

**Book title: Social Justice, Social Discrimination and Mental Health
Theory, Practice, and Professional Issues.**

Abstract

The term social justice has become frequently used in recent times, becoming what might be defined as a buzz word but it is often misunderstood and misused in mental health and therapeutic settings. This ground-breaking book (as briefly detailed in this chapter) is a comprehensive text which we hope will help define what the 'social justice agenda' in therapeutic fields and mental health is. It contains concrete and innovative descriptions of social justice in practice. It clearly illustrates the principles of social justice as integral to the practice of psychiatry, psychology, psychotherapy, mental health, social work, and related disciplines which all come in many guises. It provides detailed discussions of theoretical perspectives, as well as case studies and examples of real-life practice. Authors are from different branches of applied psychology, medicine, psychiatry, psychotherapy, research and service user/ expert by experience backgrounds and come from a range of countries.

Introduction

This book provides a theoretical background as well as giving multiple examples of the practice of social justice in the context of the mental health of individuals, groups, teams, and communities. The book will cover the full range of issues that trainee and qualified mental health and social care professionals need to consider to ensure they deliver their services in a manner which promotes social justice. This includes direct therapeutic practice, training, research, as well as broader policy related work, advocacy and engaging in international collaborations.

A range of questions and points for reflection are included at the end of each chapter consistent with emphasising the importance of reflexive practice in social justice work in mental health. As well as helping the reader to consider how they might apply the ideas within the chapter in their own work. The authors include people trained in the western approach as well as authors who have trained or practice in a variety of countries around the world. A range of perspectives will be contained within the book. The implications for, in addition to examples drawn from practice will be foregrounded throughout the book. This book is split into three sections, these are theoretical perspectives, practice and professional issues, although many of the chapters consider all of these aspects.

There is no doubt that around the world people with mental illnesses, their carers and families are discriminated against in terms of their basic human rights. Furthermore, in many countries these human rights are seen as a Western luxury. Even in high-income rich countries patients with mental illnesses are often not allowed to vote, get married, have rights to inherit property or right to employment. Such blatant discrimination ignores equity and leads to underfunding of services and research.

What is social justice?

Social justice has been described as the virtue which guides us in creating those organisations called institutions which in turn when justly organised provide us with access to what is good for the person, both individually and in our association with others. Social justice imposes on all of us a personal responsibility to work with others and design and improve institutions. The concept of social justice is bound with economic justice and equality of access to various services. Economic justice touches the individual and the social order. Institutions determine how much is paid, contracts and services with others. Three principles of economic justice include distributive justice, participative justice, and social justice.

Although there are some indications that the agenda for social justice in mental healthcare including various therapeutic interventions such as counselling, psychotherapy and psychology, has commenced but this has not reached the people it is supposed to. Much of this work has been outside of mainstream therapeutic practice, or from a US context. This cannot always be applicable across many countries, given differences in organisational structures, healthcare systems and training.

This move towards a social and political understanding of distress has become much more visible in these times of the pandemic. There has been an increasing acknowledgement and emphasis on social justice related issues in political discourses around the globe.

In this book a range of ethical dilemmas which may be experienced or need to be considered in practice will be presented. The importance of clinicians having allocated time for continuous professional development and reflexivity which foregrounds social justice and contextual issues will be considered.

The second chapter is written by Professor Dinesh Bhugra on Social Justice, Mental Illness and Human Rights,

This chapter provides an overview of models of social justice, critiques some of the various definitions and clarify the relevant terms to be used. It will also review the philosophical and ethical foundations of social justice in relation to mental health. Issues relating to the rights of people with psychiatric disorders and issues of stigma will be discussed as being important social justice issues. The chapter details how many countries do not provide basic human rights such as employment, the right to vote, marry or to inherit property to people with a mental illness. Also, in some countries the concept of human rights is seen as a Western (thus alien) luxury that low and middle-income countries cannot afford, this notion will be reviewed and critiqued. The importance of, and familiarity with social justice and commitment to it, is central to improving mental health services. The relevant historical context and socio-cultural factors will be discussed, and clinical and practice issues

foregrounded. The issue of equality versus equity is discussed. The chapter also considers the notion of social justice in organisational structures, healthcare systems and training, noting that service user involvement in service provision in Sardinia led to increased levels of satisfaction in comparison to patients in non-psychiatric settings. It also details how social justice is increasingly discussed but is often misrepresented or not translated into clinical provision and practice.

