Breathing Life into Applied Psychology – the role of The Psychologist

BPS Annual Conference 2012, London

Derek Mowbray

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In the beginning was.........
Derek Mowbray: TURBULENT VISIONARY

Colin Kittinger talks to the man responsible for the MAS Review.

Before meeting him I had heard the rumours - he was "rude", "aggressive" and compared unfavourably with Genghis Khan. Described as "a man given to unqualified statements", he was quoted as saying that "clinical psychology is a very expensive placebo" and that the Society was "naive" to support his investigation because "after all I might decide to abolish the profession". When the resulting Review turned out (to many people's amazement) to be very favourable to psychology, he was reputed to have undergone "a conversion experience".

So it was with some trepidation that I went to meet him in Cheamham, at the offices of the Management Advisory Service (MAS), the independent consultancy team launched in 1982 by the Secretary of State. The Service has a staff of 10, and all senior consultants have high-level management experience in the NHS. They consult between 20 and 30 consultancy projects a year, each with a budget of up to £1 million. The psychology service is part of a range of management and training services provided by the MPH, which supplies clients with managers. Derek Mowbray, I was told, is the MAS since its inception, and has done the job for five years.

A man of middle age, slightly portly, with graying hair, I was met at the door by a friendly assistant. Having paid £25 in advance and given him 10 minutes to get something to eat, he took me into a room and sat me down with a cup of coffee. The interview lasted for an hour and a half, and was conducted by hand with the aid of a recorder. The only items of note in the room were a laptop computer and a pile of papers on the table. She was the Project Assistant, and was present throughout the interview. I was able to talk to her about her role in the project (she carried out the interviews with non-psychologists and with him on the overseas trips to North America and Scandinavia), her professional demeanour and elegant poise contrasted with Derek's more abrasive manner and casual clothing. She is also clearly there as Derek's "right-hand man", but he is too much even for her capable hands, and although she starts the interview on his best behaviour, he becomes increasingly

The Psychologist
Does Clinical Psychology Work?

When consultant Derek Mowbray asked the Steering Group for £1,000 to answer this question, they had serious doubts as to whether this sum could realistically cover the work involved if someone began a review of the literature with no previous knowledge.

In the meantime, Mowbray also discussed the matter with Fraser Watts, of the MRC Applied Psychology Unit in Cambridge. He agreed to provide MAS with a review of the literature. The result is impressive. In the words of its author:

The review is an account of some of the major psychological interventions for which evidence of effectiveness is available. It could not be comprehensive, but it is intended to represent the major patient groups, clinical problems and issues. Over a variety of psychological approaches there is a common thread.

The review is here published under the title “The Efficacy of Clinical Applications of Psychology: An Overview of Research” as an Appendix to the MAS Review. (Dr Watts regrets that copies are not available from him.)

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Some “Best Bits”... colored and edited by Geoff Lowe

RESEARCH IN THE EIGHTIES

The past decade has been characterised by many proliferations, writes Geoff Lowe, not least of which was the sheer volume of research generated by increasing numbers of psychologists. Simply to read it all would have been well nigh impossible. So the task of selecting the “best” bits of research in the Eighties is a formidable one - even according to some, humanistically and/or politically dubious.

Nevertheless, most readers - irrespective of whether they agree with such a selection process - tend to be keenly interested in other people’s choice bits. So we invited various representatives of our profession to make their choices (other than Heads of Departments, many of whom had already offered something for “The Leading Edge” feature in the First Issue of The Psychologist (January 1988). Invitations were sent to Chairs of the Society’s Subsystems, to Editors of the Society’s journals, and - to sample the Society’s younger “rising” psychologists - representatives of the Psychology Postgraduate Affairs Group.

We ended up with nine contributions which formed an impressively heterogeneous collection of people and topics.

Ian McPherson

Clinical psychologists as subjects


The above study is selection in the certain knowledge that this will surprise some of my clinical psychology colleagues and outrage not a few. Certainly it does not meet many of the criteria normally associated with high quality "research". It was not published in a scientific journal but directly by the authors. The description of the methodology is limited and pays little attention to issues of reliability and validity. The results are presented in such form and the conclusions sometimes seem loosely related to them. The authors’ interpretations are forcefully asserted with none of the cautious objectivity favoured by psychologists. Indeed, with the exception of an outstanding literature review, commissioned from Fraser Watts, of the efficacy of psychological approaches published as an appendix, it would, as some critics have suggested, be unlikely to be viewed favourably by an academic audience.

