Conference Booklet

Foreword

The phenomenon of implicit bias, and the way it impacts delivery of mental health services, has attracted a lot of interest in recent years. Efforts to tackle its presence have been proposed but this is shown to be quite difficult for various reasons. The Philosophy SIG of the Royal College of Psychiatry invites you this one-day online conference, where a mix of philosophers and researchers working in the field of mental health, and psychiatrists with a keen philosophical mind, bring a rich array of reflections and proposals on how to approach it as a phenomenon emerging in practice, and how to address it within it and through medical education in mental health.

Two experienced psychiatrists, Dr Stewart and Dr Hubbeling, will start the conference reflecting on the extremely difficult, if not impossible, task to practice entirely free of bias and how philosophy can offer a way to unmask its presence and a pragmatic approach in delivering care. The moral philosophers, Dr Chappell and Prof Jeppsson will illustrate with the use of examples a pro-normality bias hidden within the recovery framework and will invite us to recognise it and fight it. Dr Radoilska, a philosopher working in the intersection of philosophy of action, ethics and epistemology, will explore how epistemic injustice and moral luck shape implicit bias and will propose how rethinking expertise can help towards addressing it. Dr Ritunnano, Dr Fernandez and Prof Broome explore how psychiatric diagnoses such as in the case of delusions and psychotic phenomena, are implicitly value-laden and in that way obfuscate the testimony as provided by the patient, often concealing the meaning it may hold for their life. Dr Markham will explore how mental health stigma and notions of risk impact patients in secure and forensic mental health settings. Will trace some of the phenomena to Beck's concept of risk society and will invite for remediation strategies. A further dive into the concepts of risk and causation will be made by Dr Bhandari, Prof Thomassen and Prof Nathan, who in their presentation will propose a modified approach to Root Cause Analysis that will potentially account for implicit factors that are often overlooked when this takes place.

Prof Tim Thornton will start the afternoon sessions with his talk on "implicit bias: the 'dark side' of hinge epistemology?" Prof Thornton has worked and published on tacit knowledge and psychiatric expertise over the years. In his talk he will unpack the concept of implicit bias, separating the negative value terms that are rightly attribute to it, from what at its core

is a necessary component for building clinical expertise. His talk will be followed by Dr Awais Aftab, who is going to offer a detailed educational proposal on how conceptual competence in psychiatry can mitigate the presence of implicit bias by promoting a kind of epistemic humility. Dr Wodzinski and Prof Moskalewicz will present us an impressive amount of research that they have conducted in Poland that explores the discursive sources of epistemic injustice towards people with autism based on a corpus of 1300 press articles. Dr Reed and Dr Olaciregui will illustrate how an implicit neurodetermisnistic causal privilege impacts the assessment and treatment of Psychogenic Non-Epileptic Seizures (PNES). Dr Thompson will close the conference exploring the epistemic injustice in adult protection cases. He uses clinical material to illustrate how this takes place and suggests a series of interventions to mitigate it.

Our rich offer does not end there though. Following the main event, and in collaboration with the WPA Section for Philosophy and Humanities, we organised a Satellite webinar on Shared Decision-Making in Psychiatry. The presenters, Dr Bergqvist, Alana Wilde, and Dr Crepaz-Keay will look at implicit bias and the challenges it poses to Co-production. A set of challenging questions will be asked that will invite all participants to reflect on current mental health policies that champion co-production as a core component of their strategy.

Thank you for registering for our conference and even if you cannot attend for the day or part of it, all sessions will be available to access for 2 months afterward.

Dr Anastasios Dimopoulos

Chair of the Philosophy SIG of the Royal College of Psychiatry.

Programme

Time	Session
8:40-10:45	**Morning Session 1:** Chaired by Dr Anastasios Dimopoulos
08:40-08:45	**Welcome from the Chair**
08:45-09:15	**For psychiatrists – a perspective on implicit bias in philosophy** Dr Alistair Stewart
09:15-09:45	**How to live with bias in Psychiatry** Dr Dieneke Hubbeling
09:45-10:15	**Recovery without normalisation? A hidden bias within the recovery framework** Dr Zsuzsanna Chappell & Dr Sofia Jeppsson
10:15-10:45	**Implicit bias, epistemic injustice, and moral luck** Dr Lubomira Radoilska
10:45-11:15	**Morning Break**
11:15-12:45	**Morning Session 2:** Chaired by Prof Taj Nathan
11:15-11:45	**Hermeneutical Flexibility and Empathic Openness in the Clinical Encounter: The Case of Delusions** Dr Rosa Ritunnano, Prof Matthew Broome & Dr Anthony Vincent Fernandez
11:45-12:15	**The omnipresence of risk and associated harms in secure and forensic mental health services in England and Wales** Dr Sarah Markham
12:15-12:45	**Historiographic methods to debias serious incident investigations** Dr Sahil Bandari, Prof Øyvind Thomassen & Prof Taj Nathan
12:45-13:30	**Lunch**
13:30-15:00	**Afternoon Session 3:** Chaired by Dr Anastasios Dimopoulos
13:30-14:15	**Implicit bias: The "dark side" of hinge epistemology?** Prof Tim Thornton
14:15-15:00	**Implicit Bias and the corrective role of Conceptual competence in psychiatric education** Dr Awais Aftab

