

# From the President

## ‘Let’s do our piece, make a difference and keep hope alive’

**A**s we celebrate Black History Month this year, it would be remiss of me to not pay tribute to the many black people who sacrificed their lives on the frontline in dealing with COVID-19. These nurses and doctors, care workers, railway staff, bus drivers and firefighters kept us safe and kept our cities, towns and neighbourhoods moving. And we know, as has been incontrovertibly shown by the data, black and other racialised NHS staff featured disproportionately in the numbers of people who sadly lost their lives.

It is one thing to clap for them during lockdown and acknowledge their ultimate sacrifice in reports and on political platforms. But for me, their sacrifice should be rewarded with better pay and conditions. That is how we could show that they matter.

The other unsung champions are those black therapists who worked tirelessly within our communities, often unpaid, dealing with the disproportionate levels of deaths and subsequent depression, anxiety and other emotional and mental health afflictions being experienced by our communities. The inequitable treatment faced by black people in the mental health system is constantly evidenced in research. A study from the mental health charity Mind into the experiences of people during the lockdown reported that 74% of 13- to 24-year-olds, and 60% of over-25s said their mental health had worsened. Moreover, ‘people from black, Asian and minority ethnic communities have struggled to access mental health support services in a timely and effective way’!

During this time, I spoke at meetings with churchgoers, community organisations and families at home, where the emotional toll was all too evident. It was a time of pronounced anxiety. What became clear to me was that trained black

counsellors and psychotherapists were going above and beyond to provide support, without any systemic support from Government, the NHS, mainstream mental health bodies or, indeed, the counselling professions. We applaud you and thank you for your selfless service.

What was also apparent - and this is important - were the significant numbers of community

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organisations, youth workers, faith ministers, family members, hairdressers and barbers who provided a service - and, dare I say it, a therapeutic, culturally appropriate service to black people in crisis. What this revealed, and this has been said to me by so many counsellors, both black and white, is the untapped power of communities to provide a much-needed culturally appropriate mental health service.

While we rightly applaud black therapists and community laypeople for rising up at a time of crisis, it is unacceptable that this situation had to exist. Black people and communities should not have to beg or argue about the need for equity. There was, and still is, a need for professionally trained, culturally appropriate therapists. Black people are woefully under-represented in counselling and psychotherapy, and I would argue that failure to rectify this issue is a risk to the profession and to society, given the current and emerging economic and social crises. Professional bodies, including BACP, have a responsibility to address this in an urgent and meaningful way.

I am aware there are some who may be reading this and thinking, ‘Why are you still banging on about this now? We’re nearly three years on. Can we not move on from this, given that COVID-19 is not as detrimental now as it was?’ The sad fact is, black communities cannot just ‘move on’ - COVID-19 has had a massive psychological impact on our communities because of our close proximity to people who have been seriously ill or those who have died from the virus. Post-pandemic trauma, anxiety and stress have become our lived experience. It is manifesting in our communities, and the mental health consequences are enormous. All of this is compounded by the current and emerging cost of living crisis, which data already show is having disproportionately negative



consequences for black communities and those on low incomes.

If there was ever a time for a proper representation of black people at all levels of the profession to provide culturally appropriate therapeutic interventions, it is now. It has been said that COVID-19 has simultaneously been a time of national reckoning with another deadly virus - systemic racism.

### Training and mentoring

The social work profession in the early to mid-1980s made a very loud and public recognition of its concern about the significant under-representation of black people in the profession. It was conceived as a risk if lived experience did not inform the nature of social work training and practice. To effect change, the profession established a significant bursary initiative targeted at black and Asian people. While it wasn't the panacea to the problem, it did inspire many people to join the social work profession, and the representation of black and Asian people improved as a result.

I have long argued that BACP should do the same and I am pleased that it has responded by launching an intensive engagement via a series of roundtables and other initiatives with a wide range of individuals and organisations with lived experience. BACP listened and is in the process of establishing a bursary scheme, which will offer funding for bursaries to train as a counsellor or psychotherapist. This will commence next year. I am also pleased that BACP has established a mentoring scheme for trainees from black and marginalised, racialised communities. This initiative is also important.

Both BACP Chair Natalie Bailey and I have received numerous messages over the years from black students who have spoken to us about the training in the profession lacking any substantive content relating to issues of race. Counselling and psychotherapy theories that have influenced the training are generally written by white, heterosexual males. As explored in the excellent book *Black Identities + White Therapies: race, respect + diversity*,<sup>2</sup> the training and syllabus remain Eurocentric. We need to all work together to establish a cohesive movement to change this without delay. The time is now.

### Systemic change is needed

Mentoring and access to the profession are also themes running through this Black History Month issue of *Therapy Today*. Both are essential and will provide significant benefits for recipients. The challenge will be to ensure that these programmes become more than just projects, and that they form part of the mechanism for tackling institutional racism and systemic change within the profession and wider society.

'Race for the soul of the profession' was chosen as the name of the recent BACP policy paper because it conveys the sense of urgency that is commensurate with the scale of the crisis we are in. We must act with haste and commit ourselves body and soul to making progress.

I cannot profess to have a complete programmatic agenda for change, and I don't believe it can be left to an individual to find a way to remedy the problems I have articulated here. However, my experience as a leader, a black man and a change-maker points me toward these stepping stones leading in the direction of a solution:

■ **Inaction is unacceptable** - it is beyond comprehension why we would see such obvious need and fail to take urgent steps to transform the profession. Failure to tackle the race equity issue will render the profession 'not relevant' to the very people it needs to serve, and that's not just about black communities, it's across all ethnicities.

■ **Partner with communities** - counselling is too important to be left to counsellors and the counselling profession. I was criticised for saying this recently at a conference by a very small number of individuals in a largely white audience, but it is reckless to think the profession alone has the insight and cultural knowledge to tackle race equality on its own. There is excellent work being done by counsellors, psychotherapists and the wider social care sector, but it is clearly not having the necessary impact on the epidemic of black mental health needs. We must collaborate with communities - they are our greatest asset and resource.

Where government fails to support the profession, the answer is to create alliances with the people who have it in their interest to save the soul of the profession.

■ **Keep hope alive** - this is the Reverend Jesse Jackson's famous call to action. I've had the privilege to work with the Reverend and his words often inspire me in the face of seemingly insurmountable odds. You can keep hope alive by answering this call to action and get involved. Support the mentoring and bursary initiative with anything you have - thought, word and deed - all are welcome.

I step down as President next month and it has been an honour, a privilege and, quite honestly, a pleasure to have served the counselling professions and the members that make up that community. I would like to thank the *Therapy Today* editorial team and the members of the Black History Month panel for their hard work in putting this issue together. I'm proud that just after becoming President, I responded to Helen George's email request that we have a Black History Month-themed issue of *Therapy Today* and worked to ensure it happened. My thanks also to the BACP team who have worked on the bursary and mentoring initiatives led by Suky Kaur and supported by an excellent, black-led steering committee. I thank all the people who have engaged in the numerous roundtables and other events I have chaired. Your perspectives have influenced where we are today.

And a personal thank you for the considerable number of well wishes I received from therapist colleagues when my dear mother passed away earlier this year. I am immensely grateful.

Let's do our piece, make a difference and *keep hope alive*. ■

**David Weaver, BACP President**

### REFERENCES

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2. Charura D, Lago C. Black identities + white therapies. Monmouth: PCCS Books; 2021.