

Social Justice, Diversity and Leadership

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Abstract

This paper will discuss what is meant by social justice in relation to counselling psychology specifically and psychology generally within the UK, as well as briefly considering social justice in the wider context. It will discuss if there is a role for counselling psychologists and psychology in promoting social justice through challenging social inequalities and promoting anti-discriminatory practice. It will review the role of counselling psychology in potentially foregrounding inclusive practice which celebrates diversity and provides leadership on this issue. It will then discuss the possible skills and theories psychologists have at their disposal to undertake work which promotes social justice and equality and takes into consideration human rights. It will provide a range of examples of where psychologists have undertaken social justice work using their training and skills and provided leadership in a range of contexts outside the consulting room. The paper will argue that taking an active leadership role to encourage the promotion of social justice is at the centre of our work as a profession, a division and as individual counselling psychologists. Counselling psychology has traditionally put individual therapeutic work at the centre of training and whilst this work is important, this paper will argue that there are numerous other roles and tasks which psychologists could usefully be involved with. These would help ensure that the requirements of service users/experts by experience (EBE) are met and that the context of their lives are foregrounded at the micro (individual) as well as the macro (contextual) level. This may require counselling psychologists to take a wider holistic or systemic perspective and understanding, advocating or intervening in relation to the structural and contextual issues which may give rise to psychological distress, and thereby promote social justice.

Keywords: social justice, counselling psychology, social inequality

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Definitions of Social Justice

There are a number of definitions of social justice. These include rights to self-determination, a fair allocation of resources, to live in peace, freedom from constraints and to be treated fairly and equitably (Kagan et al., 2011). Whilst few people would argue with these objectives, the reality may be more complex. One individual exercising freedom from constraints, may engage in behavior which impinges on the rights of others, is contrary to the interests of the wider community and society, or may be illegal. For example, an individual may claim the 'freedom' to engage in discriminatory behaviours which ignore or condemn diversity in its myriad forms or, even more extremely, claim the freedom to engage in, for example, pedophilic behaviour. Thus, while freedom from constraints may be a goal, the reality may not be as straightforward as it initially appears.

Chung and Bemak (2012) writing about social justice and counselling psychology take a distributive justice position, emphasising that society must give individuals and groups fair treatment and an equal share of benefits, resources and opportunities:

...'social justice' implies fairness and mutual obligation in society: that we are responsible for one another, and that we should ensure that all have equal chances to succeed in life. Although in societies where life chances are not distributed equally, this implies redistribution of opportunities, although the shape that such redistribution should take remains contested. (Royal Society of Arts, 2017).

Two widely quoted theorists are John Rawls (1999) who views justice as fairness and David Miller (2003), who, in his *Principles of Social Justice*, is more concerned with the actual circumstances based on what people actually do and why they do it. Social justice is concerned with negotiating a balance between social equality and individual freedom. As stated earlier, this is not always easy as these two goals may be in opposition or tension.

In summary, social justice is one way of thinking about addressing social inequalities and encouraging inclusion. It incorporates a human rights perspective and promotes a just society by challenging injustice and valuing diversity. It accepts that there has not been a level playing field, power has not been equally distributed and that self-determination and opportunities for some individuals and groups remains an aspiration as opposed to a reality. It attempts to move away from an individualised model of blame or causation which psychology has often unwittingly followed. For example, mental health has often been seen as an exclusively individual issue, without any relation to the wider context and societal factors which may predispose a person to poor mental health. These include, but are not limited to, poverty (Murali & Oyebode, 2004) homelessness (Cockersill, 2017) and discrimination on grounds of diversity. Discrimination may include racial discrimination (Chakraborty & McKenzie, 2002), gender discrimination (Bondi & Burman, 2001), or age discrimination (Lane & Tribe, 2017). Ratts (2009) has argued that within counselling, social justice is the 'fifth force', after the psychodynamic, cognitive behavioural therapy (CBT), humanistic and multicultural 'forces'.

Social Justice and Counselling Psychology

As the British Psychological Society (BPS; 2005) states, counselling psychologists should: Recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today. (Division of Counselling Psychology Professional Practice Guidelines, 2005, p. 2).

Kagan, Tindall, and Robinson (2010) argue that counselling psychology should move towards social and cultural explanations of distress and psychological interventions at a broader level and away from a focus predominately on the individual. This might ultimately benefit service users/experts by experience and may also help raise the issue of inequalities and discrimination in wider society. Goodman et al. (2004) argue that a psychologist may wish to discuss with the service user/expert by experience the option of reframing their experiences or response to them, as an adaptive response to an oppressive and unfair situation. It has been argued that social justice should take an ethical stance which has been defined as paying attention to working collaboratively, trying not to take an expert position, talking about prejudice, enquiring about resistance to social abuse, viewing survival of oppression as an ability, respecting resistance in therapy, reflecting on power and privilege and being receptive and open (Afuape & Hughes, 2016). Whilst, Steffen and Hanley (2013) note the importance of counselling psychologists recognizing their power in a time of powerlessness.