In what sense, therefore, can it be considered a "best" piece of research? The cynical might suggest that I have put it forward because the study’s conclusions are favourable towards clinical psychology, but the journals are full of publications suggesting that clinical psychology is important for health care. Further, there is a fair amount of critical comment on how psychologists currently provide services in the MAS study. Nor does it reflect my own personal prejudices about clinical psychology as there are a number of components of the opinion with which I strongly disagree. The reason I think it is an important piece of research lies not in how it was done or the specific conclusions that are drawn, but on the impact it has had on the profession of clinical psychology in this country. In this context psychologies have found themselves in the position of subjects rather than researchers. Many feel that the methods and measures used were inadequate to describe the complexity of our behaviour, but how many of our subjects must have felt the same?

Undergoing this research produced considerable tension for the profession, but out of this came a number of positive factors. It has provided clinical psychologists to question our current practices, to communicate more effectively the importance of our approaches and the values that underpin them and to clarify our vision of the future of the profession. It could be argued that the process of carrying out the research was the most important element and that it is this rather than the published report that makes the MAS study a noteworthy piece of research. For whatever reason, however, and like it or not, the MAS study has probably had more effect on British clinical psychology than any other single study published in the Eighties.

Dr McPherson is with North Worcestershire Health Authority and is Vice-Chair of the Division of Clinical Psychology.

Louise T. Higgins

Employment prospects of psychology graduates


In a decade when the numbers of students enrolling for psychology courses increased dramatically and when the political climate forced everyone to question the value of education in the graduate employment market - it was important for all psychologists to consider the employment position of psychology graduates. Where were we leading all these students and what were we offering them? Both of the above papers offered important contributions to these discussions. Ball
Towards a College of Health Care Psychology?

This paper is based on an address by Derek Mowbray to a joint Conference of the BPS and the Royal College of Psychiatrists in October 1990, in which he proposed the establishment of a College for Psychologists working in Health Care.

In trying to identify the opportunities for psychology in health care, I will first try to establish some of the key issues affecting health services in the United Kingdom.

First, in common with many countries, the demand for health care in the United Kingdom is continuing to increase. One of the results of this is an increased pressure on hospital beds, almost forcing discharge from hospital earlier than in previous years. There is much discussion about the effect of early discharge on patients, whose condition and experience of hospital may have rendered them weak and exhausted and whose discharge may not contribute to the need for recuperation. Services provided in the community setting are supposed to be able to support those in need.

Then there is greater use of high technology, regardless of whether its use is beneficial. Public expectation is that technology is good. Research might suggest something else.

Despite advances in health care, social deprivation has hardly decreased and some would suggest has got worse. This creates a potential for increasing the overall likelihood of illness in the population which would result in an increased demand for health and social care.

Nevertheless, despite social deprivation more people are living longer, and ill health is greater amongst the elderly than other age groups. There is also an additional concern for carers of this age group.

There is an increasing number of single parents, divorces and re-marriages. In theory some of these should extend the family network, but in practice the effects are to fragment rather than integrate family structure.

Behaviour is a major contributing factor in some of the more dangerous illnesses like cancer and heart disease, and many less dangerous but chronic conditions such as insomnia, anorexia, phobias and depression. Influencing behaviour to prevent some of these conditions reaching a critical stage is a difficult concept to finance, as the payback for the investment is so far off. Significant prevention programmes are not attractive economically, yet with sig-
Two responses to Mowbray

