

Reflections on the FHCP annual conference

'Collaboration and innovation: the way forward?', besides being the title of this issue of *HCPJ*, was the theme of the most recent FHCP annual conference, held in York on 6 November 2004. Eighty delegates attended the meeting at the Royal York Hotel; 76 (95 per cent) were counsellors and 69 (86 per cent) were female. Almost all (94 per cent) were FHCP members; just over half (52 per cent) funded their own attendance, the remainder being paid for by their employer organisations. New developments in the NHS and an interest in the theme of the meeting were the reasons most often given for attending (28 per cent and 30 per cent, respectively). Four of the speakers at the conference have kindly contributed articles for this issue of *HCPJ*. Several of the comments given on the conference evaluation forms by anonymous delegates are highlighted. Below, four participants give their personal reflections on the day

‘The conference was very relevant and the speakers on the whole found a perfect balance of humour and information’

One of the most stimulating keynote speeches for me was Neil Frude's talk, 'A primary care based mental health book prescription scheme' (see article, p9). His presentation was entertaining and polished (clearly his performance at the Edinburgh Fringe has taught him a thing or two about effective communication) but it was the content of his talk that was particularly arresting. Given the time-limited nature of primary care counselling, it can be very helpful to recommend self-help books to clients. Professor Frude, though, highlighted one of the problems: how can we be certain that a particular book is going to be appropriate? I found his list of

suggested reading very useful as a starting point, and I intend working my way through it so that I can make well-informed recommendations to clients in the future.

One of the main points of Frude's talk was to describe the book prescription scheme that he has established in his area. I am wondering whether something like that could be established in my own area, and Frude's talk has prompted me to discuss this idea with my counselling colleagues at our next group meeting.

I work in two rural primary care practices in the Durham Dales, and my first task will be to find out what library services are available in the two villages. It might be possible to persuade the local library service to purchase specific books (if they don't already carry them) and then direct patients to those books without actually setting up a prescription scheme.

I am also wondering if the scheme could be adapted in some way. My initial thoughts were whether I could persuade the surgeries to buy a few of the books, though I can foresee potential problems regarding the management of a loan service. Another thought was whether I could produce my own short pamphlets

related to common issues, which I could give to patients, drawing upon some of the advice contained within Frude's recommended books and other sources. Clearly there may be problems here related to copyright, time and production costs. Nevertheless, specific pamphlets could certainly be helpful for some patients. Whether they would be sufficient alternatives to counselling is doubtful.

I wonder if anyone else has any further thoughts on this?

Caroline Friswell

Integrative counsellor in primary care, Durham Dales PCT

‘Excellent workshop. It demonstrated that as counsellors we cannot afford to sit back and ignore change around us. It's develop or die’

I was energised by the presentations at the FHCP conference and puzzled by the acronyms. I was impressed by innovations such as the Cardiff book prescription scheme which utilises the existing library service, and the useful work carried out by graduate mental health workers. I warmed to the idea of e-therapy for people who would not otherwise enter therapy, though I would not choose it myself because I would miss face-to-face contact.

Hearing Dr Alan Cohen's talk, I was struck by the savings that talking therapies could make in terms of attendance at acute clinics of patients who somatise. Dr Cohen was talking about people with unexplained physical symptoms. I thought perhaps we could go further and prevent somatisation leading to organic disease.

My perception was that most of the delegates were female counsellors. I noticed that five out of the six presenters were male and most seemed to have an NHS career background in nursing or clinical psychology. Is this because women and counsellors are less innovative or because a lot of us are held at arm's length by the NHS?

I worked for a large organisation for many years, feeling at home with the culture, yet I feel like a spectator after 10 years in the NHS, largely through being self-employed.

Louise Cottingham

Self-employed Gestalt counsellor in primary care and private practice

As a primary care counsellor and director of a company that provides managed counselling services to PCTs, the conference was an opportunity for me to keep abreast of developments and current thinking in NHS counselling, and to network with others in the field.

Mike Scanlan and Ray Baird's lively presentation had particular relevance to our current situation, since we are in discussion with the local mental health commissioning team about the introduction of graduate mental health workers in primary care. Our team already has proactive ideas on using these graduate workers positively, so it was encouraging to hear how

this has been done elsewhere, and to gather ideas on how some of the pitfalls have been overcome and the benefits maximised.

Steve Cottrell changed my view of e-therapy. I am not an IT Luddite but have been sceptical of its potential value. This view was challenged by a balanced presentation that made me think that maybe it can have a role, not as a panacea but as an additional tool and maybe even as the preferred method of treatment for some patients.

The Scanlan/Baird workshop focused on practical issues in the introduction and improvement of counselling services. The large size of the workshop group prevented detailed discussion, but an interesting range of issues was raised. I felt I had benefited from the shared experience of the delegates and some pragmatic comments from Mike and Ray, based on their experience.

Overall the conference was worthwhile and well run, and provided some useful and interesting networking opportunities.

Brian Chapman

Business Director, Primary Care Counsellors and Psychotherapists (PCCP) Ltd

‘Some great suggestions from speakers on innovative stuff – more please!’

Roslyn Hope, director of workforce development at the National Institute for Mental Health in England (NIMHE), and Alan Cohen, director of primary care at the Sainsbury Centre for Mental Health, set the agenda for the conference, with much information about the current state of play of mental healthcare services provision.

On the subject of innovation, we heard a thorough and competent presentation on e-therapy from Steve Cottrell, consultant nurse and psychotherapist. He made me think more positively and creatively about including this in some services.

‘I was surprised to find so much emphasis on and acceptance of CBT at a conference of counsellors. I guess we have to work harder at finding evidence for other ways’

Mike Scanlan, consultant nurse in primary care, and Ray Baird, primary care programme manager with NIMHE Eastern, enlightened me about the uses and abuses of graduate mental health workers – a fascinating example of innovation and collaboration, tying in with the 10 shared capabilities notion.

John Eatock's workshop 'Surviving as a counsellor in the NHS', emphasised his message about therapists needing to find their place in the health service, particularly by informing themselves of relevant government and local policy, and keeping an eye on trends and changes that may affect us. Another oft-repeated point was that we must engage in research, however low level – even recording feedback from clients. John's suggestion is that we should document everything and use it to clarify and strengthen our position in the NHS. We heard examples, good, bad and indifferent, of collaboration in practice, in the very short time allowed for small-group working. I would have appreciated more time to explore the delegates' experience.

Overall, I enjoyed the smaller, more intimate atmosphere of the day compared with larger BACP conferences. Unsurprisingly the continued thrust of FHCP to win and strengthen its position in the NHS was evident. Collaboration, speaking the same language, and doing the same things, should obviously help with this.

Beryl Crawford

Former community psychiatric nurse, now working as a counsellor, supervisor and counselling teacher