It is important also to be cognisant of intersectionality, which is when cultural patterns of oppression are inter-related. So, for example, a gay older woman who has a learning disability might be viewed as suffering multiple

forms of discrimination because the different forms of discrimination intersect with each other (Crenshaw, 1989). Services are often set up around a single issue and this may not always be in the best interests of service users facing discrimination on several different fronts.

The history of the social justice movement in American counselling psychology can be traced to the 1950s (Chung & Bemak, 2012) and has a much longer history than within British counselling psychology. In the UK, the history is somewhat different and references to values such as anti-oppressive practice, difference and diversity, and awareness of power issues are frequently made in the literature (Cutts, 2013). However, there are not many explicit references to 'social justice' in UK literature before 2010. This may merely reflect linguistic differences and the integration of the phrase into the language used in Britain. The Division of Counselling Psychology (DCoP) social justice network was established by Laura Winter in June 2015 and provides a newsletter, networking, details of events and organizes two events a year. Social justice and counselling psychology in the USA has been defined as:

We conceptualize the social justice work of counseling psychologists as scholarship and professional action designed to change societal values, structures, policies and practices such that disadvantages or marginalized groups gain increased access to these tools of self-determination. (Goodman et al., 2004, p. 795).

Community Psychology, Engagement and Leadership

If we were to consider anew how to minimise psychological distress from a social justice perspective, would the main solution be individual therapy? It may be helpful to consider that psychology/psychiatry/mental health is not synonymous with individual therapy. Within the NHS in the UK, there are incentives to focus on treatment rather than prevention, which might be viewed as perverse. Community psychology is beginning to come of age in the UK and working with groups or communities of people may be something that counselling, and other psychologists are well placed to undertake. It may provide an opportunity for working more holistically and enabling societal inequalities to be challenged and form part of the work. This may require some small changes to the training curriculum, but many psychologists have the necessary transferable skills. The National Institute for Health and Clinical Excellence (NICE) have provided guidelines (Nice Guideline; NG44) on community engagement, 'Improving health and wellbeing and reducing health inequalities' (NICE, 2016). In addition, Lane and Tribe (2010) wrote a practical guide (following the first publication of guidelines on this), for health professionals.

Counselling psychologists may wish to consider: what should be the role of community consultation and engagement in their practice? The latter may be more resource-effective, less stigmatising, accessible and appropriate and in line with social justice principles. It may enable communities to take ownership and leadership and determine their own priorities and move away from the position of passive service recipient, to working in real partnership with psychologists to improve services. It is important to remember that everyone is a member of multiple communities and membership may be fluid and self-defined. Communities, as well as experts by experience, frequently have much to teach psychologists as they may not be restricted in the way they view, understand or construct psychology or psychological help (Tribe, Weerasinghe, & Parameswaran, 2014).

An example of leadership has been the work of Counselling Psychologist, [Thompson et al. \(in press\)](#), who is leading on the writing of 'Guidance on Working with Community Organisations for Psychologists' developed by the [London Community Psychology Network \(in press\)](#) which will be available from the Community Psychology website. Genuine community engagement offers the opportunity to communities to contribute to the shaping of services. It may also influence those commissioning services and providers to develop services in a dynamic way based on need, and in line with any changes in the population as well as the requirements of the whole community. Among the benefits of community engagement is the fact that it minimises the model of individual psychopathology which may sometimes stigmatise individuals. Community psychology can focus on prevention rather than treatment and be used perhaps before problems have developed. It may provide an opportunity for working more holistically and enabling societal inequalities to be challenged and to form part of our work. It can also address problems that are identified by community members and build capacity within communities leading to more accessible and appropriate services. It can build in support structures and provide a normalising function as well as being cost effective and can work with a range of cultures. It can bring to the foreground the voices of potential service users and communities in line with the principles of social justice. The disadvantages include the fact that evaluation of any work may be less straightforward, access may be complex and confidentiality must be considered but this is balanced by the importance and richness of the contributions to psychology.

Challenges and Barriers

One challenge relates to how to turn social justice values into social justice action given the current training curriculum. [Cutts and Hanley \(2014\)](#) have questioned whether there is a rhetoric-action gap in the UK. Barriers to implementing social justice values have been identified by [Bemak and Chung \(2008\)](#) as being both personal and professional. On a personal level for example, where there may be worries about being disliked, viewed as a trouble maker, or feelings of powerless to act. Professional barriers included concerns about job security and systems which are resistant to change or challenge.

Some psychologists have argued that incorporating a social justice perspective is inconsistent with the apparent neutral positioning of psychology but in reality, psychology is not neutral but reflects the dominant prevailing social arrangements ([Fox & Prilleltensky, 1996](#); [Marsella, 2011](#)). Many changes within psychological theory and practice have come about as a result of advocacy by individuals or groups and the need for diversity to be recognized and incorporated into theory and practice. For example, it has come to incorporate a range of perspectives including but not limited to feminist, Black and Asian Ethnic Minority (BAME), Lesbian/Bisexual/Gay/Transgender (LBGT), learning disabilities and other groups which are frequently marginalised. What appears important is how social justice may change theory and practice and how this change may happen, over and above being a value or valued within the profession. Few counselling psychologists would argue against the values of social justice, but it is the subsequent changes to practice and action that will make a difference, leadership at the individual, division and BPS level may be important. An example of leadership on this issue is the DCoP booklet, 'Race, Culture and Diversity – A Collection of Articles' ([Ade-Serrano et al., 2016](#)). Whilst within mental health more generally the [Careif \(2016\)](#) statement on Mental Health, Human Rights and Human Dignity, 'Magna Carta for people living with Mental Illness' is another wide ranging document which provides leadership and foregrounds social justice and contextual factors including human rights in relation to mental health.

