

# FROM THE EDITOR

**H**ow important is our psychological wellbeing to our physical health? Very, according to a large-scale review by Holt-Lundsadt, Smith and Layton<sup>1</sup> which examined the extent to which our social relationships influence our risk of mortality and found a 50 per cent increased likelihood of survival for those with stronger social relationships. The researchers concluded that the impact of social factors is comparable with well-known risk factors such as smoking, and exceeds many factors such as obesity and physical inactivity. The findings, say the researchers, make a persuasive case for social factors to be included in public health risk factors. The study is one of the sources quoted by Gregor Henderson in our lead article this issue, as he examines the transformation towards social and psychological, as well as physical, wellbeing in public health. What opportunities might this offer to us as counsellors and psychotherapists? And how can we become 'engaged, involved and influential' as mental health takes a more prominent role in public health?

Our best practice feature focuses on an innovative example of combining social and emotional wellbeing with physical health. Kath Sharman, founder of SHINE (Self Help Independence Nutrition and Exercise) details the work of this third sector organisation which provides obesity management for young people. The psychosocial approach taken, says Kath, differs from the traditional prescriptive and clinical management of weight loss, promoting more sustainable long-term outcomes in weight management for young people.

One of the ways we can become engaged in the future could be through increased partnership working. In his article, Richard Mason reports on a joint venture between the Tottenham Hotspur Foundation and a London-based IAPT service to bring psycho education about mental wellbeing to the men of Haringey.

The initiative is part of an established programme, Guys and Goals, run by the football club's Foundation, which strives to improve men's health as a whole. Richard mentions his own observation of the lack of uptake among men in services he has worked for as a counsellor. Continuing on the subject of men's mental health, Michael Lilley takes a serious look at why men are overrepresented in suicide and secondary care statistics, and yet underrepresented in primary care.

Of interest to practitioners in England, Nichola Watson's article on NHS commissioning describes how current changes in NHS England might impact on your service. This includes the implementation of Any Qualified Provider (AQP) and, with it, openings for practitioner and service providers who are new to the NHS. With Clinical Commissioning Groups (CCGs) taking full control over the commissioning process from April next year, now is the time to start forging relationships, says Nichola, who is project officer for NHS commissioning at BACP. The article also provides links for you to find out more about the range of resources available to assist members who wish to respond to the commissioning opportunities.

Finally, to remind members that the BACP Healthcare website ([www.bacphealthcare.org.uk](http://www.bacphealthcare.org.uk)) has features from the journal (from 2012 onwards) available to download; simply log into the members' area. You'll also find an invitation for your contributions; we welcome prospective book reviewers and ideas for articles relating to counselling and psychotherapy. For more information, please contact me at the email address below.



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