

1) What do you consider to be the strengths and weaknesses of UKCP, as it is right now?

Olivia Djoudai

Some of the strengths I see are the standards we have for accrediting members. Yes, it is tough but this also means we have a standard on quality of care. For those not accredited or have decided to step away from accreditation our standards can act as a benchmark for them. I also think the connection it has with various universities is important as the feedback from them helps to create a more dynamic environment.

Some weaknesses I feel is the lack of clarity about online counselling. What is the guideline and why do I need to read them from ACTO <https://acto-org.uk/> because not enough explanation is here. Many of us have mobile phones to connect to others, the younger generations use them almost continuously yet if they want counselling then we should cover that area.

Another weakness right now is the connection to the BME community which is something I want to develop. Recently I attended the BME (Black and Minority Ethnic) Voices inaugural 2018 conference which was attended by advocates of the BPS and BACP so I jumped in as the UKCP advocate as one wasn't in attendance. You can read more here as it's important and we need to take it on board as well. <https://wordpress.com/post/oliviadjouadi.online/221>

Jacqui McCouat

Ideally, I would like to undertake a strengths and weaknesses exercise with all UKCP members (it could be a survey) to answer that specific question and gain a broader view rather than just give my perception. The results would distinguish where best to focus energy and investment to meet member needs and aspirations and solidify UKCP 'market' presence. That said, my perception, as a UKCP member is as follows, but to reality check my thinking I also informally spoke with other psychotherapist colleagues who are not directly linked to UKCP except as practising members.

Strengths

- UKCP is a professionally run organisation with a committed Board and smart, hard-working staff team who have a strong and broad range of skills.
- It is developing a strategy for raising its profile and influence and to have a stronger voice in the mental health arena.
- Its finances are in good health.

Weaknesses

- External research is needed to determine future focus and opportunities to position better for income growth.
- UKCP seems opaque and remote. It's not clear what benefit there is to being a member other than being a prerequisite accreditation for some employing organisations and agencies.
- Sometimes it is difficult to clarify UKCP stance on policy, particularly emerging 'hot topics' yet rival organisations seem more helpful and to have practical papers in place ahead of changes.
- UKCP needs to improve its 'influencer' profile and presence.
- Tangible benefits are not explicit.
- The Find A Therapist directory is not effective.

- Thought is needed on how to enrol future members and communicate better with existing members using more channels and formats to reflect different demographics and ages of the population.
- Work is needed to find ways to enable and promote psychotherapy as an earlier desirable subject choice for students that will sustain them intellectually and financially – as well as contribute to growing UKCP membership levels.
- UKCP needs to think about developing a technology platform that enables better interactions and that could be used for other benefits or income generation, e.g. CPD.

Juliet Rosenfeld

I want UKCP to demystify our profession, make it more accessible to a wider range of people, emphasise its importance for our society in general and harness new technologies to ensure we are able to treat and hear the widest possible range of people in need. To do this we need to find new, clear and unambiguous ways of talking about poor mental health and how it feels for those suffering and those around them. UKCP must lead on this.

I think that the service offered by UKCP to me as a member has improved hugely over the last year most obviously resulting in a website that runs really well, with much greater efficiency, a magazine that is much more readable and a general sense of organisation and direction. However, I am standing as a trustee to see if I can help with further changes that will build on this, to bring us all closer together and offer us all that a membership organisation can do.

To me this means an institution which recognises your professional qualifications, includes you, values what you do, supports you where you need it, gives you a voice and makes you part of a community of people doing the same work who I know are passionate about their profession. Ultimately it means we work better and this benefits our clients or patients.

I do want to know who is who in the UKCP, and what the Board and Executive are doing for our profession externally, but I want this communicated in a way that is direct and easy to understand. I don't want endless updates - but evidence of progress and offers that are interest to me. I think UKCP is doing this well but there is always further to go.

I see extensive and creative use of social media as critical and a way of helping us to be connected in 'real life' too. But I also recognise that our membership has a large group of us who are older or not necessarily as comfortable using online communications as younger people. (As a parent I know how natural and accessible it is to children to use a screen rather than a pencil and paper, and how much of their at school learning and homework is now done online.) We have to find other ways of communicating between members and the UKCP that suits as many of us as possible.

One weakness I would like to see improved - greater support in this often quite isolated profession where many of us work completely alone most of the week. One way is to bring UKCP members together more in whatever ways we can, using online facilities or - peer supervision groups where we live locally. We should value experience more and the fact that we are a profession with many people with decades of clinical experience. UKCP should help bring us together to learn more from each other. Talking to a therapist with 30 or 40 years of learning with patients could be so useful for someone starting out - or indeed ten years post qualification! Working together in clinics is prohibitively expensive for most - but I know my working life has always been improved by the presence of good colleagues and interaction with them. If I am elected I will work hard to understand how we can effect this.

