



bright blue

Centre Write

Summer 2018

Matters of the mind

Sam Gyimah MP | Nimco Ali | Tracey Crouch MP | Antoinette Sandbach MP

Contents

EDITORIAL

Editor's letter

Olivia Utley

Director's note

Ryan Shorthouse

Letters to the editor

Professor Julie Barnett

The final chapter for FGM?

Nimco Ali

Seeking help in the darkest times

Antoinette Sandbach MP

4

5

6

8

10

11

SOME SOLUTIONS

Really connecting

Alex Smith

7

Money on the mind

Bettina Friedrich

12

14

WOMEN FIRST

Staying afloat

Nancy Tucker

The lonely mother

Page 12 **Alex Smith**
offers a prospectus for a
more connected society



Bright Blue is an independent
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for liberal conservatism.

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Page 20 The Centre Write
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Editor's letter



Olivia Utley is the Editor of *Centre Write* and Communications Manager at Bright Blue

At any one time, a sixth of the population in England aged 16 to 64 have a mental health problem. Whether it is family or friends, neighbours or work colleagues, the chances are we all know someone who is affected. And bearing in mind the figure leaves out less common conditions and is a snapshot in time, you could easily argue it is even more prevalent than that. Indeed, many do.

Since that famous speech on the steps of Downing Street in 2016, Theresa May has insisted that “tackling the injustice of mental illness” is one of her “absolute priorities” as Prime Minister. Her Government has promised to treat mental health as seriously as physical health and is spending a record amount on mental health services.

And, slowly, the situation is improving. An additional 120,000 people are now receiving specialist mental health treatment compared to 2016, and there has been a significant increase in ‘talking’ therapies. According to NHS figures, 60,000 more people will get treatments for common mental health conditions by the end of this year.

But there is still a long way to go. Too many people suffer in silence, worried that their depression or anxiety will be seen as weakness.

As **Sam Gyimah MP**, the Minister for Universities and Science, discusses in our *Centre Write* interview (p.20), the backdrop to this year’s exam season in universities was mounting concern about student mental health. At Bristol University, in the frantic three-week revision period running up to end-of-year exams, three university students died suddenly. There have now been 10 student deaths there in little over 18 months, several which have been confirmed as suicide – and those are just the stories that make the headlines.

Meanwhile, as **Professor Julie Barnett** (p.8) highlights in a record number of mothers are reporting symptoms of mental illness. Statistics vary, but it is now believed that between fifty percent and ninety percent of mothers experience the ‘baby blues’, and one in 10 experience postnatal depression. And between feeling tearful and overwhelmed and severe depression, there is a spectrum of mental health problems that


deserves attention, such as anxiety, eating disorders and post-traumatic stress disorder.

If we are to tackle the mental ill health epidemic in Britain, education and understanding is the first step. With this in mind, we’ve dedicated this summer edition of *Centre Write* to mental health. The first chapter of the magazine – ‘Women first’ – is intended to help shine light on the ubiquity of mental health problems for women in the UK, while the second – ‘Some solutions’ – proposes some ideas for tackling the scourge.

One such solution is **Gabriel Gavin’s** proposal (p.25) that more money and energy should be injected into neuroscience. The UK is a leader in scientific research, and yet our expenditure on research and development is relatively low. Another is Oxford academic **Karen Snedker’s** (p.17) proposal that those with mental health issues should be treated differently by the justice system.

“There is still a long way to go. Too many people suffer in silence, worried that their depression or anxiety will be seen as weakness.”

Coming at the problem from a very different angle, **Alex Smith** (p.12), Founder and CEO of North London Cares, suggests that in the wake of digital technology – which all too often prioritises efficiency over sociability – we need new ideas, and a new focus not just on making life liveable or efficient, but on making life worth living. In our *Tea for two* Interview, **George Freeman MP** (p.26) touches on a similar point. Through the Big Tent Festival, he hopes to capture the spirit of renewal exhibited by so many communities.

As Parliament squabbles over the minutiae of Brexit negotiations, it is imperative that the social reform promised at the start of the Prime Minister’s premiership doesn’t get forgotten. When it comes to tackling the ‘burning injustice’ of mental ill health, we know what needs to be done. All that is required is the political will to act. Ultimately, the economic and moral case for doing so could not be clearer: the state will save a fortune, and it will transform countless lives. 

Director's note



Ryan Shorthouse is the
Director of Bright Blue

More people are talking about their mental health. Sharing stories about their suffering. Shame is being overcome, silence avoided. This is a welcome trend. Difficulties should not be dealt with alone.

We are social animals, requiring conversation for reassurance, perspective and enjoyment. And by looking outwards, on the responsibilities we have towards others, we give ourselves necessary respite from exhausting introspection. Loneliness truly is one of society's 'giant evils'.

All this attention is, happily, resulting in increased individual and societal investment in the prevention and treatment of mental illness. Some are now working on their psychological, not just physical health by trying to eat, sleep and exercise better, and even building in moments of mindfulness – encouraged by some schools and employers – into their daily routines.

The Prime Minister has pledged to tackle the 'burning injustice' of those who suffer from mental health problems who do not have "enough help to hand". A significant injection of public funding for NHS mental health services has been granted. New government targets for access to and waiting times for services have been introduced. Just recently, the Government committed to guaranteeing eligibility to the Blue Badge Scheme for free and designated parking to people with some mental health problems.

But, in some respects, we should be careful. Evidence, not fashion, should

guide how politicians and practitioners deal with problems. Neuroscience is a nascent field; there is a lot to learn about the workings of the mind. There is still very limited knowledge about the precise causes of mental health problems, as well as the efficacy of different remedies. Despite this, confident conclusions about mental health are – unhelpfully, arrogantly in fact – circulated.

It is common in public debate, for example, to hear of an explosion in mental health problems, especially among young people. Recent NSPCC research into some NHS Trusts show that referrals by schools to child and adolescent mental health services rose by a over a third in the last three years. Likewise, there has been a doubling of the prescription of antidepressants by the NHS over the past decade, with 7.3 million receiving these drugs from the NHS in 2017-18.

But these figures do not necessarily demonstrate there has been a growth in the prevalence of mental health conditions. It could be that they reflect a greater public awareness of mental health conditions, and medicines for treating them. Indeed, the biggest ever meta-study of anxiety and depression found no evidence that the prevalence of mental disorder in the world increased between 1990 and 2010.

Still, we frequently hear that we have a mounting mental health crisis. Commonly cited causes are constantly regurgitated. The number of exams young people now must undertake. The hyper-competitiveness that capitalism has created. The addictiveness and judgmentalism of social media. These theories seem compelling. But they are heavily politicised. And they are not currently supported by sufficient or robust evidence.


Interestingly, there has recently been a growth in intellectual scepticism around the fixation with our mental health, rooted in ancient stoicism. Instead of seeking to

perfect or escape problems, we should try and learn to be more accepting and resilient of inevitable and random downs and disruptions in life. Danish philosopher Svend Brinkmann, for instance, has written about the need to resist the 'self-improvement craze'.

“By looking outwards, on the responsibilities we have towards others, we give ourselves necessary respite from exhausting introspection.”

Here, there are familiarities with the insights of conservative thinking, increasingly critical of excessive individualism, with thinkers calling for individuals to better balance their focus on nurturing independence with interdependence. Professor Roger Scruton argues: “Self-consciousness and freedom emerge through the venture out from the self towards the other”.

Those who do descend into mental turmoil, of course, are facing real pain that requires urgent and effective treatment. But there is still ongoing debate about what works best: medication, cognitive behavioral therapy, maybe just more outdoors time. Admittedly, better evidence has emerged on the efficacy of antidepressants, which should quieten the scaremongering about drugs: a meta-study by a group of pan-European academics, released this year, showed nearly all of 21 common antidepressants are modestly effective in making people feel better, but with significant variation between them. Nevertheless, unsurprisingly, there were still limitations with this research, such as success being measured after only eight weeks and the variance in the quality of the different studies evaluated.

It is good news that we are talking about mental health much more in modern society. But such conversations need to be informed by better evidence. 

Letters to the editor

Send your letters to olivia@brightblue.org.uk

I was pleased to read Damian Collins MP's eloquent piece ('Strongly soft', Spring 2018) on the importance of soft power. It is my belief that in many international disputes, soft power can be the answer to disagreement. Culture has an indispensable place in every human society, and to share one's culture with another is a gesture of friendship.

Of course, it is naïve and sometimes dangerous never to consider hard power. But when you are lucky enough to have at your disposal the cultural exports Britain has, it would be madness not to use them. As Damian Collins MP noted in his article, Shakespeare and the Premier League will open doors – and, with prolonged diplomatic effort, will keep them open too.

Molly Greenwood *member of Bright Blue*

Benedict Rogers' piece ('The end of human rights in Hong Kong', Spring 2018) on the slow but sure erosion of human rights in Hong Kong was an interesting and worrying summary of events. Although Mr Rogers made reference to encouraging signs of increased attention being paid in Whitehall to the degradation of the agreed 'one country, two systems' approach, I can't help but think that a more assertive China will continue to break its commitments – and do so with increasing impunity. As China assumes greater influence on the world stage, it will expect deference not questioning.

With this in mind, we cannot let trade and investment trump values. China's investment, such as that in Hinkley Point C and new high-speed rail, cannot be allowed to impair our judgement. Be it Hong Kong or Tibet, the UK must never let itself be silenced on these issues, even if the culprit is a geopolitical colossus in waiting.

Michael Greenall *member of Bright Blue*



The previous issue of *Centre Write* focused on how Britain can lead the world after leaving the European Union, but, as we all know, we remain a bitterly divided country. As the debate between Joseph Harker and Kwasi Kwarteng MP ('Was and is the UK a force for good?', Spring 2018) proved, political polarisation is on the rise. British history, once a passive part of the furniture, now features on the front line of bitter 'culture wars', often fought on the internet. If Britain is truly to lead globally on anything, it must first come together. This is easier said than done, of course, but after Brexit is over, it must be our first priority.

