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TRANSCRIPT OF “FILE ON 4” – “THE THERAPY BUSINESS”

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REPORTER:	Jordan Dunbar
PRODUCER:	Rob Cave
EDITOR:	Carl Johnston

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THE ATTACHED TRANSCRIPT WAS TYPED FROM A RECORDING AND NOT COPIED FROM AN ORIGINAL SCRIPT. BECAUSE OF THE RISK OF MISHEARING AND THE DIFFICULTY IN SOME CASES OF IDENTIFYING INDIVIDUAL SPEAKERS, THE BBC CANNOT VOUCH FOR ITS COMPLETE ACCURACY.

“FILE ON 4”

Transmission: Tuesday 24th September 2019

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Producer: Rob Cave

Reporter: Jordan Dunbar

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DUNBAR: I'm Jordan. I'm a BBC reporter and a comedian in my spare time, but life hasn't always been a barrel of laughs. A few years ago, I started looking for therapy to deal with my anxiety and depression. Faced with such long waiting lists on the NHS, I decided to go private. I'm not alone. The stiff upper lip is loosening, it seems. Everyone is taking about mental health now.

MUSIC

DUNBAR: I chose to open up, I chose to go private. But there's a bit of a problem, as I discovered. You reach out for help, you open up to someone, it leaves you more vulnerable than I was ever used to. But I had someone giving personal opinions on my problems, not professional ones. They confirmed my fears, compounded my low self-esteem. We didn't question my fears or problems, we didn't talk them out. They just lay there on the floor in front of us. The therapist didn't try and help me sweep them away or pick them up and examine them. If I thought I was in a bad way when I went in, I crawled out feeling like there wasn't, that there wasn't any hope left in the world. I'm not the only one that's had a bad experience with a therapist. Amanda Williamson opened up to me about hers.

WILLIAMSON: I was a victim of unethical therapy, and when people have a negative experience, they just want to shut back down again. They don't want to have to bring it up again and re-experience that. And I've found that when I've talked about my experience. It's embarrassing, you know, it feels yucky. People don't want to.

DUNBAR: But Amanda is not only a victim, she's a therapist too, and is all too aware of what can go wrong.

WILLIAMSON: There's lots of things that can actually go wrong in therapy. People are quite surprised to hear that. If somebody has a really badly managed therapy session and they walk away and think that's a load of rubbish, then the issues that they brought to therapy won't get addressed. At a more serious end, a lot of people go because they've had trauma, abuse in their past and a badly managed session. Working with that sort of material can lead to a client actually being re-traumatised and the therapy space becomes very unsafe and frightening for them.

DUNBAR: So what should we do if we're looking for a private therapist?

WILLIAMSON: At the moment, I would say that look at the three main professional bodies, they're well established and they're working together to try and standardise training and competences. The BACP are the largest professional body. There's also the UKCP and the BPS. They have registers that you can check, they have good resources, they have complaints processes.

DUNBAR: Let's have a recap. Amanda just mentioned the BACP, the UKCP and the BPS. Now pay attention, there's going to be a lot of acronyms. At the moment, the Government recommend you go to a therapist from one of the accredited voluntary registers, which act like trade bodies. They include the British Association of Counselling and Psychotherapy, the UK Council for Psychotherapy, the British Psychoanalytic Council - so that's the BACP, the UKCP, the BCP, and there's even the BABCP and more. Are you still with me? So, they will check their members' credentials and qualifications before letting them join. So if you're going to look for a therapist, checking their list gives you some guarantee of their level of experience. Having a therapist

DUNBAR: Where are we heading? Just to the living room, here?

ANNE: Yes, just go through to the living room.

Having had those experiences, it just meant that I really wasn't coping. I had become very depressed, very anxious and was really suicidal at the time.

DUNBAR: It had got to that point?

ANNE: Yeah.

DUNBAR: So you're in an incredibly vulnerable position.

