From the front line

NIGEL HUNT *(University of Nottingham) interviews* **IAN ROBBINS** *about famine, war, and Cagney and Lacey.*

IT has been a long and winding road for Ian Robbins, taking the scenic route from psychiatric nurse to consultant clinical psychologist via famine relief work in Uganda, serving in the Gulf War and contracting hepatitis in Somalia. I met him in Guildford to talk about his life and work.

How did your experiences in Africa influence you as a psychologist?
It made me more focused on the impact of trauma. I was working as a nurse and in general humanitarian aid – sometimes clinical work, sometimes logistics. Afterwards, I thoroughly enjoyed my clinical training, at the University of Leeds. It was a wonderful experience, though perhaps they tried to cram too much information into the course. It was not particularly difficult – there was just too much of it! There was a good bunch of people at Leeds at that time. It was an exciting time, a buzzing place for applied psychology.

What did you do after clinical training?
I had six months off, waiting for the right job to come up. I did a bit of teaching, assessment, furniture removal… and then a job came up at Newham with Mike Bender. It was a community psychology team. Having working in the health service until then it was amazing to work with a multidisciplinary group. At first I thought I wouldn't be able to cope, but I then realised that this was the most exciting and innovative way to work.

Why?
Because I was working for social services. It was accountable to our elected representatives. It also combined clinical work and planning. It involved not just clinical psychologists but people with a variety of applied psychology backgrounds.

What did you do after Newham?
I took six months off to work in the Sudan. I was a medical coordinator for a refugee mental health team on the Sudan-Ethiopia border during the 1985 famine. I remember watching the Sudanese version of Live Aid. As we were the only four white faces in the crowd we featured a lot on television! It was while I was in the Sudan that I met my wife, Mirjam, who was also working on refugee programmes – it was a pivotal point in my life.

What did you do after this?
I worked with the MoD for a year as a clinician, and carried out research relating to military mental health services, and then I obtained an academic post as a senior lecturer in clinical psychology at what was then Newcastle Poly.

Why did you move into academia?
I wanted to do research, and I stupidly thought that I would have more time to do research. I went to Newcastle because I was born in the North and it looked like an interesting job. During my time at Newcastle I continued working on some research contracts for the MoD – various aspects of military behaviour. Then in 1990, due to Mirjam's career needs, I obtained a job at Plymouth, but between obtaining the post and moving down to the South West I ended up serving in the first Gulf War. I was on the Regular and Army Reserve Officers list.

'I am fascinated by damaged people who can learn to get on with their lives'

What was your role in the war?
I was in a Forward Field Psychiatric Team as a RAMC Officer. After the land battle I joined an operational analysis team and moved forward to Kuwait and into occupied Iraq. I was involved in the human factors side of the war, particularly the process of mass desertion and surrender of Iraqi troops. We found that the reasons they deserted and surrendered were that (a) morale was poor, and (b) there was a system of spies – for every group of eight to ten men there were one or two spies. This did not encourage unit cohesion, so the men grouped instead in kin or clan relationships, in twos and threes. It was these small groups which deserted or surrendered together. They had not wanted to invade Kuwait. Just the opposite; many had been treated in Kuwait during the Iran–Iraq war. Another reason why the men surrendered and deserted was that they were poorly supplied. When they did receive supplies, it was the officers who got things first, most, and most often.

Also in Iraq I found out that even Royal Army Medical Corps officers have to have up-to-scratch military skills, as they may be called upon to search buildings. I had not been taught how to do this for real, so my best ideas came from Cagney and Lacey!

Do you think your experiences in the war can inform Iraq post-2003?
Oh God yes! It is important that we don't underestimate the enemy away from the conventional fighting, and that our troops feel supported and have adequate equipment and good command-and-control supervision. To embark on a war that does not have clear objectives is doomed to failure. The first Gulf War had clear objectives – remove Iraq from Kuwait. The current debacle has only political not military objectives.

Both in the UK and abroad there is an almost criminal lack of resources for people in military service. For instance, reservists who return from active service have no particular right to services. The army's psychiatric services have been so decimated by cuts – there is now no inpatient service, except ad hoc beds at the Priory. I feel particularly aggrieved when people serve their country and don't get decent treatment on their return. I do not agree with the war, but the soldiers don't have a choice. They are doing their duty and should receive all appropriate assistance.

