

## **Response to statement: ‘Initial response to concerns regarding “Understanding Psychosis”’**

Clearly it should have been “Understanding Psychosis and Schizophrenia” (as per the title of the report).

You will recall that our primary concern was the glaring flaw in the report “Understanding psychosis and schizophrenia” of failing to address the problems experienced by British black and minority ethnic people and the well-known issue of ‘over-representation’ (of black people among British people diagnosed as ‘schizophrenic’), associated with excessive sectioning, seclusion, over-medication etc. they suffer in the mental health services. Also we pointed out that the content of the report appeared to have excluded views of BME groups, minority voices in Britain and non-western knowledge sources. We suggested that the flaws in the report are most likely to resulted from (a) BME groups / people in UK not being involved in drawing up the report; (b) experience of black people given the diagnoses ‘psychosis’ and ‘schizophrenia’ not being sought for some reason; and (c) the professionals and academics involved in drawing up the report not accessing—or wishing to consult—the vast literature available in anthropology, transcultural psychiatry and psychology, sociology and the psychologies of the Global South (often held within religion and philosophy).

The acceptance of all that we pointed to very promptly after you received our e-mail of 4 December; the apology that you made at the DCP conference (which you told us about); your view that an apology from DCP that is ‘profound and heartfelt’ is necessary; and the personal shame you expressed at the failure of the report to address adequately the issues we raised all this showed us that the failure to consult properly before the DCP issued the report was not intended—at least by the editor of the report. This was a great relief to us and gave us confidence that an official apology from DCP followed by a new or revised report would be forthcoming framed in such a way as to be helpful to people from all sections of our British society.

We understand from the document appended with the e-mail dated 9 December that the report “Understanding psychosis and schizophrenia” was meant to be primarily ‘conceptual’, aimed at explaining to a public audience how ‘psychosis’ (presumably and ‘schizophrenia’ vide the title of the report) can be understood from a psychological point of view. You say that the report’s overall message is that ‘psychosis’ (presumably) and schizophrenia’—vide the title of the report—need to be understood as meaningful responses to an individual’s personal, relational, social, spiritual and cultural context’, We could not agree with you more but the report does not spell this out with particular reference to the experience of black people in the UK so that it has meaning for them and not just for white people.

One of our academic friends has commented that the ‘report remains safely within a psychological silo [of traditional western scientific psychology] ... with only a tiny section on “inequality, poverty and social disadvantage” — the only glimpse there is of the outside world including the majority world (so-called). We think this is a good point. As Mrs Thatcher used to say “there is no such thing as society”. As you may know, it has often been commented that, while a focus on individual psychology and psychopathology is characteristic of western mind-sets (including western psychology), in many other cultural traditions, the emphasis is on ‘community’. This is of particular importance to BME people in UK because (as you may have read) a primary argument voiced in the literature covering the excessive rates of ‘schizophrenia’ being diagnosed among black people in UK is that the diagnosis detracts attention from the suffering they experience as a result of social and economic stress. We believe that the report should have explained that giving a diagnosis such as ‘schizophrenia’ indicative of individual ‘madness’ absolves mental health services from recognizing social factors which can be attended to— so-called ‘social determinants of health’. The danger of psychologizing / psychiatrizing social issues is of particular importance in the case of BME people living in racist environments. The blindness to this issue in the report may have arisen partly because apparently there has been no attempt to draw from knowledge outside the narrow field of western sources, although most of the people all over the world (and most people in the majority world) are influenced by what one could call ‘non-western’ ways of thinking revealed in what (in western languages) could be called ‘psychologies’ to be found in Buddhism, Sufism, Islam, Pre-Columbian America etc. etc. Thus the report comes over as indicative of an arrogant approach of western (white?) supremacy. This flaw in the report could have been avoided quite easily if there had been consultation including all sections of British society. .

The document points out that ‘some of the issues facing black people and minority ethnic groups were addressed in the report’, and goes on to point to ‘supernatural, religious and spiritual explanations being discussed together with discrimination’ etc. Surely you do not mean that supernatural, religious and spiritual explanations are only applicable to black and ethnic minority people? Such stereotyping of the ‘other’ is worse than misleading. And it appears to surface in other sections of the report too. For example, the impression given in paragraph 1.3 (‘Our different cultures’) is that people from strange cultures—i.e. the problematic other—believe in ‘demons’ and patronisingly suggests that ‘we’ (who?) need to take into account ‘their’ strange beliefs! Clearly this paragraph was written for professionals. Although most psychologists who manage to make the system are white and probably trained in western scientific psychology alone, is that how it is always going to be? We have heard of instances where the IAPT services supervised by psychologists fail to take on board the beliefs of people seen by them as ‘black and ethnic minority’, seeing their ways of thinking as inferior etc. Perhaps this is not surprising when official reports are so insensitive to say the least.

There are inaccuracies in the report too. For example, there is a sentence in paragraph 6.3 when, in referring to ‘migrant groups’ being excessively diagnosed with schizophrenia, it states ‘even though rates in their home countries are generally similar to those in the UK’ (not referenced). As you may know there is a large literature on, and a long history of, attempts to explain the well-known ‘over-representation’ issue (of black people being excessively diagnosed with ‘schizophrenia’). The over-representation is not about ‘migrants’ to the UK (many of whom are white) but of black British people—in fact the rates are higher among black British than among the black migrants of earlier years (references available). Also the unsubstantiated statement referring to ‘rates in their home countries’ (presumably meaning the home countries of the parents and grandparent of black people) is incorrect. We can give you references to studies that indicate that rates of ‘schizophrenia’ reported in West Indies are *lower* than those reported among white people in UK and considerably lower than those among black British people. Also there was a study at the Institute of Psychiatry that throws light on how IOP psychiatrists, compared to a black Jamaican psychiatrist, made (psychiatrically speaking) diagnoses that were different in the case of black patients, over-diagnosing ‘schizophrenia’. The issue of ‘over-representation’ is regarded by many black service users and academics who have studied the issue as one of racism, not migration or ‘culture’—something that the report “Understanding psychosis and schizophrenia” fails to recognise. Perhaps the incorrect information about rates of diagnosed schizophrenia and racism was obtained from the Aesop study which incidentally has been the subject of much criticism for misrepresentation and some racist conclusions it draws.

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