

# ‘Knowing when to ask for help and doing so is a sign of professional competence’

Ella Rhodes on a new statement and guidance on lived experience

The British Psychological Society’s Division of Clinical Psychology (DCP) has publicly recognised the ‘unique and valued contribution’ of clinical psychologists and trainees with experience of mental health difficulties in a recent position statement. It has also released guidance for supporting, and valuing, lived experience in clinical psychology training.

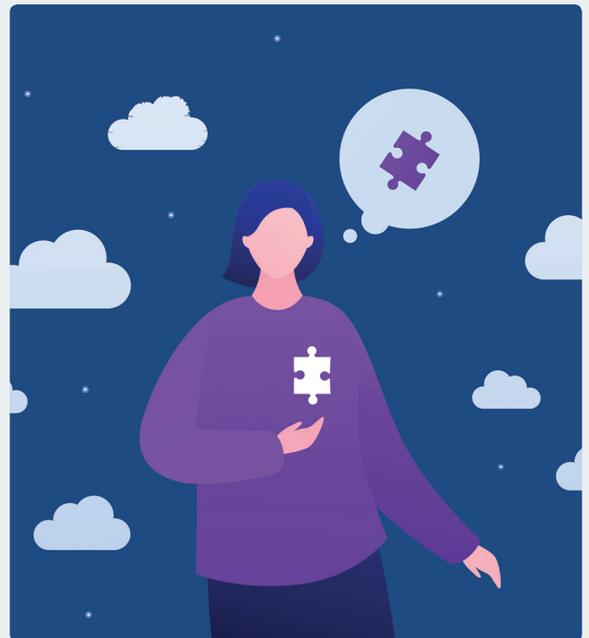
Co-lead author of the statement and CEO of in2gr8mentalhealth, Dr Natalie Kemp, experienced a breakdown around four years after qualifying as a clinical psychologist while working in mental health services. She said while her own supervisor and manager had been supportive, clinical psychology and the wider mental health scene had much still to learn about embracing the common humanity of its workforce.

‘You were, and still are, idiosyncratically dependent on having a decent person supervising you or a good manager. Some people did have that, some didn’t, and those who didn’t have that had really poor experiences of being punitively met by the services they were in when they had difficulties.’

Second-year trainee clinical psychologist Camilla Hogg (University of Liverpool), became co-lead author through her role as Mental Health lead for the DCP Minorities Sub-Committee. ‘I think it’s great the position statement is out there and the professional body is acknowledging it. I think it’s really important that we can stand clear and say “people do have lived experience within the profession”.’

The paper points out that mental health difficulties are common and diverse – and may or may not be the reason people enter psychology as a profession. It also highlights the complexity of whether to share lived experience with colleagues. It suggests that those who do share such experiences should be supported, with destigmatising lived experience a ‘whole-systems responsibility’ across professional bodies, organisations, training institutions and services.

The authors also state in the paper that lived experience is viewed as an asset. ‘... lived experience of mental health difficulties does not have to be a barrier to training or practising as a clinical psychologist. On the contrary, people with lived experience are an asset to the profession and make a significant contribution to it.’



Dr Kemp is clear that engaging with lived experience can deepen professional practice and help improve the staff systems we work in.

Hogg has previously worked as a peer-support worker and in lived experience roles – consequently revealing her own mental health difficulties when applying for jobs. She said that having always disclosed these difficulties to potential employers, she was unaware whether they held stigmatising views towards her or not. ‘However, I am in many ways privileged... I am white, middle class etc. and thus I face less systemic discrimination than other individuals do. It’s really important when considering this area that we don’t just consider stigma on its own due to the importance of understanding and recognising intersectionality.’

While Kemp said that many people may have had more positive experiences, she truly felt the stigma of being a mental healthcare provider with lived experience. ‘The only reason I came back [to work in the area] was to challenge the stigma of being a provider with lived

experience of mental health problems. That's not only about the stigma that can still exist for anyone around mental health problems but something extra about being a provider with lived experience, because of the pervasiveness of us / them divides in mental health services and unwritten rules that providers must not break down, as if they were overly identified with the services they work in. But it is humans who work in services.'

