

# Oi Oi Saveloy



**The Happy Sausage Machine**

# This has to STOP!

"Anyway, I'm rambling. Just want to write to my Mom and tell her that I'm witnessing this chronic, insidious genocide and I'm really scared, and questioning my fundamental belief in the goodness of human nature. This has to stop. I think it is a good idea for us all to drop everything and devote our lives to making this stop. I don't think it's an extremist thing to do anymore. I still really want to dance around to Pat Benatar and have boyfriends and make comics for my coworkers. But I also want this to stop. Disbelief and horror is what I feel. Disappointment. I am disappointed that this is the base reality of our world and that we, in fact, participate in it. This is not at all what I asked for when I came into this world. This is not at all what the people here asked for when they came into this world. This is not the world you and Dad wanted me to come into when you decided to have me. This is not what I meant when I looked at Capital Lake and said: "This is the wide world and I'm coming to it." I did not mean that I was coming into a world where I could live a comfortable life and possibly, with no effort at all, exist in complete unawareness of my participation in genocide. More big explosions somewhere in the distance outside."

Extract from an email from Rachel Corrie to her mother - February 27 2003 (1)

Those words by Rachel Corrie, written at the time that she was attempting to defend family homes in the Gaza strip from enormous D9 bulldozers, are always in my mind these days. We are watching a train crash as our 'elected' politicians fail and flail in their attempt to change us, the people, into submissive drones who are willing to wait in poverty, whether working or unable to work for some mythical upturn in an economy that has been destroyed by neoliberal ideology and rapacious greed.

We have endured year after year of austerity with cuts to our services and benefits and jobs, whilst the already far too rich are coining it in. Britain is the site of gross and unacceptable levels of inequality, and it keeps getting worse. Nothing that comes from the mouths of this government can be trusted, as they continually say one thing whilst doing the complete opposite. We are faced with crises in every sphere of the services that we need including education, social care, prisons, mental health services, housing, zero hours contracts and the health service. All are being undermined and destroyed whilst the corporate media mainly ignores the hell that has been created for so many, or distracts us with endless propaganda campaigns designed to get us turning in on one another whilst the corporations steal away everything that our grandparents struggled to achieve.

Increasing technologisation destroys jobs whilst we are told that not having a job is a personal failing, and that non-existent jobs are our route out of poverty, with benefits slashed, wages falling and a steep rise in zero hours contracts.. Almost a quarter of those who are working hard are in poverty with insufficient funds to be able to afford heating and eating, let alone luxuries.

But our TV screens are pumping out poverty porn - making it seem as if the disabled and unemployed are living charmed lives at the expense of the overstretched and underpaid workers - whilst a managerial class are still doing well, more and more of us are starting to sink. Too many lives have been

lost already, as stigmatised individuals opt out of the nastiness, or the failing health service fails to correctly diagnose and treat illness. Schools are reporting massive rises in mental health issues amongst their pupils, many of whom are undernourished and under stimulated.

Let us never forget that in other countries the situation is even worse, and as a result we have a refugee crisis with people fleeing endless wars and grinding poverty and starvation. This crisis is in turn used to deflect the blame onto those who are struggling even more than we to make it through each day. Labour politicians are alleged to be in cahoots with the corporate media to undermine the leadership of Jeremy Corbyn, who is actively challenging the 'conscious cruelty' which Ken Loach uncovered in his research for the film I, Daniel Blake (which you really should see if you haven't already).

Access to Justice has been cut, charities seem to have been co-opted through a pernicious use of contracts, designed to undermine local authorities and the NHS, in order to secure contracts for the greedy and unjust corporations whose only concern is the profit line..... and somehow psychology has allowed itself to become part of this toxic culture - especially with regards to the 'back to work' narrative which demands that we smile widely as we tussle for crumbs from the masters table. If you haven't seen the video on psychocompulsion (2) you really should. It makes explicit how psychological manipulation is being used to silence us whilst the killing and looting continues.

This zine is just a small part of the action that members of the Mental Wealth Alliance have been taking to urge you and your colleagues to refuse to engage with these murderous reforms whilst the killings continue. The Mental Health Resistance Network urges you to get involved in resisting the cuts and to stand in solidarity with those of us who are being tortured by endless sham assessments, and the 'workcure' mirage which sees the replacement of services with endless activity in search of jobs that are either non-existent or too stressful for us to manage.

We call for an open and frank discussion of the systematic and willful failures that are ongoing. Please read all the contributions in this zine carefully and think long and hard about where you stand in relation to the oppression.

The situation is bleak, and threatens to become even bleaker if we do not heed Rachel's call for us to focus on making this slow genocide stop. Pressure needs to be mounted to get the system working in the interests of all our people and our planet.

Stand with us, resist the propaganda and ensure that above all you do no harm.

Roy Bard  
**One of the Mental Health Resistance Network**

(1) <http://rachelcorriefoundation.org/rachel/emails>  
(2) <https://vimeo.com/157125824>

# Unemployment as psychopathology to be “cured”: Not in my name!

Dr Bruce Scott

Psychologist, Psychoanalyst, Author.

College of Psychoanalysts-UK, Free Psychotherapy Network, Philadelphia Association, London.

A strange and ominous wind is blowing through the UK. Notwithstanding the brittle cultural hegemony of “mental health” [1] which directly negates the real psychic suffering of people and largely ignores the economic and political antecedents of such suffering, the people of UK are being duped into accommodating a psycho-economic policy from Westminster and the Department of Work and Pensions (DWP), a policy also accepted by the Scottish government [2], that dictates work is a good “health outcome”. Now OK, work, the right kind of work, being able to work, rewarding work, and non-alienating work can be a good thing; however, work per se is not good if it is under conditions of poor pay, zero hours contracts, in conditions where human flourishing cannot occur, and where workers are being exploited for capitalists’ gain; this is the harsh reality of austerity fuelled Tory Britain today; a reality where unemployment is now deemed to be the remit of “mental health” services and psychological treatment. This is called psychocoercion.

