

Critical Challenges for Helping Professionals

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The two great challenges

- Working alongside and facilitating recovery /
Disposing with 'Models'
- Globalisation – working ethically, engaging
positively and proactively with communities
and cultural difference

Towards recovery: disposing with 'models'

- Medical
- Social
- Cognitive behavioural
- 'Biopsychosocial'
- Psychotherapeutic
- Family Interactions
- Conspiratorial

Disposing with models

- Models are representations, not *real people*
- Models are saturated with values.
- For this reason they have a limited role in understanding distress; they too often get in the way!
- In clinical settings, negotiations involving values can either establish trust or hinder it
- Trust (as I'll argue tomorrow) is vital in narrative, understanding and thus recovery
- So, let's pay more attention to values

Engaging positively and proactively with communities and cultural difference

‘Health disparities are brought about and perpetuated not only by culture, class and socio-political forces external to medicine, but also by the ideology of the medical profession. This ideology leads to ineffective or no action in the face of disparities and to a lack of concerted effort to teach or discuss racism in medicine in undergraduate and postgraduate curriculums. Moreover, the emphasis on the biomedical model undermines the anthropological research which is need to properly document the perceptions, needs, and aspirations of minority ethnic groups.’

(McKenzie, 1999: 616 – 615)

Whitley R. Kirmayer LJ. Groleau D. (2006) Understanding immigrants' reluctance to use mental health services: a qualitative study from Montreal. *Canadian Journal of Psychiatry/Revue Canadienne de Psychiatrie*. 51(4):205-9

- A perceived overwillingness of doctors to rely on pharmaceutical medications as interventions.
- Participants perceived a dismissive attitude and lack of time from physicians in previous encounters that deterred their use of current health service.
- Many participants reported a belief in the curative power of nonmedical interventions, most notably God and to a lesser extent, traditional folk medicine.

So, how do we engage positively and proactively with communities and cultural difference?

- Humility – psychiatry does not have all the answers
- Respecting cultural/spiritual/religious difference
- Respecting the wisdom and understandings about madness that are present in other cultures
- Community Development – workshop 5