The chapter by Banjo Aromolaran and Elizabeth Wilson focuses on Exploring 'Othering' and Personhood as an antidote to power and privilege: going beyond the 'tick-box' in which the authors consider the context of the complex global situation where civil rights are being eroded in many countries and where differentials and inequalities are becoming more widespread. Against this political backdrop, the authors argue that mental health professionals can and should take on important social justice advocacy roles in partnership with the people they are working with. In this innovative chapter they focus on culture and privilege within an Equality, Diversity and Inclusion (EDI) approach. They detail how within a training context they prepared trainees for becoming psychotherapists and in a manner where other trainers can learn from this unique work. They discuss how this work can lead to a lifelong commitment to social justice. They use the concept of personhood as an organising concept. They argue that their model can be used with minor adaption for individuals, professionals, trainees, and organisations and that the model proposed can lead to a lifetime commitment to social justice.

The fourth chapter is on Social Inclusion as an issue of social justice Dr Jed Boardman defines social exclusion in terms of an individual's participation in key activities of society and examined across several domains including poverty, employment, engagement in social networks, neighbourhoods, civic activities, health and access to basic services. This chapter examines evidence for the inequitable distribution of mental health conditions across society and to the social exclusion of people with mental health conditions. Poor mental health can be both a cause and consequence of exclusion. Seen in this way social exclusion violates the principles of social justice and undermines social solidarity. The concept of social justice is bound with economic justice and equity of access to services and social goods. Participation in society links inclusion and social justice. The author argues that whilst the chapter focusses on mental health, much of what is written is equally applicable to people living with intellectual disabilities, neurodevelopmental disorders of physical disabilities.

The fifth chapter is on the Politics of social justice and intersectionality and is by Julio Torales & Marcelo O'Higgins who note that intersectionality is when different forms of discrimination intersect, and which require examination at the macro (institutional or contextual) as well as the micro (the interpersonal) level. Power is a defining variable in this context. At the macro level, intersectionality can illustrate some of the conjoined forms of structural oppression and how inequalities may be entrenched in socio-cultural-political systems. At the micro level this may mean individuals not accessing services or finding them inappropriate to their needs. The types of services offered, issues of accessibility and appropriateness will be discussed. This chapter looks at several types of diversity and difference and comment upon how these are considered in relation to social justice theory, research, practice and policy. It considers how these need to be considered within mental health work and how accounting for these can improve mental health services as well as ensuring more equity in access to and improved service provision. The chapter includes a case study which demonstrates who considering and practicing from an intersectional stance can help in the promotion of equity and social justice within mental health.

The sixth chapter is on Geopsychiatry and social justice and is written by Valsraj Menon, Anna Sri-Lisa Rampersaud, Geraint Day and Albert Persaud. These authors discuss the foundations of Geopsychiatry, which aims to study the influences of globalisation, foreign policy, (geo-politics) climate change, conflict and public health disasters on mental health and mental illness. The chapter discusses the CAPE Vulnerability Index (CVI) which offers a different evidence-based perspective to rebalance and challenge the prevailing narrative of how foreign aid is utilised. This approach has been described as "putting mental health into foreign policy". The chapter reviews how geopolitical determinants of health influence the social determinants of health and makes suggestions about practice at the individual and organisational level.

The seventh chapter is on the Geopolitics of mental health in Africa: The interaction of diplomacy and foreign aid of health development in Sub-Saharan and North African Nations and is written by Jibril I.M Handuleh & Albert Persaud. The theme of Geopolitics and Geopsychiatry is extended to the Sub-Saharan and North African context where geopolitics is discussed in relation to health diplomacy and humanitarian and development aid agendas. The chapter also touches on the legacy of colonialism and links this to the current geopolitics of aid and development in Sub-Saharan and North African nations. The latter forming part of foreign policy, whether acknowledged or not. Issues of power regarding the priorities and language of global health are also explored and the agenda setting, and 'expertise' sometimes coming from high income countries and being imposed on low-income countries in ways that are unhelpful is considered. The Millennium Development Goals concentrated on physical health, although the more recent Sustainable development agenda is broader and includes mental health and substance misuse as part of its remit. The chapter also discusses how the CAPE Vulnerability Index (which uses a range of measurements) can be usefully applied when considering mental health in bilateral and international development and humanitarian aid. It also discusses how incorporating mental health packages in psychosocial responses in humanitarian settings can be beneficial.

