Public Engagement Review & Strategy

British Association for Behavioural & Cognitive Psychotherapies
Public Engagement Review & Strategy

Produced in consultation with people with experience of having CBT

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Introduction

Cognitive Behavioural Therapy (CBT) has many aspects which should mean it lends itself well to public engagement. CBT is an evidence-based talking therapy built on principles of transparency, collaboration and a genuine desire to jointly create an understanding of what has led to and is maintaining difficulties. The practical and often matter-of-fact nature of CBT can make it accessible and helpful to a wide range of people. The therapy itself involves listening carefully as well as explaining clearly, which are also important parts of public engagement.

BABCP has grown organically from its initial roots as a small organisation formed in 1972, to an organisation of more than 12,000 members and a staff team of 21. Most members (though not all) practise CBT, and seek high-quality continuing professional development (CPD) events, conferences, opportunities to meet like-minded people and connect with others working in talking therapies using the CBT approach.

BABCP seeks both to improve and to share CBT. The organisation cannot achieve either aim without reaching out to and connecting with people who have experienced CBT, people who may be considering having CBT, and a wider audience who may never have heard of CBT, but who are interested in their own mental health and wellbeing, or that of their friends and families.

The terms “reaching out” and “engaging with” suggest that members and people who have benefited from CBT will be different publics from the membership. It is important to acknowledge, however, that mental health problems affect one in four people over the course of their lifetime, a statistic which includes BABCP members, all of whom can be patients and family or friends of patients as well as being therapists. Despite this potential for dual perspectives, actively bringing in the voices of non-therapists holds an important purpose for BABCP, enabling a fresh perspective and helping us to see our own communication and role from the viewpoint of a wider audience.

Public engagement is a two-way conversation. As an organisation, as in CBT, we want to talk in a way that people want to listen, and listen so people want to talk.

This document considers:

- What public engagement is
- This review and consultation process
- BABCP public engagement priorities and principles
- Next steps
What is public engagement?

Public engagement involves two-way conversations between an organisation and an audience (or sometimes multiple audiences). Public engagement often aims to engage the general public in scientific conversations about shared issues and problems, hopefully to benefit society as a whole.

“What public engagement describes the myriad of ways in which the activity and benefits of higher education and research can be shared with the public. Engagement is by definition a two-way process, involving interaction and listening, with the goal of generating mutual benefit.”

The National Co-Ordinating Centre for Public Engagement

The Sciencewise (2010) model explaining public engagement describes it as involving three components: transmission of information, receiving information and collaborating with an audience.

Figure 1. The Public Engagement Triangle

Whilst the two-way nature of conversations is a key component of fully collaborative public engagement activities, science communication, where scientific information is clearly and accessibly explained to non-expert audiences, can be seen as one part of public engagement (in the Sciencewise model, the “transmit” part).
Examples of public engagement which involve different components of the model include:

- outreach,
- patient involvement,
- collaborative research,
- citizen science,
- participatory arts,
- lifelong learning,
- community engagement,
- community-based learning,
- widening participation,
- corporate social responsibility.

In terms of research activities which engage the public, the National Institute of Health Research (NIHR) defines public involvement as:

“Research carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them”.

(NIHR)

There are so many terms within public engagement that they can sometimes become confusing, with some used interchangeably despite having different emphases.

For clarity, this document considers public engagement in the sense of all three components in the Sciencewise model. Sharing information clearly is one important part of engaging different audiences, and collaboration and two-way conversations are a particularly important part of public engagement.
Co-production

One concept which often comes hand-in-hand with public engagement is the idea of co-production.

The Co-production Network explain co-production as:

“...an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects.

Co-production acknowledges that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need them, which could be any one of us at some time in our lives.

Real co-production means that people are truly involved in planning and designing services from the very beginning…”

(Co-production Network)

Proper co-production means involving people early enough in a process to be able to influence it, as well as listening when the opinions of people with experience of CBT have different opinions to those of professional therapists also involved in the discussions. The ‘collaborate’ element of the Sciencewise public engagement triangle incorporates the ethos of co-production.

Whilst not all elements of a public engagement strategy will necessarily be co-produced, it is important that when co-production is involved, careful consideration is given to making recruitment and reimbursement fair and transparent and to setting up systems so that power imbalances are minimised and true co-production is a possibility.
How have we created the BABCP public engagement strategy?