For over a decade the UK Government has been using psychological treatments to get people with “mental health” issues back to work. Since 2010, austerity policies of welfare reform; punitive Work Capability Assessments, benefit cuts, workfare, sanctioning have intensified government strategies of psycho-compulsion and work cure for welfare claimants. Improving Access to Psychological Therapies (IAPT) therapists are being co-located in Jobcentres, and DWP mental health advisers and employment coaches are being placed in GP surgeries, food banks, schools and libraries.

Worryingly, the five biggest national organisations representing the professions of counselling, psychotherapy and clinical psychology [3] have welcomed these policies and the state funding of back-to-work therapy. These groups represent the New Savoy Partnership, an annual shindig and market stall for state therapies in the NHS, vying for top spots in the “mental health” services market. The New Savoy group frequently host conferences opened by keynote speakers from the DWP and Health ministers to emphasise the close relationship between the professional bodies, mental health

charities and Government mental health and work-cure policies and funding. Hundreds of “mental health” workers accredited by the psy professional bodies have been hired by the DWP to provide support into work. These are jobs that are experienced as highly unethical by many of the professionals being directed into this kind of work; unemployment is not a “mental health” issue, and any psychological treatment should be taken out of the context of the DWP where sanctions and punishments for lack of work related existence hang over the claimant’s head. The power imbalance in such scenarios, equating one’s “mental health” with getting a job, is a dangerous conflation of two issues that place guilt and coercion into the path of a claimant.

In March 2016, the Mental Wealth Alliance (MWA) [4] wrote to the Big five professional organisations challenging their support of the government’s and DWP’s use of psychological therapies to put pressure on people with “mental health”

difficulties to get into work. The exchange of letters between the Mental Wealth Alliance and the professional bodies can be found here - [https://allianceblogs.wordpress.com/2016/03/21/mwf\\_jobcentrerehtherapy\\_letter/](https://allianceblogs.wordpress.com/2016/03/21/mwf_jobcentrerehtherapy_letter/)

So far all but one of these organisations are refusing to enter into dialogue with the MWA and continue to argue that they have had private reassurances from the DWP that “work cure” therapy will not be mandatory for benefit claimants, and will not involve setting entry into employment as a therapeutic outcome. However, this assertion contradicts the reality of the DWP’s punitive and coercive working policies and practices of workfare, Work Capability Assessment and sanctioning and its growing determination through its Work and Health initiatives to prioritise work as a good health outcome for “mental health” issues. It also contradicts the job specifications on advertised jobs for therapists working within this context. Recently the Big five professional organisations wrote an open letter

to the government expressing their alarm over benefit sanctions that are punitive and unethical. This is not enough however. The Big five are still collaborating with the unethical psycho-coercion schemes that operate within the DWP system.

This is why comrades from the MWA and other organisations are calling on the New Savoy Partnership to refuse collaboration with the DWP and the unethical provision of psychological treatments by its members. We also called on





them to stop the unethical conflation of unemployment with individuals' "psychopathologies" needing to be "cured" to make them fit work. This detracts from people's real issues of mental distress, and detracts from the political and economic issues of why people become and are distressed. All across the UK the ill-wind of DWP psycho-coercion is getting into the gaps of peoples experience and becoming a dangerous cultural (state) hegemony that must be resisted. It is a dangerous oppression and a suppression of the angst that needs to be expressed in response to imposed austerity from neoliberal capitalist agendas.

In response to psycho-coercion and where "service users" and psy professionals are being corralled into the service of neoliberal and austerity politics, we collectively call: NOT IN OUR NAME!

## Notes

[1] The author is highly critical of the nature, conceptually and scientifically of 'mental health' or 'mental illness' from a biological or psychological perspective. The biochemical/ organic theories of 'mental health' are simplistic, reductionist, and scientifically weak and highly dubious. Similarly, the cognitive revolution which encompasses the rise of cognitive behavioural therapy is also scientifically lacking and conceptually (from a philosophical perspective) flawed. The author prefers the term mental distress.

For example See:

Boyle, M. [2002]. Schizophrenia: A scientific delusion? 2nd Edition, Oxford: Routledge.

Healy, D. [2003]. Lines of evidence on the risks of suicide with selective serotonin reuptake inhibitors. *Psychotherapy and Psychosomatics*, 72, 71-79.

Kutchins, H., & Kirk, S.T. [2003]. Making Us Crazy: DSM - The Psychiatric Bible and the Creation of Mental Disorders, Washington D.C. :The Free Press

Laurent, E. [2014]. Lost in cognition: Psychoanalysis and the cognitive sciences, A.R. Price [Trans.] London: Karnac.

Moncrieff, J. [2003]. A comparison of antidepressant trials using active and inert placebos, *International Journal of Medicine*, 12, 117-127.

Wheeler, M. [2006]. Reconstructing the cognitive world: The next step, London: MIT Press.

[2] The author wrote to the Scottish government earlier this year and asked what its position was on psychological therapies being deployed via the DWP policy of psycho-coercion. One quote from the letter in response from the Scottish government summed up their position.

"However, the Scottish Government recognises that work is an important part of people's lives and can help to enhance health, wellbeing and quality of life, and people should have the opportunity of support to return to and remain in work.

You may be aware that from April 2017, DWP's Work Programme and Work Choice will be replaced by Scottish services for support, work experience and training to help people find work and stay in work. With the development of these new employment services we aim to provide targeted support to help long-term unemployed people enter sustained employment."