ANNE: Yeah, yeah.

DUNBAR: At that point, had you realised that it was the childhood trauma?

ANNE: No, and nobody had ever asked me. I was just given all the different drugs and I then had another big relapse, and at that point it was suggested that I try some talking therapies.

DUNBAR: But this is a good thing, because it sounds like you're finally coming to terms with what you need to do.

ANNE: Yeah, absolutely, yeah. Because it wasn't that I had a, you know, an organic chemical imbalance in my brain, it was because I'd experienced, you know, a huge amount of trauma in my childhood, you know, and I did go along hoping that this would help.

DUNBAR: The therapy did help her at first, but then one day all that changed.

ANNE: As the therapy was coming towards the end, my therapist sexually abused me and, and things became really, really, really horrific for me at that point.

DUNBAR: And this is when you'd started talking about it, so they knew all about the vulnerabilities?

ANNE: Yes, so this was the first person that I had told everything that had happened to me, everything - the sexual abuse, the violence, everything that had happened to me, and I trusted them.

DUNBAR: And him knowing about the abuse, did that play a part in how he was able to exploit you?

ANNE: At that point, I had regressed back to being that abused teenager and that child, and so I wasn't able to make the decisions in the same way that I would do if I was an adult who was, wasn't somebody who had mental health problems. And I think the difficulty is that he was able to use that and exploit it. You go and see somebody, you think they're going to help, that they must have their own lives really sorted, that they must, you know, be confident and be able to help you and to be there and support you through it all. It's not the same as two people coming together and meeting on an equal footing. There is one person who is very vulnerable and another person who is in a position of power, which is very different to ordinary relationships. He wanted to end the therapy because he was worried, I think, that he would be found out. He wanted me to make up a reason as to why I would end the therapy, which terrified me in itself, because I was worried about losing my therapist, because to me they had come to represent safety and security.

DUNBAR: A dependency.

ANNE: Yeah, and then the shock of what he was doing was, it was like somebody had turned the world upside down and I didn't know what was real and what wasn't real, because this person who I thought was really trustworthy and there for me was actually doing the most horrible things to me.

DUNBAR: When the therapy ended, Anne's mental health was in a worse state than when she'd started.

ANNE: I'd spent about three days in bed. A friend came round to find out where I'd been and what was happening, and I just said to them, 'Please phone the hospital concerned and speak to the manager, because I have something to say to them, but I can't do it myself,' and straightaway the safeguarding process was put in place, so the police were informed. I was also able to have support from a specialist counsellor, because of course I blamed myself. He had told me this was all my fault and I didn't really get what had been going on about the abuse of power. I knew that the sexual abuse was wrong, but I didn't understand how it had come to be like this.

DUNBAR: Sounds like the NHS did a pretty good job of having all of these to kick in.

ANNE: I think, to be fair I think they did, I think they did. If I had been in that room on my own after three days, after the particularly traumatic sexual assault took place, and I had had nowhere to go, I honestly don't think I'd be alive today.

DUNBAR: The therapist concerned was sacked by the NHS. Remarkably, he was still able to continue operating his private practice. So the NHS patients are protected, because he's no longer practicing within the NHS, so they don't have to worry, but private

ANNE: I know that he had a caseload of about between eight and ten clients and he continued seeing them, despite the fact that he had been suspended from an NHS trust, despite the fact that he'd been interviewed by the police, and despite the fact that there was an internal inquiry going on, nobody felt it was necessary to inform his private clients that this was happening.

DUNBAR: Do you remember what type of people they were?

ANNE: There was a couple of women that he saw and there were about six or seven young men. And even when he was dismissed for gross misconduct and negligence, he continued to see his clients.

DUNBAR: So I could have had him as a therapist, found him online, been going to him, and I would not have known, no one would have told me this?

ANNE: Nobody would have told you. Nobody told his clients, and at one point I thought, shall I stand outside his practice with a leaflet to tell them what he had done and what was going on, particularly the women he was seeing, but I thought, you know, they would have just thought I was somebody that was a crazy person.

