

# Promoting diversity

In recent years, the NHS has recognised that it needs to reflect the ethnic makeup of the communities it serves more closely, thus improving access and patient care. Yet within applied psychology, particularly clinical psychology, there continues to be a lack of ethnic diversity.

Latest figures indicate that 7.5 per cent of clinical psychologists are from black and minority ethnic (BME) backgrounds, somewhat lower than the overall BME population in England of 9 per cent. BME individuals form 12 per cent of the undergraduate psychology population, but just 9.4 per cent of applicants to clinical psychology training and only 6.4 per cent of successful candidates (Scior et al., 2007; Turpin & Fensom, 2004). So what barriers might stand in the way of increasing the ethnic diversity of the profession?

A number of studies and reports suggest financial constraints associated with lengthy training routes, and a preference amongst high-achieving graduates from Asian backgrounds for other careers. But perhaps most crucially, there are some indications that BME graduates considering a career in applied

psychology may find it difficult to access advice from psychologists from a similar ethnic background and may perceive the profession as not very welcoming of ethnic diversity. They may also struggle

to gain support from their families and communities, who often have little awareness of clinical psychology as a career.

These observations led representatives from training courses and NHS psychology services across London to convene a working group in 2006. We

have worked towards better links between undergraduate courses, NHS Trusts and clinical psychology training courses and towards providing some form of mentoring or work experience for potential BME applicants. In conjunction with the Division of Clinical Psychology, the working group organised an event for BME undergraduates, entitled 'Is Clinical Psychology for Me?', at the Society's offices in London. Participants particularly valued hearing the experiences of trainees and BME psychologists, gaining clear information about the requirements for training, and formulating clearer strategies for gaining good academic results and appropriate work experience. The importance of positive role models was also clear, with comments indicating how helpful it was to meet other black psychologists, to hear their experiences and positivity, and to see other black women excelling in the profession.

Following the March event, NHS members of the working party have been exploring a range of ways of organising work experience.

It is too early to proclaim that our initiative will lead to more diversity within the profession, and any such shift could be down to other factors. The initiative has, however, been welcomed by

## Medical model – useful for once?

The Professional Practice Board's 'Generic Guidelines for Practitioners' pose an objective 'to strengthen the identity of psychologists' whilst benefiting members and the public (*The Psychologist*, November, p.689). Underlying this, the Board of Trustees 'has recently reiterated that the Society defines a psychologist as an individual with at least six years of educational and training to a doctoral level of competency' (July, p.442). This is restated by the Membership and

Professional Training Board as recently as in the December issue (p.755) in that 'training programmes that fulfil the requirements of Chartered Status would be benchmarked at doctoral level' in respect of its revised quality assurance policies.

Confusion seems to help neither ourselves nor the public with these ideals. Whilst practising at this prescribed doctoral level, the bulk of the profession forgoes the title 'Dr' with the common, and sometimes embarrassing, need to correct a client's

misinformed greeting. At a wider level, mismatch may be encountered with allied bodies both nationally and overseas.

Alignment of our profession with medicine has always been something of a 'bête noire'; however, it might for once offer a useful model. Whereas the MB ChB degrees are not doctorate *per se*, the holders are accorded this title – professional identity and status thus being quite clear. For those who then choose to study to MD or PhD, this is something 'going beyond the

BME psychologists and students. In addition, there have been unexpected spin-offs, such as the creation of a national black and Asian clinical psychology network (CPBAN) arising from the coming together of three black and Asian psychologists at the initial stakeholder event.

Notwithstanding these local achievements, there is still a long way to go. We encourage our colleagues across the field to take up other initiatives that may help to redress the current imbalance and enable the profession to become more accessible and diverse.

**John Cape and Monica Thompson**

Camden & Islington Mental Health and Social Care Trust. E-mail: John.Cape@candi.nhs.uk

**Anthony Roth and Katrina Scior**

University College London

**Celia Heneage**

Salomons Centre for Applied Social & Psychological Development

**Peter Du Plessis**

South London & Maudsley NHS Foundation Trust

- I Scior, K., Gray, J., Halsey, R. & Roth, A. (2007). Selection for clinical psychology training: Is there evidence of any bias against applicants from ethnic minorities? *Clinical Psychology Forum*, 175, 7–11.
- I Turpin, G. & Fensom, P. (2004). *Widening access within undergraduate psychology education and its implications for professional psychology: Gender, disability and ethnic diversity*. Leicester: British Psychological Society. [See [www.bps.org.uk/46g4](http://www.bps.org.uk/46g4)]

information given' (in the words of Bruner) to – hopefully – reflect the highest level of professional or specialised qualification.

