

Editorial

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The Department of Health (DH) document *Mental health: new ways of working for everyone*¹, published last spring, reported on the progress made in implementing its New Ways of Working (NWW) programme, which focuses on effective team work². NWW aimed to introduce new practices for the benefit of staff, service users and carers, encouraging teams to reflect on their capabilities and mix of skills to meet the needs of consumers. The Creating Capable Teams Approach (CCTA)³ was published simultaneously to provide a structured way of doing this.

The direction of NWW centres on how to work flexibly as part of a team. Many of the articles in this issue demonstrate evidence of the benefits – and challenges – of effective team working, flexible working and collaboration. Rosie Chambers, in her piece about how Cornwall and Isles of Scilly PCT used the graduate worker role effectively in the transition to IAPT, gives many examples of collaboration to the benefit of service users. Flexible working also means being amenable to change, and so on pages 19-23, Raza Ahmed relates how developments over the past decade have affected clients and their care within the mental health services in East Suffolk and beyond. In writing about providing cognitive behaviour therapy (CBT) introductory training for counsellors, Vee Howard-Jones gives an example of flexible and progressive thinking as she outlines how counsellors can usefully understand and use CBT by looking at its consistencies with their existing practice, as well as its value in meeting new competencies.

The important message is that, despite working in differing modalities, we all share certain elements of practice, and NWW urges us to think in terms of competence rather than profession, and to share knowledge, skills and competencies across professional and practitioner boundaries, adopting a team approach rather than an individual practitioner focus. Widening that to include sharing with clients should also bring clear benefits. Alison Faulkner, in her article about involving clients in research, not only gives clear 'how to' guidelines and outlines the benefits and challenges of working in this way, but also makes the point that practitioners of therapeutic approaches other than CBT may find that involving service users in their research will help them to build their evidence base by reflecting their clients' views and experiences.

Which brings us to Jeremy Halstead's article on research into severe depression, which has important implications for all counsellors and psychotherapists. What kinds of psychological therapy and/or interventions, he asks, will help severely depressed people get better and stay better? He gives us much food for thought about future research directions, forwarding the case for a mix of skills and therapies to meet differing client needs, particularly in the case of severely depressed clients who may need longer-term psychotherapeutic support.

To meet this need, he argues for a programme of research based on the effectiveness rather than the efficacy paradigm: practice-based evidence rather than evidence-based practice, and a focus on the strength of the therapeutic alliance and the therapist's skill in bringing this about, rather than on modality. This could be another opportunity for counsellors and psychotherapists, skilled at working with depressed clients, to prove their effectiveness.

References

- 1 Department of Health. *Mental health: new ways of working for everyone*. London: DH; 2007.
- 2 www.newwaysofworking.org.uk
- 3 Department of Health. *Creating capable teams approach (CCTA)*. London: DH; 2007.

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Editor