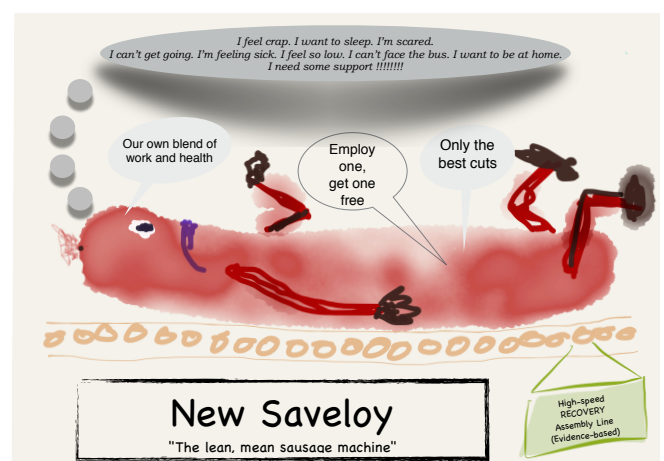
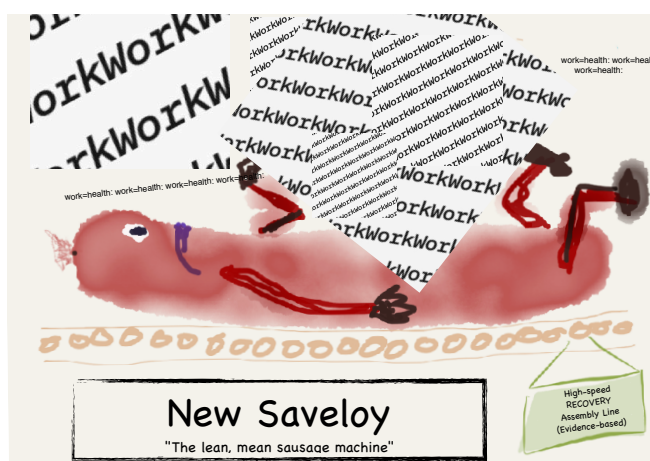
*Quote from letter from Scottish Government to Dr Bruce Scott - 30/06/16.*

[3] British Association for Behavioural and Cognitive Psychotherapies; British Association for Counselling and Psychotherapy; British Psychoanalytic Council; British Psychological Society; United Kingdom Council for Psychotherapy.

[4] The Mental Wealth Alliance (MWA), formerly the Mental Wealth Foundation, is a broad, inclusive coalition of professional, grassroots, academic and survivor campaigns and movements. They bear collective witness and support collective action in response to the destructive impact of the new paradigm in health, social care, welfare and employment. They oppose the individualisation and medicalisation of the social, political and material causes of hardship and distress, which are increasing as a result of austerity cuts to services and welfare and the unjust shift of responsibility onto people on low incomes and welfare benefits. A recent MWA conference focused on Welfare Reforms and Mental Health, Resisting the Impact of Sanctions, Assessments and Psychological Coercion.

Currently, eighteen organisations are gathered under the MWA umbrella: Mental Health Resistance Network; Disabled People Against Cuts; Recovery in the Bin; Boycott Workfare; The Survivors Trust; Alliance for Counselling and Psychotherapy; College of Psychoanalysts; Psychotherapists and Counsellors for Social Responsibility; Psychologists Against Austerity; Free Psychotherapy Network; Psychotherapists and Counsellors Union; Critical Mental Health Nurses' Network; Social Work Action Network (Mental Health Charter); National Unemployed Workers Combine; Merseyside County Association of Trades Union Councils; Scottish Unemployed Workers' Network; National Health Action Party; Making Waves.

For more information on upcoming events and news email Mental Wealth Alliance: [mail@mentalhealthresistance.org](mailto:mail@mentalhealthresistance.org)





# Rage Against Recovery

<https://oncetherewasawildhorse.wordpress.com/>

"Are you enjoying your art therapy?" she said.

I shook my head, partly in answer, and partly in disbelief that a mental health professional should have so little understanding of psychotherapy. In what universe is exposing your screwed up self to another FUN?

But this is the world of Recovery, in which any vaguely pleasant or rewarding activity can be dressed up as therapeutic. So there's therapeutic art, therapeutic gardening, therapeutic baking, therapeutic kindness to others. And from there, of course, it's not such a leap – and this is already well on the way, inveigling itself into government policy – to the concept of therapeutic employment. You can see the appeal. Cut the benefits bill and solve the growing mental health crisis in one fell ideological swoop.

And if these dumbed down "therapies" don't work? The blame is easily located in the service user and their poor "coping strategies". Treatment for mental health problems is increasingly merely instructions in how to live. Eat healthily. Exercise. Practise sleep hygiene. Make a self soothing box. Embrace mindfulness. But somehow simultaneously also distract yourself. Always distract yourself.

The message is consistent: We don't want to witness your pain. We will bat it straight back to you. It is your individual responsibility. There is no healing to be had. You just have to learn to deal with it better. You have to learn to manipulate your thoughts and emotions into a more positive and acceptable mindset.

And if you express your doubts, if you dare to speak of your experience of decades of attempting to make these changes and failing, and your growing suspicion that these changes aren't the magic answer, if you assert that these strategies don't work, you are accused of not believing hard enough, you are told you must keep trying. The failure to recover from mental illness is an individual failure, a lack of determination and character, and labelled, more and more, as a personality disorder. You're not trying hard enough to be good.

Enough.

Current theoretical frameworks of Recovery consolidate the grand fundamental denial of the traumatogenic nature of capitalism and current culture. Mental illness is built into the system, those who suffer (and there are increasing numbers of us) are collateral damage.