A parallel with psychology would seem quite clear: a descriptive doctoral title in accordance with the Trustees' prescribed and reiterated 'education and training' to that level of competency which must not subsume or detract from the higher doctorates. This would go a very long way to redress imbalance, to reduce confusion and to strengthen the identity of psychologists as essayed by the Professional Practice Board.

Unless we as a profession can properly clarify and assert our professional identity and status, we are likely to remain bundled with various activities ancillary to health care, something I for one tried to tackle organisationally by the Charter beyond 20 years ago and which we are increasingly struggling to avoid under statutory registration.

**L. Carrick-Smith**

Chesterfield

## Who's deluded? – the God believers or the brain believers?

There are many things that get published in *The Psychologist* that I disagree with and sometimes get upset about. The advert for a Diploma in Soul Therapy is one of them, but items such as Sallie Baxendale's letter arguing that such adverts should be banned are another (November 2007).

We are fortunate to live in a liberal democracy, which, in worldwide terms, is a pretty rare thing. It is hard won and precious. But freedom of belief and speech is not just a good in itself, it has the practical benefit that it ensures that we are exposed to ideas that, whether they are right or wrong, assist us in our intellectual development. If they are right, then our beliefs are adjusted in the right direction; if they are wrong, then the arguments we are forced to marshal against them put our beliefs on a sounder footing.

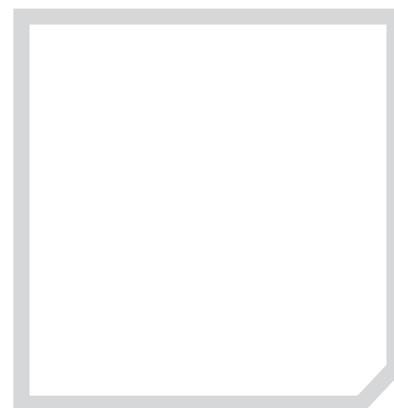
On that note and in reference to the other concern of Baxendale's letter, I would ask her to read an excellent rebuttal of Professor Dawkins' views on 'the God delusion', contained in the book *A Catholic Replies to Professor*

*Dawkins* by Thomas Crean.

It is a short and very readable book, and is available from Family Publications in Oxford ([www.familypublications.co.uk](http://www.familypublications.co.uk)). It is clear from Fr Crean that, although Professor Dawkins might be good on understanding scientific method, he is very poor on understanding Christianity and, more generally, on what one might call the human condition.

Although, as a neuropsychologist, I regard myself very much as a hard-nosed scientist, I also suffer from 'the God delusion' because I came to realise that, whereas science is good at dealing with some aspects of the human condition, Christianity is better at dealing with others. This leads me to have an intellectually incoherent view of the world, which can be uncomfortable, but it at least acknowledges the totality of the world I live in rather than denying large chunks of it.

By the way, as a neuropsychologist, I am intrigued by Sallie Baxendale's claim that my delusion 'can be modelled [at] the neuronal level'. As far as I am aware, we are not even in a position to understand the relationship



between any mental event and its neural substrate, let alone a specific delusion. But I shall be content if she can give me some understanding of my delusion in learning theory terms. Before she does though, can I just ask that she reads Fr Crean first?

**John Campion**

Liphook  
Hampshire

## A terrible waste

I am writing in connection with a column written by Clare Burgess, in the December edition of *Psychologist Appointments*. Clare was training to be an educational psychologist, when her expected training route was withdrawn. I wonder how many others were lost to the profession in this way? And at a time of a shortage?

I am speaking from experience; having invested two years of study (not to mention fees) in obtaining GBR, so that I could use my teaching experience in a field where I felt I could make a difference, I too found that the course for which I was aiming was no longer to receive funding.

Reading of Clare's experience, I know I am not alone, but it does seem a terrible waste!