Robert Wilson *member of Bright Blue*

Staying afloat

Nancy Tucker delves deeper into the issue of women who suffer from mental illness



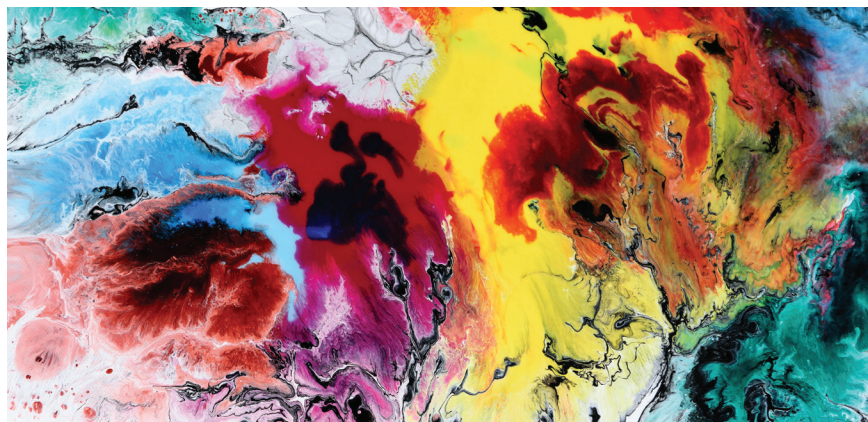
Nancy Tucker is the author of *The time in between* and *That was when people started to worry*

When I tell people that my second book, *That was when people started to worry*, explores mental illness in young women, I am often asked why I chose to focus on this subgroup. The stereotype of a mental illness sufferer is still, in the minds of many, a listless adolescent girl, wringing hands and dabbing tears from hollow cheeks. By writing a book about female mental illness, am I not bolstering this cardboard cut-out character, denying representation to the many older, non-female sufferers?

“The message, ‘You can be anything you want to be!’ was once empowering and inspirational, but is now a lofty standard few can reach.”

If the perception that mental illness affects women disproportionately were baseless, then yes – a book about female mental illness would be of little value. But this is not the case: the most recent Adult Psychiatric Morbidity Survey found that 26% of young women aged between 16 and 24 reported symptoms of common mental health problems, compared to just 9.1% of men. Women in this age group also reported higher levels of suicidality and self-harm than any other group. Yes, reporting bias affects these statistics: women may experience less stigma surrounding psychiatric suffering than men, and young people may be less reserved than their older counterparts.

At present, research on mental health



amongst those with a more complex gender identity is in its infancy, hence we do not have a good understanding of the scale of suffering amongst trans and non-binary people.

However, it is irresponsible – and inappropriate – to entirely explain away the high levels of mental illness women experience.

“Many young women feel chronically insufficient, relentlessly inadequate, hauntingly imperfect.”

That was when people started to worry is based on interviews I conducted with 70 women aged between 16 and 25, all of whom had experienced – or were experiencing – mental illness. Their diagnoses spanned the technicolour intensity of bipolar disorder and the murky grey of depression; the wound-too-tight tension of anxiety and the viscous shame of binge eating disorder. The book does not contain

these interviews, recounted word for word: rather, I condensed the many stories I heard into seven self-contained snapshots, each of which offers an insight into the day-to-day experience of living with a certain condition.


It is these snapshots – clear, unclouded windows into unwell minds – that my interviewees felt were missing from contemporary representations of mental illness. The topic is enjoying a long overdue moment in the forefront of public consciousness, which is positive – but media depictions remain superficial and sanitised. We see the tears and the bitten nails and the drawn curtains: the inoffensively vulnerable face of psychiatric disorder. In media campaigns, sufferers are reminded that they should ‘Speak Up’ and ‘Speak Out’ and ‘Speak Now’, without any acknowledgement that, all too often, speaking ‘up’ or ‘out’ or ‘now’ earns the speaker a place on a two-year waiting list, not the immediate medical treatment they need. We do not see the lies and the angry words and the erratic behaviour. We do

>> not see the ugly side of suffering, with the result that, when ugliness rears its head, it is met with open mouths and averted eyes. My interviewees felt that the public wants to talk about mental illness – but only the fluffy side. They do not want to know about the grim reality.

From writing this book, I learnt that the mental health crisis amongst young women is fuelled by a society in which we are encouraged to push and strive and succeed, and not taught the value of contentment and humility. The message, 'You can be anything you want to be!' was once empowering and inspirational,

but is now a lofty standard few can reach. 'You can be anything' has become 'you should be everything', with the implicit message that failure is unacceptable. Many young women feel chronically insufficient, relentlessly inadequate, hauntingly imperfect, and they seek solace in the leering self-congratulation of an online world in which rich, powerful people make poorer, more vulnerable people feel inferior. Mental illness can never be attributed to a single cause – but, at the macro level, much blame must be laid at the feet of the two S's: success and social media.

Writing the book also confirmed to me

that women are not disproportionately affected by mental illness because of weakness or hysteria, but because of sensitivity and societal standards. The women whose stories I heard were brave, interesting and engaging, and their struggles were unrelated to any personal flaw or failing. In almost every case, unhappiness arose from unluckiness: an unfortunate interaction between internal disposition and external circumstances that allowed mental illness to thrive. I felt huge respect and warmth towards every woman I interviewed, and it was an honour to be able to speak with their voices. 

The lonely mother

Professor Julie Barnett discusses the feelings of isolation felt by many new mothers



Julie Barnett is a Professor of Health Psychology at the University of Bath

Loneliness matters because it can affect physical and mental health. It is increasingly commonplace to observe that being lonely carries a greater health risk than smoking 15 cigarettes a day.

“It was very clear from our research that one recurring cause of new mothers feeling vulnerable and isolated was the contradiction between the feelings and experiences they were actually having and the ones they thought that they ought to be having, often gleaned from the media.”

There used to be a widely held misconception that only elderly people

experienced loneliness. But – thankfully – it is now being recognised that momentous life transitions can leave all sorts of people feeling lonely. One such transition is that of becoming a mother for the first time. A recent survey found that over a quarter of new mothers experience loneliness after the birth of their child.

Recent research has suggested at least three important reasons.

First, there are unexpected difficulties which jar with popular representations of motherhood. In popular culture, new mothers are often portrayed as consistently serene and joyful, leaving real women unprepared for the confusing reality of responsibility and uncertainty. In feeding practices, where mothers feel sole responsibility for ensuring that their children thrive, this disparity becomes particularly apparent. Fear of failing to act in line with the dominant cultural narrative

that 'breast is best' can further compound a sense of being alone, as mothers feel vulnerable to the judgement and rejection of others.

Second, there are fewer opportunities for social interaction. Pre-baby networks of friends and family are busy doing the things they were doing before. The possibilities for spontaneous trips out have receded. Going out means organisation and planning, and reduced control can mean a feeling of being stuck or trapped.

But it is not simply about a lack of opportunities to be with other people. The third reason that becoming a mother can feel lonely is that even when surrounded by others, it is difficult for mothers to develop, or nurture, meaningful connections. The practical support offered by loved ones can feel superficial when what is wanted is empathetic, emotional support, borne of a genuine and in-depth

>> understanding of the situation.

Relationships with other new mothers are often a potential source of empathy and reassurance. But this is a double-edged sword: actual or feared judgement from, or rejection by, other mothers can amplify feelings of loneliness and vulnerability.

“Via a middle of the night digital chat, mothers can be reassured that other mothers, too, are awake with their babies.”


It is perhaps significant that although bottle feeding could cause stress, breastfeeding seems to be a factor in each of these three broad reasons for new mothers feeling lonely. Breastfeeding may not feel natural and easy – and it can heighten the sense of restriction on when and where you can go.

It was very clear from our research that one recurring cause of new mothers feeling vulnerable and isolated was the contradiction between the feelings and experiences they were actually having and the ones they thought that they ought to be having, often gleaned from the media or from the outward appearance of other mothers. Making available to new mothers more diverse examples of new motherhood experiences might stop first-timers comparing themselves with often unattainable ideals. This may also lead, in time, to the broader circulation in society of less narrow and prescriptive representations of motherhood.

Finally, it is important to think about the potential role of digital technology in mitigating loneliness. The rise of digital technology is often held responsible for eroding the quality of our relationships. But can it have a role in enabling empathy and

increasing meaningful social connections? It looks like it. In recent years, there has been an explosion of new mothers on group messaging platforms, such as Whatsapp, which are thought to increase a feeling of camaraderie: via a middle of the night digital chat, mothers can be reassured that other mothers, too, are awake with their babies.

That said, it is vital that digital support systems offer a clear-eyed view of the vulnerabilities new mothers feel, the friendships they desire, and the practical challenges they face, as otherwise they run the risk of amplifying – rather than attenuating – loneliness.

Loneliness is a relational issue, and so the principle behind each of these possible ‘solutions’ is that the responsibility for dissolving or reducing it lies not only with those experiencing it, but also, crucially with the wider social systems and networks available to new mothers. 



The final chapter for FGM?



Nimco Ali is co-founder and Director at Daughters of Eve

The UK must offer more holistic support to victims of female genital mutilations

I underwent female genital mutilation (FGM) at the age of seven. The first time the NHS became involved was when I was given a deinfibulation at the age of 11. This was a procedure that helped divide scar tissue. The NHS saved my life; without it I would have died from kidney failure.

“The nurse was lovely and made sure that she was OK while she was under her care. But even she did not realise that the support my friend was going to need would not stop at the simple removal of her stitches.”

The scars of FGM, though, are not just physical. They are also emotional and psychological. The deinfibulation procedure may have undone much of the physical damage, but psychologically, it had left me in a mess.

I did not understand, as a child, what was happening to me as I was rushed into one of Cardiff’s biggest hospitals for the emergency deinfibulation surgery. When it was over, I was told that the damage had been reversed, and that everything would now be OK.

But I was far from OK, and I was not OK for a long time afterwards. As painful as the original act of FGM had been, what hurt even more was the struggle of finding answers to the avalanche of questions I had about my body and my experience.

I felt different from everyone else. Many

of my friends had also been cut, but, unlike them, I had also had to undergo the medical treatment that followed. The limbo in which I was left affected my education, and the relationships I would form for many years to come. Being an introvert, I naturally internalised my turmoil and developed a serious eating disorder.

