Racial equity and decolonisation within the DClinPsy: how far have we come and where are we going? Trainee Clinical Psychologists' perspectives of the curriculum and research practices.

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Abstract

Introduction: Clinical Psychology has long been criticised as a profession that is rooted in coloniality, that preserves whiteness as the norm through its practices. Arguably, this has led to many racial disparities in the mental health outcomes for racially minoritised groups living in the UK. In more recent years, clinical psychology training courses (DClinPsy) have focused their efforts to develop Equality, Diversity and Inclusion initiatives, leading to changes in the curriculum.

Aims: The aim of the current study is to explore how trainee clinical psychologists (TCP) understand racial equity and decolonisation in relation to the DClinPsy curriculum and research practices. Also, to explore whether trainees have experienced any changes in relation to racial equity and decolonisation agendas and what changes would they like to see in the future.

Method: Three focus groups were conducted with TCPs across various DClinPsy courses, which were analysed using a thematic analysis.

Results: The data presented four themes: 'defining and enacting racial equity', 'the DClinPsy course content', 'structural and societal barriers' and 'the future'.

Conclusions: The findings highlight the various complexities and dilemmas that surround DClinPsy courses. The results also show key areas of progression, development, and recommendations to enhance the racial equitability of the DClinPsy curriculum and research practices, in the hope of improving the mental health service provision and outcomes for racially-minoritised groups.

Key words: Racial Equity, Decolonisation, DClinPsy, Equality, Diversity and Inclusion (EDI)

Introduction

World events of 2020 (i.e., COVID-19, the murder of George Floyd, 'Black Lives Matter movement', and Brexit) highlighted clear racial disparities faced by racially-minoritised groups (Black, Asian, and other minorities) in the UK. Clinical Psychology has long been criticised as a profession steeped in racism (Fernando, 2017; Wood & Patel, 2017; Bajwa, 2020) and associated with systems that preserve 'whiteness' as the norm (i.e., "systemic rules, norms and discourses that produce and reproduce the dominance of those socially racialised as white"; DiAngelo, 2018; quoted in Ahsan 2020, p.45). It is largely related to an imperial and colonial history, where a vast amount of the Global South regions (e.g., Africa, the Caribbean, South America, and Asia) were colonised by European settlers (the 'West'); systematically replacing indigenous knowledge with their own ways of living and thinking (Grosfoguel, 2011; Mignolo, 2011). This monopolisation paved the way for paradigms such as eugenics and social Darwinism, which continued the oppression of non-white people and the superiority of those racialised as white (Mignolo, 2011).

Systems of whiteness and coloniality are still embedded within clinical psychology (Wood & Patel, 2017). Our current understanding of psychology has been shaped through the Eurocentric lens, arbitrating what knowledge is allowed to be produced (Fernando, 2017); leading to the exclusion of knowledges that do not fit into these ideals. For example, the majority of research in clinical psychology has been developed within western contexts (Henrich et al, 2010). Subsequently, this has formed the basis for many of the psychological interventions that are used today, which are taught within clinical psychology programmes.

To qualify as a clinical psychologist in the UK, individuals are required to complete a Doctorate of Clinical Psychology (DClinPsy). The curriculum and research within the DClinPsy intend to equip trainees to become 'scientist-practitioners' (Shapiro, 2002), with knowledge and skills that can be applied to clinical practice within the National Health Service (NHS; Health & Care Professions Council [HCPC], 2015). Furthermore, trainees are expected to become 'aware of the impact of culture, equality and diversity on practice' (HCPC, 2015).

Since 2020, an overhaul of Equality, Diversity, and Inclusion (EDI) initiatives have been proposed, attempting to reduce the racial disparities in mental health outcomes (NHS Long Term Plan, 2018). To align with this, there has been a call for DClinPsy courses to 'decolonise' the curriculum and to 'ensure racism, ethnic discrimination and other forms of discrimination are addressed and content changed as necessary' (Health Education England [HEE], 2020). DClinPsy courses have had the opportunity to apply for funding to 'improve equity and inclusion for Black, Asian, and Minority Ethnic trainees' (HEE, 2020). Additionally, the majority of courses have now positioned themselves as courses that embrace 'diversity' and 'culturally-sensitive practice', while some go as far to say that their ethos takes an 'anti-racist' or 'decolonising' approach (Clearing House, 2022).