**Frances Hampson-Jones**

Windsor, Berkshire

# Mandatory neurolinguistic programming?

Having been obliged by my employer to resign because I refused to attend the mandatory neurolinguistic programming (NLP)-based coaching sessions, I was dismayed to find that my local job centre in Neston and Ellesmere Port is piloting a three-day course that includes NLP methods to overcome 'blocks' to finding employment. This is part of the government's mandatory activity for jobseekers – if I were claiming Jobseekers

Allowance I would have to attend or risk losing it.

Psychological interventions are of course helpful where a participant is offered a choice of methods, and there is some explanation of it. But mandatory psychological neurolinguistic programming as a condition of employment



JOANNE O'BRIEN/REPORTDIGITAL.CO.UK

or state support – surely that is going a bit far?

I would like to bring this debate into the open at a high

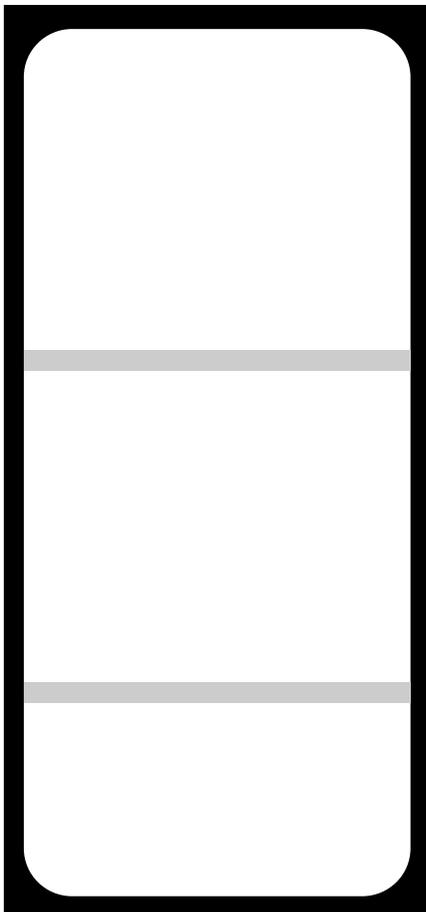
professional and government level, involving the government department directly responsible, and psychological professionals from the BPS. Is there guidance on the kinds of ideas being introduced? Is there protection for staff who are unwilling to participate? Could there be a professional discussion about this, and some kind of legislation? Am I right to be concerned?

**Susanna Rees**

*Neston, South Wirral*

## IN RESPONSE 1

The letter raises a number of concerns about NLP. Firstly, NLP is not an applied science and not evidence-based. It should



therefore not be an adoptive intervention for addressing issues related to unemployment, particularly if those issues relate to psychological 'blocks'. Secondly, even if NLP incorporates some notions of coaching and counselling, then by its nature it should be a participative rather than mandatory process. Moreover, of concern is that NLP appears to have been adopted as a government intervention to address psychological issues related to unemployment. As the Department of Work and Pensions employs a number of occupational psychologists, it appears incongruent that it should allow NLP practitioners to address psychological issues. NLP purports to offer quick-fix

solutions which may pose an attractive option to employers and government, but in the long term may not address underlying psychological issues. This presents a danger to the participant/patient/employee and one has to question the ethics and sustainability of such methods. The history of science is crowded with quackery and snake-oil remedies, one can only hope that the science of psychology will prevail and that NLP will be recognised for what it is. I hope the BPS will approach government to adopt robust psychological interventions.

**Jamie M. Miller**

*Performance Psychology Ltd  
Kirkintilloch*

## IN RESPONSE 2

I agree with Susanna, from a 'commonsense' viewpoint: mandatory sessions of a particular methodology with no explanation of rationale is an organisational intervention fraught with potential pitfalls, especially if the clients predominantly are of an inquisitive nature and like to exercise choice. I am not sure if it is this triad of terrors which has caused Susanna to write, or the mention of an equally terrifying word to some... 'NLP'.

One presupposition of NLP borrowed from Korzybski is 'the map is not the territory'. If it is NLP which Susanna is objecting too, then from an NLP perspective, she is responding to her 'representation' of NLP. As behaviourism is the psychological theory most akin to NLP

according to John Grinder, the co-founder of NLP, then this representation will come from Susanna's experience.

