

**What are the mentoring needs and experiences of aspiring psychologists and students  
from minoritised ethnic backgrounds?<sup>1</sup>**

Hana Afrah

Candidate number: 100081160/1

Doctorate in Clinical Psychology

University of East Anglia

Faculty of Medicine and Health Sciences

Submission date: 5<sup>th</sup> March 2024

Word count (including references and abstract but excluding tables, figures and appendices):

26,930

This copy of the thesis has been supplied on condition that anyone who consults it is understood to recognise that its copyright rests with the author and that use of any information derived therefrom must be in accordance with current UK Copyright Law. In addition, any quotation or extract must include full attribution.

---

<sup>1</sup> This thesis will naturally bear resemblance to a Thesis Proposal previously submitted by Afrah (2022) as part of the Doctorate in Clinical Psychology course requirements.

## **Thesis portfolio abstract**

### **Background**

Aspiring clinical psychologists from minoritised ethnic backgrounds (APMEs) face many barriers to accessing the clinical psychology profession (Scior et al., 2015), which start before the application stage (Turpin & Coleman, 2010) and can also be seen within higher education. For example, students from Minoritised Ethnic (ME) backgrounds have lower educational attainment (Richardson et al., 2020) and are less likely to attend prestigious universities (Boliver, 2013). To tackle these barriers, NHS England offered funding for clinical psychology training programs to provide mentoring schemes to APMEs (HEE, 2021). However, there is no known research on the needs of the recipients of the mentoring schemes.

### **Aims**

The thesis portfolio contains a systematic review, which aimed to explore the formal mentoring experiences of ME students in higher education, and an empirical paper, which aimed to explore the mentoring needs of APMEs in accessing mentoring schemes.

### **Methods**

The systematic review explored mentoring experiences of ME students by synthesising data from ten qualitative studies using thematic synthesis (Thomas & Harden, 2008). The empirical paper explored mentoring needs of APMEs through a qualitative study whereby eight focus groups with 14 APMEs were conducted and analysed using reflexive thematic analysis (Braun & Clarke, 2012).

### **Results**

The combined findings of the systematic review and empirical paper suggest that APMEs and ME students need personal, academic, and professional support from mentors, and face systemic barriers that are confounded by their minoritised identities. To deliver effective mentoring, mentors must provide contextual and relational support that is sensitive to mentees' minoritised identities and complex needs.

### **Conclusions**

This thesis contributed to a limited evidence base and revealed that ME students and APMEs have interlinked needs which must be addressed in the context in which they occur. Implications for higher education institutions and policymakers were discussed, with an emphasis on systemic and contextualised support.

## **Access Condition and Agreement**

Each deposit in UEA Digital Repository is protected by copyright and other intellectual property rights, and duplication or sale of all or part of any of the Data Collections is not permitted, except that material may be duplicated by you for your research use or for educational purposes in electronic or print form. You must obtain permission from the copyright holder, usually the author, for any other use. Exceptions only apply where a deposit may be explicitly provided under a stated licence, such as a Creative Commons licence or Open Government licence.

Electronic or print copies may not be offered, whether for sale or otherwise to anyone, unless explicitly stated under a Creative Commons or Open Government license. Unauthorised reproduction, editing or reformatting for resale purposes is explicitly prohibited (except where approved by the copyright holder themselves) and UEA reserves the right to take immediate 'take down' action on behalf of the copyright and/or rights holder if this Access condition of the UEA Digital Repository is breached. Any material in this database has been supplied on the understanding that it is copyright material and that no quotation from the material may be published without proper acknowledgement.

## Contents page

<b>List of tables</b> .....	5
<b>List of figures</b> .....	5
<b>Acknowledgements</b> .....	6
<b>Chapter One: General Introduction</b> .....	7
Introduction .....	8
Outline of Thesis Portfolio.....	13
<b>Chapter Two: Systematic Review</b> .....	15
Abstract .....	16
Introduction .....	18
Methods .....	23
Results .....	28
Discussion.....	41
References.....	48
<b>Chapter Three: Bridging Chapter</b> .....	53
<b>Chapter Four: Empirical Paper</b> .....	56
Abstract .....	57
Introduction .....	58
Methods .....	62
Results .....	65
Discussion.....	75
References.....	82
<b>Chapter Five: General discussion</b> .....	87
Overview of findings .....	88
Critical appraisal.....	90
Clinical and practice implications.....	92
Recommendations for research and policy .....	95
<b>Overall conclusion</b> .....	96
<b>Chapter Six: Personal reflections from researcher</b> .....	97
<b>References</b> .....	101
<b>Appendices</b> .....	106
Appendix A: Author guidelines for Mentoring & Tutoring (Systematic Review).....	106
Appendix B: Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) guidelines.....	112
Appendix C: Quality assessment form (Systematic Review) .....	115

Appendix D: Author guidelines for Professional psychology: Research and practice (Empirical Paper).....	116
Appendix E: Completed Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist (Empirical Paper) .....	130
Appendix F: Ethics approval (Empirical Paper) .....	133
Appendix G: Topic guide for focus groups (Empirical Paper) .....	134
Appendix H: Demographics form (Empirical Paper) .....	135
Appendix I: Participant Information Sheet (Empirical Paper) .....	137
Appendix J: Consent form (Empirical Paper).....	143
Appendix K: Notes from iterations of phases 3-6 of analysis (Empirical Paper) .....	145
Appendix L: Pictures of coding process (phase 4).....	151
Appendix M: Examples of reflective journals post-focus groups .....	153

**List of tables**

Table 2.1: Search terms within four broad categories.....	24
Table 2.2: Study characteristics.....	31
Table 6.1: Extractions of reflexive diaries for empirical paper.....	99

**List of figures**

Figure 2.1: PRISMA Flowchart.....	25
Figure 2.2: Model of themes (and frequency of occurrence in studies) within three contextual layers.....	34
Figure 4.1: Thematic map of theme and subthemes and interactions between these.....	66

### **Acknowledgements**

In the name of Allah, the most Compassionate, the most Merciful, without whom none of this would be possible and who deserves all praise and acknowledgement.

First and foremost, I would like to thank my incredible supervisor Dr Amy Carroll. Your support and dedication is unmatched. Thank you for your encouragement, counsel and feedback. You are the truest definition of a mentor; I have learnt so much and grown endlessly under your guidance. Thank you to my supervisory team, Dr Nneamaka Ekebuisi, Amarachi Nwaneri, Glicinia Danso and Dr Sabinah Janally, your support on the empirical paper has been invaluable.

Thank you to my family for their constant love, support, and patience. A special thank you goes to my late father (may Allah have mercy on his soul), who unfortunately passed away during my second week on the doctorate. Though you didn't get to witness me see it through, you passed down your love of education to me and I will forever be grateful to you for that. I hope I made you proud.

A very special thank you to my husband. Without your constant encouragement, help, patience and love I would not have been able to complete this mammoth achievement.

Last but not least, thank you to the incredible participants for trusting me with your invaluable stories. I hope I did it justice.

## **Chapter One: General Introduction**

Word count: 2,107



## **Introduction**

This thesis portfolio focuses on mentoring experiences and needs of students and aspiring psychologists from Minoritised Ethnic (ME) backgrounds. The introductory chapter presented here aims to provide a foundation for the systematic review (Chapter Two) and empirical paper (Chapter Four) that follow. In this general introduction key terms relevant to the work are defined, mentoring is defined and introduced as a concept and the thesis portfolio is contextualised within the UK clinical psychology profession and clinical psychology training.

### **Definition of terms**

#### ***Minoritised Ethnic (ME)***

For this thesis, and in line with the Office for National Statistics (ONS) census, ME is defined as being from a Black African, Black Caribbean, Asian, Arab, Mixed or 'Other' ethnic group, and not a White or White Other group.

#### ***Socioeconomic Status (SES)***

SES is an indicator of an individual's current social and economic situation, as determined by factors such as financial income, education, prestige of occupation and geographical location (APA, 2023). For students, this is usually measured by estimated annual household income, parental education and parental occupation (Rubin et al., 2014). The UK government uses the Index of Multiple Deprivation (IMD; Noble et al., 2019) to measure SES, which consists of seven domains that rank areas from most to least deprived. The seven domains are income, employment, education, health, crime, barriers to housing and services, and living environment (Noble et al., 2019).

#### ***Intersectionality***

Intersectionality was first coined by Kimberlé Crenshaw as the idea that race and gender, and therefore racism and sexism, interact within the experiences of Black women (Crenshaw, 1989). However, it has since expanded to describe the way identities, such as class and sexuality, interact to

form an individual's experience (Nash, 2008). In this thesis, where referenced, intersectionality refers to the way multiple identities, such as race, class and gender, interact to construct participants' subjective experiences (Nash, 2008).

### ***Mentoring***

Despite varying definitions of mentoring in the literature, there is a general agreement that mentoring is defined as a close, developmental relationship that usually pairs a senior and junior individual within an academic or professional context (Mullen & Klimaitis, 2019). A mentor provides career support, such as sponsorship and coaching, and psychosocial support, such as role modelling, counselling and friendship (Kram, 1983).

Mullen and Klimaitis (2019) outline nine types of mentoring: formal, informal, diverse, electronic, collaborative, group, peer, multilevel, and cultural mentoring. The four types most pertinent to this thesis are: (1) formal mentoring, which is planned, structured and intentional interactions; (2) informal mentoring, which occurs when mentoring relationships are formed naturally or spontaneously; (3) diverse mentoring, which refers to cross-race and cross-gender mentoring relationships; and, (4) cultural mentoring, which is cross-cultural mentoring that is responsive to mentees' cultural needs (Mullen & Klimaitis, 2019).

### **Mentoring literature**

The lack of a universally agreed-upon definition of mentoring in the literature has problematic consequences. For instance, a systematic review conducted by Crisp and Cruz (2009) uncovered more than 50 definitions of mentoring across studies involving university students. Crisp and Cruz (2009) also noted a lack of the theoretical underpinnings of these studies. This, coupled with the diverse definitions, has led to heterogeneous and methodologically weak studies marked by inconsistencies in measurement. Given the importance of mentoring literature being guided by a

theoretical framework, this thesis will be informed by two mentoring models specifically relevant to higher education students (Chan et al., 2015; Nora & Crisp, 2007).

The first model that will inform this thesis is Nora and Crisp (2007) conceptual framework for mentoring students consisting of four major domains, which was based on a literature review and survey of 200 students. The first domain, *psychological or emotional support* involves active listening, providing a safe space to explore emotions and developing a supportive relationship. The second domain, *support for setting goals and choosing a career path* involves an assessment of the mentee's strengths, weaknesses, interests and beliefs, and facilitating reflection and decision-making. The third domain, *academic subject knowledge support aimed at advancing a student's knowledge relevant to their chosen field* involves tutoring and focused subject learning. The fourth domain, *specification of a role model* requires self-disclosure from the mentor for the mentee to learn from their life experiences. Despite the important contribution of this model, the majority of Nora and Crisp's (2007) sample were White students and, as the authors suggest, students from ME backgrounds may have different conceptualisations of mentoring than White students. There is, therefore, a need for research specific to ME students (Chan et al., 2015).

Although research on mentoring ME students is scarce, the research that does exist is promising. A study by Campbell and Campbell (2007) matched 339 students from ME backgrounds participating in a mentoring program with 339 non-mentored control students matched on age, ethnicity, grade, and enrolment year. While academic performance and retention rates between mentees and control students were not significantly different at the end of the study, significantly more mentored students enrolled in post-graduate study compared to controls (Campbell & Campbell, 2007). In addition, a more recent study surveyed 115 psychology doctoral students from ME backgrounds to examine the impact of faculty mentoring on program satisfaction (Tram et al., 2023). It was found that mentoring had a significant positive impact on program satisfaction, even after factors such as financial support and incorporation of ME issues in class were controlled for (Tram et al., 2023).

Taken together, these studies show that mentoring has a positive role in encouraging participation in postgraduate study for undergraduate students and program satisfaction for doctoral students.

The second model used as a theoretical framework in this thesis is Chan et al. (2015) ecological, relational and multicultural model, which was developed to explore the specific needs of ME students. This model was based on research with doctoral clinical and counselling psychology students from ME backgrounds and their mentors (Chan et al., 2015). They found that considering the mentee and mentors' contexts, such as family, university, academic field and wider societal contexts, and the interaction between these contexts, was vital to successfully mentoring ME doctoral students (Chan et al., 2015). Although traditional mentoring literature on university students has typically focused on the university context and not the wider context, Chan et al. (2015) highlight the importance of supporting ME students as a whole person existing within a wider context. The authors found three interconnected mentoring functions which cannot be separated from the context in which they occur: (1) providing individual career and personal support tailored for ethnic minorities, (2) relationship and trust building, and (3) providing institutional or sociocultural support (Chan et al., 2015).

### **Context and clinical importance of thesis**

There are enduring concerns about the lack of ethnic diversity of the clinical psychology workforce (Ahsan, 2020) as clinical psychologists from ME backgrounds are underrepresented compared to the national population (HCPC, 2023; ONS, 2023). This contrasts with people from ME backgrounds being overrepresented amongst clinical populations (Bignall et al., 2019), particularly amongst psychiatric inpatient populations compulsorily detained under the Mental Health Act (Barnett et al., 2019). Despite this, and compared to their White counterparts, people from ME backgrounds have poorer access to primary and secondary mental health (Mercer et al., 2019), and those who access services have worse outcomes according to a recent report by National Collaborating Centre for Mental Health (NCCMH, 2023). NHS England (2020) has suggested a focus

on improving the ethnic representativeness of the mental health workforce in light of evidence that a more representative workforce increases patient satisfaction and patient care (Coghill & Naqvi, 2019). It is thought that achieving this would support work to reduce some of the inequalities in access and experience of psychological services and care.

Despite the work on improving ethnic representation of the mental health workforce, there are many barriers to accessing the clinical psychology profession for aspirants from ME backgrounds. This may be explained by structural inequalities faced before the application stage, such as a longstanding attainment gap between ME students compared to White students in higher education (Richardson et al., 2020). ME students also report poorer experiences of university (Neaves & Stephenson, 2023), and are more likely to be first generation students (Stevenson et al, 2019) and therefore less prepared for university (Stevenson, 2012). These structural barriers may, at least partly, explain why aspiring psychologists from ME backgrounds (APMEs) are consistently less likely to gain a place on clinical psychology doctoral training than their White peers (Leeds Clearing House, n.d.).

In recognition of these barriers faced by APMEs, Higher Education England (HEE, 2021), now NHS England (NHS-E), developed an action plan to 'Improve Equity of Access and Inclusion for Black, Asian and Minority Ethnic Entrants to Clinical Psychology Training'. This action plan outlines nine actions for Doctorate in Clinical Psychology (DClinPsy) courses to take before, after and during clinical training, to create a more representative clinical psychology workforce (HEE, 2021). One of these actions involved DClinPsy courses being given specific ring-fenced funds to develop mentoring schemes for APMEs (HEE, 2021), with associated Key Performance Indicators to monitor progress. Many DClinPsy courses have now successfully launched mentoring schemes and report positive outcomes, such as improved chances of gaining a place on training (Alcock, 2020) and positive impact on personal and professional development (Hameed et al., 2023).

### **Philosophical basis of research**

Qualitative research must have an ontological theoretical basis, which concerns the nature of being, and an epistemological basis, which concerns the nature of knowledge, both of which exist on a continuum between realism, the idea that knowledge is entirely independent of the researcher, and relativism, the idea that knowledge and reality is entirely constructed by the researcher (Braun & Clarke, 2013). The work presented here employs a middle ground between the two, whereby knowledge is seen as both constructed by the researcher and existing within reality. Therefore, this thesis portfolio takes a Critical Realist epistemological and ontological position, which is the idea that, although there is an objective reality, we can only partially experience this through our socially influenced lenses (Braun & Clarke, 2013). Critical Realism aligns with this research and the researcher's position, as an objective reality of marginalisation is believed to exist, which is both subjectively and objectively experienced by minoritised individuals.

In line with a Critical Realist approach, a reflective analytical stance will be used, whereby the researcher's positionality to the research will be considered throughout. Chapter Six discusses the positionality, assumptions and biases of the primary researcher and presents extracts from the reflective diaries used during the process of the empirical research paper.

### **Outline of Thesis Portfolio**

Given the national work focussing on increasing ME clinical psychologists within the workforce, and the use of mentoring set out by NHS-E as one way to achieve this goal, it is important to understand the ways mentoring can help APMEs access the profession. To the researcher's knowledge, however, there is no extant research on this, meaning that there is little understanding of how these mentoring schemes can support the recipients. As well as contradicting the evidence-based foundation and approach of clinical psychology as a profession and bringing the effectiveness of these schemes into question, this also perpetuates the Othering faced by marginalised populations (Beresford, 2013).

Research on mentoring APMEs is scarce, with only some local evaluations of mentoring programs available to the researcher's knowledge. For example, an evaluation of a London-based mentoring scheme (Alcock, 2020) and a qualitative evaluation of a mentoring scheme developed by Oxford University (Hameed et al., 2023). Whilst these evaluations provide positive contributions to a limited research base, if mentoring is to be a key initiative to widen access to clinical psychology, then the profession must better understand the mentoring needs of APMEs and how mentors can support these.

As such, this thesis portfolio aims to explore the mentoring needs of APMEs and students from ME backgrounds. In Chapter Two, a systematic review on mentoring experiences of ME students within higher education is presented. This focusses on higher education more broadly, outside of the clinical psychology profession, and within STEM (Science, Technology, Engineering and Mathematics) subjects, which was selected due to the scarcity of literature within the clinical psychology profession. Chapter Three links learning from the review to the empirical paper, which is presented in Chapter Four. The empirical paper presented is a qualitative study exploring the mentoring needs of APMEs who hope to gain successful entry to doctoral clinical psychology training. Chapter Five offers a synthesis of the findings and learning from both the systematic review and empirical paper. It also discusses implications for the mentoring schemes being developed by DClinPsy courses following the NHS-E (HEE, 2021) action plan. Finally, the thesis portfolio ends with a closing chapter on the primary researcher's reflections on the research process.

