

# DCP UK Chair's update

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## DCP Annual conference

**T**HE DCP 2021 Annual Conference 'Doing What Matters: Value-Driven Clinical Psychology in Action' on 2–3 March is fast approaching. We are very pleased that we are able to make this conference accessible using an online platform. The programme is looking really good and we have a lot of people already booked to attend, but we have a lot of capacity due to it being online, so we can accept late applications for places. The programme will include sessions in human rights, staff wellbeing & support, clinical psychology in primary care, climate change, bringing values into practice and much more, as well as our invited keynotes by Prof Susan Michie on 'Lessons for creating a more resilient society', and by Dr Russ Harris, entitled 'The Reality Slap'.

The conference programme will include our AGM on 2 March (taking place separately on Zoom so that any member can attend). I will be giving my Chair's report for 2020 and an update on DCP priorities going forwards, and we will announce and ratify the results of recent elections. This will be my last (half) day as DCP Chair, after which I will become DCP Vice Chair for a year. I am sure you will warmly welcome Chair Elect Roman Raczka, who will become the new DCP Chair at the AGM.

We look forward to seeing many of you at the Conference and at the AGM.

## Trainee placement expansion

We are very pleased to hear that the increases in clinical psychology training places put in place across most of the UK for 2020 may continue or increase further for the 2021 intake. It's crucial that we work together collaboratively between university courses and placement providers to ensure we can accommodate the placement expansion that would then be needed. Providers have already been adapting placements creatively to accommodate the additional requirements and restrictions associated with the pandemic. In England, a placement tariff system has been in place for some time, though not always consistently applied or made available at service level. Direct access to the placement tariff would be helpful for provider services, especially recognising the additional costs and challenges re access to appropriate clinical space & PPE, and IT needed for remote working.

## Staff wellbeing support

The role of clinical psychology and the wider psychological professions in supporting the wellbeing of staff has really come to the fore during the pandemic. We are aware of a wide range of initiatives at system level (Integrated Care System, Health Board etc.) and at provider level across the Nations. This has been a great opportunity to demonstrate the value of what we bring to organisations and systems as well as to clinical service delivery, and hopefully this will lead to further opportunities as systems and services develop and transform in the months and years to come.

In our DCP and BPS Covid work we have also focused on supporting staff and members' wellbeing, with supportive reflective spaces, webinars and resources. Our next phase of the DCP Wellbeing Reflective Space Groups starts in February.

### Developments in Physical Healthcare

The National Psychological Professions Workforce Advisory Group for England has agreed to set up an Expert Advisory Group in physical health areas to set out the case for change in the way the psychological needs could be addressed. Once a chair is agreed for the Group there will be a process of recruiting members to the Group.

In parallel, the BPS, under the Practice Board, has established a group to look at the issues of psychologists' input in the area of physical health care and how this can be promoted. Membership of the group has been agreed, with the physical healthcare DCP Faculties having a strong presence, and the first meeting arranged.

### Towards Racial and Social Equality

Our Racial and Social Disparities in the time of Covid-19 workstream has produced a [report](#) and an invitation to us all individually and collectively to be part of the solution by making a pledge. We also now have two strapline email footers (see one of the designs below) which will be made available for us to use.



### Patient and Carers Race Equality Framework (PCREF)

For those members living and/or working in England, I wanted to highlight the emerging PCREF. This NHS England & Improvement framework is being developed to improve Black, Asian and minority ethnic community experiences of care in mental health services. Four engagement and involvement sessions were held over November–December 2020, one of which I attended, which included some very moving and distressing lived experience narratives from Experts by Experience from BAME communities. The feedback from these sessions will be used to shape the next phase of the engagement programme and support PCREF Pilot sites to start testing new approaches. The PCREF fits within a wider strategic programme, the [Advancing Mental Health Equalities Strategy](#) which summarises the core actions needed to bridge the gaps for those communities which are faring worse than others in terms of access to mental health services. It is also an important element of the overall NHS England & Improvement plans to accelerate action to address health inequalities in the next stage of responding to Covid-19.

## European Association of Clinical Psychology and Psychological Treatment

I was honoured to represent the BPS & DCP, and indeed the UK, in becoming a founder member of EACLIPT <https://www.eaclipt.org/> during my first term as DCP Chair in July 2017. I was also very pleased to be able to co-present with Adrian Neal and Amra Rao (though sadly Amra was unable to be there in person) at the inaugural EACLIPT conference in Dresden in November 2019. EACLIPT is free to join and is a way of connecting with our colleagues across Europe. A new issue of Clinical Psychology in Europe (CPE) has just been released and can be found at <https://cpe.psychopen.eu/index.php/cpe/issue/view/217>



It would be good to see more UK submissions, please consider making a submission and spread the word among your colleagues.