There is good and bad practice in all modalities. My experience is that NLP is a great set of psychologically based tools which can facilitate change very effectively. If Susanna goes to [www.nlpresearch.org](http://www.nlpresearch.org) or [www.nlp.de/cgi-bin/research/nlp-rdb.cgi](http://www.nlp.de/cgi-bin/research/nlp-rdb.cgi) she will see there efforts to validate and understand more fully what is regarded as an atheoretical approach to coaching and the rapid facilitation of change in those who desire it.

**Bruce Grimley**

*Inner Game Associates*

# International Baccalaureate – better university preparation?

Following on from the October issue of *The Psychologist* with its focus on the neglect of pre-degree psychology, and also the letter of Albert E. Phipps in the December issue, I would like to comment on this subject from the perspective of the International Baccalaureate Diploma. When I was a student on the IB programme, I studied psychology, which was a very intense and rigorous course. Students on this course were not employing the cookbook approach, due to the nature of the whole

programme. With the component of theory of knowledge (TOK), we were compelled to think critically regarding every single aspect of the course.

Albert E. Phipps found that some A-level students had not even heard of referencing. IB students have to use referencing for many subjects including English, mathematics, biology, physics, chemistry, TOK the extended essay and, of course, psychology; and yes, rigorous training has been provided by programme leaders. The programme even requires students to decide on their own coursework projects, essay titles and content for every single subject, including the extended essay, as opposed to this being perturbing for some A-level students.

My purpose is not to boast about or to flaunt

## COMMUNITY NOTICEBOARD

I am a trainee counselling psychology student at London Metropolitan University completing my doctoral thesis. I am investigating **the lived experience of being emotionally and/or physically involved with a person outside of a committed relationship**. I am interested in hearing from anyone who understands their behaviour as being unfaithful whilst in a committed relationship and is willing to share such an experience.

The study has been ethically approved by the London Metropolitan University.

If you are interested and would like to find out more, please contact me.

**Michelle Magri**

0783 374 5616, michelle\_magri@yahoo.co.uk

the thoroughness of the IB programme, but to make readers aware of the differences between A-level and IB students who are taking on degree courses at university. Additionally, most higher education institutions do not require students enrolling on their psychology courses to possess an A-level or equivalent specifically in the subject of psychology. Some even require a background in biology to be essential and of more importance than psychology. Is this necessarily sufficient?

**Bhupinder Kuwar**

Birmingham

# Challenge the overvaluation of CBT

I would agree with the sentiments expressed by Phil Mollon (Letters, November 2007) which were largely critical of the over-zealous promotion of the NICE guidelines for psychological therapy. I believe, and have certainly heard colleagues express the view, that the reliance on the guidelines can be overly prescriptive and restrictive in clinical settings. Why, I found myself wondering, have such comments not been expressed before within the pages of *The Psychologist*? It is as if Phil

Mollon were sacrilegiously voicing something unspeakable, at risk, no doubt, of wrathful responses and damnation from some quarters.

The guidelines have been taken up as a simplistic way of understanding psychological distress and treatment. The almost unequivocal promotion of CBT over and above other forms of psychological therapy is limiting and problematic both for those providing a clinical service and for those receiving it. The guidelines serve to undermine the skilled process of assessment and formulation

carried out by psychologists and other psychological therapists. This process, developed from years of training and clinical experience, provides an individually tailored formulation and treatment plan that cannot be matched by a set of guidelines.

Further, it has been suggested that the overvaluation of CBT is unscientific and represents a regressive organisational dynamic that should be challenged by practitioners (Smith, 2007). I wholeheartedly agree that more debate and challenge is

needed if the NICE guidelines are to have such a restricting influence on the provision and development of psychological therapy services within the NHS.

**Caroline Rake**

Adult Psychological Therapies Service  
Fieldhead Hospital, Wakefield

Smith, J. (2007). From base evidence through to evidence base: A consideration of the guidelines. *Psychoanalytic Psychotherapy*, 21, 40–60.

# Improving mental health services

We are writing to call for accessible mental health services which are attuned and responsive to the particular needs of lesbian, gay, bisexual and transgender (LGBT) people.

