Editorial: Public health and prevention Part One
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This month's *Clinical Psychology Forum* is the first of two special issues focusing on the twin themes of public health and prevention – the second will be published in September. Public health is a tradition which aims to address health at the level of populations rather than at the level of the individual -- where many psychological interventions focus -- seeking to prevent illness and promote health and wellbeing. Prevention refers to interventions aimed at tackling the factors contributing to problems arising and/or worsening. In recent years, such approaches have increasingly been referred to as upstream interventions (Heath, 2020), and have been categorised depending on how far up the causal chain, or upstream, they are targeted. Prevention is conventionally differentiated into: primary prevention (aimed at preventing problems from arising by addressing their root causes); secondary prevention (aimed at identifying problems and intervening as early as possible); and tertiary prevention (aimed at preventing problems from worsening and reducing their impact). Most clinical psychology interventions, like the psychological therapies provided in primary and secondary care as well as specialist services, would fall into the category of tertiary prevention, whilst the wide range of early intervention programmes would be categorised as secondary prevention. Few, if any, clinical psychology interventions would be categorised as primary prevention.

Community psychologists have long criticised clinical psychology for its focus on individual therapy rather than on community-level change – see Bender (1976) in the UK and Albee (1982) in the US and the Midlands Psychology Group (2022) for an up-to-date critique. Community psychologists in the UK have built up a body of knowledge over the last few decades (Afuape & Hughes, 2015; Burton et al., 2007; Kagan et al., 2020; Orford, 1992; Walker et al., 2022). However, in recent years, there have been increasing calls for change from outside the discipline including the Marmot (2010) report and the National Health Service's (2019) Long Term Plan. The four devolved public health bodies have shown an increasing interest in mental health, inequality and prevention including community approaches, for example: in Scotland (NHS Health Scotland, 2017); in Wales (Grey et al., 2022); in Northern Ireland (Health & Social Care Northern Ireland, 2021); and, in England, with Public Health England's (2017) *Prevention concordat for better mental health*.

At the same time, the clinical psychology profession has been challenged to address social inequalities in its theory and practice: taking seriously their role as causes of psychological distress and troubling conduct; examining disparities in access to psychological services and in outcomes; critiquing the cultural acceptability of services including the influence of Eurocentrism and whiteness in its models; and ensuring its workforce is more representative of the populations it serves. Although some clinical psychologists have been working on issues of 'race' and culture for many years (e.g. Patel et al., 2000), the issues of racism and whiteness have become increasingly difficult for the profession to ignore (see

Clinical Psychology Forum's November 2019 Special Issue on racism during training in clinical psychology) particularly given the debates following the 2019 Group of Trainers in Clinical Psychology (GTiCP) conference. In 2020 we saw the rise of the Black Lives Matter movement after the murder of George Floyd in the United States and Higher Education England (HEE) published its [Action Plan to Improve Equity of Access and Inclusion for Black, Asian and Minority Ethnic Entrants to Clinical Psychology Training](). Over the last two years we have seen work by [DCP's Equality, Diversity, Inclusion & Anti-Racism task-and-finish group]() and the Society's [Declaration on equality, diversity and inclusion]() and [other ongoing work by psychologists](). In addition, the British Psychological Society has recently conducted its [From poverty to flourishing campaign]() and it has begun its current [campaign to include social class as a protected characteristic under the Equalities Act](). The [Community Psychology Section]() has also been active, for example, publishing a [statement on the importance of community action and community resilience in the response to Covid-19]() and members of the Society's Covid-19 Workstream: Community Resilience and Community Action have recently prepared a [model job description for a neighbourhood psychologist]().

Within the clinical psychology training community, the Society's accreditation criteria include a reference to 'secondary prevention', the 'promotion of health and wellbeing' as well as 'community, critical, and social constructionist' approaches to intervention (British Psychological Society, 2019, p.18). However, in 2022, as part of its re-tendering process, HEE required courses in England to ensure their curricula were aligned with the NHS Long Term Plan, including more of an emphasis on preventative work. We have also seen increased interest in a number of social movements focused on social inequalities as well as climate change. The BPS is establishing a climate change coordinating group that will bring together strands of work across the Society that will have a strong prevention and public health focus (see also [DCP actions on climate change]()). The Health and Care Professions Council, echoing these developments have [revised their standards of proficiency]() (to come into effect in September 2023) to have a greater emphasis on prevention. [Psychologists for Social Change]() has also provided a means for psychologists to act collectively, on important social issues including providing briefing papers on a range of topics including the [psychological impact of government 'austerity' measures]() (McGrath et al., 2016).

Early in 2020, prompted by this increased attention, the DCP decided to establish a [Public Health and Prevention (PHP) Sub-Committee](). By the time of its first meeting on 31 March the World Health Organization (WHO) had declared Covid-19 a global pandemic and the UK had entered its first national lockdown. We saw how social inequalities, particularly 'race', exacerbated the effects of the pandemic. However, at the same time, it showed the power that national and international collaborations and community- and societal-level interventions could have, as well as the difficulties faced in implementing them. For many of those considering the impact of the pandemic on mental health, it was clear that there was a need to move beyond the traditional approach of reactive and individualistic interventions (Jetten et al., 2021).