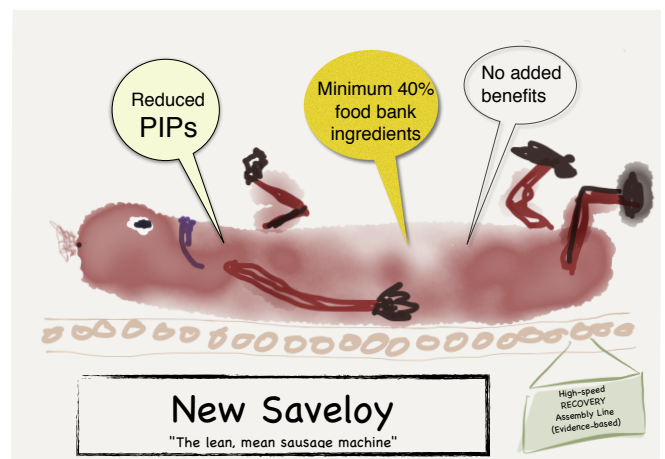
And while we are busily trying to fix ourselves, through diet or meditation or yoga or CBT or crochet, we are conveniently distracted from naming the real sources of our distress. Make no mistake, the Recovery doctrine has a political agenda. We are economic units, to be judged acceptable or otherwise by our productivity, and the prime focus of mental health services is to so adjust us that we better fit the mould. That is the measure of their success.

It drives the pain, the deeply human response to the inequalities and injustices in the world, underground. It "works". I no longer phone the Crisis Team because I have given up hoping that someone will hear and acknowledge my brokenness and despair, because I am tired of being told to make a cup of tea and watch television, because I am sick of the assertion that the problem somehow lies in me. So am I "better"?

I am the child who believed in the power of poetry and was advised to pursue a career in advertising. I am the adolescent who believed that God had forsaken her, because all around her was the message and the pressure that to really succeed was to be attractive to boys. I am the twenty-something who was haunted by anniversaries of war. I am the thirty-something who ended up in and out of psychiatric hospitals, tormented by visions of a planet in pain.

I will not "recover" until the world recovers – and I can't see that happening any time soon. For now I hold my coldness and anguish close to me. It is, at least, something real, and in this culture of consumerism and illusion I cherish the real. And it moves me.

I have a voice. I vow to use it. When the world ends you will find me singing there.



# IAPT is value-laden, non-prefigurative, non-dialogic, antidemocratic and reflects a political agenda

by Kitty S Jones

The government's Work and Health Programme, due to be rolled out this autumn, involves a plan to integrate health and employment services, aligning the outcome frameworks of health services, IAPT, Jobcentre Plus and the Work Programme.

But the government's aim to prompt public services and commissioned providers to "speak with one voice" is founded on traditional Conservative prejudices about people who need support. This proposed multi-agency approach is reductive, rather than being about formulating expansive, coherent, comprehensive and importantly, responsive mental health provision.

What's on offer is psychopolitics, not therapy. It's about (re)defining the experience and reality of a marginalised social group to justify dismantling public services (especially welfare). In linking receipt of welfare with health services and state therapy, with the single politically intended outcome of employment, the government is purposefully conflating citizen's widely varied needs with economic

such as the health service, social services, community services and mental health services.

Services "speaking with one voice" will invariably make accessing support conditional, and further isolate marginalised social groups. It will damage trust between people needing support and professionals who are meant to deliver essential public services, rather than simply extending government dogma, prejudices and discrimination. And meeting ideologically designed targets.

As neoliberals, the Conservatives see the state as a means to reshape social institutions and social relationships hierarchically, based on a model of a competitive market place. This requires a highly invasive power and mechanisms of persuasion, manifested in an authoritarian turn. Public interests are conflated with narrow economic outcomes. Public behaviours are politically micromanaged and modified. Social groups that don't conform to ideologically defined economic outcomes and politically defined norms are stigmatised and outgrouped.

Othering and outgrouping have become common political practices, it seems.

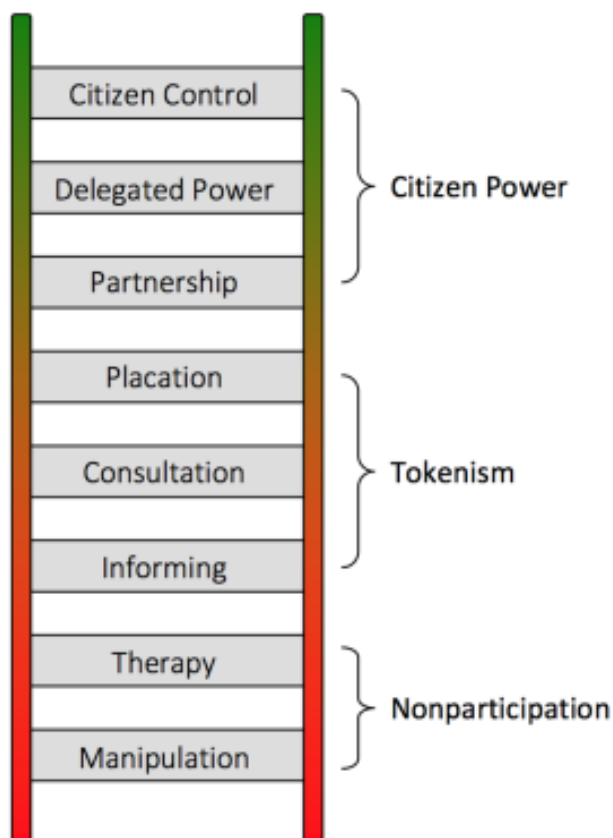
The Work and Health Programme is a welfare-to-work programme for people with disabilities, mental health problems and for long-term unemployed people, due to be rolled out in the autumn. In the recent Work, Health and Disability green paper, the government mentioned new mandatory "health and work conversations" in which work coaches will use "specially designed techniques" to "help" those people in the ESA Support Group – those assessed by their own doctors and the state as being unlikely to work in the near future – "identify their health and work goals, draw out their strengths, make realistic plans, and build resilience and motivation."