FGM is a form of violence through which, as with all acts of violence, the perpetrators exercise power and control over their victims. For the victims, the result is intense emotional pain – which is hidden from view.

Data on the prevalence of FGM is now easy to obtain. There are also dedicated clinics to cater for the physical needs of girls and women affected by FGM, as well as support plans for pregnant women. But what is still painfully lacking is any proper emotional or psychological support for victims. The reason for this is not a shortage of funds, but a lack of understanding about what is actually needed.

“The limbo in which I was left affected my education, and the relationships I would form for many years to come.”

A close friend of mine underwent a voluntary deinfibulation procedure just last week. Because the procedure was technically successful, the only follow-up she received was a check-up on the state of the scar tissue. There was no conversation about how the deinfibulation

might lead to flashbacks of the actual FGM she had gone through decades previously, or how the first time she went to the toilet would be exactly like the first time after her FGM. The nurse was lovely and made sure that she was OK while she was under her care. But even she did not realise that the support my friend was going to need would not stop at the simple removal of her stitches. I felt almost as traumatised as my friend that day and witnessing her pain over the next few weeks brought back my own experience and my own struggle to get beyond FGM.

“But I was far from OK, and I was not OK for a long time afterwards. As painful as the original act of FGM had been, what hurt even more was the struggle of finding answers to the avalanche of questions I had about my body and my experience.”

Here in the UK, we have moved forwards in leaps and bounds in our journey to end FGM. But to progress further, we have to get past the figures and start offering holistic support to victims. This means increasing investment in mental health support for anyone who has undergone FGM or any subsequent deinfibulation. This is the final step in making the UK a real leader on this issue – and one that cannot be delayed for a moment longer. **b**

Seeking help in the darkest times

Antoinette Sandbach MP explores the role government can play in helping the bereaved



Antoinette Sandbach
is the MP for Eddisbury
and Chair of the APPG
on Baby Loss

Anyone who has lost a child knows how the indescribable emotional and psychological toll hits you in waves. The initial feeling of panic and bewilderment gives way to hollow numbness, which in time dissolves into grief. It is quite normal to blame yourself and those around you, from your partner to your doctors. And at the bottom of it all, there is a single burning question: why?

Ultimately, nothing will make up for the loss of a child. The impact stays with you for life. But there are a number of steps that employers and government can take to make things a little easier for those who have to cope with this very specific kind of loss.

“In times of grief or mental stress, even the smallest gesture can and does make the difference.”

A recent and significant step was the introduction of the Parental Bereavement Bill. Although the vast majority of employers are already compassionate and responsive to the needs of an employee who loses their child, this is not always the case. With 8,000 parents suffering the loss of a child a year, there is a clear need to offer these people some protection from the whims of their employers. The fact that the vast majority of employers are kind and decent means little to those who fear that taking time to mourn will cost them their job.

This kind of practical support, giving parents the time they deem necessary to process the loss and get back on their

feet, is vital. We must, however, also work to ensure that there is a recognition of the impact that systems play in the bereavement process. Our excellent NHS provides care to millions, but its systems are Byzantine, and on occasion, it loses sight of the individual. While teams of doctors and nurses may be compassionate and thoughtful, their care can be totally undermined if the system is set up in a way which leaves the user feeling isolated and vulnerable. By disempowering people at the point when they most need to feel some degree of control, complex systems risk becoming unkind ones.

This is why the ‘National Bereavement Care Pathway’ is so important. It ensures that all parents who have lost babies are offered equal, high quality, individualised, safe and sensitive care. It offers medical staff a point of reference to ensure that they deal sensitively with an issue that, while familiar to them, is devastating for their patients.

One of the great things about being elected to Parliament is having the chance to make the sort of changes I have discussed above. Working with colleagues, we have aimed to introduce measures that make the process easier to cope with and the system more responsive. While nothing can take away from the loss of a child, systems and bureaucracy can feel hostile in the moment, even if those working within that system are compassionate and caring.

It is also important that we are honest and open about the fact that none of these changes is a silver bullet. The loss of a child will never be mitigated by good

quality support. Nonetheless, the sense that you’re not alone, that other people understand how you’re feeling, and aren’t judging you for it, is one of the most supportive and reassuring things you can experience at such a difficult time.

“Our excellent NHS provides care to millions, but its systems are Byzantine, and on occasion, it loses sight of the individual. While teams of doctors and nurses may be compassionate and thoughtful, their care can be totally undermined if the system is set up in a way which leaves the user feeling isolated and vulnerable.”

In recent years I’ve been supported by my colleagues, especially members of the APPG on Baby Loss, but everyone finds support in different places, and no one should be embarrassed about asking for the help they require. Of course, it can be difficult to know what to say, and how to support those still grieving, but it is important to do so. In times of grief or mental stress, even the smallest gesture can and does make the difference.

With the positive steps being made in recognising the impact of poor mental health more generally, at last it is getting easier to talk about needing help. But when it comes to talking about the loss of a child, there is still a long way to go. **b**

Really connecting

Alex Smith offers a prospectus for a more connected society



Alex Smith is CEO and founder of North London Cares and South London Cares. He was formerly an aide to Ed Miliband MP

At Paddington Station the other day, I got a little flustered. Bank card in one hand, phone attached to wiry headphones in the other, I felt a pang of anxiety as, with the train to Twyford due to depart imminently, the machine buzzed and counted down to a “transaction failed” message.

Eventually, I made the train. But my agitation got me thinking: in our capitalist, consumerist society, dominated by technology and products and things that are supposed to make life more efficient, we’ve somehow forgotten what’s important. All morning, while I’d been on a bus, passed through a station with hundreds of people, collected a ticket and sat on a train, I’d yet to speak to a single person.

That’s the norm for many of us day to day. Amid the economics of big business, big government, and big charity, we now buy our coffee from machines and pay for groceries at self-service checkouts. Many people tap their travel cards to a disc without looking up from their phones to say “hello” or “thank you” to the driver. Music, that most sharable of sounds, is consumed in solitude through headphones. Our interaction with our banks, our councils, our taxi drivers, occur through apps and automated mazes: press one to listen to Greensleeves, press two to be put through to someone on the other side of the planet, press three to be entered into a telephonic abyss.

So much of the ‘progress’ of technology and speed in this political economy has conversely eliminated so much of what makes us human: that

instinct for play, humour, personality, even silliness and flirtation, and ultimately connection with others.

The phenomenon is everywhere. Somehow, the word ‘social’ has come to mean sending a tweet or posting on Instagram; or it’s an all too remote service of government – social security, social services, social care, social housing. But truly being social actually requires us not only to save time, but to spend it, invest it, even suspend it – through pause, reflection and interaction with others.

The reduction of that human interaction in our everyday lives is killing us. Loneliness is as bad for people’s health as smoking 15 cigarettes a day. It brings on strokes, heart attacks, dementia and premature death.

One million people over the age of 65 in the UK feel chronically lonely most or all of the time. Seventeen percent see friends or family less than once a month; eleven percent less than once a week. Young people between the ages of 21 and 35 are the second loneliest age group. At 35, men feel more isolated than at any other time in their lives and suicide is the biggest killer of men under the age of 45. One in five young mothers feels lonely “always”. And one in four girls are depressed by the time they turn 14.

It’s narrowing our shared experience with, and understanding of, one another too. The generations are dividing. Communities that live side by side interact too infrequently, leading to the type of political divergences so evident in the national and international elections of the past three years. Trust in institutions – former pillars of society, from the media to

the trade unions to faith groups to charities – is eroding. And our public services are creaking: one in ten GP appointments is taken up by an older person with no other condition than that they’re lonely.

This disconnection in our connected age is the result of several complex, layered factors. Globalisation, gentrification, migration, digitalisation, and a chronic lack of housing have all sped up transience and transformed communities faster than ever before, leaving people feeling left out or left behind.

The things that matter to people are less accessible. Chasing abstract growth over sustainable meaning has created a situation in which work is plentiful but casual and livelihoods insecure. Football clubs have commodified their value built on community and sold it at a high price to fans on the other side of the world, leaving many feeling locked out. Music is more ubiquitous than ever, but the subsequent business model has made the format disposable and limited its creation to a smaller pool than ever. The ‘fourth industrial revolution’ has already partially occurred, and we haven’t yet figured out how to govern our lives or our society in a way that meets that drastic change.

So, we need new ideas, and a new focus not just on making life liveable or efficient, but on making life worth living – richer for the majority and more grounded in community and relationships. And that new approach needs to be consistent across the whole of government and civil society.

Welfare needs reform, but in a slow,



>> outcomes-based way – or, put another way, it needs to dismantle the poverty of income, opportunity, and connection by investing in prevention rather than cure. We need a ‘connecting state’ that moves away from payments for everyone with children, and housing top-ups which further inflate the market, in favour of a state which helps people to build networks that make them resilient, rather than reliant.

“So much of the ‘progress’ of technology and speed in this political economy has conversely eliminated so much of what makes us human: that instinct for play, humour, personality, even silliness and flirtation, and ultimately connection with others.”

We need an education system and national curriculum that doesn’t just teach algebra and trigonometry and Shakespeare and games once a week, but that teaches people how to build networks, how to

manage their physical and mental health through positive relationships and regular exercise, and how to bounce back from life’s inevitable setbacks.

We need a criminal justice approach that doesn’t spend billions making hardened criminals of minor offenders through prison and sentencing systems which perpetuate addiction or extremism. Instead, we need to help people to rehabilitate by building power in their lives through community and local support networks.

We need the National Health Service to do what it says on the tin – to keep people healthy rather than just treating people when they’re sick – through a wholesale adoption of the culture of prevention. That means expanding social signposting, helping people to stay well (for example through subsidised gym membership) and a massive re-prioritisation of mental health through support for people to connect to their communities and themselves.

On housing, we need to build mixed, ‘sociable’ developments that provide the public space for people to interact. And we need to build in some rootedness too. After

a huge new housing investment, councils should retain some stock specifically for people who have been to school in that area and want to remain part of the fabric of community, to build a family and put down roots. In business, this would be called retention and it’s one of the most important aspects of success – in civic life, it’s called community.