Using a Social Justice Perspective

Goodman et al. (2004) suggest that reading and teaching about social justice issues, taking a public position on issues, for example the BPS statement on unaccompanied child refugees (BPS, 2016), and integrating broader systemic factors into therapeutic interventions are important for counselling psychologists. As stated earlier, it is well known that, for example, poverty and discrimination are detrimental to mental health and well-being (Saraceno & Barbui, 1997). Some psychologists have campaigned and taken a public position against the psychological effects of austerity (Psychologists Against Austerity, 2017, now called Psychologists for Social Change). Other social justice activities might include networking and lobbying at a range of levels. For example, in the UK, it has included input by psychologists into the Mind guidelines for commissioners of services for vulnerable migrants or the psychological impacts of the 'bedroom tax' (McCoy & Winter, 2015). Engaging in advocacy, outreach and prevention may also be important. For a range of examples see Tribe and Tunariu (2017). Attempting to influence public policy making, for example, being signatories to, and supporting the aims, of documents such as the 'Bill of Rights for Children and Young People with Mental Illness' (World Psychiatric Association, 2016) and the 'Global Position Statement on Mental Health, Human Rights and Human Dignity, the Magna Carta for people living with mental illness' is another form of advocating for social justice. It may also be done by choosing to work with groups which may have been labelled 'hard to reach' or marginalised groups and, as mentioned earlier, openly discussing the socio-political aspects of their life and the discrimination they may have been subjected to, as part of our clinical work. Advocating at a wider level is also important. For example, engaging with the media by giving interviews or using social media are other methods of getting a message across. In addition, linking with others can be important and these might be professional groups, charities or pressure groups.

A Greek Example

A representative example¹ of a Greek mental health service that advocates and acts in order to facilitate the integration of refugees and migrants in Greece is the Day Center "Babel" of NGO Syn-eirmos. The Day Center "Babel" is a mental health unit which aims to serve the needs of migrants and refugees residing in Athens. The priority of Babel is to approach migrants/refugees experiencing mental health problems and disorders or migrants/refugees that are threatened by the emergence or the manifestation of such problems, since migration is a risk factor for their occurrence. DC "Babel" has the following innovative features:

(a) it is the only fully formulated unit providing mental health services for migrants in Greece; (b) it is addressed to residents (individuals, families, groups) from the whole Attica region; (c) uses intercultural approach models to mental health care; (d) utilises resources and explores possibilities in the adoption of an intercultural approach (specially trained language mediators, etc.); (e) supports other professionals and services serving migrants through consultations, specialist training and supervision.

In order to achieve its objectives, DC Babel is developing many actions in an effort to achieve goals at several levels: fighting stigma and prejudice about mental illness, as well as supporting the rights of migrants, developing relationships and contacts with migrant communities, creating networks with other services in order to better serve the clients referred to the unit, creating support and empowerment groups for migrants with mental health problems, organizing information, educating and conducting research activities, but also using the unit as a place of dialogue, of relationship development, communication and exchange of ideas and organization of events.

As far as advocacy is concerned, DC Babel participates and cooperates with organisations and networks aiming at highlighting the rights of refugees and migrants and exerting pressure to improve the current situation in Greece. Specifically, DC Babel is involved in the Racist Violence Recording Network and the newly founded Network for the Rights of Children Who Move. In addition, DC Babel coordinates the Mental Health and Psychosocial Support Working Group under the auspices of UNHCR, whose objectives are:

- The creation of a common language on mental health issues.
- The co-operation of actors for more effective coordination of actions (e.g. mapping of services, organisation of referrals etc.).
- Advocacy on issues related to mental health issues and refugee living conditions in general.

Finally, DC Babel with its participation in scientific meetings, conferences and events (Athenian-Macedonian News Agency, 2017; Gkionakis, 2017a, Gkionakis, 2017b), article writing (Gkionakis, 2016; Gkionakis & Stylianidis, 2016; Karavella & Gkionakis, 2016; Papadopoulos & Gionakis, 2017), publication of handbooks (Gkionakis, 2008; Papadopoulos, 2012; Posonidou & Papadimitriou, 2011; Saldana, 2010; Victorian Transcultural Psychiatry Unit, 2011; West Australian Transcultural Mental Health Centre, The Royal Australian College of General Practitioners WA Research Unit, 2010; WHO, 2016a; WHO, 2016b) and documentary production (Greek Council for Refugees, Day Center BABEL, & Avgeropoulos, 2016), helps on expanding knowledge on the mental health issues of migrants and refugees.

