The "Our Stories" Project

Understanding the needs, experiences and challenges of trainee, aspiring and qualified clinical psychologists from minoritised backgrounds

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Contributions

All authors were involved in the development of the project
LLC, KG, LJ, KP and NR facilitated the focus groups
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KG, GM and KP transcribed the focus groups
LLC, KG, LJ, GM and KW were involved in the analysis of the data
KG and LJ led on the project's write-up. All authors reviewed and approved a final draft

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Executive Summary

Presence does not equate to representation, nor psychological safety.

Background:

The profession of clinical psychology in the UK is astonishingly homogeneous, with over 70% of candidates who accepted a place in 2021 identifying as white, female, heterosexual, able-bodied and non-religious (CHPCCP, 2022). There has been increasing recognition that clinical psychology is not representative of the diverse populations it serves, and consideration of how this may contribute to inequalities experienced by those from minoritised backgrounds when accessing healthcare. However, less attention has been paid to the experiences of those from minoritised backgrounds aspiring, training or working within the field of clinical psychology. The "Our Stories" project was led by a group of trainee and newly qualified clinical psychologists. It sought to better understand the experiences of aspiring, trainee and qualified clinical psychologists from a range of minoritised backgrounds in a series of focus groups.

Methodology:

A semi-structured interview approach was used within a focus group, with topic guides to help standardise the groups. The groups were held online for 90 minutes each in Spring-Summer 2021. The questions explored participants' journeys into clinical psychology, and their current experiences of the profession, while reflecting on how their minoritised status intersected with the profession and their journey to date. Participants were also asked about their future ideas for making clinical psychology more inclusive and diverse.

In total, 50 people signed up to participate in the focus groups, and 10 from each group were invited to participate on a first-come, first-served basis. Most people who signed up to participate were female; this is unsurprising, given that the profession is dominated by females. However, the sample was otherwise considered fairly diverse and representative in ethnicity, sexuality, religion and disability status.

Key findings:

The focus groups were recorded and then transcribed. The analysis was informed by a 'framework analysis' approach (Krueger, 1994; Rabiee, 2004). Five overarching themes were identified across the three groups. The themes

captured: 1) the stories of how people navigated their own identity during their journey into clinical psychology; 2) the expressed difficulty of feeling othered; and/or 3) not belonging to the profession; 4) a tension between hope versus cynicism for the future; and 5) feelings of frustration with the status quo and different responses to this. These overarching themes emerged across all three groups of participants at different stages in their careers. However, the aspiring group appeared to hold the most hope for the future, and this seemed to dissipate as participants progressed through their careers.

Recommendations:

Several recommendations also emerged:

- The selection process for trainee clinical psychologists
    - The fairness and appropriateness of Honorary and Voluntary roles which are often required to gain sufficient experience prior to application
    - Removing unnecessary barriers to application (e.g. driving licence or car)
    - The kinds of selection tasks and procedures used and how this might disadvantage specific groups
    - The role of contextual admissions
- The curriculum for training clinical psychologists:
    - More comprehensive representation of teaching staff from underrepresented and minoritised backgrounds (e.g. ethnic minority, LGBTQ+, lived experience or disability)
    - Review of the curriculum to decolonise and ensure an anti-racist stance
    - Opportunities for reflection on issues of equality, diversity and inclusion embedded throughout training and supervision
- Training programmes and employers to commit to learning and working environments that are supportive and adaptable to those with specialist needs and/or lived experience
- Mentoring schemes and pastoral support for those at all career stages
- CPD programmes and leadership offers for qualified clinical psychologists from under-represented and minoritised backgrounds
- Support for research on issues of equality, diversity and inclusion within the profession and in our clinical practice

Conclusion:

These findings provide a rich and meaningful insight into the intersectionality of different minority identities within clinical psychology, and how this has affected journeys before, during and after clinical psychology doctorate training. A novel finding from this study was the differences observed across the groups; hope appeared to fizzle out as people progressed in their careers. This is an important finding, especially in the current context of difficulties with recruiting and retaining qualified staff within the NHS.

The disparities experienced by those from minoritised backgrounds within the clinical psychology workforce are a stark reflection of the inequalities seen in access, experience and outcomes of mental health care in the UK. If the workforce does not feel they are accepted for who they are, then how can we expect to see change and improvements for people who access services? Diversifying the profession is not enough. In fact, these findings suggest that seeking to diversify the profession – without simultaneous macrolevel action to address the negative experiences of those from minoritised backgrounds – is at best ineffective and at worst unethical.

1. Introduction

1.1 Barriers to entering the profession of clinical psychology

The profession of clinical psychology in the United Kingdom (UK.) is astonishingly homogeneous. Research by the Health & Social Care Information Centre showed that individuals from ethnic minority groups make up only 9.6% of qualified clinical psychologists in England and Wales, in contrast to 14% of the population (Office for National Statistics, 2012). In the UK., there is a disproportionate number of trainee clinical psychologists who identify as white (85%), female (83%), heterosexual (80%), able-bodied (86%) and non-religious (72%). Data on how socioeconomic status is measured is inconsistent and unreliable; however, 32% of applicants who received a place in 2020 went to schools in postcodes that had the highest participant rates for attending higher education (Clearing House for Postgraduate Courses in Clinical Psychology (CHPCCP), 2022).