Once Kemp had recovered following her breakdown she started feeling angry not only about the stigma and lack of support surrounding mental health professionals with lived experience but also 'the paradox of what we say compassionately to those who come to us for help, not seeming to apply to those of us who work in the profession'. She approached then-DCP chair Richard Pemberton to share her story and a sense of social injustice, and later began building a network on Twitter of others with similar experiences.

Kemp created the in2gr8mentalhealth Forum, which eventually drew in around 300 members connecting about their lived experience and providing peer support. She began lobbying the DCP to consider releasing a statement on valuing lived experience in mental health professionals, after which the Division brought together a working group to write one.

Kemp also worked as a Research Fellow at UCL on the DCP-commissioned guide for trainees with lived experience of mental health difficulties. The guidance, Supporting and valuing lived experience of mental health difficulties in clinical psychology, was written by Kemp, Dr Katrina Scior, Dr Henry Clements and Dr Kathy Mackenzie-White.

It covers ways of creating a culture of openness and compassion around lived experience in workplaces and training institutions, confidentiality, and deciding whether, and if so how and with whom, to share lived experience. The authors wrote: 'Central to this guidance is a belief that where mental health professionals are concerned, knowing when to ask for help and doing so is a sign of professional competence in action and not of failure.'

Kemp said there was a certain expectation in some areas that providers of mental health care of all sorts should be able to hold it together at all times – and there was stigma associated with not living up to such ideals. 'Stigma says that you're not allowed to have difficulties as a mental health professional, that you're not allowed to break down – that it's taboo because you're a provider. Stigma says that you are not a part of any common humanity, it stops people from asking for help when they need it. Support is good and important, but we don't have enough of a sense of flourishing. Lived experience doesn't make you any better or worse than anyone else, but engaging with it can deepen and enhance your personal wisdom, how well you know yourself and ultimately your practice.'

Statement: <https://tinyurl.com/bpslivedexp>  
Guidance: <https://tinyurl.com/supporttle>

## William Inman Prize

**A psychologist working to improve the experience of patients with eye conditions has won the British Psychological Society's 2020 William Inman Prize. Dr Lee Jones, a Post-Doctoral Research Fellow at both Moorfields Eye Hospital and the UCL Institute of Ophthalmology, was nominated for his work as part of the UK Glaucoma Treatment Study.**

The Prize was set up thanks to a bequest from Dr William S. Inman, an ophthalmic surgeon and psychoanalyst, who died in 1968. The award is given every five years by the Research Board to research in the fields of psychosomatic ophthalmology or concerning psychological factors in physical conditions, particularly psychodynamic or psychotherapeutic factors in eye conditions.

Jones' paper, published in *Ophthalmology*, looked into patient-reported outcome measures (PROMs) in a randomised control trial with glaucoma patients. PROMs are important in assessing whether a person's glaucoma has worsened – and Jones' research found that some of the outcome measures commonly used with glaucoma patients were not sensitive to changes in their vision.

Jones completed a PhD in Optometry and Visual Science at City, University of London, and said he was drawn into the field by a desire to conduct research that had potential to translate into better patient care. 'In glaucoma, like many other chronic health conditions, the traditional clinical assessments don't always give the full picture about how patients are affected in their day-to-day lives. That's why tools such as patient-reported outcome measures can provide valuable additional information to supplement data collected through clinical examinations.'

Jones is currently working on a series of research projects related to Health Psychology and vision, including an exploration of the psychological effects of inherited eye diseases in children and young adults. He is also raising awareness of problems associated with such conditions, including vivid visual hallucinations known as Charles Bonnet Syndrome. He is also investigating whether new methods of glaucoma eyecare, such as home monitoring, are acceptable to those living with the condition. 'In addition, I've been collaborating with ophthalmologists at Queen Elizabeth Hospital Birmingham and we're at the exciting stage of publishing a number of qualitative studies looking into patient and clinician experiences of high-stakes eye surgery, wherein we highlight key areas for service improvements. Having only recently received my PhD, I still consider myself to be at a relatively early stage in my academic career. After winning the William Inman Prize I'm feeling very inspired about what opportunities might arise in the future. I'm very familiar with the work of some of the previous recipients of the William Inman Prize, so it's a huge honour to have my work associated with these other fantastic studies. It's wonderful that the BPS are able to make this award, which recognises the important role of psychological factors affecting people living with physical conditions.'