2) Where do you see the opportunities for UKCP members are over the next five years, and how might we get there?

Olivia Djouadi

- Standards for online practice for practitioners – write a list of standards which I already have access to.
- Clarify what we should do if unwell long term – possible advice line for that
- Videos and voice on advice we may need – put guideline in video format as we all learn either visually, aurally, verbally, physically, logically, socially or solitary.

Jacqui McCouat

Underlying this answer is my view that market and membership research is needed to confirm the future trends and needs that will offer relevant opportunities for UKCP and its members to make informed decisions about UKCP's future role and best avenues for income generation. For example, the psycho-education market is a key growth area and could be a good focus but analysis is needed to determine if it should be a priority for limited time, resources and investment.

It is reported in today's budget that Mental Health Services will receive £2 billion extra funding and there may be opportunities for UKCP to advise on spend or benefit from new demand for mental health services. It is evident from news reporting that decisions are already made as to how the money will be spent, however we need to plan ahead and be a part of determining ideas for future cash injections.

There is an opportunity to properly engage members as a powerful group to meet their needs and aspirations and have a much stronger voice in exerting influence, i.e. garnering the energy of the entire membership (organisational and individual) rather than UKCP and/or its Board speaking on behalf of the membership to stakeholders and influencers.

The Find A Therapist directory must be made fit for purpose or abandoned.

Members (organisational and individual) should be more effectively engaged in policy development and key projects/decisions to address any issues identified in a strengths, weakness, opportunities and threats (SWOT) analysis.

There could be more practical and usable information and assets for members to enhance their practices, e.g. legislative changes templates to 'download and adopt' rather than having to reinvent the wheel. Relevant continuous professional development (CDP) could be developed to support and coach members on optimising their practices in an increasingly complex and competitive market. Easy education in technology (and how therapists can be more tech savvy) could be a useful CDP addition. CDP could be available in different formats to flex to member availability and budget and available via other educational establishments.

There may be opportunities to better partner with organisations that could offer tangible benefits to support member wellbeing, education and livelihood, e.g. with Apple or another provider to run introduction to technology drop-ins, local chamber of commerce offering business skills, tax advice etc.

Juliet Rosenfeld

More people outside our profession and in need of help (or simply curious) need to understand better what the job is that we psychotherapists, of all modalities do. This is changing very slowly as attitudes to the importance of taking care of mental health increases and the government

announces more money for mental health, albeit at insufficient levels. UKCP, working closely and alongside BACP and BPC have a critical role to play in ensuring mental health is seen as important as physical health. The waiting lists for any non-privately offered psychotherapy are scandalous and in my opinion IAPT has not delivered the diversity of therapies it promised. Why are we training up more and more people to do CBT when there are many highly qualified psychotherapists able to offer many important and different styles of talking therapies who the NHS cannot use?

This needs to be balanced by recognising psychotherapists alone cannot solve our many (and growing) social care problems for example that come with an ageing population - like loneliness or bereavement - and that not everyone needs psychotherapy. So we need to start to clarify what we believe and what we do as the stigma around poor mental health begins to lift - and this to me is a key objective now. Wanting help is still seen as a sign of weakness by many and we should be in the vanguard of changing this.

It is easy in a complex and highly differentiated profession like psychotherapy to lose sight of how we appear to those looking at us, with interest or mistrust. I do not think psychotherapy helps itself by a referral system which feels quite hit and miss. Myself and colleagues are asked several times a month to recommend or find a therapist for which we are paid nothing and often spend a lot of time doing, only for the referral not to be taken up.

We need to organise ourselves better to help people find their way to us in a way they can rely on and we can rely on. Contacting a therapist is a huge step for the vast majority of people who do reach out, often in great need, and very anxious to find a therapist.

This could be much better managed with a careful framework. I would like to see UKCP drive this which will need careful policy ideas and thinking meshed with our own clinical experience and research. Finding the right therapist can make all the difference to someone's experience of good or bad mental health and we could be working out how to make the process more reassuring and easier for a prospective client or patients than randomly searching for a therapist by the right postcode or an appealing photo.

3) Where do you stand on the state regulation of the profession?

Olivia Djouadi

I think the standards have been a good benchmark and varied areas may need to be updated. We recently as clinicians needed to make changes due to the GDPR and more changes are coming which can affect us. I don't have certainty about the Brexit talks right now about what situation we maybe in after that has taken affect. One awful part that has increased has been an increase in racism and hate crimes. As a result of the upcoming uncertainties we need to keep updated and also guide members to CPDs on this area.