The public engagement strategy is based on an initial review of BABCP public engagement and views on public engagement at all levels of the organisation, and a subsequent consultation with people who have experienced CBT.

Review

A review of public engagement across BABCP in 2018 was conducted across all levels of the organisation, using:

- The EDGE tool: developed to review public engagement in organisations.
- Bespoke surveys and individual interviews at all levels of the organization.
- Comparison to the previous review of public engagement carried out in 2014.

Aims

The review aimed to establish:

- What is being achieved now, including examples of good practice.
- Barriers to greater engagement and possible solutions.
- Overarching recommendations and specific suggestions to improve public engagement.
- Comparisons with the 2014 review to see which recommendations have been acted on and which could still be usefully explored.

Results

There was some support at all levels for public engagement within the organisation, although there was a variable feedback rate to surveys. It was clear from responses that for a public engagement strategy to succeed it will need:

- Clear vision and governance.
- To include the voices of people with experience of CBT.
- Adequate financial, personnel and information resources available to support it.
- Exploration of more creative ways of public engagement.
Consultation

In 2018/2019 a consultation with a range people who have experience of CBT was conducted. Interviews were carried out over the telephone so people from a wide geographical area could be included at their convenience. Themes from conversations were analysed. People from a mix of locations, ages, ethnicity and religious orientation were consulted.

Aims

To establish from people with experience of CBT:

- What they think BABCP’s public engagement priorities should be.
- How they think the organisation should go about achieving these priorities.
Our public engagement priorities

Interview responses shaped our three public engagement priorities and nine public engagement principles.

1. Make CBT understandable to all who need it

- Help the public understand why it is useful and what it looks like.
- Actively reach out to diverse groups and carefully choose language, imagery, therapists to represent CBT.
- Share CBT with professional groups, e.g. GPs so they can share with patients.
- Make CBT less scary and more accessible through personal stories, films, creative ideas.
- Demystify and destigmatise CBT by describing the treatment.

“Make it as accessible as possible so people feel less afraid.”

“I didn’t know it was for me… I wasted so much time not knowing”

2. Build a sense of CBT community

- Use existing communication channels to share information about CBT and CBT stories and cultivate community of people who deliver or benefit from CBT.
- Provide some discounted or free conference places.
- Destigmatise mental health and treatment.

“Knowing that I’m not alone in this game”

“So many people are not seeking help because they are ashamed.” “Doing it together.”
3. **Keep the people who are receiving CBT at the heart of all BABCP does**

- Learn from people with experience of CBT about what is most useful for therapists to be doing and how. E.g. include CBT users in training, conferences, resources.
- Include voices of people with experience of CBT at all levels of the organisation, e.g. board, SIGs, branches, committees. Avoid tokenism at all costs.

“The people using the services should be at the heart of all that you do”

“CBT is a co-production”

**BABCP Aims**

These aims fit well with the provisional aims of BABCP (due for ratification at our AGM in September 2019), especially Aims 2, 3 & 4.

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The nine public engagement principles we will follow

1. **Consider how Public Engagement is embedded at all levels of the organisation.**
   Use it in different ways for different needs and be clear about the 'Why?'. Embedding public engagement takes time but it is better done properly than half-done.

2. **Reject tokenism**
   Help empower consultees to challenge. Give feedback about decisions made. Only consult when there is time and ability to take opinions into account.

3. **Make participation practically possible**
   Reimburse fairly, pay for travel up front, be aware of benefits penalties, schedule meetings at flexible times and in neutral (non-mental health) locations, use technology to assist attendance, prep and debrief with meeting chair. Include two people with experience of having had CBT per meeting. Recruit fairly to formal opportunities. Offer help with form-filling if needed.

4. **Communicate ideas clearly**
   Include personal stories, films, leaflets, posters, and in-depth examples.

5. **Share resources about CBT with professional networks**
   For example, GPs to get the message out there that this is an option.

6. **Work together with existing networks**
   Share information and seek ideas with a wide range of pre-existing groups as well as developing a list of people who would like to help. Include carers.

7. **Use social media**
   Start conversations, engage with diverse and youth groups. Consider ambassadors.

8. **Actively address the lack of diversity in therapists and patients**
   Consider different needs of different cultural and religious groups, sexes, genders, sexualities, and ethnicities. Represent diversity, tailor and target communication.

