

DCP Scotland

Newsletter – Jan 2020

Bliadhna Mhath Ur, as they say on the Long Island. This newsletter covers everything from policy to politics, and from CPD to communications. Sit back and take your time if, like me, you've made a new year's resolution to read things more mindfully.



Scotland Chair's Update – Alison Robertson

Since our AGM in November, I've been getting up to speed with how DCP Scotland can be most effective by aligning with BPS priorities, working more closely with DCP-UK, and with the health and social care professions in Scotland.

Leadership Summit

I was really pleased to be invited to the DCP Leadership and Management Faculty's summit in London at the start of December. There was a slot for each of the four nations' chairs to present our positions on workforce. It was good to find out more about the NHS England project, and the Psychology Professions Partnership. I felt proud to be able to share the story of successful developments in Scotland, delivered through

collaboration over many years between a number of groups led by NES and HOPS, with support from the BPS. I was equally proud to be able to introduce myself to the summit in Gaelic (Mathainn mhath. Is mise Alison Robertson agus tha mi an chair no Roinn Saidhgeolais Chlinigeach na Alba). Luckily there didn't seem to be any other Gaelic speakers present!



Scotland chair's update, continued

Group of Trainers in Clinical Psychology Conference

The DCP Executive has given serious consideration to how best to respond to the distress experienced by some of the people attending the GTICP conference in Liverpool recently. Statements from the Minorities Group and the Executive are included below.

The conference had tried to address the difficulties which minority groups experience when becoming a part of clinical psychology.

For me, the data which David Murphy, BPS President, presented at the leadership summit was really interesting, and I need to find out how people are making use of it to change things for those from BME groups.

The data included key points in education and career journeys at which some groups are disadvantaged. As

with most things, it was not exactly what I expected. I will try to make links with courses in Scotland to ask for their data and find out what universities and NES are doing, but this is not about organising events or setting up groups, it is for us all to act in ways which promote real inclusion.

For example, David urged us to give talks about careers in psychology at schools in all parts of the country, not just at our own children's schools. He proposed not offering voluntary placements or internships which can exclude those without the means to accept them.

David also recommended a book by Ibrahim Kundi called "How to be an anti-racist". I will try to get hold of the slides so I can share them if you are interested - the letter below speaks for itself.

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.

Policy updates

BPS Psychological Manifesto

The society has released a [psychologically-focused manifesto](#) for the new UK government. As well as emphasising significant psychological workforce developments, the manifesto outlines three overarching priorities for government alongside evidence-based recommendations for many departments. These are:

- A cross-government strategy for the youngest children
- Truly transformational prevention

- Action to take communities from poverty to flourishing

In the same way that voting is so important to being an active member of your community, engaging with the work of the BPS and the DCP really does make a difference.

Here's hoping that 2020 sees progress made in these areas and that each of us finds a way to make at least a small contribution.

Policy priority for 2020

The BPS 2020 policy campaign will be 'From poverty to flourishing'. This 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 flourish.

The campaign will call on government to adopt an integrated approach to tackling poverty which 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.

It will be guided by an Expert Reference Group drawn from the membership - I would encourage all local branches to consider ways of engaging with the campaign.

We are also delighted to share that the BPS has joined the 'End Child Poverty' coalition - find out more [here](#).

Profession under pressure

The recently published findings of the membership 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 English psychological workforce to deliver the NHS England Long Term Plan, the shortage of psychologists there 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.

Let's all take action to try and improve things.

New guidelines

Withdrawing from prescribed psychiatric drugs

New [guidance](#) from the BPS and its partners gives psychological therapists the information they need to help clients struggling with side effects and withdrawal issues which have resulted from an increase in the prescription of psychiatric drugs.

The guidance means clients will be better supported to understand the difference between emotional distress, relapse and the side and withdrawal effects of psychiatric drugs. A 2019 survey of psychological therapists revealed that most work with clients who have taken, or are taking, psychiatric drugs. Fewer than one in 10 felt their training equipped them to deal adequately with clients' questions on this topic.

Our members have continually told us they need more support to work confidently with clients taking or withdrawing from prescribed drugs.