However, questions remain around how these ideas are being implemented and experienced by DClinPsy trainees; with some qualified clinical psychologists (CP) querying whether there has been any real change (Ahsan, 2022; Wood & Patel, 2017). Furthermore, given the complexity of how systems of whiteness pervade the wider society in which clinical psychology is situated, further questions remain around whether courses are truly living up to these aims. Therefore, this evaluation aimed to explore trainee clinical psychologists' (TCP) perspectives of racial equity and decolonisation within their own DClinPsy course, in relation to the curriculum and research practices. The central research questions were:

- How do TCPs understand racial equity and decolonisation in the context of the DClinPsy's curriculum and research practices?
- How have TCPs experienced the changes in relation to racial equity and decolonisation agendas and what changes would they like to see in the future?

Method

Position statement

The primary investigator is a cis-female, Black-British Caribbean TCP. To ensure that the study is approached from multiple perspectives, an ethnically diverse working-group (formed of aspiring CPs, TCPs and qualified CPs) at the university provided consultation on the study from its conception. Furthermore, this evaluation takes a critical-realist position, as it assumes that a material reality can be observed, however, that knowledge is rooted in a social reality and dependent on individual interpretations (Harper, 2011).

Ethics

Ethical approval was provided by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority: aLMS/PGR/UH/05010 (1). Participants gave informed consent to take part and be video-recorded via Zoom (online platform) and were asked to maintain confidentiality of others in the group. After participation, they were provided with debrief information. Following data collection, all identifiable information was removed to ensure participant anonymity.

Design and procedure

A qualitative design with focus groups for data collection welcomed a variety of perspectives around the topic. Each focus group lasted 60 minutes and had two facilitators. A topic guide was used to introduce the group structure and evaluation questions.

Participants

Participants were currently registered on a DClinPsy course in the UK at any stage of training and were recruited via social media platforms and email distributions. Fifteen TCPs (from eight of 38 programs) were included in the study, which formed three focus groups of five, seven and three participants respectively. The participants were diverse in gender and ethnicity.
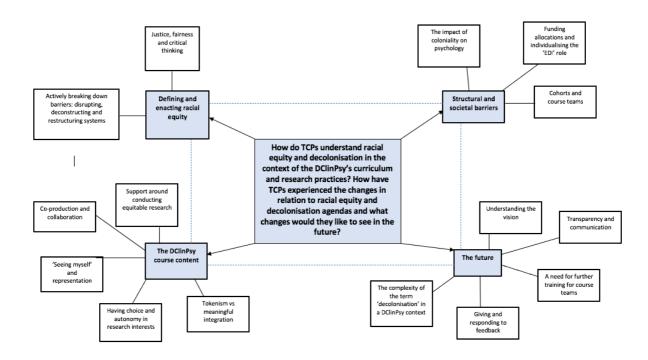
Data analysis

Inductive thematic analysis (Braun & Clarke, 2006) was used to analyse the data. Six stages were followed including: familiarising with the data, generating initial codes, searching for themes, reviewing the themes, defining the themes, and summarising the themes in the write-up of the report. Initial codes were discussed with the research team and developed into themes. These themes were then presented to the working-group who offered reflections, which contributed to further refinement.

Results

The focus groups generated rich discussion and participants reflected on a range of personal and professional experiences. Analysis revealed four key themes and fifteen sub-themes which were: 'defining and enacting racial equity', 'DClinPsy course content', 'structural and societal barriers', and 'the future' ('P' represents participants) (see Figure 1).