None of this hinges on Brexit. Indeed, if the Government thinks it can fix the crisis of disconnection in our connected age merely by negotiating a legal, ‘transactional’ Brexit, it will be severely disappointed and will ultimately fail. Brexit was a symptom, not a cause, of our wider malaise and the fragmenting of communities.

So, at this critical juncture in our social, political, and economic history, we need imaginative ideas to tackle specific long brewing injustices. Government should step back, find some of that pause and reflection we all need, and return to the founding principles in Theresa May’s speech on the steps of Number 10 two years ago – that “mission to make Britain a country that works for everyone”. ⁶

Money on the mind



Bettina Friedrich is a research associate at University College London

Raising awareness is a good start, says **Bettina Friedrich**, but mental health services need proper funding

The profile of mental health has been raised significantly in the past few years, partly due to campaigning from mental health charities and partly due to high-profile people – from Prince Harry to Professor Green – speaking publicly and candidly about their own mental health problems. All of this should be welcomed as it removes the stigma around mental health and encourages people who are suffering in silence to seek help.

“It is all very well to tell people that it is okay to have a mental health problem and that they should seek the necessary treatment, but if the healthcare system isn’t functioning as it should, awareness campaigns ring hollow.”

However, the awareness movement is not without its pitfalls. It is sometimes co-opted by people to advance their own agenda, such as increasing a fanbase or grabbing media attention.

YouTube celebrity, Logan Paul, caused outrage last year when he uploaded a video of a dead person in Aokigahara forest in Japan – a place known to be a frequent site for suicides. The video was viewed more than nine million times before Paul took it down. The YouTube ‘vlogger’ apologised, saying he “intended to raise awareness for suicide and suicide prevention”. Judging by the response on

Twitter, many people weren’t convinced by his excuse.

“Those in charge of the mental healthcare system should be held accountable and not be allowed to hide behind the sometimes-nebulous awareness debate.”

The awareness movement has also, at times, been hijacked by politicians. They publicly declare their commitment to raising awareness – drawing plaudits for their sensitivity and bravery – while simultaneously under-investing in mental health services.

Late last year, it was revealed that half of all Clinical Commissioning Groups – NHS bodies responsible for commissioning healthcare services for their local area – are not planning on spending more on mental health services this financial year, despite a huge increase in demand for these services. Speaking to *The Independent*, Labour MP Luciana Berger said: “Theresa May claims to be committed to improving mental health, but her cuts are harming mental health services.”

A few months earlier, a BBC Radio 5 Live investigation found that, out of 39 mental health trusts that provided figures for their crisis teams, 27 had seen their workload massively increase “but without a comparable rise in funding”.

Mental health stigma is of course very real, affecting the lives of people with

mental health problems as well as those close to them. Research has shown that fear of being labelled and stigmatised affects people’s willingness to disclose their illness and seek treatment, so it is laudable that ignorance about the causes of mental ill health and treatment options are being discussed.

But the debate around awareness shouldn’t cover up the very serious problems mental health services face. It is all very well to tell people that it is okay to have a mental health problem and that they should seek the necessary treatment, but if the healthcare system isn’t functioning as it should, awareness campaigns ring hollow.

“Politicians publicly declare their commitment to raising awareness – drawing plaudits for their sensitivity and bravery – while simultaneously under-investing in mental health services.”

Public education on mental health problems, and on how to find help, needs to go hand-in-hand with making improvements to mental health services.

Those in charge of the mental healthcare system should be held accountable and not be allowed to hide behind the sometimes-nebulous awareness debate. People with mental health problems not only need public awareness and understanding, but a functioning mental health service. **b**

A mindful moment



Tim Loughton is the MP for Worthing and co-chair of the APPG on mindfulness

Tim Loughton MP discusses how mindfulness has helped him and others

MP takes bath" is apparently hot news, at least if you are a journalist scrabbling round for a front page headline at *The Times*. MP never takes bath or shower might be more newsworthy.

Not that you would know it but the trigger for the story was a conference I co-hosted at Westminster last Autumn which brought together 20 MPs from over 15 countries to promote mindfulness as one of the ways we can help tackle the epidemic of mental illness in the West.

We were joined by the Godfather of Mindfulness, the American Professor John Kabat-Zinn, who has promoted the practice of mindfulness in schools, workplaces, prisons and as an alternative to prescription drugs in the health service. Getting 20 MPs from a panoply of different parties and different countries in the same room agreeing with each other and prepared to stay silent whilst practicing mindfulness is quite a tall order.

One of the joys of mindfulness is that it can be done by anyone, anytime, anyplace. These days most of us have stressful lives lived at 100mph but just taking a few minutes out to focus on the here and now and the things around you can set you up well for the day. You can do it in a quiet corner during your lunch break, on the bus, in your favourite armchair or in my case in the bath.

I tend to get up early and plunge myself into my bath soon after 6am where I spend up to an hour reading through papers and articles for meetings coming up in the day ahead, but I also reserve a little part

of my ablution time for some mindfulness meditation. For me the power shower just doesn't cut it, fending off the water jets at all angles adds to my stress levels.

The UK Parliament has been a leader in promoting the use of mindfulness not just in politics, or indeed in the bath, but all across society. Over 170 MPs and members of the Lords from all parties have now undertaken a mindfulness course which is available each week. We have also been invited to other parliaments to pass on the good news to other parliamentarians. I co-chair the All Party Parliamentary Group on Mindfulness with Labour MP Chris Ruane whose constant heckling and interruptions in the Commons chamber were certainly tempered after he first went on one of the courses and promoted the benefits to colleagues.

Mindfulness is not a panacea but it certainly can help in the fight against the epidemic of mental illness in the western world. One in four of us will suffer a mental illness at some stage in our lives. One in six women suffers from some form of perinatal mental illness and the impact on a child of poor attachment in those crucial early years can be lifelong. Over 850,000 children and young people now have a mental health problem and those are just the ones we know about.

The Prime Minister has highlighted this as a major challenge and whilst a Mental Health Bill is promised, resources are still too widely stretched and scarce professionals over-committed. Worryingly, in the last 20 years prescriptions for

antidepressants have risen by 500% and are used for ever younger children. The economy suffers £950 billion in lost earnings down to depression each year and it is the major cause of workplace absences. Anything that is easy to administer and available to everyone at low cost has to be a useful addition to the armoury in dealing with this epidemic.

"Mindfulness is not a panacea but it certainly can help in the fight against the epidemic of mental illness in the western world."

Schools are increasingly adopting mindfulness. It has been shown to improve focus and concentration and help lift results and it has the advantage of being popular and non-stigmatising unlike other mental illness approaches. Companies have latched on to it and one company told us that since introducing mindfulness classes for all their employees sickness absenteeism has fallen 71% and productivity improved. We also heard from a career criminal who had been in and out of jail for 20 years immune to all sorts of rehabilitation programmes until he took up mindfulness which is the one thing to have kept him on the straight and narrow.

Mindfulness won't solve everything but for many with low level mental illness and depression it can help. If combining it with a bath floats your boat then great, but it's not compulsory. **b**

Down and in debt

Helen Undy explains the link between mental health and problem debt



Helen Undy is the
Director of Money
and Mental Health
Policy Institute

People with mental health problems are three times as likely to be in problem debt. These financial difficulties in turn exacerbate mental health conditions, making recovery harder. All this causes significant harm to the people involved as well as increased demand and costs for the health service.

So, it's in everyone's interests to tackle this link, to make sure that a diagnosis of a mental health problem does not mean a life in financial difficulty – and that problem debt does not trigger a need for mental health services. But working out how to tackle it, and who should do it, can be complicated.

Our research at the Money and Mental Health Policy Institute has uncovered three key ways in which mental health problems cause financial difficulty.

First, reduced or sustained low income due to periods off sick, lack of career progression or insecure employment.

Second, increased spending due to costs associated with poor health and reduced impulse control leading to impulsive or uncontrolled spending.

Third, reduced financial capability, making it harder to choose, use and pay for essential services such as banking or energy and resulting in higher costs.

In tackling the first, low income, there is a role both for government and employers; helping people to stay in work where that is possible – and reducing the income shock where it's not. This means making sure sick pay and the wider benefits system are working for people with mental health problems, as well as ensuring workplaces

know how to support employees who might be struggling.

The second problem, increased personal spending, is a hard one for political action – but there is great potential for firms to step in and help. We've been working with multiple banks and other financial firms to support the introduction of tools such as voluntary spending controls, budgeting help or improved third party access to accounts so that people can stay in control of their spending in an episode of acute poor mental health.

“Our research found that four in 10 people with mental health problems have severe anxiety dealing with essential services like banks or energy companies, experiencing symptoms such as shaking, breathlessness and sweating.”

Finally, financial capability is an issue that cuts right across every layer of the economy, from government and regulation, down to individual firms. Our research found that four in 10 people with mental health problems have severe anxiety dealing with essential services like banks or energy companies, experiencing symptoms such as shaking, breathlessness and sweating. Many people reported panic attacks or suicidal feelings as a result of telephone calls,

letters or online application forms. These difficulties not only cause psychological harm, but they leave people in escalating debt and without appropriate services to meet their needs.


This area is one the Government has started to view as a priority, with the appointment of Guy Opperman MP as Minister for Financial Inclusion last year and some exciting commitments included the Consumer Green Paper. This paper includes a proposal that regulators should develop minimum standards for people with mental health problems and other similar conditions, to drive up performance across services like banking, energy and telecoms. It's a smart move, and one that we are supporting by developing more detailed standards at a firm level; supporting individual companies to improve their accessibility to people with mental health problems, getting ahead of what will be required by regulators and, we hope, going above and beyond to meet the needs of this group.

It is good to see the Government taking the issue of financial capability seriously. But, as ever with a beast as big as a government, the dots have not yet been quite joined up. The next step must be to consider how these standards for essential services firms might apply to government services themselves. Protecting people from the income shocks caused by poor mental health means ensuring that the benefits system is also accessible to people with mental health problems who may struggle with the phone, post or complicated paperwork. Recent

>> figures from the National Audit Office have shown that only half of all claimants were able to manage a Universal Credit application on their own, and help with making applications is only available on the telephone. Given our research has found that half of people with mental health

problems struggle to use the phone, this is a straightforward design flaw that needs to be tackled.