An area I think is important is clarification for members who maybe going through complaints procedures. What should we do if a complaint takes place and what sort of assistance will one expect from the UKCP.

Jacqui McCouat

I agree with Gary Fereday of the British Psychoanalytic Council who in November 2017 was quoted as saying "The current Regulatory System allows unscrupulous people to claim they are psychotherapists" (though this view partly contradicts with what's written by UKCP on its website in response a joint consultation with BCP and BACP on regulation).

UKCP should produce a report on what an optimal regulation would look like and what it would take to successfully implement so as to be on the front foot in shaping and driving a workable regulation framework and a system that doesn't overreach. It will happen eventually and better to be in front of it than behind in reactionary mode. I would be interested in leading a group to develop and document UKCP's position on regulation – its pros/cons, implications and what it would take in reality, to be workable.

A government prescribed delivery method of psychotherapy is not what we are seeking, but there needs to be minimum standards and qualifications to make it clear to the public who is fit to practice and at what level. With serious and public sanctions for those who abuse the good standing of psychotherapy and a way for the public to know if someone is struck-off. Currently, it is a challenge for governing organisations to know if someone is passing themselves off as professionally accredited unless a complaint is raised, by which time it is too late. For the public, at best it's confusing, at worst, potentially harmful. The digitalisation agenda in government might offer a technical solution to help solve this issue.

The aim is to protect the public and therapists but not create onerous unworkable administration and costs for individuals in an already generally low paid occupation - or create too many hurdles for people seeking help and support.

Again, as a reality check, I asked a few friends (psychotherapists) whom I highly regard and respect, for their views, and, with a few exceptions, we concurred that regulation in some form is vital for the safety of clients and of therapists and to embed integrity and confidence to ensure a reputable profession. Regulations could also equalise psychotherapy with other similar professions that currently carry higher status. It would be complex and challenging to bring about but UKCP could take the initiative to lead and advise Government, in collaboration with other reputable governing organisations, building on what's in place already.

In the UK, amongst others, advertisers, architects, engineers, financiers, lawyers, opticians, osteopaths, chiropractors, pensions advisors, vets, doctors and nurses, are all regulated. So, in theory, a household pet may have more safeguarding than a family member independently seeking help for mental health issues.

Juliet Rosenfeld

I have been watching this debate from the sidelines since the beginning of my own training - and in brief I would like the profession to benefit from any change. I am not against it, but it would be entirely dependent on whether it improved our professional ability to work effectively with patients, and a lot of criteria fall within that. Fundamentally state regulation would have to make psychotherapy more accessible and not tie it up with additional red tape.

I know the arguments and if I was elected I would say it is critical to continue the scoping exercise with the BACP that has begun. The only way we will end up with the right result for all psychotherapists is by working together, not separately on this. Let's see what government offers us as we work out what we can offer them, which must involve as much consultation with members as possible over the next year.

4) How can UKCP better support its Organisational Members?

Olivia Djouadi

I think we could have perhaps more meeting or contact so we have a better understanding of what they wish to have. I also wonder about developing groups depending on area – London, York, Kent, Sussex etc. and have the views delivered by the chair of each area. There is a spectrum of work we each participate in such as individual F2F, individual online sessions, individual telephone sessions, group sessions, mother/father & baby sessions, sessions for mothers/family sessions for those with premature babies sessions, child sessions, adolescence sessions, young adult sessions, family sessions, special needs sessions, bereavement sessions, terminal illness sessions, sessions for the dying; each of these categories would also include the many areas and ways of working so each person we see can step into a life that's more comfortable

Jacqui McCouat

My perception is that currently, some organisational members feel excluded from some policy and decision-making without apparent reason why - it's seemingly random. Obvious as it sounds - without members there is no UKCP. It is important that all members are involved and feel heard, included and engaged.

There is an opportunity for UKCP to better engage more broadly and systematically with all members (organisational and individual) not only to maximise and mobilise the potential of such a huge expanse of expertise and intellect but also for members to feel part of a larger family and that they are contributing to something worthwhile. There can be a sense of 'them and us' and silos, rather than everyone committed to a cause of professional standards and doing good work.

The priority is (co-creating with members) to develop a process to engage, listen and collaborate (including discussion and consultation) on key policies and strategies to capture the needs and voice of all members. There may be opportunities for shared learning and networking across the organisational network and exploring the feasibility of sharing of resources and economies of scale, e.g. in research and development, but we need to start with engagement.

