

# DCP UK Chair's update

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## Valuing lived experience in clinical psychology

**W**E HAVE been discussing how to express how we value and support lived experience in aspirant, trainee and qualified clinical psychologists, reflecting our core principles around lived experience more broadly. A draft position statement was produced after discussion with a number of people including lived experience champions Natalie Kemp (founder of [www.in2gr8mentalhealth.com](http://www.in2gr8mentalhealth.com)) and Camilla Hogg (Minorities subcommittee lead for lived experience) and was discussed in the safe space we called 'the Refuge' during the DCP Conference in January. The statement was revised following this discussion, and was further refined at a subsequent teleconference. The statement is intended to confirm that the DCP publicly recognises and supports the unique valued contribution that lived experience brings to developing psychological/mental health practice. The statement will emphasise that this is not only through individuals in and aspiring to join the clinical psychology profession, but through all those who engage with, are in training with, or are employed by mental health organisations. It is important to recognise that lived experience of such problems is a common human experience threaded through all roles and professions. The statement will include actions the DCP commits to taking. DCP Vice Chair Julia Faulconbridge has been coordinating this work on behalf of the DCP Exec.

## Further reflections on the DCP annual conference

The DCP 2020 annual conference: *New Adventures in Clinical Psychology; personal, professional and political partnerships* took place on 22–23 January in Solihull, and incorporated the Faculty of Children, Young People & their Families' conference. I gave an overview of the conference in my last Chair's update. I would like to add some further reflections.

### *Was the conference a success?*

I would say that it was; it was well attended by about 300 delegates, ranging from pre-qualification to early, mid, late career and retired members, experts by experience and other colleagues. There was a buzz of energy and enthusiasm and purposeful conversations. The conference programme was sufficiently varied to cater to a wide range of interests, and there were several points at which I wished I had possession of Hermione Granger's time turner so that I could attend more than one parallel session, instead of having to make a difficult decision as to which to prioritise!

### *What were my personal highlights?*

I was pleased most of all that we managed to create some spaces which were sufficiently safe for some people to feel able to talk about their own experiences – of discrimination, exclusion and inclusion, of racism and anti-racism, of stigma and lived experience. While recognising there is much more to be done, it felt like we were taking some steps in a helpful direction.

One of the stand-out talks for me was from Dave Harper, Professor of Clinical Psychology at the University of East London, who spoke about clinical psychology, social inequality and improving the public's mental health. Dave spoke about the increase in individualised and reactive interventions in the UK including the incredibly high use of medication, while we know that poverty and social inequalities impact on health and on the benefit people could gain from treatment.

Dave recommended actions including: an increased focus on prevention at population level; ecological models of wellbeing; social determinants models e.g. the Power, Threat, Meaning Framework; psychologists working in public health; coproduction with families and communities; lobbying to influence research priorities, which currently focus on a biomedical model which isn't yielding improvements. There is a lot of scope for DCP members to consider these ideas!

Another stand-out talk was the keynote by Emma Watson, Peer Support Lead at Nottinghamshire NHS FT. Emma spoke about her lived experience and role as a Peer Support Worker (PSW), the effectiveness of the PSW role and the value of boundaried sharing of lived experience with people using services. Emma shared guidance developed in Nottinghamshire NHS FT for clinicians re. the what, when, how and why of sharing personal experience(s), in relation both to consideration of what would be the anticipated benefit to the client, and whether it would be OK for the clinician (in their own context on that day). I think it would be helpful to consider how these issues are addressed in training and beyond.

