Clinical Psychologist as Leaders

Issues impacting on leadership for those from minority groups

(Preliminary analysis of a member survey carried out by the DCP and Clinical Psychologist as Leaders Project)

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1. Introduction

1.1 Clinical Psychologists as Leaders Project

Clinical Psychologists as Leaders Project (CPL) brings together a variety of work streams aimed at supporting the leadership development of clinical psychologists, including the former *Clinical Psychologists as Leaders Junior Programme*, the *Leadership & Management Faculty Mentoring Scheme* and *Leadership Training Initiatives*. The two main components of CPL are:

- Leadership development through mentoring project - CPL - M
- Leadership training and support initiatives

For further information visit our website at http://dcp-cpl.org/

1.2 Minority Survey

To gain a better understanding of the issues impacting on leadership for those from minority groups, we sent out a survey to DCP members. We were interested in the particular challenges clinical psychologists may face in taking on leadership roles, and how better we can support them.

2. Survey Results

2.1 Demographics

After removing tests and blanks, forty-five DCP members completed the survey.

Table 1
Demographics showing which DCP branch members belong to

DCP Branch	No.
London	16
North West	8
West Midlands	8
East of England	4
East Midlands	3
South West	3
South East Coast	2
North East	1

Table 2
Demographics showing the proportion of males and females within the sample

Gender	No.
Female	34
Male	11

Table 3
Demographics showing how many years members have been qualified for

Years Qualified	No.
Under a year ago – 5 years	9
6 – 11 years	9
12 – 16 years	6
17 -21 years	7
22 – 26 years	1
27 – 31 years	4
32+ years	1
I am not yet qualified	8

Table 4
Demographics showing the clinical speciality members work in

Clinical Speciality	No.
Mental Health	29
Physical Health	9
Neuro/Intellectual	5
Other	2

Table 5
Demographics showing the leadership roles/responsibilities members currently undertaken

Leadership role/responsibility	No.
Supervising other staff	35
Independently assessing self-harm, risk of suicide and risk of others	33
Chairing meetings	31
Providing consultation on risk assessment	27
Managing staff	22
Survey development	19
None of the above	0

Note: members could select more than one option

Table 6
Demographics showing the age groups that members work with

Age group	No.
Adults	29
Child	6
Other	15

2.2. Thematic Analysis

Question 1: In what way are you a minority?

We asked this as an open-ended question, as we were interested to learn of the different ways people within our profession experience minority status.
Many of the respondents described themselves as being a minority status for more than one reason. The most common reason cited was those whose ethnicity/recency of family migration to the UK differentiated them from the white UK-born majority (e.g grandparents from India). Sexual orientation (e.g LGBTQ+) was the next most common cited, followed by disability (e.g deaf), socio-economic status (e.g from a working class background), gender (e.g male), lived experience of MH (e.g survivor of psychiatric system), religion and a carer for a vulnerable other. The table below shows numbers related to minority groupings. As can be seen from the numbers below, many cited more than one aspect of minority status.

Table 7
Demographics showing the identified minorities within the members

Identified Minority	No.
Ethnicity	20
Sexual Orientation	11
Ethnicity + Sexual Orientation	5
Disability	4
Socio-economic status	3
Ethnicity + Gender	2
Sexual Orientation + Lived Experience of MH	2
Gender	2
Lived Experience of MH	2
Ethnicity + Religion	1
Ethnicity + Carer	1
Religion	1
Carer	1

Question 2: What would you like to be doing more of in terms of leadership in 5 years' time?

