

DCP UK Chair's update

Esther Cohen-Tovée



Happy New Year

A VERY Happy New Year to you all, and hoping that 2021 will bring positive changes for everyone.

As we start the New Year with hope that the new vaccines will enable us to move forwards, it is a good time to reflect on what we want to retain and what we want to do differently in the months and indeed the years ahead. Many of us will be thinking about what living with and through the pandemic has meant for us, our loved ones, our communities, and people throughout the world. Although the risks, losses and restrictions will continue for some time to come, hopefully we can look ahead to a better future. We can all play a part in building more compassionate and resilient communities which can support everyone – children, young people, adults and older adults – to flourish. For more on this, please see below re. this year's annual conference theme, and also some reflections on *Mental health for all?* recently published by the Centre for Mental Health.

It was also a positive start to the year to be quoted in my DCP Chair role in [*The Guardian's piece on 1 January*](#) about the significant reduction in referrals for psychological therapies alongside soaring prescriptions of antidepressant medication. I was very pleased to have the opportunity to highlight the importance of timely access to psychological help, the wider impact on families and communities as well as individuals, and the need for more resources.

DCP Annual Conference: 2 & 3 March 2021

We are excited to announce that [booking is now live](#) for our 2021 annual conference: *Doing What Matters: Value-Driven Clinical Psychology in Action*. This will be our first online annual conference, and we will be using a new (to us) platform 'Events Air: On Air' which is more versatile than Zoom. The conference will provide an opportunity to refresh our vision and values – the reasons we exist as a profession – and crucially, to identify actions at all levels of our practice, which will move us in the direction of what is valuable and most meaningful in our spheres of influence. Our invited keynote speakers are: Dr Russ Harris, author of the international best-selling self-help book *The Happiness Trap*, and world-renowned trainer in Acceptance & Commitment Therapy (ACT); and Prof Susan Michie, Professor of Health Psychology and Director of the Centre of Behaviour Change at UCL, specialist in behaviour change in relation to health and the environment, and consultant advisor to the World Health Organization on Covid-19 and behaviour. We hope that the online format will make this conference accessible to lots of our members and look forward to meeting you during the event.

The DCP 2021 AGM will take place within the programme on 2 March, but will be accessible separately and hosted on Zoom so that any member can attend.

Changes to the DCP Executive committee

In the next few months, as part of the BPS Member Journey phase 2, and building on the scoping phase that has already started, we will be taking part in a [co-creation process facilitated by Korn Ferry](#). Due to the revised timescales for this work, we have decided to make some interim changes in advance of this process, to make some improvements to how the DCP functions. It is 10 years since the Executive committee structure was reviewed, and we need to bring our roles up to date,

aligned with current priorities, and ensuring we are linked as effectively as possible with BPS Boards and Senior Management Team Directors.

In the medium to longer term, we hope that the co-creation process, further changes in the BPS including increased support from the centre and an increase in membership will enable us to increase our resources and develop an even better structure for the future. We are also working with BPS colleagues to streamline processes and increase BPS support for the DCP. The Member Journey process provides opportunities for increasing collaboration with academic psychologists, other applied psychology divisions and BPS Regional Branches, with potential for joint funding of initiatives/projects and events. Other changes, such as increased use of technology to support virtual meetings and events, save time and money, contributing to positive climate action, and increasing accessibility.

We agreed a maximum figure for remuneration of elected DCP roles in 2019. In order to make the allocation of these funds as equitable as possible, a remuneration figure has now been set for each role in the 2021 budget; the minimum number of days required for that remuneration has been calculated using the standardised day rate. This enables people to consider whether they are willing and able to take on the role for that remuneration amount, understanding that they must evidence the minimum number of days' work. The funding as before would be mainly used for backfill by the employer, but would be a direct payment for those who are self-employed or retired. For those released by their employer, a secondment agreement is required, while a contract for services is necessary for the self-employed.

The Executive Committee established at the 2021 AGM on 2 March will be comprised of:

- UK Chair
- UK Vice Chair (a Chair Elect will be called for in 2022 and will replace the Vice Chair)
- Treasurer
- Communications & Publications Lead
- Membership & Professional Development Lead
- Workforce & Training Lead
- Professional Standards & Research Lead
- DCP Nation Chairs: England, Scotland, Wales, Northern Ireland
- Pre-Qualification Lead (pre and in-training co-chairs)
- Faculties Lead
- Experts by Experience Lead (appointed)
- Chair of the Group of Trainers in Clinical Psychology
- Chair of the Leadership & Management Faculty
- DCP EDI leadership will be provided by the EDI & Anti-racism Task & Finish group co-chairs and the Minorities subcommittee, with the intention of establishing an Exec committee EDI lead in due course.

We have also agreed that we will establish a DCP England Committee chaired by the DCP England Chair, building on the current DCP England branch chairs meetings but focusing on England-wide priorities as well as local updates and plans.

This will enable devolution of decision making to DCP England in line with an agreed annual business plan. DCP England will convene virtual events accessible to all, as well as Branches convening local events, recognising these remain important to capture local issues/challenges and for local engagement where this works well. The other Nations already have their own committee structures, and link directly with devolved parliaments, health boards and health education providers.