Recent research and policy recommendations have aimed to increase diversity by providing further support for those from disadvantaged and minority backgrounds wishing to pursue a career in applied psychology and psychotherapy (e.g. BPS, 2017; HEE, 2020). One example is the formation of widening access initiatives across the London courses, led by Dr Kat Alcock at University College London (UCL). Initiatives include mentoring schemes for people who identify as being from a minority ethnic group (e.g. Valued Voices) and working groups on the London clinical doctorate courses that provide CPD workshops for aspiring psychologists, and also outreach events to local schools, colleges and universities, which have been running from 2011. More recently, Health Education England (HEE) has introduced its Equity and Inclusion plan (2020) providing funding to each of the Doctorate in Clinical Psychology (DClinPsy) training providers. The funding has led to every DClinPsy course programme being required to: i) employ an Equality, Diversity and Inclusion Lead; ii) deliver a mentoring scheme for ethnic minority candidates; and iii) for associated NHS trusts to deliver paid experience schemes for financially disadvantaged aspiring clinical psychologists to gain clinical experience.

These initiatives are celebrated, with participants of the mentoring and workshop schemes reporting positive experiences[1]. However, such schemes

[1] Please see Dr Kat Alcock's keynote talk for further details: https://www.youtube.com/watch?v=GsDFPCNr4Lc

are often underfunded and not equally available across all four nations of the UK. Furthermore, these initiatives primarily seek to address issues relating to selection (e.g., building up relevant work experience, advice regarding applications and interviews), but do not necessarily address psychological, social and cultural factors that might be pertinent (e.g. 'imposter syndrome', economic barriers or cultural narratives relating to mental health and associated services). Indeed, there is an increasing evidence base that despite the efforts described above, the discrimination and inequity of opportunities continue: 20% of white applicants are shortlisted for DClinPsy training course selection interviews compared with 11% for Asian applicants and 7% for Black applicants (CHPCCP, 2018). There also remains a paucity of literature exploring the individual experiences and narratives of potential and aspiring clinical psychologist candidates from minority backgrounds, and how this might impact their ability, willingness to apply for clinical psychology training and chances of obtaining a place.

1.2 Minority experiences during clinical psychology training and beyond

It is increasingly acknowledged that there is a need to better support individuals from minority backgrounds throughout their journey pre, during and post clinical training (e.g., Atayero & Dodzro, 2021). It is imperative to improve our awareness, and give space to the unique needs, perspectives and experiences of trainees from minoritised backgrounds, in order to enhance efforts to retain such individuals (McNeill, Horn & Perez, 1995) and enable them to best serve their communities. Such initiatives have received criticism (e.g. Patel, 2010; Ahsan, 2020), but are increasingly acknowledged as honest attempts to address challenges related to the inequity of access to the profession.

More broadly, from a trainee perspective, there is ample experiential and quantitative data that indicates clinical psychology doctoral training tests one's ability to simultaneously manage learning (teaching, exams and assignments), placements and research, in addition to the life events that inevitably coincide (Galvin & Smith, 2017). For trainees from ethnic minority backgrounds, there is a small but growing evidence base that suggests that training may present additional challenges related to the experience of being 'othered' in the profession and that there is a lack of culturally sensitive support available (e.g. Atayero & Dodzro, 2021; Tong, Peart & Rennals, 2019; please see the BPS DCP special edition on 'Racism in Clinical Psychology training', 2019 for other work on this topic).

The evidence base reviewing the experience of minority groups in clinical psychology has, for the most part, focused on ethnicity and more recently the experience of trainees who identify as 'Black' (e.g. Adetimole, Afuape & Vara, 2005; Patel et al., 2000; Patel & Fatimilehin, 2005; Wood & Patel, 2017), though much of this is grey literature (i.e. unpublished works such as the following doctoral theses: Shah, 2010; Thakker, 2009; Ragavan, 2018). Furthermore, no research to date has explored the intersectionality of multiple minority experiences (e.g. economic barriers in addition to minority status, or LGBTQ trainees of colour), which is important given that multiple experiences of stigma and discrimination are likely to adversely impact health (Meyer, 2003). Additionally, the 'Minorities in Clinical Psychology Subcommittee' recently called for psychological communities to better understand the issues related to minority identities and marginalised experiences for all within the profession and for those who access psychological services (Minorities Group, 2019).

There has been an increase in the acknowledgement of the challenges that minoritised qualified clinical psychologists' experience, although less research has focused on this group. In addition, there is a visible paucity of clinical psychologists from minoritised identities in bands 8 and above, and in other related leadership roles, known as the 'snowy white peaks' of the NHS (Kline, 2014). In response to this lack of diversity, schemes such as the 'Diversity in Recruitment Champion' training programme and HEE's funded scheme RISE[2] have been launched across the UK. Nonetheless, progress remains slow with 40% of London's NHS Trust reporting no ethnic minority members on their boards, and with little to no improvement in the proportion of senior managers who are from an ethnic minority since 2008 (Atayero, 2020). In addition, schemes that attempt to redress this have been critiqued for placing the onus on ethnic minority staff to resolve the inequality in services for an ethnic minority population. This is a lot to ask of staff who are historically the most undervalued and least rewarded section of the NHS workforce, and who also experience discrimination within the workplace (Atayero, 2020; Kline, 2014).

