

Values in Psychiatry

Values in Psychiatry

Managing Complexity and Advancing Solutions

Edited by

Robert B. Dudas

Cambridgeshire and Peterborough NHS Foundation Trust



CAMBRIDGE
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Cambridge University Press & Assessment
978-1-108-79311-7 — Values in Psychiatry
Edited by Robert B. Dudas
Frontmatter
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Shaftesbury Road, Cambridge CB2 8EA, United Kingdom
One Liberty Plaza, 20th Floor, New York, NY 10006, USA
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www.cambridge.org
Information on this title: www.cambridge.org/9781108793117
DOI: 10.1017/9781108883535

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When citing this work, please include a reference to the DOI 10.1017/9781108883535

First published 2025

A catalogue record for this publication is available from the British Library

A Cataloging-in-Publication data record for this book is available from the Library of Congress

ISBN 978-1-108-79311-7 Paperback

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To my parents, wife, and son, with love.

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Foreword

Psychiatry is a polyvalent discipline. The UK's Royal College of Psychiatrists (RCPsych), for example, in addition to its clinical faculties and (welcome) focus on the 'sciences', convenes groups concerned with the 'arts': philosophy, history, literature, spirituality, and many others. Nor do these represent fleeting or minority interests: the philosophy group, as a case in point, was among the first of such groups, established more than fifty years ago, and for much of the intervening period it has had more members than most clinical faculties. Internationally, a similar picture is evident. The World Psychiatric Association (WPA), as a leading exemplar, offers a corresponding range of 'special interest groups'; its journal, *World Psychiatry*, which has held the top slot in the citation ratings among psychiatry journals for the last eight years, regularly publishes articles in areas such as philosophy, phenomenology, and values.

On first inspection, it may seem obvious that psychiatry's polyvalent nature reflects its engagement with the equally polyvalent nature of what the Oxford philosopher of mind Kathleen Wilkes famously called 'real people'. To state the obvious, people are polyvalent too: they are not just 'brains'; still less are they merely objects of the social sciences. Originally, psychopathology, correspondingly, in the work of philosopher-psychiatrist Karl Jaspers, famously sought to combine causal with meaningful connections. This is why the North American psychiatrist and neuroscientist Nancy Andreasen declared herself 'proud' to be a psychiatrist. Why? Because, she said, psychiatry is the one area of medicine in which there is no scope for substituting a concern with persons (Wilkes' 'real people') with a concern for one or more bodily parts or systems (least of all, as neuroscientist Andreasen was aware, a concern for the brain).

Yet herein lies a paradox: psychiatry, notwithstanding its deep connection with 'real people', languishes in both professional and public perceptions, a poor second to bodily medicine. Andreasen's declaration is itself a reflection of this paradox. An academic in literature studies before training in medicine and neuroscience, Andreasen was perhaps uniquely placed to defend psychiatry against stigmatization as a second-class medical discipline: yes, our science is less advanced than are those of many areas of bodily medicine; yes, our very models of disorder are disputed. But this is surely because the challenges we face – scientifically and clinically – are far greater: climbing a mountain takes longer than climbing a hill!

This book confronts the paradox of psychiatry's second-class status head-on. Its editor and lead author, Robert B. Dudas, has assembled a talented polyvalent team, reflecting expertise by experience as well as by training, the latter including authors with expertise not only in psychiatry but in history, literature, and broadcasting. His team, indeed, mirroring contemporary practice, is truly multidisciplinary (one author is a professor of paramedicine). With such a team, the book is unafraid to tackle the big issues, both conceptual (models of disorder and the nature of recovery) and practical (ranging from translation of research findings through economic and management challenges to the co-production of services).