Apparently these "conversations" were "co-designed" by the Behavioural Insights Team.

Democracy is based on a process of dialogue between the public and government, ensuring that the public are represented: that governments are responsive, shaping policies that address identified social needs.

However, policies increasingly reflect a behaviourist turn. They are no longer about reflecting citizen's needs: they are increasingly about telling some citizens how to be. This has some profound implications for democracy.

Neoliberal policies increasingly extend behaviour modification techniques that aim to quantifiably change the perceptions and behaviours of citizens, aligning them with narrow neoliberal outcomes through rewards or "consequences." Rewards, such as tax cuts, are aimed at the wealthiest, whereas the most vulnerable citizens who are the poorest are



outcomes and diktats, which will isolate people from traditionally non-partisan networks of unconditional support,

simply presented with imposed cuts to their lifeline support as an “incentive” to not be poor. Taking money from the poorest is apparently “for their own good”.

Defining human agency and rationality in terms of economic outcomes is extremely problematic. And dehumanising. Despite the alleged value-neutrality of behavioural economic theory and CBT, both have become invariably biased towards the status quo rather than progressive change and social justice.

Behavioural economics theory has permitted policy-makers to indulge ideological impulses whilst presenting them as “objective science.” From a libertarian paternalist perspective, the problems of neoliberalism don’t lie in the market, or in growing inequality and poverty: neoliberalism isn’t flawed, nor are governments – we are. Governments and behavioural economists don’t make mistakes – only citizens do. No-one is nudging the nudgers. It’s assumed that their decision-making is infallible and they have no whopping cognitive biases of their own.

“There’s no reason to think that markets always drive people to what’s good for them.” Richard Thaler.

There’s no reason whatsoever to think that markets are good for people at all. Let’s not confuse economics with psychology, or competitive individualism and economic Darwinism with collectivism and mutual aid. Behavioural economics may offer us titbit theories explaining individual consumer’s decision making, but it’s been rather unreliable in explaining socioeconomic and political contexts and complex systems such as financial crises, and of course behavioural economists don’t feel the same pressing need to explore the decision making and “cognitive bias” of the handful of people who cause those.

It wasn’t those with mental health problems currently claiming social security. They do much less damage to the economy, in fact IAPT means vulture capitalist private companies like G4S and trusts like Southern Care can turn a profit offering “support”.

The current emphasis on quantitative methodology and standardisation has led to an overwhelming focus on measurement in IAPT settings. Mental health services are now dominated by IAPT, which focuses exclusively on “evidence-based” and short-term interventions for clients with particular diagnoses – mostly anxiety disorders and depression. Most workers in IAPT services offer CBT, often by minimally trained psychological wellbeing practitioners offering “low-intensity” interventions over few sessions.

Verificationism and standardisation leads to a focus on measurement in IAPT settings. CBT mutes the causes of distress, which do not reside “within” the individual: they are intersubjectively constructed, with cultural, socioeconomic and political dimensions. Furthermore, there is little room left for authentic dialogue – qualitative accounts of client’s experiences are not accommodated. In this context, CBT is authoritarian, rather than being prefigurative and genuinely dialogic.

Under the government’s plans, therapists from the IAPT programme are to support jobcentre staff to assess and treat claimants, who may be referred to online cognitive behavioural therapy (CBT) courses.

We must question the ethics of linking receipt of welfare with “state therapy,” which, upon closer scrutiny, is not therapy at all. Linked to such a narrow outcome – getting a job – it amounts to little more than a blunt behaviour modification programme. The fact that the Conservatives have planned to make receipt of benefits contingent on participation in “treatment” also worryingly takes away the fundamental right of consent.

CBT facilitates the identification of “negative thinking patterns” and associated “problematic behaviours” and “challenges” them. This approach is at first glance a problem-solving approach, however, it’s of course premised on the assumption that interpreting situations “negatively” is a bad thing, and that thinking positively about bad events is beneficial. It’s premised on the assumption that interpreting situations “negatively” is a bad thing, and that thinking positively about bad events is beneficial.

The onus is on the individual to adapt by perceiving their circumstances in a stoical and purely “rational” way.



*Thanks to Dolly Sen*

So we need to ask what are the circumstances that we expect people to accept stoically. Socioeconomic inequality? Precarity? Absolute poverty? Sanctions? Work fare? Being forced to accept very poorly paid work, abysmal working conditions and no security? The loss of social support, public services and essential safety nets? Starvation and destitution?

It’s all very well challenging people’s thoughts but for whom is CBT being used. For what purpose? It seems to me that this is about coercing those people on the wrong side of draconian government policy to accommodate that; to mute negative responses to negative situations. CBT in this context is not based on a genuinely liberational approach, nor is it based on democratic dialogue. It’s about modifying and controlling behaviour, particularly when it’s aimed at such narrow, politically defined and specific economic outcomes, which extend and perpetuate inequality. In this context, CBT becomes state “therapy” used only as an ideological prop for neoliberalism.

CBT tends to generate oversimplifications of the causes human distress. It’s not about helping people make better



choices, it's about coercing people to make the choices that policymakers want them to make. Those "choices" are based on enforced conformity to the ideological commitments of policymakers.