15:00-15:30	**Afternoon Break**
15:30-17:10	**Afternoon Session 4:** Chaired by Prof Matthew Broome
15:30-16:00	**The Voice Against the Bias. Discursive Stereotypes as a Source of Epistemic Injustice Towards People with ASD** Dr Maciej Wodziński & Prof Marcin Moskalewicz
16:00-16:30	**Neurodeterministic causal privilege and its contribution to the formation of implicit bias; the case of seizure disorders** Dr Karmele Olaciregui & Dr Laurence J Reed
16:30-17:00	**Testimonial and hermeneutic injustices in adult protection and patient safety: practical lessons for psychiatrists** Dr Alex Thomson
17:00-17:10	**Closing remarks**
17:10	**End**

Time	Session
17:30-19:00	**WPA Section for Philosophy and Humanities in Psychiatry Satellite Webinar:** Chaired by Prof Werdie van Staden
17:30-17:35	**Welcome from the Chair**
17:35-17:55	**Relational Moral Agency in Co-Production: A Discursive Approach to "Expertise by Experience"** Dr Anna Bergqvist
17:55-18:15	**Value Difference in Psychiatric Practice: Lessons from the Philosophy of Disability** Alana Wilde
18:15-18:35	**Shared Decision-Making and Psychiatric Genetics** Dr David Crepaz-Keay
18:35-19:00	**Q&A Session**
19:00	**End**

Speaker abstracts and biographies

Conference Chairs

Dr Anastasios Dimopoulos, *Consultant Psychiatrist, East London NHS Foundation Trust, Chair of the Philosophy SIG of the Royal College of Psychiatry*

Tassos Dimopoulos is a Consultant in General Adult Psychiatry currently working in Newham Community Integrated Mental Health Service. He is trained in phenomenological-existential analysis (Daseinsanalysis) and he holds an MA in Philosophy of Mental Health. His main interest is to develop philosophically informed educational resources for psychiatrists that will assist them in their everyday practice.

Prof Taj Nathan, *Consultant Forensic Psychiatrist & Director of Research, CWP, Visiting Professor, University of Chester, Adjunct Professor, Liverpool John Moores University, Hon. Senior Research Fellow, University of Liverpool, Mental Health Lead CRN NWC, NIHR*

Prof Taj Nathan (MB, BCh, MRCPsych, MMedSc, DipFSc, MD) has worked as a Consultant Forensic Psychiatrist within the NHS for over twenty years, during which time he has led the development of innovative services including in the areas of forensic personality disorder and ASD. Alongside his clinical roles, Taj is currently also Director of Research in Cheshire and Wirral Partnership NHS Foundation Trust, Honorary Senior Research Fellow at the University of Liverpool, Visiting Professor to the University of Chester, Adjunct Professor at Liverpool John Moores University, and North West Coast NIHR Mental Health Research Lead. Taj's current research interests are understanding risk, process-level understanding of violence, subjectivity and psychopathology, and clinical decision-making. His recent book (Dangerous Minds, John Murray Press, 2021) introduces forensic psychiatry and explanations for serious violence to a wider audience.

Dr Matthew Broome, *PhD, FRCPsych, Institute for Mental Health, University of Birmingham*

Matthew Broome is Chair in Psychiatry and Youth Mental Health & Director of the Institute for Mental Health at the University of Birmingham and Distinguished Research Fellow, Oxford Uehiro Centre for Practical Ethics, University of Oxford. He was co-editor of The Maudsley Reader in

Phenomenological Psychiatry (Cambridge University Press, 2013) and The Oxford Handbook of Phenomenological Psychopathology (Oxford University Press, 2019).

For psychiatrists- a perspective on implicit bias in philosophy

Dr Alistair Stewart, *Consultant Psychiatrist, Early Intervention Team, Fairfield General Hospital, Bury, Lancashire*

Practised well and in a humane way, psychiatry can be a continuous process of allowing and discovering challenges to our implicit biases, and sometimes helping our patients to uncover theirs and test them out. In practice though, such biases have done, and still do, a lot of harm in our field and in the rest of medicine. Stereotypically, the postmodernist perspective is that there are no grand narratives of general application but rather multiple different ways of viewing and experiencing the world. But even that take on things is rather low energy, if we consider Walter Benjamin's words "nothing which has ever happened should be regarded as being lost to history". Until we have weighed up everything which has ever happened, our grasp of the nature of human society will inevitably be partial, a sample of things, which will reflect our preconceptions, particular interests and biases explicit and implicit. But rather than despair, we have to remain curious, conscious of our ignorance, open to other people and other views of the world. Nor should we think that philosophy is necessarily free of implicit biases, as Nietzsche demonstrated in Beyond Good and Evil, referring to the influence even in these elevated spheres of "physiological" instincts and demands. Philosophy can help to uncover implicit biases – in our ways of thinking and our concepts (of the mind, but also of justice, value, culture), but it can also import such biases behind our backs. So philosophy and psychiatry have in common, that they are at the same time a potential breeding ground for implicit biases and the harm which comes from them AND one way, though far from the only way, of uncovering such biases, testing them and where necessary removing their sting.