## **Chapter Two: Systematic Review**

**What are the mentoring experiences of higher education students from minoritised ethnic backgrounds in STEM and clinical psychology related subjects?**

Prepared for submission to Mentoring & Tutoring: Partnership in Learning (see Appendix A for author guidelines)

Word count (including abstract but excluding tables and figures): 8,420



## Abstract

**Background:** Higher education students from Minoritised Ethnic (ME) backgrounds consistently have poorer educational outcomes, poorer experiences and are less likely to persist in higher education compared to their White counterparts (Neaves & Stephenson, 2023; Richardson et al., 2020; Stevenson, 2012). The social determinants of health, of which education is one, are the most modifiable (Kirkbride et al., 2024), yet have a significant impact on health outcomes (Allen et al., 2014). Indeed, compared to their White counterparts, individuals from ME backgrounds have poorer mental health (Bignall et al., 2019) and physical health outcomes (Darlington et al., 2015). As education determines future social status and income (Kirkbride et al., 2024), improving educational outcomes and experiences for ME students are an important consideration for future employment (Bunce et al., 2021) and health outcomes of ME populations. Mentoring has been proposed as a means to improve outcomes for ME students in higher education (Chan et al., 2015) and tackle the subsequent barriers.

**Aim:** This systematic review aimed to answer the question: What are the formal mentoring experiences of higher education students from ME backgrounds within Science, Technology, Engineering and Mathematics (STEM) and clinical psychology related subjects?

**Methods:** Systematic searches were conducted on five databases in line with enhancing transparency in reporting the synthesis of qualitative research (ENTREQ; Tong et al., 2012) guidelines. Relevant data was extracted from the included papers and the findings were analysed using thematic synthesis (Thomas & Harden, 2008).

**Results:** Ten qualitative studies met the eligibility criteria and were included in the synthesis. The Critical Appraisal Skills Programme (CASP; 2018) checklist for qualitative studies was used to appraise studies, which were found to be of varying quality. The thematic synthesis produced four themes: *demographic matching, cultural sensitivity and awareness, holistic support and relational needs*, which occurred within and across wider societal, academic and relational contexts.

**Conclusion:** Mentoring has been proposed to improve the ethnic diversity of the professional workforce in the UK (HEE, 2021), yet there is very little literature on the mentoring experiences and needs of higher education students from ME backgrounds. Since mentoring is recommended by commissioning bodies (HEE, 2021), there is a desperate need for high quality, UK research on this topic. Implications of findings and recommendations for key stakeholders were discussed.

## Introduction

There are many social and structural inequalities faced by Minoritised Ethnic (ME) populations, such as higher unemployment levels (ONS, 2023), higher levels of deprivation and lower income (Kirkbride et al., 2024). As education determines future social status and income (Kirkbride et al., 2024), it could offer ME populations an escape from the vicious cycle of low socioeconomic status (SES; see Chapter One of the thesis portfolio for a definition). Instead, higher education currently perpetuates these inequalities, through a persistent trend of worse outcomes for ME students compared to their White peers (Richardson et al., 2020). For instance, ME students are less likely to receive offers from prestigious universities than their White peers with similar qualifications (Boliver, 2013), more likely to drop out (Stevenson, 2012), and those that remain are less likely to obtain a first class or upper second-class degree (Richardson et al., 2020). Therefore, barriers encountered by ME students in education perpetuate the cycle of social inequalities, which will be examined in the following sections.

### Barriers for ME students in higher education

The intersection of ME status and SES is an important consideration in discussions concerning the barriers faced by ME students. A longitudinal report by Strand (2021) examining educational attainment at age 16 (i.e., GCSE level) found that ME students outperform their SES matched White peers, with the exception of Black Caribbean students. Similarly, ME students are more likely to pursue higher education compared to White students, while White males from low SES backgrounds have the lowest rates of participation among all ethnic and SES groups (Strand, 2021). However, once in higher education, ME students experience worse outcomes than White students, such as being less likely to obtain a first or upper second class degree (Strand, 2021). This attainment gap between White and ME students occurs even after controlling for deprivation (using the Index of Multiple Deprivation; Noble et al., 2019) and other factors which affect educational outcomes, such as prior attainment, subject of study and age (Broecke & Nicholls, 2007). This suggests that there are barriers

at university which impact on the educational attainment of ME students, however, the nature of these barriers is unclear (Broecke & Nicholls, 2007).

In addition to lower educational attainment, ME students report worse experiences of university compared to their White peers (Neaves & Stevenson, 2023). Although the gap has reduced in recent years, ME students are less likely to report experiences that exceeded their expectations, university being good value for money and are less likely to choose the same course and university again (Neaves & Stephenson, 2023). In addition, qualitative research found ME students within higher education report an absence of people to relate to on campus, feelings of incompetence, an inability to be themselves, inadequate academic preparedness, and inadequate student support (Bunce et al., 2021; Stevenson, 2012). When combined, these barriers likely contribute to higher dropout rates (Stevenson, 2012) and worse outcomes (Richardson et al., 2020) for students from ME backgrounds.

This review focuses on ME students in Science, Technology, Engineering and Mathematics (STEM) and clinical psychology related subjects. Clinical psychology related subjects have been chosen due to a lack of research within clinical psychology itself (Chan et al., 2015), and STEM has been chosen due to the close relationship and related barriers, which are discussed in the next section.

### ***Barriers within STEM and clinical psychology related subjects***

Initially, it appears that ME applicants accepted onto clinical psychology training and undergraduate psychology programs are overrepresented compared to the general population, with 29% of undergraduate psychology entrants and 23% of accepted clinical psychology training applicants being from ME backgrounds (HESA, 2022; Leeds Clearing House, n.d.; ONS, 2023). However, considering the median age of ME populations is 10 years younger than that of White populations (ONS, 2023), proportions alone do not provide the full context. Importantly, whilst there is no data on qualification rates by ethnicity for clinical psychology training, there is a persistent attainment gap between White and ME undergraduate students. For example, looking at psychology

undergraduate students, in 2014-5, 79% of White students obtained a first class or upper second class degree, compared to 48% of Black students (Leeds Clearing House, n.d.).

Likewise, although students from ME backgrounds are well represented in STEM, research has found that Black students are significantly more likely to drop out of STEM degrees and leave university entirely compared to White students (Riegle-Crumb et al., 2019). This gap exists even after controlling for social and institutional factors and, although it is partly explained by lack of academic preparation in school, this does not provide the full explanation (Riegle-Crumb et al., 2019). STEM students from ME backgrounds also have higher rates of disengagement, with research from the Universities of Warwick and Leicester finding that Black undergraduate STEM students had significantly higher proportions of unauthorised absences compared to the university average (Greaves et al., 2022).

### **Clinical Implications**

As discussed above, the barriers faced by ME students occur within a context of social and structural inequalities between individuals from White and ME backgrounds. It has long been established that socioeconomic disadvantage, which includes income, living standards and education, are a risk factor for poorer mental health outcomes (Allen et al., 2014; Kirkbride et al., 2024). As such, compared to White populations, people from ME backgrounds have poorer mental health (Bignall et al., 2019) and physical health outcomes (Darlington et al., 2015), and poorer access to health care (Mercer et al., 2019). Research shows that the social determinants of health are the most modifiable determinants (Kirkbride et al., 2024), and adjusting for SES decreases the impact of ethnicity on health outcomes, meaning that SES at least partly explains this association (Darlington et al., 2015).

Though education determines future social status and income (Kirkbride et al., 2024), recent research found that the poorer employment outcomes post-graduation of ME students compared to White students are not fully explained by SES, entry qualifications or degree grade (Office for

Students, n.d.). There are other factors which impact on socioeconomic disadvantage and subsequent poorer health outcomes, such as institutional racism and discrimination (Darlington et al., 2015), which affect both the recruitment and promotion of a diverse workforce (Kline, 2014). This leads to the well-known “snowy white peak” in NHS leadership positions whereby those from ME groups are highly underrepresented among NHS leaders (Kline, 2014). Nevertheless, improving educational outcomes and experiences for ME students is an important consideration for tackling the vicious cycle of social inequalities and its subsequent impact on the health outcomes of ME populations.

Given the significance of the implications above, it is important that ME students are supported to engage and persist in university, as well as improve their educational attainment. Mentoring has been proposed to address barriers faced by ME students in higher education (Chan et al., 2015), and for improving the ethnic diversity of clinical psychology training programs (HEE, 2021). The next section will briefly recap the concept of mentoring discussed in Chapter One of the thesis portfolio.

## **Mentoring**

Varying definitions of mentoring exist, with a systematic review by Crisp and Cruz (2009) identifying over 50 definitions in the literature. However, there is an agreement that mentoring is a developmental relationship between a senior and junior colleague providing career support, such as sponsorship and coaching, and psychosocial support, such as role modelling and counselling (Mullen & Klimaitis, 2019). This review will focus on formal mentoring, which is defined as planned, structured and intentional interactions between a mentor and mentee (Mullen & Klimaitis, 2019).

Past research has found mentoring to be effective in improving student outcomes. For example, Salinitri (2005) compared the academic grades, retention rates and the proportion of failed courses in low achieving first year undergraduate students receiving formal mentoring, compared to a control group not receiving mentoring. It was found that the students who received mentoring had higher academic grades, higher retention rates and less courses failed compared to the control group

(Salinitri, 2005). In addition, studies specific to ME students have found a positive role of mentoring in encouraging participation in postgraduate study among undergraduate students (Campbell & Campbell, 2007) and increasing programme satisfaction among doctoral students (Tram et al., 2023).

As students from ME backgrounds may have different experiences and conceptualisations of mentoring (Nora & Crisp, 2007), there is a need to develop research and models specific to ME students (Chan et al., 2015). Although there is limited research on the mentoring needs of ME students, a multicultural, ecological and relational mentoring model (Chan et al., 2015) has been developed which was based on qualitative research with ME doctoral clinical and counselling psychology students and their mentors. This research by Chan et al. (2015) produced five themes which are pertinent to mentoring ME students: (1) career support tailored for ME students, (2) relationship between mentor and mentee, (3) importance of contexts, (4) interconnections across contexts and (5) multi-directionality of interactions between contexts. These themes were used as the basis of three interconnected mentoring functions: providing individual career and personal support tailored for ethnic minorities, relationship and trust building, and providing institutional or sociocultural support (Chan et al., 2015). In addition, the authors argue that these mentoring functions cannot be separated from the contexts which mentors and mentees exist in, that is, family and community, the university, the subject field or profession and the wider society and culture (Chan et al., 2015). This is consistent with Bronfenbrenner's (1977) ecological model of human development, which emphasizes the importance of five interconnected environmental systems on a child's development. The systems are; (1) the microsystem: an individual's immediate environment of family, peers, friends, community and institutions, (2) the mesosystem: interactions between the microsystems, (3) the exosystem: broader social and environmental context which has an indirect impact on the individual, (4) the macrosystem: the wider cultural norms and values, and (5) the chronosystem: the impact of historical events on an individual (Bronfenbrenner, 1977).

These models will be used in the conceptualisation of this systematic review. Given the scarcity of literature, and absence of a systematic review on mentoring experiences of ME students, this review sought to fill this gap and provide guidance to universities and mentors in supporting ME students with barriers such as engagement and persistence in higher education.

### **Aim of review**

The aim of this systematic review is to answer the question: What are the formal mentoring experiences of higher education students from ME backgrounds within STEM and clinical psychology related subjects?

### **Methods**

This systematic review was conducted in line with enhancing transparency in reporting the synthesis of qualitative research (ENTREQ; Tong et al., 2012) guidelines; see Appendix B for completed checklist. Thematic synthesis (Thomas & Harden, 2008) was used to synthesise studies. This was chosen as it is a commonly used approach for synthesising and analysing multiple qualitative studies to determine acceptability and need for an intervention, which aligned with the aims of this review.

### **Protocol**

The application to register this review was made but not accepted by PROSPERO, as the proposal was deemed to not have direct relevance to health outcomes. Other recommended registers (Pieper & Rombey, 2022) were considered; however, these were either not deemed suitable or not accessible due to financial restraints associated with the thesis portfolio. Therefore, in discussion with the supervisory team, a decision was made not to register the review with an external body.

### **Search strategy**

A comprehensive pre-planned search strategy was used to identify all available studies. Five databases were searched (PsychINFO, ERIC, Academic Search Ultimate, Scopus and MEDLINE) to identify relevant studies with no date restrictions. The last search was carried out on 17<sup>th</sup> February



2024. The reference list of the studies that met the inclusion criteria were also searched. The search terms can be grouped into four broad categories (see Table 2.1) utilising Boolean operators ('and', 'or') and truncation symbols (e.g., '\*').

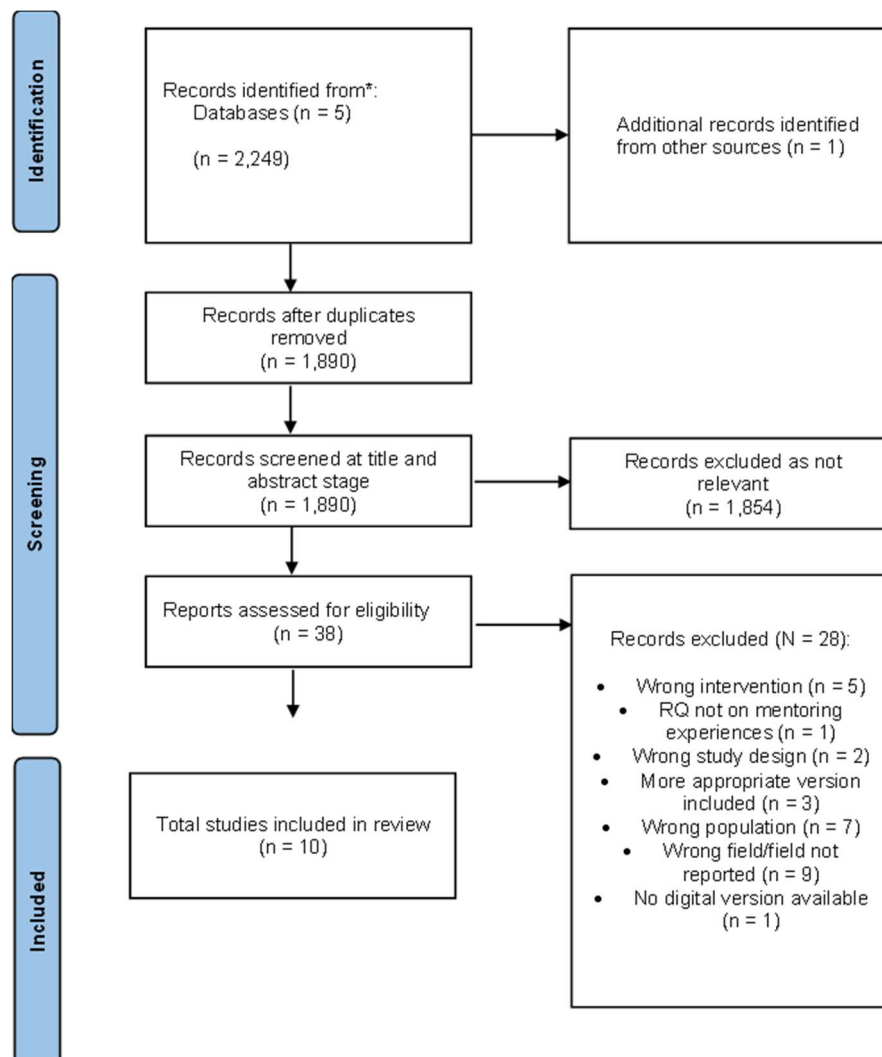
**Table 2.1**

*Search terms within four broad categories*

Mentoring	Higher education students	Minoritised Ethnic backgrounds	Field of study
Mentor*	"higher education" OR undergraduate OR "post graduate" OR postgraduate OR doctora*	ethnic* OR racial* OR race OR BAME OR BME OR Black or Asian OR Indian OR Pakistani OR Bangladeshi OR Chinese Arab OR African OR Caribbean	science OR technology OR engineering OR mathematics OR STEM OR psycholog*

Figure 2.1

## PRISMA Flow diagram



## Eligibility criteria

The following section outlines the eligibility criteria for included and excluded studies.

Participant inclusion criteria were: adult students from ME backgrounds (see Chapter One of the thesis portfolio for a definition), including Native American and Latino backgrounds in US studies, as well as students in STEM and clinical psychology-related subjects such as counselling and psychotherapy.

Inclusion criteria of studies were: qualitative studies written in English, exploring formal mentoring experiences using empirical verbal data (e.g., focus groups or interviews). Studies involving mentors or advisors (Chan et al., 2015) or where participants self-identified as mentors were included, consistent with qualitative research typically being guided by participants' own definitions (Crisp & Cruz, 2009). Case studies with multiple participants were included as they align with the definition, namely, an in-depth exploration of a phenomenon, i.e., mentoring, within a specific context, i.e., higher education (Priya, 2021). Theses and dissertations were included due to limited published research in this area.

Exclusion criteria were: single case studies, studies that explored forms of mentoring distinct from formal mentoring (e.g., peer mentoring), studies that included participants from White or White Other ethnic groups, and studies where some or all participants were not higher education students at the time of the study.

### **Study Selection/Screening**

EndNote reference manager software was used to store the initial 2,249 studies and to remove duplicates after the initial search. After duplicates were removed, 1,890 papers remained (see Figure 2.1). Rayyan.ai was used to screen these papers, whereby the titles and abstracts were initially screened against the inclusion and exclusion criteria by the primary researcher (HA). A second blind reviewer independently reviewed the titles and abstract of 25% of the initial studies (N = 473) against the inclusion/exclusion criteria and there was 100% agreement (k = 1). HA then reviewed the full-text of the smaller pool of 38 studies based on the eligibility criteria. Of the 38 studies, ten met the inclusion and exclusion criteria and were included in the review, one of which was discovered from a reference list of the included studies.

### **Quality assessment**

The Critical Appraisal Skills Programme (CASP; 2018) checklist for qualitative studies was used by the primary researcher to assess the methodological qualities of the papers included in the review. This checklist uses 10 questions which consider: (1) research aims, (2) methodology, (3) research design, (4) recruitment strategy, (5) data collection, (6) relationship between the researcher and participants, (7) ethical issues, (8) data analysis, (9) statement of findings, and (10) value of the research. These questions are answered whereby a study meets the criteria ('yes'), does not ('no') or is unclear ('can't tell'). Whilst CASP (2018) checklist was used as the formal appraisal tool, Cochrane (Noyes et al., 2018) and consolidated criteria for reporting qualitative research (COREQ: Tong et al., 2007) guidelines were also used informally to guide the thinking around the appraisal. In line with Cochrane guidance, the CASP (2018) checklist criteria were used to understand and guide the synthesis, as opposed to quantifiable scoring or excluding studies based on their quality (Long et al., 2020; Noyes et al., 2018).

