders back to work. While members of the three main professional bodies for the private sector were busy arguing about state regulation, the provision of relational counselling and psychotherapy in the NHS was being all but wiped out by the monopoly of IAPT.[24]

After acknowledging NHS Talking Therapies can work for some people and that its individual practitioners are no doubt just as dedicated to the welfare of their clients, most of us in independent practice will move on to talk about the service's systemic limitations. A high and growing proportion of Talking Therapy sessions do not involve clients sitting in a room talking with a therapist. The choice of therapy modality and its duration are very limited. The average course of treatment is 7 sessions. A fifth consist of two sessions. A third of the service's referrals drop out without starting. Another third start but don't finish. Its claimed 50% recovery rate is based only on people who complete treatment. Its definition of recovery is a statistical construct within a data-led culture. Few people are followed up—either after dropping out or post treatment. Ironically, we know that anxiety, depression and turnover among the workforce is high, a fact which is hardly surprising given the assembly line intensity of the service's throughput.

For these kinds of reasons, I do not accept that NHS primary care psychological therapies are 'real' therapy in many ways. NHS Talking Therapy is a second-class therapy service for people who cannot afford 'real' therapy. What I mean by 'real' is a style of therapy in which the developing relationship between client and

therapist is the primary vehicle for change, and the style, focus, direction and duration of the therapy is a process of continuous mutual negotiation between the therapeutic partners—in short, relational therapy.

Rather than organize a sustained challenge to the introduction of a two-tier system on the basis of social inequality and the privatization of relational therapy, resistance from the independent sector has been minimal. The 'Big Three' professional bodies and a majority of members have been more or less happy to support government policy on both regulation and the monopoly of short-term behaviouralism in the NHS: a microcosm for the kind of passivity experienced more widely. Sole trader therapy practices are small businesses; our social status and political identity as professionals is broadly liberal and consensus-seeking; collectively we have an aversion to conflict and a penchant for compromise. Our membership bodies have become increasingly undemocratic and have taken on the role of regulating their members for the state. When they are not competing with each other, they are united in their desire to be working with the government and lobbying for funding and influence like any other corporate business. On the IAPT takeover of NHS therapy, they have developed their own versions of short-term, online and app-based therapies; they have campaigned to get NHS Talking Therapy to allow a few more of their qualified members to retrain and join the workforce. There is no concerted campaign to scrutinize the quality and effectiveness of the Talking Therapy service, never mind offer a robust critique of its limitations.

What can we do as independent sector therapists?

First, acknowledge publicly that we recognize that we are living in a society in which a huge proportion of people are suffering psychological pain, anguish and distress because of the everyday conditions of their lives in a profoundly unequal society. Assert publicly the deep centrality of care, empathy and relationship in all our lives and our commitment as therapists to facilitate relationship in all sorts of ways in our communities. Accept that we have a collective responsibility as a profession to do something about it. Organize ourselves to act, not just talk.

What could this mean in practice?

Organizations like the BACP, UKCP and the BPC could take a lead in organizing free and low-cost relational counselling and psychotherapy around the country. Members would need to lobby for this to happen.

Some of us have modelled this on a small scale through the Free Psychotherapy Network (FPN) which has been running since 2014.[25] FPN is an online directory of qualified therapists who offer at least one free session a week to people on benefits and low incomes as part of their private practice. Therapists provide a short profile of themselves, their style of therapy and qualifications. Prospective clients contact therapists directly and make arrangements to meet. The work is organized under the therapist's customary contract. Some therapists offer several free sessions, some free and very low fee. There are FPN peer supervision groups. The website has about 30,000 visitors a year and far too few therapists.

Something like this could be expanded under the aegis of the national organizations. People work for free because they can afford a free session or two and *they want to.* No one should be pressured to do so. A low-cost scheme can run alongside a free service,

gathering together a directory of practitioners who need to be paid but who can offer reduced fees. Therapists in a geographical area could meet to support each other in the scheme, including sharing the largely unfounded misgivings of the dynamics of free work.

Apart from FPN, there are already examples of therapists offering free and low-cost relational therapy in their communities. Many training organizations have for years been running clinics for local people on low incomes, usually providing clients for their trainees.[26] There are charities all over the country offering counselling and psychotherapy at relatively low cost. Funding for counselling charities is often difficult to organize, insecure, and will come with requirements and restrictions on target groups, the style and duration of therapy and outcome evidence along the lines of the IAPT model. And of course, many therapists have a sliding scale of fees or are willing to negotiate reduced fees where needed.

Some counselling services have developed relationships with their local Primary Care Networks and have negotiated social prescribing funding for longer-term relational therapy for clients who slip through the safety net of NHS talking therapies and community mental health care.[27] There are also therapists working in community centres and other community settings offering low-cost and free therapy and group emotional support.

We could find out about the NHS and local authority services in our own area. We can investigate how NHS Talking Therapies are doing locally—there are plenty of data on the service in the public domain.[28] We can attend NHS board meetings, local authority scrutiny committees,[29] join our local health campaigning groups like Keep Our NHS Public[30] and the Socialist Health Association[31] to get mental health higher up their agendas. We could approach schools to talk about ways we could support students, staff and parents.[32]

Last year, the Universal Access to Counselling and Psychotherapy campaign (uACT) was launched to promote exactly these kinds of collective initiatives.[33] Get in touch for more information, support and encouragement for any projects you are involved in or would like to initiate.