In November 2016, a training workshop was held (Tribe & Fisher, 2016) which was organised jointly by the Hellenic and Danish Red Cross on the topic of interpreters and bicultural workers. The group of interpreters who attended spoke a wide range of languages, many were working with refugee families in Greece, but some with other migrants (Responding to refugees and asylum seekers in the UK: Guidance for Psychologists, [BPS, in press] may be a helpful document). The workshop was conducted in Greek and the trainers worked with an interpreter throughout the day. The workshop covered a number of areas which developed from a wish list from the participants of the areas they would like discussed. These included the effects of this work on the interpreter, issues of power and accountability, models of interpretation, managing the boundaries and issues to consider when working with or interpreter.

Interpreters can be susceptible to vicarious trauma (BPS, 2008: guidelines on working with interpreters) as they often translate very challenging material which could carry life changing implications for the person requiring interpretation. Interpreters may also share a language and/or culture and some life experiences with the person they are interpreting for. They may also have had little recourse to training, support and supervision to process the material and its potential effects upon them (Tribe, 1998). Training and support for interpreters including how to work in partnership with psychologists can be very helpful and serve the interests of service users, interpreters, psychologists and the principles of social justice. Guidance on working with interpreters can be downloaded for no charge from the British Psychological Society and a DVD developed for the British Department of Health on this topic is available from the author (hard copies) or via Youtube at www.youtube.com/watch?v=k0wzhakyjck (Department of Health / University of East London Psychology, 2012)

Service providers whether they are governmental, non-governmental or humanitarian agencies have a duty of care towards interpreters and they should offer some form of training, support and supervision to the interpreters they work with. While psychologists should at a minimum offer the interpreters they work with, a

briefing and de-briefing in relation to each piece of work an interpreter undertakes. Issues of confidentiality and trust are paramount in this work and when interpreters come from countries where there is a civil war or internal conflict, sensitivity to these issues needs to be made, as will sensitivity to issues of gender by employing psychologists or organisations. Working across language and culture can be an extremely positive experience requiring psychologists to consider different world views, concepts around mental health and developing and enriching their practice and thinking.

The Benefits of Promoting Social Justice

The importance of promoting social justice has been demonstrated through an increasing and diverse array of evidence which shows that creating a more equal society will benefit the entire community. Some of the most widely read works on this include; Thomas [Piketty \(2014\)](#), 'Capital in the 21st Century' (Piketty is an economist); Oliver [James \(2007\)](#), 'Affluenza: How to Be Successful and Stay Sane' (James is a clinical psychologist and analyst); [Kate Pickett and Richard Wilkinson \(2009\)](#), 'The Spirit Level: Why More Equal Societies Almost Always Do Better for Everyone' (Pickett and Wilkinson are epidemiologists). Psychological theory, clinical work and research could helpfully consider contextual factors in more detail and psychologists can usefully take a leadership role in campaigning for social justice, whether within the service where they are employed or through theory development, research, speaking out about it or engaging in campaigns around some of the relevant issues.

The Positioning of Psychology and Diversity

The positioning of psychology and psychiatry has a long history of being negotiated and re-negotiated, as well as at times, contested ([Tribe, 2014a](#)). Psychology and psychiatry have existed since time immemorial within a range of cultures and is not solely the preserve of Western thought or philosophy ([Tribe & Melliush, 2014](#)). Psychology has often been presented as being applicable around the world, whilst much of it has been developed in Western high-income countries, with the rich traditions and practices in much of the rest of the world being viewed as folk or cultural practices ([Fernando, 2014](#); [Tribe, 2014b](#)). For example, mindfulness comes from Buddhism and has been used very successfully within Western mental health services and other contexts. Some people have referred to this as the 'Macdonaldisation' of Buddhism because it fails to take account of the wider context and beliefs of Buddhism, but just takes one aspect of it and places it within another context. Psychology has repositioned itself in relation to LGBT issues, moving away from a position that, alongside psychiatry and the wider society, discriminated on the basis of homosexuality and used treatments such as aversion therapy and invasive drug treatments to 'cure' it. It was not until 1974 that homosexuality was removed from the Diagnostic Statistical Manual (DSM II) produced by the American Psychological Association as a psychiatric diagnosis, whilst the 'International Statistical Classification of Diseases and Related Health Problems' 10th edition (ICD 10) did not remove it until 1990 ([Herek, 1990](#)). Therefore, social justice has a role to play in questioning theory and associated practices particularly in a 'post-truth' world.

Psychology has positioned itself in a range of ways which have included only accepting positivism and quantitative methodologies as the only methodological position for research to the acceptance of qualitative methods and a range of epistemological positions. In addition, topics deemed worthy of interest by psychologists have often reflected the wider society and the inequalities of power found there. Some important

areas were viewed as not worthy of study by psychologists and contextual factors were frequently ignored, or seen as not being relevant to the core discipline of psychology, although this is changing and counselling psychologists can work with others to take a leadership role on this. Sexism within psychology can also be seen through looking at the national profile of psychologists, as most psychologists are women, most managers are men, although this is changing.

Critical and community psychology have much to offer in relation to social justice, because both challenge and deconstruct prevailing theories and practices in psychology, as well as arguing that the individual may not always be the most appropriate or only focus. There is a need to embrace diversity and guard against ethnocentrism (Fernando, 2014), as well as the other isms, if psychology is to be inclusive and maximise its potential contribution, for the benefit of all and be in line with the BPS mission to promote excellence (BPS, 2017).