### **Data extraction and analysis**

Data were extracted from each study and tabulated, and thematic synthesis (Thomas & Harden, 2008) was used to synthesise and analyse study findings. Thematic synthesis is recommended by Cochrane guidance for synthesising multiple qualitative studies to determine acceptability and need for an intervention (Noyes et al., 2018), which aligned with the aims of this review. The results sections of studies were entered in NVivo, whereby first order data (quotes from participants) and second order data (authors' interpretations) were coded. The three stages of data synthesis described by Thomas and Harden (2008) were followed. In stages one and two, the text was coded inductively using line by line coding, and descriptive themes were developed based on the data (Thomas & Harden, 2008). In stage three analytical themes were generated (Thomas & Harden, 2008). This involved going beyond the text and inferring participants' mentoring needs based on first and second order data, the primary researcher's interpretation of the data and existing literature.

## Results

### Data extraction

Ten studies were included in the final review. Important information such as sample characteristics, research questions, and themes, were extracted from studies and tabulated (see Table 2.2). As all studies were based in the US, the findings may only be relevant to a US higher education context.

There was a total of 104 participants sampled across all ten studies. Of this, 50% (n=52) were doctoral students, 40% (n=42) were undergraduate students and 10% (n=10) were masters students. So, whilst all participants were students, they were in varied stages of education resulting in a heterogeneous student sample. In addition, 64% (n=67) of students were studying STEM subjects, including engineering, 29% (n=30) were studying counsellor education and 7% (n=7) were studying counselling psychology. As the clinical psychology related subjects were exclusively counselling, the findings may not be applicable to other psychological professions. Furthermore, 57% (n=59) of the overall sample identified as Black, 28% (n=29) as African American, 14% (n=15) as Latinx and 1% (n=1) as mixed race (Black and Native American). Therefore, the focus was mostly on Black/African American participants, which may be different to the experiences of other ME groups generally and may be different to the experiences of Black students in the UK.

### Quality Assessment

The results of the quality assessment based on the CASP (2018) checklist are presented in Appendix C. Three studies (Morata, 2017; Carter, 2022; Smith, 2023) met all of the criteria, whilst Alston et al. (2017), Brown and Grothaus (2019) and Merriweather et al. (2022) met the least criteria.

All ten studies had a clear statement of the research aims in line with Cochrane guidelines (Noyes et al., 2018). Six studies (Brown & Grothaus, 2019; Carter, 2022; Cartwright et al., 2021; Smith, 2015;

Smith, 2023; Young, 2018) used a phenomenological approach, other methodological approaches used were interpretative phenomenological analysis (Elliot et al., 2021), narrative analysis (Merriweather et al., 2022), thematic analysis (Morata, 2017) and qualitative comparative analysis (Alston et al., 2017). Four studies (Alston et al., 2017; Brown & Grothaus, 2019; Elliot et al., 2021; Merriweather et al., 2022) did not provide justification for the methodology used, so the reader is unable to assess whether the methods are consistent with the research questions. As this is a key requirement for methodological quality of qualitative studies, these studies could be considered methodologically weaker than their counterparts (Noyes et al., 2018).

Most studies either discussed researcher's reflexivity and biases (Alston et al., 2017; Carter, 2022; Cartwright et al., 2021; Smith, 2015; Smith, 2023) or also directly discussed their relationship with participants (Morata, 2017; Young, 2018). Due to the impact on participants' responses and subsequent data, accurately reporting this improved the validity of these studies' findings (Noyes et al., 2018; Tong et al., 2007). In contrast, one study (Elliot et al., 2021) described researchers' positionalities but not the impact on findings, one study (Brown & Grothaus, 2019) used their informal network for recruitment but did not consider the ethical or methodological impact, and one study (Merriweather et al., 2022) did not report reflexivity at all. As a result, the validity of the findings of these three studies is decreased, thus lowering their quality compared to the other seven studies.

Seven studies (Alston et al., 2017; Brown & Grothaus, 2019; Carter, 2022; Morata, 2017; Smith, 2015; Smith, 2023; Young, 2018) used purposive or snowballing sampling strategies, which is preferred over convenience sampling for "hard-to-reach" populations (Tong et al., 2007). The remaining three studies (Cartwright et al., 2021; Elliot et al., 2021; Merriweather et al., 2022) did not explicitly state the sampling technique but described the recruitment process in sufficient detail.

Concerningly, the ethical criteria were only fully met by three studies (Carter, 2022; Merriweather et al., 2022; Smith, 2023). Three studies (Brown & Grothaus, 2019; Elliot et al., 2021; Young, 2018)

did not report ethical considerations outside of stating that consent and ethical approval was obtained, therefore, it is unclear how the research was explained to participants or how any other potential ethical issues were addressed. This is particularly problematic for the study whereby participants were recruited from the researchers' informal network (Brown & Grothaus, 2019). The remaining four studies did not mention consent (Alston et al., 2017; Cartwright et al., 2021; Merriweather et al., 2022; Smith, 2015), making it unclear whether participants consented to taking part in these studies. This is of clear concern and requires a cautious approach to interpreting the data.

Moreover, all studies except two (Brown & Grothaus, 2019; Merriweather et al., 2022) met the criteria for rigorous data analysis. The data analysis process was thoroughly explained in the other eight studies, thus increasing the credibility of their findings (Tong et al., 2007). As Brown and Grothaus (2019) presented limited participant quotations, this decreased the transparency of findings, making it difficult to assess the consistency between the primary data and interpretations (Tong et al., 2007). For Merriweather et al. (2022), the analysis process was not described in sufficient enough detail to assess the credibility of the findings, and it is not clear how the themes presented align with the research questions. Again, this suggests that caution should be applied when interpreting the data from these two studies.

In summary, based on guidelines for assessing the quality of qualitative research (CASP, 2018; Cochrane: Noyes et al., 2018; COREQ: Tong et al., 2007), the studies included in this review are of varying quality. Most studies failed to report some important aspects of the research, which reduced the transparency and validity of the findings and limited the ability to assess quality. It is important to consider this for the synthesis findings, in particular the findings from the three lowest quality studies (Alston et al., 2017; Brown & Grothaus, 2019; Merriweather et al., 2022), which follow.

Table 2.2

*Study Characteristics*

Lead author and year (thesis or published)	N	Student type	Field of study	Participants' ethnicity	Participants' gender	Participants' age	Study design (methodology)	Info on mentoring	Themes in paper
<b>Alston 2017 (Published)</b>	16	Doctoral and Postgraduate students	STEM	Black	All male	24-56 years old	Qualitative comparative analysis (Interviews)	Not reported	(1) Difference Between Academic Advisor and Academic Mentor, (2) Unseen and Underrepresented Black Men, and (3) Seeing Myself in My Mentor
<b>Brown 2019 (Published)</b>	10	Doctoral students	Counselor Education	Black	6 females, 4 males	Participants were in their 20s and 30s. One participant was in their 50s	Phenomenology study (Interviews)	Participants self-identified as having one or more trusted White mentors within the counselling profession. Five participants identified both a White professor(s) and a clinical supervisor(s) they trusted. Three identified at least one professor, and two identified at least one supervisor.	(1) Reasons for trust, (2) Reasons for mistrust, (3) Benefits of cross-racial mentoring
<b>Carter 2022 (Thesis)</b>	7	Undergraduates	STEM	Black	All male	20-23 years old	Phenomenology study (Interviews)	STEM Mentoring Enrichment Programs: pipeline programs designed to help introduce low-income minority students to career fields they otherwise might not have experienced. Participants were involved in a nationally known nonprofit organisation for Black engineering, technical students and professionals.	(1) Creativity, (2) Beneficial interaction, (3) Self-empowerment, (4) Emotional barriers, (5) Bridging, (6) Bonding and (7) Linking.



<b>Cartwright 2021 (Published)</b>	10	Doctoral students	Counselor Education	Black	All female	29-43 years old	Phenomenology (Interviews)	All participants were engaged in mentorship relationships; five participants' mentorship relationships were facilitated by their universities and half disclosed self-initiated or organic mentorship relationships.	(1) Gender and Ethnic Match, (2) Desired Qualities of the Mentoring Relationship, (3) Support, (4) Isolating and Negative Experiences, (5) Coping and Meaning Making
<b>Elliot 2021 (Published)</b>	7	Doctoral students	Counseling Psychology	Black	4 males, 3 females	22-41 years old (average: 28)	IPA (Interviews)	Advisor relationships ('advisor' and 'mentor' used interchangeably in study)	Relevant themes: (1) Supportive, empathetic and understanding advising relationship with mentor, (2) The need for diverse curriculum and initiatives.
<b>Merriweather 2022 (Thesis)</b>	9	Doctoral students	STEM	Black	6 female, 3 male	Not reported	Narrative analysis (Interviews)	Participants were enrolled in a National Science Foundation Alliance for Graduate Education and the Professoriate funded program- details of this program not reported.	(1) Conspicuous absence, (2) Race [still] matters, and (3) Invisibilized hypervisibility.
<b>Morata 2017 (Thesis)</b>	11	Undergraduate students	STEM	Latino	6 females, 5 males	19-27 years old	Thematic analysis (Interviews)	STEM Mentoring Program: faculty guide second-year peer mentors that in turn mentor first-year-students in the Program. The faculty mentors' role is to serve as role models and coaches for their mentees (i.e., peer mentors) to help them mentor the firstyear students in the program. The peer mentors are	Relevant themes: (1) Mentoring as meaning (academic and interpersonal) support, (2) The need for career matching of mentors and mentees, (3) The necessity of the

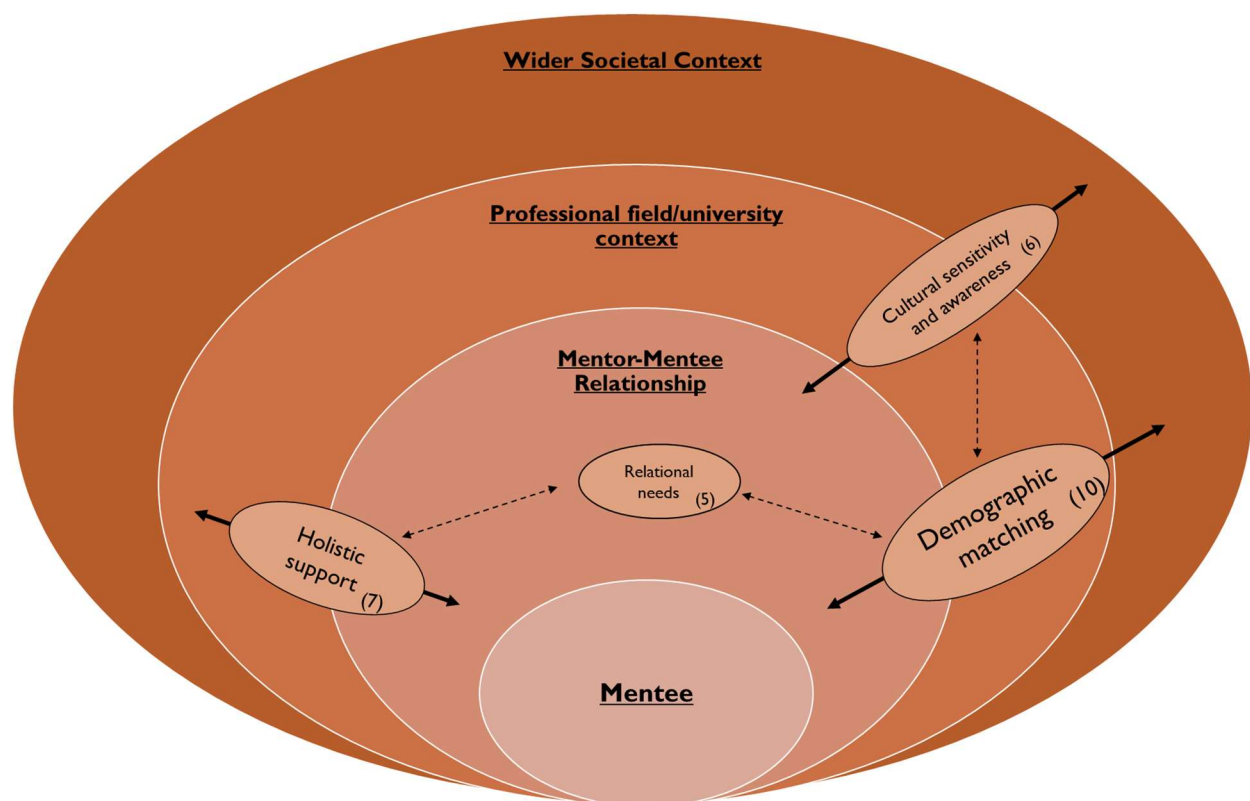
								supposed to help first-year students learn about leadership and help them achieve academic success	required number of meetings and events, (4) the role gender and ethnicity in mentoring, and (5) what makes for successful mentoring programs
<b>Smith 2015 (Thesis)</b>	16	Undergraduate students	Engineering	African American	All female	20-45 years old (Mean age: 21 years)	Phenomenology study (Interviews)	Faculty mentoring (not described in more detail in the paper)	(1) Guide, (2) Proactive Supporter, (3) Reactive Listener, (4) Nurturer, (5) Just In Time, (6) Caring, and (7) Role Model.
<b>Smtih 2023 (Thesis)</b>	10	Masters students	Counselor Education	African American (n=9) and Mixed race Black and Native American (n=1)	Six female, three male, one non-binary	25-54 years old (Mean age: 32.9 years)	Phenomenological (Interviews)	Not described	(1) impact of mentorship, (2) benefits of mentorship, (3) qualities within mentoring relationships, (4) composition of mentoring relationships, (5) saliency and influence of identity, and (6) barriers to mentorship and program satisfaction
<b>Young 2018 (Thesis)</b>	8	Undergraduate students	STEM	African American and Latino	All Male	20-22 years old	Phenomenological case study (Interviews)	Participants had engaged in a mentoring program for no less than one term, either at University or community-based organizations such as The Young Men of Color Mentoring Program, Amigos Latinos, or the Big Brothers of America (all programs that focus on historically underrepresented male participants).	(1) Level of mentorship engagement, (2) Sense of belonging and (3) Scientific identity

## Thematic synthesis

As described above, this process involved line by line inductive coding to produce descriptive themes and developing analytical themes which go beyond the text (Thomas & Harden, 2008). Through the thematic synthesis, four themes emerged from the data: (1) *demographic matching*, (2) *cultural sensitivity and awareness*, (3) *holistic support*, and (4) *relational needs*. These themes are interlinked and occur within three contextual layers pertinent to ME students: the mentor-mentee relationship, the professional field/university context, and the wider societal context (see Figure 2.2). Themes one (*demographic matching*) and two (*cultural sensitivity and awareness*) occur across all three layers, theme three (*holistic support*) occurs in the professional and university context and in the mentoring relationship, and theme four (*relational needs*) occurs within the mentoring relationship. Figure 2.2 provides a visual representation of this.

**Figure 2.2**

*Model of themes (and frequency of occurrence in studies) within three contextual layers.*



### **Theme one: Demographic matching**

Demographic matching, which was discussed in all of the included studies, mostly refers to race and gender, and, as participants in the studies were either Black or Latino, a same race mentor indicates a Black or Latino mentor. A minority of studies discussed the benefits of cross racial mentoring, such as learning about a different culture (Morata, 2017) or White mentors using their privilege to help Black students navigate White-dominated systems (Brown & Grothaus, 2019; Elliott et al., 2021). However, as the overwhelming majority reported a preference for same race and same gender mentors, the subthemes, *a closer relationship*, *“a beacon of hope”*, and *a guide*, are centred around the benefits of demographic matching.

The first subtheme, *a closer relationship*, portrays the frequently reported idea that mentors of the same race and/or gender as mentees results in a closer mentor-mentee relationship (Alston et al., 2017; Brown & Grothaus, 2019; Cartwright et al., 2021; Elliot et al., 2021; Merriweather et al., 2022; Smith, 2023), more identifiability and relatability (Alston et al., 2017; Merriweather et al., 2022; Smith, 2015; Smith, 2023) and greater levels of comfort and connection (Carter, 2022; Elliot et al., 2021; Merriweather et al., 2022; Brown & Grothaus, 2019). For example, one participant described feeling more connected with *“someone who looks like me”* compared to *“the White guy in the business suit”* (Carter, 2022). Therefore, having a race or gender matched mentor met many of the participants’ relational needs, which exist in the mentoring relationship contextual level and links this theme to theme four (*relational needs*). In contrast, participants in one study who reported no preference for a race matched mentor saw connection as separate from race-matching: *“the colour of the skin doesn’t matter... it is all about the connection”* (Morata, 2017). This suggests that for some ME students, a connection can be facilitated independently of race and/or gender matching. However, for the majority of participants, a mentor of the same race and/or gender automatically facilitated a closer relationship.

The next subtheme, *“a beacon of hope”*, is the idea that mentors matched on demographic traits, such as race (Alston et al., 2017; Elliot et al., 2021; Morata, 2017; Smith, 2015), race and gender

(Merriweather et al., 2022; Smith, 2015; Smith, 2023), first generation student status and socioeconomic status (Young, 2018), and are in aspirational positions provide hope to the mentee that they can achieve the same (Elliot et al., 2021; Young, 2018), as well as a blueprint of how to do this (Alston et al., 2017; Merriweather et al., 2022; Smith, 2015; Smith, 2023). For example, one participant reported: *“hearing about the difficulties that [advisor has] faced and still facing when it comes to being a Black woman in academia and kind of being able to learn from her experiences...It’s a constant reminder that it’s doable”* (Elliot et al., 2021).

