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## **Underrepresentation in the profession: What's been done and what are the priorities going forward? A commentary on Smith & Pemberton**

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Celia Smith and Richard Pemberton rightly draw our attention to the continuing underrepresentation of individuals from BME backgrounds in the profession, and we are pleased to note recognition of the various efforts that have taken place to address this issue to date. As members of the training community, we would like to further highlight ways in which the profession as a whole can move forward in a targeted, resource-efficient and effective manner, building upon existing initiatives.

Historically the number of applications from BME backgrounds was low, but this is no longer the case across the UK as a whole – the latest figures show that they make up 15% of applicants. As Smith and Pemberton note, “the issue is not that BME individuals do not apply; but that they do not get accepted”. Our failure to increase the proportion of BME trainees accepted onto courses is concerning and we need to ask what the reasons might be. Whilst we have no doubt that racism is present in applied psychology (as it is elsewhere in society), we believe the reasons are more complex.

As we showed in an earlier study (Scior et al., 2007), BME applicants are less likely than white applicants to meet basic selection criteria, and are therefore more likely to be rejected early in the selection process. We have also shown that entry into the profession appears to be less affected by social and educational advantage than other more established professions such as medicine, law or journalism (Scior, Williams, & King, 2015). So, if we are getting the message out across the social spectrum that clinical psychology is a career to aspire to, and have succeeded in significantly increasing the number of applicants from BME backgrounds, why the continued underrepresentation even at training grade?

Mental health problems remain highly stigmatised in many BME communities and psychological interventions are either unfamiliar or viewed with great suspicion (Wynaden et al., 2005). This is particularly relevant in South Asian families, where career choices are often made not by the individual but by the family and community. Furthermore, “you cannot be what you cannot see” - because there are relatively few BME psychologists, BME individuals who might consider psychology (possibly despite their parents' reservations) may decide that this profession is not for them. Accordingly young people of the highest academic calibre from such communities are more likely to be directed towards and attracted to medicine, law, accountancy, pharmacy, and engineering (Lightbody et al., 1997)

To address these issues, we believe our priorities should focus on: (1) ensuring that applicants from BME backgrounds stand an equal chance to white applicants of turning in a

strong application, through good quality careers advice and targeted mentoring by qualified and trainee clinical psychologists; and (2) doing more to ensure that clinical psychology is seen as an attractive and aspirational career choice by young people from BME backgrounds. As Celia Smith and Richard Pemberton state, initiatives to this effect are already in place in some parts of the country. The six London courses have worked together since 2006 to give BME undergraduates access to good-quality careers advice relating to clinical psychology (Cape et al., 2008). In addition, since 2011, the UCL course has run a large-scale mentoring scheme for BME psychology undergraduates and recent graduates, on behalf of the London courses. The format and outcomes of this scheme will be reported in detail in a future issue of this journal. In short, it has been designed in order to provide potential applicants with supportive, welcoming and effective input from both trainee and qualified clinical psychologists, with the aim of increasing the acceptance rate of mentees. Over the past two years, 160 mentees have attended trainee-led workshops, facilitated by trainees from across the London courses and focusing on reflection as a skill. Additionally, mentees have each been paired with both a trainee and a qualified clinical psychologist. During this two-year period, this scheme was funded by the DCP with a remit that included sharing the knowledge and resources developed with other courses nationally. To this end, we have given presentations at DCP and GTiCP events (e.g., Alcock, 2014), and have shared all resources with the DCP so that they can be accessed via the Inclusivity website. The Oxford training course has built on the London model and ran its first widening access event in November 2015.

It is clear that to attract the brightest and best BME candidates we also need to reach young people while they are still at school, presenting clinical psychology as an aspirational career with a diverse and welcoming membership. In Leicester we have been visiting local independent sector schools and sixth form colleges (which have predominantly South Asian students) to encourage them, their families and communities to consider clinical psychology as a worthwhile career option. In London, a co-ordinated initiative of trainee-delivered careers talks was piloted by UCL in 2015, in socially and ethnically diverse secondary schools and further education colleges. This scheme is now being rolled out across the London training courses.

We encourage colleagues elsewhere in the UK to join and build upon these efforts, and are happy to share all tried and tested resources with them.

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