



The Minorities Group Newsletter

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Our Committee members:

Vasiliki Stamatopoulou *Chair*

Runa Dawood *Co-Chair*

Farhana Maleque *Co-Chair*

Candice Williams *Race and Culture Organiser*

Jennifer Nicholas *Race and Culture Organiser*

Julie Baah *Race and Culture Organiser*

Samantha Rennalls *Race and Culture Organiser*

Camilla Hogg *Mental Health Organiser*

Genevieve Wallace *LGBTQ Organiser*

Daisy Sunderalingam *Disability and User Engagement Lead*

Ashley Peart *Male Lead*

Rebecca Sian *Mental Health Organiser and Assistant Editor*

Vanessa Yim *Lead Editor*

Welcome to the 1st issue of Minorities in Clinical Psychology newsletter in 2019!

Welcome to our first issue in 2019!

There's an important update to your group following the DCP AGM in Manchester in January that we be re-positioned in the DCP. You can read more about it on P.2.

Congratulations to those of you who received offers for the 2019-20 entry of the DClinPsy courses. We wish you luck and all the best. Peer support is very important and please reach out to us if you need help with anything.

The feature article of this issue looks at a research project at UCL which support mental health professionals' disclosure of their own lived experiences.

We would like to welcome a new committee member – Rebecca, who has joined our Group as a new mental health organiser and assistant newsletter editor.

Please let us know how we can better support you and please do join our Facebook group and get in touch.

Important Update on the Minorities Group

As of the January 2019 DCP AGM, the Minorities Group will be re-positioned within the DCP. We previously sat as a group under DCP Pre-Qualification Group and most of our work focused on supporting pre-training and in-training aspiring clinical psychologists who are from various minority/marginalised backgrounds.

However, following from recent discussions around issues of diversity and inclusivity within the profession at various levels, we have found ourselves engaging in work both at the pre and post qualification level. Therefore, a need was identified to firstly make our work more visible and at the forefront of what the DCP is trying to achieve in terms of increasing the inclusivity of the profession and secondly, to also recognise that the issues affecting pre-qualified members also affect qualified members of the profession.

Subsequently, the Minorities in Clinical Psychology training group will be becoming a subcommittee situated directly under the executive committee of the DCP. We are hoping that this move will give us greater autonomy and visibility and promote our work and efforts to a greater audience while enhancing our efforts to keep the actions taken to increase inclusivity and diversity at the forefront of the Division's agenda.

This also means that the group committee membership will be broadening out to both pre and post qualification members so that we can work across various areas to tackle the different issues relating to diversity within the profession. Finally during and after this transition, we are committing to keep the pre-qualification voices as the focus of our work so that we can continually be engaging with and bring attention to, the experiences of those from minority backgrounds who aspire to become Clinical Psychologists.

Past events at a glimpse: Minorities in Clinical Psychology Application Preparation Event (08.11.2018)

Building on the success from previous years, we organised an application event for our members at UCL campus. The event was fully subscribed and well-received. BPS President-elect Dr David Murphy and the clinical tutor from Royal Holloway Dr Michael Evangeli gave talks about admission statistics, requirements and some tips for the application. Ten trainees from various minority backgrounds were on the panel to share their experiences. Slides are available upon request.

Psychosis and Institutional Racism (2018)

The event was organised by the International Society for Psychological and Social Approaches to Psychosis (ISPS UK). Jenn, one of our Race and Culture Organisers was on the panel. You can read the corresponding Twitter posts about the event on [#FacingOurRacismISPS](#)

DCP Annual Conference on Identity (2019)

Our group was invited to the conference to speak about the work we do. The conference hashtag was [#DCPconf](#).



Vanessa, Ashley and Runa at the exhibition stall.

Is Clinical Psychology for Me? (21.02.2019)

Jenn and Sam represented the group to speak at the annual event for BME aspiring clinical psychologists. The event hashtag was [#IsClinicalPsychologyForMe](#)

Minorities in Clinical Psychology Interview Preparation and Practice Event (20.03.2019)

We had a full house at our interview practice event for our members who received interview offers. The event took place at the Institute of Education building in London on March 20th (Wednesday).

Upcoming event: Annual Conference

More details to follow.