Likewise, mentees reported that same race mentors serve as *a guide*, which is the next subtheme. This role was reported to involve helping mentees to navigate their marginalised identities in their academic field. Preparing mentees for the *“oppression”* and *“isolation”* they will face as ME students was reported to be important, however, this was not always received by cross-racial mentors (Merriweather et al., 2022). On the other hand, same race and ME mentors were reported to offer validation and advice on navigating the field as an ME student (Alston et al., 2017; Elliot et al., 2021, Merriweather et al., 2022; Young, 2018). Mentors served as a role model and guide, not only when navigating their professional and university contexts but also in navigating a White-dominated society as a marginalised individual, as this participant explained:

*Just given what’s happening in the world, I’m going to want to say some things as a Black man in this world and HBCU [university] that I feel like I should be able to say to whoever’s on faculty, no matter what their colour is...I’m going to look at it as part of your advisor duty. Is that something that you can handle? ...Because as a Black man, this world just won’t give me no peace.*

(Merriweather et al., 2022)

The six studies that mentioned this role of a matched mentor as a guide (Alston et al., 2017; Carter, 2022; Cartwright et al., 2021; Elliot et al., 2021; Merriweather et al., 2022; Smith, 2023) did so in the context of Black participants reporting a lack of Black academic staff within their departments. This also relates to the wider societal context as the lack of Black people in academia reflects the lack of people from Black and ME backgrounds in higher positions of wider society (Kline, 2014). Due to

the unmet need created by limited exposure to Black people within their academic fields, participants in three studies (Alston et al., 2017; Cartwright et al., 2021; Merriweather et al., 2022) went outside of their academic fields to seek support from a matched mentor. Therefore, it can be assumed that the importance of having a race matched mentor was amplified by the limited exposure to people in higher positions who look like them. This highlights the importance of ethnic representation and diversity within academia, which will be explored further in the discussion section.

In sum, matched mentors serve as a beacon of hope and a guide for navigating academia and have closer mentor-mentee relationships, and thus may be a protective factor for ME students navigating non-diverse academic spaces. As summarised by Smith (2023): *“having a mentor who shared similar experiences in life helped them [mentees] better feel understood, empowered, and confident as they learned how to be Black mental health professionals in a White-dominated field”*.

### **Theme two: Cultural sensitivity and awareness**

This theme, which encompasses data from six papers (Alston et al., 2017; Carter, 2022; Cartwright et al., 2021; Elliott et al., 2021; Merriweather et al., 2022; Smith, 2023), captured a need for cultural sensitivity and awareness from mentors.

Unlike the previous theme which relies on the demographic traits of a mentor, the need depicted within this theme and subsequent themes can be met by any mentor, regardless of demographics. Participants discussed the importance of mentors being prepared to talk about racial and gender issues with honesty and transparency (Cartwright et al., 2022), as well as sensitivity and awareness (Merriweather et al., 2022). A participant in one study provided an example of cultural sensitivity and awareness in a cross-racial relationship:

*I told [White advisor] the idea of like ‘hey I’m looking to do some type of research, I don’t know what yet, about Black men raised in majority White communities’ ... And he’s like ‘you know, that sounds like really interesting. I might be able to put you in touch with certain people. If there’s*

*anything that you are reading that you think I need to check out, just let me know so I can stay up to date with that you're doing'. (Elliot et al., 2021)*

Unfortunately, though, this was an exception. The majority of studies reported a lack of cultural sensitivity and awareness with mentors and faculty, which was often discussed in the context of mentors who do not match the mentee's race (Alston et al., 2017, Brown & Grothaus, 2019; Merriweather et al., 2022; Smith, 2023). These negative experiences, as well as racist experiences generally, impacted on trust in cross-racial mentoring relationships (Brown & Grothaus, 2019), and may negatively impact on subsequent cross-racial mentoring relationships. It is therefore important for mentors to focus on providing culturally sensitive mentoring which shows an awareness of mentees' marginalised identities, to counter these negative and discriminatory experiences.

### ***Theme three: Holistic support***

Data from seven studies (Carter, 2022; Cartwright et al., 2021; Merriweather et al., 2022; Morata, 2017; Smith, 2015; Smith, 2023; Young, 2018) influenced the development of this theme, which captured the importance of providing mentees with holistic support. Mentees reported the importance of mentors supporting with their academic, professional, personal and emotional needs across their personal, professional and university contexts and within the mentoring relationship.

Academic and professional needs within mentees' professional and university contexts were discussed in all seven studies. Academic needs included developing study skills, time management skills and support to persist and advance in academic fields (Morata, 2017; Young, 2018; Smith, 2023), whilst the most commonly discussed professional need was provision of networking opportunities and relevant resources (Carter, 2022; Merriweather et al., 2022; Morata, 2017; Smith, 2015; Smith, 2023; Young, 2018). Other professional needs included help preparing for job interviews, providing letters of recommendation and support with post-graduation decisions (Morata, 2017; Smith, 2015; Smith, 2023; Young, 2018). Within personal contexts, mentors supported mentees with their personal needs, such as support with family issues (Morata, 2017),

love life (Smith, 2023) and support in lieu of family (Smith, 2015). Mentors also provided support with emotional needs, such as stress and anxiety management, as well as offering encouragement and validation (Morata, 2017; Smith, 2015; Young, 2018).

All seven studies reported the importance of support that combined professional, academic and personal development, which revealed the importance of holistic support that considers mentees' needs across different contexts. A participant summarised this as: *"It's never a moment of, 'We just want you to do well academically.' It's, 'How are you doing as a person?' All that usually transcends into me having improved my academic performance"* (Smith, 2015).

A few of studies (Carter, 2022; Morata, 2017; Smith, 2023) experienced this holistic support as being met by different people. For example, informal mentors providing personal support and formal mentors providing academic support (Morata, 2017) or having a clergy person support with religious needs and an academic mentor for academic needs (Smith, 2023). This was described as beneficial for support from *"different people from different perspectives"* leading to a *"mosaic of mentorship"* (Smith, 2023). In addition, one participant expressed that mentors who aren't *"minorities"* cannot provide this holistic support: *"Most of these programs that are...pushing for minor and engineer students, they aren't run by minorities themselves. That's somewhat concerning because they cannot really interact with you on a moral or personal level"* (Carter, 2022). The use of the word *"concerning"* suggests an unmet need for this participant to speak about personal issues with a mentor, which is seen as more likely with a minoritised mentor. This links to theme one (*demographic matching*) as it speaks to a preference for a matched mentor.

In contrast, participants in one study believed that a mentoring relationship should be strictly professional (Morata, 2017), suggesting they do not see it as the role of the mentor to meet their personal needs. Nevertheless, the majority of studies show that it is not enough to support mentees with only their academic and/or professional needs, mentees need a mentor who sees them as a whole person, with academic, professional, personal and emotional needs.

#### ***Theme four: Relational needs***



This theme, which captures the relational needs of mentees, occurred in five studies (Merriweather et al., 2022; Morata, 2017; Smith, 2015; Smith, 2023; Young, 2018). Unlike the previous themes, relational needs exist almost exclusively in the mentoring relationship context. The two subthemes are: *a mentor who cares* and *a personal relationship*.

The first subtheme, *a mentor who cares*, describes the importance of mentors showing a genuine “*personal interest*” (Smith, 2015; Smith, 2023) and “*investing time and energy*” in mentees (Young, 2018). Mentors who go the extra mile for mentees and take time to listen to them were given as examples of mentors showing they care (Smith, 2015; Smith, 2023). One participant gave an example of this: “*I think the first day, he’d know all of our names and there would probably be 50 people in the class...I felt really comfortable going to him for office hours or whatever I needed*” (Smith, 2015). Thus, this mentor showing he cared by remembering students’ names made the mentee feel comfortable reaching out for help. On the flip side, a participant reported a negative experience with an advisor who had the opposite approach: “*She seemed very nonchalant or I was just another person on her list of people. So, I felt like just another one of those people she was going to see...she never really remembered my name*” (Young, 2018). One study reported the importance of a mentor who cares in countering negative experiences faced by Black STEM students of “*not being seen or respected*” in the field. Participants felt that “*effective mentorship would have helped to mitigate those feelings*” (Merriweather et al., 2022).

The second subtheme, *a personal relationship*, relates to the personal needs of mentees discussed in the previous theme (*holistic support*), and captures mentees’ desire for a personal relationship with mentors. Participants in two studies refer to their mentors as “*more than a mentor*” (Young, 2018) and more than “*just a mentor-mentee relationship*” (Morata, 2017), but “*a friend*” (Morata, 2017; Young, 2018). This was to the extent that one participant stated she would be visiting her mentor after the mentoring program is over due to the relationship built (Morata, 2017). An important manifestation of a personal mentoring relationship was reciprocity and mutual disclosure of personal aspects (Morata, 2017; Smith, 2015), as illustrated by this participant:

*I never had a relationship like that with someone, like, mentor-student relationship, and I think that it's very strong... He gives me something, and I give him something in return; he gives me knowledge, and I give him, like, good work and good research in return...he's kind of, like, investing in me, and I'm showing him, like, yes, your investment is doing very good. (Morata, 2017)*

Having said this, as discussed in the previous theme (*holistic support*), not all participants felt disclosing personal issues with a mentor was appropriate (Morata, 2017), with one participant stating: *"My problems are my problems; their problems are their problems"*. However, this view was the exception rather than the rule.

In summary, participants in the synthesised studies benefitted from mentors who match their demographics as they serve as a role model, a guide and meet their relational needs for a closer relationship. However, non-matched mentors can also support ME mentees by providing culturally sensitive, holistic support which focuses on the mentor-mentee relationship. Therefore, mentees benefit from mentoring which meets their academic, professional, personal, emotional, relational and cultural needs. As these needs occur within and across mentees' personal, academic, and wider societal contexts, any support provided must take these contexts into account.

## **Discussion**

The purpose of this systematic review was to explore the formal mentoring experiences of higher education students from ME backgrounds within STEM and clinical psychology related subjects, and is the first known systematic review to focus on this topic.

### **Summary and interpretation of findings**

A thematic synthesis (Thomas & Harden, 2008) was carried out on ten qualitative studies, and four analytical themes were developed based on the inferred mentoring needs of ME students. These themes were: (1) *demographic matching*, (2) *cultural sensitivity and awareness*, (3) *holistic support*, and (4) *relational needs*. These needs do not occur independently of one another and thus,

support should meet a combination of cultural, relational, academic and personal needs. The findings revealed the significance of contextual support for ME students across three contextual levels: the mentor-mentee relationship, the professional/academic context and the wider societal context (see Figure 2.2).

This focus on wider context diverges somewhat from traditional mentoring literature, which focus on academic and professional contexts (Mullen & Klimaitis, 2019). It is, however, consistent with contemporary research on the needs of ME students (Salvador, 2017) and literature on the impact of context on development (Bronfenbrenner, 1977). The findings of this review are also consistent with Chan et al. (2015) model of mentoring, as the three mentoring functions outlined in their model, career and personal support tailored for ethnic minorities, relationship and trust building and institutional or sociocultural support, relate theme three (*holistic support*), theme four (*relational needs*) and the contextual layers in the current review. In addition, the contexts discussed in this model, namely, family and community, the university, the subject field or profession and the wider society and culture (Chan et al., 2015), map onto the contextual layers within the current review, hence reinforcing the importance of mentors providing contextualised and holistic support to ME students.

The synthesis findings also show that a mentor who is matched on demographic characteristics can meet mentees' relational needs, by providing a closer relationship, as well as professional and academic needs, by serving as a role model and guide for navigating academia as an ME student. The need for a matched mentor is both perpetuated by and made difficult by the lack of ethnic diversity, particularly Black faculty and professors, within STEM and counselling fields. The findings of this review suggest a cycle whereby the lack of ethnic diversity among professors gives Black and ME students the implicit message that academia is not meant for them. This makes it less likely for ME students to go into academia, perpetuating the lack of diversity. ME students receiving mentoring from demographically matched mentors breaks this cycle by offering a reflection of themselves in

academia and providing guidance on navigating ME identities within academic settings. This is consistent with past research that Black clinical psychology doctoral students report the presence of a Black mentor as a protective factor which enabled their persistence (Salvador, 2017). However, the lack of ethnic diversity in academia poses a challenge for ME students seeking racially matched mentors within STEM and counselling fields, and has been suggested as an important contribution to the ethnicity attainment gap (Greaves et al., 2022)

Although these studies are within a US context, research from the UK indicates a similar lack of ethnic diversity among professors within higher education settings. For instance, data from HESA shows that, in 2021-2, 0.7% of professors in the UK were Black (HESA, 2023), and White academics are more than twice as likely to become Professors than their Black peers (Rollock, 2019). Similarly, research that UK Black clinical psychology doctoral students report a struggle to fit into, and subsequently conform to, White-dominated training spaces (Shah, 2010) suggests the findings might be applicable to fields outside of STEM and counselling. Taken together, the UK literature suggests that the experiences of ME students found in the current review may also apply within UK higher education and, more specifically, within clinical psychology.

### **Implications and recommendations**

The needs of ME students presented in this review have many significant implications for universities supporting students from ME backgrounds. Before discussing implications, it is important to note that since all included studies were conducted in the US, and given significant differences between UK and US universities, such as study duration and the emphasis on breadth versus depth of knowledge, higher education experiences, and therefore mentoring experiences, may differ within a UK context. However, as mentioned above, studies that were conducted in the UK but did not meet the criteria for inclusion in this review, have similar findings to those included here (Greaves et al., 2022; Shah, 2010).

The findings of the included studies demonstrate that it is not enough for universities to support ME students with their academic and professional needs at the expense of their personal, emotional and relational needs, such as support with family issues, stress management and building trust and rapport with mentees. Therefore, rather than separating support services for personal and emotional support, and mentors or advisors for academic and professional support, ME students may benefit from a single contact providing holistic support with all of these needs.

For individual mentors supporting ME students, it is important to ask about other aspects of students' lives rather than focusing on the university or professional context. For example, enquiring about stresses or supports within personal or home life, community and wider society. However, as there were a minority of participants who felt a mentoring relationship should be professional and not personal, it is important to ask for permission before exploring personal factors, to ensure support is person-centered and led by mentees. Setting collaborative ground rules for mentoring may help to ensure boundaries are not crossed, and may lessen the impact of power dynamics, particularly in cross-racial relationships with a White mentor and ME student. Additionally, it is important to invest time in getting to know the mentee and focus on building rapport and trust in order to develop a personal relationship. Appropriate self-disclosure of personal aspects may help with this. This is particularly important for cross-racial mentoring relationships whereby the mentee may struggle with cross-racial trust due to negative past experiences (Brown & Grothaus, 2019).

Moreover, the benefits of same race mentoring were mentioned in all but one study, which shows the importance ME students place on this. This need was contrasted with a lack of Black professors and faculty within STEM and counselling fields, highlighting the importance of recruiting and retaining a more ethnically diverse workforce (Greaves et al., 2022). Though race matched mentors serve as a protective factor for ME students navigating non-diverse academic spaces, it is important not to burden the minority of ME professors, who themselves report experiences of discrimination and hostile environments in academia (Jameel et al, 2022; Rollock, 2019). This highlights the

importance of ensuring non-matched mentors can appropriately support ME students in the context of the broader lack of ethnic diversity in academia.

The findings of this review and past research (Chan et al., 2015) suggest that ME students need a mentor who can discuss racial and gender issues in a sensitive and informed manner whilst focusing on building trust and rapport with mentees on a personal level. This can serve as a protective factor for insensitive and discriminatory experiences and can foster trust within cross-racial mentoring relationships. Therefore, universities should provide mentors with the skills to deliver culturally sensitive support through training, which can be informed by established systemic literature on understanding identities, such as the Social GRRAAACCEESS model (Burnham, 2012). Similarly, universities should support mentors to develop their interpersonal skills to be equipped to meet mentees' relational needs within the context of the mentoring relationship.

### **Strengths and limitations**

The strengths of this review include being the first known systematic review that explores mentoring experiences amongst ME students. This provides a valuable contribution to the literature in amplifying the voices of an under-researched group. Exploring the mentoring experiences of ME students can help to tackle some of the previously mentioned barriers faced, such as lack of academic preparedness for higher education (Stevenson, 2012) and poorer experiences of university (Neaves & Stevenson, 2019),

In addition, the thematic synthesis methodology used in this review helped to go beyond the data and infer the mentoring needs of ME students, which higher education institutions can use to ensure the needs of ME students are being met. Thus, this synthesis methodology, which is recommended by Cochrane guidance (Noyes et al., 2018), allowed for a practical application of the research.

The limitations of this review mostly centre around the quality of included studies. For example, there is a lack of consensus within the studies on what mentoring is, with studies using terms such as

advisors, supervisors and teachers interchangeably with the term 'mentor'. This echoes previously raised concerns about mentoring literature (Crisp & Cruz, 2007; Mullen & Klimaitis, 2019). As such, some studies, though claimed to be exploring mentoring experiences and thus met the inclusion criteria, included in their results experiences which does not align with the definition of mentoring. This made it difficult to delineate which studies were exploring mentoring and which were exploring other concepts. Future studies should use a specific and established definition of mentoring (e.g., Mullen & Klimaitis, 2019) and operationalise this within the research methodology.

The included studies were of varying quality, with only three studies (Carter, 2022; Morata, 2017; Smith, 2023) meeting all the criteria, one study (Young, 2018) meeting all but one, and the rest not meeting various criteria. All studies were included regardless of quality as recommended by Cochrane guidance (Noyes et al., 2018), and due to the limited research in this area. Thus, synthesis findings should be interpreted with a sizable degree of caution. Future research in this area should focus on quality, specifically on accurate and detailed recording of methodology and ethical procedures.

Moreover, all of the included studies were conducted in the US. As the higher education context in the UK is different to the US, it is unclear how much these findings can be generalised to UK higher education. In addition, although one study (Elliot et al., 2021) was in the counselling psychology field, which is related, none of the included studies were within clinical psychology. Although the previously mentioned research with UK clinical psychology doctoral students found similar results (Shah, 2010), caution must be taken when applying the findings to clinical psychology settings. This revealed a significant gap in the literature on mentoring experiences of ME students within clinical psychology in the UK, highlighting the need for future research in this area.

## **Conclusion**

Higher education students from ME backgrounds face various barriers in access to, and attainment and persistence in, higher education (Richardson et al., 2020; Stevenson, 2012). Poorer

experiences of university among ME students likely contribute to higher dropout rates and worse outcomes (e.g., Neaves & Stevenson, 2019). As such, mentoring has been proposed as one way to tackle these barriers (Chan et al., 2015) and overcome the lack of representation of people from ME backgrounds in the applied psychological professions (HEE, 2021).