The eighth chapter is on Social Justice and Health: A Caribbean vignette written by Lisa Rampersad, Valsraj Menon and Albert Persaud. This chapter provides a Caribbean perspective and discusses social justice in relation to the provision of mental health, public health and service delivery in this context. The Caribbean is a diverse area and the differences within the region regarding challenges encountered are discussed with specific relation to climate change. A three-way social compact between the governments, the populace and healthcare professionals is viewed as vital and the importance of this being incorporated and built into service planning and delivery if the services are to be optimum and useful. Is discussed.

Chapter nine is on Ethics, mental health and social justice: Implications of the climate and ecological crisis, past, present and future by Tony Wainwright where the author reviews the philosophical and ethical foundations of mental health practice and argues that a commitment to social justice is at the heart of an ethical approach. It uses the climate and ecological crisis as its focus, arguing that the injustices which climate and ecological changes have and will bring have failed to be adequately recognised by theorists as issues related to social justice and discrimination. It argues that many theorists have taken a rather parochial stance and that these external factors will impact on a variety of ways on human rights globally. It argues that these factors are likely to impact upon the displacement of people, conflict over available resources, both of which may affect mental health. The paper introduces the concepts of 'ecological justice' and 'ecological power' as a framing device and also draws upon the Power Threat meaning framework to assist our understanding of these important issues.

Chapter ten is on Social Justice and Psychiatry's Social Contract, this chapter is written by Dinesh Bhugra, Daniel Poulter, Max Pemberton and Rachel Tribe. The chapter discusses the inequities and inequalities experienced by people living with diagnoses of mental health conditions. The chapter considers the social contract (also known as the psychological contract or social compact), this differs from a legal contract where the roles and responsibilities are more clearly delineated, a social contract is more amorphous and may involve a range of parties which may include service users, patients, politicians, funders, policy makers and health care professionals. A social contract exists within all health services including mental health services, in this context it is important to be aware of how wider contextual factors, including political ideologies and issues of power may influence this contract in a range of ways. The chapter also discusses how the explanatory health models held by healthcare professionals and patients may vary considerably. For there to be equity in service provision, there needs to be a comprehensive and open dialogue between the constituent parties who include those groups named above.

This is followed by a section on Practice,

Chapter eleven discusses Service user involvement and social justice is a critically important issue and in this chapter Alison Faulkner highlights the important role of experts by experience or service users in designing, evaluating and considering mental health services. Issues relating to pseudo consultation and tokenism are also considered. How issues of power and privilege are positioned and whose voices get heard and whose are silenced within mental health services is debated. The author is critical of some current practices of service user involvement and discusses other ways of people with lived experience of mental health services may attempt to be heard and bring about change. Dr Alison Faulkner the author of this chapter, describes herself as "a survivor researcher: as a researcher, I work from the perspective of being an ex-user and survivor of mental health services." If the issues she discusses were truly integrated into service planning and delivery in mental health, services might be more accessible and appropriate and might better meet the needs of those wishing to access them.

Chapter twelve is on Poverty and exclusion, Elvera Ballo who notes that in spite of increasing poverty in the UK, issues of poverty have frequently been neglected in the training of mental health professionals. It is well recognised that poverty is detrimental to good mental health and as a precipitating and maintaining factor in poor mental health. The need for clinicians to be poverty aware is discussed as an issue of social justice. The Scientist practitioner advocacy model is described and ways in which clinicians might consider exclusion in relation to poverty is reviewed at the level of clinical practice and training. How social determinants are affected by geopolitical dynamics is considered as is the fact that poverty often leads to exclusion from mental health services and is often strangely absent from discussions and research. The author argues for issues relating to poverty as an issue to be included in all clinical training.