DUNBAR: So even though Anne's therapist was barred by the NHS, even though he was being investigated by the police, he was still able to make £60 an hour seeing clients in the private sector. But let's be fair here - this is one therapist out of, at the latest count, more than 50,000 operating in the UK. That's a lot of happy endings, and I've had some good ones too. But according to the mental health charity Mind, one in ten people have been waiting over a year for treatment, so if you want help soon, you pay - and thousands like me are doing just that. And if people are searching for therapy, then it stands to reason therapists are searching for clients. Our mental wellbeing is now a boom industry, with the average therapist charging £50 a session in the UK. The wellness and mental health industry is now worth around £20 billion in Britain, but it's still largely unregulated.

ACTUALITY – KNOCKING ON DOOR

DUNBAR: Hello, we're here to see Geraint.

WOMAN: Hiya, hi yes, he's just through here.

DUNBAR: Thank you. Hi Geraint, how's it going? I'm Jordan.

DAVIES: Oh hi Jordan.

DUNBAR: Thank you for seeing us today. I believe you're a wee bit busy with some stuff on?

DAVIES: Yeah, well, Brexit, it's all, you know, fun and games and ...

DUNBAR: Right, well we're going to give you a break, so maybe help your mental health actually if we get you away from Brexit, yeah?

DAVIES: Well, I hope so, yeah, it'll be a welcome relief.

DUNBAR: Geraint, grab a seat here, yeah?

DAVIES: Okay thanks.

DUNBAR: Labour MP, Geraint Davies has proposed a new law which would outlaw people calling themselves psychotherapist or counsellor without the proper training. He also wants them directly regulated by Government, much like a doctor or a dentist.

DAVIES: Psychologists and psychiatrists are regulated and so therefore people naturally assume, if you go to a psychotherapist, they're properly regulated, they've got probably evidence-based treatment, they've got proper qualifications. In fact, you or I could just set up as a psychotherapist and attract people in, and vulnerable people would come to see us who had problems, who thought we were qualified to treat, and that wouldn't be the case. And that's why we desperately need regulation.

DUNBAR: I don't understand why this has taken so long for the Government to do something about this. What's been holding it up? Who's pushing back?

DAVIES: When you've talked to MPs about do you think this should be regulated, this is a problem, they say yes, clearly people shouldn't be allowed to go around calling themselves psychotherapists and potentially abusing vulnerable people. And people's response is usually, hold on, I thought they were regulated, and that sounds a bit

DUNBAR cont: So, I'm just working on my advanced diploma, on one of my assignments, and I've just failed one. But do not worry, because even though I only got 50%, - I need 70% to pass - it comes up with all of the answers. So now all I have to do is, I've just written down what the correct answers are. So we can just go through and I'm just going to hit 'try again'. Question one, and the answer is false. How do I know it's false? Because it just told me when I failed. Okay, question two, being aware of your feelings and your thoughts does not suddenly validate them. So what the course does have is, in its later sections, it does talk about different ways of practice - for instance, how to greet patients, how to advertise and basically how to go about actually being a CBT therapist, which is quite scary because you can't really claim, oh it's just an online course for people who are quite interested in it, because you're then telling people how to get patients.

MUSIC

DUNBAR: Will this do me any good for jumping on the therapy bandwagon? For anyone who thinks these are just an online equivalent of a self-help book, it doesn't look that way to me. Some of them talk about practicing CBT and how to get clients, all for just over a tenner. Here's therapist Amanda Williams again.

WILLIAMSON: That perfectly equips you to call yourself completely legally a counsellor or psychotherapist, set up your services, advertise them, charge £50 an hour and get people to talk about their trauma. There's nothing to stop you doing that.