The current systematic review explored the mentoring experiences of higher education students from ME backgrounds using thematic synthesis (Thomas & Harden, 2008) with ten qualitative studies. Whilst findings show that race and/or gender matched mentors serve as a role model and guide for ME students navigating academia, non-matched mentors can also support ME mentees by providing culturally sensitive, holistic support which focuses on the mentor-mentee relationship. The review findings have many important implications for individual mentors and higher education institutions supporting students from ME backgrounds.



## References

- Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *Int Rev Psychiatry*, 26(4), 392-407. <https://doi.org/10.3109/09540261.2014.928270>
- Alston, G. D., Guy, B. S., & Campbell, C. D. (2017). Ready for the Professoriate? The Influence of Mentoring on Career Development for Black Male Graduate Students in STEM. In *JAAME journal*. <https://jaamejournal.scholasticahq.com/article/18485>
- Bignall, T., Jeraj, S., Helsby, E., & Butt, J. (2019). *Racial disparities in mental health: Literature and evidence review* (pp. 1–57). Race Equality Foundation. <https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/mental-health-report-v5-2-2.pdf>
- Boliver, V. (2013). How fair is access to more prestigious UK universities? *Br J Sociol*, 64(2), 344-364. <https://doi.org/10.1111/1468-4446.12021>
- Broecke, S., & Nicholls, T. (2007). Ethnicity and Degree Attainment. In *Munich Personal RePEc Archive* (pp. 1–24). [https://mpira.ub.uni-muenchen.de/35284/1/MPRA\\_paper\\_35284.pdf](https://mpira.ub.uni-muenchen.de/35284/1/MPRA_paper_35284.pdf)
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531. <https://doi.org/10.1037//0003-066x.32.7.513>
- Brown, E. M., & Grothaus, T. (2019). Experiences of Cross-Racial Trust in Mentoring Relationships Between Black Doctoral Counseling Students and White Counselor Educators and Supervisors. *The Professional Counselor*, 9(3), 211–225. <https://doi.org/10.15241/emb.9.3.211>
- Bunce, L., King, N., Saran, S., & Talib, N. (2019). Experiences of black and minority ethnic (BME) students in higher education: applying self-determination theory to understand the BME attainment gap. *Studies in Higher Education*, 46(3), 534-547. <https://doi.org/10.1080/03075079.2019.1643305>
- Burnham, J. (2012). Developments in Social GRRRAACCEESSS: visible–invisible and voiced–unvoiced. In *Culture and Reflexivity in Systemic psychotherapy: Mutual Perspectives*. Routledge.
- Campbell, T. A., & Campbell, D. E. (2007). Outcomes of mentoring at-risk college students: gender and ethnic matching effects. *Mentoring & Tutoring: Partnership in Learning*, 15(2), 135-148. <https://doi.org/10.1080/13611260601086287>
- Carter, K. A. (2022). *Mentoring Underrepresented Black Male Students in Science, Technology, Engineering, and Math* (Publication No. 29062875) [Walden University]. ProQuest Dissertations and Theses Global.

- Cartwright, A. D., Stark, M. D., Boswell, J. N., & Oller, M. L. (2021). Black female doctoral students' mentorship experiences in counselor education. *Journal of Counselor Leadership and Advocacy*, 8(2), 87–99. <https://doi.org/10.1080/2326716x.2021.1961642>
- Chan, A. W., Yeh, C. J., & Krumboltz, J. D. (2015). Mentoring ethnic minority counseling and clinical psychology students: A multicultural, ecological, and relational model. *J Couns Psychol*, 62(4), 592-607. <https://doi.org/10.1037/cou0000079>
- Crisp, G., & Cruz, I. (2009). Mentoring College Students: A Critical Review of the Literature Between 1990 and 2007. *Research in Higher Education*, 50(6), 525-545. <https://doi.org/10.1007/s11162-009-9130-2>
- Critical Appraisal Skills Programme. (2018). *CASP Qualitative Checklist*. CASP. <https://casp-uk.net/checklists/casp-qualitative-studies-checklist-fillable.pdf>
- Darlington, F., Norman, P., Ballas, D., & Exeter, D. J. (2015). Exploring ethnic inequalities in health: evidence from the Health Survey for England, 1998-2011. *Diversity and Equality in Health and Care*, 12(2), 54–65. <https://doi.org/10.1049/ic.2015.0091>
- Elliott, J., Reynolds, J., & Lee, M. (2021). And Still I Rise: Protective Factors for Black Counseling Psychology Doctoral Students from Predominantly White Institutions. *The Qualitative Report*, 26(7). <https://doi.org/10.46743/2160-3715/2021.4771>
- Greaves, R., Kelestyn, B., Blackburn, R. A. R., & Kitson, R. R. A. (2021). The Black Student Experience: Comparing STEM Undergraduate Student Experiences at Higher Education Institutions of Varying Student Demographic. *Journal of Chemical Education*, 99(1), 56-70. <https://doi.org/10.1021/acs.jchemed.1c00402>
- Health Education England. (2021). *Action Plan to Improve Equity of Access and Inclusion for Black, Asian and Minority Ethnic Entrants to Clinical Psychology Training*. HEE. <https://healtheducationengland.sharepoint.com/sites>
- Higher Education Statistics Agency. (2023a, January 17). *Higher Education Staff Statistics: UK, 2021/22*. HESA. <https://www.hesa.ac.uk/news/17-01-2023/sb264-higher-education>
- Higher Education Statistics Agency. (2023b, August 8). *First year entrants onto undergraduate and postgraduate degrees*. Gov.uk. <https://www.ethnicity-facts-figures.service.gov.uk/>
- Jameel, L., Gin, K., Lee-Carbon, L., McLaven, G., Castaneda, K. P., Widyaratna, K., Ramzan, N., & Beal, E. M. (2022). *The "Our Stories" Project: Understanding the needs, experiences and challenges of trainee, aspiring and qualified clinical psychologists from minoritised backgrounds* (pp. 1–32).
- Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Sonesson, E., Steare, T., Wright, T., & Griffiths, S. L. (2024). The social determinants of mental health

- and disorder: evidence, prevention and recommendations. *World Psychiatry*, 23(1), 58–90.  
<https://doi.org/10.1002/wps.21160>
- Kline, R. (2014). The snowy white peaks of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England. In *Middlesex University Research Repository* (pp. 1–76). Middlesex University.  
<https://doi.org/10.22023/mdx.12640421.v1>
- Leeds Clearing House. (n.d.-a). *Clearing House for Postgraduate Courses in Clinical Psychology: Equal Opportunities data - 2022 Entry*. Clearing House. <https://www.clearing-house.org.uk/system/files.pdf>
- Leeds Clearing House. (n.d.-b). *Students in Higher Education Providers 2010/11-2014/15*. Clearing House. <https://www.clearing-house.org.uk/system/files.pdf>
- Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, 1(1), 31-42.  
<https://doi.org/10.1177/2632084320947559>
- Mercer, L., Evans, L. J., Turton, R., & Beck, A. (2019). Psychological Therapy in Secondary Mental Health Care: Access and Outcomes by Ethnic Group. *J Racial Ethn Health Disparities*, 6(2), 419-426. <https://doi.org/10.1007/s40615-018-00539-8>
- Merriweather, L., Lambert, M., Casey, S. C., Howell, C., & Douglas, N. C. (2022). Invisibilized Hypervisibility: Black STEM Doctoral Students, HBCUs, and Mentoring. In *ASEE*. American Society for Engineering Education. <https://doi.org/10.18260/1-2--41783>
- Morata, J. M. (2017). *Do Mentoring Programs Make a Difference? A Qualitative Case Study on the Journey of Latino Students in a Stem Track* (Publication No. 10931884) [Florida International University]. ProQuest Dissertations and Theses Global.
- Mullen, C. A., & Klimaitis, C. C. (2021). Defining mentoring: a literature review of issues, types, and applications. *Ann N Y Acad Sci*, 1483(1), 19-35. <https://doi.org/10.1111/nyas.14176>
- Neves, J., & Stephenson, R. (2023). Student Academic Experience Survey 2023. In *Higher Education Policy Institute (HEPI)*. <https://www.hepi.ac.uk/wp-content/uploads/2023/06.pdf>
- Noble, S., McLennan, D., Noble, M., Plunkett, E., Gutacker, N., Silk, M., & Wright, G. (2019). *The English Indices of Deprivation 2019: Research report* (pp. 1–117). Ministry of Housing, Communities and Local Government. <https://assets.publishing.service.gov.uk/loD2019.pdf>
- Nora, A., & Crisp, G. (2016). Mentoring Students: Conceptualizing and Validating the Multi-Dimensions of a Support System. *Journal of College Student Retention: Research, Theory & Practice*, 9(3), 337-356. <https://doi.org/10.2190/CS.9.3.e>

- Noyes, J., Booth, A., Flemming, K., Garside, R., Harden, A., Lewin, S., Pantoja, T., Hannes, K., Cargo, M., & Thomas, J. (2018). Cochrane Qualitative and Implementation Methods Group guidance series-paper 3: methods for assessing methodological limitations, data extraction and synthesis, and confidence in synthesized qualitative findings. *J Clin Epidemiol*, *97*, 49-58. <https://doi.org/10.1016/j.jclinepi.2017.06.020>
- Office for National Statistics. (2023, January 23). *Ethnic group by age and sex, England and Wales - Office for National Statistics*. ONS. <https://www.ons.gov.uk/culturalidentity/census2021>
- Office for Students. (n.d.). *Topic briefing: Black and minority ethnic (BME) students* (pp. 1–12). <https://www.officeforstudents.org.uk/media/topic-briefing-bme-students.pdf>
- Pieper, D., & Rombey, T. (2022). Where to prospectively register a systematic review. *Syst Rev*, *11*(1), 8. <https://doi.org/10.1186/s13643-021-01877-1>
- Priya, A. (2020). Case Study Methodology of Qualitative Research: Key Attributes and Navigating the Conundrums in Its Application. *Sociological Bulletin*, *70*(1), 94-110. <https://doi.org/10.1177/0038022920970318>
- Richardson, J. T. E., Mittelmeier, J., & Rienties, B. (2020). The role of gender, social class and ethnicity in participation and academic attainment in UK higher education: an update. *Oxford Review of Education*, *46*(3), 346-362. <https://doi.org/10.1080/03054985.2019.1702012>
- Riegle-Crumb, C., King, B., & Irizarry, Y. (2019). Does STEM Stand Out? Examining Racial/Ethnic Gaps in Persistence Across Postsecondary Fields. *Educational Researcher*, *48*(3), 133-144. <https://doi.org/10.3102/0013189x19831006>
- Rollock, N. (2019). *Staying Power: The career experiences and strategies of UK Black female professors*. University and College Union. <https://www.ucu.org.uk/media/10075.pdf>
- Salinitri, G. (2005). The Effects of Formal Mentoring on the Retention Rates for First-Year, Low Achieving Students. *Canadian Journal of Education / Revue Canadienne de L'éducation*, *28*(4), 853. <https://doi.org/10.2307/4126458>
- Salvador, A. M. (2017). *The Experiences of Black Doctoral Students in Clinical Psychology Programs at Predominantly White Academic Institutions* (Publication No. 10269602) [William James College]. ProQuest Dissertations and Theses Global.
- Shah, S. (2010). *The Experience of Being a Trainee Clinical Psychologist From a Black and Minority Ethnic Group: A Qualitative Study* (pp. 1–307). <https://uhra.herts.ac.uk/handle/2299/5088>
- Smith, C. S. (2015). *The Intersecting Perspective: African American Female Experiences with Faculty Mentoring in Undergraduate Engineering* (pp. 1–119). <https://vtechworks.lib.vt.edu/items/2247d1a5-6b6d-45f6-b07a-7978137580a0>

- Smith, S. (2017). Exploring the Black and Minority Ethnic (BME) Student Attainment Gap: What Did It Tell Us? Actions to Address Home BME Undergraduate Students' Degree Attainment. *Journal of Perspectives in Applied Academic Practice*, 5(1). <https://doi.org/10.14297/jpaap.v5i1.239>
- Smith, H. B. (2023). *The Mentorship Experiences of Black Master's Students in CACREP-Accredited Counselor Education Programs* (Publication No. 30753167) [University of North Texas]. ProQuest Dissertations and Theses Global.
- Stevenson, J. (2012). Black and minority ethnic student degree retention and attainment. In *Advance HE* (pp. 1–29). <https://www.advance-he.ac.uk/knowledge-hub>
- Stevenson, J., O'mahony, J., Khan, O., Ghaffar, F., & Stiell, B. (2019). *Understanding and overcoming the challenges of targeting students from under-represented and disadvantaged ethnic backgrounds: Report to the Office for Students* (pp. 1–63). <https://pure.port.ac.uk/ws/portalfiles/portal.pdf>
- Strand, S. (2021). *Ethnic, socio-economic and sex inequalities in educational achievement at age 16: An analysis of the Second Longitudinal Study of Young People in England (LSYPE2) Report for the Commission on Race and Ethnic Disparities (CRED)* (pp. 1–32). Department of Education. <https://www.gov.uk/government/publications>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol*, 8, 45. <https://doi.org/10.1186/1471-2288-8-45>
- Tong, A., Flemming, K., McInnes, E., Oliver, S., & Craig, J. (2012). Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Medical Research Methodology*, 12(1). <https://doi.org/10.1186/1471-2288-12-181>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Tram, J. M., Nwankwo, N., Khan, A. N., & Sabado, J. A. (2023). Impact of faculty mentoring on ethnic and racial minority student program satisfaction. *Scholarship of Teaching and Learning in Psychology*, 9(1), 50-62. <https://doi.org/10.1037/stl0000231>
- Young, I. J. (2018). *The Influence of Mentoring Programs in Science and Engineering on African American and Latinx Men's Scientific Identity* (Publication No. 10981729) [University of California]. ProQuest Dissertations and Theses Global.

### **Chapter Three: Bridging Chapter**

Word count: 393

The systematic review presented in Chapter Two explored the mentoring experiences of students from minoritised ethnic (ME) backgrounds within Science, Technology, Engineering and Mathematics (STEM) and clinical psychology related subjects. The synthesis produced ten qualitative studies, the results of which were analysed using thematic synthesis (Thomas & Harden, 2008). The synthesis showed that mentors matched on ME students' demographic traits serve as a role model and guide to navigating non-diverse academic spaces. ME students also reported to value support which is holistic, by taking their academic and personal needs into account, culturally sensitive and places emphasis on the mentor-mentee relationship. However, the included studies were of varying quality based on the Critical Appraisal Skills Programme (CASP; 2018) checklist for qualitative studies criteria and none of the studies were UK-based. In addition, though studies were in related areas such as counselling psychology, no studies within clinical psychology met the eligibility criteria. This highlighted a need for UK-based high-quality research on mentoring experiences in clinical psychology.

The empirical study presented in Chapter Four aimed to fill this gap by exploring the mentoring needs of aspiring clinical psychologists from ME backgrounds (APMEs). As ME students are a related group who face similar barriers to APMEs, such as worse educational and professional outcomes compared to their White counterparts (Office for Students, n.d.; Scior et al., 2015), the mentoring needs found in the systematic review may also be of benefit to APMEs. However, APMEs are a separate group in and of themselves who are typically part of the mental health workforce and go on to participate in the clinical psychology workforce. It is therefore vital to understand their distinctive needs. However, despite recent funding from NHS England to increase access to the profession through the development of mentoring schemes for APMEs (HEE, 2021), there is no known literature to date on the mentoring needs of APMEs in the UK. The empirical paper that follows therefore posed the research question: what do aspiring clinical psychologists from ME backgrounds need from mentoring programmes aimed at improving successful application to clinical psychology training? Considering the limited research and recent policy (HEE, 2021), there is a necessity to explore what

APMEs need from mentoring schemes in order for them to be effective in meeting the needs of the recipients, which is the rationale for the empirical paper presented in the next chapter.



**Chapter Four: Empirical Paper**

**What do aspiring clinical psychologists from minoritised ethnic backgrounds need from formal mentoring schemes?**

Prepared for submission to Professional psychology: Research and practice (see Appendix D for author guidelines)

Word count (including abstract but excluding tables and figures): 8,000

## Abstract

**Background:** Clinical psychology has traditionally been a White-dominated field, whereby psychologists from Minoritised Ethnic (ME) backgrounds are underrepresented compared to the national population (HCPC, 2023; Office for National Statistics, 2023). To improve the ethnic representativeness of the workforce, NHS-E (HEE, 2021) provided Doctorate in Clinical Psychology (DClinPsy) programs with funding to develop mentoring schemes for aspiring psychologists from ME backgrounds (APMEs). However, there was no prior research on what APMEs in the UK need from mentoring.

**Aim:** This qualitative study aimed to explore what APMEs need from formal mentoring schemes aimed at supporting successful application to doctoral clinical psychology training.

**Methods:** Reflexive thematic analysis (Braun & Clarke, 2012) was selected as the methodological approach to explore participants' mentoring needs. Six qualitative focus groups were carried out with a total of 14 participants.

**Results:** The data is summarised into four major themes. The first two themes, *systemic barriers* and *support (or lack of)*, provides the context of participants' mentoring needs, i.e. the 'why' of their needs. The third and fourth themes, *support from a mentor* and *the 'ideal' mentor*, summarises what participants need from mentoring, i.e. the 'what' of their mentoring needs.

**Conclusion:** This study was the first, to the researcher's knowledge, to explore the mentoring needs of UK based APMEs, informing DClinPsy mentoring schemes. APMEs revealed many barriers that they face in their journey towards applying for doctoral training, which a mentor can support with, and described demographic and character traits they would look for in their 'ideal' mentor. These findings can be used to inform existing or future mentoring schemes for APMEs and will be of relevance to national equality, diversity and inclusion work within clinical psychology.

## Introduction

Clinical psychology has historically consisted of White, female, middle-class psychologists (Ahsan, 2020). Data from the Health Care Professionals Council (HCPC) reports that in 2023, 85% of registered practitioner psychologists were White, whilst only 11% were from minoritised ethnic (ME) backgrounds. In comparison, in the same year, 82% of the general population were White and 18% were from ME backgrounds (Office for National Statistics, 2023). This results in a workforce that is not representative of the population it serves (Turpin & Coleman, 2010).