[2] For more information: https://www.hee.nhs.uk/our-work/mental-health/psychological-professions/improving-equity-inclusion-people-access-psychological-professions-training

1.3 Service-provision and health inequalities

Clinical psychology in the UK. continues to receive criticism of the services it provides. Critics report that these services are still for the most part inaccessible, culturally incompetent and 'overtly and covertly racist' (Wood & Patel, 2017). Put another way: the lack of diversity in our profession points to a systemic failure in meeting the needs of the communities we aim to serve (Williams, Turpin & Hardy, 2006). Following the events at the 'Group of Trainers in Clinical Psychology' 2019 conference, which were experienced by many attendees as racist and discriminatory (Patel, Alcock & Alexander, 2020), the British Psychological Society (BPS) collaborated with a group of trainees from the DClinPsy course at UCL to assess views. This survey explored trainees' views on this event, their membership with the BPS and experiences on training. Of note, this highlighted that over 50% of trainees who responded did not feel that their training adequately equipped them to have conversations around issues of power, privilege, and intersectionality nor space to reflect on how this might impact their work with people who access services (D Clin Psy Antiracism Survey, 2020).

The disparities seen in the clinical psychology workforce sadly reflect the inequalities seen in service provision and mental health care: with poorer outcomes for those from minority ethnic backgrounds accessing services, particularly in areas with higher levels of diversity in the UK. For example, there is a higher representation of ethnic minorities detained in the more restrictive parts of the mental health system (e.g. inpatient units) (Gajwani, Parsons, Birchwood & Singh, 2016; Perkins & Repper, 2020). At the same time, those from ethnic minority groups tend to have less contact with preventative and therapeutic parts of the system (e.g. Lawton, McRae & Gordon, 2021; Memon, Taylor, Mohebati et al., 2016).

It has been argued that the lack of diversity in the mental health workforce might contribute to poorer outcomes seen in those from ethnic minority groups (Kline, 2021). Moreover, an ethnically diverse and representative clinical psychology workforce is seen as crucial for addressing the well-documented inequalities faced by people accessing mental health services from ethnic minorities. For instance, professionals from minoritised groups can provide a more culturally sensitive service and an increased choice of practitioners can facilitate engagement with so-called 'hard to reach' groups. According to Care Quality Commission (CQC) data, organisational diversity that represents the community it serves is associated with higher

patient satisfaction and better organisational performance. Unfair and discriminatory practices are also a predictor of staff morale, which is linked to patient experience (Kline, 2022). Therefore, it is crucial to further explore the barriers to clinical psychology training and the experiences in training and beyond of those from minority groups. Not only is this pertinent to improving equality of access, the experience and retention for aspiring, trainee and qualified clinical psychologists, but it will also potentially help the profession of clinical psychology to better address inequalities relating to access, outcomes and experiences for our communities and people accessing services.

1.4 Project scope and aims:

- To bear witness to, promote discussions with and improve understanding of the needs and experiences of aspiring, trainee and qualified clinical psychologists from minority groups
- To understand how the intersectionality of different minority identities has affected journeys before, during, and after training
- To better understand the needs of and improve the experience and well-being of aspiring, trainee and qualified clinical psychologists from minority backgrounds

2. Methods

2.1 Project review and approval

The ACP-UK Board of Directors and the Equality Diversity and Inclusion (EDI) committee reviewed and approved a project proposal, and supported the administration, promotion and oversight of the project. The EDI Director and committee reviewed all of the project documents (i.e. participant information sheet, consent form and registration form) and approved them. The EDI Director provided oversight of the project, including consideration of any ethical issues, and compliance with data protection legislation.

2.2 Participants and procedures

2.2.1 Design

Three focus groups were run with a) aspiring, b) trainee and c) qualified clinical psychologists who identified as coming from a minoritised background according to the characteristics protected by the Equality Act (2010) and/or considered within the social GGGGRRAAACCCEEESSS (Gender, Gender Identity, Geography, Generation, Race, Religion, Age, Ability, Appearance, Class, Culture, Caste, Education, Ethnicity, Economics, Spirituality, Sexuality, Sexual Orientation; Burnham, 2012). A semi-structured interview approach within a focus group context was used, with topic guides to help standardise the groups (see Figure 2 below for further details). The topic guides were initially piloted during a smaller scale version of the "Our Stories" project with a group of trainee clinical psychologists. Following this, the working group refined the questionnaires based on their feedback and recommendations.

2.2.2 Project promotion

Aspiring, trainee and qualified clinical psychologists were invited to attend the relevant focus group based on their identification with a minority group. ACP-UK supported the project promotion in the following ways: advertising the project details on its website and social media channels, and disseminating it amongst members with requests to circulate to possible interested parties. Invitations were also circulated to all UK training courses and aspiring psychologist networks. The target was to get at least 10 people to express interest in participating in each group, with a view that each group should eventually comprise 4 to 10 people.