Juliet Rosenfeld

I would want to listen to actively and regularly listen to Organisational Members (OMs) myself and will begin that process if I am elected immediately but it seems to me that there is a fundamental area where neither OMs nor those individuals are benefitted - which is training, and how people wanting to work in our profession make that decision.

If I think about my own path – it is hard to know why I decided that psychoanalytic therapy was for me, rather than say becoming a humanist, or a Jungian. Probably luck and chance. Meeting various people - picking up a book to read which said something to me. I think the best thing that UKCP could do for its OMs is to ensure the possibility of representing the many paths and choices available at the right stages to people looking to train – probably starting with a brochure that outlined the choices. I also think that the financial burden and how that might be lessened is another area where UKCP should be involved with the OMs. The financial penalty for being a therapist is enormous and for many people never pays back. Whilst no-one trains to be a therapist to get rich (or I haven't met anyone yet who does) it is simply not right that the prohibitive set up costs prevent good people even considering the job. We need better ways of helping people into the profession and this must be done in conjunction with the OMs.

5) What particular skills and experience would you bring to this role in leading the UKCP?

Olivia Djouadi

As an advocate for those with disabilities/special needs I sometimes think more clarity is needed for UKCP clinicians who have additional needs and what is considered a time to step away from work if a particular condition is affecting the work. As someone with type 1 diabetes there have been occasions when I did take some time off before seeing clients and supervisees again. The first time it occurred about 7 years ago I was in a placement with someone whose former career was in medicine so I had to go on her views rather than what I could find at the UKCP.

Doing a therapeutic will is important but I think it is also important to think about one's health as well. We are all aging and as that occurs we maybe more likely to have conditions that we need to think about. This also leads to our roles as clinicians if we are a carer to another person. I have a child with cerebral palsy and when he was young with numerous surgeries my studies and work was part time and as he got older he took on more responsibilities so I could work more. You maybe caring for a child or parent and wondering whether you should say anything or whether the UKCP has views on the subject.

I will state that in my view people can work if they are on medication or diagnosed with a variety of health concerns however we do need to take on board whether seeing clients is ok if we do become very ill.

Jacqui McCouat

My background comprises a broad range of skills and experience gained in and out of global organisations in various leadership roles across multiple sectors that I would bring to the role. This is all described in detail in my CV and election statement. What I appreciate and include for myself as key values, is to face and act on the truth (i.e. not blame others through self-delusion or ego), to be accountable (do what you say or are supposed to do) and work decently and nicely with others in the best interests of the common and shared aim. I particularly like working with creative and open people to find new paths and solutions to shared dilemmas or challenges. My style is collaborative and inclusive both within and without organisations. Given these questions and reference to UKCP's strategic aims, my skills in relationship management, communications, technology and project management could be particularly useful in the role.

Juliet Rosenfeld

I have commercial experience of communications, marketing, budgets, dealing with demanding clients and how to get a message across. I also have fundraising experience for the Labour Party and several charities, government experience, having spent a year in the Cabinet Office and have been involved in political campaigning. I know my own mind, but having worked in the civil service and indeed as a psychotherapist for some years now it is pretty obvious that I like listening to others.

I am good at achieving consensus and trying to find solutions. As a trustee I would take the responsibility seriously and I hope enjoy it. I really care about the UKCP and I would like it to become a powerful force on the stage of mental health and how policy makers and people think about it. Things are changing, the stigma is beginning, just beginning to diminish but as I said in my statement it is still easier to talk about cancer in a family member than depression, an eating disorder or a psychosis. Blame and shame is widespread and pointed fingers help no one. We need to find new, clear and unambiguous ways of talking about poor mental health. We also need to accept that it is part of the experience of life to be sad, angry and upset at times.

As psychotherapists we are there to help those who really need help and cannot move on from the complex and overwhelming feelings that trap them and isolate them from normal human contact

and relationships which of course has many negative effects on consequences on every other aspect of life.

6) Can you give us an example of your experience of working in a team, and what role you played?

Olivia Djouadi

I worked as part of a team in a nursing home for dementia patients and saw the importance of each staff member of the team involved. While I was working with one patient I could reach out to other members if a different type of therapy or activity was needed.

In the past I have also been consulted on my skills as a specialist in trauma and dissociation in order to help other individual practices. As a tutor of counselling and supervision online I am in regular contact with my team members who are all counsellors or psychotherapists.

Jacqui McCouat

Throughout my career I have worked in many teams. As a management consultant at IBM and PwC within a matrix (vs hierarchal) organisational structure, I worked across multiple functions (e.g. marketing, communications, human resources) and multiple industries (e.g. Healthcare, Consumer Products, Government, Financial Services, Oil and Gas and Communications).