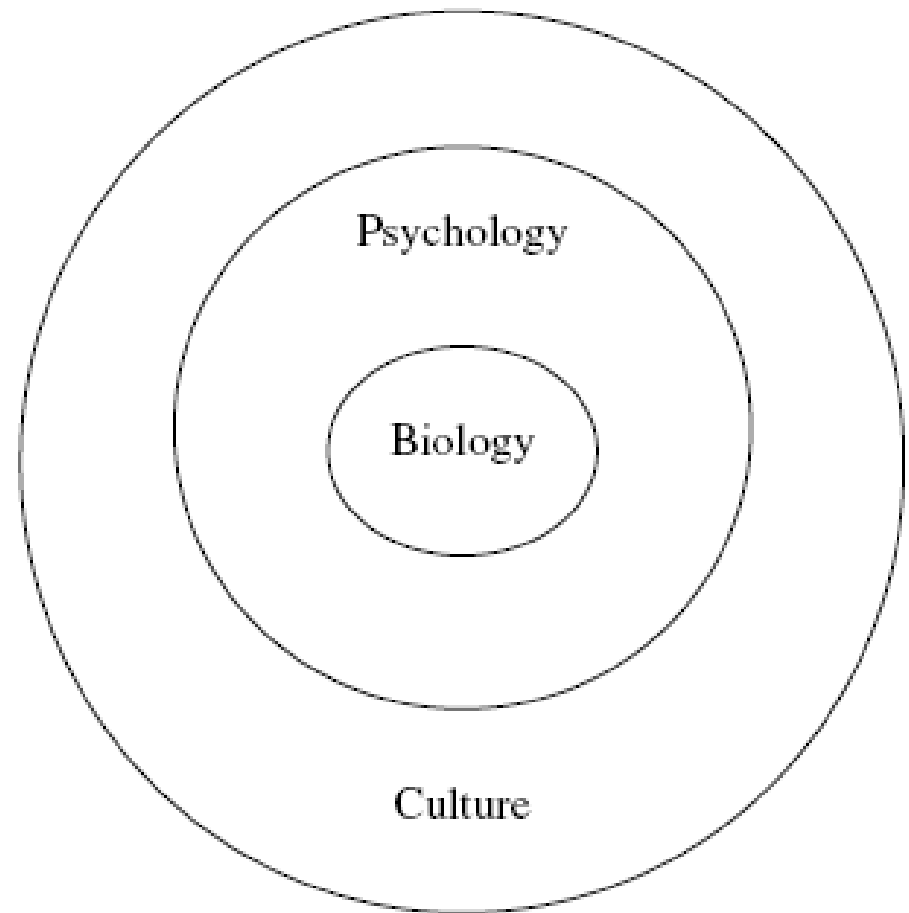


Fig. 8.1 The 'hard' biomedical model.