Leadership by counselling psychologists can be shown in a range of ways, many of which have been detailed already. It includes publishing articles and challenging psychological practices, and the theories and assumptions which govern them. These are often based on a white middle class heteronormative perspective which fails to consider adequately issues of diversity. Working with commissioners and other mental health professionals can be very productive and by, for example, linking with psychiatrists, social workers or community activists can lead to a critical mass and bring about change. Psychologists often work in silos and even within the discipline of psychology, in different divisions. Building bridges and raising issues is important. Without this, services offered by counselling psychologists may not uphold the principles of counselling psychology and social justice and thus fail to serve the entire community in the best way possible.

Issues of Diversity and Organisational, Institutional and Cultural Barriers Put in Place by Health Professionals

There is an assumption frequently made that, as people from certain communities do not use mental health services very much, they do not need them and it becomes self-perpetuating, with appropriate services not being set up (Huq & McIntosh, 2017; Lane, Tribe, & Hui, 2010). Mental health services have been found to be inaccessible or inappropriate by BAME community members (Lago, 2011) and usage poor compared to the white community (Bhugra & Gupta, 2011). King et al. (2008), in a meta-analysis of 25 studies investigating mental health issues, including suicide and self-harm, found that there were twice as many LGBT people compared to the straight community involved in suicide attempts as well as higher rates of depression, anxiety and alcohol dependence. Maguen and Shipherd (2010), found that 41% of trans-men and 20% of trans-women reported suicide attempts. The impact of factors such as school and work place bullying, homophobic attacks and the subsequent use of drugs and alcohol were all mentioned as ways of coping within this study. These worrying patterns are of serious concern and counselling psychologists may wish to champion and provide leadership around challenging discrimination and working towards a more inclusive society.

Health professionals may not be welcoming to patients whom they view as being different to themselves or as diverse. This may be due to discrimination or because they are seen as being resource intense (even if this is not the case). Perceived discrimination, specifically racism, may adversely affect psychological well-being (Fernando, 2014; McKenzie, 2003). Within mental health, assumptions that a Western diagnostic system is the

only mechanism for understanding distress may be an issue, even though it is culturally located (Summerfield, 2012). Stigma and fear around mental health may be influenced by different cultural formulations and models (Kirmayer & Bhugra, 2009). Should we as psychologists be challenging these and if so how?

More Recent Forms of Psychology Which Set Out to Promote Social Justice and to Challenge Social Inequalities

Critical Psychology

This questions the relevance and deconstructs many of the theories and practices of psychology, including challenging the ingrained power and privilege of traditional psychology which is viewed as aligned with dominant sections of a population. It also acts as a challenging and political protest, concerned with moving psychology to a more holistic position and away from a purely individualist and, on occasions, reductionist position. It moves beyond a purely 'mind-centred' focus.

Positive Psychology

Has worked to bring together some elements of psychology and related disciplines, part of its vision is to encourage the recognition of strengths, resilience, and focussing on what it labels flourishing, rather than on deficits or illnesses, which has been the predominant model within psychology and mental health and well-being. This can be applied to individuals, families, communities, groups or organisations.

Community Psychology

'It is a way of thinking...psychologists who've seen the limitations of simply working with individual people....' They also have come to the conclusion that we need to be very careful about approaches that imply blaming people who should be seen as the victims of social arrangements. Community psychology sees individuals in a wider context (Orford, 2014). A section of community psychology was established within the BPS in 2010. The underlying values 'Include those of inclusivity, social justice and improvement of health and well-being... Those who base their work through non-individual intervention' (BPS, 2010).

Liberation Psychology

Liberation psychology (Martín-Baró, 1994) is orientated to the oppressed majority, the excluded, the exploited. It uses the standpoint/perspective of the oppressed to interrogate psychological theory and practice to de-ideologise and to recover and rework approaches for a more adequate psychology for the needs of the population (adapted from www.libpsy.org). Dykstra (2014) has also considered liberation psychology as something which can make a helpful contribution. A British book on liberation psychology and practices was published in 2016 by Afuape and Hughes, which provides a useful overview of using liberation psychology and practices in a range of contexts.

Summary

A range of examples of work which have embodied the principles of social justice work have been described throughout this paper, including innovative work led by counselling as well as other psychologists, who have fought for anti-discriminatory practice and for diversity to be recognised and viewed as a central, rich and vital part of life which contribute significantly to society. Many of the examples described in this paper have taken place outside the consulting room, but there is also a role for providing leadership, questioning discriminatory practice and structural inequalities within clinical work. Leadership has been shown and will continue to need to be shown in a range of different ways and in a wide variety of contexts. Some potential psychological theories have been offered which may be useful to use when undertaking this work.

Finally, the author of this paper would offer a challenge for psychologists to consider, which is, are there things we should be doing to promote social justice and challenging inequalities? Are there places we should be working/researching/ where we are not and thereby not challenging social inequalities and promoting social justice and inclusion? This relates to all our roles, as individuals, a division, the BPS, and as part of the mental health community and wider society.