### Implications of an unrepresentative workforce

In contrast to the underrepresentation of ME clinical psychologists, people from ME groups are overrepresented within many clinical populations compared to their White counterparts (Bignall et al., 2019). For example, people from Black African and Black Caribbean ethnic groups are much more likely to be diagnosed with psychosis and South Asian women are more likely to have a diagnosis of depression and anxiety than women from other ethnic groups (Bignall et al., 2019).

Despite the increased prevalence of mental health diagnoses, people from ME groups are less likely to access and receive treatment via primary and secondary care (Mercer et al., 2019). A recent report by the National Collaborating Centre for Mental Health (NCCMH, 2023) found that people from ME groups waited longer for an assessment within primary care mental health services, and were less likely to receive treatment following an assessment compared to their White counterparts. In addition, post-treatment outcomes were worse for service users (SUs) from ME backgrounds compared to White SUs, which was associated with increased symptom severity and living in areas with high levels of unemployment and deprivation (NCCMH, 2023). Moreover, a study carried out within a secondary mental health trust in London found that, of those accessing treatment, White SUs were overrepresented whilst Black SUs were underrepresented relative to the local population (Mercer et al., 2019). There is also a difference in psychological treatments offered for schizophrenia to different ethnic groups, with Black and Asian SUs less likely to be offered cognitive behavioural

therapy and Black SUs less likely to be offered family therapy, compared to White SUs (Das-Munshi et al., 2018).

There are both individual and environmental barriers faced by SUs from ME groups when accessing healthcare (Memon et al., 2016). Among these barriers are language barriers, discrimination and lack of cultural understanding amongst healthcare workers (Memon et al., 2016). The authors also report that stigma, social networks providing alternatives to mental health services, and an inability and unwillingness to recognise symptoms leading to delays in accessing care and escalation to crisis state in ME groups. However, Barnett et al. (2019) highlight a lack of empirical evidence to support these claims.

### **Increasing representation in Clinical Psychology**

Due to the above implications, there have been recommendations to ensure the mental health workforce is representative of the population being served (NHS England, 2020) and is able to respond to the needs of ME communities (NCCMH, 2023). This is due to evidence that an ethnically representative workforce increases civility and reduces incivility towards patients (King et al., 2011), and increases patient satisfaction and the delivery of high-quality patient care (Coghill & Naqvi, 2019).

In 2021, NHS England (NHS-E) released an action plan to improve equity of access and inclusion to clinical psychology training. They outlined nine actions for Doctorate in Clinical Psychology (DClinPsy) courses to take to work towards creating a more ethnically representative workforce (HEE, 2021). Though clinical psychology training is competitive for all applicants, with an average acceptance rate of 25% in 2022, the acceptance rates for all ME groups, except the 'Mixed' group, is lower than this average (Leeds Clearing House, n.d.). Thus, although the ethnic diversity on DClinPsy courses has recently increased, White applicants are still more likely to be successful in their application compared to ME applicants (Leeds Clearing House, n.d.). Using a more specific example, admissions data by ethnicity between 2018 and 2022 from a DClinPsy course found that, although the proportion of ME applicants are overrepresented compared to the national population (ONS, 2021),

the proportion of places offered to ME applicants is below the national ME population (Ooi, 2023). Moreover, the success rate of ME applicants lags far behind White applicants, with 9.9% of White applicants securing a place, compared to 4.6% of ME applicants (Ooi, 2023). Despite national work and attention to this area, applicants from ME backgrounds still face structural barriers in accessing doctoral clinical psychology training programmes.

### **Barriers faced by aspiring psychologists from ME backgrounds (APMEs)**

The barriers faced by APMEs begin long before the DClInPsy application stage (Turpin & Coleman, 2010). For instance, Black and Asian students are less likely to receive offers from Russell Group universities compared to their White peers with similar qualifications, and more likely to attend less prestigious, 'new' universities, i.e., universities that could award bachelor's degrees post-1992 (Richardson et al., 2020). Students from ME backgrounds are also less likely to get first-class or upper second-class entry degrees compared to White students (Richardson et al., 2020). Within Psychology specifically, in 2014-5, 79% of White psychology undergraduate students obtained a first class or upper second-class degree, compared to 48% of Black students (Leeds Clearing House, n.d.). This is problematic for aspiring psychologists since DClInPsy courses generally require first class or upper second-class degrees and past research has found applicants who attend 'new' universities are less likely to be offered a place on the DClInPsy (Scior et al., 2015). Though these disparities may partly explain the lower likelihood of ME applicants being shortlisted for interviews, it does not explain the differences in ME applicant success rates following an interview.

Other barriers faced by APMEs include lack of exposure to clinical psychologists from ME backgrounds (Cape et al., 2008), and difficulty balancing cultural identities with professional identities, particularly when a tension exists between personal and professional values (Ragaven 2018).

### **Mentoring schemes for APMEs**

One initiative from the NHS-E action plan was for DClInPsy courses to develop mentoring schemes for APMEs in an attempt to tackle some of these barriers, and funding was made available to support

this (HEE, 2021). To the researcher's knowledge, however, there is no existing research on what APMEs in the UK need from such mentoring schemes. This means that, before delivery, there is limited understanding as to how these schemes might be most helpful for the people intended to benefit from them. Not only does this contradict the evidence-based approach that forms the foundation of clinical psychology, which might undermine the effectiveness of the schemes, it also perpetuates the historical exclusion and 'othering' of marginalised populations (Beresford, 2013).

There are varied definitions of mentoring, however, there is a consensus that mentoring is a close, meaningful relationship that usually pairs senior and junior colleagues, and provides guidance on career advancement and psychosocial development (Mullen & Klimaitis, 2019). Existing models of mentoring such as Chan et al. (2015) model based on ME doctoral clinical and counselling psychology students found that successful mentoring considered mentees' personal and professional contexts and interactions between these. This aligns with established clinical literature on the importance of context on child development (Bronfenbrenner, 1977). A recent systematic review by Afrah (in press; See Chapter 2) on mentoring experiences of ME students corroborated Chan et al. (2015) findings, however, this review uncovered a stark lack of UK research on mentoring.

The limited research that exists on mentoring APMEs has found positive outcomes (Alcock, 2020; Hameed et al., 2023). For instance, Alcock (2020) evaluated the effectiveness of a London-based mentoring scheme and found that 70% of mentees were shortlisted for interview following the scheme, and 57% of mentees were offered a place on clinical training. This contrasts with the 12% of APMEs who were offered a place nationally that same year (Leeds Clearing House, n.d.). In addition, Hameed et al. (2023) carried out a qualitative evaluation of a mentoring scheme for APMEs on Oxford's DClinPsy course. Mentees generally reported a positive impact of mentoring on their personal and professional development, and felt mentoring offered a safe space to discuss racial issues (Hameed et al., 2023).

Despite this limited yet promising research on the positive impact of mentoring schemes, it is still not known what APMEs need from mentoring relationships to support them to overcome the

aforementioned barriers. Therefore, this study will focus on understanding the mentoring needs of APMEs with the aim of supporting mentoring schemes to offer more tailored and better informed support.

### **Aim of study**

The study's purpose is to explore what APMEs need from mentoring schemes aimed at supporting successful application to doctoral clinical psychology training in the UK.

The research question is: what do aspiring clinical psychologists from ME backgrounds need from a mentoring programme aimed at improving successful application to clinical psychology training?

### **Methods**

The following sections were written in adherence to consolidated criteria for reporting qualitative research (COREQ; Tong et al., 2007) guidelines (see Appendix E).

### **Ethics**

This study was approved by the Faculty of Medicine and Health Sciences Research Ethics Subcommittee at UEA under the ID ETH2223-0038 (see Appendix F).

### **Design**

A qualitative approach was used to gain an in-depth perspective of the subjective and nuanced concept of mentoring. Focus groups were chosen over individual interviews, as this is recommended when working with historically marginalised groups with a lack of power as they provide a friendly, non-threatening interaction (Morgan & Kruger, 1993). It is also recommended when participants may not have thought about a topic before, as it stimulates views through other people's experiences (Morgan & Kruger, 1993).

This study uses reflexive thematic analysis (RTA; Braun & Clarke, 2012) as the methodological approach. RTA was chosen over other methods for three main reasons. First, this study aimed to identify themes across the data, rather than analysing specific personal experiences or developing a grounded theory (Braun & Clark, 2020). Second, one of the intentions of the study is to develop

recommendations based on the themes identified, which is in line with RTA (Braun & Clark, 2020). Third, the study explored how mentoring needs are located within the wider socio-cultural context, which is consistent with RTA (Braun & Clarke, 2020). The theoretical assumption of this study was a Critical Realist epistemology, which stipulates that an objective reality exists but can only ever be partially accessed through socially influenced lenses (Braun & Clarke, 2013). Further details on this are provided in Chapter One of the Thesis Portfolio.

### **Participants**

Convenience sampling was used to recruit participants to this study. Participants were recruited from: an online support group for APMEs, social media more broadly and through consent to contact from a previous study in a related field (Ludford-Brooks, 2022).

Inclusion criteria were adults who aspire to be clinical psychologists, who were eligible for a commissioned place on doctoral clinical psychology training in the UK and identified as being from an ME background, as defined in Chapter One. Exclusion criteria were prior experience of formal mentoring and aspirants applying for international, self-funded places on training.

Of the 17 people who expressed interest in the study, two did not respond to subsequent emails and one withdrew before the focus group due to time constraints, leaving 14 participants in the final sample. No participants withdrew after taking part in the focus groups.

### **Materials**

A semi-structured topic guide with open-ended questions and prompts was used to guide focus group conversations (see Appendix G). The topic guide was produced by the research team in collaboration with an advisory team made up of three APMEs.

Participants were sent a demographics survey (see Appendix H) and asked to complete this separately after focus groups.

### **Procedure**



Prospective participants were screened for eligibility using the criteria defined above. If eligible to participate, the information sheet (see Appendix I) was shared, and participants were asked to read this and contact the primary researcher if they wanted to participate. At this point consent to participate in the study was taken (see Appendix J).

The focus groups took place over Microsoft Teams and averaged one hour. Focus groups had a minimum of two participants and a maximum of four, with only the primary researcher (HA) present as facilitator. The focus groups were recorded audibly and visually, which participants consented to via the consent form.

Data were transcribed using Otter (an automated transcription service) and edited by the primary researcher to check accuracy and to record important non-verbal cues. Transcripts were then anonymised by removing all identifiable information and participants were given identification numbers based on the order consent forms were received. Neither transcripts nor findings were given to participants for feedback due to time constraints.

### **Plan of analysis**

NVivo was used for data analysis. Data were coded using an inductive, data-driven approach, where codes were derived from the transcripts, as opposed to having a predetermined set of codes or theoretical framework (Byrne, 2022). Inductive coding was chosen as it is well-suited in areas with limited research (Chandra & Shang, 2019). Semantic coding (surface meanings of the data) and latent coding (deeper meanings of the data) were both utilised, depending on what the data required. For example, surface meanings were used for descriptive responses, however, for more complex subjects, such as relationship factors, the underlying meanings of responses were interpreted. This is in line with the inductive and constructionist method of analysis (Byrne, 2022). No major new themes were identified in the last two focus groups and as such data saturation was felt to be reached after six focus groups.

Braun and Clarke's (2012) six phase approach to analysis was followed, which involved (1) familiarisation with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing

potential themes, (5) defining and naming themes, and (6) producing the report. See Appendices K and L for details on each iteration from phases three to six.

### **Reflexivity**

RTA was felt to be a good fit for the study due to the emphasis it places on the subjectivity of data interpretation, which is seen as a result of the researcher's experiences and assumptions (Byrne, 2022). This was important due to the primary researcher's prior experience of formal mentoring as an APME. Although it is anticipated that this personal experience improved understanding and rapport building with participants, it also inevitably leads to assumptions and biases of mentoring needs. Due to the importance of keeping assumptions and biases in conscious awareness, the primary researcher kept reflective journals throughout focus groups and data analysis (see Appendix M), which were also used to inform future focus groups (Trainor & Bundon, 2020). In addition, the primary researcher had multiple reflective discussions with the supervisory team, where four members independently coded sections of the transcripts and came together to discuss these. The purpose of these discussions were to produce richer reflective processes involving different perspectives, not to reach a consensus or improve reliability as this does not fit with the theoretical assumptions and epistemology of the study (Byrne, 2022).

## **Results**

### **Sample demographics**

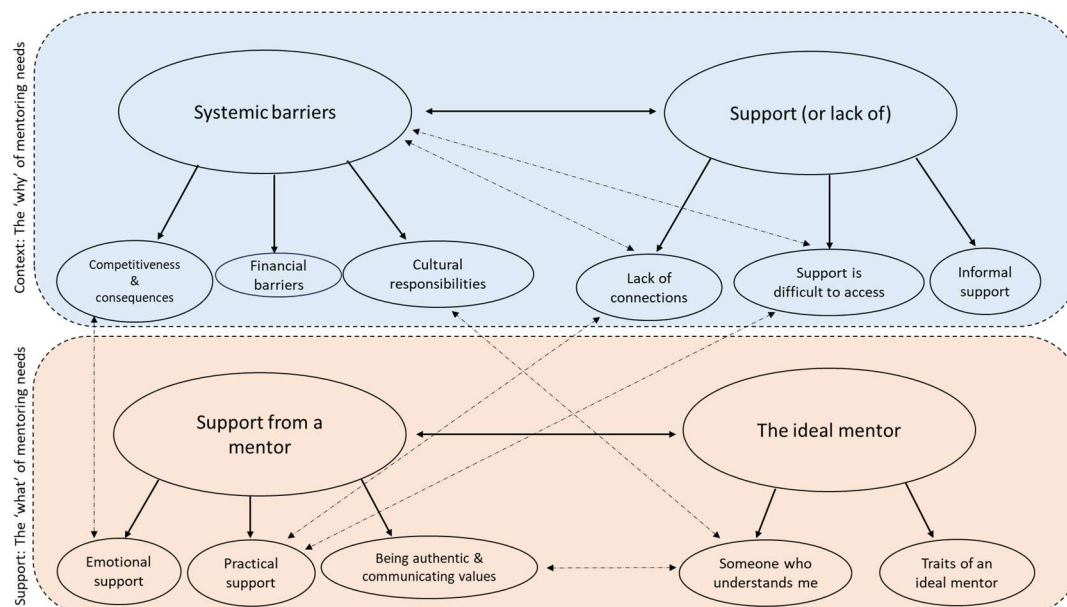
There were 14 participants in the sample overall, out of which one participant did not complete and return the demographics form. As this participant, like all participants, confirmed meeting the study eligibility criteria prior to the focus group, the participant was not excluded from the study. Of the remaining 13 participants, two were male and 11 were female, and 12 participants reported to be in the 21-30 age range while one participant was in the 18-20 age range. In terms of ethnicity, nine participants identified as 'Asian or British Asian', three of which identified as Indian, three as Pakistani and one 'Other' whose ethnicity was not specified, and four participants identified as 'Black or Black British', four of which identified as African and one as Caribbean. Out of the 12 participants

who responded to the question, 11 participants identified as having another minoritised identity in addition to ethnicity. All of the participants identified as being of the same gender as the sex they were assigned at birth. Of the 12 participants in employment, five participants were assistant psychologists (AP), one was an honorary AP and student, two were psychological wellbeing practitioners, two were support workers, one was a clinical associate psychologist and one reported to be an 'AP/support worker/healthcare assistant'.

## Themes

The data is summarised into four themes. The first two themes, *systemic barriers* and *support (or lack of)*, provides the context of participants' mentoring needs, i.e. the 'why' of their needs. The third and fourth themes, *support from a mentor* and *the 'ideal' mentor*, summarises what participants need from mentoring, i.e. the 'what' of their needs. See Figure 4.1 for a visual representation of this.

**Figure 4.1: Thematic map of themes and subthemes and interactions between these**



### **Theme one: Systemic barriers**

Although these barriers cannot be addressed by mentoring alone, this theme contextualises participants' mentoring needs. It is separated into three subthemes: *competitiveness and consequences*, *financial barriers* and *cultural responsibilities*.

The first subtheme, *competitiveness and consequences*, was the most frequently discussed barrier of the DClinPsy application process. For example, many participants spoke of the struggle to obtain an AP job, despite this being a supposed stepping stone to the doctorate, making this intended facilitator to the doctorate a barrier in itself. As one participant stated: "*getting an AP job is almost like you're getting on to the doctorate because it's so incredibly competitive*". The competitiveness of the field was exacerbated for some participants by having to navigate it in a "*White-dominated field*", whereby they are constantly seeing "*those who are accepted [onto the doctorate] are all White*". Other consequences reported of the competitiveness were being overwhelmed with negative stories of the application process with an absence of positive stories, which was off-putting.

However, the biggest reported consequence of the competitiveness was the emotional toll taken and the exacerbation of imposter syndrome which minoritised applicants are more vulnerable to, as P3 exemplified by saying she would be "*surprised*" if ME applicants "*didn't get impostor syndrome*". Some participants internalised these experiences, feeling "*disheartened*" and questioning whether they are "*good enough*", whereas other participants expressed frustration at the system. One participant exclaimed "*why are you making it so hard for us to do this?!*"

A few participants spoke of the *financial barriers*, which is the second subtheme. These included the difficulty of getting a relevant paid job in psychology making volunteering the only option, which places a financial burden on aspirants. Equally problematic was the reported low wage of AP, and similar, jobs despite aspirants being educated.

For one participant, these financial barriers intersected with the third subtheme, *cultural responsibilities*:

*Being a male, South Asian, Muslim, and the oldest son...it's not as if my only pursuit in life is career, I also have a responsibility to have a family, to support my family and other responsibilities that I want to actively fulfil. But they all require money and to support my family right now, to support my own marriage, to support future kids, I'm gonna need money and the path [to] clinical psychology...requires a lot of patience and financial suffering to get to that point. (P13)*

He added that these financial barriers “weans out” some APMEs who are unable to afford to do a postgraduate or an unpaid role. He concluded that these financial barriers are likely why clinical psychology is “*all middle class, white, young females*” as they are the demographic that can “*afford to be supported by someone*” whilst pursuing the doctorate.