The focus of the book – the particular lens through which it tackles these problems – is values-based practice (VBP). A word on this may be in order as VBP, although

concerned with values, has more in common with evidence-based practice (EBP) than ethics. So, while EBP is about the science underpinning medicine, VBP, as this book so ably demonstrates, is about linking science with people. Emerging in the early twenty-first century as a philosophy-into-practice development from the 1990s revival of interdisciplinary work between philosophy and psychiatry, VBP, as Robert B. Dudas points out, actually paralleled the development of EBP. A version of VBP was indeed first proposed by one of the originators of EBP, David Sackett. In his role as Founder Director of Oxford's Centre for Evidence-Based Medicine, Sackett came up with a three-part definition of EBM – EBM, he argued, combined *best research evidence* with *clinical experience* and, note, *individual patient's values*. Of course, now EBM focuses mainly on just the first of Sackett's three elements. But a few years ago, when we launched the Centre for VBP at St Catherine's College in Oxford, Sackett (who by this time had retired to Canada) sent us a good luck message for finally getting back to what EBM was originally all about!

Much of the early work in VBP, as might be expected from Robert B. Dudas's polyvalent book, was fronted by psychiatry in co-production with other mental health disciplines. The first training programme ('Whose Values?') flagged by Dudas in his Conclusion was developed in a joint venture between Warwick University's postgraduate PEMH (Philosophy, Ethics, and Mental Health) programme and a non-governmental organization, the Sainsbury Centre for Mental Health in London: Toby Williamson (Chapter 3, this book) was one of those involved alongside me and a nurse trainer, Kim Woodbridge. The training manual was adopted by the Department of Health and became the basis of a workstream within its (at the time recently launched) mental health policy-implementation body, NIMH (National Institutes for Mental Health). Subsequently, NIMH produced a number of VBP-based policy initiatives, including a Values Statement guiding all its work (co-produced by a multidisciplinary group chaired by service user and academic Piers Allott), the '3 Keys' guidance on mental health assessment (co-produced by Laurie Bryant and Lu Duhig, respectively a service user and a carer lead for NIMH), and a training manual to support implementation of the 2007 revision of the Mental Health Act (co-produced under the leadership of social work trainer Malcolm King).

It is no coincidence that so much of NIMH's work was co-produced. As several chapters of this book make clear, the challenges facing mental health, including the very concept of recovery, are such that teamwork and co-production, tapping into the additional valences offered by diverse perspectives, are essential to progress. In this, philosophy is important. A brief origin story from the VBP Collaborating Centre will make the point. In its early days the centre was focused on practical implementation and as such was supported by a senior advisory board representing expertise in practical delivery on health policy (National Institute for Health and Care Excellence (NICE), NHS (National Health Service) England, the Professional Standards Authority (PSA), RCPsych, and others). At our first advisory board meeting we reported somewhat apologetically on the extent of the centre's commitment to philosophy. But 'Why apologise?' was the board's response; digging into the philosophy underpinning health care, they continued, is essential if VBP, like others before it (and here they mentioned EBM), is to avoid being 'dumbed down' and losing its efficacy! The result was that the centre took ownership of its philosophy, pursuing its work through an ongoing dynamic between theory and practice, with exciting

developments in areas ranging from analytic philosophy (semantic logic and relational value theory) through phenomenology to non-European philosophies such as those of Africa, the Caribbean, and South-East Asia.

This book, although, as noted earlier, engaging with key philosophical and conceptual issues, is focused primarily on the practical impact of VBP. Its three main parts explore the values of psychiatry respectively through historical, contemporary, and clinical perspectives, and it adds a final (but vitally important) chapter on research. The historical dimension is illuminating not least in combining chapters by psychiatrist-historians (German E. Berrios and Ivana Marková) with a chapter by an academic medical historian (Mathew Thomson). Together with Dudas’s own chapter, Part I amply demonstrates the truth of what Mathew Thomson once pointed out to me, that the history of medicine is a history of medical values. Part II builds on this. Again, chapters by Dudas are complemented by other voices: poet and broadcaster as well as psychiatrist Femi Oyeboode explores the image of psychiatry in art and literature; there are chapters from a variety of perspectives representing the multidisciplinary team; ‘progressive developments’ are reflected notably in a chapter on co-production and recovery by service user and academic David Crepaz-Keay; and the part concludes with insightful examinations of key contemporary challenges, including risk management and care of the elderly. Part III brings the values of psychiatry home with illuminating explorations of the diverse values challenges presented by three exemplar conditions, depression, dementia, and borderline personality disorder.