2.2.3 Expressions of interest

Potential participants were invited to express their interest to participate in one of the focus groups by completing a registration form via the ACP-UK website. Participants were informed that completing this form indicated an expression of interest and did not guarantee their place in one of the focus groups. Participants were informed that they would be contacted to let them know if they had been invited to attend the focus group or placed on a waiting list. Participants were invited to attend each group on a first-come, first-served basis.

Participants were provided with a link to the electronic registration form on the ACP-UK website. First, they were asked to read the participant information sheet and then, if they agreed to proceed, to electronically sign the consent form. The contact details of the project lead and ACP-UK administrators were provided in case potential participants had any questions or concerns about the project. Next, they were asked to complete a brief survey which included questions about their background and demographic information. Background information included: name, contact details, which group they would like to attend, area of work/expertise, geographical region, and the number of years in their current role or of training. Demographic information included: age[3], gender, ethnicity, qualifications, disability, sexuality, religion or belief, and relationship status. These were based on the Census questions and categories[4].

2.3 Focus groups

2.3.1 Logistics

The focus groups took place via video conferencing due to COVID-19 restrictions at the time (Spring/Summer 2021). This enabled participation from across the UK. Each group ran for approximately 90 minutes. Safety protocols were agreed upon in advance with working group members and related to the set-up of the zoom calls, confidentiality and follow-up calls in case of participant distress. This was shared with participants at the beginning of each group.

[3] A prefer not to say option was available for all demographic questions.

[4] Details can be found here: https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/demographyquestiondevelopmentforcensus2021.

2.3.2 Topic guides

Topic guides were created by the project team and reviewed by the EDI director. These included guidance on the introduction and closing of the session, ground rules and housekeeping issues to be covered and agreed with each group, and approximate timings for each section. Guidance included three questions to frame the focus group and one to generate a discussion around possible solutions. The exact wording of these questions was adapted for each group according to their current career stage. It also included suggestions for prompts for the facilitators (see Figure 2 below). This aimed to promote standardisation across the groups. Where groups needed more information (e.g. what are the social graces) this was provided verbally.

2.3.3 Facilitation

Each group was facilitated by two members of the project group, including a combination of trainee and newly qualified clinical psychologists. Facilitators were encouraged to adopt a curious but neutral approach. They were instructed to do as little as was needed to facilitate the group and keep the discussion flowing. They were encouraged to take responsibility for the group process and time management elements of the group, but to allow the conversation to naturally emerge from the group with as little intervention as possible. Facilitators named their different identities at the beginning of each group, acknowledging that this could affect the relational dynamics for participants.

2.3.4 Observer

An observer was also present for each of the three focus groups, who had not been involved in the project's development prior to this. The same observer was used across all three groups as their role was to reflect on: a) the consistency of the facilitation of the group and adherence to the topic guide; b) group dynamics and process; and c) similarities and differences emerging from the group, in order to support insights into the analysis. The observer did not speak during the group, except at the beginning in order to introduce themselves and explain their role to the group. The observer kept process notes, which were shared with the facilitators after all three groups had been completed.

Figure 1: Topic guide for focus groups

Framing Question (1): Asked participants to consider their JOURNEY into clinical psychology to date and how their identities (e.g. Social GRACES) have impacted or shaped this.

Prompts:

- How did these experiences shape your determination to train in clinical psychology?
- Consider strengths and limitations of social GRACES.
- Did you experience any specific barriers or facilitators in this journey (e.g. academic credentials, work experience, application process)?

Framing Question (2): Asked participants to consider how their identities (e.g. social GRACES) have impacted on their CURRENT experiences as a [trainee/qualified] clinical psychologist AND/OR their expectations about their future as a [trainee/qualified] clinical psychologist.

Prompts:

- Consider socio-political context.
- Consider all aspects of training and career: academic, research, teaching and clinical practice.
- Consider strengths and limitations of social GRACES.

Framing Question (3): Asked participants to consider how lived experiences have shaped their perceptions about the future of the profession of clinical psychology?

Prompts:

- Impact on own future practice, e.g. opportunities for leadership, promotion and mentoring.
- Consideration of the wider socio-political context on role of clinical psychologist.

Solution-focused question: (4) How do you think the clinical psychology profession could improve access onto training for those from minority backgrounds AND/OR their experiences?

- Are there any examples of initiatives you have found helpful?
- What support would you like to see in place in the future?

2.4 Analysis

Each focus group was recorded and then transcribed by members of the project working group. Transcription adopted a content analysis process in order to support the identification of the meaning of what was said by participants.

The analysis was informed by a 'framework analysis' approach, as outlined by Krueger (1994) and described by Rabiee (2004). A distinctive aspect of framework analysis is that, although it uses a thematic approach, it allows themes to develop both from the research questions and from the narratives of research participants. Since there were three groups, this approach was adapted and was also informed by Onwuegbuzie, Dickson, Leech & Zoran (2009).

Three pairs of people from the project working group then agreed to analyse one group each. Please note that different people from the project team facilitated vs transcribed and analysed the data from each group, to minimise the facilitators' subjective experience of the group biasing its interpretation. For the same reason, the observer was also not involved in the analysis. There were four key stages which are summarised below.