Alistair has a longstanding interest in application of philosophy to psychiatry and in getting trainees to be interested as well. Previously presented papers at Biennial Conference of Philosophy SIG 2019, at annual

Philosophy of Psychiatry workshop at Lancaster University (several occasions) and at Manchester Medical Society.

How to live with bias in psychiatry

Dr Dieneke Hubbeling, *Consultant Psychiatrist, Wandsworth Home Treatment Team, South West London and St George's Trust, Honorary Senior Lecturer, St George's University of London*

Bias in psychiatry, e.g., bias against people of colour, is a problem. It has been suggested that following guidelines could be a solution. However, empirical studies have suggested that being asked to justify one's decision in terms of reasons does not exclude bias (see Uhlmann and Cohen, 2005). People often come up with 'motivating' reasons after making the decision. Following guidelines may reduce bias in some circumstances, but it does not solve the problem. It will be a matter of how to live with bias. In psychiatry not everything can be captured in guidelines, certainly not now. For example, criteria for at risk mental state for psychosis turn out to be not very accurate in predicting who will develop psychosis and who will not. Rümke (1941) argued in favour of using praecox feeling, an experience of the psychiatrist while interviewing a patient. There is also limited evidence for this method but there are epistemological arguments for not only relying entirely on standardised criteria and at least consider phenomenological methods, even though they may increase the risk of bias. Dancy (1983) asserted that there are no general moral rules as continuing debates between utilitarianists, deontologist and virtue ethicists show. He argued that one should develop a sense of right and wrong and take the specific context of a problem into account. This is a strong argument that concepts like 'good care', or 'meaningful life' are context and person specific and, even if in the future clear diagnostic criteria can be developed, it will be impossible to develop universal criteria for 'good care'. To progress, one should focus more on improving experiences of care, which turns out to be quite bad for people of colour in UK at the moment and accept some bias.

Dieneke Hubbeling - originally from the Netherlands - works as consultant psychiatrist in the Wandsworth Home Treatment Team, South West London and St George's trust and is involved in teaching medical students

at the local medical school, St. George's University of London. She has an MA in the Philosophy of Psychiatry.

Recovery Without Normalisation? A hidden bias within the recovery framework

Dr Zsuzsanna Chappell, *Moral and Social Philosopher*

Dr Sofia Jeppsson, *Associate Professor of Philosophy, Umeå University*

The mental health system increasingly takes not just symptom remission, but also personal recovery seriously (e.g., Slade 2009). Since mental disorder criteria frequently refer to distress and/or dysfunction, the value of wellbeing and function seems implicit in the diagnostic system, whereas few psychiatrists would argue that being normal is valuable in itself. Nevertheless, we argue that talk of wellbeing, function, and recovery sometimes hides an implicit bias towards normalcy for its own sake. This issue is recognised in disability studies (e.g., Bailey 2019), but has received little attention in psychiatry.

Attempts to normalise the behaviour and cognition of people with mental illness might be motivated by appeals to wellbeing and/or better function, but these often rest on inadequate grounds. Examples include encouraging self-harming patients to hurt themselves through more acceptable means, such as holding ice cubes or snapping their wrists with rubber bands instead of cutting themselves (Sutton 2007). Yet, it is unclear whether replacing one kind of self-harm with another can help the patient feel better. Another example is the push to have people with psychosis disorders take medication, not just when the patient finds it helpful, but also when the patient says they prefer a higher risk of relapse to the medication side effects (Todd 2021). If a patient complains that the medication causes both suffering and dysfunction, an implicit pro-normality bias can explain why some clinicians will still insist that the patient continues to take it; someone who suffers physical side-effects, finds it hard to think and sleeps away their days, might still seem more normal than one who relapses into florid psychosis. We argue that if psychiatry is to take seriously personal recovery as a goal, the existence of a problematic bias for normalcy for its own sake must be recognized and fought.

Zsuzsanna Chappell is a moral and social philosopher, currently working on ethical issues related to mental illness, affiliated with the London School of Economics.

Sofia Jeppsson is an associate professor of philosophy at Umeå University, presently working on issues of psychiatric and neuropsychiatric disabilities and moral responsibility.

Implicit Bias, Epistemic Injustice and Moral Luck

Dr Lubomira Radoilska, *Senior Lecturer in Philosophy, University of Kent, UK*

Does implicit bias always lead to harms and wrongs and if so, why? To answer this question, I will contrast and compare the ways in which implicit bias may contribute to epistemic injustice and moral luck. When the former takes place, groups and individuals are wronged in their capacity of producers or communicators of knowledge and this happens in virtue of some identity prejudice that attaches to them. When the latter occurs, unlucky agents face
inescapable moral pitfalls not of their own making and of which luckier agents are spared. In both cases, full responsibility is aptly ascribed for actions and outcomes that by and large fall outside any individual agent's direct control. A closer look at instances of epistemic injustice and moral luck that could affect psychiatric practice will help dispel the air of paradox and consider possible strategies for breaking the link from implicit bias to actual harms and wrongs. These strategies become available on a more holistic understanding of agency where conscious intention and willpower are not the only reliable sources a person can draw on. With respect to psychiatric practice this involves rethinking expertise in terms habituation rather than rule-following in the application of a professional skill set. To flesh out the proposed alternative, insights from hermeneutics and virtue theory will be brought to bear.

