

Coffee Cup Challenge: Professor Sir Simon Wessely

President of The Royal College of Psychiatrists

Burning2Learn has worked in education for over 20 years motivating young people and developing self-esteem and confidence. We've worked with students at all ends of the academic spectrum and specialised in reducing anxiety and reengaging students with behaviour difficulties or mental health issues.

At a recent event hosted by The Work Foundation, we were delighted to meet the President of The Royal College of Psychiatrists, Professor Sir Simon Wessely. Today we had the extraordinary pleasure of meeting with Professor Wessely and were able to discuss his thoughts and views on a variety of topics.

Identifying Mental Health

Mental illness has, since the 1959 Mental Health Act, become more and more recognised to be as important as physical illness. More than half the UK's prescriptions for antidepressants are for 'non-severe' mental illness. Whilst there are of course varying levels of mental illness, it is increasingly becoming a term that is used to explain the behaviours of young people.

Our interest in this topic is in educating about mental health. Should teaching about mental illness and raising awareness on how to support people with mental health problems have a more noteworthy role in the education system?

Professor Wessely's opening remarks conveyed his view that 'people's understanding of mental illness tends to be over complicated' and that coupled with that over complication often comes the risk of 'over medicalising'.

When he talked about mental illness, Professor Wessely put forward his view that teaching and supporting people with mental illnesses is 'a thing everyone can, should and does do without calling it that'. And he's right! Every day we help people around us who are going through a tough time or dealing with their own personal issues, and often we don't even realise the skills that we are using in supporting them. Already a lot is being done without having to define somebody as having a 'mental illness', and it seems that this is much more effective than over complicating people's problems.

From speaking with Professor Wessely, we have concluded that a raised awareness of the basic skills involved in supporting others around us would be prudent within the education system. Many young people and teachers already have these skills and remain unaware of it, so we believe it would be beneficial to encourage people to help out where they can, even in the simplest and smallest of ways. Hopefully this will also reduce the number of 'over complicated' cases of young people with mental health problems, and allow real matters of concern to be dealt with effectively.

Effective approaches to early intervention

It is believed by government and educators that types of support, early on, that enhance social interactions, resilience and character building can better equip our next generation (of leaders, business professionals, teachers etc) for life in modern Britain.

As an expert in military healthcare and having worked with the military for many years, Professor Wessely believes that the military are well ahead of everybody else in their understanding and approach to building social cohesion, and all of the things that come with it (resilience, self-esteem, confidence etc). As such, we asked the professor if he sees any strengths in education programmes that embrace the military's ethos?

Professor Wessely stated, 'If they (young people) got good at something, preserved self-esteem, took part in something that gave them that capacity to carry on... those types of programme are really important'. He talked about the importance of social cohesion and how building a 'sense of pride, self-esteem and achievement may be one of the best things we can do'.

Outliers and the norm

Deviating from the norm, Harvard lecturer, Shaun Achor says that we, as a society, eliminate the outliers in order to achieve 'the line of best fit'. Shaun's eloquence clearly presents a his interesting view, and lead us to question 'How can mental health support the outliers and, instead of bringing them back to the 'norm', bring the norm to them?'

In response, Professor Wessely began by stating 'we (psychiatrists) are the ones that are interested in the outliers'. He believes that 'the fact that something is the norm does not mean that it is something for us to aspire towards. He went on to say that, as far as mental health is concerned, we need to be aware of over medicalising problems that area not mental health problems.

Professor Wessely asked, 'these days, do you ever hear of 'shy' kids?' He then continued to say that there are many children described as having 'social phobia', but rarely are they called shy. And it's subtleties like this that Professor Wessely believes are a 'creeping thing in society' that leads to 'over labelling'. He explained the problems that occur from over labelling and recalled recent accounts of disgruntled parents writing to him with complaints about not be able to gain the support their child needed; 'suddenly everyone has autism, whereas my son actually does have autism and we can't get the support we need because there are too many people applying for it!'. This is a clear example of the negative repercussions when society conforms towards a 'norm'.

We then asked if society's understanding of mental health should be based on how to achieve the norm, and this was Professor Wessely's response:

'No, because of the dangers that have happened in the past. For example, our record on Homosexuality - seeing it as an illness - is not something of which we are proud as it wasn't accepted as the norm. Psychiatry is not confirmatory. The fact that something is the norm doesn't mean it should be something for us to aspire to. '

Positive Psychology

'The key to human development is building on who you already are' - Tom Rath, Strengths Finder 2.0

Social Science student, Alex Burnett, is passionate about supporting young people. Whilst he believes that many of the current support networks for young people are effective, he questions the approach that most counselling providers offer young people. Alex states, 'Currently, we are outlining all the negatives and trying to address those, but nobody ever seems to talk about the positives'. Well, the absence of disease is not health and for Burning2Learn, it has certainly always been about developing the positive talents within young people. But that's just ours and Alex's view. We asked Professor Wessely should we be changing society's approach to supporting young people with mental illnesses? And if so, what to?

One response to this discussion might suggest that society should change its approach to supporting young people with mental health problems, due to the impacts that 'labelling' a child can have on the individual. Professor Wessely commented that 'children do get a label of a disorder' and agreed that more thought should perhaps go into identifying 'how does that effect them?' Through our own work at Burning2Learn, we have worked with many young people who have carried that badge around with them since the day they were given it, and this can have negative impacts on self-esteem and confidence. Young people may also find it difficult to admit to others that they have a disorder.

Further still, Professor Wessely also pointed out that it can be hard for parents too who are 'worrying about telling them (their child) they have a disorder'. As such, the negative impacts that 'labelling' a child with a disorder can have on both the individual and their family could be used to support the view that society needs to change its approach in supporting young people with mental illnesses.

Dissimilarly, Professor Wessely also spoke about positive responses to identifying and labelling young people with mental illnesses. He recalled many occasions where parents have been reacted positively, saying 'finally it makes sense' and 'I no longer get blamed'. Professor Wessely's positive accounts of parents' responses may therefore be used to support the view that society does not need to change its approach to supporting young people with mental illnesses. Professor Wessely further reinforced this view as he talked of cases where 'they (young people) felt more authentic having treatment and taking medication'.

The discussion was concluded with the open view that 'diagnosis may come with baggage'. Professor Wessely stated that 'It's a question of balance' and admitted that 'treating children for problems they don't have is negative, and those are the cases that trouble me'. He stated that 'we use diagnosis, do everything we can to get it right (good assessment) and remain alert to negative repercussions, but it's a judgement call and there's a huge responsibility that comes with that. So it's really important that people are aware of the pros and cons'.

Other points of discussion

We then went on to discuss the things that most impact a child's behaviour, and Professor Wessely put forward his view that it is the 'parent, not the teacher, who is the most important influence (on the child's life)'. He referred to the work of behavioural scientist, Sir Michael Rutter, to reinforce this view. Professor Rutter boldly proposed that, 'the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment' and that not to do so may have significant and irreversible mental health consequences. Since the parent plays such a catalytic role in the child's life, the avenue of support for the parent should not be overlooked either. Professor Wessely supported this view and gave an example of the types of programmes that may be useful for parents; 'programmes that help the parent with conduct problems should be happening'.

Professor Wessely continued to say that in order to effectively support the young person, 'there needs to be an awareness of the family situation', as 'when you treat the individual you are treating the family'. He stated that 'we are not producing enough people that are skilled in family intervention'. At this point, he described the challenges that schools face in identifying what works best when they try to implement multiple programmes at once, 'everyone wants to do everything. They're all terribly enthusiastic but you can't generalise - just do one thing!'