

DCP England

Newsletter – Dec 2019

New adventures in clinical psychology: Personal, professional and political partnerships. The DCP annual conference is in Solihull on 22 and 23 January, and sees our Faculty for Children, Young People and their Families joining us with their own take on the future of our profession. Places are still [available to book](#) - we look forward to seeing you there!



England chair's update – Dr Roman Raczka

This month I'm going to highlight a number of important matters from across the DCP and the BPS, which have implications for all of us as we move towards 2020. I also want to wish everyone season's greetings, happy holidays and very best wishes for next year. If you have any comments, feedback or topical news items to be included in future editions, I would love to hear from you. [Please email me](#).

GTiCP conference

Firstly, I believe that it is very important to acknowledge the pain and distress that the events which took place during the GTiCP conference last month have caused to many. I want to reassure everyone that there are an increasing number of us working hard to increase diversity in clinical psychology and to tackle issues

relating to racism and inclusion in our profession. The DCP executive is fully engaged with the issues and we are committed to continuing to actively address these. In this newsletter, you'll find a letter to clinical psychology from the minorities in clinical psychology sub-committee, and the response from the DCP executive.



England chair's update, *continued*

Presidential taskforce on equality, diversity and inclusion

Earlier this autumn, the BPS board of trustees approved the creation of a presidential taskforce to develop and oversee the initial implementation of an action plan to address three key objectives.

- To make the society a welcoming place for members from minorities and marginalised groups, and to promote their engagement at every level.
- To promote diversity and inclusion within the profession and discipline of psychology through increasing entry to under-represented groups, and ensuring that training reflects diversity and meets the needs of diverse groups.

- To advise on the most effective form and function of a permanent body, reporting to the trustees, and to monitor and advise the board on issues relating to equality, diversity and inclusion.

Professor Binna Kandola has been appointed as chair of the taskforce, and is recruiting members with appropriate experience and expertise from a range of minority and marginalised backgrounds.

For terms of references or a statement of interest form, please [email Kelly Longmuir](#). The closing date for submissions is 10 January 2020.

From poverty to flourishing

The BPS 2020 policy campaign will be '[from poverty to flourishing](#)'. The campaign will emphasise the impact that psychology can have, not just in helping to solve complex problems such as poverty, but also encouraging people to realise their full potential and to flourish.

The campaign will call on government to adopt an integrated approach to tackling poverty that takes in

health, social care and education. It will also make the case for increasing communities' access to the resources that allow them to flourish.

The campaign will be guided by an expert reference group drawn from members - I would encourage all local DCP branches and members to consider ways of engaging in this campaign.

BPS survey reveals psychology profession under pressure

The [recently published](#) findings of the survey by the BPS has revealed a concerning picture of a profession under pressure, with psychologists fearing that financial constraints, widespread vacancies and excessive workloads are putting patient care at risk.

Set against the need to significantly expand the psychological workforce to deliver the NHS long term plan, the shortage of psychologists is so severe that the profession was recently added to the Migration Advisory Committee's shortage occupation list.

The survey also highlighted a range of organisational issues affecting members' wellbeing. Overwork was a major issue, with three in 10 psychologists saying they almost always work more hours than contracted.

As many as a third of respondents find their work emotionally exhausting, with rates higher in the NHS compared to other sectors. More than 40 per cent of respondents often or almost always feel worn out by the end of the day, rising to nearly 90 per cent in the NHS.

Overall, more than 14 per cent of members very regularly felt they were so stressed that they want to quit their job and 10 per cent of the members who responded had left the profession because of overwork, stress or feeling undervalued. In this month's newsletter you can read about the excellent work in the West Midlands Therapy Network, through which clinical psychologists offer support to their peers.

BPS psychological manifesto

The society is calling for all political parties to make a firm commitment to address urgent psychological workforce issues. All the parties have set out their own visions for improving mental health and wellbeing, but this is only achievable if the workforce is well-resourced and properly supported.

The [manifesto](#) outlines three overarching priorities for government, alongside evidence-based

recommendations for many departments that should form part of the domestic agenda:

- A cross-government strategy for the youngest children
- Truly transformational prevention
- Action to take communities from poverty to flourishing

A letter to clinical psychology by the Minorities Group

This letter aims to address the social programme of the GTiCP 2019 conference which caused distress amongst the audience and amongst wider psychology networks. We want to make clear that this outrage is not regarding the performers and their organisation. However, we do want to state that the nature of the performance and the way it was presented as part of the social programme within this particular context was unquestionably an incorrect choice.

The nature of the content was distressing and re-traumatising particularly for members of the audience who have been affected personally and historically by it. This content sat within the wider context of the profession which suffers with serious difficulties with visible representation of marginalised groups.

Unfortunately, in our movement to tackle the "diversity

issue" we as a profession tend to focus on increasing representation, giving little thought to the safety of the spaces in which people are invited to be part of such as in training or the GTiCP event. Offering support to minority applicants through events and schemes, although invaluable, in turn can distract from wider systemic issues and appears to locate the lack of diversity within the individual. Subsequently, there has been little thought to the underlying processes and dynamics that implicitly lead to a lack of diversity.

