

DCP UK Chair's update

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The next phase – renewal and transformation

As I reflected in a recent Covid-19 Bulletin, as we move forwards beyond the initial Covid-19 peak in the UK, we will all be in different places. Perhaps mourning the devastating loss of loved ones. Perhaps exhausted from the intensity of work during the last few weeks. Perhaps lonely and looking forward to getting back to work and having more (appropriately physically distanced) contact with others. Perhaps enjoying some of the benefits of home-based living with loved ones, and feeling reluctant to go back to our former ways of working and of being.

In terms of the next phase, for those of us working in the NHS in England we have received guidance from Simon Stevens. There is specific mention in this guidance and also in guidance re supporting care homes, re provision of psychological support for staff. So this is an opportunity but also a challenge as we at the same time need to be preparing for increasing demands and needs in the whole population.

Building on the success of our phase one Covid-19 workstreams, we are developing a DCP strategic approach to the next phases in the Covid-19 response, focusing on renewal and transformation. This will align with the phased developments indicated by the Prime Minister and in the Government's recovery strategy 'Our plan to rebuild' and by NHS England/Improvement, bearing in mind the need for adaptation in the devolved nations, and that the timescales will be subject to change depending on a number of factors, including crucially the virus transmission rate.

The NHS service response phases that have been outlined for England are:

- Phase 2. Continuing to respond to Covid-19 demand and restarting/rebuilding capacity in urgent services (including mental health), as per the NHSE/I National Letter published on 29.04.20.
- Phase 3. Responding to ongoing Covid-19 demand, rebuilding all services, starting to address backlog of need, retaining changes and innovations that have worked well.
- Phase 4. Establishing the new normal – continuing to respond to Covid-19 demand, continuing to address backlog, resumption of NHSE/I Long Term Plan.

Having reviewed the national phased approach, the various challenges and opportunities arising and anticipated in relation to the pandemic, we are starting to articulate some strategic objectives, as follows:

1. **Tackling the next phases.** We will develop pro-active and reactive responses for the most vulnerable groups across the lifespan including people from BAME backgrounds, those living in poverty, experiencing domestic violence/abuse, & other psycho-social determinants, taking a trauma-informed approach. These will include community-based interventions drawing on the recently published Community Mental Health Framework and learning from disasters/mass trauma events.
2. **Partnership working.** We will build on & increase coproduction and partnership working to underpin all initiatives.
3. **Support to members.** We will continue to support and engage with our members at every career stage as the challenges for them develop and change over phases 2, 3 and 4 of the Covid-19 response, with appropriate adaptations for phases agreed for the devolved nations.

- 4. Finding and developing the positives.** We will share key messages re normalising responses and recognition of growth through trauma. We will identify and share positive changes for services, organisations and communities, gathering learning & sharing, promoting innovation & wider implementation.

We will be meeting virtually with the DCP Representative Assembly on 3 June and will be discussing this further then. We also welcome feedback and discussion via the [DCP online community](#).

Covid-19 Documents for the public

In line with our existing DCP strategic objectives, we have been working hard to provide both support to our members and also to use our expertise to help improve the wellbeing of the whole population at this very difficult time. The BPS has developed a new template for publications aimed at non-specialist audiences, and this is proving to be a very good way of sharing psychological knowledge with the public. Some great examples include:

- The BPS workstream on Bereavement and Grief, chaired by Nichola Rooney, DCP Northern Ireland Chair, has produced an excellent document: *[Supporting yourself and others: coping with death and grief during the Covid-19 pandemic](#)*.
- The DCP Faculty for Children, Young People and their Families have produced two booklets to help the families of key workers. The first of these is written for parents. These have been widely disseminated and have attracted very positive feedback. *[Advice for Key Worker Parents: Helping your child to adapt to changes during the Covid-19 pandemic](#)* There is also a booklet written for children: *[When your parent is a key worker: advice for children and young people during the coronavirus](#)*

Covid-19 Documents for professionals

In addition to guidance we have already developed and shared, the BPS workstream on adaptations to practice, led by Roman Raczka, DCP Chair Elect & DCP England Chair, has recently produced an [Interim Guidance Document](#). This includes advice on many key topics like working remotely, risk assessments, online testing, legal decisions, safeguarding and reflective practice. This is an essential read for practitioners during the pandemic.

All DCP produced resources can be found on the [DCP website](#) and are available to anyone. These and others are to be found on the [BPS website](#).

Staff wellbeing & organisational level working during the pandemic

For many of us in organisational and/or clinical leadership roles, this has been a key focus for some time. Many thanks to everyone who has shared their ideas and contributed to the development of guidance. It has been good to hear how many organisations have turned to their psychological services and senior psychological professionals to lead and/or coproduce organisation-level and system-level approach to supporting staff wellbeing proactively.

Prevention & public health subgroup update

A huge amount of evidence indicates that wider social and economic factors give rise to psychological distress; yet, current approaches to improving mental health remain overwhelmingly individual. As services find themselves struggling to meet growing demand within ever-tighter financial constraints, there is an urgent need to refocus attention on primary prevention of mental health difficulties. The Public Health and Prevention sub-committee is a newly established group with the BPS Division of Clinical Psychology. The group aims to promote awareness of, and innovation and practice in, preventative work both within the profession of clinical psychology and in the wider mental health community.

The PHP sub-committee first met in late March 2020, and identified a number of initial work-streams. Firstly, there is a need to survey preventative and public health activities currently undertaken by clinical psychologists in the UK, across a range of clinical, community and policy settings. Secondly, and in tandem, is a review of existing literature describing the principles of prevention and considering how these have been, or could be, applied to mental health. Thirdly, the group is working to forge links with other practitioner psychology groups within and outside the BPS, and hopes to work with the clinical psychology courses to consider how public health and prevention is embedded into professional training and associated competency frameworks.

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