According to a recent study ('Out but not left out'), by the Leeds LGB Mental Health Partnership, one third of gays and lesbians have mental health needs, with more than half having had suicidal thoughts. Yet over a quarter of queers have never accessed a mental health service, and most mental health agencies fail to monitor the sexual orientation of their service users. The study also suggests that the stress of dealing with homophobia plays a major role in precipitating mental breakdowns in many LGB people. This report is of national significance. It shows a major mismatch between the mental health needs of LGB people and the provision of mental health services to them.

The Royal College of Nursing has recently warned of the growing complacency amongst healthcare professionals in failing to provide appropriate psycho-education to our clients on the importance of safer-sex, and various reports have criticised mental health service provision for failing to provide adequate screening for physical healthcare complications. As we are reminded by the charity Rethink, people with schizophrenia and manic depression have higher than average rates of certain physical conditions, such as respiratory disease, diabetes, hepatitis C and HIV.

While physical health care may not be our specialty, we have a duty of care to all of our clients, many of whom have experienced physical deterioration as a direct result of their mental illness. Of course, this is not specific to LGBT service users, but once we consider one at-risk

group (sexually active gay men, for example) and combine this with another at-risk group (mental health service users), the need for greater understanding of the way in which we can advance healthcare practice for the LGBT community becomes all the more evident.

Most people involved in the provision of mental healthcare services will speak openly with their clients about their specific religious and cultural backgrounds, and take this into account in the planning and implementation of programmes of

**There is a need for holistic approaches to mental health clients, and basic education across disciplines**

## prize crossword

no 37

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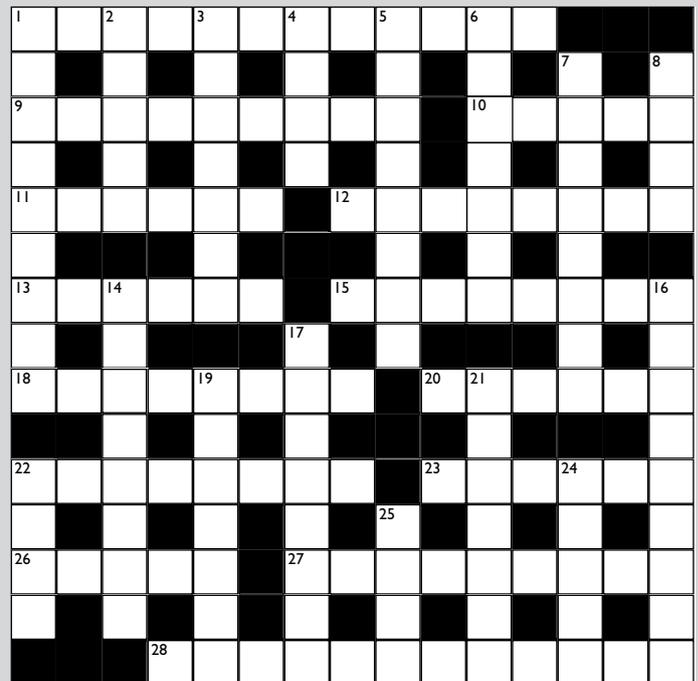
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Send your entry (photocopies accepted) marked 'prize crossword', to the Leicester office (see inside front cover) **deadline 11 february 2008. Winner of prize crossword no 36 Mike Ewart, Haddington, East Lothian**

**no 36 solution** Across 1 Free will, 5 Opiate, 10 Saluted, 11 Mitoses, 12 Easter eggs, 13 Drag, 14 Stress, 17 Ataxia, 19 Nuclei, 20 Asleep, 23 Elba, 24 Subjective, 28 Plateau, 29 Nitride, 30 Ruling, 31 Espresso **Down** 1 Fisher, 2 Ellis, 3 Wetherell, 4 Lodge, 6 Path, 7 Assertive, 8 Ensign, 9 Amygdala, 15 Thumbnail, 16 Stimulus, 18 Allocator, 21 Temper, 22 Hereto, 25 Jones, 26 Ixias, 27 Leon

care, but how often do we take into account our service users' sexual and gender identity preferences? How easy do we feel in asking about these issues, and how do we know when issues of sexuality and fear of homophobia, particularly so in our younger generation of service users,

may be forming the underlying factor in their psychiatric presentation?