It's assumed that the causes of unemployment are personal and attitudinal rather than sociopolitical or because of health barriers, and that particular assumption authorises intrusive state interventions that encode a Conservative moral framework, which places responsibility on the individual, who is characterised as "faulty" in some way. The deeply flawed political/economic system that entrenches inequality isn't challenged at all: its victims are discredited and stigmatised instead.

Yet historically (and empirically), it has been widely accepted that poverty significantly increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health. Mental health is shaped by the wide-ranging characteristics and circumstances (including inequalities) of the social, economic and physical environments in which people live. Successfully supporting the mental health and wellbeing of people living in poverty, and reducing the number of people with mental health problems experiencing poverty, requires engagement with this complexity.

There is also widely held assumption that working is good for mental health, and that being in employment indicates mental wellbeing. It's well-established that poverty is strongly linked with a higher likelihood of being diagnosed with a mental illness. That does not mean working is therefore somehow "good" for mental health. Encouraging people to work should entail genuine support, it shouldn't entail taking away their lifeline income as punishment "incentive" if they can't work.

An adequate level of social security to meet people's basic survival needs is not mutually exclusive from encouraging people to find a suitable job.

It's worth noting that research indicates in countries with an adequate social safety net, poor employment (low pay, short-term contracts), rather than "worklessness", has the biggest detrimental impact on mental health.

CBT does not address the socioeconomic and political context. It permits society to look the other way, whilst the government continue to present mental illness as an individual weakness or vulnerability, and a consequence of "worklessness" rather than a fairly predictable result of living a distressing, stigmatised, excluded existence and material deprivation in an increasingly unequal society.

Inequality and poverty arise because of ideology and policy-formulated socioeconomic circumstances, but the government have transformed established explanations into a project of constructing behavioural and cognitive problems as "medical diagnoses" for politically created socioeconomic problems. Austerity targets the poorest disproportionately for cuts to income and essential services, it's one ideologically-driven political decision taken amongst alternative, effective and more humane choices.

Both nudge and CBT are being used to prop up austerity and reflect neoliberal managementspeak at its very worst. Neoliberal policies are causing profound damage, harm and distress to those they were never actually designed to "help".

Let's not permit techniques of neutralisation: the use of rhetoric to obscure the real intention behind policies. It's nothing less than political gaslighting.

The government's profound antiwelfarist rhetoric indicates that there's no genuine intention to support those people with mental health problems and others in need, despite their semantic thrifts and diversions.

Policies are expressed political intentions regarding how our society is organised and governed. They have calculated social and economic aims and consequences. In democratic societies, all citizen's accounts of the impacts of policies ought to matter.

However, in the UK, the way that policies are justified is being increasingly detached from their aims and consequences, partly because democratic processes and basic human rights are being disassembled or side-stepped, partly because the government employs the widespread use of linguistic strategies and techniques of persuasion to intentionally divert us from the aims and consequences of their ideologically driven and increasingly dehumanising policies. Furthermore, policies have become increasingly detached from public interests and needs.

For people with mental health problems, policies are being formulated to act upon them as if they are objects, rather than autonomous human subjects. Such a dehumanising approach has contributed significantly to a wider process of social outgrouping, increasing stigmatisation and ultimately, to further socioeconomic and mental health inequalities.

It's the government that need to change their behaviour.

It's us that need to make a stand against hegemonic neoliberal discourse and injustice.



# Paula Peters on *I, Daniel Blake* and the Benefits System

I have thought about this post for quite a while, and with three showings of *I, Daniel Blake* to speak at in the next six days, and chats with fellow activists and people in mental distress and disabled people impacted by the issues the film raises, I may raise some of this:

Ken Loach said that he downplayed the issues in the film, that he could not make it too harrowing or an audience would not watch it. The film for me, caused a rollercoaster of emotions, deep anger, distress, sadness, a deep resolve to keep fighting for equality and social justice, but also a deep disappointment, because for many who saw the film, more needs to be done to widen the support and solidarity and build the campaigns of resistance against this government and all they stand for, and to get the tragic human impact of the welfare reforms, the cuts to services and cuts to jobs out to the wider public arena, especially to people who continue to vote for a government who will destroy everything, including our human rights, which is a threat to every man woman and child.

When the film started, with Daniel going through the WCA, what we, as disabled people, and as activists fighting this pernicious system experience, is the chronic distress, fear and anxiety around this process. Many have stated the fear of the DWP Brown envelope, as I have myself, getting obsessed with the post delivery, wondering if you will get a brown envelope today, an ESA 50, a PIP 2 Form or the fact your money has stopped.

We live in fear of income insecurity, never knowing when your next assessment will be and what that will mean for us to be able to live. Attached to that, is the fear that we can lose even more; our home. When found fit for work with a WCA, your housing benefit stops too, then you face the threat of eviction and the real worry and eventual possibility that you can lose your home, the only safe space you have from this insane dark world we live in. These are continuous and real fears and worries we have day in day out. The film *I, Daniel Blake* is reality for hundreds of thousands even millions of us. We live this process every single day. We live the fear of brown envelopes, the fear of being called up for a WCA every day. Never knowing when it will happen, or what the government will hit us with next, its torture.

We know of many people who have harmed themselves rather than go through a WCA again, or visit the job centre. I was so traumatised by the fear of the WCA I was hospitalised before the process even started, tried to kill myself over it, a story I have shared with the media and at meetings many times. My story is one of thousands who feel the same way. Believe me.

You saw in the film the way Daniel is treated, sanctioned, no money, bills mounting up, selling his furniture to live. His health deteriorating, anger building as he is treated callously and inhumanely. You saw Katy a single parent who had to leave

London far from friends and family and move to Newcastle where rents were more affordable and housing benefit would cover the rent. We are seeing a mass social cleansing of Housing Benefit claimants out of London and elsewhere as the Benefit Cap came into force and was lowered even further last year. Who despite everything, struggled to find work, was skipping meals to feed her kids. A story that is replayed in every community in the UK. Two children in every class go to school hungry. Three years ago in London there was a story of children stealing frozen meat to eat. Foodbank use is skyrocketing, poverty is skyrocketing, homelessness is rocketing, and the deaths from the cuts are skyrocketing. That is massively important to stress.