We cannot look at representation without looking at marginalisation. We cannot look at race and diversity without discussing racism and how the profession is complicit at different levels, from pre-training all the way to leadership positions. And we cannot move forward in these discussions without acknowledging the pain and hurt caused by the current system in many situations.

We cannot move forward without attending to the multiple layers of guilt held over the various conscious and unconscious contributions we as a profession make to creating unsafe spaces for people of marginalised backgrounds.

The Minorities in Clinical Psychology Subcommittee invested great efforts to present and hold workshops targeted at raising awareness around issues of oppression with a particular focus on racism and we considered our presence meaningful.

One of the group's presentations focused on the preliminary results of a large scale qualitative exploration of the Clearing House data, concentrating on the discrepancies between application and accepted places for individuals from Black, Asian and Minority Ethnic backgrounds. This is of course a pertinent issue within clinical psychology and fundamental to our understanding of institutional bias. These talks were met with great interest and enthusiasm to facilitate change within the audiences and potential future of the profession.

This very hopeful aspect of the conference has consequently been diminished by the impact of the dinner events and we are mindful that this is a recurring pattern when advocating against marginalisation; that following progress, barriers occur that return us to the "status quo". We are now experiencing first hand distress, exhaustion and potential understandable withdrawal from engaging in this type of work, but also more widely in the profession.

Whilst what happened at the conference was indisputably inappropriate and harmful, what exaggerated the distress are the responses to being "called out" across the entire profession. We have chosen not to discuss details of the events that took place here in this statement as we are conscious that online discussions and debates regarding the accuracy of what occurred have been unhelpful, dis-empowering and derailing as we have seen people's experiences and realities debated and undermined.

These discussions have served to invalidate the distress experienced by those impacted and also kept the conversations away from the underlying issues regarding how a context that enabled this to occur was possible. We would like to focus more proactively on how we empathise with, validate and support the distress that people are experiencing currently and where to go from here in terms of shifting the dominant discourses within the profession.

Not only can this focus support meaningful change within the profession but also develop the authenticity of conversations we have with people we support and our work at a societal level.

We ask the profession to consider the following:

- Conversations regarding well-meaning intentions have a long standing history of invalidating marginalised narratives. We are aware that people and organisations may be consciously well-meaning however focusing on intention only serves to silence the impact of marginalisation. It is important for organisations to reflect on their less conscious and less desirable intentions in an honest way.
- We ask that discussions occur around the impact of marginalisation, rather than evidencing whether marginalisation has or hasn't occurred. By its very definition these experiences can only be understood by those who share a specific protected characteristic. If this characteristic isn't shared then it is important to acknowledge and validate the experience of marginalisation and learn about it without relying on those impacted to invest emotional labour into educating and helping others to learn and understand.
- We would like Clinical Psychologists to be mindful of how they can silence others, particularly publicly. It is often the case in the profession that psychological language is used to pathologise marginalised experiences. Examples of these are: asking minority group members to empathise with structures that have contributed to oppression, asking for balanced perspectives suggesting the lived experience of a minority group member is equally debatable by someone who has not had that experience, pathologising and over-individualising distress as rude or aggressive rather than a healthy reaction to social oppression. We want to highlight that personal lived experiences of oppression are not up for debate and that validation and empathy are the only appropriate responses.
- We would like the wider profession and psychological communities to aim to understand the issues pertaining to minority identities and marginalising experiences for those within the profession and also for those who use our services.
- We would like for psychology courses (across professional disciplines) to directly address aspiring and trainee psychologists with outlines of how they aim to encourage on-going discourse and actively tackle these underlying issues.

- We would like to highlight that as the situation currently stands the profession feels fundamentally unsafe to certain members. We ask that everyone within the profession turns their attention to areas in which they may have previously had the privilege not to look, and to focus on their own power, privileges, and contributions to maintaining disempowering dynamics and structural oppression. We appreciate the notion that safe spaces to do so are needed and request that the responsibility of finding these spaces is not placed on marginalised or disempowered individuals.

The Minorities in Clinical Psychology Group is a sub-committee of the DCP Executive team. The committee primarily exists to give individuals who by reason of their race/culture, disability, sexuality, parenting/caring responsibilities or experience of mental health distress would find themselves in a marginalised position within the profession of Clinical Psychology, a chance to get connected to others who may share similar experiences. We aim to support their personal and professional development and to contribute towards a better understanding of the unique needs and experiences of marginalised groups within the profession.

Response from the DCP executive

The Group of Trainers in Clinical Psychology (GTiCP) conference in Liverpool last month was a co-produced event, focused on human rights, social justice and diversity. However, the performance on the Tuesday evening created significant distress and anger for a number of those present and for others who subsequently heard about it. The DCP Executive has been talking with our colleagues and especially with members of our Minorities Group, our Pre-Qualification Group and GTiCP (all who are integral parts of the DCP) to understand the impact of what happened and decide on what we can most helpfully do now.

We are particularly grateful to the Minorities Group for the letter to the profession that they have produced which lays out the issues so clearly, together with a focus on how we can achieve meaningful change.