Moreover, two female Pakistani participants spoke of the cultural issues that particularly impact on female APMEs with cultural pressures to start a family:

*[Thinking] about things like, do I want to get married? Do I want to start a family? Do I want to stay at home and parent? And, with our culture...especially being women, and that whole expectation of taking care of your family, and then thinking, okay, well, I have to sacrifice that to do the doctorate. And I think that can get quite emotional and quite stressful and feel quite heavy on some people. (P12)*

The systemic barriers discussed in this theme all interact to create difficulty in the pursuit of becoming a clinical psychologist for APMEs. Ultimately, these barriers led two participants to consider their place in the profession altogether, asking themselves “*is it worth it?*”.

### ***Theme two: Support (or lack of)***

This second contextual theme arose as participants explained the benefits and downfalls of the support they are currently receiving, as well as the stark lack of support in general. This theme contains three subthemes: *informal support*, *support is difficult to access* and *lack of connections*.

The first subtheme, *informal support*, was discussed in almost every focus group, whereby participants reported receiving support from current and past colleagues, friends and peer support groups. Although most participants spoke of the benefits of this support, there was also a sense of inadequacy, particularly in discussions about peer support. While one participant highlighted the potential benefits of peer mentoring in creating a “*culture where [aspirants] are more willing to support one another*”, another participant felt peer groups can be “*very discouraging*” due to collective anxieties about the competitiveness of the process. In addition, one participant described seeking support from colleagues about whether to include lived experience of mental health in the application; there was a sense that this participant was caught between a rock and a hard place. This was because, although she felt uncomfortable asking colleagues for advice on this and subsequently received what she perceived to be a lack of empathetic advice, it was perceived as her only option:

*It took me a while to be comfortable in asking, should I include it [lived experience] and opening up in that way to colleagues that I'm not like- it's just a very professional relationship...but they were obviously the only people I was getting advice for with my application. (P2)*

The second subtheme emerged from participants' explanations that *support is difficult to access*, which, despite best efforts, led to a lack of support. They described accessing support as “*trial and error*” and felt that it is “*quite hard to get a mentor*”. There were practical reasons discussed, such as a mismatch of schedules, as well as a lack of awareness of where and how to access support. There was a common theme of feeling lost and not knowing where to receive guidance. It felt as though participants were in a dark room, desperately feeling around for important landmarks, not knowing what they were looking for or where to find it. Two participants summarised this poignantly:

*The hardest thing is navigating the system, not really knowing anything, not knowing where to go next and what to do next. (P11)*

*I guess the challenge in that was just feeling lost and feeling like you need guidance, but not really knowing where to go. (P9)*

This led to an overall lack of knowledge and preparedness for the doctorate application process. As such, two participants suggested that they would have benefitted from more awareness of the process onto clinical psychology training when they were undergraduate students.

The third theme, *lack of connections*, emerged from explicit and implicit discussions of a lack of connections in the field. This led one participant to turn to social media for support. However, it was down to participants themselves to come up with ways to access support, which they were not all able to do. As one participant explained: “*you have to come up with that idea in your head, it's not like there's a newsletter and it says, this is how you make your network of support*”.

In summary, this theme shows that, although most participants had access to informal support, their needs were often unmet. They reported difficulties accessing formal support and a lack of connections which led to a lack of preparedness for the doctorate application process.

### ***Theme three: Support from a mentor***

This theme emerged from participants' discussions of the types of support that can help them to overcome the barriers mentioned above. This theme consists of three subthemes: *emotional support*, *practical support* and *being authentic and communicating values*.

The first subtheme, *emotional support*, emerged as a need due to the competitiveness mentioned above. Participants reported needing a mentor who would help with “*instilling...confidence*” in the face of these difficult feelings, provide reassurance and support them to “*ground*” themselves. One participant stated that she would like her mentor to be “*very mindful*” that the application process can be “*a really exhausting process*” for minoritised applicants.

The second subtheme, *practical support*, emerged from a lack of knowledge due to the lack of support and connections discussed in theme two. Participants requested practical support from a mentor to equip them with information they are not privy to. In particular, participants desired advice on relevant experiences to attain and ways to use their current experiences. They also

requested access to “*example applications*”, support with completing the application and having a “*personal insight of what a clinical psychologist does*”. Due to the lack of connections discussed in theme two, participants suggested they would like a mentor to help “*make those links in with other people...who may be applying or...are on the doctorate*”.

The third subtheme, *being authentic and communicating values*, arose from a prominent theme across focus groups of participants’ need to be authentic and communicate their values in an application. However, they faced barriers in doing so. For example, one participant described her values and authenticity being lost on her application in the generic support she was receiving. She explained: “*a lot of what they [colleagues] were saying didn't really align with who I was and what my values were... so it felt a bit like I'm creating this really generic application, which doesn't sound like me at all*”.

Specifically, two participants discussed the conflict of communicating their minoritised identities authentically, rather than as a “*tick box*” exercise:

*I probably hit all of the diversity quotas...what's the balance between me sharing that information and saying how that informs me in my clinical practice, and where it then becomes like, I am a diversity quota please take me, it will look really great on your stats. (P3)*

This may reflect participants’ perception that DClinPsy courses see them as a “*diversity quota*”. Although this did not align with participants’ values, they were conflicted at the potential benefits in the face of such a competitive process, as one participant explained: “*I do get that people from my background are usually not given a seat at the table, and so you kind of have to grasp whatever little straws that you've been given*”.

In addition, two participants grappled with the vulnerable nature of revealing these parts of their identity, and the emotional consequences of a rejection in the face of this disclosure. As participants



were largely navigating these issues alone, they reported they would benefit from “*guidance*” on how to navigate this.

Many participants also discussed wanting support to reflect on their values in an authentic and conscious way. Specifically, on how being from an ME background has shaped their desire to pursue clinical psychology training. Two participants recognised that discussing these values came naturally in “*informal conversations*” but got “*lost*” within the nerves of an interview context. This was observed as participants’ values were shining through effortlessly within focus groups, and it begs the question whether even something as intrinsic as values has been distorted by the anxiety-fuelled DClinPsy application process.

Overall, participants felt they would benefit from emotional support from a mentor, due to the emotional toll taken by the competitiveness of the process, and practical support, due to the lack of knowledge and preparedness for the application process. Importantly, they desire support in being authentic and communicating their values within the process.

#### ***Theme four: The ideal mentor***

This theme depicts the descriptions participants gave of what their ideal mentor would look like and be like in order to support them with the points mentioned in the previous theme. The subthemes are: *someone who understands me* and *traits of an ideal mentor*.

The first subtheme, *someone who understands me*, emerged from a desire that was discussed in every focus group to have a mentor who is matched on the mentees’ race/ethnicity/culture, or who is from an ME background. As participants used the terms culture, race and ethnicity interchangeably, all three of these terms will be used to capture the participants’ own language.

Many participants felt that they would not have to explain themselves to a mentor from their race/ethnicity/culture, or an ME mentor, as “*they just get it*”. This was due to the perception of a “*shared experience*” of “*being the Other*” and navigating the doctoral process with similar barriers.

There was a sense that being understood was very important, and not being understood was particularly problematic, for this group who place such high importance on authenticity. Therefore, to support participants with their value of being authentic, a mentor must first understand them. This is displayed in the earlier example of P2 receiving support from people who did not understand her leading to a “*generic*” application.

In particular, participants felt they would be more able to talk about culturally sensitive topics with a mentor from their race/ethnicity/culture, due to a shared understanding. One participant stated: *“I think it's just nice to be able to talk about some culturally sensitive topics with a mentor, that is more likely to understand because they are from the same ethnic background.”*

The importance placed on understanding participants may explain why three participants placed greater importance on a mentor who is “*understanding*” and “*open-minded*” over a mentor matched on race/ethnicity/culture:

*If it comes to me deciding between having someone from a similar background to me versus...someone with personal qualities, I think personal qualities would be more important, because if they're able to still be understanding...I feel like they can still give me the same needs and support. (P10)*

The concept of a mentor being “*understanding*” of mentees’ identities, rather than a direct match also came up when two participants were discussing financial background and faith separately:

*I feel like someone who does come from an understanding, I don't think they need to come from a similar financial background to my family, but someone who comes from an understanding that as pre-qualified psychologists, you're highly underpaid. (P8)*

*I'm a Christian, I know that working in healthcare, and practicing your faith...it definitely impacts the way that you practice...[the mentor] understanding what it's like to practice as a clinician and someone who's a person of faith would be quite beneficial for me. (P4)*

In contrast, participants felt a White mentor would not understand them and their experiences. One participant plainly said:

*I wouldn't really mind if [the mentor] was anything other than White. I feel like that sounds so wrong to say, but it's the truth... The whole system is built around, you know, benefiting white British people, so I'll just feel like they won't get the same experiences that I've been through, they won't understand...the barriers that ethnic people face in the UK. (P10)*

As well as these benefits, some participants added caveats of a mentor who shares their race/ethnicity/culture. These focused on intersectionality, with two participants arguing that the mentor may not share other aspects of mentee's identities and therefore, may "*still lack understanding*" of these other aspects.

In addition to ethnicity, participants described the ideal mentor as sharing other parts of their identity, such as age, hearing loss, neurodiversity and lived experience of mental health, for similar reasons of the mentor being more likely to understand them. For example, one participant preferred to have a mentor "*who's neurodiverse and gets the frustrations that come with [being neurodiverse]*". In addition, while the female participants unanimously preferred a female mentor, this seemed to be a more complicated issue for the two male participants. Although they felt having a male mentor of their same race/ethnicity/culture would be "*eye-opening*", they both agreed that the rarity of having never come across this in clinical settings makes it "*hard to imagine*". Ultimately, they both agreed that "*the ethnic minority aspect would trump the gender aspect*", because ethnicity is "*more of a salient factor when in the process as opposed to gender*".

Furthermore, two participants recognised that their desire to have a mentor who matches their intersecting identities meant their ideal mentor closely resembles them. Interestingly, whilst one participant felt this would be positive as the mentor would be more likely to "*get it*", another participant felt this similarity would make him "*miss out*", which was unappealing:

*I'm not saying I'm asking for me to [be my] mentor, you know, I appreciate that not everyone's gonna have the exact same experiences as myself. But someone that's pretty damn close, that would be really nice, because then they just get it. (P3)*

*What I'm getting closer and closer to describing is someone who resembles me so much \*laughs\*...I don't want that though...maybe that could be progressive, and maybe that'd be kind of conducive to this whole process, but you'd miss out on something. (P13)*

The second subtheme is *traits of an ideal mentor*. These traits included being “open-minded”, “honest”, “dependable”, “understanding” and “knowledgeable” about the doctorate application process. Importantly, participants described certain traits they would like a mentor to have which are pertinent to their ME identity. These included being culturally sensitive and sensitive to their minoritised identities. One participant stated: “it's so important for them to be culturally sensitive as well, right? And I guess just sensitive in general, to be honest about who you are, and where you're coming from, what your background is”. For instance, two participants discussed the importance of the mentor being “patient” with them in the context of their neurodiversity.

In summary, participants’ ‘ideal’ mentors were someone who understands them, which was seen to be someone who shares their minoritised identities. There were many traits that participants desired in their ‘ideal’ mentors, the most important of which was a mentor who is sensitive to their minoritised identities.

### **Discussion**

Clinical psychology has traditionally been a White-dominated field, whereby psychologists from ME backgrounds are underrepresented compared to the national population (HCPC, 2023; Office for National Statistics, 2023). To improve the ethnic diversity of clinical psychologists, NHS-E (HEE, 2021) provided DClinPsy programs with funding to develop mentoring schemes for APMEs. However, there is no current research on what APMEs in the UK need from mentoring. Thus, this qualitative study aimed to fill this gap by exploring what APMEs need from mentoring schemes to support their successful application to doctoral clinical psychology training in the UK.

## Summary of main findings

There were four overarching themes, with interacting subthemes (see Figure 4.1). The first two themes, *systemic barriers* and *support (or lack of)* provided the context of why APMEs need mentoring, whilst the third and fourth themes, *support from a mentor* and *the ideal mentor*, outline how a mentor can help APMEs overcome the barriers faced.

The data revealed that many of the barriers faced by APMEs centre around the competitiveness of the process, whereby the most significant consequence is the emotional toll taken on aspirants. This is amplified for APMEs by the added barriers they navigate, such as juggling cultural expectations with the process and being in a White-dominated field. These findings are consistent with research by Ragaven (2018) who also found APMEs struggle with balancing personal values, such as cultural expectations of starting a family, with professional goals of pursuing a career in clinical psychology. These barriers are also confounded by a lack of support and connections in the field, making APMEs feel “*lost*” and unsure of where to go for guidance. Participants reported practical difficulties of accessing mentoring to help with these barriers, consistent with past research (Hameed et al., 2023). Although almost all participants were receiving, or had access to, informal or peer support, there were mixed views on the usefulness of this. Some participants thought peer support would be useful for creating a cooperative network, which mirrors other research on APMEs (e.g., Hameed et al., 2023), whereas others found it exacerbated negative feelings. This was because of collective anxieties, which are likely more pronounced for APMEs due to the aforementioned barriers.

The ‘ideal’ mentor, who would help participants navigate these barriers and provide the desperately needed support, was described as someone who matches mentees’ minoritised identities. In particular, the desire to have a mentor who is matched on participants’ race/ethnicity/culture, or from an ME background generally, was mentioned in every focus group without prompt. This is consistent with research that has found ME students prefer to have a same-race mentor (e.g., Chan et al., 2015; Salvador, 2017). For participants in this study, this preference

was due to a perception of shared experiences of being minoritised within the application process and beyond, leading to a mentor who understands them. Being understood emerged as an important theme, to the extent that participants did not mind having a non-matched mentor, as long as they made an effort to understand them.

Many of the barriers discussed by participants were systemic or had systemic consequences. Intersectionality was a common thread in discussions of participants' ideal mentor, and indeed most participants (n=11) reported to have another minoritised identity alongside ethnicity. This is consistent with Chan et al. (2015) multicultural, relational and ecological model of mentoring, which highlights the importance of mentors providing support that is sensitive to mentees' intersectional identities. The findings of the current study are also consistent with concepts in Nora and Crisp (2007) framework of mentoring. For example, participants endorsed the importance of psychological and emotional support from a mentor and the importance of the mentor having relevant knowledge which they can pass onto mentees.

### **Implications of findings**

The findings of this study highlight the need for those supporting APMEs to be mindful of the systemic and personal barriers faced, and the consequences of the competitive application process to clinical psychology training. Though the findings show how mentoring can help APMEs to navigate some of these barriers, the systemic nature of many barriers mean mentoring alone is likely not enough. Implications and recommendations for national policy, courses and mentors supporting APMEs are discussed below.

### ***Implications for national policy***

Many of the findings support the NHS-E (HEE, 2021) action plan for improving equity of access for APMEs. For example, the financial burden reported of attaining relevant experience and postgraduate qualifications supports the push for contextual admissions processes (HEE, 2021). Contextual admission involves understanding an individual's level of attainment within the context and environment in which they were achieved. Though contextual information is not always readily

available during recruitment (Craven-Staines et al., 2023), if individuals do choose to disclose, this information is now being collected nationally for doctoral clinical psychology applications. Whilst this is positive, there is significant variation in how or whether individual DClinPsy courses use this data within their admissions processes. There is also a lack of robust evaluations for use of contextual data within higher education generally (Mountford-Zimdars et al., 2016), and clinical psychology specifically, highlighting a need for evaluations of contextual admission processes on both a local and national level. Moving forward, it is important for this to become an embedded part of the application process. In addition, the reported lack of knowledge of the DClinPsy process, particularly during undergraduate years, highlights the importance of outreach to universities and schools to provide clear information on the routes to clinical psychology training. Recent research on outreach events held by Newcastle and Teeside universities for APMEs (Appiah et al., 2022) and school and college students (Craven-Staines et al., 2023) to encourage access to the profession received positive feedback. More of these events are encouraged.

### ***Implications for DClinPsy courses***

All but one participant preferred a mentor who shares their culture/race/ethnicity, reinforcing the importance of increasing the ethnic diversity of clinical psychologists, in line with the overall goal of the NHS-E action plan (HEE, 2021). Unfortunately, as reported by members of the research team, some universities have struggled to recruit ethnically diverse mentors due to the shortage of clinical psychologists from ME backgrounds in the region. Thus, there are currently practical difficulties in meeting this need for some courses (Craven-Staines et al., 2023). This supports the importance of continued work on increasing the ethnic diversity of those accepted onto training, such that this issue will be addressed when the more diverse cohorts reach qualified status. In the meantime, DClinPsy courses should provide training for mentors from the majority group to provide culturally sensitive support that meets the needs of APMEs. Training can be informed by the findings of this study as well as established literature on contextualised support (Bronfenbrenner, 1977) and systemic literature on consideration of intersecting identities (Burnham, 2012).

Furthermore, there was a common theme regarding lack of connections and support for APMEs, for instance, participants being unaware of mentoring schemes or finding them difficult to access. Therefore, courses advertising mentoring schemes should advertise in a variety of platforms to reach a wider audience and obtain feedback from mentees on their experiences of the schemes. The lack of connections and guidance described by participants also shows the importance of providing networking opportunities beyond mentoring, for example, by connecting applicants with current trainees. In addition, the emotional toll described by APMEs striving to access this competitive field and consequent need for emotional support, such as validation, reassurance and encouragement, highlights the importance of tending to the emotional needs of APMEs, as well as their practical needs.

Although peer support can be beneficial in other populations, such as undergraduate students (Yomtov et al., 2017), the findings of this study show that caution should be taken not to extrapolate this research to APMEs. Instead, the specific preferences of mentees should be considered, and future research could explore APMEs' experiences and needs of peer mentoring more specifically.

Moreover, the difficulty of attaining relevant experience was commonly reported as a challenge, highlighting the importance of more lenient entry requirements. For example, the Leeds Clearing House website states "If possible, you should seek regular supervision or contact from a qualified clinical psychologist. If your job does not involve such contact, you may benefit by making contact with local clinical psychologists". However, as seen in the lack of connections subtheme, it is not that simple for APMEs, leading one participant to suggest removal of requirement for supervision from a clinical psychologist. Clinical training courses that are committed to promoting fairer access to the profession should consider adopting criteria which places more emphasis on applicants' demonstration of the potential to succeed at clinical training with consideration of contextualised data, instead of prescriptive lengths and types of experience.