Dr Lee Jones  
Twitter: @jones\_lee1

# Plomin and Freeman honoured

Two pioneers in psychology have been named winners of the 2020 BPS Research Board awards. Professor Robert Plomin is the winner of this year's Lifetime Achievement Award and Professor Daniel Freeman has received The Presidents' Award for Distinguished Contributions to Psychological Knowledge.

Plomin (King's College London) has spent the past 45 years of his research bringing genetics and genomics to our understanding of psychology and development. After a PhD at the University of Texas at Austin, and posts at the University of Colorado in Boulder and Pennsylvania State University, Plomin moved to the UK in 1994 as the first Medical Research Council (MRC) Research Professor.

In the same year he and Professor Sir Michael Rutter launched the SGDP (Social, Genetic and Developmental Psychiatry Centre) at King's College London – the first MRC interdisciplinary research centre – which he directed between 2007 and 2010. The SGDP is probably best known for its longitudinal twin study of learning abilities and disabilities in 10,000 pairs of twins, the Twins Early Development Study (TEDS), launched by Plomin in 1995 which currently includes collaborations with 40 researchers and around 12 large-scale collaborations in genome-wide association studies.

Plomin's research has led to breakthroughs in a number of areas including the genetic and environmental origins of individual differences in cognitive development and their impact on education, the interaction between the environment and genetics in development, and applying advances in DNA techniques to developmental psychology. He has published more than 800 papers, was the youngest ever president elected by the International Behavior Genetics Association in 1994, and has received lifetime achievement awards for his research from the American Psychological Association, Association of Psychological Science, Behavior Genetics Association and is also a Fellow of the American Academy of Arts and Sciences, American Academy of Political and Social Science, Academy of Medical Sciences (UK), and the British Academy.

He said he was especially pleased to receive the award as it signalled an acceptance of the role of nature, as well as nurture, in psychological development after 'several turbulent decades' of the nature vs nurture debate. 'The most exciting research lies ahead, as we

begin to use inherited DNA differences (polygenic scores) to predict from birth adult personality, mental health and illness and cognitive abilities and disabilities, as described in my book, *Blueprint* (Penguin, 2019). I just need another lifetime!'

Freeman (University of Oxford) is an expert in paranoia and his research has involved uncovering ways to support people who have experienced psychosis with a particular focus on those suffering from persecutory delusions, as well as innovative approaches such as virtual reality in treating mental health conditions. Freeman is Professor of Clinical Psychology and a National Institute for Health Research Professor and has worked clinically as a Consultant Clinical Psychologist in South London and Maudsley NHS Foundation Trust and Oxford Health NHS Foundation Trust.

Persecutory delusions occur in more than 70 per cent of people with schizophrenia and, given their impact on patients, have become a key target for treatment in psychosis. Across 15 years Freeman developed a psychological treatment for persecutory delusions which had not responded to treatment, called the Feeling Safe Programme which involves 20 sessions and has led to a recovery rate of 50 per cent.

Freeman has also used virtual reality as a psychological treatment for mental health conditions and in a randomised control trial of a VR treatment for a fear of heights found that 78 per cent of people in the treatment condition experienced at least a halving of their fear. He has also developed a virtual reality treatment for persecutory delusions which is currently being tested in another randomised control trial and another treatment for people with psychosis who also have agoraphobia.

'The award has led to warm reflection on the collective: those clinical authors from the past whose words have resonated, the mentors I've been fortunate to observe and gain counsel, the patients who have shared so much, peers who push the boundaries, the team members – and the administrative support – who make it happen. All linked by a common thread of the desire to move things forward for the better. I would like to thank all those people.'

Looking to the future Freeman said his desire to make real improvements for people burned brighter than ever, and recent events had brought his attention to the excessive mistrust in society and how to counter this unchecked mistrust – particularly in relation to vaccine hesitancy.

'In clinical settings my new face-to-face psychological therapy for persistent persecutory delusions leads to recovery for half of patients, which is a substantial improvement in treatment outcomes, but that means new thinking is required for the other half of patients. Then there is a programme of work developing automated VR treatments for each mental health condition and testing whether they can be made even more efficacious than face-to-face therapies.'



Professor Robert Plomin



Professor Daniel Freeman

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# Social psychology in changing times

Deputy Editor **Annie Brookman-Byrne** reports from 'Connecting individuals, families and communities in changing and challenging times', an online event in place of the BPS Social Psychology Section annual conference.