Notes

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References

- Ade-Serrano, Y., Nkansa-Dwamena, O., & McIntosh, M. (2016, December 2). *Race, culture and diversity: A collection of articles*. Leicester, United Kingdom: BPS Division of Counselling Psychology.
- Afuape, T., & Hughes, G. (2016). *Liberation practices towards emotional wellbeing through dialogue*. London, United Kingdom: Routledge.
- Athenian-Macedonian News Agency. (2017, April 27). Day Center Babel: Mental health problems facing refugees [in Greek]. Retrieved from

<http://www.amna.gr/articlep/152966/Kentro-Imeras-%22Babel%22:-Stoicheia-gia-ta-problimata-psuchikis-Ugeias-pou-antimetopizoun-ta-prosfugopoula>

- Bemak, F., & Chung, R. C.-Y. (2008). New professional roles and advocacy strategies for school counselors: A multicultural/social justice perspective to move beyond the Nice Counselor Syndrome. *Journal of Counseling and Development*, 86(3), 372-381. doi:10.1002/j.1556-6678.2008.tb00522.x
- Bhugra, D., & Gupta, S. (Eds.). (2011). *Migration and mental health*. Cambridge, United Kingdom: Cambridge University Press.
- Bondi, L., & Burman, E. (2001). Women and mental health: A feminist review. *Feminist Review*, 68, 6-33. doi:10.1080/01417780122133
- British Psychological Society. (2005). *Professional Practice Guidelines*. Retrieved from http://www.bps.org.uk/sites/default/files/documents/professional_practice_guidelines_-_division_of_counselling_psychology.pdf
- British Psychological Society. (2008). *Working with interpreters in health settings*. Retrieved from <http://www.bps.org.uk/content/working-interpreters-health-settings>
- British Psychological Society. (2010). *Community Psychology Section*. Retrieved from <http://www.bps.org.uk/networks-and-communities/member-microsite/community-psychology-section/blog>
- British Psychological Society. (2017). *Promoting excellence*. Retrieved from <http://www.bps.org.uk/what-we-do/bps/bps>
- British Psychological Society. (2016, November 2). Minors from Calais need prompt, effective and humane treatment. *BPS News*. Retrieved from <https://beta.bps.org.uk/news-and-policy/appropriate-treatment-and-care-unaccompanied-minors-calais>
- British Psychological Society. (in press). *Responding to refugees and asylum seekers in the UK: Guidance for Psychologists*. Retrieved from <http://www.bps.org.uk>
- Careif. (2016). *Global Position Statement: Mental Health, Human Rights and Human Dignity, 'Magna Carta for people living with Mental Illness'*. Retrieved from <http://www.careif.org/assets/pdfs/CAREIF-PS-Mental-Health-Human-Rights-and-Human-Dignity.pdf>
- Chakraborty, A., & McKenzie, K. (2002). Does racial discrimination cause mental illness? [Editorial]. *The British Journal of Psychiatry*, 180(6), 475-477. doi:10.1192/bjp.180.6.475
- Chung, R. C.-Y., & Bemak, F. P. (2012). *Social justice counseling: The next steps beyond multiculturalism*. London, United Kingdom: Sage.
- Cockersill, P. (2017). Social exclusion and anti-discriminatory practice: The case of older homeless people. In P. Lane & R. Tribe (Eds.), *Anti-discriminatory practice in mental health for older people*. London, United Kingdom: Jessica Kingsley.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and anti-racist politics. *University of Chicago Legal Forum*, 14, 538-544.
- Cutts, L. (2013). Considering a social justice agenda for counselling psychology in the United Kingdom. *Counselling Psychology Review*, 28, 8-16.

- Cutts, L., & Hanley, T. (2014). Counselling psychology and social justice: Is there a rhetoric-action gap? Paper presented at the BPS Counselling Psychology Conference, London, United Kingdom.
- Department of Health / University of East London Psychology. (2012, January 3). *Interpretation in mental health settings: A quick guide* [Video file]. Retrieved from <https://www.youtube.com/watch?v=k0wzhakyjck>
- Dykstra, W. (2014). Liberation psychology – A history for the future. *The Psychologist*, 27(11), 888-891.
- Fernando, S. (2014). *Mental health worldwide: Culture, globalization and development*. Basingstoke, United Kingdom: Palgrave-Macmillan.
- Fox, D., & Prilleltensky, I. (1996). The inescapable nature of politics in psychology: A response to O'Donohue and Dyslin. *New Ideas in Psychology*, 14(1), 21-26. doi:10.1016/0732-118X(95)00028-F
- Gkionakis, N. (2008). *Crossing borders: Perpetuating or caring for trauma?* Athens, Greece: Day Center Babel, NGO Syn-eirmos.
- Gkionakis, N. (2016). The refugee crisis in Greece: Training frontier security, police, volunteers and aid workers in psychological first aid. *Intervention*, 14(1), 73-79. doi:10.1097/WTF.000000000000104
- Gkionakis, N. (2017a). *Our refugee today, our neighbor tomorrow* [Discussion: No Direction Home: Looking at Loss and Hope]. Athens, Greece: Greek Branch of the Rosa Luxemburg Foundation.
- Gkionakis, N. (2017b). "In the photo of a man who just comes out of a boat in the Aegean, I see an example of resistance" [Interview]. *Athenian-Macedonian News Agency*. Retrieved from <http://www.amna.gr/articlep/152804/%C2%ABSti-fotografia-enos-Anthropou-pou-molis-bgainei-apo-mia-barka-sto-aigaio-ego-blepo-ena-paradeigma-anthektikotitas%C2%BB>
- Gkionakis, N., & Stylianidis, S. (2016). Community mental healthcare for migrants. In S. Stylianidis (Ed.), *Social and community psychiatry* (pp. 309-330). Cham, Switzerland: Springer.
- Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist*, 32(6), 793-837. doi:10.1177/0011000004268802
- Greek Council for Refugees, Day Center Babel (Producers), & Avgeropoulos, G. (Director). (2016). *Those who have survived – Stories of dignity* [Documentary]. Greece.
- Herek, G. M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence*, 5(3), 316-333. doi:10.1177/088626090005003006
- Huq, A., & McIntosh, M. (2017). Common mental health problems. In P. Lane & R. Tribe (Eds.), *Anti-discriminatory practice in mental health for older people*. London, United Kingdom: Jessica Kingsley.
- James, O. (2007). *Affluenza: How to be successful and stay sane*. London, United Kingdom: Vermillion.
- Kagan, C., Burton, M., Duckett, P., Lawthorn, R., & Siddiquee, A. (2011). *Critical community psychology*. Chichester, United Kingdom: BPS Blackwell.