Finally I have to mention again the amazing impact of the musical components of this year's conference. First we had a very engaging keynote; *Music with Purpose*, by James Hawkins, of James Hawkins Music, which included a personal account from one of the members of the *Voices for Missing*; a choir formed and led by James, made up of people who have suffered the loss of a loved one who has gone missing. This was followed by a participatory workshop as a collaborative community choir led by James, in which we spent an hour preparing a three-part harmony performance of *Ain't no mountain high enough*, which we then performed for and with other delegates (who were encouraged to join in). James encouraged the choir to find specific words to emphasise and to imagine a person to whom we were singing, in order to bring out the emotion of the song (however he noted we were already pretty good at singing with feeling, which was good to hear!). Finally we were privileged to attend a very moving performance by *Voices for Missing* (see @voicesformissing or <https://www.facebook.com/voicesformissing/>)

As the wonderful Maya Angelou said: '... people will forget what you said, people will forget what you did, but people will never forget how you made them feel.' It is, above all, the feelings of sharing, empathy and connectedness at the conference, enhanced by the power of music, that will stay with me.

### **BPS member journey**

Many of us will have already contributed to the BPS member journey workstream, which is externally facilitated by an organisation called Social Kinetic. You may have contributed through participating in an interview, focus group, workshop and/or the online survey. The workstream has moved to the next phase, in which key learning from the information gathering phase has been summarised and specific opportunities for improvements identified. I have found it particularly helpful to consider the different 'personas' created by Social Kinetic to help us think about different kinds of members and their differing needs, aspirations and experiences. This has shown me that we need to ensure there are ways to highlight the voices of all our members and grow our community in an ever more inclusive way.

The personas identified by Social Kinetic are the 'established', the 'forgers', the 'wanderers'



Emma Watson, presenting her keynote

and the 'jugglers'. The established members are typically late career people who want to make a difference, make improvements, pass on knowledge and also provide healthy challenge to the next generation. DCP Exec members and network chairs often fall into this category. The forgers are early career people who know where they want to go and how to get there, they are innovators and are full of energy and enthusiasm. Our pre-qualification and Minorities groups are full of these people. The wanderers are not following a clear career path and may be unsure about whether a career in psychology is for them. I suspect that not many of them are DCP members, but I may be wrong. The jugglers are often mid-career people, juggling work and career opportunities with family and other responsibilities and/or health issues. I have been a juggler for much of my professional life, and still identify with this group, though I can also identify with the established category. I suspect that many DCP members are jugglers and that we don't often hear from them because they are much too busy! I think that there may be another group which I would call the 'strugglers'. They are skilled and knowledgeable clinicians and perhaps researchers, they do excellent work but may not recognise this, and feel that life and work are a constant struggle, due to the pressures and expectations in the workplace and externally.

Of course we cannot really account for the diversity of member experience in this way, but the point is to try and identify the specific ways in which the BPS can improve to meet the needs of members collectively while holding in mind the issues that people face as individuals every day. We look forward to concrete actions coming out of this phase of the member journey workstream.

### **Celebrating diversity**

We want clinical psychology to be a welcoming, diverse and inclusive profession. We abhor racism and discrimination of any kind, and we are learning from each other and from the wider community about how to be pro-actively anti-racist. The Group of Trainers in Clinical Psychology have published a statement (<https://www.bps.org.uk/member-microsites/division-clinical-psychology/news>) and are developing an action plan to address the diversity & selection issues. We are developing a co-produced multi-layered action plan for the profession at individual, group, service, regional and national levels, and we welcome ideas to enrich this further. We want to go further than being inclusive, further than being anti-racist and anti-discriminatory. We want to celebrate diversity, and to change our professional image to one that is diverse across all characteristics. I would like to suggest that we produce a special issue of *Clinical Psychology Forum* on celebrating diversity, in which we share our narratives re. our diversity. This could include neurodiversity and socio-economic background as well as protected characteristics such as gender, sexuality and gender identity, ethnicity, religion, disability etc. In his seven habits leadership books, Steven Covey suggests that we 'seek first to understand, then to be understood'. This could be one way to seek to understand each other better, and build up a collective understanding of the rich and valuable diversity we already have within the profession, as well as helping everyone feel welcome and an equal participant, building a more diverse and inclusive profession for the future.

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