9. **Build in the voices of people with experience of CBT to training**
   E.g. in workshops, conferences, other events. One respondent suggested there should be no mental health conference without the presence of people who have had CBT. Provide free/discounted places to enable this.
Our plan

Providing clear vision and governance for public engagement activities

• We will encourage all areas of the organisation to be involved in public engagement.
• We will ensure imagery and content in BABCP publications is diverse and representative to encourage engagement with people from diverse communities.
• We will ensure BABCP follow clear policies on reimbursement and recruitment (in line with National Co-production Guidelines and employment recruitment good practice.)
• We will review public engagement in two years’ time (2021) using the EDGE tool used in the 2018 review.

Including the voices of people with experience of CBT

• We will work to better include the voices of people with experience of CBT in training events, conferences, communications and strategic projects.
• We will support the involvement of people with experience of CBT at all levels of the organisation with clear rationale for involvement and fair recruitment and reimbursement processes.
• We will establish links with people with experience of CBT to act as consultants for specific projects.
• We will consider the different needs of different groups, of men, women, trans individuals, different sexualities, ethnicities and religious groups in our communications and engagement. We will tailor and target communication for diverse groups e.g. languages, and representation from diverse therapists and clients.
• We will work to develop partnerships with other organisations in order to reach a wider and more diverse audience.
Providing adequate financial, personnel and information resources

- We will provide a number of free places at our Annual Conference for people with experience of having had CBT and family/carers.
- We will champion public engagement events and share examples of good practice.
- We will create and share member resources on public engagement.
- We will support public engagement initiatives financially to the best of our ability.
- Longer term we will consider how to plan for sustainable provision of funding and staffing for public engagement.
- We will partner with other organisations to achieve our public engagement aims.

Exploring more creative ways of public engagement

- We will continue to develop and release personal stories and podcasts.
- We will release a short animation to explain CBT.
- We will explore other creative ways of developing and funding public engagement.
- We will champion at least one public engagement evening event each conference. e.g. event at the mosque at Glasgow 2018, event for parents at Bath 2019.
Examples of public engagement

Jointly developed and presented events
BABCP Branch Liaison Chair Lisa Williams jointly devised and presented an event along with her colleague Anna Smith and former attendee of compassion focused therapy, Martin Wade. The event was at the Bethlem Museum of the Mind and was about using compassion focused therapy to help with complex PTSD.

Jointly developed practice guides
Development of the IAPT guidelines for working with BAME populations were developed with diverse focus groups of people with experience of using mental health services around the country. Members of the BABCP Equality & Culture SIG led on this and the launch event included speakers who were therapists and CBT clients.

Outreach Events at Conference
In 2018 the BABCP Equality & Culture SIG held an event at a mosque in Glasgow at the time of the BABCP conference. CBT therapist Saiqa Naz, Islamic scholar Shaykh Abdul Aziz Ahmed and psychiatrist Dr Omani all spoke about their different perspectives on mental health.

In 2019 an evening event for parents and carers is being planned in Bath with CBT therapists who specialise in working with young people. This will coincide with our Annual Conference.
Let’s Talk About CBT Podcast

Our podcast, *Let’s Talk About CBT*, launched in 2018. Each episode includes interviews with therapists and people who have experienced CBT.

Personal Stories

Our website now houses stories from people who have experienced CBT and found it helpful. If you have clients who want to add their story or if you want to add yours, please get in touch.

CBT Animation

We are currently working on a short animation about CBT, to explain it to people who do not know what it is.

What else would you like to see? Get in touch so we can think about how we can work together to make it happen.
**Further resources**

**BABCP Member Resource for reimbursing involvement from people with experience of receiving CBT**

Available in BABCP Member Area on our website.

**EDGE Tool**

Available from National Coordinating Centre for Public Engagement:
http://www.publicengagement.ac.uk/support-engagement/strategy-and-planning/edge-tool.

**NHS England Guidelines on Working with our Patient and Public Voice Partners. Reimbursing out of pocket expenses and involvement**


**NIHR Public and Patient Involvement in Health and Social Care Research**


**Public Engagement Triangle**


**Recovery in the Bin Parody of Co-production (How Not To Do It)**

https://recoveryinthebin.org/2018/07/03/a-simple-guide-to-co-production/

**SCIE Co-Production Guidelines**


**Think Local Act National Resources on Co-production**

Report and further resources available at: https://www.thinklocalactpersonal.org.uk/Browse/Co-production/National_Co-production_Advisory_Group/

These include the ‘Making it Real’ guide: https://www.thinklocalactpersonal.org.uk/makingitreal/