Step 1: Familiarisation with the data
Each analyst listened to a recording of the relevant data and read the transcript. These were listened to and read in their entirety several times, and observational notes were made during this process. At this stage, the aim was to get a sense of the focus group as a whole, before breaking it down into parts or themes. During this process, major themes were established.

Step 2: Identifying a thematic framework within each group
Each analyst listened back to or re-read sections of the text that stood out to them. They wrote notes and began to identify ideas or concepts arising from the texts and develop thematic categories. Each pair of analysts then met together to compare and discuss their codes. The pair of analysts then collaboratively developed a thematic framework to capture key and shared concepts or ideas that had emerged from the data. They considered the criteria developed by Krueger (1994) to guide their work: words, context, internal consistency, frequency and extensiveness of comments, specificity of comments, intensity of comments and big ideas.

Step 3: Identifying overarching themes across the three groups
Steps 1 and 2 were completed for each of the groups independently. At this point, the three pairs came together to discuss the emerging themes from their respective groups. They considered any similarities or differences between the three groups. They then created an overarching framework of themes, which were each shared by two or three of the respective groups.

Step 4: Validating the over-arching themes and charting
The pairs then returned to their original data with the overarching themes to hand, to cross-reference and check that these were valid in capturing the richness of the data and how applicable each theme was to each group. At this stage, they also began to identify quotes which could be used to illustrate each of the overarching themes. These were then shared with the whole project team for comment and consideration.

3. Results

3.1 Expressions of Interest

In total, 50 people signed up to participate in the focus groups. Of these 50, 19 were qualified clinical psychologists, 16 were trainee clinical psychologists and 15 were aspiring clinical psychologists. The 'expressions of interest' form was closed once enough people had been recruited.

The first 10 people to sign up to each group were invited to attend their relevant group; the remaining candidates were placed on a waiting list and contacted if a place became available. In the final sample, there were 7 qualified clinical psychologists, 10 trainee clinical psychologists and 8 aspiring clinical psychologists who attended.

3.2 Demographic and background information[5]

Demographics	Aspiring N = 15	Trainee N = 16	Qualified N = 19
Gender			
Female	15	12	16
Male	-	3	3
Prefer not to say	-	1	-
Ethnicity			
White British	2	6	8
Black/African/Caribbean or Black British	5	1	-
Asian/Asian British	5	3	7
Mixed or Multiple Ethnic Groups	1	2	2
White other	2	1	-
Other Ethnic Group	-	3	2
Sexuality			
Bisexual	2	-	2
Heterosexual	9	10	16
Homosexual	-	1	-
Non-identifying	-	2	-
Pansexual	1	2	-
Queer	-	-	-
Prefer not to share*		5	

[5] The data presented is taken from those who expressed interest in participating in the groups as a whole, of which a random sample were invited (on a first-come, first-served basis) to participate in each respective group. Further data for each group is not presented in order to prevent the data becoming identifiable, especially given the small numbers of people involved.

Disability			
Yes	3	4	8
Religion or Spirituality			
Prefer not to share*		4	
None/Atheist	2	2	5
Christian	4	4	6
Muslim	2	2	4
Sikh	2	-	1
Unsure/Agnostic	1	3	1
Hindu	-	1	-
Other	1	4	-

*Data collated across participant groups

3.2.1 Other information

The aspiring clinical psychologist group had been in this current stage of their career for a mean of 2.86 years; for the trainee clinical psychologists this was 2 years, and for the qualified clinical psychologists this was 6.63 years. Fifteen did not provide their area of work, but for the remaining 35 there was a range of areas of work represented, including child and adolescent or adult mental health, paediatric and adult physical health, neuropsychology, learning disability, forensics and other specialist areas. Seven did not provide their geographical area. Fifteen of the remaining 42 came from London, and there was representation from different regions across England and Wales.

3.3 Emerging themes and quotes

There were many commonalities, overlapping, converging sub-themes and through the analysis process five overarching themes emerged across all three groups (aspiring, trainee and qualified). These themes are summarised in Figure 2 and discussed in detail below.

Figure 2: Overarching themes and exemplar quotes

Theme	Exemplar Quotes
Navigating minoritised identities within clinical psychology • identifying with a minority status viewed as being detrimental to career • not feeling able to bring their full selves to work	*'I've changed my accent, I've changed my dress sense, changed the way I use language'* *'…it works really well in terms of a relatedness and similarities that you share with people that you work with'*

• explored the upsides when working with minoritised populations	
Belonging: What does clinical psychology even look like? • juxtaposition of working in a profession that did not reflect the communities it serves • feelings of futility around progressing within the profession	*'We're not representative of the community that we serve in any shape or form'* *'There's lots of shame…and like it really instils that…not belonging, I don't belong here, should I really be here, should I even bother applying, is anyone even going to employ me?'*
Othering: Recognising I am different • the emotional toll of being 'othered' within the profession	*'That feeling then of being an imposter has followed me and it is still with me now, and I am just trying to process it'* *'I think the penny dropped…I've never felt like I fitted in'*
Hopeful vs Hopeless: What will the future look like? • dialectic of hoping for and observing change, while feeling acutely aware of the lack of progress • burden that people from minority groups often carry for changing the profession	*'I think I have an acute awareness of where I've come from and where I am at, and how I can use that as a platform to like support and promote change in a really positive way'* *'I would hope that there's some change that's occurring but my fear is that…I felt it could be a little bit tokenistic'*
Frustration, Rebellion, Survival • ongoing frustration with the experience of the profession	*'You just get to a point where you're like what I'm doing here? Like is it worth it, is it even worth it?'* *'Why are they teaching us like this, why are they doing this, why are they doing that, what's happening? How is this the course? Argh!'*