Figure 1

Thematic map of themes and sub-themes

Justice, fairness and critical thinking

The impact of coloniality on psychology

Funding allocations and individualising the 'EDI' role

Actively breaking down barriers: disrupting, deconstructing and restructuring systems

Defining and enacting racial equity

Structural and societal barriers

Cohorts and course teams

How do TCPs understand racial equity and decolonisation in the context of the DClinPsy's curriculum and research practices? How have TCPs experienced the changes in relation to racial equity and decolonisation agendas and what changes would they like to see in the future?

Support around conducting equitable research

Co-production and collaboration

Understanding the vision

Transparency and communication

The DClinPsy course content

The future

'Seeing myself' and representation

A need for further training for course teams

Having choice and autonomy in research interests

Tokenism vs meaningful integration

The complexity of the term 'decolonisation' in a DClinPsy context

Giving and responding to feedback

Theme 1: Defining and enacting racial equity

> *"Equity is not something that happens after theory or guidelines have been created, but from the start and throughout the whole process."* [P5]

Participants reflected on what they understand about the term 'racial equity' and how they think it operates within the DClinPsy. They also discussed ideas of what increasing racial equity on the DClinPsy might consist of.

Sub-theme 1: Justice, fairness, and critical thinking

Participants explored ideas of racial equity being linked to concepts such as justice, fairness, and critical-thinking, to produce psychological frameworks that reflect and respond to a diverse population. They also discussed that racial equity is about considering individual contexts and

recognising that this can influence the level of privilege or oppression experienced, which can lead to differences in mental health outcomes:

> *"I much prefer the term racial equity to racial equality, I like the idea of it meaning that you're accounting for what people have been through and the fact they may have differences in the resources they started with".* [P1]

Sub-theme 2: Actively breaking down barriers: disrupting, deconstructing, and reconstructing systems

Participants also considered what racial equity might involve in the context of the DClinPsy, exploring ideas around "*active work*" [P2]. This included breaking down the barriers that perpetuate inequitable structures, restructuring systems, and being aware of how the history of psychology has shaped our current evidence-base:

> *"Racial equity is the complete restructuring and reorientation of literally everything...Ruth Wilson Gilmore says, "we need to change everything"...sometimes racial equity is reduced to our silos, so we think about racial equity within clinical spaces, but race, racism and racialization is embedded in every fabric of society, so racial equity to me means a radical re-orientation and restructuring of absolutely everything."* [P4]

Theme 2: The DClinPsy course content

Participants reflected on the content of teaching on their own DClinPsy programme, using examples of their teaching that had been helpful or in need of development in relation to racial equity.

Sub-theme 3: Tokenism vs meaningful integration

Some participants had experienced conversations about race often feeling like an unmeaningful 'add-on' within their lectures. However, others reflected on experiences where such conversations had been carefully considered, leading to meaningful discussions and learning:

> *"We had a cancelled lecture once and in its place, [the course] asked us to come up with a way that we would run anti-racism training within a mental health service, and this was*

something that we had to do within two and a half or three hours…which felt highly

tokenistic…it was really quite uncomfortable." [P6]

"(We had) a lecture where it felt like the person had been told that they should 'talk about

race' and they brought a video about slavery and there was no context or explanation for why

they were showing this video,… and it was hugely triggering for some of my cohort. Then no

one said anything, because the other problem was, that we've never had the conversation

about how to have the conversation". [P2]

"It has been helpful to have reflective groups to reflect on aspects of our identity that we

bring to training...and helpful that this has now started being run amongst the course team".