Chapter thirteen discusses Carer and family roles and Involvement and by Miia Mannikko & Mari Helin emphasises the role carers and families play often as unpaid informal carers. These authors work in a voluntary organisation for families of people with a mental health diagnosis and as a social worker in this area. They estimate that 1/5 people will be carers in their lifetime and that 13% will look after someone with a mental health issue. They argue for support being given to all family members when one family member has a mental health condition and detail four rights for these families, they argue that this support will be beneficial to the entire family. They argue that

many carers, pay a triple penalty, damage to their health, a poorer financial situation and restrictions in everyday life. .. their efforts save the public purse £ 119 Billion a year- more than the budget of the NHS. Social justice issues relating to carers and family roles are considered within this chapter as well as the social justice issues this raises.

Chapter fourteen is on Social Justice Issues for International Staff: Tailoring Staff Support and is by Kate Thompson in which the author examines social justice issues for international and/or mobile staff working in a variety of settings and in diverse roles, including seafarers, humanitarian workers and private contractors. Issues of power and the different experiences between those choosing to work in these contexts and those forced to travel owing to the situation in their home countries are reviewed. The psychological contract between workers and their employing organisation is also discussed and the ways in which this may be affected by power dynamics and bias. The personal agency and resilience needed by many individual workers is also stressed within this context. The chapter also provides a very useful and informative discussion of what psychological support may be helpful to these workers. Issues of accountability, partnership and power are foregrounded.

Chapter fifteen is on Advocacy work within mental health: an issue of social justice or an inappropriate challenge to professional neutrality? Rachel Tribe & Ben Amponsah discuss what is meant by advocacy within mental health. A range of practice examples and case studies are included in this chapter, which illustrate the points being made and enable the reader to consider these issues in relation to their own practice or place of work. Health professionals can be excellent advocates by virtue of their expertise but also as members of society. The role of advocacy in contributing to challenging inequalities within mental health at the micro (individual), meso (group and community level) and macro (national advocacy and international) levels are considered. A range of theoretical models are introduced which are relevant to this topic. Asymmetries of power are discussed and how pseudo consultation or service user engagement can appear to begin to address some of the underlying issues in relation to representation, although in reality, this may be merely tokenistic. The issue of unacknowledged privilege is considered in this context. Issues of research, service provision and leadership are reviewed in relation to advocacy. The chapter also considers how advocacy relates to the conventional position of neutrality within the mental health professions, discusses the complexities of it and whose needs are best served by this. A range of practice examples are offered, and reflective questions are provided throughout the text.

Chapter 16 is on Social justice and policy: a role for 'mental health worker by Valsraj Menon & Albert Persaud who note that people working in mental health are becoming increasingly aware of the importance of being involved in policy issues and of considering how their knowledge, clinical and organisational experience and research can effectively be utilised to ensure social justice is maximised. The authors discuss how mental health professionals are well placed to work to ensure that social justice is upheld in their day-to-day work. The authors suggest that this can be done in several ways, which include providing whole person care, working towards reducing the stigma frequently associated with mental health, collaborating with others and through contributing towards policy change. This chapter also details how mental health professionals can contribute in a range of ways to policy

change and development and argues that a paradigm shift is possible and necessary, it also considers how the covid-19 pandemic made this need all the more apparent.

Section on professional issues

This section provides an overview of various professional factors and issues that may arise when working with people with mental illnesses, their families and carers.

Chapter 17 discusses the use of the Power Threat, Meaning Framework (PTMF) within clinical supervision and is written by Rachel Tribe & Claire Marshall. The issue of social justice which is often claimed to be important within the mental health professions, is often ignored within clinical supervision. The need to foreground this and provide space within supervision for this, appears central to good professional and ethical practice. This chapter will use the power threat meaning framework to develop a supervision model which considers structural inequalities, promotes anti-discriminatory practice, geopolitical factors and foregrounds issues of social justice. The power threat meaning framework foregrounds the issue of power in its myriad of forms and this chapter discusses how it needs to be regularly reviewed and foregrounded within clinical supervision.

Chapter 18 is on Personal development and reflexivity and social justice work by Jeeda Alhakim & Lucia Berdondini who are active trainers, academics and researchers in psychology, psychotherapy and humanitarian work. They consider and provide an overview of the effect of working within a social justice framework on the individual as well as discussing relevant contextual factors. The importance of social justice forming part of the curriculum for people training within the mental health professions as well as experienced professionals is reviewed. The value of clinicians having allocated time for continuous professional and personal development and reflexivity which foregrounds social justice and contextual issues is considered. Barriers to change are discussed and the rhetoric: action gap discussed. They also interrogate a range of approaches to self-reflection, the associated challenges, and their relationship to social justice.