**Professor Sonia Livingstone's co-authored book, *Parenting for a Digital Future*, was researched and written before the pandemic, when the digital future was 'the stuff of science fiction'. Now, of course, much of family life has moved online. 'Our lives have become digital by default.'**

According to Livingstone, giving this year's Distinguished Contribution to Social Psychology Award Winner Address, the task of parenting for a digital future is an impossible one. Parents have to prepare their children today for an unknown world in 2030 or 2040. What's more, this is in the context of contradictory messages from the media that 'position technology as both the cause and the solution' of parental anxieties.

When parents express anxieties around technology, Livingstone thinks they may really be talking about more than technology – perhaps marital breakdown or economic insecurity. 'The digital is salient because it symbolises parents' hopes and fears for their child and it acts as a lightning rod for those deeper and broader problems.'

## Collective and political action

Selin Tekin Guven spoke about her research to understand campaigners supporting families and survivors of the Grenfell Tower fire. Each month, those who have been affected by the fire come together to walk silently in the community for 90 minutes. These walks, Tekin Guven concluded, were a way for campaigners to project their political power, to build solidarity, and to respect the community's loss – to take action collectively to overcome injustice and pressure authorities.

Is it likely that those who take part in active participation will have children who go on to do the same? Dr Hector Carvacho shared his research on the intergenerational transmission of collective action in Chile, showing a link between parental political participation in the 1980s and recent participation in social movements in their children who are now adults. This transmission between generations occurred through conversations, Carvacho said, as well as parents taking children to political events during childhood, and cultural consumption – for example listening to left-wing musicians that convey the parents' values.

Dr Laura K. Taylor presented the Developmental Peacebuilding Model, and its implications for growing up in divided societies. The model brings together the peace building literature, a developmental intergroup framework, and a social ecological perspective. Taylor's research with adolescents has shown that greater quality contact across groups is associated with more support for peace building, which in turn is associated to more political participation and volunteering. The Developmental Peacebuilding Model recognises that

children and adolescents have peace building potential, and that outgroup prosocial behaviours are a form of peace building.

## Promoting prosocial behaviour

In the Early Career Award Winner Address, Dr Julie van de Vyver discussed the role of the arts for promoting prosociality. van de Vyver presented a series of studies demonstrating that attending arts events and participating in arts activities both contribute to prosociality within and across groups. For example, in an experimental study, local artists worked with pupils over a week, documenting and celebrating good news stories. By the end, prosocial intentions had increased.

van der Vyver linked this research to an evolving Arts and Kindness Model. Within this model, creation and consumption of the arts can promote kindness through four different mediators: emotion, learning, values and connection. Key attitudes and behaviours affected fall into two categories: generic kindness (such as volunteering, donating, caring), and inclusive kindness (respecting and helping outgroup members). Engagement with the arts seems to have a persistent effect, offering what van der Vyver described a 'realistic, engaging and sustainable' approach for fostering prosociality and cohesion.

[Read more from the Social conference on our website, plus a report from the Division of Forensic Psychology conference.](#)

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## Eyebrow raising research

**Have you ever wondered what we can tell about someone's personality from their eyebrows? What might happen to an earthworm if it is vibrated at a high frequency? Or whether knives made from frozen human faeces are of any use? Thanks to this year's Ig Nobel prize winners we can now answer those burning questions.**

This year marks the 30th Ig Nobel Prize which is awarded to achievements that first make you laugh, then make you think. Marc Abrahams, Editor of prize organiser the Annals of Improbable Research, acted as (remote) Master of Ceremonies.

Miranda Giacomini and Nicholas Rule won this year's psychology prize for discovering that narcissists could be identified by looking at their eyebrows. They explored the different facial features that could indicate someone is a grandiose narcissist and found that eyebrow distinctiveness, for example thickness and density, was the primary feature leading to accurate judgements of narcissism. [ER](#)

[Read more at https://thepsychologist.bps.org.uk/eyebrow-raising-research](https://thepsychologist.bps.org.uk/eyebrow-raising-research)

# ‘Recovery is possible...’

Events which expose children and young people to trauma, including Covid-19 and disasters such as the Grenfell Tower fire, can have a lasting impact, leading to a greater risk of mental health problems in the future. A group of 22 experts in research, practice, and policy have recently launched the UK Trauma Council ([uktraumacouncil.org](http://uktraumacouncil.org)) to help address a lack of both knowledge on childhood trauma and trauma-informed treatment.