The evidence reviewed in this guidance provides an up-to-date summary of the main effects, adverse consequences and possible withdrawal reactions of psychiatric drugs." The guidance, facilitated by the All-Party Parliamentary Group for Prescribed Drug Dependence in the last parliament, has been steered and endorsed by four psychological therapy organisations that represent 80,000 of the UK's psychological therapists, and by senior clinicians and researchers in the field.

Working with gender, sexuality and relationship diversity

These [guidelines](#) relate to gender, sexuality and relationship diverse people. That is, broadly, people who do not identify as heterosexual, monogamous or cisgender.

This includes lesbian, gay, bisexual and transgender (LGBT) people as well as people who identify as asexual (do not or rarely experience sexual attraction), are agender (have no gender), have a non-binary gender (have a gender other than male or female), are pansexual (have attraction irrespective of gender), and many other groups. The guidelines do not, however, relate to anything non-consensual. The identities

and practices considered here are not in themselves pathological, and are part of human diversity.

These guidelines are aimed at applied psychologists working with mental distress, but may also be applied in associated psychological fields. The principles they are based upon are derived from both the literature and best practice agreement of experts in the field and may also be applied to other disciplines, such as counselling, psychotherapy, psychiatry, medicine, nursing and social work.

Communications and CPD

DGP-S Review

Regarding our DGP-S Review, we are making plans to have this “digitally delivered” so as to be more in-keeping with the society’s environmental values. This is not only a greener option, but is also more economical and allows our editors to use more colour images and include links to relevant material. Our new Twitter account will also be used to promote the review and to solicit feedback from members. This will complement frequent calls to action from our readers

within our publications. This should allow us to identify which articles, topics and issues are of most interest to our members. We hope to pull together an edition soon in collaboration with the MHAIST team showcasing the excellent projects in which many of you were involved. As ever, if you have potential ideas for articles in future DGP-S Reviews, please get in touch with our editors Edel McGlanaghy and Jane-Louise Jackson.

DGP Online Community

The [DGP Online community](#) has now been active for around one month, encouraging DGP members to engage with each other across the UK as well as internationally. It looks to be a promising platform to hold discussions relating to the profession and wider

clinical and/or research practice. The blog function also helps to encourage members to write reflective pieces to share with the community. If you have not already created your profile on the community, I would encourage you to do so!

Enhancing communication

The BPS is investing in improving a range of member services, including communications. There is a change programme underway looking at improving many different areas, one of which covers periodical publishing. The trustees have given their commitment to support a transition towards a digital-first publication strategy. In practice, this means our publication and periodical projects will explore digital solutions

wherever possible. The BPS has already begun publishing some titles in digital-only mediums, which have been hosted on our online shop. The BPS is planning major investment in this area, looking to replace the shop with more sophisticated systems to enable better searchability for knowledge articles and more effective and timely ways of communicating both inside and outside of the BPS membership.

NES E-Learning

NES is delighted to announce the launch of its new e-module “Developing your trauma skilled practice”. In line with the trauma skilled practice level of the Scottish Transforming Psychological Trauma Framework, this module is designed to:

- Increase understanding of traumatic events and

the different ways that people can be affected

- Help learners recognise where the impact of trauma might influence their work with people affected by it

If you are registered with Turas Learn, Developing your trauma skilled practice can be accessed [here](#).

DCP-S AGM 2019

In November 2019 we held our very well attended AGM and Scientific Meeting, to which we invited Esther Cohen-Tovee and Carol Craig to provide some invigorating discussions relating to the clinical psychology workforce and resilience in children and young people.

Esther Cohen-Tovee provided a presentation on what it means to be a Clinical Psychologist and had directly addressed the events of the GTICP conference and what this means for us going forward as a profession. Carol Craig provided an interesting reflection on childhood adversity and what this means for resilience in the younger generation.

Watch out for reflective accounts of the AGM in future editions of the DCP-S Review this year – perhaps if you were there you have already read “The Golden Mean”!

At the AGM we said goodbye to Alison McMullan who had been acting as DCP-S chair, and welcomed Alison Robertson as new DCP-S chair.

Get in Touch

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