Fraser Watts comments on Derek Mowbray’s Paper

Derek Mowbray presents a vigorous case for the opportunities in health care that are available for psychology to grasp. Most of what he says I wholeheartedly agree with, and can only applaud. However, he may have an exaggerated view of the “internal struggle” which he believes the profession is undergoing. Certainly, his own enquiries into clinical psychology produced considerable agitation. However, as far as I am aware, this is not the norm. Indeed, in general, I believe that clinical psychology has been reasonably united, positive in its approach, and politically agile and effective. It has a better track record of positive and effective professional action than any other branch of psychology. The case for a college with which his paper ends does not seem to me to follow from his general stance. Certainly we need cohesion, and a common professional culture. A professional body can make an important contribution to this. However, do we need a new professional body? Could not the necessary professional functions be discharged by The British Psychological Society? Might not a new college for healthcare psychologists, separate from the Society, far from promoting cohesion, fragment the profession? Would it not also lead to duplication of effort and be wasteful of the scarce and precious resource of psychologists who are able to give effective professional leadership? Perhaps Derek Mowbray will see me as merely being critical of “any positive moves which factions of the profession might wish to make”. However, it does seem to me that the case is not made out for why the task to which he rightly draws our attention would be better discharged by a new body than by The British Psychological Society.

Ray Dr Watts is President of the Society, 1991-92 and is with the MRC Applied Psychology Unit, Cambridge.

Bernard Kat looks at the background to Mowbray’s proposal

He presents himself as a tough, no-nonsense guy, blunt and straightforward, cutting through the rhetoric of misinformation, lobbying (“it’s a form of white noise”) and peripheral distractions, to the core issues involved. Right now he believes in the importance of clinical psychology as a discipline. His biggest fear is that clinical psychologists do not believe in themselves.” (Celia Katringer on “Derek Mowbray: Turbulent Visionary” in The Psychologist, October 1989).

As I write this note, it is exactly two years since MAS published their Review of Clinical Psychology. It was a remarkable document. It had been commissioned by an NHS/Department of Health group which was trying to develop a strategy to tackle the gross discrepancy between the large number of clinical psychologists whom District Health Authorities were wanting to appoint, and the much smaller number whom regional Health Authorities were willing to train. MAS were asked to take an independent look at what the NHS needs clinical psychologists for, whether other groups of staff can do the same or a similar job and how the number of clinical psychologists required might be calculated. The report recommended that the NHS double the number of clinical psychologists that it has at present. It was also polite but direct about some of the current deficiencies of the profession. But three aspects of the report made it much more than a consultant’s answer to a client’s question.

Firstly, the authors emphasised the importance of psychology (“Healthcare psychology” rather than “clinical psychology”) to the development of a satisfactory system of health care in the UK. They acknowledged the skill-mix issue, that psychological care and services are provided by many professions other than clinical psychology. But they also pointed out that in some circumstances, psychologists could provide effective alternatives to medical services.

Secondly, as a straightforward solution to a perceived need for power to provide a basis for effectiveness, they recommended that clinical psychologists should take up roles and responsibilities in the NHS equivalent to...
A Call to Arms

What has gone wrong?

I read with interest Phil Stoll's letters in the British Journal of General Practice. His concerns regarding what appears to be a recent decline in the quality of care provided by GPs is one that I share. As a result of the NHS reorganisation, many GPs are now working in larger teams, with nurses and other healthcare professionals. This can lead to a decrease in the amount of time GPs spend with individual patients, which may affect the quality of care provided.

In my experience, the quality of care from GPs has remained high, despite the changes in working practices. I believe that the key to maintaining high standards is to ensure that GPs have the necessary support and resources to do their jobs effectively. This includes appropriate training and support from other healthcare professionals.

I would welcome further discussion on this topic, and would be interested in hearing the views of other readers on this issue.
‘I fear I have been a witness to a profession that has been losing the plot for the past 20 years or so………’
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Helping applied psychology bloom

We do not yet know whether 2011 will go down in history as a year for applied psychology, for the reasons behind the large number of missed appointments by patients and ways of mitigating this, and the extra pressure that this has placed on the profession. We are still learning how to deal with the challenges of funding and delivering care in a way that is sustainable.

Neville de Graft, University of Oxford

Laughing at yourself

Your Digest piece reporting research on laughter at themselves (September 2011) ignored the fact that C.W. Valentine in his magisterial The Normal Child saw examples of this. So did I in my PhD on the development of laughter, part of which is in my book The Development of Play. I found instances of children from the age of three laughing at themselves when they had made mistakes, saying Oop! and then repeating the action.

There is no reason to suppose that laughing at a disconcerted image of oneself is quite the same as laughing when you make a slip. Peasants or otherwise.

David Cohen
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National Centre
for
Applied Psychology

The guide to setting up a
Centre for Applied Psychology
in your own locality

January 2012, V 1.0

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Thank you