Themes in order of frequency	Examples
Providing Clinical Leadership (n=7)	"More clinical leadership, less 'management' in the sense of tasks that a non-psychologist could also do!" "I would like to lead a team in multi-disciplinary setting" "Leading teams" "Clinical Director" "Clinical Leadership" "Chairing meetings and providing consultations" "I am working at a very senior level within the profession - hope to continue to use my skills & experience in leadership"
Working strategically (n=6)	"More strategic/national work" "National roles" "more work with commissioners about how to commission and evaluate effective and accessible services, high quality evaluations of service and dissemination of this" "Contributing to policies, frameworks and leading collaborations" "Leading on initiatives at the organisational level focussed on using cultural change evidence to create long-term change" "Indirect work and transforming services"
Service Development & Research (n=5)	"Service development and budget holding" "Service development" "Informing service development" "Enabling wider system service developments" "Influencing recruitment, what products the company makes, more control over workflow"
Unspecified promotion (n=3)	"More senior post that has a wider remit" "Anything which helped clients and offered me chance of promotion from 8a" "Promotion"
Management (n=2)	"Managing teams and courses" "Budget holding"
Influencing colleagues in relation to issues of equality & diversity (n=1)	"If I can help younger BME psychologists feel equipped to deal with the inherent racism in the profession that will be something. I will see if I have the strength and energy to keep challenging the deeply unfair way our profession perpetuates the status quo and white privilege"

Question 3: What do you see as barriers to getting there?

Themes in order of frequency	Examples
Lack of senior posts/development roles generally within the profession (n=8)	"Not enough post.." "Lack of opportunities to be seconded to relevant roles" "Lack of recognition of psychological professions requiring this leadership" "funding" "No 8c plus jobs" "Lack of posts" "Opportunity" "Job opportunities, lack of developmental roles available in specific specialities"
Lack of organisational support to develop (n=7)	"support from existing management" "limited resources & NHS management is poor" "Not having the space to innovate (said but clinical load too high), leaders who do not see same issues as relevant" "Isolated working" "Time to learn and develop and look for opportunities when workload is so overwhelming" "Time, workloads, lack of opportunities for part-time workers, lack of support from mentor" "Retaining clinical practice and undertaking leadership roles"
Discrimination against minorities (n=6)	"Structural racism" "Racism/Sexism" "Ethnicity/Culture" "The fact BME psychologists don't get promoted to leadership positions" "Not enough posts and those that come up seen to be advertised with certain people in mind" "Denial of our profession to look at it's own flaws and seeing itself as all good (no space to improve if seen as benign and well intentioned/perfect), dismissal of different ideas"
Personal circumstances impacting on leadership opportunities (n=4)	"the limitations involved in my ADHD/dyslexia/dyscalculia" "Starting a family, my own stress and mental health as a result of said barriers" "had many personal circumstances that have had to work with also" "I had a 5-year career break due to illness"
Political climate (n=3)	"The way this country has voted (for a dodgy-glazing/car salesperson) who advertises untruths on double decker buses (and his old school friends). A move from the capitalist business model of running public services and towards a more co-operative model where clinicians manage as part of their role" "Burocracy in NHS" "Being assimilated into the system, being forced to make decisions based on money and not client benefit, doubt about whether change within the system really is possible and if it is whether I can really do this"
Lack of relevant training (n=3)	"access to relevant leadership training" "access to leadership training often expensive" "Access to training" "Not getting enough teachings on leadership during training/placement"
Confidence (n=1)	"Confidence, doubt about whether I fit the 'face' of a senior CP/management. Not knowing many people who are like me and have experienced the same challenges as me who are CP's or senior CP's"
Ethical concerns about leadership positions (n=1)	"concern that entering a more leadership position would mean having to act against my morals"
No obvious barriers (n=1)	"I wasn't aware of particular barriers in my journey to senior leadership. I felt that colleagues & managers valued differences between our experiences. I have no evidence, but my sense was that my training course cohort was made up of people form a wide variety of backgrounds & experience"

Questions 4 and 5: What thoughts do you have about what would help to overcome any barriers/what else should the DCP be doing?