- Kagan, C., Tindall, C., & Robinson, J. (2010). Community psychology: Linking the individual with the community. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of counselling psychology*. London, United Kingdom: Sage.
- Karavella, M., & Gkionakis, N. (2016). The betrayed – A family case study from Syria. *Synopsis*, 40, 8-13.
- King, M., Semlyen, J., See Tai, S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazerth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8, Article 70. doi:10.1186/1471-244X-8-70
- Kirmayer, J., & Bhugra, D. (2009). Culture and mental illness: Social context and explanatory models. In I. M. Salloum & J. E. Mezzich (Eds.), *Psychiatric diagnosis: Patterns and prospects* (pp. 29-37). New York, NY, USA: John Wiley & Sons.
- Lago, C. (2011). *The handbook of transcultural counselling and psychotherapy*. Milton Keynes, United Kingdom: Open University Press.
- Lane, P., & Tribe, R. (2010). Following NICE 2008: A practical guide for health professionals: Community engagement with local black and minority ethnic (BME) community groups. *Diversity in Health and Care*, 7(2), 105-114.
- Lane, P., & Tribe, R. (Eds.). (2017). *Anti-discriminatory practice in mental health for older people*. London, United Kingdom: Jessica Kingsley.
- Lane, P., Tribe, R., & Hui, R. (2010). Intersectionality and the mental health of elderly Chinese women living in the UK. *International Journal of Migration, Health and Social Care*, 6(4), 34-41. doi:10.5042/ijmhsc.2011.0152
- London Community Psychology Network. (in press). *Guidance on working with community organisations for psychologists*. Retrieved from <http://www.compsy.org.uk>
- London Community Psychology Network. (2017, May). British Psychological Society Community Psychology Section. Retrieved from <http://communitypsychologyuk.ning.com/group/london>
- Maguen, S., & Shipherd, J. C. (2010). Suicide risk amongst transgender individuals. *Psychology and Sexuality*, 1, 34-43. doi:10.1080/19419891003634430
- Marsella, A. (2011, October). Twelve critical issues for mental health professionals working with ethno-culturally diverse populations. *Psychology International*, 22(3). Retrieved from <http://www.apa.org/international/pi/2011/10/critical-issues.aspx>
- Martín-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge, MA, USA: Harvard University Press.
- McCoy, L., & Winter, L. (2015). *Children and families in context: The psychological implications of the 'Bedroom tax' in the UK*. Paper presented at the 46th Annual meeting of the Society for Psychotherapy Research. Retrieved from [https://www.research.manchester.ac.uk/portal/en/publications/education-poverty-and-psychological-wellbeing-the-impacts-of-the-bedroom-tax-on-children-and-their-families\(f622815d-cb25-482e-98c2-0fdb687047a3\).html](https://www.research.manchester.ac.uk/portal/en/publications/education-poverty-and-psychological-wellbeing-the-impacts-of-the-bedroom-tax-on-children-and-their-families(f622815d-cb25-482e-98c2-0fdb687047a3).html)
- McKenzie, K. (2003). Anti-racism is an important health issue. *BMJ*, 326(7380), 65-66. doi:10.1136/bmj.326.7380.65
- Miller, D. (2003). *Principles of social justice*. Cambridge, MA, USA: Harvard University Press.