3.3.1 Navigating minoritised identities within clinical psychology

In this theme, participants described their experiences of identifying with minoritised identities as being detrimental to their careers. Many aspiring

psychologists described difficulties navigating the stigma associated with mental health in their own communities and the contrast with the 'identity' they had to present at work. This often led to the experience of not being able to bring their full selves to work:

'I've changed my accent, I've changed my dress sense, changed the way I use language.'

Other participants talked explicitly of adapting to *'white spaces'* and of learning how to be *'good at code switching'*. Code switching is described as feeling the need to make subtle adjustments to behaviour and or manner of speaking in order to be less conspicuous/conform to a white experience/standard.

Some participants reflected on how particular identities were centred over others. At the same time, it was often acknowledged that identifying as coming from a minoritised group was a strength when it came to working with minoritised populations:

'All the intersectionalities are important but race plays a huge part and we know that from our dataset about who gets into the profession and who enters into the profession in the first place.'

'It works really well in terms of a relatedness and similarities that you share with people that you work with.'

Interestingly, the qualified group spoke more of strengths related to minority identities than the other two groups and, at the same time, also highlighted the ongoing challenges related to these identities – which aligned with the aspiring and trainee groups.

3.3.2 Belonging: What does clinical psychology even look like?

Participants reflected on the feeling of being in a constant battle to belong in a profession where their identity was not the same as the majority, and that this was often in total contrast to the communities they were living and working in:

'We're not representative of the community that we serve in any shape or form.'

This was experienced across different contexts, including the training process:

'I didn't feel safe or comfortable training actually because it doesn't feel like the profession wants to adapt to who I am.'

It was apparent across many of the participants' accounts that the difficulties with fitting in that come with having a minoritised identity made it feel as though progressing in the profession was futile:

'There's lots of shame…and like it really instils that…not belonging, I don't belong here, should I really be here, should I even bother applying, is anyone even going to employ me?'

'…it just makes you think more widely about like do I kind of belong in the profession or not?'

Overall, participants across the three groups noted that because of their minoritised identities they felt they did not belong to the profession of clinical psychology.

3.3.3 Othering: Recognising I am different

Participants across their journeys into and during clinical psychology described the emotional toll of othering and the different feelings and thoughts this left them with:

'That feeling then of being an imposter has followed me and it is still with me now, and I am just trying to process it.'

'I think the penny dropped…I've never felt like I fitted in.'

'This isn't really for me, as there isn't anyone that looks like me.'

'The moment you use the pronoun "he" to refer to your partner in a conversation it stops. It's ridiculous…there's still people who are just shocked.'

Throughout all three groups, there was a palpable sense of emotion described.

3.3.4 Hopeful vs Hopeless: What will the future look like?

Many of the participants described the dialectic of, on the one hand, hoping for and observing small changes occurring and, on the other hand, feeling acutely aware of the lack of progress and difficulties they continued to face in their everyday professional lives:

'I think I have an acute awareness of where I've come from and where I am at, and how I can use that as a platform to like support and promote change in a really positive way.'

'I would hope that there's some change that's occurring but my fear is that…I felt it could be a little bit tokenistic.'

'I'm feeling really motivated to be the change that I want to see. So, I have never been supervised by a male psychologist. I've never been supervised by anyone who's part of the LGBTQ community, never really noticed anyone who represents me or who sits on the panel on my course…I want to read applications, I want to think about how we can be more diverse and you know I want to start to represent this...'

In addition, there was a sense that people from minoritised backgrounds held the responsibility and burden for change:

'These conversations are just being had with people who have a special interest within diversifying the profession or considering these identity factors when it's not considered as the whole profession's problem.'

'If you look at the last 20 years, there is already a lot of stuff that has already been done and written and put on the shelf and gathering dust… change isn't easy when you also are from a group, because you have the emotional cost of doing it but also the importance of protecting yourself, you shouldn't be the only one.'

There was a striking difference noted as participants developed in their careers, with hope decreasing from aspiring participants through to qualified clinical psychologists.

3.3.5 Frustration, rebellion, survival

Participants across the journey from aspiring, trainee and qualified groups identified an ongoing frustration with the experience of being a qualified practitioner psychologist. They reflected on what this had meant for their career, the choices that they had made and the impact this had on them personally:

'You just get to a point where you're like what I'm doing here? Like is it worth it, is it even worth it?'

'I just became disappointed with my experience of racism and seeing communities being impacted by all forms of oppression and discrimination, not only workers but our users as well. And then I started to grow this mindset that actually clinical psychologists, we are activists, whatever you want to call us, we are activists. That's why we are in the profession that we are – to make a change, to make a difference and not just to say it, but to actually do something about it.'

'Why are they teaching us like this, why are they doing this, why are they doing that, what's happening? How is this the course? Argh!'