DUNBAR: I'm still trying to get some letters after my name by doing my online courses while it's still legal. Although I have to say I find them pretty interesting in doing a bit of navel gazing and thinking about myself. I definitely don't think it should allow me to charge someone 60 quid, let alone 120 quid an hour and try and solve their problems.

So now I've qualified, I have a certificate that says I have – just what can I do? Fiona Ballantine Dykes from the British Association of Counsellors and Psychotherapists.

DYKES: Well first of all, to be absolutely clear, we don't accept online training of that description - even if it's part of other training it wouldn't count. I've seen the courses that say, train to be a psychotherapist £99, cut to £49 and it, it absolutely

DUNBAR: We spoke to Marie. She wasn't a therapist, but managed to navigate the complaints procedure for not one, but three different membership bodies. She had been to therapy to deal with childhood abuse and this led her to a more unorthodox treatment involving three therapists. Her words are read by an actor.

ACTOR IN STUDIO: I ended up in a situation where I was having three hour therapy sessions with three therapists; I had no idea that wasn't okay. You just trust the professional. And the two sessions, they ended up, well, one session I was held down and they wouldn't let me get out of the chair. They were making noises of one of my abusers from childhood to try and get me over a sexual assault, and that left me completely traumatised. Their response to it was to provide a sick bowl and carry on. It was a month later that memories started coming up and I flagged it up with a couple of friends who were therapists, and their response was to get out of the situation. They were horrified and said you need to report what has happened.

DUNBAR: The three therapists that worked with Marie were overseen by the Professional Standards Authority, but two had no indemnity insurance and none were being supervised. They should have met up with a supervisor to check that their work was safe. That's a prerequisite for an accredited therapist. Marie explained how difficult it was for her to make a complaint.

ACTOR IN STUDIO: You've got to say how you think they've breached the code of ethics. You've to say what they did and you have to match it. So then you submit your complaint and then they look through it and then they decide which bit of the code of ethics has actually been breached. How is a client meant to know what codes of ethics are and how to match them with a complaint? That is such a complicated process, so you're at a disadvantage to start with. I did have a lot of my own evidence in emails and text messages, which were very compromising towards the three therapists, which absolutely helped me. Had I not had any evidence, would they have taken on those complaints? Or if they got to a hearing, would it have been upheld? How many more are out there? How many wanted to complain but didn't have the financial backing or confidence? How many were not backed because it was their word against the therapist's?

DUNBAR: The punishments ranged from a suspension to extra supervision and learning. This is the only protection we have in the private sector, and we've already heard how difficult the process can be for patients when they do complain. Dr John Hook, former NHS consultant, is carrying out research in this area in the UK. He thinks clients have a particularly difficult time complaining, precisely because they have been clients.

HOOK: Patients very often find themselves disbelieved. They will often find themselves, for instance, diagnosed with another mental illness to explain why they are behaving like this, or they might be diagnosed with a personality disorder which explains their seemingly bizarre behaviour.

DUNBAR: Which is a handy excuse.

HOOK: Which then becomes really the profession defending itself against not wanting to, to know about these breaches. And there is, I think, a real turning of a blind eye to all of these problems at every level. I think partly the problem is that we don't know how many cases there are, because many of them don't get reported, and that when they are reported, what the victims - particularly of boundary violations and other forms of professional misconduct - report is that they're not believed, and therefore they're put off from making complaints. And I think when they do make complaints, the complaint processes are really not sufficiently supportive of the victims that they probably often give up.

DUNBAR: So does Fiona Ballantine Dykes from the BACP think the complaints process works?

DYKES: Essentially, you would be supported to formulate the complaint in a way that best represents what it is that you're complaining about. You would be given ongoing emotional support. There's a lot of contact between the case managers and the complainant, but you are essentially presenting your own evidence, yes. We make it our responsibility to ensure that members do let clients know that they have avenues of redress and that that's said right at the beginning as part of the meet and contracting stage of working with somebody.

DUNBAR: But it's just you and them in a room. So much of it is hearsay. How do you deal with those complaints?