Supporting mental health professionals' in making decisions about disclosing their lived experience of mental health challenges– the Honest Open Proud (HOP) research project at University College London (UCL)

Vanessa Yim talks to Julie Evans and Vivienne Smith, who are both final year trainee Clinical Psychologists at UCL

HOP-MHP stands for 'Honest Open Proud for Mental Health Professionals'. It is a guided self-help intervention for mental health professionals who have lived experience of mental health challenges. HOP-MHP seeks to support them in reaching decisions around potential disclosure of their lived experience in a way that is personally meaningful, safe and empowering.

Personal motivations

Julie: When this opportunity came about, we both expressed personal reasons why this project meant something for us. After joining the stakeholder group to adapt the HOP programme, I could see the importance of the project and the impact it could have for people, and I wanted to be part of that. Looking back, I can see my own progress throughout the years in relation to disclosure. I am now in a completely different place compared to where I was when I started the DClinPsy course, in terms of thinking about my own difficulties and how and when I disclose them in a way that works for me.

Viv: For me, there were different reasons motivating me to get involved. As a mature student I have spent a lot of time working with people from minority backgrounds and am involved in LGBTQ movements. So it's exciting that the project came from this background and the idea of helping people "come out". It also resonated with my own lived experience, i.e. struggling with depression and anxiety at different points. It has taken me a while to feel it's the right time to complete the DClinPsy, and it has been moving to be part of a project that helps professionals think about their mental health and disclosure, and it's been incredibly moving to read people's stories about how they understand their mental health difficulties.

Disclosure as a process

HOP was adapted from Coming Out Proud which was originally developed in the US. The programme was for the general public with lived experience of mental health difficulties who might be thinking about disclosing to others, including their family, friends, or colleagues. It was then adapted for mental health professionals by two trainees at UCL via a stakeholder group.

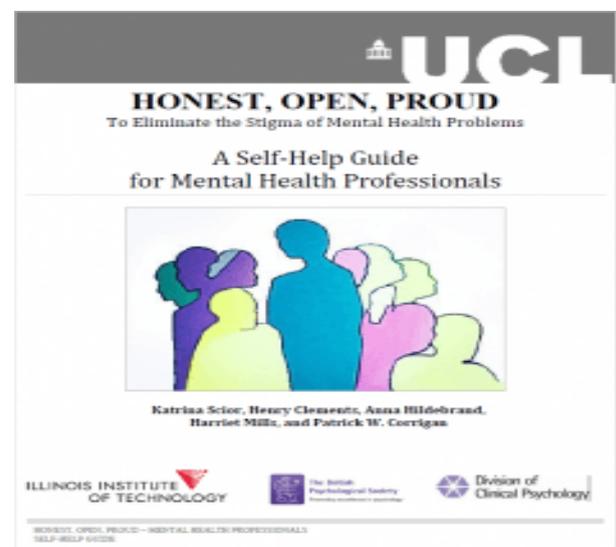


Figure 1. Cover of the Honest Open Proud Manual.

It was influenced by the LGBTQ movement and related literature, the idea of concealable stigmatised identities, such as mental health difficulties, HIV status and sexual identity. The person experiences stress due to stigma and concealment of their identity. I think particularly, you know, that there is still this dichotomy of the "well practitioner" and the "ill patient". It makes it very difficult for practitioners to be open about their own difficulties.

Through taking part in the stakeholder consultation, an interesting thing we realised is that the end goal of taking part in the programme isn't disclosure necessarily. It's about how people think about their mental health difficulties as well as disclosure. It's a thought-out process about deciding whether disclosure is right for you or not, and in what context: who to talk to, how to talk to others, what to raise, rather than disclosure being good in all circumstances. I think, particularly, with certain professionals, there's a real concern that sometimes disclosures aren't handled very well by colleagues. It has been nice to see that the guide has supported people to come to a decision.

The programme development

Both of us joined in our first year and we became stakeholders too. There were around 15 people, mostly qualified psychologists and some were trainees coming from different parts of the country. We discussed the feasibility and the barriers of setting up the programme. We went through the programme and the draft was then sent out to stakeholders for comments. The language and framing of the original programme was adapted as, for example, it talked about mental illness instead of mental health difficulties or problems. The manual and measures were adapted, and a mini pilot was completed before we began main pilot RCT.