'There seems to be a lot of power in the universities or the institutions that we do our courses at, so even though you know they've set up like feedback loops and reflective practices and things like that but, erm, this is just me being very cynical here but I, I don't actually think that there is ever real feedback in the sense that you give feedback, but then they don't necessarily take it on or you know they take things on conditionally.'

The notion of power and who has this was present through the three groups, with the impact of feeling disempowered noted throughout.

4. Discussion

The current project aimed to bear witness to, promote discussions with and improve the understanding of the needs and experiences of aspiring, trainee and qualified clinical psychologists who identify as coming from one or more minoritised groups. We acknowledge that the findings presented below are the result of this working group's own construction and understanding of the phenomenon of being a clinical psychologist, and the various stages of the journey. We also acknowledge that many of the authors and working group also identify as coming from a minority background within the profession of clinical psychology.

4.1 Main findings

The findings will be discussed in relation to the framing questions. The first framing question asked participants to consider their journey into clinical psychology to date and how their identities have impacted on or shaped this. The second framing question asked participants to consider how their identities have impacted their current experiences and/or their expectations about their future.

The majority of participants reflected that their minority identities impacted their journey into clinical psychology, as well as their current experiences and future hopes. For the most part, this was experienced as having a negative impact. Particularly, the dominance of being heteronormative, female, middle-class, able-bodied and whiteness within the profession meant that participants felt that they needed to hide, change or adapt part of their identities in order to be accepted. This in turn created a sense of not belonging and the experience of 'otherness', that pervaded throughout their careers. In addition to this, there was a sense of competition: that some identities were centred over others, and that this competition resulted from having to fight so hard for their place in the profession. Other participants spoke of and acknowledged their changing social identities, and how this had seemed to 'just happen' – via a process of assimilation into the profession.

Framing question three asked participants to consider how their lived experiences have shaped their perceptions of the future of the profession of clinical psychology. Most participants oscillated between the position of hope – having huge energy for being the drivers of change for the future of

clinical psychology, and also holding their exasperation and exhaustion at the current lack of progress – which was mirrored in their wider socio-political experiences. There was a real sense of: 'why bother?' versus 'but if we don't do it, who will?'.

Finally, participants were asked to think about how the profession of clinical psychology could improve for those from minority backgrounds. Participants reflected on the importance of earlier intervention to promote clinical psychology, and to offer support to those from minority backgrounds who wish to pursue the profession. They also talked about the importance of better representation of those from minority groups on DClinPsy training courses and in leadership positions. Additionally, in the aspiring psychologist focus group most participants agreed that honorary positions were unfair, further creating inequity in an unequal system. Furthermore, disappointment was expressed about how those with specific needs had often felt that they had not been adequately supported. For instance, the trainee group spoke of learning plans that had not been adhered to by their DClinPsy courses, or that when requesting adaptations during teaching sessions (e.g. for learning difficulties or sensory disabilities) they were made to feel like an inconvenience. Across the groups, there were stories of disappointing experiences of personal disclosure (e.g., of the lived experience of mental health difficulties or caring for others). Participants often reported feeling let down by the responses of trainers, supervisors and colleagues when they disclosed such information, or finding themselves in situations in which it felt too unsafe to attempt to disclose. This felt particularly pertinent given that the training and practices of clinical psychology should support disclosure and a non-judgemental stance, and value the lived experience of those within the profession. Finally, there was an awareness that much of our training and practice is based on a narrow population that is not necessarily representative of the communities we serve, and of the need to be more aware of its potential limitations and research its suitability for working with a diverse population.

4.2 Similarities and differences across the groups

Overall, the themes from the three groups were similar across participants at different stages of their careers. However, the aspiring group appeared to hold the most hope for the future, reflecting on the current changes they were seeing (concerning wider socio-political contexts); for example, the introduction of EDI leads on training courses, and mentoring schemes. This

sense of hope seemed to reduce as participants progressed through their careers, with a palpable sense of frustration at the lack of change (despite great personal efforts) and cynicism about the future in the qualified group. Indeed, it is interesting that although many qualified clinical psychologists expressed interest in participating in the focus group, on the day only 7 of the 10 invited attended, which is the lowest turnout rate of the three groups. This might reflect the more demanding or complex nature of this stage of life/career in comparison to the other groups, or indeed reflect some of the frustrations identified within the group.

4.3 Implications and recommendations

The above findings add to, and extend, our current understanding of the experience of minority groups in clinical psychology. For the first time, this research brought an intersectional lens to the experience of clinical psychologists with multiple minority identities across different stages of their careers. The findings indicate that while there has been progress, much work in diversifying the homogenous profession of clinical psychology and ensuring the well-being of those from minoritised backgrounds is still needed. There continues to be a disproportionately negative lived experience for those not in the profession's majority (heteronormative, white, female, middle class and able-bodied). Discrimination, disempowerment and inequity of access continue across all stages of the profession and across identities. Further research is required to better understand the unique needs of each minoritised identity within its own right, extending the existing literature.