Chapter 19 is on Training psychological therapists for social justice by Claire Marshall, Laura Winter, Ishba Rehman and Gabriel Wynn- a group of trainers who train people to become psychologists, the authors are based at two different British universities. The chapter looks at how issues of social justice, social discrimination and mental health can be embedded in training, in ways that make psychological therapists (regardless of their clinical specialism or professional role), consider power and privilege in all aspects of their work and which encourage criticality and openness to social justice issues. The authors explore the opportunities of undertaking this work as well as reflecting on some of the challenges and the need to avoid replicating dominant discourses which may maintain practices which uphold discrimination and privilege and fail to account for structural inequalities. They offer some approaches and suggestions for other trainers and for people undertaking training as well as for research.

Chapter 20 is on Social justice research by Trishna Patel & Ken Gannon offers a critical and reflective discussion of many current research practices. These authors argue that many of

the underlying assumptions currently held regarding research may continue to inadvertently uphold discriminatory practices or privilege certain voices, groups and perspectives, whilst others are less heard or recognised. Designing research with social justice and human rights foci and relevance is discussed and a range of examples are given. The chapter highlights the importance of ethical and moral positioning being central to the entire research process. The UN Declaration on Human Rights is used as a guiding framework. Ontology and epistemological concepts are deconstructed and discussed with reference to how they may continue to disadvantage marginalised groups, Epistemic injustice and epistemic violence are considered in relation to a privileging of certain types of research. This chapter presents some suggestions for how research can be conducted which actively considers social justice in every stage of the research process.

Chapter 21 is on Social Justice and Therapeutic Practice: Developing an integrated psycho-social understanding of distress by Mick Cooper describes psychological models underpinning the predominant approaches to counselling and psychotherapy – humanistic, psychodynamic, and CBT – do not highlight a conceptualisation of the role of social and political factors in the development of distress. Whilst the role of the social determinants of health has a long history and are well understood. and whilst geopsychiatry has also made a major contribution to increasing our understanding within mental health. This chapter outlines a framework for understanding psychological distress that looks at the role of psychological and socio-political factors in an integrated way in relation to counselling and psychotherapy. The framework is based around the humanistic or existential concept of 'directionality': that human beings are agentic, purpose-oriented beings, and that psychological distress emerges when people are unable to actualise their highest-order directions. It draws upon Maslow's hierarchy of needs. From the standpoint of this framework, such difficulties can emerge because of external socio-political limitations, but also 'internal' ways of doing things that are ineffective or are in conflict. The chapter outlines the basic principles of this framework, and then discusses how this framework can bring socio-political factors into an integrated model of distress and change.

Chapter 22 summarises some Guidance for Clinicians on Working in Partnership with Community Organisations offering an update to an earlier document produce for the British Psychological Society. This is written and edited by Kate Thompson, Rachel Tribe & Sally Zlotowitz, with additional case studies kindly provided by Deanne Bell, Angela Byrne, Tom Gillespie, Shikainah Champion and Aneta Tunariu. Each case study provides an example of work to illustrate good practice in a particular area of partnership working. The chapter also demonstrates the widespread recognition of the need to work in partnership with community organisations by policy makers, who have identified the mutual benefits of doing this and risks of siloed working when best practice is not followed. Such risks include a failure to ensure that mental health services are accessible and appropriate, and that local communities can play an active role in co-producing these. A range of social justice issues are inherent in joint working, particularly in areas where there is an inherent power imbalance, and community engagement can help ensure that work adheres to social justice principles. The importance of genuine co-production is discussed within this chapter as is the role of social prescribing. The chapter also alludes to a number of other chapters in this book where the authors have worked with a range of communities to enhance mental health services.

Conclusions by Rachel Tribe & Dinesh Bhugra suggest that although a considerable degree of progress has been made there is still a long way to go. The discrimination faced by people with mental illnesses needs to be challenged along with a key role played by therapists in

advocating for their patients and carers. Working with patient and family organisations and challenging stakeholders to eliminate discrimination is the key if people with mental illnesses are to be a part of the community with equity and dignity.