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**Editorial: Public health and prevention Part Two**  
**David Harper, Olga Luzon & Tony Wainwright**

This is the second of two special issues of *Clinical Psychology Forum* devoted to public health and prevention – please see our editorial in the August issue which introduces these themes. We had so many contributions in response to the call for papers that they have been split across these two issues. This month's issue examines 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.

The first six articles focus on services for children, young people and their families. Jennifer Heath evaluates a website set up to deliver a psychosocial intervention for burn-injured children. Bethanne Willingham reflects on the limitations of CAMHS and the need to offer interventions from a variety of organisations in the broader eco-system surrounding children. Gemma Burns takes up this theme, describing the way a whole system response was mobilised in Gwent to meet the emotional and mental health needs of children and young people. Next are two community projects from Wales. Rhiannon Cobner and colleagues present a number of innovative preventative projects based in the community. Jen Daffin and colleagues describe the role of a Neighbourhood Psychologist in Bettws, emphasising the importance of a place-based approach, addressing individual and community adversities and utilising the power of story-telling. Lastly, Yasmine Olabi and colleagues describe the work of their Family Reunion and Parenting Project which aims to support families who experience serial migration, separation and reunification through the use of parenting groups, family reunion groups and cultural consultancy.

We close the special issue with an article on training, two reflective pieces and two book reviews. Hannah Frenken and David Harper present part of a research study conducted for Hannah's final year thesis. This 'desktop study' of the mental health content of Master in Public Health programmes -- the main academic qualification of senior public health professionals -- reveals that there is still relatively little coverage of this topic, highlighting the importance of Professor Jim McManus's call for more collaboration between the clinical psychology and Public Health professions. Anne Darcy, Jemimah Armstrong and Sharon Vaughan, members of a co-produced 'See Me Before the PD Group', write about how services for those with a personality disorder diagnosis are heavily influenced by patriarchal society. They argue that there is a need for practitioners to educate themselves about social inequalities and they describe how the Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018) provided a structure for this. In a separate article, Anne Darcy also writes about how, if we are to address social inequalities, it is important for professionals to reflect on how we understand culture and ethnicity and she illustrates how she has done this in her own work, drawing on the PTMF, the writings of anti-colonial scholars and activists as well as the history of 'the troubles' in Northern Ireland. Julia Faulconbridge describes a very relevant book co-authored with Katie Hunt and Amanda Laffa *Improving*

*the Psychological Wellbeing of Children and Young People: Effective Prevention and Early Intervention Across Health, Education and Social Care*. Lastly, Tony Wainwright reviews Walker, Zlotowitz and Zoli's *Palgrave Handbook of Innovative Community and Clinical Psychologies* which shows the very broad range of alternative approaches available in the UK and internationally.

We hope that readers will, like us, find the articles in in this month's and last month's *Clinical Psychology Forum* inspiring and the PHP Sub-Committee would be delighted to hear of other projects. We were impressed by the number of articles authored or co-authored by trainees, an indication perhaps, of the enthusiasm the next generation of clinical psychologists and associated practitioners have for new ways of working. It will be important for the profession to give space to this new generation, to listen to their ideas and to be open to disrupting and changing established patterns of work. At the moment the public image of clinical psychology is very much focused on the provision of individual therapy and this may mean applicants for training are primarily interested in learning only about these therapeutic approaches. Whilst important, they are not the only way we can meet the increasingly challenging needs of the populations we serve, or indeed contribute to their wellbeing. There is an important agenda here for training programmes both within and outside the profession (e.g. within Public Health) and this has implications for course curricula, research, placements and accreditation guidelines. A number of clinical psychology programmes have developed placements more likely to equip trainees with skills in prevention and in working at the population and community level, for example in Public Health or with community organisations. For instance, on the Hertfordshire clinical psychology programme<sup>1</sup>, placements are currently in development across Years one–three that fall outside of 'mainstream' services and traditional placement settings, ranging from alternative approaches to clinical work, to programme development, community psychology-informed partnership projects and service influence. The aim is to link to community and locality needs, whilst fulfilling the BPS competencies for trainee clinical psychologists and the NHS long term plan along with the EDI work commissioned by HEE.

There is much we can learn from our Public Health colleagues, from community psychologists and from community organisations about how to look at need at the level of communities and populations but there are some conceptual challenges. Are preventative and promotion activities pulling in different directions? What, for instance are preventative approaches seeking to prevent? Is there a danger that, if the focus is on preventing 'disorders,' we fail to adopt a non-pathologising approach to promote wellbeing and to address social inequality? In collaborating with colleagues in Public Health we will need to ensure that we find a common language. For example, from a Public Health point of view many clinical psychology services are 'medical' because they focus on individual treatment. Similarly, from a clinical psychology viewpoint, although they are focused on populations rather than individuals, Public Health services often use medicalised language. There are also some challenges we will need to navigate as a profession (Harper, 2017). Luke Mitcheson's letter in this issue provides a good example of some of the challenges with drug and alcohol services experiencing cuts to funding, the use of medicalised frameworks, inappropriate metrics, problems with tendering processes and a lack of political will in the

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<sup>1</sup> Many thanks to Candice Williams (Trainee Clinical Psychologist, University of Hertfordshire) for this information.

government to address these problems. Finch et al (2021) reported that the public health grant had been cut by 24 per cent since 2015/2016 with the greatest cuts occurring in more economically deprived areas. In October 2021 the Health Foundation and the Association of Directors of Public Health (ADPH) [called on the government to increase funding for public health following years of underinvestment](#). If community-based preventative approaches are to develop they need to be funded as part of mainstream services rather than as pilot projects with time-limited funding and we need to consider how we can influence policymakers to follow up policy pronouncements with adequate funding. We also need to demonstrate to commissioners that we have something to offer to the prevention and public health agenda. Our health psychology colleagues have been ahead of the game in this respect (e.g. Division of Health Psychology, 2015) and, as Jim McManus argues in his article, it will be important for each of the branches of applied psychology to consider how they can best contribute to this agenda. We very much hope that these two Special Issues promote preventative and population-based approaches and give an indication of how clinical psychologists can, on the ground, contribute to this agenda. It is a sign of the commitment to collaborate and cross-fertilise this field that the DCP have kindly agreed to make them free of charge through the BPS online shop so they can be distributed freely.

## References

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