We have also agreed to develop a Faculties committee building on current meetings with the Faculties Co-Leads. This will enable the Faculty Chairs to come together to drive the clinical

psychology priorities for members and the public, based on their specialist expertise. Remote access (Zoom) meetings and the Faculties Lead/joint leads sitting on the Exec will be enablers to support this.

We would like to work towards grouping Faculties together so that smaller Faculties can be supported by being part of a larger network. For example, HIV & AIDS, Addictions, Oncology and Palliative Care could become part of Clinical Health, while retaining Faculty status. However we need to ensure parity e.g. with existing subgroups of CYPF, and ensure there are no adverse unintended consequences.

We note the lack of an over-arching Adult Faculty and the urgent priorities in England re. NHS LTP and Community Transformation, with a key opportunity to improve services for the public across primary and secondary care, including the wide range of mental health problems not included in PCMH (Psychosis & Complex Mental Health Faculty) scope. We will develop interim structures to address this. We have recently awarded a Primary Care project tender which will support this work.

Call for nominations: Your profession needs you!

In line with the changes described above, we are looking for a number of people to join our Executive Committee from March this year in some key roles:

- Chair/Co-Chairs of GTiCP (Group of Trainers in Clinical Psychology – currently vacant)
- Membership & Professional Development Lead (currently vacant)
- Professional Standards and Research lead (Richard Pemberton is standing down from the role of PSU Director at the AGM on 2 March 2021)
- Communications & Publications Lead (Julia Faulconbridge is currently co-opted into this role)
- Workforce & Training Lead (Tony Lavender is currently chairing the workforce and training subcommittee)
- England Chair (Kalpita Kunde is currently co-opted into this role)

You would be joining the Executive at an exciting time as we are restructuring the ways that we and our networks operate, redefining our priorities and working with the BPS Change programme to maximise the mutual benefits of a strong voice for clinical psychology in the BPS.

We know that many people feel reticent about undertaking a DCP leadership role and many of those of us who are active in the DCP also felt that way initially. We also understand that the structures of the DCP and the wider BPS can feel opaque and confusing. A priority for us this year is to find ways to make the structures and processes clearer for all our members, and we will work to make sure that new people who join the Executive committee are supported and mentored so that they can feel confident in carrying out their role.

We recognise that everyone is feeling very stretched due to the impact of the pandemic on top of the other pressures in the NHS, HEIs and beyond. However, in addition to the opportunity to make a highly valued contribution on behalf of your profession, there are personal and professional benefits to be gained from taking on a DCP leadership role. Most people have found that, no matter how senior they are, they gain invaluable professional knowledge and experience at a national level not easily achieved elsewhere, which enhances their work in the 'day job' and supports further career development.

Update on our successful Mentorship programme

We are pleased to announce to all DCP members that they will be able to continue to access the highly successful Mentorship programme specifically developed for clinical psychologists by the DCP Leadership and Management Faculty.

Following on from two successful mentoring schemes for junior and senior psychologists

(2015–2017), the Clinical Psychologists as Leaders Programme (CPL) was set up in 2018 and built on the two previous mentoring schemes to develop a mentoring infrastructure across the career span.

The programme engaged clinical psychologists of all grades to support the development of the full range of skills that psychologists can offer beyond direct therapy roles, particularly the clinical leadership, management and organisational development skills which can have major impacts on teams and services.

The programme provided psychologists with an opportunity to engage in a formal relationship over an agreed timescale with a colleague outside their immediate management/supervisory structures to discuss their professional development including leadership, management and service development issues, as well as career, personal development and learning.

The independence of the mentor, outside of the mentee's organisation, was stipulated, to specifically address the need expressed by many clinical psychologists for a separate space to discuss management of work politics and career aspirations with colleagues not directly involved in managing and appraising them.

The current CPL Project Leads Dr Jenny Taylor and Professor Helen Pote, and Research assistant Ms Melissa Stock, found that over a thousand 'unique visitors' visited the programme's webpages, which have been viewed over 3000 times since its launch, and more than two hundred people signed up as mentors or mentees.

Impact and satisfaction reported by those who engaged with the evaluation of the project was high. Satisfaction was rated as 'extremely helpful' or 'very helpful' by both mentees and mentors. Mentees' leadership skills improved significantly after mentoring and qualitative feedback provided specific examples of how mentoring improved mentees' skills and contributed to personal and professional development for mentees and mentors in many areas, including leadership.

These outcomes built on the findings from the two previous schemes, one of which also focused on leadership and identified and started to address barriers to leadership activity for junior psychologists in Central & East London. The other, led by Dr Sarajane Aris and Dr Amra Rao, focused on psychologists in senior positions, such as Directors and Heads of Psychology Services, and found significant positive impact on measures of authority and resilience, wellbeing, stress management and goal attainment as well as both increased leadership and management skills.

The CPL project is now coming to a close as planned, the final report can be accessed [here](#). The Mentorship programme will now be streamlined and updated to continue to be accessible to our members. The DCP Leadership and Management (L&M) Faculty Committee will continue to oversee the programme, via the restructured Mentorship Programme Steering Group.