DYKES: Well, I think the, the independent panellists are used to those types of scenarios and I think they are problematic - as they are in courts of law as well, and that's not something you can escape. But one of the things we've done by looking, analysing where things go wrong is we know, for example, that, that most complaints, well not most, but the majority of complaints are often about poor contracting in the beginning, so the, a mismatch of understanding and expectation between the client and the therapist, or a lack of clarity around boundaries or contact time, things like that. So again we know that, so we're putting a lot of effort into upskilling therapists as part of our training requirements and our good practice.

DUNBAR: But how many cases are we dealing with? There's been so little research done in this area, it's hard to get a handle on it. Victoria Thackstone is a lawyer who specialises in dealing with clients that have been harmed in therapy.

THACKSTONE: I wouldn't be able to just work purely on this area of law if there wasn't so many cases. I've specialised for 15 years. I would estimate we've dealt with about 130 to 150 cases, but then that doesn't include all the enquiries we've had over the years, which I'd put to be over 500.

DUNBAR: So do you find people are reluctant to come forward?

THACKSTONE: I have a lot of people that contact me and they won't give me their name. They might not give me the practitioner's name, they're too scared. Not everybody's come forward, I don't imagine.

MUSIC

DUNBAR: That's a lot more than I thought, and the company Victoria works for is just one of many which looks at these kind of complaints. The problem is, not everybody is keeping count. The BACP represents 49,000 therapists across the UK. We asked how many complaints they had in the last few years, but they could only provide us

DUNBAR cont: with figures relating to the first ten months of last year. During this time, they said they received 73 complaints directly from people who were unhappy with the therapy they received. We also know that the BACP have struck off 19 psychotherapists from their register since 2017. When we asked the Department of Health whether they felt it was time to look at regulating the private therapy sector, they told us regulation was disproportionate to the risk to the public and the Scottish Government has no plans to regulate it further there either. But how do we know what that risk is if no research has been done and we have no idea how many victims are out there? Does Fiona Ballantine Dykes from the BACP think it's time to look again at regulation?

DYKES: Our position is to work within whatever framework is currently the one offered, and at the moment that is the accredited register scheme. We would, you know, support anything that would help raise standards and to protect the public and to make sure that people on our register are meeting the highest possible standards.

DUNBAR: And would you like to see Government bringing in legislation that says, if you want to be a therapist, psychotherapist or counsellor, you have to join one of the following bodies and adhere to their rules and regulations?

DYKES: Well, we would certainly want to be part of any discussion about what that looked like. As you know, there are lots of different models for that and there are complexities in our field. It's not a very homogenous field, like in medicine or nursing or some of those more obvious areas, but we would see it as our responsibility to play an active role in that discussion and to bring our members with us on any discussion around that, because of the benefits of trying to get some kind of order.

EXTRACT FROM ARCHIVE 'THE OPEN DOOR'

MAN: This man is in a state of acute depression. He has lost interest in himself, his family, his life. His concentration has gone and so has his energy. He can no longer cope with the problems of living or combat the problems of

DUNBAR: We found this incredible archive from 1966, it's called 'The Open Door'. It's from the BFI Player and it follows a fictional patient going through the Gransha psychiatric hospital up in Londonderry.

MAN: 43% of hospital beds in Great Britain are occupied by patients in need of psychiatric care and 100,000 mentally ill people enter a hospital in Britain each year. One out of ten people in the community will need psychiatric care and attention at some stage of their lives, a figure which may stagger or frighten, but which may also force the public to take a deeper interest in ...