Professor Eamon McCrory

The UKTC is chaired and co-directed by David Trickey, Consultant Clinical Psychologist in the Specialist Trauma and Maltreatment Service at the Anna Freud Centre, and Eamon McCrory, Professor of Developmental Neuroscience and Psychopathology, Co-Director of the Developmental Risk and Resilience Unit (UCL), and a Director at the Anna Freud Centre. As well as psychologists, its council members include experts from all four nations of the UK in fields such as global health, child and adolescent psychiatry and public health.

Hosted and supported by the Anna Freud National Centre for Children and Families, the council’s overall aim is to help improve the care received by children and young people exposed to trauma – including abuse and neglect. It hopes to become a hub for learning about childhood trauma, creating and disseminating accessible resources on the latest evidence for non-experts, informing policy in England, Scotland, Wales and Northern Ireland, and increase collaboration among trauma experts in the UK.

Given the complexity of the impact of trauma, and the role of social, psychological, developmental and biological factors in shaping that impact, McCrory said it was vital that the Council took a truly multidisciplinary approach. ‘It is not hard to imagine how childhood maltreatment, a terrorist attack or a traumatic bereavement could have common but also distinct effects depending on a wide range of factors. To understand the impact of such events, and how best to help children and young people exposed to them, we need psychologists, psychiatrists, psychotherapists, those involved in policy, service delivery, education and community health.’

McCrory, whose research uses brain imaging and psychological approaches, investigates the impact of maltreatment on children’s future mental health and more broadly explores the mechanisms associated with developmental adversity and resilience. He tells me that decades of longitudinal research has shown that childhood trauma is the largest modifiable risk factor for later mental health problems. ‘My own research uses neuroscience to help shed light on how early adverse experiences such as maltreatment can increase the risk of poor outcomes later in life. However, despite important advances in research and clinical practice I saw first-hand how difficult and frustrating it can be for these to find their way to the frontline.’

This frustration was shared by David Trickey, an expert in the field of childhood trauma and post-traumatic stress disorder (PTSD). In the wake of the Grenfell Tower fire and Manchester Arena bombings, McCrory and

Trickey realised there was no national platform to bring together advice and guidance about trauma despite a great deal of expertise being dotted around the UK. ‘For some reason trauma as a concept had not organised clinicians, services or research in the same way as specific diagnostic categories such as Autism or ADHD.’

McCrory and Trickey, with the help of the Anna Freud Centre and early seed money, conducted a national and international survey to better understand what could fill this gap. ‘The results from this consultation were compelling and clear. A national platform was needed to share experience and expertise and disseminate best practice as well as research in the field of trauma.’

Thanks to funding from the National Lottery Community Fund and St. James’ Place Charitable Foundation, the UK Trauma Council was set up. One of its first publications was a policy statement on the Covid-19 pandemic – which McCrory said has had a significant impact on children and young people’s mental health. ‘It has increased the experience of trauma for many, and compromised the support which children and young people receive from friends, family and public services. The UK Trauma Council want to actively support and help those shaping policy and funding decisions in this time of upheaval and uncertainty, so that in the months and years ahead children and young people are supported and effectively helped following trauma.’

There can be a tendency, McCrory added, for mental health interventions to be focused on more common difficulties such as depression and anxiety. ‘This we believe misses an important opportunity. Trauma is a key factor that can increase the risk of these outcomes in the first place. We need an increased focus on prevention (that is reducing the likelihood of mental health problems following trauma), as well as increased provision of the resources, skills and evidence-based forms of help that communities need to help themselves. The policy document sets out key priorities to guide policy makers so they can help turn this into a reality.’

McCrory said recent reviews had found a gap between the emerging evidence base and frontline practice. ‘This gap relates to a lack of training, knowledge and confidence in the implementation of evidence-based interventions for children and young people who are presenting with traumatic reactions. In some areas, services are struggling to provide basic levels of support – and some children and young people will not gain access to the specialist interventions needed to mitigate the effects of their trauma. There is a need to invest in training, and supervision, in evidence-based interventions for professionals within children and young people’s mental health services. There is also a need to establish clear pathways for referral and models of care, so that this capacity is effectively targeted and is accessible to all children, young people and families who need it.’