Nowadays, when people talk about the 'mental health crisis' I am immediately thinking, 'yes, and the climate crisis, and the cost of living crisis, the energy, housing, household debt and inequality of income and wealth crisis'. All are manifestations of the systemic political and social dysfunction that is threatening to overwhelm us on an increasingly rapid and disturbing time scale. Obviously, things can and will change, and hopefully for the better. But one thing is for sure. Together we have come a long way down the road of shadows, and it will need a collective effort of and for the common good to change direction. Can our profession declare itself for the collective effort, in action as well as word?

## NOTES

1. See Walvin, J. (2014) *Different Times: Growing up in Post-War England.* Algie Books.
2. Yeats, W.B. (1919) *The Second Coming* https://www.poetryfoundation.org/poems/43290/the-second-coming (accessed 1 February 2023).

3. On neoliberal ideology and policy making, see: https://pure.manchester.ac.uk/ws/portalfiles/portal/37901940/FULL_TEXT.PDF

https://www.theguardian.com/books/2016/apr/15/neoliberalism-ideology-problem-george-monbiot?CMP=Share_iOSApp_Other

4. https://www.equalityhumanrights.com/en/race-report-statistics

5. https://uaccess2ct.co.uk/what-is-the-uks-mental-health-crisis-trying-to-say-to-us/

6. See, for example, *Health Equity in England: The Marmot Review 10 Years On* https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on & https://www.madinamerica.com/2012/03/poverty-mental-illness-you-cant-have-one-without-the-other/

7. Davies, J. (2022) *Sedated: How Modern Capitalism Created our Mental Health Crisis*. London: Atlantic Books. https://www.madinamerica.com/2022/11/capitalism-whats-destroying-collective-mental-health/ https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/causes/

8. https://commonslibrary.parliament.uk/research-briefings/sn06988/

9. https://www.pulsetoday.co.uk/news/clinical-areas/mental-health-and-addiction/prescribing-of-antidepressants-continues-to-rise-in-england/

10. https://www.theguardian.com/society/2018/aug/10/four-million-people-in-england-are-long-term-users-of-antidepressants

11. https://pharmaceutical-journal.com/article/news/number-of-young-children-prescribed-antidepressants-has-risen-by-41-since-2015

12. https://www.theguardian.com/society/2023/jan/03/child-referrals-for-mental-health-care-in-england-up-39-in-a-year

13. https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services

14. https://www.theguardian.com/world/2016/jun/09/psychotherapy-psychology-class-race-discrimination. https://www.sciencedaily.com/releases/2016/06/160601082301.htm

15. Of course, many therapists in independent practice offer some degree of sliding scale according to income.

16. https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-13-january-2022/universal-credit-statistics-29-april-2013-to-13-january-2022

17. https://researchbriefings.files.parliament.uk/documents/SN07096/SN07096.pdf

18. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/lowandhighpayuk/2022

19. Then called the UK Standing Conference for Psychotherapy. See https://www.tandfonline.com/doi/abs/10.1080/03060497.1992.11085286

20. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1752-0118.1995.tb00749.x

21. https://repository.essex.ac.uk/22652/1/Ideology%20and%20Politics%20in%20the%20Struggle%20to%20Regulate%20the%20Talking%20Therapies%20PhD%20thesis%20Jonathan%20Wildman%20%20July%202018%20(1).pdf

22. https://www.taylorfrancis.com/chapters/mono/10.4324/9780429470110-6/attack-professional-ethic-eric-evans?context=ubx&refId=adfdb8a0-4944-49e9-a7e9-cf20e333fcc4. 'Thatcher's preferred solutions encompassed the usual incompatible objectives of greater central controls on distrusted professionals, increased financial accountability, wider "consumer" choice in a quasi-free educational market and elements of privatisation'. See also Rosie Rizq on IAPT and New Public Management https://pure.roehampton.ac.uk/portal/en/publications/perverting-the-course-of-therapy-iapt-and-the-fetishization-of-go

23. Similar issues of hierarchy and power are currently being raised by the SCoPEd (Scope of Practice and Education) initiative spearheaded by BACP, UKCP and BPC. See https://www.partnersforcounsellingandpsychotherapy.co.uk/pcp-scoped-update-july-2020/#comment-551
24. https://novaramedia.com/2020/02/17/marketising-the-mental-health-crisis-how-the-cbt-empire-builders-colonised-the-nhs/
25. https://freepsychotherapynetwork.com/
26. For low-fee therapy resources organized by counselling and psychotherapy trainings and local charities see the extensive, though by no means exhaustive directory of providers on the FPN website, https://freepsychotherapynetwork.com/organisations-offering-low-cost-psychotherapy/

For early Freudian free clinics see Danto, E. (2005) *Freud's Free Clinics: Psychoanalysis & Social Justice, 1918–1938*. Columbia: UP. Also https://www.essex.ac.uk/research-projects/free-clinics-and-a-psychoanalysis-for-the-people

27. North East Counselling Service is one example—https://necounselling.org.uk/
28. See my YouTube on interpreting IAPT annual reports: https://youtu.be/wwvpbUrjS_g
29. https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles
30. https://keepournhspublic.com/local-groups-backup/
31. https://www.sochealth.co.uk/the-socialist-health-association/
32. See the Relationships Project for all kinds of ways, including community therapy projects, to promote the value of relationship in communities: https://relationshipsproject.org/
33. See the campaign's manifesto here: https://uaccess2ct.co.uk/

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