What did you do after the war?
I took up my post at Plymouth – which was an exciting psychology department in its own strange way. I had great fun there. Afterwards I became Head of Adult Clinical Psychology in North Devon, followed by a little hiccup in my career outside psychology as a consultant, but that involved being away from home for too long. I then moved to St George's, and became director of the Traumatic Stress Service at St George's in 1997. In 2002 I took up the post of Professor of Mental Health Practice at the University of Surrey.

Do you find it easy to juggle the two jobs?
There is a conflict between the two jobs.

They both expect me to be full time – I am trying to learn how to say no. Perhaps I will succeed before I retire! I also have to fit in my consultancy. I do some medico-legal work in both the civil and criminal courts, and various forms of ad hoc consulting, mostly relating to major traumatic events.

What does your work at St George's involve?
St George's is a multidisciplinary trauma service dealing with people who are extremely traumatised. It was originally designed for people who were victims of crime, but later we had increasing numbers of refugees and asylum seekers. Last year we dealt with 26 nationalities with 20 languages.

You must regularly deal with interpreters. Does that create difficulties?
It was originally quite difficult, but once we learned to brief them properly it became very easy. We have a good working relationship.

Do they have any training or expertise?
No, they are just intelligent people with common sense – who often speak several languages. They are sometimes talking about events close to their own lives, as they are often refugees. We have a system to debrief and allow interpreters to ventilate their emotions after sessions if they need to do so. We find that if we are prepared for what we are likely to hear then the process is less stressful.

You were involved with the Belmarsh prisoners who were held without trial.
Yes. After 2001 I became involved with assessing a number of people who were imprisoned under the 2001 Terrorism Act. The act was introduced within three months of the September 11 attacks, and it was a very bad piece of legislation, a knee-jerk reaction which was subsequently declared unlawful by the House of Lords in 2005.

I was involved with a number of independent assessments of the detained people and became increasingly concerned that it was the indefinite nature of the detention that was sending people crazy. I talked to a group of psychiatrists who were also involved with the assessments and realised that we had common concerns. I then coordinated the production of a report that examined all the assessments on all inmates and their spouses. It was a conservative report in that we only reported material where there was consensus across assessors. We concluded that there was a progressive deterioration of mental health over time, with the indefinite nature of the detention a major factor, and this was also detrimental to spouses. The report included a statement against indefinite detention without trial. It was written by one psychologist and seven psychiatrists. It received wide publicity and was discussed in Parliament. To my shame there was no supporting statement from the British Psychological Society.

You have recently been involved in the assessment of suspected terrorists. Can you provide some details?
Yes, these are independent psychological assessments carried out on people who have been arrested as suspected terrorists. There may be no evidence of mental illness. Because of my previous involvement with the people detained under the 2001 Act there is an assumption that I am a bleeding heart liberal. When I do an assessment it is based on clinical presentation and history rather than liberal sympathies or political beliefs. I think that it is particularly important that a report is not partisan if it is going to be able to inform the court in a meaningful way about someone's psychological state.

The areas you work in aren't the easiest – what drives you to work in them?
I have a fascination with people, how they live through horrible events and manage to transcend them. As a clinician I am fascinated by how I see damaged people who, within a relatively short time, can learn to get on with their lives. They are nice people, to whom shit things have happened.

What about your contribution to psychology? What have you offered the discipline?
I have refined clinical models relating to trauma. The original models were developed from particular populations, and I have contributed towards employing and adapting them to different populations. I have also been involved in the training of psychologists, psychiatrists, nurses and others. I have been active in trauma-related research.

I enjoy working with a multidisciplinary team, we treat each other with respect, there is no sniping – we enjoy our work.

Have you achieved everything you wish to achieve, or do you have further goals?
Early retirement… No, to carry on developing clinical applications in relation to working with extreme trauma.

What about your interests outside work?
I would also like to go on a French boning and jointing course. The French do have the ability to produce cuts of meat which look as good as they taste. I enjoy cooking and eating the proceeds, nice wine, slightly dodgy B-movies, and war-related literature.