

# DCP UK Chair's update

Roman Raczka

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## Covid update

**L**OOKING back over 2021 we remember another year that has been significantly impacted by the Pandemic. All of our lives have been touched by COVID in so many ways. Many of us have been devastated by the loss of loved ones. Individuals and families across our nations have been disproportionately affected due to racial and social disparities. The education of children and teenagers has been interrupted. University and college students have had to adapt to hybrid teaching. Long Covid is proving to be a significant concern. Bereavement, isolation, loss of income and fear and anxiety have triggered mental health conditions or exacerbated existing ones. We have had to change our work practices to develop our skills to work remotely. Those of us working in the NHS and Social care, across the four nations, are all too aware of the challenges faced. Referral rates are increasing across all sectors and services. Waiting lists/times are increasing. Many staff are struggling to cope with work related stresses, burnt out and feeling both emotionally and physically exhausted.

It is also clear that our hopes, at the beginning of the year, that we would see an end to the pandemic thanks to the vaccination programme, has not been realised. As we approach the end of the year we are now experiencing the impact of the Omicron variant. There are still some unknowns about the Omicron variant, but it is positive that scientists are confident that with a third dose of the vaccination, we can all bring our level of Covid-19 protection back up.

We still believe that we will emerge stronger, wiser, more compassionate with strengthened communities, from the pandemic. Not only do we have loss and tragedy, but also an

opportunity to take stock of what really matters. We can move forward with lessons learned during the pandemic. We can take this learning forward applying it to help people live well across many dimensions. We can develop new ways of living and working. By active and collective engagements in response to the virus we can make changes in behaviour and attitudes to develop innovative solutions to the challenges we face.

As a DCP Executive we have met to consider what we actions we need to take to support psychologists. We have identified three priorities to focus our efforts:

- Wellbeing
- Long Covid
- The impact on clinical psychology training

We have agreed that we will use the DCP Covid-19 Bulletin to focus on each of these priorities, sharing both positive stories based on what we have learned from our experiences over the past 20 months as well as reflecting on ways we can support psychologists to meet the inevitable challenges that may be ahead of us in 2022. The first of the Covid-19 Bulletins due to be published towards the end of January will focus on staff Wellbeing.

## The Work of the DCP Faculties

In spite of the challenges presented by COVID we still have had to carry on with our day to day tasks. Across the DCP impressive work had been delivered by many individuals, Subcommittees, Task and Finish groups, Nations, Branches and Faculties. In my monthly update, I have been sharing some of the outputs and

future plans from a number of these networks. This month, I am focusing on the work of the Faculties. Across the DCP we have 13 faculties all of which have been active in their specialist area. Amra Rao and Linda Wilkinson are the Co-Chairs of the Faculties and represent the work of the Faculties on the DCP Executive. I invited all Faculties Chairs to share headlines of their work over 2021 and I am pleased to include the following updates from some of the Chairs.

### **Leadership & Management Faculty – Amra Rao and Patrick Roycroft**

Amra and Patrick have recently taken up the co-chair role. The Faculty key work streams include Mentoring, Psychological practitioners wellbeing and Leadership Training.

The Mentoring programme offers free mentoring to all DCP members and has been up and running for many years. Thanks to all mentors who are offering their time as volunteers.

Resetting the balance project has set out [wellbeing virtual resources](#) and has published a paper on [Building a caring work culture – what good looks like](#), which sets out key recommendations taking a whole system approach.

The 2021 Wellbeing Survey results were launched at the APPT's annual Forum. The key findings are:

- High levels of self-reported distress
- High levels of adverse events like harassment and bullying
- Perception that their services are under-resourced
- Lower general wellbeing than the general population.
- People with disability have poorer wellbeing.
- Impact of the Covid-19 pandemic: Impact on workplace wellbeing – negative (55.6 per cent); Positive (22.9 per cent), No Change (21.5 per cent). 66.5 per cent of people have reported increase in workload.

Leadership Training: The faculty has published a paper on Leadership support & development needs – [Leadership development and support](#)

[for clinical psychologists working in health and social care](#) (June, 2021). A pilot training programme is planned to be delivered in 2022 based on the recommendation of the paper.

### **Faculty for Intellectual Disabilities – Sophie Doswell**

The Faculty for People with Intellectual Disability has continued to publish the Bulletin for members and develop guidelines, we are currently working on a range including forensic, commissioning and physical health.

We have introduced Member Network sessions this year focusing on Diversity and Inclusion and Restrictive Practice and are piloting Service User Engagement projects as editors of the Bulletin and in consultation regarding our action plan.

### **HIV and sexual health – Sarah Rutter**

The HIV and sexual health faculty had a plan to update *The Standards for Psychological Support for People living with HIV*, as this was long overdue and so much has changed contextually in terms of the development of HIV treatments and what this means for people with the condition. We have, therefore, successfully collaborated with the central HIV stakeholders on this project, these being the UK-Community Advisory Body (UK-CAB; HIV community members), the British HIV Association (BHIVA; medical body) and the National HIV Nurses Association (NHIVNA).

As the project developed, it was proposed that the new standards become an official BHIVA document, endorsed by the other core stakeholders. This was successfully negotiated, which is a strong sign that mental health is now being accepted as a central aspect of HIV care delivery. Although initially, this may not seem fitting, as the standards relate to mental health, it was a strategic decision taken, based on the idea that BHIVA standards hold a lot of power in the arena of HIV care. The idea is that, as an official BHIVA standard, this will optimise the influence of the document and ensure that psychological care is brought fully into the spotlight when thinking about HIV care planning and delivery. This will hopefully,

promote the need for HIV services to include in-house psychological practitioners as part of their multidisciplinary teams, and increase psychology roles across the UK in this area of care.