Lubomira Radoilska is a Senior Lecturer in Philosophy, University of Kent, UK. She works on issues at the intersection of philosophy of action, ethics and epistemology. Radoilska is the author of Addiction and Weakness of Will (OUP, 2013) and editor of Autonomy and Mental Disorder (OUP, 2012). Ongoing projects include Norms of Action and Belief in the Clinic, with The

Collaborating Centre for Values-based practice in Health and Social Care, St Catherine's College, Oxford and Epistemic Injustice, Reasons and Agency, with colleagues from the University of Johannesburg.

Hermeneutical Flexibility and Empathic Openness in the Clinical Encounter: The Case of Delusions

Dr Rosa Ritunnano, *MD, Institute for Mental Health, University of Birmingham*

Prof Matthew R. Broome, *PhD, FRCPsych, Institute for Mental Health, University of Birmingham*

Dr Anthony Vincent Fernandez, PhD, Department of Philosophy, Kent State University and Faculty of Philosophy, University of Oxford

It’s now widely accepted that implicit bias is a source of harm and inequity in health care, including in psychiatric care. In this paper, we examine how implicit bias facilitates hermeneutical injustice in psychiatric care. In cases of hermeneutical injustice, one is unable to understand their own experience or effectively communicate it to others because they lack an adequate conceptual framework for making sense of this experience. The classic example used in the literature on hermeneutical injustice is women’s inability to adequately understand or describe experiences of sexual harassment before the concept ‘sexual harassment’ was coined and entered popular usage. But this situation occurs in a variety of cases. In psychiatric care, hermeneutical injustice often occurs because the patient lacks the concepts required to make sense of their experience of mental illness. This is especially true of psychotic experiences, such as delusions, which differ in fundamental respects from the kind of everyday experiences that our language is intended to express. We may assume that the very act of diagnosing a psychiatric patient can overcome these instances of hermeneutical injustice because a diagnosis provides a conceptual framework for understanding and communicating one’s own experience. We argue, however, that this is overly simplistic and that, at least in some cases, implicit biases built into psychiatric diagnosis can create, rather than resolve, hermeneutical injustice. The case of delusion is particularly apt, as this concept often carries along a set of background assumptions (e.g., falseness, harmfulness, dysfunction) which risk

overshadowing how a delusion is lived through by a patient and the meaning that it holds in their life. We argue that, to remedy this problem, psychiatrists should acknowledge the poverty of their current conceptual frameworks and operate with an attitude of hermeneutical flexibility and empathic openness, in which they support patients through their own processes of meaning-making and self-understanding.

Rosa Ritunnano is Consultant Psychiatrist and Priestley PhD scholar based at the Institute for Mental Health at the University of Birmingham. She is interested in the cross-disciplinary applications of phenomenological philosophy in mental health research and practice. Her doctoral project focuses on the relationship between delusions and meaning in early psychosis. Rosa also works clinically in an NHS team that provides early intervention in psychosis.

Anthony Vincent Fernandez is Assistant Professor in the Department of Philosophy at Kent State University and Research Fellow in the Faculty of Philosophy at University of Oxford. He writes on methodological challenges in applied phenomenology, especially phenomenology's applications in psychiatry and nursing. He is also co-editor of The Oxford Handbook of Phenomenological Psychopathology (Oxford University Press, 2019).

The omnipresence of risk and associated harms in secure and forensic mental health services in England and Wales

Dr Sarah Markham, *Visiting Researcher, Department of Biostatistics and Health Informatics, Institute of Psychiatry, Psychology and Neuroscience, King's College London*

Current legislation and policy frameworks regulating the detention and treatment of mentally disordered offenders in England and Wales are predicated on the unevidenced assumption that a minority of patients have enduring violent tendencies and pose a serious long-term risk to the safety of others. This presentation seeks to consider the manner in which notions of risk and the imperative to contain and minimise the potential for harm, present and impact patients in secure and forensic mental health settings.

The experience of autonomy, competence, and relatedness are basic human needs, and factors that counter these needs such as the levels of coercion imposed upon patients in secure and forensic mental health settings provoke reduced motivation and performance, and can hinder the recovery. Heteronomy dominates the patient state, and the authoritative and ethical distance maintained by staff can potentiate the likelihood of harmful decision-making. Furthermore disproportionate risk aversion and consequent restriction lead to patients experiencing little opportunity for personal growth and recovery during treatment and thus the (formulation and) pursuit of life goals is postponed for until after discharge. Monotony can lead to lethargy and maladaptive means of relieving stress, for instance conflict between staff and other patients.