So yes, the link between money and mental health problems is complicated, and yes tackling it must be a responsibility shared between a

wide range of people and organisations. But it's not rocket science, and as our research develops an understanding of the pathways between the two, it's very clear that there is still plenty of low-hanging fruit when it comes to practical changes that would help. 

Rethinking justice

The UK needs a separate justice system for people suffering mental illness, argues **Karen Snedker**



Karen Snedker is an academic visitor at the University of Oxford

Severe mental illness is on the rise in the UK, and an increasing number of people with mental illness are behind bars and supported by inadequate mental health services. This is a situation that could be improved by the introduction of courts specifically geared for hearing cases involving defendants with mental health issues.

In England, there are more than 31,000 people with mental health problems in prison. In one sample of prisons in England and Wales, more than one third reported significant symptoms of anxiety or depression and ten percent were identified as having a psychotic disorder.

The neglect and mistreatment of defendants with mental health issues raises human rights concerns.

The prevalence rate of defendants with serious mental illness coming before UK courts is not well known. As of 2006, one study estimates that slightly more than one percent of defendants appearing at magistrates' courts were identified as having a serious mental illness. The percentage rose dramatically to almost seven percent for those held in custody. The numbers for those falling under the

broader 'mental disorder' categorisation are undoubtedly higher.

There are some safeguards. The Crown Prosecution Service may discontinue the prosecution in cases of minor offences, especially if there is past evidence of a hospital order. Or if questions of fitness (for the trial process or to plead) are raised, it triggers a psychiatric assessment. This can lead to a hospital order, supervision order or, in rare cases, absolute discharge. If remanded to hospital for treatment, the majority respond to treatment and the trial process continues.

Efforts are increasing to provide more mental health services throughout the court process – but not under a specialist court model. Mental health courts, on the other hand, treat defendants with mental illness as a special population. In the US, for example, more than 300 mental health courts have now been established as a part of a broader problem-solving court movement. Drug courts were at the forefront of this trend. Developed in the late 1980s, these specialty jurisdiction courts attempt to get at the underlying problems related to criminal behaviour.

In England and Wales, problem-solving courts have emerged in many areas, notably drug courts, but not in mental health. There are no concrete plans to move forward with the introduction of specialist mental health courts, despite two year-long pilot studies in England. Expansion of existing liaison and diversion services are not currently being incorporated into a mental health court model.

“In the UK – especially in England and Wales – problem-solving courts have emerged in many areas, notably drug courts, but not in mental health.”

Efforts need to be redoubled. I have shown that mental health courts work to reduce reoffending, enhance public safety and improve the wellbeing of individuals with mental illness. Mental health courts place more emphasis on the therapeutic and are less adversarial than traditional criminal justice.

Such courts often have a staff that include both traditional positions (judge,

>> attorney, probation officer) and newer social positions (social worker, neutral court liaison). One judge I interviewed described the court as “a place where it was possible to promote wellness and recovery”. Another judge described the shifting thought processes involved: “You are not seeing a criminal who is mentally ill. You are seeing a mentally ill person who is engaging in criminogenic behaviour.”

In mental health courts, clients are treated holistically, with individually-tailored plans combining community-based treatment, housing and social support. Once a defendant has an eligible diagnosis (such as depression or schizophrenia) and are perceived as amenable to treatment, ‘clients’ or ‘participants’ (as opposed to ‘defendants’) must volunteer to participate in a mental health court. Opting-in requires agreeing to a set of conditions for a period (which varies but is typically around two years) with frequent probation and judicial reviews.

In exchange, clients are offered a reduced sentence or dismissal of criminal charges, as well as access to additional resources. When they do not comply with court expectations, ‘creative’ responses are favoured. Jail is seen as a ‘last resort’.

Along with other studies, my research shows that there is a significant reduction in reoffending rates. In one US mental health court, 47% of clients had not been

re-arrested within the two years after court exit. If you only count those people who complete the court programme, the percentage goes up.

“The neglect and mistreatment of defendants with mental health issues raises human rights concerns.”

The goals of these courts go beyond reducing reoffending rates – they aim to enhance the stability and quality of life of clients. “You should help people be in a better position than they were when they came in”, suggested one prosecutor I interviewed.


Of the seven clients I interviewed and observed in court, it was the unique approach that led to (some degree of) success. For Monique, support from the team was critical: “During the time I was on probation, the monitoring of my life and what I was doing was good for me because it kept me on the straight and narrow”, she told me. Meanwhile, the court helped Jennifer to “build healthy habits” and Isaiah, another client, to “get the tools he needs”. Robert credited his success in court and in turning his life around to the supportive housing he gained through the court – after being homeless and suffering from alcoholism – along with his probation officer, who “saw some hope

in me”. Shima highlighted the supportive team and transformative power of mental health courts: “It made me believe that I don’t need to get in trouble no more. I am fresh now”.

Mental health courts can reduce stigma and lead to a renewed identity.

Now is an ideal time to consider the UK’s criminal justice policy concerning defendants with mental illness: attitudes towards mental illness are becoming more tolerant, opening up the way for public support for mental health courts.

Meanwhile, the policy of austerity in Europe and the UK is associated with weakening (mental) health apparatuses and less generous welfare benefits and available social services. This is not to mention that people with severe mental illness often suffer from other risk factors – homelessness and substance abuse – which mental health courts are better equipped to address than traditional courts.

While mental health courts can improve the lives of clients, they do not work for all clients. Importantly, they cannot ameliorate the problems in the criminal justice system or the welfare state. Solutions to managing mental illness largely occur outside the criminal justice system. But efforts within the criminal justice system, such as the mental health court, can alleviate some problems and represent an important step forward. 

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Loneliness doesn't discriminate



Tracey Crouch is Minister for Loneliness and MP for Chatham and Aylesford

Tracey Crouch MP talks about her new role as Minister for Loneliness

Loneliness holds no prejudice. It can affect anyone at any time. One in ten 16 to 24 year olds say they often or always feel lonely, according to official statistics. Half of parents say they struggle with loneliness, with nine out of ten new mums reporting feeling alone.

Life-changing moments can also leave people feeling isolated, whether it's moving away from home, caring for a relative, or losing a loved one.

Social isolation doesn't just affect people's physical and mental health; communities and wider society suffer when people feel disconnected or alone.

The Jo Cox Commission's report – led by Rachel Reeves MP and Seema Kennedy MP – uncovered the scale of the problem and highlighted that we need a long-term strategy if we are to reduce the number of people who feel alone – a figure that currently stands at an estimated nine million in the UK.

“Life-changing moments can also leave people feeling isolated, whether it's moving away from home, caring for a relative, or losing a loved one.”

This year, I have met a range of people who have expressed feelings of social isolation, as well as organisations throughout the country that are working to tackle loneliness.

I've also met people who have told me great stories of kindness and support.

Earlier this year, I visited Batley and Spen and met young carers, new mums and men who told me that local organisations have saved their lives by making them feel welcome in the community.

Work is now well underway to build upon this spirit. I have collaborated with the Jo Cox Commission and across Whitehall to ensure we have a supportive network in place that can take this important work forward.


A few months ago, I announced a dedicated £20 million that will help communities find ways to reconnect through local and national programmes that bring people together, improve lives and create a shared society for the future.

But this is just the start. The funding will be complemented by the UK's first major strategy to tackle loneliness, set to

be launched later this year.

By reaching out across political divides, and collaborating with businesses, charities and community groups, we will leave no stone unturned in our quest to tackle loneliness in society.

I have been open and honest that the UK's loneliness problem will not be solved overnight. I am committed to working with everyone who has an interest and am open to ideas and opinions.

The late Jo Cox instigated the fight against loneliness. She wanted people to have lives that were not overwhelmed by feelings of isolation. I am privileged to take over her excellent work, and will work tirelessly to build stronger and better connected communities and reduce the terrible damage done by loneliness. 



Latest report

Hotting up: Strengthening the Climate Change Act ten years on
Philip Box and Sam Hall

Ten years ago, the UK passed the world's first Climate Change Act that inspired other countries to adopt similar climate laws. Following the ratification of the Paris Agreement in 2015, the UK has another opportunity to lead internationally with its climate change policies once again. This report sets out the scientific, technological, legal, and political case for deeper decarbonisation of the UK economy in the decades ahead.

The Centre Write interview: Sam Gyimah MP

Olivia Utley interviews Sam Gyimah MP about young people, universities and mental health

“Universities should be acting ‘in loco parentis’, but this doesn’t mean infantilising students – it is about ensuring they have the right services available to them.”



What is it about university life that you think exacerbates mental health problems?

From what students have told me on my 'Sam on Campus' tour, it seems that there are lots of factors that can exacerbate mental health problems at university. One student who really struggled with anxiety and depression in their first year told me that it was the first time they were living away from home and were expected to fulfil completely independent study – so they were worried about fitting in, about getting their work done on time and even finding a partner. I think this is one of the problems with finding the right approach to giving students the mental health support they need – so many different factors could be at play. Because of this, I'm trying out a whole package of new measures. Most recently, I've announced a 'University Mental Health Charter' – which will see the development of new standards to promote student and staff mental health and wellbeing – and have set up a Department for Education-led working group into the transition students face when going to university. Right now, I'm exploring whether an opt-in requirement for universities could be considered, so they could have permission to share information on student mental health with parents or a trusted person.

Should university staff be responsible for students' pastoral care?

I think the crux of this issue is that some traditional vice-chancellors see the prime purpose of their university as training of the mind. This is no longer the case. In fact, it's about so much more. The pastoral care for students has to be there as well for a university to fulfil its full purpose. Universities should be acting 'in loco parentis', but this doesn't mean infantilising students – it is about ensuring they have the right services available to them. This is in part why I convened a mental health summit to on how universities can better provide this pastoral care – which includes mental health support – for students.

You think that universities should be more directly accountable to students, but your critics think that you're turning higher education into a commodity. What would you say to them?