This should sit nicely alongside other projects that the HIV and sexual health faculty are involved in, which are focusing on psychological input in physical health more generally and the importance of trauma-informed care.

### **Faculty for Psychosis & Complex Mental Health – Jo Allen**

There have been two important publications from PCMH out in the last few months. These are the Family Interventions for Psychosis guidelines and the briefing paper Psychological services within the Acute Adult Mental Health Care Pathway. Both have been developed in collaboration with services users and carers and experienced practitioners from within the PCMH and in partnership with external organisations including commissioners.

Committee members have been involved in work on trauma-informed care and other cross faculty work. There is a growing committee who are committed to putting on quality CPD events for members and have developed a programme for the next year to include events on supporting anti-racist practice, family interventions and further events from the networks. Our goals for the coming year are to connect with our members to inspire and support them to provide good innovative and ethical practice. We hope to achieve this through developing communications, our events, further policy documents and a conference.

### **Holistic Faculty – Jane Street** **The Faculty priority plans are:**

- To hold an online conference (we have not had a conference for two years)
- To hold networking events (3 or 4 per year)

As one of the smaller Faculties we are working on ways to be able to have sufficient income to deliver on these events.

### **Clinical Health Psychology Faculty – Rebecca Houghton**

There has been an increased opportunity for Faculty members to take part in a number of strategic working groups focused on developing the workforce and raising the standards of psychological care within physical health.

The networks within the Faculty remain an important support mechanism for the membership and this year saw the re-energising of two of these networks for those members working within Cardiology and Diabetes specialisms.

### **Oncology & Palliative Care – Mike Rennoldson**

We recently held a launch event on inequalities in psycho-oncology, which we hope will lead to collaborative action across our faculty to improve access to our services.

We have worked hard to have an impact on policymaking around psycho-oncology and palliative care this year, particularly about addressing gaps in provision.

This has included:

- membership of the NHS England Cancer Programme Covid-19 Psychosocial Recovery Group which recently reported its recommendations
- work with Macmillan on a planned major investment in psycho-oncology posts across the UK
- collaboration with the Royal College of Psychiatrists & British Psychosocial Oncology Society to improve the visibility of psychological aspects of palliative and end of life care

Looking to the year ahead we are planning events on ethical dilemmas in palliative care (particularly thinking about the debate around assisted dying) and models of psychological care in prehab for cancer treatment. We're also expecting much of the work around inequalities and policy influence to continue.

The other Faculties and the current Chairs are as follows:

<b>Helen Griffiths</b>	Faculty for Children, Young People & their Families
<b>James Millington</b>	Faculty for Forensic Clinical Psychology
<b>Andre Geel</b>	Faculty for Addictions
<b>Amy Wicksteed</b>	Faculty for Eating Disorders
<b>Rachel Mycroft</b>	Faculty for Perinatal Psychology
<b>Rebecca Dow</b>	Faculty for Older People

### **Workforce and Training**

**Tony Lavender – Workforce and Training Lead has shared the following headlines**

#### **Clinical psychology programme tendering in England**

A revised timetable has been agreed for the tendering of clinical psychology programmes in England. The tender will be for programmes for the 2023 intake, rather than the 2022 intake that was originally envisaged. The rescheduling has been welcomed by programmes.

Whilst it is planned that there will be a further increase in the number of commissions to contribute to the delivery of the NHS long term plan (up to 1200 for 2022) the funding is not yet secure. There is optimism and a great deal of energy going in to securing the funding.

#### **HEE Statement on two year funding ruling**

The changes proposed by HEE (Health Education England) to introduce the requirement for a two year gap between completing an NHS funded psychological professions training and

undertaking a further NHS funded psychological professions training had been the subject of further engagement work. Following the original announcement, it has been agreed that there would be no retrospective introduction of the ruling. This means individuals who have already joined an NHS funded psychological professions training by the end of March 2022 will not be affected by the change.

#### **Chief/Lead Psychological Professions Officers**

In England, there is agreement to recruit a National Psychological Professions Team across HEE/NHSE/I. There will be a merger of HEE, NHSE/I, NHS Digital and NHS X which is due to be completed in April 2023. The new team will work across the new structures as they emerge. The Team will include a full time Lead, a part time Deputy Lead and a number of supporting positions.

In Wales, a lead National resource remains in place on a secondment basis and a draft business case for a longer term expanded resource has been developed with a range of stakeholders. Its current iteration includes a part time National Lead, a part time Academic Lead and an Engagement Lead for the Psychological Professions to lead on the development of psychological services nationally.

In Scotland, there is already a psychology advisor to the Scottish government.

In Northern Ireland, there are discussions for a similar lead role to be developed.

#### **UK Disability History Month (UKDHM) runs from Thursday 18 November to Monday 20 December 2021**

The UK Disability History Month is an annual event that creates a platform to focus on the history of disabled people's fight for equality and human rights.

The core aim of this month is to promote disability culture and raise awareness of the unequal position of disabled people

in society. The awareness campaign also enables us to advocate disability equality and highlight the significance of disabled people's struggles for equality.

One of themes for this year's campaign is *Disability and Hidden Impairment*. Many disabled people in the UK have hidden and unhidden disabilities that is often not recognised as a disability, but is still mistreated. So, this month is a time to remind us of people with a hidden or unhidden disability and learn how we can all create a fair and dignified environment and combat discrimination in all of its forms.

**...and finally**

Season's greetings to everyone – stay safe, stay well and I hope you manage to have some down time over the holiday period.

**Dr Roman Raczka**

DGP-UK Chair