We believe there is a need for holistic approaches to mental health clients, and basic education across disciplines. Currently this depends on the practice skills of individual clinicians. There is not an

established expectation that practitioners have up-to-date knowledge of other disciplines that play a role in their own clients' health. This may be an area of further investigation and research by mental health practitioners, and also an area that may have implications for mental health education.

PAUL DOWIE/PHOTOFUSION

We have received many reports from clients and friends which suggest that there is a lack of communication and knowledge in several areas: practitioners are failing to recognise the importance of gender and sexuality in the development and maintenance of their clients' mental health problems, and people with HIV complain that their mental health treatment team are confused over key physical aspects of their condition.

Subjectivity may not go far in terms of hard science, but it is the self-reports and observations of service users and those from the LGBT community that have experienced poor service provision and a lack of services geared towards their backgrounds that informs future service development.

**Matthew Hannam**

*Community Psychiatric Nurse  
Gloucester House Area 2 CMHT  
West London Mental Health NHS Trust*

**Peter Tatchell**

*Gay and human rights activist*

obituary

## Petros Kypridemos (1946–2007)

**P**etros Kypridemos died suddenly at his home last year. Petros came from the world of finance to become a chartered counselling psychologist and hypnotherapist. He did his MSc at Wolverhampton University and trained at South Birmingham Psychology Service. He then enrolled at Birmingham University to undertake a further MSc in solution focused therapy while working at Lichfield, Staffordshire psychology service.

Colleagues remember during those long hard days of training – when we questioned our abilities, Petros would challenge us in his solution-focus ways to ‘never say never’. He always looked on the bright side whilst sharing our sorrows. He was a tower of strength. It was a journey that we shared together. It was always a comfort knowing we had Petros to help us on those hard emotional and trying days. His knowledge and his humour will be missed.

He was a pragmatist and very ‘person-centred’ by nature. He was passionate about his work and had an insatiable appetite for learning and exploring new ways of helping. He was a thoughtful yet light-hearted man who loved to play with metaphors. He took his art very seriously, but was humble with his knowledge and skills. He was always willing to help out where he could and encourage others to develop. There always seemed to be something in his tool-box for any situation with any difficulty.

Petros was a man of love, warmth and passion for his work, his friends and most of all his family and Greek-Cypriot heritage. If there is a message that Petros could have left with us all it would have been: ‘Never give up, give it a try, what do you have to lose?’ Who knew we would lose such a great man and a true friend who was always genuine.

**Mandeep Sandhu-Purewal**

*Poplars LMHU, Brierley Hill, West Midlands*

across

down

- 1 Habits I've changed without our psychologist (12)
- 9 Acknowledgement of entry (9)
- 10 Freeloader given shelter by church (5)
- 11 Figure extracted from lesson in etymology (6)
- 12 Coach group includes coaches! (5,3)
- 13 Have lofty goal as  $\pi r$  goes to East (6)
- 15 In some eras, the nice description of body type (8)
- 18 Opt to return and not minute part of matter (8)
- 20 It sounds cold, but it could be hot (6)
- 22 See 7dn
- 23 Poet in damp-free lair (6)
- 26 Mother back in a craze (5)
- 27 See 7dn
- 28 Surrealist concocted art with green item (4,8)

- 1 Brilliant idea recorded by EEG (9)
- 2 We're only this when not perfect (5)
- 3 Caller requires eye protection around computers (7)
- 4 Antipsychotics in part of the ear (4)
- 5 Torn get up for tenant's increase (4,4)
- 6 Egotistical supernatural creature is observed in quiet surroundings (7)
- 7, 27ac & 22ac Sad might describe one suffering from this (8,9,8)
- 8 Bird... or rabbit? (4)
- 14 Urgent processing commander left out (8)
- 16 Tell niece about customers (9)
- 17 Alleviate one level of learning difficulties? (8)
- 19 Row of houses affording somewhere to stand by pitch (7)
- 21 A richer form of conveyance taken on loan (4,3)
- 22 Lady mad about Ecstasy (4)
- 24 Gist deviation (5)
- 25 Tender reported by king of Mercia (4)