- Murali, V., & Oyeboade, F. (2004). Poverty, social inequality and mental health. *Advances in Psychiatric Treatment*, 10, 216-224. doi:10.1192/apt.10.3.216
- National Institute for Health and Clinical Excellence (NICE). (2016). *Community engagement: Improving health and wellbeing and reducing health inequalities*. Retrieved from <https://www.nice.org.uk/guidance/ng44>
- Orford, J. (2014). A publicly engaged academic. *The Psychologist*, 27(11), 872-873.
- Papadopoulos, R. K. (2012). *Enhancing psychic resilience in conditions of vulnerability: A trainer's manual*. Athens, Greece: Babel Day Center, NGO Syn-eirmos.
- Papadopoulos, R., & Gionakis, N. (2017). Padri rifugiati: Vulnerabilità e resilienza. In M. Andolfi & A. D'Elia (Eds.), *Alla ricerca del padre in famiglia e in therapy* (pp. 214-234). Milan, Italy: Franco Angeli.
- Pickett, K., & Wilkinson, R. (2009). *The spirit level: Why more equal societies almost always do better for everyone*. London, United Kingdom: Penguin.
- Piketty, T. (2014). *Capital in the 21st century*. Cambridge, MA, USA: Harvard University Press.
- Posonidou, O., & Papadimitriou, E. (2011). *Seeking protection and security: A practical guide to supporting asylum seekers and refugees to exercise their rights and respond to their obligations in Greece* [Scientific responsibility for the edition: N. Gionakis]. Athens, Greece: Babel Day Center, NGO Syn-eirmos.
- Psychologists Against Austerity. (2017, February). Psychologists for social change. Retrieved from <http://www.psychchange.org>
- Ratts, M. J. (2009). Social justice counseling: Toward the development of a fifth force among counseling paradigms. *Journal of Humanistic Counseling*, 48(2), 160-172. doi:10.1002/j.2161-1939.2009.tb00076.x
- Rawls, J. (1999). *A theory of justice* (Revised ed.). Cambridge, MA, USA: Harvard University Press.
- Royal Society of Arts. (2017, February). *Royal Society of Arts* [Homepage]. Retrieved from <https://www.thersa.org>
- Saldana, D. (2010). *Cultural adequacy – A practical guide to mental health workers* [Scientific editor of the Greek edition: N. Gkionakis]. Athens, Greece: Vavel Day Center, NGO Syn-eirmos.
- Saraceno, B., & Barbui, C. (1997). Poverty and mental illness. *Canadian Journal of Psychiatry*, 42, 285-290. doi:10.1177/070674379704200306
- Steffen, E., & Hanley, T. (2013). Editorial: The power of counselling psychology in an age of powerlessness: A call to action. *Counselling Psychology Review*, 28(2), 1-3.
- Summerfield, D. (2012). Afterword – Against “global mental health”. *Transcultural Psychiatry*, 49(3-4), 519-530. doi:10.1177/1363461512454701
- Thompson, K., Tribe, R., & Zlotowitz, S. et al. (in press). *Community psych guidelines*. Will be available from <http://communitypsychologyuk.ning.com/group/london>
- Tribe, R. (1998). A critical analysis of a support and clinical supervision group for interpreters working with refugees located in Britain. *Groupwork*, 10(3), 196-214.

- Tribe, R. (2014a). Race and cultural diversity: The training of psychologists and psychiatrists. In R. Moodley & M. Ocampo (Eds.), *Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice*. London, United Kingdom: Routledge.
- Tribe, R. (2014b). Culture, politics and global mental health: Deconstructing the global mental health movement: Does one size fits all? *Disability and the Global South*, 1(2), 251-265. Retrieved from <https://disabilityglobalsouth.files.wordpress.com/2012/06/dgs-01-02-03.pdf>
- Tribe, R., & Fisher, K. (2016). *Training workshop for the Hellenic and Danish Red Cross*. Athens, Greece.
- Tribe, R., & Melliush, S. (2014). Globalization, culture and mental health. *International Review of Psychiatry*, 26(5), 535-537. doi:10.3109/09540261.2014.955086
- Tribe, R., & Tunariu, A. (2017). Psychological Interventions and Assessments. In D. Bhugra & K. Bhui (Eds.), *The textbook of cultural psychiatry*. Cambridge, United Kingdom: Cambridge University Press.
- Tribe, R., Weerasinghe, D., & Parameswaran, S. (2014). Increasing mental health capacity in a post-conflict country through effective professional volunteer partnerships: A series of case studies with government agencies, local NGOs and the diaspora community. *International Review of Psychiatry*, 26(5), 558-565. doi:10.3109/09540261.2014.918025
- Victorian Transcultural Psychiatry Unit. (2011). *Guidelines for effective co-operation with interpreters in mental health services* [Translation of Greek edition: E. Velinidou & D. Papageorgiou]. Athens, Greece: Babel Day Center, NGO Syn-eirmos.
- West Australian Transcultural Mental Health Center, The Royal Australian College of General Practitioners WA Research Unit. (2010). *Guide on cultural diversity awareness* [Scientific editor of the Greek edition: N. Gkionakis]. Athens, Greece: Babel Day Center, NGO Syn-eirmos.
- World Health Organization. (2016a). *Psychological first aid: A training manual for guiding workers in the field*. Athens, Greece: Babel Day Center, NGO Syn-eirmos & International Medical Corps.
- World Health Organization. (2016b). *Psychological first aid: A guide for workers in the field*. Athens, Greece: Babel Day Center, NGO Syn-eirmos & International Medical Corps.
- World Psychiatric Association. (2016). *Bill of rights for children and young people with mental illness*. Retrieved from http://www.wpanet.org/detail.php?section_id=7&content_id=1894