## Nation updates & policy information

### *New Psychology Advisor to the Scottish Government*

We are delighted that Dr Lynne Taylor, a senior Consultant Clinical Psychologist, has been appointed to this new post within the Mental Health and Social Care Directorate which she took up in February 2021. We all wish Lynne well in this new role which she takes up in the depths of the pandemic. It marks the recognition that psychology should be at the heart of Government.

With the support of policy colleagues, DCP S continues to engage with the other parts of the review including potential new roles for psychologists to improve treatment and risk management under the MHA. Currently Responsible Medical Officer roles continue only to be held by Psychiatrists in Scotland.

### *DCP Wales update*

Due to numerous challenges the DCP Wales committee has struggled to operate formally during 2020, however plans are in place to reconvene the committee, and re-establish DCP Wales as a fully functioning body in 2021. This does not mean that work hasn't continued in the background. Strong links continue to be fostered with BPS Wales, and relationships with the other Divisions continue to develop. With regard to policy work, DCP Wales continues to work with Deryn, Welsh public affairs agency via a bimonthly policy forum meeting; and are currently inputting to two Welsh Government consultations — Draft Childrens Rights Scheme 2021, and Strategy for an ageing society: age friendly Wales.

### *Health Education England funded workforce development and inclusion initiatives*

Health Education England have made funding available to service providers through a bidding process, to support workforce development and inclusion in a number of key areas. These include:

- Funding for Mental Health Act training for candidates aspiring to become Approved Clinicians plus one day per week backfill funding for 12 months to assist in development of portfolio.
- Funding for paid work experience placements at Agenda for Change Band 4, for aspirants to psychological professions from BAME backgrounds.
- Funding for systemic family therapy training.
- Funding for mentorship for employed NHS psychological professions staff up to Band 8a. The mentorship is to be provided by ACP-UK, BPS and other psychological professional bodies' members through a scheme administered by ACP-UK. As part of the preparatory work for the scheme to start by the end of March, the DCP Mentoring Scheme is providing input into the training, support and evaluation part of the programme.
- Each Doctorate in Clinical Psychology course has also received approximately £75k to improve equity of access and inclusion for Black, Asian and Minority Ethnic entrants to training.

Most of these initiatives have been announced part way through the financial year 2020–2021, it is hoped that more of these opportunities will be made available as early as possible in the next financial year 2021–2022 also.

### ***Westminster Government White Papers***

The Department of Health and Social Care (DHSC) published a white paper on 11 February – Integration and Innovation: working together to improve health and social care for all, which sets out new proposals to build on the successful NHS response to the pandemic and bring health and care services closer together to improve care and tackle health inequalities. The proposals aim to modernise the legal framework and remove unnecessary legislative bureaucracy. There is an important focus on integration across systems, building on the STP (Sustainability & Transformation Partnerships) and ICS (Integrated Care System) developments.

This white paper also makes reference to professional regulation, saying that ‘The UK model of professional regulation for healthcare professionals has become increasingly rigid, complex and needs to change to better protect patients, support the provision of health services, and help the workforce better meet current and future challenges’. Changes are proposed that would in future enable the number of regulators to be reduced and changes to be made to which professions are subject to statutory regulation.

A white paper has also been published (on 13 January) on reform of the Mental Health Act, for a summary see <https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act-summary>

The summary document states that the aims of the reforms are that:

- people are detained for shorter periods of time, and only detained when absolutely necessary
- when someone is detained the care and treatment they get is focused on making them well
- people have more choice and autonomy about their treatment
- everyone is treated equally and fairly and disparities experienced by people from black and minority ethnic backgrounds are tackled
- people with a learning disability and autistic people are treated better in law and reduce the reliance on specialist inpatient services for this group of people

A consultation on the proposed reforms is currently open, and closes on 21 April 2021 <https://consultations.dhsc.gov.uk/5fd10ed02513901f29167e1d> The BPS response to the consultation is being led by Hannah Farndon, If you are interested in contributing to this, please send your comments to Hannah at [Hannah.Farndon@bps.org.uk](mailto:Hannah.Farndon@bps.org.uk). The deadline for commenting is **Monday 5 April by 10:00am**, using a response form available at <https://www.bps.org.uk/news-and-policy/departments-health-and-social-care-reforming-mental-health-act>

### ***Scottish Mental Health Law Review – update***

There is also an ongoing review of Scottish Mental Health Act and Capacity legislation in Scotland led by John Scott, QC. DCP Scotland have already met with parts of the review team particularly around Learning Disability, Autism Spectrum and also capacity assessment. We expect to be consulted by the capacity and supported decision making subgroup of the Review, which is about to embark on a phase of broader stakeholder engagement to assist them in ‘building’ any revised assessment and consideration regarding the class of persons who may conduct whatever the then revised assessment looks like.