DUNBAR: And it's just unbelievable the difference in language and attitudes. The film is about how, back in 1966, they were trying to change opinions, but even their progressive opinions seem just a complete world away from where we are now. And one of the most interesting things is, it was directed by the Nobel Prize winner, John Hume, who later went on to be a politician. I mean, the idea of the treatments back then and whether a woman, let alone a man, would admit to having mental health problems, this just sums up how far we've come. Fortunately attitudes did change. There's a whole new world out there that now allows people to access therapy through apps and online. It takes away the stigma and awkwardness of having to speak face to face or get time off work. For many people of my generation, opening up online is the way to go. Professor Terry Hanley is from the University of Manchester.

HANLEY: As young people see the internet as a first point of call for accessing support, we'll see the use of internet services increase, and at the moment we don't have the regulation or we don't monitor that type of support enough, so this open-up generation, this generation that's used to kind of talking about mental health, are increasingly at risk of exploitation or abuse, so it's much easier to pretend to be a therapist online. You can make up as many qualifications as you want, you can say that you have the skills to work with all manner of issues, and that could all be lies. It's very difficult to monitor who that person is, so they might have a criminal record, they may have a background of being an abusive counsellor and being struck off a register within a particular country. And without some serious sort of research into that, most people wouldn't stand a chance of finding out that was the case.

DUNBAR: I've spent a small fortune on apps to try and treat my depression and my most hated foe, insomnia. They look and sound beautiful with the sparkly marketing to go with it, but I had just assumed, like most people, that they were monitored somehow, either by the Government or Android or Apple. Does anyone check they aren't harmful or even just pointless?

HANLEY: It's a bit like the wild west at the moment in terms of the way it's being regulated. I think there isn't really anyone who is particularly taking ownership of whether or not the apps work or whether or not they're of benefit to particular people. I think the only people who are very interested are the people developing the products themselves. We can see that some of those organisations are taking it very seriously and they are undertaking lots of research and systematic research to explore whether or not their products work. But others seem very surface level and they're almost fun products rather than actually serious products to support mental health and wellbeing. Relatively recently, the NHS used to have a list of not recommended apps, but apps that people might want to use, and it had to take that down as a consequence of actually further scrutiny of that list of apps, because they were even not managing data sensitively enough or there wasn't really any robust evidence behind the services that they were offering.

DUNBAR: Fiona Ballantine Dykes from the British Association of Counsellors and Psychotherapists.

DYKES: We're actively engaged in two pieces of work at the moment. One is how to work safely online and how to ensure that you are properly trained to offer your services online, but also information and guidance for therapists and for the public about working online. Those are in progress at the moment. In terms of meeting standards, again the sort of draft framework we've been looking at will include standards around working online. We already have some - BACP has had some for some years but, as you have rightly pointed out, things change very rapidly and we need to keep up with things. So that's very much on our radar and very much in our thinking around how best to make sure that people are meeting standards.

DUNBAR: If we were to make great strides in regulation, whether it be statutory or voluntary, and the BACP was doing great work, that is completely undone whenever I go onto my Instagram and there is an American company or a completely international company offering me cheaper, easier to access therapy from all around the world, because they don't need to be registered here.

DYKES: Well again, that's a massive challenge. We do have international members at BACP actually, [MUSIC] and our certificate proficiency is actually, can be accessed by people outside, but in terms of the regulatory or not frameworks in other countries, there's absolutely nothing we can do about that.

DUNBAR: We've come on a real journey, haven't we? I asked some simple questions and got some complicated answers. Therapy has been really helpful for me, and from what I've heard, the vast majority of people have had good experiences, but I am surprised at the lack of protection available to people. Technology offers incredible opportunities to help us on a massive scale and cheaply. Apps have become part of my life and treatment, but we haven't even sorted the traditional therapy yet. Victoria Thackstone thinks the mistakes we make today could come back to haunt us.

THACKSTONE: I often say to people that ten, fifteen, twenty years ago, nobody had heard of historic child abuse, and now it's openly talked about and people aren't embarrassed - or aren't as embarrassed to say, actually I went through all of that, and so hopefully yes, in the future the stigma will decrease enough so that people are willing to say well, actually yeah, I had to have therapy and it went wrong.