As well as its Covid-19 briefing the council has also released a set of free resources on the neuroscience

of trauma, written for non-experts. McCrory said, as a neuroscientist and clinician, he had seen first-hand how difficult it could be for frontline carers and professionals to access accurate and current information from neuroscience on abuse and neglect.

The UKTC is also set to release resources to help identify children and young people who have experienced a traumatic bereavement, and later next year will publish guidance on responding to critical incidents in schools. McCrory said schools often have to respond when individual children and young people, or the school collectively, experience trauma.

‘There is a need to help schools prepare in advance for such incidents – much can be done in terms of thinking, planning and training so that systems and responses are in place that can be activated at short notice. At times of stress following trauma, adults can make poor decisions as they themselves become anxious and stressed, making it less likely that they respond in an effective way.’

McCrory ended on a positive note. ‘A child’s behaviour that can otherwise seem challenging or confusing can begin to make sense in the context of early brain adaptation, giving us a new lens through which to understand – and help – the children in our care. While the brain changes triggered by trauma can make it harder for a child to navigate and cope with everyday challenges, increasing the risk of mental health problems in the future, recovery is possible. We now know their brains adapt to help them cope. Relationships play a key role in that recovery, as they directly influence how the brain grows and develops. So parents, carers and professionals have a crucial role to play in promoting resilience. These relationships are at the heart of what drives positive change.’ [ER](#)

## In the zone

**I’m a Scientist, Get me out of here – an event which allows primary and secondary school students to ask scientists questions about their research, or anything else – is back this autumn. Scientists are spread out over themed zones, including psychology, health, physics, and medical research, with a vote for the pupils’ favourite scientist in each. The top-voted scientist in this year’s BPS-supported psychology zone, which runs from 2-27 November, will win £500 to spend on public engagement.**

Dr Daniel Jolley (Northumbria University) who won one of the 2018 psychology zones, said given the age range of students who take part in I’m a Scientist, the experience had helped him to hone his ability to talk about his research in varied ways. ‘It provided the opportunity to invest in developing a cartoon on my research programme – the psychology of conspiracy theories. This cartoon [see [tinyurl.com/yxpwd9ru](https://tinyurl.com/yxpwd9ru)] is timeless and I regularly use it as part of science communication.’ [ER](#)

## from the chief executive



**The impact of Covid-19 on our members has been stark, and I think it’s important to keep highlighting the range of resources that we have produced, covering the breadth of the discipline and showing just what a wide-reaching crisis this has been.**

While the effect on anyone working in the NHS or health care is immediately apparent, there have also been huge challenges for our members working in academia, and psychology students – the future of our organisation.

To assess this and find out what help we can provide, we’ve been running a survey which received almost

2000 responses and has uncovered some extremely concerning trends that need to be addressed quickly.

Of the academic staff who responded to the survey, almost all (97 per cent) felt that the pandemic has led to a negative impact on their workloads, and a similar number see this as their greatest challenge going forward.

Equally worrying are the responses on wellbeing, with three quarters of the academic staff surveyed feeling that this had been negatively affected since the beginning of lockdown.

There is also a knock-on impact on research, with around 70 per cent of both academic staff and PhD students who responded suggesting that their ability to undertake, write up, submit and present their research has been compromised.

With the effects of the pandemic and routes back to some degree of normality only just being understood, it’s more important than ever that academic psychologists and students are able to carry out high-quality and impactful research.

Our Research Board, led by Professor Daryl O’Connor, will consider how best we can support and facilitate researchers during the pandemic and beyond.

The board is already developing a hub for online research resources that we hope will prove helpful, and which respondents saw as the top priority for BPS support.

We also asked psychology students what support we could be providing to help them through this difficult period. Advice and guidance on careers came out on top there, with more than 80 per cent deeming it a top priority.

This chimes with the messages that we’ve been getting from student members during our member journey project, and I’m delighted to be able to say that we’ll be announcing more careers initiatives for our students during the rest of this year.

If you’re a psychology lecturer, researcher or student and didn’t have the opportunity to respond to this survey, I’d love to hear your ideas on what the BPS can do to support you during Covid-19 and beyond – please get in touch.

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