Themes in order of frequency	Examples
Mentoring, and "reverse mentoring" (n=10)	"Better BME initiatives and mentorship" "I'd really like the chance to talk to and be mentored by people who've had similar experiences to me (specifically who identify as survivors of psychiatric oppression/the psychiatric system and who are now in more senior positions…" "Reflection and mentoring in relation to my circumstances and forward progression" "mentoring" "Having a mentor" "Shadow leaders, talk to people who have done it before" "Reflection and mentoring in relation to my circumstances and forward progression" "In an ideal world mentoring by another psychologist from a similar background" "Minority group mentoring programmes" "Reverse mentoring from minority groups might also help people understand and collaboratively find ways forward"
Those in senior positions taking more responsibility for culture change (n=7)	"Under the guise of succession planning power gets transferred in ways that perpetuate white privilege and the racial glass ceiling of our profession" "people at the top sharing power" "A focus on leaders and not on minorities to consider their role in barriers" "mentors more specifically to be considering their role in barriers" "I think that psychology and psychologists are great at understanding intersectionally and power when it pertains to service users, but not so much how it plays out in the relationship between supervisors and supervises. This makes it really hard to reflect on experiences with supervisors which can hinder development" "I would be mindful [of] placing the problem with minorities and so think it would be ideal to see a parallel [reflective spaces] offered to predominant members of the profession too so they can also have a space to consider uncomfortable aspects of working life in a safe space" "In services, supervisors bringing difference into the room would be helpful so it becomes normal to discuss the uncomfortable"
Provision of leadership training, including dedicated training and leadership paths for minorities, and better organisation (n = 8)	"More leadership training events" "Maybe can collaborate with NHS leadership academy?" "CPD" "Webinar" "Training on how to work with different kinds of people in an office (not therapy) context" "dedicated training for minority groups as part of leadership training" "Leadership events run through DCP or HEE need to be advertised months in advance, so I have time to discuss with management then get my clinics sorted – we book 6-8 weeks in advance and are not allowed to reschedule patients for training" "Dedicated [BME] leadership path"
Open-up thinking about what it is to be in a minority (n=5)	"Be careful to ensure (as it seems you are trying to do) that the definition of minority groups remains inclusive of all the possible variations of experience to which this may refer to – not just those groups who put their views forward most in the public domain" "It's not just about ethnic background. There are many different minority characteristics within the Equalities Act but there seems to be a bit of a narrow focus on ethnic background. There are also 'invisible' differences, much of

	the current discussion is focusing on difference rather than how we can be inclusive. The principles of the NHS are healthcare for all and this requires those delivering it to demonstrate inclusivity and also subscribe to the principles" "Explicitly broadening the scope of minorities to include people from low SES backgrounds" "Faith is also hugely underrepresented in minority discussions. The profession largely ignores a core aspect of my identity and approach to life and its something I've struggled to find any spaces to explore within a profession that roots itself in the scientist practitioner model, thereby privileging empiricism over other philosophies" "Do not limit thinking around minority groups purely on the basis of particular voices"
Reflective conversations within the profession (n=5)	"More transparency and open discussion about such issues" "Respectful & carefully reflection conversation between all groups" "reflective practice spaces to make sense of and help to push through the barriers" "The profession more widely and mentors more specifically to be considering their role in barriers, how they create them and may be part of the problem. Without this, we are expecting those with less power to fight for leadership in a place they are not welcome/ there is a bias we are not willing to focus on." "DCP role modelling how we deal with and acknowledge discrimination would also be great. The GTiCP was poorly managed, we need to show that we are genuinely bothered about discrimination and can own it, without taking responsibility at the higher levels, I cannot imagine how we can expect others to do so. Perhaps the role of power needs to be reflected on more and how we can cause harm. "
Peer support / networking opportunities (n=5)	"Having access to like-minded people who also face barriers and sharing experiences to validate, motivate, and empower" "Networking to explore gaps in opportunity, "forums to meet and connect with other psychologists from minority backgrounds.." "It would have been nice to meet other foreign CPs as you would feel less alone" "Having safe spaces for minority groups may be helpful to explore difference/ barriers and have a space"
Development positions /secondment opportunities (n=4)	"Increased opportunities to develop within post e.g. secondment"
Greater focus on issues of ethics and discrimination in clinical training (n=3)	"Has anyone bothered to read Suman Fernando's latest book about racism in psychiatry and clinical psychology? It should be central to the curriculum as should modules on post-colonial and critical race theories if this isn't just a window dressing exercise" "If we genuinely want to support minorities then course curricular needs to have a larger focus on difference throughout. We need to be encouraging ourselves to be self-reflective, explore our own issues/ biases and what we may bring to situations so that the profession can begin to see how it may re-enact discrimination in many ways even when not intended. I guess a focus on making our blind spots visible to reduce potential for harm. Without a genuine consideration to this, we do a disservice to our colleagues as well as patients who are often from minority groups because we aren't equipped to look within and sit with the uncomfortable idea we may be bias." "I guess ethics in training courses might be a good place to start"
Psychology being better placed as a profession / political change (n=3)	"National support and recognition for the contribution of psychological professions" "A strong position of clinical psychology within services"