A big issue for me, and for the students I have spoken to and heard from via email, is value for money. I want to be clear – I don't see the value of a university education solely hanging on what salary you can expect from a future job. University should be an exciting, enriching stage in a young person's life and they should pursue their passions. For many, higher education is a rite of passage to adulthood. And that is a good thing. So yes, we don't want to narrow the debate when we consider the value of higher education. But that doesn't absolve us from the need to tackle head-on the legitimate questions posed to the sector. Students have spoken of their concerns with the number of contact hours they have, the facilities they have access to, the quality of the teaching they receive. I think it is fair for a student who is investing in their future to expect the university they choose to do right by them. The system of fees and loans that has allowed us to remove student number controls and create this greater opportunity has also empowered students and raised their expectations. This means that universities and the value that they provide to their students and to society at large is coming under greater scrutiny than ever before. In my first speech at the establishment of the new universities regulator, the Office for Students (OfS), I called on them to put a "laser-like focus on students". Yes, the university

>> sector is experiencing unprecedented levels of scrutiny, but the launch of the OfS signifies a new age, 'the age of the student', and I want the sector to embrace this new era and it means putting student interests at the centre of everything universities and the OfS do. But of course, our higher education system is one of our nation's greatest assets. The UK is a world-leading destination for education, study and research, and we want this to continue. You only need to look our education exports data, which includes international study, and just how much it generates for the UK economy – estimates show this to be £19.3 billion, an increase of 19% since 2010. This isn't a case of focusing on students or the value of universities – both have equal importance and both will continue to have my focus.

A lot of people are saying that this generation of students is turning its back on free speech. Is that the case? And if so, why?

I disagree that students are turning their back on free speech. Through my tour of campuses, it became increasingly apparent to me that free speech is one of the biggest issues they care about. I've also received countless emails and letters from students saying that free speech on their campus is being threatened or impeded – suggesting that the vast majority of students consider it as important as ever. For this reason, it's something I'm very interested in. There are currently a dizzying variety of rules with the potential to act as a brake on lawful free speech on campus. The current landscape for students and universities is murky, with numerous pieces of disjointed sector guidance out there.

What policies would you like to see in place to improve diversity in universities?

Diversity on our campuses is one of the things that make our universities great, but there is more that needs to be done and it is something I am looking to address after summer. To really get to the heart of the disadvantage gap at our universities, we must change the rules of the game and swing them favourably towards the young people who need the most support. It is unacceptable that those from the most advantaged backgrounds are up to six times more likely to go to our top universities. Yes, universities have a role to play in this, but issues run deep – and there is also a clear role to play for parents in supporting their children through school and into university. One approach is to make universities reach out to potential students much earlier and teach them the rules of the game when it comes to applying to elite universities like, say, Oxford or Cambridge. You might


be the most talented pupil with the world at your feet, but if you are not sure how to answer interview questions or know about the intricacies of an Oxbridge interview then you might be overlooked. This way we can draw talent from the widest possible pool, which will only serve to strengthen our institutions and help students from all backgrounds feel as though they can achieve anything.

“In the same way that people who are aged 45-60 have varied concerns and interests, so too do people who are aged 18-34 – and we shouldn't make the mistake of believing that they all think as one.”

Which three issues do you think are the most important to 18-34 year olds?

What I've found interesting from lots of the students I have spoken to on my 'Sam on Campus' tour and at events I have been to, is that not all young people, or in this case 18-34 year olds, think the same or have the same priorities. I actually asked your question in a video I did for my visit to Manchester Metropolitan University and I got answers as diverse as sustainability and austerity to Brexit and supporting student nurses. It just goes to show that in the same way that people who are aged 45-60 have varied concerns and interests, so too do people who are aged 18-34 and we shouldn't make the mistake of believing that they all think as one. But what I can say have been consistent themes have been mental health, housing and Brexit.

Finally, who would you like to see as the next mayor of London?

Definitely a Conservative! I think we are lucky as we have a very talented candidate list this year with each candidate caring deeply about the issues facing Londoners and trying to sort out the problems that Sadiq Khan has been unable to, from knife crime and youth violence to air quality and transport. We need a new mayor with fresh ideas. 

Research update



James Dobson is a
Senior Researcher
at Bright Blue

James Dobson delivers an update on Bright Blue's research programme

Since the start of this year, the Government has given significant focus to the future of Britain's environment not least because of Bright Blue polling showing its importance to younger voters. The Prime Minister has announced plans to introduce the first Environment Bill since 1995, while the Secretary of State for the Environment has announced further clampdowns on single-use plastics.

Bright Blue's energy and environment team has continued to influence the Government in these areas through several new reports. In May, we celebrated the ten-year anniversary of the Climate Change Act with a new report, *Hotting up*. The report argued that Britain, once again, has an opportunity to lead the world through its climate change policies.

It set out the scientific, technological, legal, and political case for deeper decarbonisation of the UK economy in the decades ahead. It proposed new policies to enable this, including the UK strengthening the Climate Change Act and adopting a new legal net-zero emissions target.

After, in our second report of the spring, we urged the Government to lead international efforts to conserve global nature. The natural world is facing unparalleled threats. The fragility of the

environment not only threatens the flora and fauna for which we are custodians, but the future prosperity of communities around the world.

In the report, we argued that greater focus and funding for global nature conservation through the UK's international aid budget, particularly through charismatic UK branded projects and programmes, would build public support for international aid while safeguarding the world's nature.

In the coming months, we will publish a new report on the sources of and trends in air pollution in the UK and assessing the different legislative options for improving the legal protections from air pollution. While our conservation project will produce its second output, an essay collection, in which leading conservationists and centre-right policymakers analyse the challenges to conservation and generate innovative policy ideas to address them.

Bright Blue's human rights and discrimination team have continued their efforts to influence the Prime Minister's 'burning injustices' agenda a few months ago, we published an essay collection, authored by prominent backbenchers from all the UK's main national political parties, which set out some of Britain's most prominent 'burning injustices', and provided solutions to help address them.

We followed this report with a half-day *Conservatism, human rights and discrimination* conference in June. The conference included a keynote speech from the then Minister for Human Rights Dr Phillip Lee MP. The conference explored centre-right approaches to tackling all forms of discrimination in education, employment and wider society, and ways of strengthening human rights overseas as part of the Government's post-Brexit 'Global Britain' strategy.

Under our immigration and integration theme, we will shortly be publishing a new report that maps levels of trust in different parts of England. The report will also consider how immigration affects levels of social integration in England.

Our social reform research programme will release a new report examining the experiences of claimants on universal credit and review options for reform.

The last three months of British politics have, inevitably, been dominated by the looming prospect of Britain's withdrawal from the European Union. But Bright Blue's research team have continued to assiduously pursue the full range of challenges facing the UK. With many more exciting research projects coming up, we will continue to develop and champion new liberal conservative ideas in the months ahead. 

The Tamworth Prize

The Tamworth Prize is our annual essay competition for young people. The Prize is named after the Tamworth Manifesto which Sir Robert Peel published in 1834.

The Prize is open to anyone aged 21 or under and the winner will have his/her entry published

in this magazine. He or she will also receive a week's work experience with us, and a year's free membership.

This essay should be 1,000 words or less. Email your entry to olivia@brightblue.org.uk. The deadline for entries is Friday 31st August, 2018.



Take a walk on the wild side

Eamonn Ives explores the benefits of ‘green prescriptions’



Eamonn Ives is a researcher at Bright Blue

In early July, the National Health Service celebrated its seventieth birthday. Its present was a £20 billion injection of cash by 2023-24. This amounts to an annual spending increase of 3.4% – far higher than the 2.2% which the Labour Party pledged in its 2017 General Election manifesto.

Inevitably, the birthday present has provoked controversy. On the one hand, supporters of the NHS claim that the extra cash is but a sticking plaster, insufficient to meet the growing demands of an ageing population, and the costs of new technology and medicine. The independent Health Foundation charity, for example, believes that a figure closer to four percent per year is a better estimate of what is required. On the other hand, many have complained that this funding boost will inevitably have to be paid for by any or all of the following: higher taxes, increased borrowing, or raids on other government departments.

“Green prescriptions will not suit everybody. But early evidence suggests that for some people suffering from certain ailments, they could prove to be both more effective and cheaper than other treatments.”

What is clear is that there is a real need for NHS reform and innovation. Slowly but surely, the NHS is beginning to embrace greater digitisation and

sharing of data. And, at a more basic level, doctors are now looking at new treatments which will both improve patient care and save money.

One such approach is what has come to be known as ‘green prescribing’. This, in essence, means medical professionals recommending to patients that connecting with nature can be an effective way of tackling both mental and physical illness. In practice, this could involve cultivating a garden, for example, to help reduce stress-induced problems, or exercising more in local green spaces to improve fitness.

Green prescriptions are gaining popularity in the UK, whilst in other countries such as New Zealand, and parts of Australia and the US, they have already been in use for many years. More and more scientific papers are being published spelling out the benefits which adopting green prescriptions can bring to a range of health problems – from depression to high blood pressure, obesity and respiratory diseases. Meanwhile, other studies continue to show how simply exercising outdoors rather than inside a gym can hugely improve general wellbeing.


Making it possible for people to put green prescriptions into practice, though, clearly requires plenty of easily accessible green spaces. In November of last year, Bright Blue explained how leaving the EU will mean that policies and funding for rural activity will be able to be brought together in one framework. We set out how we believed the at least £3.1 billion

budget which government currently provides to farmers, land managers, and land owners could be spent after we leave the Common Agricultural Policy (CAP).

“Studies continue to show how simply exercising outdoors rather than inside a gym can hugely improve general wellbeing.”

Our idea for a market-based commissioning scheme for ecosystems services could involve the NHS as a paying beneficiary of ecosystem services. The NHS, for example, might explore working directly alongside conservation organisations to provide nature parks, bird watching reserves or woodland habitats, which patients could be encouraged to visit as part of their treatment plan.

Green prescriptions will not suit everybody. But early evidence suggests that for some people suffering from certain ailments, they could prove to be both more effective and cheaper than other treatments. An attendant benefit of greater green prescribing could be a shift towards the recognition of the need to maintain access to Britain’s beautiful green spaces, which deliver invaluable natural processes such as air purification, flood defence, and carbon sequestration.