The PHP Sub-Committee has organised two webinars: on [Prevention and Public Health Theory and Practice in May 2020]() and on [Post-Covid19 Community Approaches to Wellbeing in June 2021](). It has also conducted a [short survey of preventative and public health activities currently undertaken by clinical psychologists in the UK](), and a literature survey of

models useful in this area of work (summarised by Navya Anand in this issue). The sub-committee has also sought to forge links with other practitioner psychology groups within and outside the BPS, and to work with the clinical psychology training community to consider how best to embed public health and prevention into professional training and associated competency frameworks. The sub-committee proposed this special issue as a way of raising awareness of these areas of work in the profession and, in particular, to share innovative ideas and practice examples.

Across these two issues of *Clinical Psychology Forum* there are 22 articles by authors from across the UK on a wide range of perspectives on its two themes. We have been struck by the level of interest and enthusiasm indicated by the number of submissions from such a range of areas of work, which says a lot about the importance of this work for the profession. Some articles are critical reflections on the status quo, arguing for the need for change, whilst some describe discrete interventions. Other articles describe broader, more strategic programmes of work, opening up a range of future possibilities for clinical psychologists.

There are 13 articles in this month's *Clinical Psychology Forum*. The first five articles set the scene in terms of policy, practice and theory whilst the remaining eight articles include a broad range of practice examples from adult services which draw on the principles discussed in the first five articles. We are pleased to include a contribution from Professor Jim McManus, Director of Public Health for Hertfordshire County Council, President of the Association of Directors of Public Health UK and a registered Public Health Specialist. Professor McManus is also a Chartered Psychologist and Fellow of the British Psychological Society and his piece focuses on lessons to be learned from the pandemic including the importance of seeing it as a syndemic and the need, not only for a whole system approach which addresses inequality, but also for greater collaboration between the profession of clinical psychology and our Public Health colleagues. One of the criticisms of much work in the fields of prevention and public health is that interventions are often ad hoc and the sub-committee felt it was important to review a range of models which potentially might inform research and intervention. Navya Anand (who joined the sub-committee as part of an innovative clinical psychology placement) summarises a review of models relevant to public health and prevention. The third article, by Hayley Brown, Research Fellow at the Centre for History in Public Health at the London School of Hygiene and Tropical Medicine, provides a useful historical perspective on prevention in public health theory and policy, arguing for the need to address wider social inequalities and to adopt collective rather than individualistic approaches. The fourth article, authored by Carl Harris, in collaboration with our colleagues from the Community Psychology section, summarises the BPS Guidance on using Community Psychology approaches to reduce the impact of social inequalities on mental health. Lastly, Professor Nimisha Patel argues for the importance of a critical human rights-based approach to the prevention of torture. She provides examples of prevention at different levels and locates it in an international context, particularly drawing attention to how international law can be used as a means of influencing change. This area of prevention will be taken up by the new BPS Human Rights and Psychology advisory group.

Next, we have we have eight articles broadly focused largely on adults. Liz Harding's paper

discusses the use of digital technologies to enhance the prevention of relapse for people with psychosis diagnoses. Stephen L. Brown and his colleagues describe some of the opportunities and challenges of a 'mass-reach' psycho-oncology service, outlining the ways in which such approaches can be supported by basic as well as service-level research. Kate Cudmore and Robert McGrath reflect on their experiences of adult mental health secondary care as first year trainee clinical psychologists, reminding us of the reasons why change is necessary. Adelaide Beckwith and colleagues write about their experiences as Trainee Associate Psychological Practitioners, reflecting on the opportunities and challenges in developing new ways of working in primary care. The article by Nick Hartley and colleagues describes an innovative project to develop a General Practitioner Clinical Psychologist role in primary care including evaluations of the service from the perspectives both of people who had used the service and of GPs. Kate Cudmore and colleagues describe an evaluation of a pilot scheme to offer psychological therapy to offenders with mental health needs. Julia Keleher and colleagues focus on how workplaces can promotehealth, describing a number of case studies – this project was conducted as part of Julia's trainee clinical psychology placement with the Rail Safety and Standards Board. Lastly, Hanna Yousefzadeh and Lorna Farquharson report on a study conducted for Hanna's final year thesis where she interviewed clinical psychologists about their perceptions and experiences of prevention, identifying facilitators and barriers to preventing homelessness.

The articles in next month's issue will focus on public health and prevention in the context of children's services, the training of senior public health professionals as well as two more reflective pieces and two book reviews. Our editorial in that issue will discuss some questions which arise when thinking about how we, as a profession, might build on the approaches discussed in the articles across the two issues.

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