	'Better job planning for all psychological professionals that recognises the contribution they can make so enables development into leadership roles" "Preceptorship programmes, structured CPD approaches for band 7s" "aligning progression criteria with actual work" "A government which does not roll back the state and instead is a one which fosters genuine care for others at its heart."
Management support & resources (n=3)	"Non-psychology managers being encouraged to support staff development" "Sufficient admin and IT support for all staff from my trust; smoother access to work interface and related assessment on a government level" "better managed caseloads"
More research into structural discrimination (n=3)	"It would be very interesting to really explore attitudes and beliefs that are maintaining an unjust/unequal system, those attitudes of people at the top (often white middle age men), to better understand what institutional racism looks like in the profession and in NHS, how it is perpetuated and how can we break through those systems" "More detailed analysis of people getting onto training e.g. how does low SES background interface with other variables?" "I feel a better understanding of the challenges that minority groups face in getting on the training is important"
DCP reviewing leadership structures & understanding what's needed where (n=3)	"Leadership structures in psychology seen to be dictated more by funding than by clinical need and safe practice (both for our service users and our workforce). Reviewing structures more regularly to respond to changes locally and nationally is needed" "Leadership within different teams/settings is different – to try and address what might be leadership in a e.g. CMHT V Specialist settings" "advocacy for psychologists as leaders"
Positive discrimination (n=2)	"some positive discrimination would not go amiss" "what is the position of DCP regarding positive discrimination and should we be opening a debate about it at government level, what work is it taking place at policy level, at the APPG"
DCP working more with groups representing minorities (n=2)	"There should be more co-operation and joint work with minority groups" "The DCP need to reach out to vulnerable groups to show diversity and inclusion. There are very skilled and experienced individuals within the minority group who can make a worthwhile contribution to the mission statement and ethos of DCP"
Role models, outreach work to schools (n=2)	"Improving diversity. One of the main difficulties is that there aren't many qualified minority psychologists" "More outreach work in schools from diverse looking psychologists as the assumption from a younger age is still very much that Psychologists are middle aged white males in suits with glasses and possibly hat/pipe. Especially in underprivileged areas as well as others, so people can see the early impact of challenges faced by minorities rather than at doctoral selection. One impact is that those with leadership aspirations don't consider psychology as a desired profession"
Think more broadly than just psychology (n=2)	"Recognise that this isn't unique to the clinical psychology profession – these barriers exist across health and social care "Coordinated approach by all psychological professionals and their professional bodies"
Addressing impact of parental leave on opportunities for leadership (n=1)	"Paternity leave (i.e people who have babies returning for part-time only, and those who stayed fill time progress more quickly"
Have BME member requirements to selection panels (n=1)	"BME at selection panels"

Minority Consultancy to service design (n=1)	"consultancy in service design"
Specific services for BME people (n=1)	"developing specialist BME services"
Specific support for minorities around selection and recruitment (n=1)	"at interviewing stages for roles as well as trainees, thinking about how individuals are actively working to support those from minorities "
Hearing service user voices re. experiences of discrimination within services (n=1)	"Hearing patient experiences of discrimination as minorities may also help us to see how it can occur even in supposedly benign services."
Focus on positivity (n=1)	"Look at success stories rather than always focusing on the barriers"
Keep talking to members (n=1)	"Keep asking – being asked is lovely"