Furthermore, the current research indicates that these difficulties are similar across the career span and that, while the selection and training of clinical psychologists is a key area of concern, the experience of those once qualified also requires further attention. Thus, efforts to address these challenges need not just to focus on increasing access to the profession, but to also **ensure the psychological safety** of those from minority backgrounds within the profession. A key theme that arose across participant career stages was the notion that while 'increasing access' initiatives were a useful starting point, they were not enough. **Presence does not equate to representation, nor safety.** This extends Wood and Patel's (2017) seminal work on addressing whiteness in clinical psychology. They, like our participants, suggested that diversity agendas are simply not enough. What is needed is a careful and continued re-examination of clinical psychology's theories, methods, practices (including therapies), training institutions and curriculums. Only

when we are doing all of this can we potentially transform the profession into an equitable one that truly meets the needs of the communities it serves. In essence, despite ongoing attempts, and huge efforts by some in the profession, there is still much work to be done.

Placing the responsibility for this change on those from the minority is not the answer. Professional and accreditation bodies, training programmes and NHS trusts must consider how to create safe working environments and progression for those from minoritised backgrounds within the profession. This will require a consideration of the following areas regarding how these areas are working (or not) for those from minoritised backgrounds, and a commitment to improving practices across the professional landscape:

- The selection process for trainee clinical psychologists:
    - The fairness and appropriateness of Honorary and Voluntary roles which are often required to gain sufficient experience prior to application
    - Removing unnecessary barriers to application (e.g. driving licence or car)
    - The kinds of selection tasks and procedures used and how this might disadvantage specific groups
    - The role of contextual admissions
- The curriculum for training clinical psychologists:
    - More comprehensive representation of teaching staff from underrepresented and minoritised backgrounds (e.g. ethnic minority, LGBTQ+, lived experience of health condition or disability, range of religious/spiritual beliefs)
    - Review of the curriculum to decolonise and ensure an anti-racist stance
    - Opportunities for reflection on issues of equality, diversity and inclusion embedded throughout training and supervision
- Training programmes and employers to commit to learning and working environments. that are supportive and adaptable to those with specialist needs and/or lived experience
- Mentoring schemes and pastoral support for those at all career stages.
- CPD programmes and leadership offers for qualified clinical psychologists from under-represented and minoritised backgrounds.
- Support for research on issues of equality, diversity and inclusion within the profession and in our clinical practice.

- The recruitment process for clinical psychologists at each progression point:
    - Meaningful recruitment campaigns, including re-designing job descriptions/person specifications and adverts that reflect awareness of these issues and also reflect a commitment to wanting to change
- Ensure that all policies are informed integrally by EDI.

4.4 Strengths and weaknesses

A limitation of this study could be the analysis process. We acknowledge that the findings of this project are the result of the authors' own constructions and understanding of the phenomenon of being a clinical psychologist, and the various stages of the journey to qualify as a clinical psychologist. We also acknowledge that many of the authors and working group members also identify as coming from a minority background within the profession of clinical psychology. Additionally, this project reflects only the views of those within the profession of clinical psychology – we acknowledge that there exists a far broader array of people within the psychotherapeutic professions – whose experiences we have not captured here.

Most of the 50 people who submitted an expression of interest form self-identified as female. This is unsurprising given that the profession is well known to be dominated by females. However, it is important to hold in mind, as it means the focus groups may not have captured the experience of males or those who might identify their gender in a different way.

A strength of this study was that a wide range of ethnicities were represented in the sample. Most of the participants identified as heterosexual but a range of other sexualities were also represented including homosexual, bisexual, queer, non-identifying and pansexual. There was a range of different religions and spiritual beliefs represented and a significant number of participants who identified as having a disability. However, these findings reflect only the above range and we cannot speak for those who identify in other ways.

4.5 Conclusion

This paper represents a labour of love and effortful, emotional, unpaid work on behalf of the working group and the participants. The "Our Stories" project started its roots with its authors as trainees, navigating training and supporting

their fellow peers. With the assistance of ACP-UK it became a national undertaking, utilising a framework analysis approach to try to better understand the needs and experiences of aspiring, trainee and qualified clinical psychologists from minority groups. The authors are keen to highlight that these findings may not necessarily speak for all individuals from marginalised communities within clinical psychology. However, we hope the findings provide a rich and meaningful insight into the intersectionality of different minority identities and how this affected journeys before, during and after training.

We are particularly keen to highlight the novel finding that hope for change and progress diminished as people progressed in their clinical psychology career. The hopeful element of theme four, 'Hopeful vs hopeless: What will the future hold?', was most present in the aspiring group and least present in the qualified group. This is an important finding, especially in the current context of difficulties with recruiting and retaining qualified staff within the NHS. We encourage readers to reflect on what this finding might say about the profession and what we can do to change it.

The disparities seen in the workforce of clinical psychology are a stark reflection of the inequalities seen in access to and experience of mental health care in the UK. If the workforce feels they need to hide, change or adapt part of their identities in order to be accepted, this does not bode well for those trying to access services. We need to do much more to ensure those accessing and working in services feel their unique needs are considered and accepted. Explicitly targeting inequalities in access to the profession is not enough. We all need to be doing more to ensure safety, prosperity and improved well-being for those from minoritised backgrounds in clinical psychology. In summary, seeking to diversity the profession without simultaneous action to address the poorer experiences of those from minoritised backgrounds is at best ineffective and at worst unethical.

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