[P15]

Sub-theme 4: *Co-production and collaboration*

Participants discussed the value of co-production and collaboration; whether this included themselves
as TCPs, inclusion of lived experiences, or other professional disciplines:

"We had some emails over summer saying, we've got some slots in the diversity practice

module…Do you have any teachers that you'd like to see? Have you got papers that you'd be

interested in thinking about, what kind of topics do you want to explore? And people came

back with ideas such as neoliberalism and intersectionality for example, and we discussed

how they impact the communities we work with." [P14]

"Having teaching by people who are knowledgeable and have experience of bringing racial

equity to organisations…whether that's specific communities or working together with other

professions." [P8]

Sub-theme 5: *'Seeing myself' and representation*

Many participants reflected on the lack of diversity and ethnic representation within course teams and
how this impacts the structure and content of training courses. Others reflected on positive

experiences where teaching material has been delivered by lecturers from a racially-minoritised background:

> *"In the Mental Health Act reform paper, which was published last year, it specifically mentions clinical psychology as one of the least diverse professions and I think this all just trickles down".* [P10]

> *"Seeing three Black women who look like you telling our story and teaching on issues that affect the [Black] community was so powerful."*[P3]

> *"When it came to picking a supervisor, I really wanted a male psychologist…to help bring that lens to my research...there's just no one to do that and especially not a Black male. So even when we are thinking about research and picking topics, we need to think about, well, who is going to supervise me?"* [P13]

Sub-theme 6: Having choice and autonomy in research interests

Participants discussed research practices on the DClinPsy, with some sharing experiences of having autonomy and choice when deciding research projects, and others sharing that their courses have been more rigid:

> *"My research project is going to be looking at experiences from a non-western perspective and there's been a lot of enthusiasm and support from the course".* [P11]

> *"Our thesis projects are often dictated to us by the course team and their research interests, which narrows us down into particular areas…perhaps we're not doing research that benefits particular groups…I'm now doing something related to race, identity and improving diversity, but there hasn't been any support to do that whatsoever."* [P15]

Sub-theme 7: Support around conducting equitable research

There were also discussions around research methodology; some participants shared that they were taught methodologies with the interest of engaging ethnic minority groups, whilst others were not:

> *"It's about the research that takes place across our courses. The year I started, there really wasn't any research that focused on any aspect of diversity…we got lots of teaching on general research methods, but nothing around how to engage minoritised individuals."* [P7]

Theme 3: Structural and societal barriers

The third theme was around the structural and societal barriers in which clinical psychology is embedded, that have made increasing racial equity more difficult.

Sub-theme 8: Funding allocations and individualising the 'EDI' role

Participants discussed ideas around how 'EDI' funding has been allocated within the DClinPsy and about the unhelpfulness of viewing the EDI role as an individual role, often held by a minoritised person with limited support and time, rather than a course responsibility:

> *"Funding - both in terms of lectures, but also research. Last year, there was a big pot of money that was made available for EDI… And I think that was only available for a year… Were they meant to solve racism within a year? I feel like there's some limitations in terms of what funding universities get to deliver this kind of teaching."* [P9]

Sub-theme 9: Cohorts and course teams

Participants reflected on other structural challenges such as the DClinPsy's major increase in cohort sizes, without being able to expand their workforces nearly as quickly. They also made references to the increase of the racial 'diversity' of cohorts, while many course teams remain as largely white:

> *"Trainees have doubled in size…they're not getting extra staff, and they're just having to deal with it, and I know that's academia, and people have always been really stretched and busy…but I don't think you can expect hours and hours of work [on racial equity], because the staff just don't have the time, even though this shouldn't be an excuse".* [P14]

"There has been a huge mentoring drive around trying to increase applicants from a range of ethnic backgrounds...and lots of trainees who aren't white...but we do not have the structures to support these people...it's left the cohorts across the whole three years feeling really concerned." [P6]

Sub-theme 10: The impact of coloniality on psychology

Participants spoke about the impact of coloniality on clinical psychology and how much it is embedded within the wider structures that we work in, such as the NHS:

"I think if anyone is to actually decolonise, it would be huge...you'd have to change society...and everything we do. People don't even want to acknowledge what colonisation means or what is colonised either...if you can't even acknowledge that, how are you ever going to do anything about that? Often in lectures, there is a slide that says, "Bear in mind, this is done from a Western perspective", but where are the other perspectives? There are wonderful researchers, psychologists, mental health practitioners out there doing lots of amazing things, but we are still using the same skewed evidence-base." [P15]

Theme 4: The future

The fourth theme conveyed practical changes that TCPs would like to see in the future, in order to increase the racial equitability of the curriculum and research practices.