As the NHS moves towards its next milestone birthday, reforms such as the use of innovative treatments should be firmly in the minds of its directors. 

Scientific solutions

Gabriel Gavin discusses the importance of clinical research in combatting mental illness



Gabriel Gavin was a researcher at Bright Blue. He previously studied and worked in neuroscience at University College London

The discussion around mental health focuses predominantly on acceptance, stigma reduction and access to talking therapies. However, there is an increasingly exciting world of neuropsychiatric research that promises to profoundly change the ways in which we understand and treat mental health problems. Quality of life for future generations depends on our ability to generate world-class research and to put a new science of the brain at the heart of how we treat mental health.

The United Kingdom is undoubtedly a world leader in scientific research. The Nature Index, which tracks the origins of high-quality scientific publications, ranks the UK fourth globally for research output. But our expenditure on research and development has been consistently low, accounting for only 1.6% of GDP in 2018, well behind the EU average of 2%. If our position as an innovative research hub is to be preserved, we must look at how to redress this imbalance.

Collaborations between university researchers and commercial organisations offer a potential way to sustainably fund projects that would otherwise not be possible, particularly in the field of drug development. Virtually all of the available drugs to treat depression, schizophrenia and other mental health problems were discovered by accident in the 1950s and 60s. And progress in developing new, better drugs to treat psychiatric disorders has almost completely stalled since then. Many new drugs are simply tweaks on the formula of existing pharmaceuticals.

Without understanding the way in which they work and the underlying neurological causes of conditions like anxiety, depression and schizophrenia, it is difficult to see how progress can be made.

Although serendipitous discovery of a revolutionary drug may be every researcher's dream, it is not an attractive business model for pharmaceutical companies. From 2010, some of the UK's largest drugs manufacturers, including GlaxoSmithKline and AstraZeneca, announced that they were discontinuing the development of new psychiatric drugs, because of the high costs and slim chances of success. This Government should look to incentivise firms to provide resources for academic researchers, who are in a unique position to conduct long-term research into these conditions and their treatments.


A good example of this working well is in the trial for a new drug to treat Huntington's Disease, a debilitating and progressive neurodegenerative condition. Over a number of years, academic researchers were able to elucidate the genetic and cellular mechanisms of the disease. Partnering with pharmaceutical companies to develop a drug, researchers have recently completed an early trial that shows the intervention can offer profound benefits to Huntington's sufferers.

Psychiatric disorders are more complex, but there is no reason these collaborations cannot provide similar insights into conditions.

Getting funding right, however, is only part of the equation. As well as seeking to develop scientific talent through our

schools and universities, it is essential that the UK can continue to attract scientists from across the world as we leave the European Union. Whilst in the past the draw of the UK's prestigious universities was enough to make it a desirable destination for researchers, the rise of a new generation of institutes across Europe and in Asia makes the competition for top scientists fiercer.

There are already fears that science will be stifled unless freedom of movement is replaced by a system that recognises the contributions international researchers make as we leave the EU. Moving entirely to a visa-only system after 2020 would significantly increase the numbers that need to be processed, and potentially act as a barrier to scientists coming to the country. There should be a concerted effort to not only streamline applications from scientists, but to actively attract them to the UK.

Applying science from universities and laboratories to patients is a complex process, but one that has a profound potential to treat mental health conditions. However, the importance of translational and applied clinical research is often overlooked. Recent reports show that NHS Trusts are increasingly diverting nurses away from clinical trials to meet staffing shortages elsewhere. Primarily led by drug companies looking to evaluate the potential of new drugs, their success depends on support from the NHS. The Government should look to begin a new era of collaboration with industry by getting this essential partnership right. 

Tea for two with George Freeman MP



Olivia Utley is the Editor of *Centre Write* and Communications Manager at Bright Blue

George Freeman MP is best known as the brains behind the Big Tent Ideas Festival – a one-day political jamboree the press has nicknamed ‘Tory Glastonbury’. The inaugural event last year was held at a farm in Berkshire and sought to bring together a few hundred people from the “vanguard of the Conservative renewal cause” to brainstorm ideas for making the Tories more appealing and – though this was never quite made explicit – to save the country from socialist ruin under Jeremy Corbyn MP.

This year, as Freeman explains to me in his tiny, frenetic office in the very corner of the sprawling parliamentary estate, he has even bigger plans. “Last year, I was Head of the Prime Minister’s Policy Unit – so I was a bit constrained in what I could do. This year, I’m just a backbencher, which means I’m able to open the festival up into something broader – and more exciting.”


And he’s already fizzing with energy at the prospect. “All of us who believe in mainstream politics, whether from the centre-left

or centre-right, must recognise what is happening. That means being uncompromisingly honest about our own failures, rigorous in our analysis, clear in the proposed programme and ambitious, optimistic and generous in our ultimate goal. All around us are inspiring examples of renewal: by communities, companies, sports teams, families and individuals. It’s the stuff of sporting, personal or Hollywood legend that makes us cheer and cry. That’s the spirit I want Big Tent to capture.”

Against the backdrop of a parliament which is both literally and figuratively falling apart, Freeman’s one-man mission to kick-start a new conversation about what is needed for the grassroots renewal of mainstream politics seems wildly optimistic. But, strangely enough, his earnest enthusiasm is infectious. Listening to him talk cheerfully about Big Tent people, those “who don’t want to go to be a member of a political party, or go to a party conference, but do want to shape the debates that shape our lives”, I find myself feeling a lot less cynical about British democracy.

“All around us are inspiring examples of renewal: by communities, companies, sports teams, families and individuals. It’s the stuff of sporting, personal or Hollywood legend that makes us cheer and cry. That’s the spirit I want Big Tent to capture.”

And the young team around him clearly feel the same. Speaking to them after my tea with George, I learnt that they’re a mixture of Leavers and Remainers, Londoners and Norfolk dwellers (Freeman’s patch is North Norfolk) but they are united in their admiration of George’s energy, and whole-hearted belief that there’s a positive way to “do politics”. They work harder than parliamentary assistants I’ve ever met, but they all seem genuinely thrilled to be there.

The second Big Tent Festival takes place on 8th September, and I for one will be going along. As George puts it “we don’t claim to have all the answers, but we hope to at least ask the right questions, in the right spirit.” And, at the very least – it’s a blessed relief hearing someone in Parliament sounding excited. 



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ARTS & BOOKS

Exhibition: *Thomas Cole: Eden to empire*



Oscar Rocklin is a
Research Assistant
at Bright Blue

The American psyche has been shaped by the country's great wildernesses. The latest exhibition at the National Gallery shines light on the man who was one of the very first to capture the defining American aesthetic of scale and awe on canvas.

Born in Lancashire in 1801 at the very beginning of the Industrial Revolution, Thomas Cole grew up in the heart of cotton-country, scene of the violent Luddite backlash against mechanisation, something he witnessed first-hand. Aged 17, Cole and his family emigrated to Philadelphia in search of a better life. He would ultimately move to New York, where he would base much of his work on the nearby Catskill Mountains.

As a self-taught artist, study visits to Britain and Italy were crucial in helping to shape his visual identity. Cole's European influences are clearly illustrated throughout the exhibition, which also includes examples of Constable, Augustus Wallis, Claude, Turner and Martin. Cole's work fits in well, marrying the clarity of Constable, the elegance of Augustus Wallis, the luminosity of Claude with the immensity and drama of Martin's work.

Yet Cole's pieces are fundamentally different from those of his European counterparts. There is something uniquely 'new world' about the way he reaches for the sublime. Cooper's *The Last of the Mohicans* visibly translated into Cole's work, which often includes scenes of Native Americans set against his distinctively vast landscapes. It is arguable that Cole's true project was that

of translating Cooper's conception of a distinct American romantic character into epic visual form.

As well as featuring his most celebrated work, *The Oxbow*, the exhibition builds up to Cole's study on *The Course of Empire*, a five-piece collection charting the rise and fall of an empire swallowed by its own hubris. There is an implication from the outset that Cole's reverence for wild, ancient places is fuelled by fear of man's simultaneously creative and destructive abilities – something which could be described as a grand ecologically-minded Luddism. As Roderick Nash noted, "wilderness appealed to those bored or disgusted with man and his works." It seems apparent that Cole was deeply worried that his adopted home would befall the same fate as his country of birth, sacrificing much of its wild beauty for the sake of the industrial expansion being championed under President Jackson.

The display could have been further improved by a look at other American artists outside of the Hudson River School, who would go on to reimagine his tradition in the latter part of the nineteenth Century, to the same extent that it fleshes out Cole's European inheritance. One such figure, Thomas Moran, would have been a perfect fit.

Moran's vast and glowing landscapes of Yellowstone in particular are widely credited as having helped generate support for the establishment of the national parks system. At a time when the national parks are coming under

unprecedented pressure from an environmentally thoughtless White House, there is no better moment to be reacquainted with the American romantic tradition Cole pioneered.

As Cole put it in his *Essay on American Scenery*, "nature has spread for us a rich and delightful banquet. Shall we turn from it? We are still in Eden". In the fullness of time, it may be no exaggeration to say that Cole's work, born out of a very personal ardour and angst, may ultimately have inspired the protection of the American wilds about which he cared so much. **b**



The National Gallery



The National Gallery

Thomas Cole: Eden and Empire runs until 7th October 2018 at The National Gallery, London.

12 rules for life: An antidote to chaos

by Jordan B. Peterson



Ryan Shorthouse is the
Director of Bright Blue

The renowned Canadian academic and psychologist, Jordan Peterson, is one of the most prominent and polarising voices in modern cultural debate. Some believe he is a bothersome and obnoxious contrarian, providing intellectual cover for reactionary, 'alt-right' views. Others think he is a breath of fresh air, calmly countering the 'PC brigade'.

The best way to come to a judgement on something or somebody, of course, is to find out for yourself, rather than simply taking what other people say – especially those from your own political or social 'tribe' – as given. So, with that in mind, I dipped in and out of his bestselling book for a few months.