People are taking their own lives in dreadful distress due to these assessments and the aftermath of them. Just recently a lady took her own life after being told she did not qualify for PIP. Atos Kills again. This is a travesty, this is social injustice and this is grave and systematic abuse of human rights on a scale so big and done in such a silent way people are disbelieving it is happening, but happening it is.

Friends I have lost and are losing keeps increasing, campaigners who I fought alongside five, four three years ago are no longer with us, worn down by the constant battle against this government, and subjected to the horror and inhumanity of the cuts themselves. Please never forget that.

This government was found guilty of grave and systematic human rights violations towards disabled people under the United Nations Conventions for the rights of people with disabilities. Those human rights abuses are still happening on a daily basis.

This film helped us as activists and battlers of this pernicious system to try and get the word out there on a much bigger scale on what is going on, but we have still a hell of a lot more to do to stop this social injustice, to get this government to face the justice it should be facing for the deaths of thousands of disabled people due to the impact of their cruel policies.

What we have to do and do more of, is support people to know what their rights are when navigating this system, if we have knowledge and know how to fill out ESA and PIP forms support people with them, know how to appeal, and support people who have nothing and terrified to go on. That is of vital importance and it will keep people going one more day, one more week.

Please do not think for one minute that we as activists are not affected. We have been impacted by the cuts, we are struggling to survive, but, fight back against this we must.

We are in a battle for the right to live, that is what I am going to say at the showings of the film that I have been asked to speak at.

## Working Isn't Working

# What's wrong with IAPT?

## **Lying to the patient**

In the assessment interview, the psychological wellbeing practitioner (PWP) has a script to follow. In administering questionnaires (PHQ-9 and GAD-7 for starters) the patient is told 'We do not use these questionnaires to make a diagnosis, but the results can help us identify how we can best help you'.

Having said this, the PWP is then required to make a 'provisional diagnosis' on IAPTus (patient management software – on which information is recorded detailing every contact made with the patient). There is no option to not fill in this section. There is no option to say 'This person does not have a mental health condition. They are responding appropriately to distressing circumstances'. That the diagnosis is provisional is no guarantee that a completely inappropriate label is not going to follow the patient around. Once the information is on the system, it remains on the system, probably unquestioned by all those who subsequently access the patient's records. PWPs have no training in diagnosing mental health conditions. PWPs are trained to be dishonest. Day in, day out, they are lying to patients and have no option to do otherwise.

## **Are they really listening?**

Throughout any conversation on the phone with patients, the PWP is typing, recording the interview in line with a strict protocol, which inevitably affects the quality of attention. And then the relentless pace at which PWPs are expected to work, putting down the phone from one conversation and then a couple of minutes later beginning another, also impacts on how well they are able to listen.

## **The more help you need, the worse service you receive.**

A PWP is trained to assess a patient in 35 minutes (the service I worked for allowed 45 but that is not standard). There are two circumstances in which that is feasible. One is where the presentation is straightforward, the patient has little or no history of mental health issues and is a bit stressed or anxious. In that case, it is possible to have a relaxed, nicely-paced conversation that's pleasant for both participants. The other is where the patient is actively suicidal and therefore meets the criteria for being referred to the mental health team. In this case, a detailed suicide assessment is carried out and once all the necessary information is gathered, following consultation with a supervisor, the patient is referred to the mental health team.

But the more history, the more complexity, the more co-morbidity, the more probable it becomes that the conversation turns in to an interrogation. We were instructed to tell patients who were deviating from answering only the question asked 'I'm sorry I haven't time to listen to this right now. We need to complete this assessment.' Knowing that you had 45 minutes to get through all the questions that have to be answered, and then only 15 minutes to finish writing it up on 'the system', meant that the more the person needed someone to really listen, the less likely you were to be in a space to offer quality attention. PWPs are told specifically that they are being trained in a person-centred way of working. It is emphasised in the training manual 'Reach Out' (Richard and Whyte 2011) and the message is reinforced in training.

Subsequent to the assessment, patients are sorted into four categories.

1. 'Refer to MHT'. In the area I worked, the mental health teams were so overwhelmed that we were only allowed to refer someone to them if they were judged to be 'actively suicidal'. In order to qualify, the patient had to be intending to kill themselves within the next 24 hours, have worked out exactly how to do so and have the means to carry out their intention. Meeting the criteria for suicide triggered an immediate response and the mental health team were amazing, contacting the person within 24 hours and often much less. Far more problematic from my perspective, were those who just failed to meet these criteria. For example, I assessed a 19 year old who was resisting acting on his suicidal feelings because he knew his mother would be devastated. He couldn't go on Step 3 waiting list because of the possibility he would kill himself, but in his love for his mother he failed to meet the strict criteria for a MHT referral. An overworked and unsympathetic GP failed to provide support, so I was left phoning him every Friday afternoon assessing the likelihood he would act on his suicidal ideation. Because I was not persuading him to 'adhere to a treatment plan' I was not doing what a PWP is trained to do. But the reality of working as a PWP rarely matches the job description.

2. NSS – not suitable for service. What is noteworthy about this is that it is the patient who is judged 'not suitable' rather than the service. People suffering from long-term mental health problems fall into this category and are referred to their GP. If they are not in crisis, there is often no support available to them. If they have an addiction problem, they are referred to specialist services (ie go on a waiting list). Many people in this category are 'signposted' to charities and voluntary agencies (ie go on a waiting list).