### ***Scottish Social Care Review published this month***

Just before Christmas, Alison Robertson, DCP Scotland chair, met with Derek Feeley as a partner within Scotland’s Mental Health Partnership. Derek Feeley was a former Scottish Government

Director General for Health and Social Care, and Chief Executive of NHS Scotland. His subsequent work has been in international health improvement. This was a great opportunity to have a small say as part of the review process, and Alison was able to mention people with very complex needs, and workforce development issues. Recommendations appear to suggest that a National Care Service would focus on these kinds of areas alongside improvement work, whilst recognising there are many other strands to the care sectors. Clinical psychologists find themselves working with and through carers in many fields – this matters to us all. <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>

The report's author, Derek Feeley, said in his introduction '*...there is much about adult social care support in Scotland that is ground-breaking and worthy of celebration. The introduction of self-directed support, the integration of health and social care, and the promise of the Carers Act form the scaffolding upon which to build. When we add to those foundations the commitment and compassion we saw in the workforce, the immense contribution of unpaid carers and the will to improve that we saw across the sector, many of the ingredients for improvement are in place... we set out our vision for that new system. We describe how a National Care Service can drive consistent, high quality social care support in partnership with people who have a right to receive that support, unpaid carers and the workforce. We set out our vision for that new system. We describe how a National Care Service can drive consistent, high quality social care support in partnership with people who have a right to receive that support, unpaid carers and the workforce... We have an opportunity to create a system of social care support where everyone in Scotland has the opportunity to flourish. If not now, when?*' Derek Feeley, February 2021

### **Northern Ireland**

The Minister for Health has launched the consultation on the draft 10 year mental health strategy for Northern Ireland <https://www.health-ni.gov.uk/mentalhealthstrategy>.

The N. Ireland HSC Staff Regional Wellbeing Steering Group is chaired by clinical psychology and is developing new models of support for all HSC staff as well as monitoring impact of Covid19 on staff and services.

### **And finally – some thoughts on values and culture**

We are all going through really difficult times at the moment. The global pandemic affects us all in so many ways, and after close to a year we are feeling the cumulative impacts, especially in a third lockdown in winter months. We also have other stresses, strains and challenges to manage which are unrelated to the pandemic, but our coping strategies and our resilience may be lowered which may affect how we respond. We are dealing with challenges, stresses and strains within the BPS, and for some of us there are understandable difficulties in tolerating and managing uncertainty. However we know from our personal and professional lives that there are situations in which we have to maintain confidentiality and where speculation can be at best unhelpful and at worst really harmful. The most important thing is that we remain true to our values and we offer compassion and a willingness to understand and empathise.

Thinking about all this, I came across Alain de Botton's 'list for life' (2013); advice about how to live, drawn from philosophy and ethics, which may be helpful.

1. Resilience: Keeping going even when things are looking dark.
2. Empathy: The capacity to connect imaginatively with the sufferings and unique experiences of another person.
3. Patience: We should grow calmer and more forgiving by being more realistic about how things actually happen.
4. Sacrifice: We won't ever manage to raise a family, love someone else or save the planet if we don't keep up with the art of sacrifice.
5. Politeness: Politeness is closely linked to tolerance, the capacity to live alongside people whom one will never agree with, but at the same time, cannot avoid.

6. Humour: Like anger, humour springs from disappointment, but it is disappointment optimally channelled.
7. Self-awareness: To know oneself is to try not to blame others for one's troubles and moods; to have a sense of what's going on inside oneself, and what actually belongs to the world.
8. Forgiveness: It's recognising that living with others is not possible without excusing errors.
9. Hope: Pessimism is not necessarily deep, nor optimism shallow.
10. Confidence: Confidence is not arrogance – rather, it is based on a constant awareness of how short life is and how little we will ultimately lose from risking everything.

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**Reference**

Alain de Botton (2013) sourced from <https://www.independent.co.uk/news/uk/home-news/10-new-virtues-atheists-alain-de-botton-unveils-new-manifesto-8479256.html>