Barriers

In terms of recruitment, we were unable to recruit via the NHS, as our ethics did not cover recruitment via NHS networks. There were also organisations who did not agree to share the study, particularly those who were concerned about what that might mean, or whether it would open up something that couldn't be controlled or contained.

Another difficulty was the questionnaire completion. Most participants reflected that it was not easy to find the headspace to fill in the questionnaires. For example, going to work, thinking about disclosure and seeing how it might feel takes a lot longer and more effort than people expected. So that's something we need to think about moving forward, as the time and space for reflecting on disclosure, is significant particularly in the context of demanding work and learning environments.

I think a limitation of the project was that by and large, we only recruited psychologists and psychological therapists even though the programme was open for all mental health professionals. However this is something being considered moving forward – whether the project could be adapted for other groups of mental health professionals.

Outcome measures

We've got various measures, and one of them is simply about disclosure, whether you have disclosed, who to and in what context. However, it is important to understand that not disclosing could be a very good outcome for one person, but less so for another.

There are also measures around disclosure and concealment-related distress and the worries associated with being found out, or the worry about trying to keep something secret. Others are around beliefs about stigma, how that affects you, as well as resources to cope. Some of the theories are that people who have little resources to cope with stigma and discrimination are going to find the process much more onerous than people who feel they have more resilience to cope.

We developed other measures over the course of the pilot, including how helpful people found the process of disclosure (if they disclosed), and the reaction of the person they disclosed to. One of the things Vivienne is looking at is a model of disclosure that has been developed originally around HIV literature called the Disclosure Process Model. It's a circular model which maps the way in which someone's antecedent goals (approach or avoidance) towards disclosure shapes the disclosure event itself as well as the outcome, which feeds back to their goals. It's one of the first models to actually look at disclosure as a whole process.

Peer support

The difference between HOP and the programme in America is that people come together in a peer-led group in the US. The stakeholder consultation felt this was unrealistic for mental health professionals fearful of disclosure because of professional consequences. Professionals are also in some situations under pressure not to disclose. So the programme was changed from a group-based to a guided self-help intervention. We added an anonymous online peer forum that goes alongside the guide so that people could still access peer support. Being able to talk to other people in a similar situation to them, but anonymously without the fear and stigma, can be very helpful.

Stakeholders and others have increasingly felt that a space open to mental health professionals is needed, and initiatives such as in2gr8 sprung from this, which is encouraging.

We're hoping that the existence of this project can add to campaigns to help combat stigma and discrimination in relation to mental health professionals by getting people to think about and acknowledge it. For example, UCL continue to think and plan how to support DClinPsy trainees with their mental health and wellbeing. Following the project, Dr Katrina Scior, academic director and senior lecturer at UCL and the project lead, started the Unit for Stigma Research at UCL, which encompasses other stigmatised identities such as learning disabilities and dementia.

Types of disclosures

There are different levels of disclosure and although most people think about disclosure in terms of being open about their experiences with everyone, there's also selective disclosure, where you're choosing very carefully who you disclose to. Some participants mentioned being inspired by some mental health professionals who talk about their lived experiences publicly for the greater good, or to effect change particularly around stigma.

There is also unwitting disclosure, disclosing without really realising that you're doing it. You're not necessarily prepared for it, or in the right place to deal with it, and how difficult that can be for people. The guide has helped people to think about how to protect themselves against unwitting disclosure or forced disclosure when they haven't made a choice.

Viv: Through working on this project, I reflected more about my own instances of unwitting disclosure at work. Rather than disclosing out of fear and concern about something, it's been important for me to think about what I want from it, and understanding that disclosure may not always be a good outcome.

Julie: I have almost had the opposite. I didn't think about it at the beginning and very much didn't disclose, then something happened where I did unwittingly have to disclose. Since then, I've made a very active choice to disclose and at the start of every placement and this has been really helpful for me in managing my mental health and wellbeing throughout the course.

Any tips about disclosure for aspiring psychologists?