Sub-theme 11: Transparency and communication

Participants suggested that a greater sense of transparency and communication between stakeholders, course teams and TCPs would be useful in order to shape future ideas to develop courses:

"Be more transparent about what is asked by NHS England and by the BPS [British Psychological Society]. This might help us all to shape the curriculum we want, while adhering to the standards and competencies." [P5]

Sub-theme 12: Giving and responding to feedback

Participants offered mixed reflections on the responses to giving feedback to their course team about addressing race and equity more appropriately; from being 'listened to', to resistance:

> "They've developed a diversity and anti-discriminative practice module, and it was initially just for third years, but the feedback was pretty strong that we needed this much earlier, and it needed to be throughout the course and within a variety of spaces." [P14]

Sub-theme 13: A need for further training for course teams

Participants discussed that they felt further training was needed for staff teams around topics of race, to ensure that practical changes are implemented into teaching more effectively:

> "There needs to be a lot more training at a course level on racial equity...we [as trainees] only have so much power, and in my opinion, there is such defensiveness and resistance from our course team and the people above us." [P15]

Sub-theme 14: The complexity of the term 'decolonisation' in a DClinPsy context

Participants reflected on the complexity of the term and aims of 'decolonisation' within a DClinPsy context, including experiences of this word being used frequently within courses. Some participants alluded to decolonisation as a process, while others saw it as another buzzword, or were unsure of its meaning:

> "Decolonisation is about how we participate with movements that are actively trying to restructure the way society works...how can we align with them and support them in their struggles, as opposed to us as academics saying, "Okay, we read these three books, that's going to change the world"...as great as that interpersonal change is, where is that material change in the world? And for me, that's what decolonisation is." [P4]

Sub-theme 15: Understanding the vision

The final sub-theme captured discussions around what the vision is for a 'decolonised' or more racially equitable curriculum. Some reflected that the vision feels vague or undefined, which has

made it difficult to consider tangible goals to aim towards. Whereas others, suggested that it is clear from the mental health outcomes where we could start:

> *"Do you need to have one end goal, or can you have multiple end goals?...obviously, there's so many things that need addressing, but to me it's clear where some of the problems lie…you know when we think of the ethnic composition of service-users…who's offered therapy and who's not offered therapy? And who goes straight on medication, who does not? Who is sectioned?... there's so many things that we could be looking at where we can see these problems, and where we can work together on addressing them…and I think that is to do with racial equity".* [P9]

Discussion

The aim of this evaluation was to understand TCPs' perspectives on racial equity and decolonisation agendas on DClinPsy programmes across the UK. Four main themes were identified: 'defining and enacting racial equity', 'DClinPsy course content', 'structural and societal barriers', and 'the future'. These are discussed below in relation to the two research questions, and strengths, limitations, implications and conclusions of the study are also outlined.

How do TCPs understand racial equity and decolonisation in the context of the DClinPsy's curriculum and research practices?

TCPs discussed what 'racial equity' means and what it may involve. They reflected on racial equity being linked to justice, fairness, and critical thinking, in order to produce a curriculum that is not biased towards Western psychology and ways of knowing. This would ensure that TCPs become scientist-practitioners who can consider and apply a range of knowledges flexibly (Shapiro, 2002). They also discussed that racial equity requires active work, such as deconstructing and reconstructing systems, rather than an 'add-on' or adaptations to current systems. Trainees articulated a vision in which professionals can create clinical practices that would be more equitable to all communities.