Peterson, it strikes me, is genuinely motivated by a desire to help people – especially young men – through the difficulties they face in life. It is clear he has encountered much in his. Towards the end of the book, he reveals the deep frustration – at times hopelessness – he has faced dealing over the years with the arthritis his daughter, Mikhaila, was diagnosed with in early childhood.

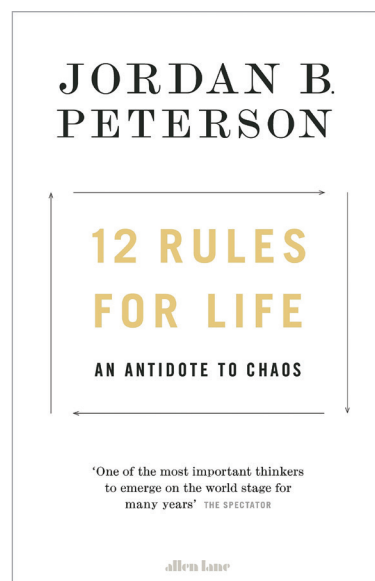
And he has a habit, when describing dilemmas experienced by patients and people he has met throughout the book, of not offering conclusive diagnoses, but

multiple interpretations of whether and why they are victims or not. This is, of course, very meticulous, but the repetition and sheer exhaustiveness of this process reveals, I think, an ongoing irritation with the intellectual laziness of others who make confident conclusions about people, including, no doubt, himself, without careful consideration of all possibilities and facts.

He is obsessed with biological and historical differences between men and women. Some of the studies and stories he cites are revealing, sometimes selective, but are littered throughout to exaggerate the importance of gender for human activity. It feels as if he is fighting feminists throughout.

Broadly, he is regurgitating stoicism, reminding readers that suffering is random and inevitable in life. At times, it reads like a naff self-help book, with advice regularly related to the teachings of the Bible, to decorate it with more profundity than the point deserves: "Christ enjoins His followers to place faith in God's Heavenly Kingdom, and the truth. That's a conscious decision to presume the primary goodness of Being. That's an act of courage. Aim high, like Pinocchio's Geppetto. Wish upon a star, and then act properly, in accordance with that aim". Yuck.

Some of his twelve rules are good, age-old truisms: 'Tell the truth – or, at least, don't lie', and 'Stand up straight with your shoulders back'. Others are just bizarre: 'Pet a cat when you encounter one on the street'. He thinks he is being clever here, because the chapter is actually about stroking dogs. He thinks this trick would



12 Rules for Life: An Antidote to Chaos,
Jordan B. Peterson;
Penguin; Allen Lane Publishing (U.K.);
448 pages (Hardback).
Published 16 January 2018.

– I think, absurdly – make both cat-lovers and dog-lovers pay more attention in this chapter. Apparently, this is because of findings from social psychology: that people are more social towards people in their own group and antisocial towards people of other groups. Other than to use several pages demonstrating his knowledge of this evidence, I am literally lost to why this point is being made.

Peterson is regarded as a cogent and motivational speaker, but in his writing, he regularly rambles. At one point, pages are dedicated to describing the brutal weather


>> of his childhood in small-town Alberta, with no point seemingly emerging from the convoluted story. His sharp intellect is both a strength and weakness in a long book like this: from time to time, he compellingly deconstructs received wisdom with profound wisdom, but sometimes he is guilty of over-interpreting, especially the Bible and fairy tales, which means we get lost in the weeds.

He speaks important and sometimes uncomfortable truths, however. Like on the importance of disciplining children.

Or the dangerous oversimplifications that emerge from ideological thinking, from all sides of the political spectrum. Or the fact that in well-functioning societies, aptitude from intelligence and conscientiousness rather than power relations between different social groups, as postmodernists promulgate, is the biggest determinant of individual life outcomes.

This makes him controversial, but offers important lessons to liberals – which, after all, he describes himself as; well, the English variety. As Peterson

articulates, Western society and thought – originally descending from Christian thinking – emphasises the primacy of the individual, of “the implicit transcendent worth of each and every soul”. This means that, sometimes, liberals will have to be courageous and find themselves in the unusual position of standing up against fashionable goals, if they are collective and supersede individual rights.

There’s good and bad in this book, basically, as Jordan Peterson would indeed argue there is in all of us. 

Television: *Love Island*



Phillip Box is a
Researcher at Bright Blue

From George Osborne to Lily Allen, there’s no denying that ITV’s hit show, *Love Island*, set tongues wagging.

The premise, for those unfamiliar, involves a dozen Brits of both sexes, flown to a villa in Spain. Here they must choose another individual to ‘couple up’ with, perform a series of inane weekly challenges as a group, and survive the perpetual threat of eviction via public vote.

The generously-termed ‘challenges’ range from passing cocktail ingredients mouth-to-mouth, to every re-imaging of spin the bottle and snog-marry-avoid possible. But these are very much a side-show.

As with pretty much every successful piece of popular culture, it is the ‘human stories’ that pull in the punters. Who will choose who? Will X and Y stay together? Will X find out Y secretly kissed Z? In this sense, *Love Island* can be understood as a swimsuit-clad Elizabethan Court, a Milgram social experiment, or a Majorcan

microcosm of Westminster politics.

The format allows you to identify various individuals and their personal traits very quickly. Couples soon develop their own follower-factions on social media, with the infamous *Love Island* hashtag offering some witty-wisdom for the morning commute. The programme’s most endearing factor is that it does not take itself too seriously. It gives off a very-British air, an awareness of its own shortcomings and disbelief in its own success.


The show thrives on the love of gossip and conversing about others. Audiences both revel in the drama and revile it. Contestants can be treated as remote objects for gossip, critique, and humiliation one day, and cherished human-beings worthy of solidarity the next.

Where to draw the line between entertainment and low-key emotional-torture however, remains a significant challenge. Producers were recently lambasted for using a misleading video to

disrupt a popular couple, which led to over 600 complainants.

Much of what goes on is generally excused as part-and-parcel of on-screen fame, but recent events have thrown that assumption into question.

Former contestant Sophie Gradon tragically took her own life, having previously raised awareness about both anxiety and cyber bullying. Similarly, this year’s contestant Niall left for mental health reasons.

Love Island neatly encapsulates several discussion themes around mental health, from the bounds of internet civility to body confidence. As efforts to address cyber-bullying and the effect of the internet on mental health more generally develop further, *Love Island*’s impact on the public debate will continue long beyond this year’s season. 

Love Island began on 4 June 2018 at 9pm on ITV2. It concluded on 30 July 2018.

The Crossway

by Guy Stagg



Portia Berry-Kilby is a research assistant at Bright Blue

As communities become increasingly secular, a debate persists as to whether religion helps or hinders mental health. Arguments often contrast the built-in community that accompanies religious practice with the potentially exclusionary nature of the beliefs involved. Guy Stagg, in his latest book *The Crossway*, offers a fresh perspective. For some, the road to recovery lasts years; others are lucky and the duration is short. Stagg? His consisted of close to six thousand kilometres, ten countries, and enough clergy to form a Synod.

All too often, pop culture berates religion for allegedly hateful teachings and old-fashioned practices. Stagg rises above these stereotypes and presents us with his raw and real experience in which those identifying as religious appear just as human as the guy next door. Of course, certain encounters prove challenging, to say the least. But on the whole, the characters Stagg describes in *The Crossway* are selfless and welcoming.

By no means does Stagg set out to paint a pretty picture of the Roman Catholic Church. And to be honest, that's just as well, because he wouldn't succeed. But he does approach all he meets with an open mind. And as a result, the image he creates of religion feels incredibly authentic: a diverse bundle of caricatures, united by a common love. At times, this love seems quite alien; at others, it is so infectious one wishes to stay on a part of the pilgrimage forever.

Immersed along ancient trails, tracing crusader paths, and recounting the lives

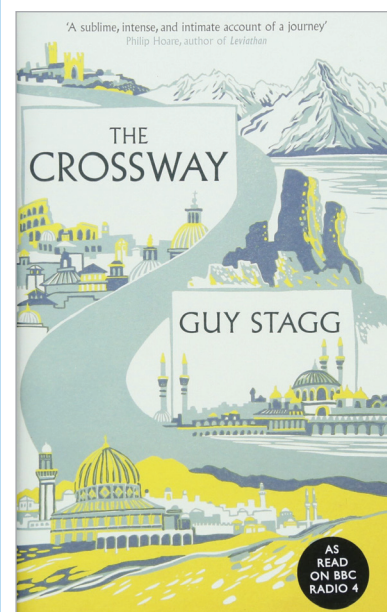
of saints, Stagg's pilgrimage always has the potential to overwhelm. It should come as no surprise perhaps, when, with thousands of kilometres behind him and hundreds more to go, Stagg feels it is best to "forget about God for a while".

"All too often, pop culture berates religion for allegedly hateful teachings and old-fashioned practices. Stagg rises above these stereotypes and presents us with his raw and real experience in which those identifying as religious appear just as human as the guy next door."

But this book never centred on God in the first place. It is religious practice, and not faith, with which Stagg enjoins. He debunks the myths that one has to be fully faithful in order to derive any benefit from religion. Partaking in the ancient religious practice of pilgrimage, Stagg learns of the power of solitude. He discovers that monastic life is not an escape from the world made possible by power of institutionalised religion, but rather a confrontation with the self.

The Crossway boasts no predictable travel writer's thesis. Arguably, the pilgrimage does not transform Stagg, it offers no obvious take-home, and little in the way of a replicable vacation route (unless tear gas attacks, crypts, and sleeping rough is the new Malaga). Little travel writing infuses such a dense history

of Christianity with jarring recounts of suicidal thoughts, somehow all combined into the effortless style of a novel. Even fewer travel books present a luring appeal of the cloistered existence. We learn that Stagg's pilgrimage is more than the distance he covered. Nuns are more than their habits. All in all, we are reminded that there are more to things than meets the eye. And, I like to think, the same goes for the role religion can play in setting us on the road to recovery, whatever path that may take. **b**



The Crossway, Guy Stagg;
Picador;
400 pages (Hardback).
Published 14 June 2018.