For patients, meaningful participation means being involved in decision-making and experiencing due regard for one's insight and input. It means giving meaning to the process of waiting to be discharged. Collaborative risk assessment and management can support patients to regain self-determination, yet the evidence is that such partnership working is the exception rather than the norm.

Within this, we consider how mental health stigma and Beck's concept of the Risk Society can affect the thoughts and actions of those who may be held accountable for rare but potentially serious harmful events. We consider what changes may need to be enacted within secure and forensic mental health services to reduce the incidence and severity of consequent risks of harm to patients and their mental health recovery.

Dr Sarah Markham graduated from the University of Cambridge with a master's degree in Mathematics, and from the University of Durham with a PhD in Hypercomplex Hyperbolic Geometry. She currently is a Visiting Researcher in the Department of Biostatistics and Health Informatics, Institute of Psychiatry, Psychology and Neuroscience, King's College London. Her main research interests include risk related practices in secure and forensic psychiatric services, the quality of practice in the First Tier Tribunals for mental health and the development and application of digital technologies to deliberation in Health Technology Assessment.

Historiographic methods to debias serious incident investigations

Dr Sahil Bhandari, *CT2 in Psychiatry, Mersey/Cheshire Deanery*

Prof Øyvind Thomassen, *Professor of History, Norwegian University of Science and Technology*

Prof Taj Nathan, *Consultant Forensic Psychiatrist & Director of Research, CWP, Visiting Professor, University of Chester, Adjunct Professor, Liverpool John Moores University, Hon. Senior Research Fellow, University of Liverpool, Mental Health Lead CRN NWC, NIHR*

We all implicitly tend to experience the world in the form of effects for which there must be causes. Combining this bias together with our inclination to seek and convey meaning through story structures leads us to effortlessly compose cause-and-effect sequence-based narratives to explain events. These biases and inclinations have been formalized in the 'root cause analysis' framework which has been the predominant approach to investigating serious and untoward incidents. The merits of this approach have been questioned in recent UK policy directives, but as yet alternative approaches have not been theoretically or empirically tested. In this presentation, there will be (i) an exploration of the notions of causation and omission with reference to deriving understanding of 'incidents' in mental health settings, and (ii) a theoretical application of two key historiographic methods to determine their utility for examining causes of such events.

(a) The Weberian historiographical use of counterfactuals to explore causation can be a debiasing tool in the examination of the relevance of potential causal factors (the antecedent) to an index event (the consequent). However, we explain why an amendment to the usual counterfactual approach based on JS Mill's 'method of difference' is preferred. With this amendment, the clinical decision should be evaluated in a subjunctive conditional in which the consequent (rather than the antecedent) is imagined to be false (instead of evaluating the decision in light of the retrospective knowledge of the factual scenario).

(b) Engels proposed that the concept of cause and effect is so bound to the individual case that in the process of generalizing from that case it

loses it wider explanatory utility. Historical materialism, on the other hand, looks for the 'ultimate cause' of historic events in modes of production, group divisions and competing interests. In this talk, there will be a demonstration of how this framework can be used to examine 'causes' that are ordinarily overlooked, such as the struggles between parties due to potentially conflictual priorities (such as to avoid both negative outcomes and admission to hospital) and the underlying material conditions (e.g. availability of suitable resources).

Dr Sahil Bhandari (MBChB, BSc) is a Psychiatry Core Trainee within the North West School of Psychiatry. He has previously worked in General Adult and Old Age Psychiatry, and currently works within the Forensic Psychiatry service for Mersey Care NHS Foundation Trust. His research interests are driven by a desire to understand the subjective human experience through exploring both the nature of and relationship between phenomenology and our actions in the world.
Øyvind Thomassen is the Professor of History at the Norwegian University of Science and Technology and St.Olav Hospital, Forensic department Bröset, Centre for Research and Education in Forensic Psychiatry.

Implicit bias: the 'dark side' of hinge epistemology?

Prof Tim Thornton, *Professor of Philosophy and Mental Health, Mental Health and Deputy Head for Research, School of Nursing, University of Central Lancashire*

'Implicit bias' labels unconscious or sub-personal assumptions identifiable through their influence on judgements and actions. It is also a negative value term. But it is also possible to construe a central component of it neutrally as 'any structure, database, or inferential disposition that serves in a non-evidential way to reduce hypothesis space to a tractable size' (Antony 2016: 161). Understood this way, the negative value depends on the specific consequences of the bias rather than its underlying mechanisms. I will suggest an analogy with the role of 'hinges' in epistemology, as described in Wittgenstein's On Certainty. Hinges comprise the largely tacit background for explicit knowledge claims. The analogy suggests reasons for the difficulty in identifying and combatting implicit bias and suggests that it is not the 'logic' of the bias that needs addressing, since it also

serves positive functions, but rather its specific morally loaded consequences.