3. 'Step up'. This meant that the person was recognised as needing help from a properly qualified therapist. They go on a waiting list. Where I worked, the waiting list was a minimum of 8 months. However it can be anything up to two years.

4. 'Suitable for a Step 2 intervention'. What that means is that the patient is offered 6 X 25 minute conversations with a PWP coaching them in a 'CBT-based treatment'. And the process begins when the PWP has a space in their diary, often within a week, and certainly within three. Treatments are more educational than therapeutic in nature. The information disseminated through PWP's simple collection of tools for self-management, is useful but it is questionable if this is the most effective or efficient way of providing these life skills. When people are 'resourced', when they have a supportive family, a stable home, a reliable income, a certain level (and positive experience of) education, they can and do benefit from these interventions. These people get the best service, one that meets their needs. And those who lack the necessary resources? They fall by the wayside. They drop out and are hidden away in the statistics.

Anyone not prepared to kill themselves but deemed in need of skilled help, goes on a waiting list. How



many of the people PWP's work with would get better without any intervention is anybody's guess. In 2011, IAPT claimed to have successfully treated 43% of patients, basing this figure on those who complete treatment. This includes anyone who has had an assessment and a single treatment session. However, the first 25 minute session a PWP has with a patient, they explain what the treatment options are. The fact that these patients have often met the criteria for success in terms of 'caseness' is evidence that the service is irrelevant to them. To include these patients' scores as evidence of IAPT success is, in my view, dishonest.

Re-examining the figures on which IAPT claim success, Griffiths and Steen (2013) found 'Using as the denominator all patients referred to the IAPT programme, this figure is 12%.'

What I know from my experience is that the people who broke my heart were the people I encountered who were simply not in a position where they could do what I was asking them to. There was no room to

just listen. PWP's coach people in self-management. When we are overwhelmed by what life has chucked at us, we're not in a place to take these ideas on board.

The concept of caseness is key to understanding how a service that is failing can be presented as a success story. Anyone scoring over 10 on the PHQ9 or over 8 on the GAD7 counts as reaching the threshold for caseness. Dropping from above to below these thresholds is how IAPT success is measured. Perhaps you have to be administering the questionnaires day in day out to realise how arbitrary and meaningless the concept of caseness truly is. For example, there's the woman who hadn't been out of her house for 4 years who failed to reach the threshold on anxiety measures because she never put herself in an anxiety-provoking situation. And pretty much anyone will achieve 'caseness' on the PHQ9 when going through a rough patch. Whatever their reliability and validity as research tools, going through the questions with people on the phone, it is abundantly clear that, in many cases, they are meaningless.

It concerns me those referred through the Job Centres, will, because of how the 'welfare system' now operates, lack the stability and resources needed to benefit from engagement with IAPT. Sanctioning is the likely outcome for those who find these NICE recommended 'evidence-based' IAPT interventions are no help. Retention rates in IAPT are woeful (Griffiths and Steen 2013, Atkinson 2014). By making compulsory engagement with mental health services a condition for receiving benefits, the government have found a way to make the unacknowledged failures of the IAPT programme a means of depriving people of the benefits they are entitled to.

### What happens to PWP's?

PWP's are (by and large) young, well-intentioned, recently-graduated and ambitious. The role was created with the intention of saving money by providing minimal training to people who could then work with high case-loads of people (10 assessments a week and 60-80 ongoing patients) offering simple CBT-based treatments.

As a PWP, I worked in a call-centre, in a room full of other PWP's. taking one phone call after another with a 30 minute break for lunch and an hour a day to catch up with all admin. If it takes longer (and it does) then any extra hours worked are in the PWP's own time. Because the decision as to who qualifies as 'suitable for service' depends on such unreliable measures, these young people with neither life experience nor adequate training are working with anyone their (often little or no older and only experienced as PWP's) supervisors say they should. And that is a very mixed bag indeed, varying from people who don't need help to people who are seriously ill.

The supervision offered is intended to counteract these deficits but fails to do so because what is missing is reflexivity, PWP's are not encouraged to explore the impact the distress of the patients they speak with has on them. To ask for this was to find

myself labelled as 'not up to the job'. In PWP work, you either shape up or ship out. It is ironic just how many people I worked with ended up off work with stress-related illness in a service that is supposed to help people so suffering. I don't know which was worse, watching those who toughen up or those who fell apart. The attrition rate in PWP work is shocking. But there is always another crop of young graduates eager to take this first step on the career ladder. Which means that the front-line workers in the NHS mental health service continue to be generally young, inexperienced, inadequately trained and overworked.

**Dearbhaile Bradley - formerly a counsellor, having found CBT helpful in managing a long-term health condition, trained and worked as a PWP.**

#### References:

**Atkinson, P (2014) Lies, Damned Lies, and IAPT Statistics Vol 42 Nos. 1 -2 2014 18-19 Self & Society**

Enhancing recovery rates: Lessons from year one of IAPT Behaviour Research and Therapy, Volume 51, Issue 9, September 2013, Pages 597-606 Alex Gyani, Roz Shafran, Richard Layard, David M. Clark <http://www.sciencedirect.com/science/article/pii> [accessed 3rd March 2017]

Griffiths, S. and Steen, S. (2013) Improving Access to Psychological Therapies (IAPT) Programme -Setting Key Performance Indicators in a More Robust Context: A New Perspective Chester: Centre for Psychological Therapies in Primary Care. <http://www.chester.ac.uk/sites/files/chester/IAPTpaper1.pdf> [accessed 3rd March 2017]

Richards, A., and Whyte, M. (2011) Reach Out. London: Rethink Publications.