The term 'decolonisation' was also discussed, along with the extent to which it could be applied within the DClinPsy. Varying opinions were shared; some TCPs shared that it is a process, others that it was another buzzword as it was not felt to be meaningfully applied, while others expressed uncertainty of what its aim is. Questions raised by participants remain around how much clinical psychology is embedded within coloniality and whether decolonisation is possible within current social and academic structures. This is further highlighted in a quote from the current research when discussing colonialism; "*if you can't even acknowledge that, how are you ever going to do anything about that*" (P15). To create meaningful change, professional accountability by the BPS is required. For example as a first step, the acknowledgment by the American Psychological Association (APA, 2021) in their apology for the professions' role in promoting, perpetuating, and failing to challenge racism. This can support clinical psychology training courses in the UK to take action and accountability too.

How have TCPs experienced the changes in relation to racial equity and decolonisation agendas?

The findings have highlighted that some TCPs have experienced positive changes towards a more racially equitable curriculum and research practices within their DClinPsy course. Sub-themes within the 'DClinPsy course content' highlighted examples of meaningful co-production or reflective groups, and participants reflected on lectures where race has been meaningfully considered and applied. This has enabled TCPs to reflect and implement this learning within their clinical practices, which fulfils some of the guidelines outlined by HEE (2020).

However, the majority of participants felt that little change has been made towards a more equitable or decolonised curriculum. They reflected that many of the discussions and/or teaching material around race have felt 'tokenistic' or performative, and rarely lead to any practical change. They also highlighted several structural and societal barriers. For example, they discussed how colonial systems dictate what research and knowledges are produced, influencing the current evidence-base. This perpetuates the 'status quo', as biased research is taught and implemented within training and

guidance, informing treatment of racially and culturally diverse populations in the NHS (Fernando, 2017).

Strengths and Limitations

The qualitative nature and use of focus groups within this this study are key strengths, producing rich data which highlight TCP's experiences, giving voice to the many complexities and dilemmas that are being faced by the field. Both the study design and participants included in the evaluation incorporate views from ethnically-diverse groups, which has been helpful to gain a broad perspective of experiences. Additionally, having TCPs as participants has been useful as they are in a unique position to provide feedback on the changes that are made by course teams, which helps to shape future developments.

It is important to acknowledge that the qualitative design captured the perspectives of a small sample of current trainees and the use of a volunteer sample may bias the results towards participants who had an invested interest or opinion about this topic. Therefore, it is acknowledged that these themes do not represent a universal truth of all TCPs, and rather that these experiences have been co-constructed within this particular group of TCPs, which may differ from others. Further qualitative studies or quantitative designs, using collaboration across programmes and inclusion of all training programmes, may be useful to further inform the profession on the current state of DClinPsy courses in terms of racial equity within the curriculums and practices as well as ways forward.

Implications

The evaluation sought to involve TCPs to understand the current state of racial equity and decolonisation agendas within DClinPsy programmes, and how changes had been experienced, from the trainee perspective. The key implications are:

- Further exploration of the current literature around decolonisation to understand whether and/or how it can be applied within the DClinPsy context, or whether a term such as 'racial equity' or 'anti-racism' are more appropriate.

- Widening the current DClinPsy curriculum to seek a plurality of perspectives, contexts, ontologies and epistemologies.

- Recognition that racial equity is an active and ongoing process, requiring DClinPsy courses to respond to feedback that aspects of the curriculum are perceived as 'tokenistic' by trainees.

- Continuing reflective spaces around identity for both trainees and staff to enhance skills.

- Introducing spaces for co-production to involve trainee perspectives and other disciplines who have expertise in the literature around decolonisation and racial equity.

- Enabling research that works to meaningfully engage racially-minoritised communities and aims towards a justice approach that has tangible benefit to those involved.

Conclusions

This study revealed how TCPs are experiencing the current efforts of increasing racial equity and decolonisation of the DClinPsy's curriculum and research practices, the areas of progression and development, and hopes for the future. The findings have implications for training, research, and clinical practice. Furthermore, CPs are in a unique position to influence change within the NHS and mental health field, given their rigorous training and range of skills. Ultimately, this study challenges the field to reimagine and transform itself as a discipline.

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