Viv: Different courses will be very different. In the interview process for UCL, I found that I was able to bring my personal and clinical experience into the room and how I managed situations. It comes back to the idea about what outcome you want to achieve. For example, if you want to work in a service where you have had lived experience, then it's important to consider how you might frame your experience, who you choose to disclose to and what outcome you are seeking in disclosing. My current placement asked me about my interest in working with adolescents and young adults, and I decided to be open about stating that I chose the service because of my difficult adolescence and wanting to work in a service where I could understand and support people in similar situations.

Julie: It is very personal, and depends on the person and where you are at with your own difficulties, how you feel about them, whether you have had a chance to think about them, and if you have any support. For me, in occasions where I chose to disclose, sometimes it was because this tells them something about me and my skills. I think you need to consider that in your application.

Viv: I think, without generalising, one of the reasons this project arose was in recognition of the striving for perfectionism amongst trainees, which comes with a high level of anxiety. So I think there is something about creating space to be more reflective on our experiences. In my opinion, as you progress through the training, being open becomes easier, and I think it's good to have a space built in early in your career to enable you to think these things through.

For more information, you can refer to the project page here:

<https://www.ucl.ac.uk/pals/hop-mhp-project-0>

You can read more about UCL Unit for Stigma Research here:

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/ucl-unit-stigma-research-uclus>

In2gr8mentalhealth peer support network:

<https://www.in2gr8mentalhealth.com/>

Publication in relation to the HOP project:

Tay, S, Alcock, K, Scior, K. Mental health problems among clinical psychologists: Stigma and its Impact on disclosure and help-seeking. *J Clin Psychol.* 2018; 74: 1545– 1555. <https://doi.org/10.1002/jclp.22614>

Disclosure Process Model

The DPM is a model to identify a set of constructs that describe the disclosure process from decision-making to outcomes.

Chaudoir, S. R., & Fisher, J. D. (2010). The disclosure processes model: understanding disclosure decision making and post-disclosure outcomes among people living with a concealable stigmatized identity. *Psychological bulletin*, 136(2), 236–256. doi:10.1037/a0018193

NEW PODCASTS AND VIDEOS

The Pre-Qual group has launched a new podcast Psychology: Let's Get To Clinical (@GetToClinical). This podcast series discuss topics and Q&As relating to the journey and career of clinical psychology. You can listen to the podcast here:

<http://gettoclinicalpodcast.buzzsprout.com/>

BPS President David Murphy conducted a 2-part video on preparing for Clinical Psychology course interviews, with 2 aspiring psychologists, one of whom is our committee member Farhana.

Part 1: <https://youtu.be/HwIEVev7TSs>

Part 2:

https://www.youtube.com/watch?v=09E_dkZfxyE

You can also search "Success in Clinical Psychology Interviews" on Youtube.

We always welcome suggestions, responses, and recommendations.

Peer Support Groups on Slack

Peer support for aspiring psychologists who identify as from BAME background or have disability. Our committee members have also established a black aspiring psychologist peer support network. Please get in touch if you wish to be part of any of these groups. We hope to set up more in the future.

BME Slack group:

<https://bmesupport.typeform.com/to/flxpnA>

Disability Slack group:

<https://disabilityclinpsy.typeform.com/to/KMTkWO>

HAVE YOUR SAY!

The *Minorities in Clinical Psychology Group Newsletter* is circulated to DCP members twice a year. It is designed to inform our members and the wider profession of the group's latest projects and up-coming events as well as provide some resources on issues pertinent to minoritised individuals both within profession and within our services. We hope to give readers some food for thoughts and reflection. If you would like to promote a relevant event, give a broader audience to an achievement or perhaps simply write a few reflective words on issues related to inclusion, equality and diversity, please get in touch, we would love to hear from you!

In particular,

We are looking to write an article exploring the barriers and challenges that applicants with mental health issues face when applying for the Clinical Psychology Doctorate. We are looking to hear from as many people as possible so that the article is as representative as possible. If you would like to know more or to contribute please get in touch below.

Vanessa Yim
Lead Editor

Guidelines for Contributors

If you wish to write an article for us, please send all copy and correspondence to the Lead Editor, Vanessa Yim at the address below. Please ensure any article is no longer than 1500 words, is reflective in style and is related to equality, diversity and/or minoritised experiences.

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