Previous project leads noted above, along with the project Steering Group members Dr Adrian Neal (Chair) Mr Robert Bathie (Expert by Experience Lead), and Research Assistant Melissa Stock will bring their valuable experience to the new Mentorship Programme Steering Group. Our thanks to Dr Rana Rashad who acted as Diversity Lead and is helping recruit to this position. We warmly welcome Dr Patrick Roycroft, who is taking over as Lead for the Mentoring Project for the DCP Leadership and Management Faculty from Dr Sarajane Aris, and Ms Melissa McRae who is taking up the position of Lead for mentoring for Pre-Qualified members.

The immediate priorities for the new Steering Group include refreshing and centralising the Mentoring website, continuing to publicise the availability of this valuable mentorship programme across the career span of clinical psychologists, and to evaluate and learn from the impacts and outcomes.

A survey conducted by the CPL Leads Melissa and Jenny, of DCP members who self-identified as being from a minority group, identified particular challenges faced by them as clinical psycholo-

gists in taking up leadership roles. Key themes centred on the lack of senior posts, discrimination faced as member of a minority group, and political climate.

We therefore plan to continue to explore ways of expanding access for BAME colleagues, as well as for pre-qualified colleagues, and those functioning at Heads and Director levels. We are also looking forward to becoming a key part of the BPS plans to expand Mentorship across the Society as a key feature and benefit of membership. This was a major theme arising from the recent Member Journey review of what members want from the BPS.

So wherever you are in your career consider joining the mentoring programme as a Mentor, a Mentee, or both! With evidence suggesting that benefits include increased wellbeing, resilience, goal attainment, leadership and management skills, why not enrol for the New Year? Please contact Dr Patrick Roycroft or Ms Melissa Stock via the Mentoring Programme website to join our evolving programme.

Update from Senate

I attended a BPS Senate day-event on 2 December, which was opened by BPS President Dr Hazel McLaughlin. The main focus of the day was the BPS Change programme, with an update on progress and next steps from Diane Ashby, Change Programme Director, and a specific focus on taking forward recommendations from the first phase of the Member Journey workstream. It is really good to see the changes proposed by members being implemented. There was also an inspiring update on the 'From Poverty to Flourishing' policy campaign, including evidence of how this campaign can have a tangible and positive impact.

Inequalities: Mental Health for all?

As already noted, the New Year is a good time for reflecting on what we want to focus our efforts on in the year ahead. I would like to propose consideration of the part we can play as a profession and as individuals in improving whole population wellbeing. This is in fact one of our current high-level DCP strategic objectives. It sounds like a huge task, and it is, but if you have not yet seen it, this useful, accessible (and short) report could be just the right kind of inspiration. *Mental Health for all? – the final report of the Commission for Equality in Mental Health* – was published by the Centre for Mental Health on 12 November 2020.

The Commission for Equality in Mental Health was set up in 2018 to explore what causes mental health inequalities, what perpetuates them, and what might help to break these maintaining cycles. *Mental health for all?* calls for concerted action, both nationally and locally.

Not surprisingly, the report finds that mental health inequalities mirror wider economic and social inequalities. What is most helpful in my view is that it highlights that effective action is possible, and that this needs to take place in neighbourhoods, localities and community groups, and in schools, colleges, workplaces and charities.

'The Covid-19 pandemic has brought these injustices to the surface in the most tragic ways. But it also creates a unique window of opportunity for a new start. Social innovation has frequently followed national and international traumas: from World Wars to natural disasters. We must grasp this opportunity to think and act differently.'

The report places a strong emphasis on social justice, and whole systems change, and also on the role that public services can play: *'Mental health support must be provided by services that are comprehensive, engaging, tailored to people's needs, holistic in their approaches, responsive to people's wishes, and accountable for achieving change. They can also reach out to communities more proactively, creating employment opportunities and skill-sharing with the people they serve.'*

In all, the report has 10 recommendations, many of which are of direct relevance to ourselves in our professional and/or personal lives:

1. Communities can lead the way in pursuing mental health equality
2. Local authorities need an urgent funding boost to coordinate action to pursue mental health equality

3. Statutory bodies should maximise their role as anchor institutions in their local economies
4. Mental health services must implement the Advancing Mental Health Equalities strategy in full
5. Mental health services should provide a genuinely 'whole population' offer
6. Mental health services should be accountable for reducing inequalities in access, experience and outcomes
7. The Government must tackle poverty and commit to reduce income and wealth inequality
8. The Government must commit to tackling all forms of racism, discrimination and exclusion
9. The Government should set a clear ambition and roadmap for achieving mental health equality
10. The Government should refresh and update the Public Sector Equality Duty

Just imagine the changes that could be made if these recommendations were all followed! How many of these can we influence, or take on pro-actively, as individuals and collectively, in our services and as a professional body, in our own neighbourhoods, and in our workplaces? Let's not just imagine...

Dr Esther Cohen-Tovée

Chair, Division of Clinical Psychology

chair_dcp@bps.org.uk, Twitter: @DrEstherCT

References

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