Tim Thornton (MA, MPhil, PhD, DLitt) is Professor of Philosophy and Mental Health and Mental Health and Deputy Head for Research in the School of Nursing at the University of Central Lancashire. He is author of Essential Philosophy of Psychiatry (OUP 2007), Wittgenstein on Language and Thought (EUP 1998), John McDowell (Acumen 2004 and 2nd edition Routlege 2019) and co-author of the Oxford Textbook of Philosophy and Psychiatry (OUP 2006) and Tacit Knowledge (Acumen 2013) co-authored with Neil Gascoigne. He is an editor of the Oxford Handbook of Philosophy and Psychiatry (OUP 2014) and Senior Editor of the journal Philosophy, Psychiatry and Psychology. He runs, with Gloria Ayob, a Philosophy and Mental Health distance learning teaching programme at the University of Central Lancashire.

Implicit Bias and the Corrective Role of Conceptual Competence in Psychiatric Education

Dr Awais Aftab, *Clinical Assistant Professor of Psychiatry, Case Western Reserve University, Cleveland, OH, USA*

Many accounts see pattern recognition as central to the practice of medicine (Huda, 2019). The use of heuristics, generalizations, and stereotypical associations is a common staple of medical education, arguably one that prepares physicians to work efficiently with complex data. However, these very processes that enable the art of medicine can also generate problematic biases. Furthermore, these biases interact with background philosophical assumptions (such as related to notions of health/disease and normality/pathology), which are often poorly articulated but nonetheless influence medical practice. Popular discussions of implicit bias typically focus on race and gender; individuals with mental illness also constitute a marginalized minority and are vulnerable to implicit bias, but they are seldom referred to in these terms. This is increasingly relevant as long-standing assumption are being challenged by the declassification of homosexuality and transgender identity, and by social movements such as neurodiversity and the consumer/survivor/ex-patient movement. The notion of “conceptual competence” has recently been proposed in the context of psychiatric

education (Aftab & Waterman, 2021). Conceptual competence is defined in the context of healthcare as the transformative awareness of the ways in which background conceptual assumptions held by clinicians, patients, and society influence and shape aspects of clinical care, such as pursuit of care, presentation of problems, assessment, diagnosis, treatment, and attitudes toward each of the foregoing. It has been described using the four elements of i) conceptual assumptions and conceptual questions, ii) conceptual tools, iii) conceptual discourse, and iv) conceptual humility. This presentation will introduce the conceptual competence framework to the audience, and will illustrate using examples how problematic philosophical assumptions interact with aspects of medical practices (such as pattern-recognition) to generate biases against individuals with psychiatric conditions. Progress in reducing implicit bias requires equipping future physicians with the appropriate conceptual tools and inculcating the virtue of conceptual humility, and conceptual competence provides a helpful framework for educators towards that end.

Awais Aftab, MD is Clinical Assistant Professor of Psychiatry at Case Western Reserve University, Cleveland, OH, USA. He is a member of the executive council of the Association for the Advancement of Philosophy and Psychiatry (AAPP) and leads the series Conversations in Critical Psychiatry for Psychiatric Times.

The Voice Against the Bias. Discursive Stereotypes as a Source of Epistemic Injustice Towards People with ASD

Dr Maciej Wodzinski, *PhD candidate, Maria Curie-Sklodowska University*

Prof Marcin Moskalewicz, *Head of the Philosophy of Mental Health Unit, Department of Social Sciences, Poznan University of Medical Sciences, Convener of the Phenomenology and Mental Health Network, The Collaborating Centre for Values-based Practice in Health and Social Care, St. Catherine's College, Oxford*

This presentation shows how public (media) discourse stereotypes on Autism Spectrum Disorders may sustain epistemic injustice towards people with autism in the work of mental health professionals. As is well known, experts are not fully immune to the influence of implicit biases and heuristic systemic errors. The source of these errors may be socially

prevalent stereotypes that are widespread in the public discourse. For example, health assessments made for the purpose of determining the degree of disability or for court hearings should primarily consider the extent to which autism affects the person's social functioning (and, therefore, should not be limited to merely describing the patient's condition in the out-of-context examination situation). It is exceedingly difficult to make such a full assessment of the condition beyond the currently observed situation, without taking into account the knowledge of the patient or his caregivers. Unfortunately, not taking patients opinions into account is still common in many countries. This may be the consequence of an implicit assumption of patients' low epistemic authority, which is one of the typical examples of testimonial epistemic injustice (i.e. a situation in which the testimony of a subject is disregarded or diminished without properly justified reason). This presentation focuses on the discursive sources of such epistemic injustice. We speculate that when the voice of people with autism (including their caregivers) is present in the discourse, the valence and correctness of the conveyed discursive information about ASD changes for the better. This includes information concerning the spectrum of severity, aspects of neurodiversity, stigma or issues of interpersonal relations and employability. Our empirical analysis is based on a corpus of 1300 press articles from the major titles in Poland published in the last decade. It reveals how the public ASD discourse may significantly affects the perception of individuals on the spectrum as epistemic agents.

Maciej Wodziński graduated from the Maria Curie-Sklodowska University in Lublin, Poland (MA in Philosophy), currently he is a Ph.D. candidate in the Doctoral School of the Humanities at the same University. As part of his scientific work, Maciej focuses on the issues at the borderline between philosophy of psychiatry and social epistemology, with particular emphasis on the mechanisms of creating the social image of the autism spectrum and its impact on experts' decision-making processes. His doctoral project concerns the influence of discursive social stereotypes about autism on medical evaluation in disability assessment committees in Poland.