As the Executive, we wish to state that we completely accept that the reactions of those from marginalised communities who were at the event, or have subsequently heard about it, need to be understood and validated

As a profession and as individuals, hearing those voices and reflecting on them is essential, opening our eyes to experiences that may not previously have been recognised. It is more than unfortunate that some reactions on social media have compounded the distress. In our responses we all need to maintain awareness of the ways in which we can, perhaps unconsciously, turn away from, minimise or try to dismiss uncomfortable narratives.

Concerns about whiteness, marginalisation and racism in Clinical Psychology have been highlighted by many

people and in a range of contexts, and it is evident that this needs to be addressed as a systemic and structural issue.

Within the DCP we had already recognised the need to do this, and have constituted a Minorities Subcommittee of the DCP Executive committee, to support and extend across the profession the work that the Minorities Group have been undertaking for prequalification members, which has also served to shine a light on what had previously been hidden.

This is only the start of what needs to be done and we also hope to work with the BPS Presidential Taskforce on Diversity and Inclusion, with GTiCP and others to develop a wide ranging programme to support change across the profession and its various institutions. In this endeavour, we will always consult and ideally will co-produce the work with our colleagues and others from marginalised groups, whilst accepting the responsibility not to burden them with the emotional and practical labour that will be required. The points listed in the Minorities Group letter are particularly valuable pointers to the directions we need to travel in as individuals and collectively.

To achieve cultural and systemic change we need to reach out and involve as many of our professional colleagues as possible. One early action is that we have changed the programme of the DCP Conference in January 2020 to foreground these issues and to hold workshops and discussion groups to support us all to begin thinking about what is needed for the future in settings that are as safe as possible for the participants.

Workforce and training developments

Psychological professions into action

This work aims to bring together the 12 psychological professions into a more cohesive and connected community. The 12 professions are clinical psychologists, adult psychotherapists, child and adolescent psychotherapist, children's wellbeing practitioners, cognitive behavioural therapists, counsellors, counselling psychologists, education mental health practitioners, forensic psychologists, health psychologists, psychological wellbeing practitioners and systemic family therapists.

'Psychological professions into action' is a crowdsourced research exercise which will develop a

national conversation across England on the following topics:

- How the psychological professions can make maximum impact for the public?
- What collective commitment can the 12 professions make together to create this impact?
- What support will they need to enable this?

The conversation launch is planned to take place on 15 January 2020, from 12-16:30pm at Mary Ward House in London. If you are able to attend this event, please RSVP [here](#).

Therapy network in the West Midlands

The West Midlands is unique in that we have the therapy network. Over decades clinical psychologists here have supported other clinical psychologists, offering therapy on a no cost basis - it represents the very best of us caring for each other. It has been supported by a very small donation from our universities and the DCP to cover some of the admin costs. Its longevity is a tribute to all the psychologists who have offered support and to those who lead it.

However it is becoming increasingly difficult to sustain. The need for support is steadily increasing, but changing work patterns and the ever-increasing pressure in the NHS means the number of psychologists able to offer therapy is decreasing, and the current situation is not sustainable. We are trying to chart a way forward, and as a first step we carried out a survey of clinical psychologists across the region.

Almost 10% of all our West Midlands DCP members replied, and over half of them had a high level of awareness of the therapy network. 45 per cent felt the therapy network could be sustained in its current form, with just under 30 per cent considering that it is no longer sustainable and 30 per cent that it could be sustained in a different form. Two of the main challenges to sustaining the therapy network were seen as simply current NHS workload/style of delivery, someone said it was 'a model out of its time', and the other that in principal it should be a funded service paid for by employing organisations or others.

In terms of possible future structures, just under 40 per cent of respondents supported the creation of a standalone charity. There was enthusiasm but also an awareness of the complexities of starting a charity. There were other options also raised, such as creating a community interest group or a contracted service within the NHS.

By contrast, there was very little support for Health Education England or Occupational Health departments being asked to take on the Therapy Network role. Neither of the above would fully understand the unique challenges of clinical psychologists. Perhaps the balanced view was 'it would be good if we could all work together to play a part'.

In terms of recruiting more volunteers there were a lot of excellent suggestions, wider promotion, frequent publicising the network, regular emails, using conferences or expanded advertising which we will be able to draw on.

Our conclusion was that the current model is broadly supported, our challenge is to sustain and develop it. Key next steps are to build more support around the leadership of Therapy Network, and create the capacity to seize new opportunities, to build relationships with other agencies, and to step up the advertising on its availability and how to access it for support.

This is written in thanks to Delia Cushway and the many psychologists across the West Midlands who have given their time to support colleagues over decades.

Local DCP branch news

Upcoming events

22 and 23 January 2020 - New adventures in clinical psychology: Personal, professional and political partnerships. The [DCP annual conference](#) in Solihull, and AGMs for the DCP, Leadership and Management Faculty and Faculty for Children, Young People and their Families.

24 January 2020 - [DCP London](#) event on how the DCP

is responding to emerging workforce challenges and the needs of clinical psychologists. BPS London Office.

27 January 2020 - [DCP East of England branch annual conference](#) and AGM: Mental health and neurodevelopmental presentations: Working therapeutically across the lifespan.

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