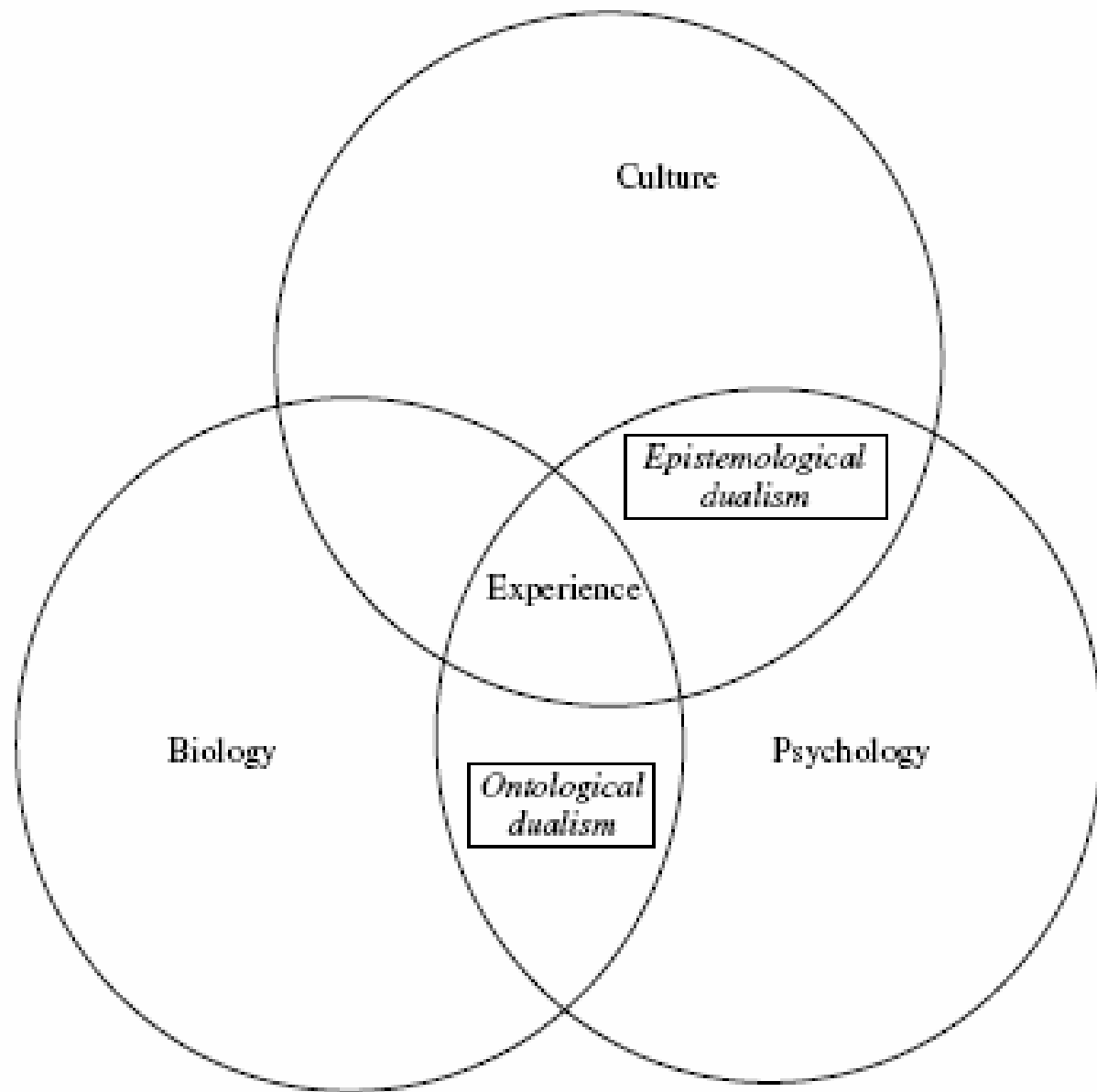


Fig. 8.2 The 'soft' biomedical model (biopsychosocial).

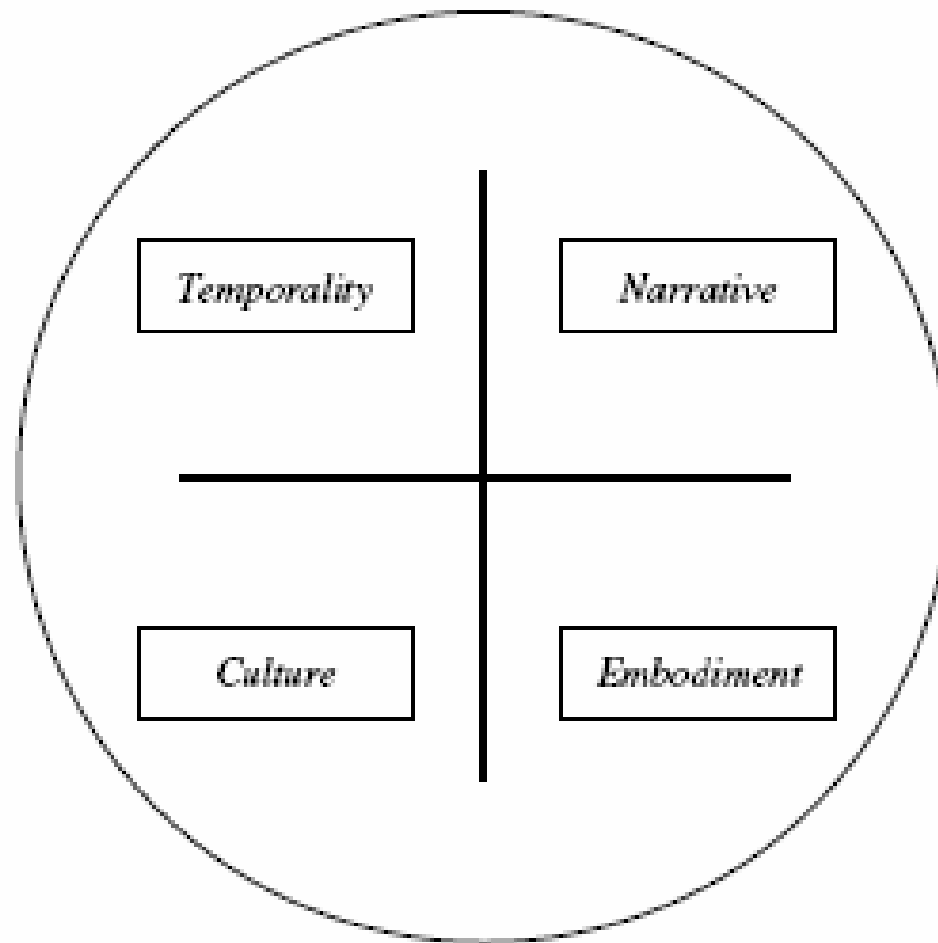


Fig. 8.3 Hermeneutic phenomenology.