Marcin Moskalewicz is Associate Professor and Head of the Philosophy of Mental Health Unit, Department of Social Sciences, Poznan University of Medical Sciences (Poland); Convener of the Phenomenology and Mental Health Network, The Collaborating Centre for Values-based Practice in Health and Social Care, St. Catherine's College, Oxford; Marcin specializes in transdisciplinary research at the intersection of philosophy and health

sciences, his most recent work concerns lived experience of time in mental disorders and in cancer, and clinical judgment of schizophrenia (the Praecox Feeling).

Neurodeterministic causal privilege and its contribution to the formation of implicit bias; the case of seizure disorders

Dr Karmele Olaciregui, *Neurologist, MSt Practical Ethics, Oxford Department of Continuing Education*

Dr Laurence J Reed, *Consultant Liaison Psychiatrist Norfolk and Suffolk Foundation Mental Health Trust; MSt Practical Ethics, Oxford Department of Continuing Education*

Liaison psychiatry operates at the interface between (at least) two competing conceptualizations of ill health – biomedical and biopsychosocial – in which the former is implicitly privileged by virtue of medical education, training, service provision, usual practice, popular assumptions, etc. One instance of such causal privilege is seen in seizure disorders with the common diagnosis of psychogenic non-epileptic seizures (PNES) being discounted in preference to epilepsy with consequent iatrogenic harm.

Premises: P1: Neurological causal privilege is an implicit bias leading to misdiagnosis of ‘seizures’.

P2: The consequences of misdiagnosis result in iatrogenic harm.

Conclusions: C1: This harm may be avoidable by identification and mitigation of such implicit bias.

The diagnosis of epilepsy is clinical, relying on adequate history of rare events, exclusion of contributory medical conditions, and usually presents to emergency medical services. While best practice (NICE) mandates caution, there is overdiagnosis of epilepsy in absence of sufficient evidence. This leads to late tertiary referral of medically refractory patients (Epileptology department UKB) where approximately 30% psychogenic, non-epileptic seizures (PNES), 30% syncopes, with only 30% epilepsy. Misdiagnoses lead to incorrect treatment, possible side effects of

antiepileptic medication and delays to identification of PNES. Indeed, diagnosis of epilepsy has relevant consequences for people's daily lives, especially occupation, driving, etc, resulting in often distressing consequences when the diagnosis is retracted. While PNES is diagnosable using some of the same diagnostic tools as epilepsy (VEEG), these are costly and have significant waiting times. Further, while PNES is treatable, diagnosis often resulting in reduction of symptoms, there is therapeutic nihilism with very few services/treatment pathways and resource available. We suggest an empirical ethical study of each component of the patient journey to identify where such bias operates, its scale and options for its mitigation.

Testimonial and hermeneutical injustices in adult protection and patient safety: practical lessons for psychiatrists

Dr Alex Thomson, *Consultant Liaison Psychiatrist, Central and North West London NHS Foundation Trust, Vice Chair, RCPsych Liaison Psychiatry Faculty*

Epistemic injustice describes the type of wrong arising from unfairness in perceived credibility, access to meaning-making and acknowledgment of experiences, related to prejudice and marginalised characteristics. Testimonial injustice - deflated credibility or not hearing a person at all due to negative stereotyping – has been described in relation to status as a psychiatric patient. However, less attention has been given to remedying this in practice, and to hermeneutical injustice – the obscuring of an area of a marginalised group's unjust social experience, because the language and discourse to make sense of it does not exist. This talk describes concepts developed since Fricker's original descriptions, including epistemologies of ignorance, wilful hermeneutical ignorance, and epistemic gatekeeping. Using contemporary clinical material, I illustrate that these concepts can potentially improve psychiatric practice or, conversely, lead to medical error and serious harm. I describe adult protection and patient safety concerns that arose from failure to attend to prejudices and implicit bias about perceived credibility and truth in mental health services, and demonstrate practical approaches to addressing these which can enhance clinical care, and mitigate the harm of testimonial injustice. I then make the case that there is an epistemic lacuna in contemporary discourse and understanding of adult protection, related to

wilful neglect as an abusive act of omission. I describe patient safety failures which have arisen from this in clinical practice and demonstrate that these cannot be addressed simply through increasing awareness of current concepts. Thus, it represents a hermeneutical injustice. I recount from clinical material how this injustice has been addressed in practice, and offer recommendations for research, individual case review, systemic interventions and regulatory actions which can address epistemic injustice in practice. Informed patient consent was given for use of clinical material.

Dr Thomson is a Consultant Liaison Psychiatrist at Central and North West London NHS Foundation Trust, and Vice Chair of the RCPsych Liaison Psychiatry Faculty. He was awarded RCPsych Psychiatric Educator of the Year 2020 in recognition of his commitment and innovation in postgraduate education. He has published and presented on self-harm, obsessive-compulsive disorder, frequent emergency department attendance, institutional abuse, and the practical application of concepts of epistemic injustice in psychiatry to enhance clinical assessment and patient safety.