Dudas’s final chapter, on research, although a stand-alone contribution, takes us to the heart of VBP’s role in linking science with people. Dudas’s starting point is the widely recognized failure of translation of neuroscientific research into improvements in patient care. This, he argues, reflects a failure to engage with values. Dudas supports this claim with concrete proposals (such as ‘values mapping’) for developing new research designs in which the values of psychiatry are fully engaged. Therefore, the chapter indicates, besides supporting improved clinical care, VBP holds out the promise of new models of research that more effectively bridge ‘from bench to bedside’.

The message of the book as a whole, then, is that combining values with evidence, VBP with EBP, is important if psychiatry is to rise to the challenges it faces in the twenty-first century. But this brings us back to the paradox of its second-class status. Psychiatry, I should say straight away, remains active in advancing this new model. The Royal College’s new curriculum, as the book describes, highlights the importance of values in all areas of training. Like so many other positive developments in the field, this new curriculum builds on co-production: in this case, the work of the Royal College’s lay representative, Veryan Richards. Internationally, the WPA, in addition to accepting articles in *World Psychiatry*, regularly accepts sessions on philosophy and values in its conference programme. Yet all this work notwithstanding, the locus of activity in the Oxford Centre for VBP has shifted back to bodily medicine. The current director is Oxford University’s Professor of Vascular Surgery Ashok Handa; under Ashok’s leadership, while mental health has remained in play, with initiatives in areas ranging from aesthetics to racism and the abuse of psychiatry, new training programmes have been developed mainly in areas of bodily medicine – in surgery, of course, but also in areas representative of the multidisciplinary team, such as pharmacy, radiography, and paramedicine.

There is a certain logic to this: paramedics, after all, in the terms of this book, know a thing or two about managing uncertainty and advancing solutions (think ambulance

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drivers); and it is in the very nature of VBP that it should be multidisciplinary. All the same, mental health, and psychiatry in particular, has lost something of its pole position. This book, in charting the scope and potential impact of the values of psychiatry, takes the profession an important step towards resuming its lead role in linking science with people.

Bill (K. W. M.) Fulford
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Acknowledgements

This book was born as a result of a long intellectual journey, and it would be impossible to mention all the colleagues, patients, and other people and institutions that had an influence on the development of my thoughts. I need to mention, though, two of my teachers at the University of Szeged, Katalin Barabas and Zoltan Janka, who – with their wide-ranging knowledge and charismatic teaching – ignited my interest in mental health as a subject in which the natural sciences, the social sciences and humanities, and art can all be relevant. It was German E. Berrios at Cambridge University who drew my attention to specific aspects of descriptive psychopathology and the crucial relevance of the history of psychiatry.

Discussions with Professor Bill Fulford and reading his work on values-based practice inspired me to embark on writing this book. I am also greatly indebted to him for his invaluable help, as series editor, with finding a wonderful team of co-authors and his astute advice at important junctures.

Peter Jones, Simon Baron-Cohen, John O'Brien, and other colleagues at the Department of Psychiatry at Cambridge University have provided the inspiring intellectual environment necessary for such a prolonged scholarly endeavour. Ideas were developed and improved through discussions in the VBP and philosophy special interest groups at the Cambridgeshire and Peterborough NHS Foundation Trust. Cambridge University Library provided a most conducive writing environment and excellent professional help during the process. I am grateful to Kim Ingram and Catherine Barnes at Cambridge University Press for their invaluable support with bringing out this volume. I am also indebted to copy-editor Lori Heaford for her thorough and thoughtful handling of the text.

I thank my parents for instilling in me a curiosity about the world and people. Throughout this whole journey, I benefited from the inspirational intellectual company and loving appreciation of my work of my wife, Julia Paraizs.