In management consulting, teams assembled to work on a particular programme and disbanded once the goals were realised and the work was done. This involved quickly getting up to speed and delivering – each individual only as good as the collaborative effort of the team. My roles included leading teams and being a team member introducing the relevant qualities and skills needed for each role to ultimately ensure client value and assignment delivery.

Prior to management consulting I led projects and teams in other sectors. These were sometimes role based and hierarchal (e.g. line manager of an operations team) or sometimes cross-functional facilitating the leadership of other peers to deliver results through their people using influence rather than direct line management.

In all my team roles, trust was crucial – that as a team leader or team player, I could be trusted to do the job, help others (and for me to be open to feedback and help) and to leave any ego at the door to focus on others and the success of all.

Juliet Rosenfeld

Working for over fifteen years in communications and marketing I worked with many other people always in teams to bring complex advertising campaigns to television, press, poster and radio. My last role was as a marketing and New Business director which is all about building teams to win business and convince new clients of why you are the agency they should hire, in other words about selling your product efficiently.

In the civil service I undertook a research project to understand communications efficiency including looking at the Department of Health which required me to work and consult with many different civil servants over a year - with very different views about how their jobs and budgets worked. It required me to be careful, diplomatic and sensitive to what everyone was saying and was painstaking work. I decided to train to be a psychotherapist during this period and began a Foundation Course that year so it was a fruitful piece of work that I learnt a lot from.

7) A strategic objective of UKCP is to raise our profile with policymakers, the public, potential collaborators and other stakeholders. How do you see yourself building and supporting these relationships?

Olivia Djouadi

As mentioned already in another question I stated we do need to connect more with a variety of members and non-members. I think we also need to outline more on the importance of mental health which our member assist because the media and government seemed to have quite confused views. I have attended meetings on mental health and homelessness (many have mental health problems) so the discussions are happening. We need to get them to understand not everything can be resolved with short term therapy. As a clinician that sees clients with trauma and or dissociation short term therapy maybe unhelpful. I have no problem attending government meetings on changes that need to happen.

Jacqui McCouat

I am very keen and available to work proactively with the Board, Chair and CEO and the rest of UKCP membership organisation to support this strategic objective. Currently the work seems confined to a handful of people. I would encourage garnering the energies of the entire organisation to make this objective happen exponentially.

We could engage with members and member organisations to collaborate on developing and sustaining relationships with key influencers to shape mental health policy. A system could be devised for UKCP to identify and enable opportunities for members to put themselves forward to represent UKCP at speaker events, conferences or policy boards. I executed a similar programme with another organisation and would be very interested to do the same for UKCP.

Campaigns and Events Management could raise UKCP's profile ensuring that policies, views are clearly communicated across multiple channels so that our audience know who we are and what we stand for, UKCP being the leading, credible and known 'Trusted Advisor' – the first port of call. Again, I am keen to be involved in this objective and willing to commit whatever time and activity is needed.

As I stated in my answer to question 2 (about October 29th's Budget 2018) – we need strategies to be included in shaping policy and opinion and how additional government funding should be spent on mental health not be left as bystanders or commentators.

Juliet Rosenfeld

Luciana Berger MP whom I admire greatly, have worked with and has shown herself to be a key advocate for our profession both as the first Mental Health shadow cabinet minister, mental health campaigner and President of the Labour Campaign for Mental Health, says this about me:

"I have known Juliet professionally for the past eight years and I enthusiastically support and endorse her application to be a trustee of UKCP. I know she brings the skills necessary for the role and has the enthusiasm and knowledge that UKCP require to bring itself to the table alongside BAPC and the BPC."

I think UKCP under the new leadership and board have made real inroads but the key for our profession is to be united, no matter what modalities we choose. I have worked with policy makers and have good relationships and contact with think tanks and academics. I have a wide variety of colleagues and friends from the different parts of my career and interests and know how to draw on their experience.

UKCP needs to be much better known than it is, and working collaboratively with new stakeholders to create partnerships is key. Crucial to this is the relationship with BACP and BPC, as to the outside world we are much more powerful together than alone to potential funders for research and those wishing to partner with us.

If we cannot accept we have different but equally valid ways of viewing the mind - within a registration body that sets high standards for entry - then we won't be able to drive home change and improve things for ourselves. We don't gain respect by having arguments that no one understands the reason for except those locked into the fight.

I look at this all in a simple and straightforward way. I am uninterested in using jargon or technical terms with patients and uninterested in using them in this trustee role. I dislike intransigence and I like people who change their mind because a better idea comes along.

I very much hope you will vote for me.