WPA Section for Philosophy and Humanities in Psychiatry Satellite Webinar

Shared Decision-Making in Psychiatry: Agency and Difference as Resources for Co-Production

Chair
Prof. Werdie van Staden, *Prof. Wedie van Staden, Nelson Mandela Professor of Philosophy and Psychiatry, University of Pretoria. Co-Chair WPA Section for Philosophy and Humanities in Psychiatry*

Werdie van Staden is Professor of Philosophy and Psychiatry and Director of the Centre for Ethics and Philosophy of Health Sciences at the University of Pretoria in South Africa, with a clinical attachment as honorary psychiatrist at Weskoppies Psychiatric Hospital. He is chairperson of the Research Ethics Committee (IRB) at his university. He is co-chair of the World Psychiatric Association's Section for Philosophy and Humanities in Psychiatry, and secretary of its Section for Classification and Nomenclature. He is a board director of the International College of Person-centred

Medicine, senior editor of Philosophy, Psychiatry & Psychology, co-editor of the International Journal of Person-Centered Medicine; and managing editor of Philosophy, Ethics and Humanities in Medicine; and immediate past editor-in-chief of the South African Journal of Psychiatry.

Relational Moral Agency in Co-Production: A Discursive Approach to "Expertise by Experience"

Dr Anna Bergqvist, *Reader in Philosophy, Manchester Metropolitan University*

This talk explores how a relational approach to subjectivity and moral agency can throw new light on our conception of the first-personal nature of expertise by experience, in particular the notions of 'voice' and 'narrator involvement' in shared decision-making. I argue that shared decision-making is procedural and implies some form of empathetic narrative perspective-taking that can also be reflexive, that is, self-mirroring. By adopting a relational rather than an individualistic account of subjective experience in expertise, narrative involvement is understood in continuous dialectic terms such that no particular perspective is prioritised in the explorative process to highlight the social context within which all individuals exist.

Dr Anna Bergqvist is Reader in Philosophy at Manchester Metropolitan University and Visiting Fellow at St Catherine's College, University of Oxford. She currently serves as Secretary of the World Psychiatric Association (WPA) Section for Philosophy & Humanities in Psychiatry (October 2020 – present) and is an Executive Committee Member of the Royal College of Psychiatry (RCPsych) SIG in Philosophy (February 2020 – present). She is also Convener of the Values-based Theory Network at St Catherine's Collaborating Centre for Values-based Practice at the University of Oxford, and Member of its Whiteness and Race Equality Network. Bergqvist is Co-Investigator of the major 4-year National Institute for Health Research (NIHR) project *Improving the Experiences of African Caribbean Men detained under the Mental Health Act: A Co-Produced Intervention Using the Silences Framework* led by PI Duxbury (Jan 2021 - 31 Dec 2024), and Principal Investigator of the AHRC North West Consortium Doctoral Training Partnership (NWCDTP) Collaborative Doctoral Award with the Mental Health Foundation *Experience and Personal Values in the*

Philosophy of Psychiatry: Reframing Evidence in Developing a New Public Mental Health Approach to Serious Mental Illness (October 2021-October 2024)

Value Difference in Psychiatric Practice: Lessons from the Philosophy of Disability

Alana Wilde, *Manchester Metropolitan University*

Values based medicine premises itself upon respect for difference, and for shared approaches to clinical interventions. In psychiatry particularly, the patient values which might be said to guide or influence treatment interventions, goals for recovery and so on, are particularly susceptible to scrutiny from clinicians, especially in cases of resistance to particular courses of treatment. Here, I outline what might be at play in such cases. Drawing upon literature from the philosophy of disability, and disability studies more broadly, I explore how there may be an inclination to assume that positive valencing of likely symptoms (and value of such symptoms) might be deemed adaptive preference. I discuss worries regarding the ability of arguments to refute such claims, and then provide an alternative way that we might seek to resolve value differences in clinical practice which may actually serve to improve outcomes in psychiatry.

Alana Wilde is an AHRC-funded PhD Candidate at Manchester Metropolitan University working on questions of social epistemology in relation to both public mental health, and to mental health treatment. She also has research interests in Feminist Philosophy and in the Philosophy of Disability.

Shared Decision-Making and Psychiatric Genetics

Dr David Crepaz-Keay, *Head of Applied Learning, The Mental Health Foundation*

David Crepaz-Keay is Head of Applied Learning at the Mental Health Foundation. He has been working at the Foundation for over 15 years to create strong and effective voices for people directly affected by mental ill-

health and has led the development and delivery of major programmes around self-management and peer support for people with a severe psychiatric diagnosis and developed National service user involvement mechanisms in England, Scotland and Wales. He has also led the Mental Health Foundation patient and public involvement (PPI) activities, working as co-investigator with a range of academic partners on research council funded projects. In his role as technical advisor to the World Health Organisation on empowerment issues, he has also chaired a WHO working group on developing indicators of empowerment.