

INTERVIEW

First of all, we would like to thank you for agreeing to this interview.

It is a real pleasure to be asked, thank you.

You are currently President of the British Association of Behavioural and Cognitive Psychotherapists (BABCP). What are the objectives of this organization and what does it mean for you to hold this position?

The BABCP was set up almost 50 years ago to promote and disseminate Behavioural and Cognitive Therapies in the UK. I see my role as continuing the outstanding work of recent Presidents who have continued to advocate for evidence based treatments and to develop our understanding of how to support members in their development as therapists, supervisors and researchers.

As an expert, what is the differential efficacy of cognitive behavioural treatment compared to other types of intervention?

For some problems CBT seems to be as effective as other treatments (for example there are several evidence based treatments for mild to moderate depression including Interpersonal Therapy / IPT, Systemic Therapy and Counselling) but for other problems such as Obsessive Compulsive Disorder or PTSD CBT should be the first treatment of choice as other Therapies do not show as great an effectiveness.

In line with your goal of providing the best possible mental health care for BAME communities, you have developed a guiding document: the IAPT BAME Positive Practice Guide. Could you explain what this guide consists of and why it is a very useful tool?

The guide is the project I am most proud of being a part of. A team of 4 of us reviewed the existing evidence that demonstrates that ethnic and religious minority patients have less access to psychological treatment and their treatment outcomes were worse compared to White patients. We then developed a set of evidence based recommendations to improve access and outcomes and took those to a large number of Black, Asian and other minority Service users who helped us refine them and make them as useful as possible.

The full guide can be found here:

<https://www.babcp.com/files/IAPT-BAME-PPG-2019.pdf>

Why is it necessary to have culturally adapted services? What should the future lines of research be in this field, especially in the field of psychology?

If you provide therapy based on a white European model of mental illness it will be more effective for White Europeans. In the interest of equality and human rights it is important that all communities have access to good mental health care. Psychologists have a lot to contribute to this in terms of ensuring that any therapies developed are researched with diverse communities and adapted for those communities where they are found to be less effective.

One of your most recognized contributions has been writing the book *Transcultural CBT for Anxiety and Depression*. Could you tell us how this project came about and what motivated it?

I was teaching on several therapy courses on the topic of adapting CBT for ethnic minority populations. Trainees were usually very interested in this topic but always asked if there was a text book to help their work. At the time there wasn't so I wrote to a few publishers suggesting they commission one. Routledge were very interested and asked if I would write it. I did not think I had the skills necessary but friends encouraged me and therapists tell me it is a useful resource.

We know that next November, from the 11th to the 14th, you will participate in the XIII International and XVIII National Congress of Clinical Psychology that will take place in Santiago de Compostela, with the paper entitled "Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)", could you tell us what your intervention will consist of?

The CYP-IAPT programme has massively increased the workforce of therapists in child mental health. This has presented some challenges for psychologists who have to find their place in this new workforce. I will provide an overview of the programme and then look at how some psychologists have developed leadership positions in this programme but that some have not responded to this challenge and have been left on the margins of developments.

Regarding the previous question, what are the basic principles of the CYP-IAPT program and what differences are there compared to the IAPT program aimed at adults?

The biggest differences are CYP-IAPT has mainly trained existing staff in a range of evidence based Therapies, including but not only CBT, whereas the adult IAPT programme has mainly developed a new workforce most of whom are trained in CBT or Low Intensity CBT based approaches.

As you know, worldwide, there is currently a crisis surrounding the diagnostic classification systems for mental disorders and the biological model applied to these mental health problems, and movements are developing in favour of the abolition of diagnostic systems. What do you think about this issue and what is your opinion of the current DSM-5 and ICD-11 classifications? What do you think of the transdiagnostic approach?

I think many mental health service users find the use of diagnostic approaches useful however there are also many who do not. We must start by ensuring that the patient voice is central to any changes. Then we must undertake research that establishes that transdiagnostic approaches are at least as effective as existing approaches. Without the centrality of the patient voice and a focus on improving outcomes these debates become academic battles between different professional groups.

Currently, in Spain we are fighting for the recognition and integration of the clinical psychologist at the different levels of care, and mainly, in primary care services given the significant demand for problems related to depression and anxiety disorders and psychosomatic problems that occur at this level of care and the difficulty of accessing psychological treatments. This demand is especially relevant in the current situation of the COVID-19 pandemic, whose impact on mental health has been more than evident. We assume that the British healthcare system must also be facing these new challenges. What response is being offered (or is planned to be offered) in your country? Do you consider that adequate help is being provided in terms of resources, access to treatment, etc.?

I am very pleased to hear that my Spanish colleagues in Clinical Psychology hope to be central in the development of Primary care based mental Health. I agree that demand is likely to increase following the COVID pandemic. Most of the response in England is likely to be through IAPT, which includes many Clinical Psychologists at senior levels but also other therapists. I hope that colleagues in Spain are able to make a strong case for their leadership of this based on research evidence about what the need will be and what treatments will be effective.

We hope you enjoy your participation in the Congress to be held in Santiago. Before concluding this interview, would you like to add any other comments?

I have had the pleasure of working with Spanish Clinical Psychologists in the UK and have a great regard for the quality of professionals I have worked with. I am looking forward to meeting more of you in person. It has been a life ambition for me to visit Santiago too so I am very much looking forward to attending. If COVID prevents me coming in person I hope to have another opportunity to visit soon.