

Editorial



Well, here we are with an issue of *HCPJ* that focuses largely on matters concerning men and counselling. My own experience of working with men as a practice counsellor in deepest inner-city Salford has been illuminating. The first thing that is apparent in the way that men approach a referral for counselling is their obvious reluctance even to consider being on the receiving end of

what is often described in vague terms: 'How on earth can talking about my problems really help?' and, 'What I want is someone to help me solve my problems and if that can't be done that's it!' Another thing that regularly happens is the way that the request for an appointment comes, with the condition that: 'It must be before work or on the way home from work'. The common understanding of many men is that their identity, indeed their very reason for existence, is bound up with their role, function and status as provider and 'breadwinner'. I confess that I have found myself fulfilling this stereotype, though I recognise that we are not all the same.

Even in the pub it is fascinating to observe introductions between men:

'Hi Pete, let me introduce you to Steve.'

'Nice to meet you, Steve. I understand that you work in/at ...'

I know someone who works there.'

So often are men's lives this focused on work, sport or leisure rather than relationships that we take it as absolutely the norm. And of course it has implications for our counselling practice with men, and for how men approach being on the receiving end of therapy. These and related issues are under the microscope in this edition of *HCPJ*, in which matters such as 'Why do men die younger?', 'Gender differences in help seeking' and the challenge, interestingly (for me) coming from a woman, to 'Come out of the closet', in Cordelia Galgut's article. I was intrigued by the statistics compiled in the article by David Wilkins, 'No problem, mate!', which focuses on men, work and mental wellbeing. They remind me of an occasion on which I spoke at a 'Men and cancer' conference, at which I pointed out that many men with prostate trouble literally 'sit on their problem' until, sadly, it is too late!

We counsellors and psychotherapists can learn a lot from the material assembled in this edition, whatever our sex. You will find the latest update from FHCP's Employment Advisor and Acting Chair, Pat Seber, and more on practice-based commissioning from Louise Robinson, Dr Al Thompson and Ann Munro. There is also a timely piece by Peter Jenkins on 'Client consent, confidentiality and duty of care', and an amusing perspective from Dr John Hague on the common fascination of many men with techno-gadgetry.

Lastly, on page 40, there is the final FHCP update from our Chair of the past five years, Shane Buckeridge, in which he says his 'goodbye' to concentrate on the Scottish scene. This provides a useful introduction for me to say my own 'goodbye' to FHCP and *HCPJ* as I move to another, slimmed-down role within BACP. It has been a tremendous challenge developing the work in health care in BACP over the past 15 years, and one that has been full of constant change and excitement. I am going to miss the contact I have had with many of you in my work as Lead Advisor, in trying to help as best I could with the backing and support of the FHCP core group. Hopefully you will continue to go from strength to strength, and I wish you all well in your work in really making a difference to people's lives in both the NHS and the broader healthcare context.

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