### ***Implications for individuals supporting APMEs***



Although most of the participants preferred a mentor who matches their identities, participants acknowledged the greater importance of a mentor understanding them. Therefore, those supporting APMEs should not avoid discussing mentees' minoritised identities, but instead can explore these through sensitive and empathetic questioning, which can be done using the Social GRRRAACCEESS model (Burnham, 2012). In particular, mentors who share an identity with their mentee should be curious about other identities mentees may have, as intersecting identities are common in this population. Moreover, mentors should keep in mind the usefulness of practical support, such as advice on experience and support with application, which past mentoring research has also found (Hameed et al., 2023).

### **Strengths and limitations**

The aim of this study was to shed light on the mentoring needs of this understudied group, the results of which have the potential to be generalisable to other contexts (Smith, 2018). However, as this is the first known research into the mentoring needs of APMEs, the findings must be interpreted with caution and future research is needed.

One of the many strengths of this study is being the first, to the researcher's knowledge, that explored the mentoring needs of UK APMEs, thus filling a literature gap and providing a voice to a rarely studied population. The study also benefited from a diverse research team, with the primary researcher and two other members of the supervisory panel having recent experience of being an APME, a current APME also on the supervisory panel, and an advisory group of APMEs who co-produced the topic guide. It is hoped that this improved the integrity of the research process (Beresford, 2013). In addition, care was taken to ensure the data collection and analysis processes were reflective, with opportunities for both personal and group reflections throughout the process (Trainor & Bundon, 2020).

The current study was not without limitations. Firstly, only two participants identified as male APMEs. As these participants pointed out, male APMEs are a rare intersection in clinical psychology. As such, they offered unique perspectives rarely explored in the literature, which were enriched by

the two participants being in the same focus group. Therefore, future research exclusively on male APMEs would provide invaluable exposure to their unique perspectives. In addition, official census ethnicity classifications were used on the demographics form (see Appendix H), however, these categories are problematic (Aspinall, 2011). For example, there is only one category for 'African', compared to various categories for the South Asian region (e.g., 'Indian', 'Pakistani'). This is problematic as Africa is a culturally, linguistically and religiously diverse continent, so recognising a participant as 'African' is too broad to be meaningful (Aspinall, 2011). Although using higher level clustering protected the anonymity of the small number of participants in this study, it limited the ability to contextualise participants' needs in relation to their specific ethnicity. Future research should consider using self-identification of ethnicity for more precise demographic data.

Moreover, although focus groups were useful as a relatively informal space and provided opportunities for peer support, there was a noticeable tendency for participants within focus groups to agree with each other. However, it is unclear whether this is reflective of shared experiences among attendees or due to conformity effects. Future research may consider using individual interviews to explore mentoring needs of APMEs.

## **Conclusion**

This study was the first, to the researcher's knowledge, to explore the mentoring needs of UK APMEs to inform DCLinPsy mentoring schemes. The findings reveal that APMEs face many systemic and personal barriers in their journey towards applying to the doctorate, some of which mentoring can support with, others which need to be addressed systemically. Participants discussed important demographic matching and character traits they would look for in their 'ideal' mentor. The findings of this study can be used to inform existing or future mentoring schemes for APMEs.

## References

- Afrah (2024). *Systematic Review: What are the mentoring experiences of higher education students from minoritised ethnic backgrounds in STEM and clinical psychology related subjects?* [Unpublished manuscript]. Doctorate in Clinical Psychology, University of East Anglia.
- Ahsan, S. (2020). Holding up the mirror: Deconstructing Whiteness in Clinical Psychology. *Journal of Critical Psychology, Counselling and Psychotherapy*, 20(3), 45–55.  
<https://www.researchgate.net/profile/Sanah-Ahsan-2/publication.pdf>
- Alcock, K. (2020, August 7). *Dr K Alcock Thrown against a Sharp White Background: Access, Inclusion and Anti-racism in Clin Psych*. Youtube. <https://www.youtube.com/watch?v=GsdFPCNr4Lc>
- Appiah, A., Yeebo, M., Bamford, J., Thwaites, S., Lomax, C., & Farooq, R. (2022). A mixed method evaluation of the North East Black, Asian & Minority Ethnic mentoring scheme launch: Reflections & actions. *Clinical Psychology Forum*, 1(355), 53-60. <https://doi.org/10.53841/bpscpf.2022.1.355.53>
- Aspinall, P. J. (2011). The utility and validity for public health of ethnicity categorization in the 1991, 2001 and 2011 British Censuses. *Public Health*, 125(10), 680-687.  
<https://doi.org/10.1016/j.puhe.2011.05.001>
- Barnett, P., Mackay, E., Matthews, H., Gate, R., Greenwood, H., Ariyo, K., Bhui, K., Halvorsrud, K., Pilling, S., & Smith, S. (2019). Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data. *Lancet Psychiatry*, 6(4), 305-317. [https://doi.org/10.1016/S2215-0366\(19\)30027-6](https://doi.org/10.1016/S2215-0366(19)30027-6)
- Beresford, P. (2013). From 'other' to involved: user involvement in research: an emerging paradigm. *Nordic Social Work Research*, 3(2), 139-148. <https://doi.org/10.1080/2156857x.2013.835138>
- Bhui, K., Stansfeld, S., Hull, S., Priebe, S., Mole, F., & Feder, G. (2003). Ethnic variations in pathways to and use of specialist mental health services in the UK. Systematic review. *Br J Psychiatry*, 182, 105-116. <https://doi.org/10.1192/bjp.182.2.105>
- Bignall, T., Jeraj, S., Helsby, E., & Butt, J. (2019). *Racial disparities in mental health: Literature and evidence review* (pp. 1–57). Race Equality Foundation.  
<https://raceequalityfoundation.org.uk/mental-health-report-v5-2-2.pdf>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological*. (pp. 57-71). <https://doi.org/10.1037/13620-004>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research a practical guide for beginners* (1st ed.). SAGE Publications Ltd.

- Braun, V., & Clarke, V. (2020). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, 21(1), 37-47. <https://doi.org/10.1002/capr.12360>
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531. <https://doi.org/10.1037//0003-066x.32.7.513>
- Burnham, J. (2012). Developments in Social GRRRAACCEEESSS: visible–invisible and voiced–unvoiced. In *Culture and Reflexivity in Systemic psychotherapy: Mutual Perspectives*. Routledge.
- Byrne, D. (2021). A worked example of Braun and Clarke’s approach to reflexive thematic analysis. *Quality & Quantity*, 56(3), 1391-1412. <https://doi.org/10.1007/s11135-021-01182-y>
- Cape, J., Roth, A., Scior, K., Thompson, M., Heneage, C., & Du Plessis, P. (2008). Increasing diversity within clinical psychology: The London initiative. In *Research Gate* (pp. 7–10). Clinical Psychology Forum. <https://www.researchgate.net/profile/Amy-Blakemore/publication.pdf#page=9>
- Chan, A. W., Yeh, C. J., & Krumboltz, J. D. (2015). Mentoring ethnic minority counseling and clinical psychology students: A multicultural, ecological, and relational model. *J Couns Psychol*, 62(4), 592-607. <https://doi.org/10.1037/cou0000079>
- Chandra, Y., & Shang, L. (2019). Inductive Coding. In *Qualitative Research Using R: A Systematic Approach* (pp. 91-106). [https://doi.org/10.1007/978-981-13-3170-1\\_8](https://doi.org/10.1007/978-981-13-3170-1_8)
- Chao, D., Badwan, M., & Briceno, E. M. (2022). ADDRESSING diversity, equity, inclusion and belonging (DEIB) in mentorship relationships. *J Clin Exp Neuropsychol*, 44(5-6), 420-440. <https://doi.org/10.1080/13803395.2022.2112151>
- Coghill, Y., & Naqvi, H. (2019, June 14). NHS drive for diversity in key roles is not “going backwards.” *NHS England*. <https://www.england.nhs.uk/blog/nhs-drive-for-diversity/>
- Craven-Staines, S., Coleman, M., Wood, F., & Barua, S. (2023). Equality, Diversity and Inclusion at Teesside Doctorate in Clinical Psychology: Working towards anti-racist recruitment processes. *Clinical Psychology Forum*, 1(371), 45-50. <https://doi.org/10.53841/bpscpf.2023.1.371.45>
- Das-Munshi, J., Bhugra, D., & Crawford, M. J. (2018). Ethnic minority inequalities in access to treatments for schizophrenia and schizoaffective disorders: findings from a nationally representative cross-sectional study. *BMC Med*, 16(1), 55. <https://doi.org/10.1186/s12916-018-1035-5>

- Hameed, I., Vohora, R., & Barnardo, L. (2023). The Oxford DCLinPsy 'mind-to-mind' mentoring scheme: Experience of benefits and barriers. *Clinical Psychology Forum*, 1(371), 51-57. <https://doi.org/10.53841/bpscpf.2023.1.371.51>
- Health and Care Professionals Council (2023). *Diversity data Clinical psychologist modality July 2023* [Data set]. HCPC. <https://www.hcpc-uk.org/resources/data/2023/diversity-data-practitioner-psychologists-2023/>
- Health Education England. (2021). *Action Plan to Improve Equity of Access and Inclusion for Black, Asian and Minority Ethnic Entrants to Clinical Psychology Training*. HEE. <https://healtheducationengland.sharepoint.com/sites>
- Hernandez, P. R., Estrada, M., Woodcock, A., & Schultz, P. W. (2017). Mentor qualities that matter: The importance of perceived (not demographic) similarity. *J Exp Educ*, 85(3), 450-468. <https://doi.org/10.1080/00220973.2016.1246405>
- King, E. B., Dawson, J. F., West, M. A., Gilrane, V. L., Peddie, C. I., & Bastin, L. (2011). Why Organizational and Community Diversity Matter: Representativeness and the Emergence of Incivility and Organizational Performance. *Academy of Management Journal*, 54(6), 1103-1118. <https://doi.org/10.5465/amj.2010.0016>
- Leeds Clearing House. (n.d.-a). *Clearing House for Postgraduate Courses in Clinical Psychology: Equal Opportunities data - 2018 Entry*. Clearing House. <https://www.clearing-house.org.uk/sites/default/files.pdf>
- Leeds Clearing House. (n.d.-b). *Clearing House for Postgraduate Courses in Clinical Psychology: Equal Opportunities data - 2020 Entry*. Clearing House. <https://www.clearing-house.org.uk/sites/default/files.pdf>
- Leeds Clearing House. (n.d.-c). *Clearing House for Postgraduate Courses in Clinical Psychology: Equal Opportunities data - 2022 Entry*. Clearing House. <https://www.clearing-house.org.uk/system/files.pdf>
- Ludford-Brooks, C. (2022). *Mentoring Needs of Aspiring Clinical Psychologists from Minoritised Ethnic Backgrounds* [Unpublished manuscript submitted to University of Exeter as Quality Improvement Project]. University of Exeter.
- Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., & de Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ Open*, 6(11), e012337. <https://doi.org/10.1136/bmjopen-2016-012337>

- Mercer, L., Evans, L. J., Turton, R., & Beck, A. (2019). Psychological Therapy in Secondary Mental Health Care: Access and Outcomes by Ethnic Group. *J Racial Ethn Health Disparities*, 6(2), 419-426. <https://doi.org/10.1007/s40615-018-00539-8>
- Morgan, D. L., & Krueger, R. A. (1993). When to Use Focus Groups and Why. In *Successful Focus Groups: Advancing the State of the Art* (pp. 3-19). <https://doi.org/10.4135/9781483349008.n1>
- Mountford-Zimdars, A., Moore, J., & Graham, J. (2016). Is contextualised admission the answer to the access challenge? *Perspectives: Policy and Practice in Higher Education*, 20(4), 143-150. <https://doi.org/10.1080/13603108.2016.1203369>
- Mullen, C. A., & Klimaitis, C. C. (2021). Defining mentoring: a literature review of issues, types, and applications. *Ann N Y Acad Sci*, 1483(1), 19-35. <https://doi.org/10.1111/nyas.14176>
- National Collaborating Centre for Mental Health. (2023). *Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT): Full report* (pp. 1–76). National Collaborating Centre for Mental Health. <https://www.nhs.uk/wp-content/uploads/2023/10.pdf>
- NHS England. (2020, September). *Advancing mental health equalities strategy*. England.nhs.uk. <https://www.england.nhs.uk/00159-advancing-mental-health-equalities-strategy.pdf>
- Nora, A., & Crisp, G. (2016). Mentoring Students: Conceptualizing and Validating the Multi-Dimensions of a Support System. *Journal of College Student Retention: Research, Theory & Practice*, 9(3), 337-356. <https://doi.org/10.2190/CS.9.3.e>
- Office for National Statistics. (2023, January 23). *Ethnic group by age and sex, England and Wales - Office for National Statistics*. ONS. <https://www.ons.gov.uk/census2021>
- Ooi, J. (2023). *UEA ClinPsyD Admissions Data Ethnicity 2018 – 2022* [Unpublished raw data]. University of East Anglia.
- Ragaven, R. N. (2018). *Experiences of Black, Asian and Minority Ethnic Clinical Psychology Doctorate Applicants within the UK* (pp. 1–162). <https://uhra.herts.ac.uk/handle/2299/21590>
- Richardson, J. T. E., Mittelmeier, J., & Rienties, B. (2020). The role of gender, social class and ethnicity in participation and academic attainment in UK higher education: an update. *Oxford Review of Education*, 46(3), 346-362. <https://doi.org/10.1080/03054985.2019.1702012>
- Salvador, A. M. (2017). *The Experiences of Black Doctoral Students in Clinical Psychology Programs at Predominantly White Academic Institutions* (Publication No. 10269602) [William James College]. ProQuest Dissertations and Theses Global.
- Scior, K., Williams, J., & King, J. (2015). Is access to clinical psychology training in the UK fair? The impact of educational history on application success. *Clinical Psychology Forum*, 1(289), 1–7. <https://doi.org/10.53841/bpscpf.2017.1.289.1>

- Smith, B. (2018). Generalizability in qualitative research: misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise and Health*, 10(1), 137-149. <https://doi.org/10.1080/2159676x.2017.1393221>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Trainor, L. R., & Bundon, A. (2020). Developing the craft: reflexive accounts of doing reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 13(5), 705-726. <https://doi.org/10.1080/2159676x.2020.1840423>
- Turpin, G., & Coleman, G. (2010). Clinical Psychology and Diversity: Progress and Continuing Challenges. *Psychology Learning and Teaching*, 9(2), 17–27. <https://doi-org.uea.idm.oclc.org/10.2304/plat.2010.9.2.17>
- Yomtov, D., Plunkett, S. W., Efrat, R., & Marin, A. G. (2015). Can Peer Mentors Improve First-Year Experiences of University Students? *Journal of College Student Retention: Research, Theory & Practice*, 19(1), 25-44. <https://doi.org/10.1177/1521025115611398>

## **Chapter Five: General discussion**

Word count: 2,718



This chapter provides an overall discussion of the systematic review (SR) and empirical paper (EP), including a critical appraisal and implications of the overall body of work. The chapter ends with an overall conclusion which summarises the thesis portfolio.

### **Overview of findings**

The SR was a thematic synthesis (Thomas & Harden, 2008) of ten qualitative studies exploring the formal mentoring experiences of students from Minoritised Ethnic (ME) backgrounds in higher education settings. The studies included in the review sampled students within Science, Technology, Engineering and Mathematics (STEM), counselling psychology and counsellor education. ME students were found to have specific personal, academic, professional and relational needs, which were interconnected and occurred within and across their academic and wider societal contexts. The overwhelming majority of ME students within the included studies found value in a mentor who was matched on demographic traits such as race, ME status, gender or socioeconomic status (SES). As matched mentors provide exposure to an equally marginalised person in a higher position within academia, they served as role models and guides for ME students navigating their academic contexts. However, due to the context of a lack of ethnic diversity among faculty and professors, it is important for non-matched mentors to also meet the needs of ME students. Based on the findings, this can be achieved by mentors providing holistic support that considers mentees' personal needs, by providing support with personal issues, emotional and relational needs, by demonstrating care, as well as academic and professional needs.

The findings of this review were used to inform mentoring schemes developed by Doctorate in Clinical Psychology (DClinPsy) programmes to increase the ethnic diversity of the clinical psychology workforce (HEE, 2021). This related to the EP, which explored the mentoring needs of aspiring psychologists from ME backgrounds (APMEs) using a reflexive thematic analysis (RTA; Braun & Clark, 2012) approach. Unlike the SR, participants in the EP had not experienced formal mentoring before, thus their mentoring needs were prospective rather than retrospective. The themes that emerged

from the data were understood in the context of why APMEs need support (i.e., the 'why' of mentoring needs) and the actual support needed (i.e., the 'what' of mentoring needs). APMEs reported various systemic barriers that made access to clinical psychology challenging, and formed the context of APMEs' mentoring needs. These barriers included the emotional impact created by the competitiveness of accessing the profession, financial barriers of gaining relevant qualifications and experiences, and juggling cultural responsibilities with the pursuit of clinical psychology training. The barriers were confounded by lack of connections in the field and difficulty accessing formal supports such as mentoring.

The mentoring needs of APMEs reported in the EP were similar to the SR findings, particularly 'the ideal mentor' theme. Like the SR, and consistent with past research (Chan et al., 2015; Salvador, 2017), the overwhelming majority of participants in the EP preferred a mentor matched on demographic traits, for similar reasons. The demographics mentioned by participants were also similar, with race, ME status, gender and SES discussed by participants in both the EP and SR. However, the other desired identity matches were different, with participants in the SR studies mentioning first generation to attend university and first-generation immigrant status, whilst participants in the EP cited neurodiversity, lived experience of mental health and hearing loss. This highlights the significance of intersectionality when supporting both ME students and APMEs, which mirrors past research on the importance of supporting APMEs (Ragaven, 2018) and ME students (Chan et al., 2015) with their multiple identities. Overall, the consistent finding across the SR, EP and past research of the preference for a mentor matched on race and ME status reinforces the importance of improving ethnic diversity within clinical psychology, as well as in clinical psychology related fields.

In addition, APMEs reported a need for emotional and practical support from a mentor, which was also reported by participants in the SR studies, though the nature of the emotional and practical needs were different. Whilst participants in the SR studies needed practical support for academic and

professional needs and emotional support to deal with academic and personal stresses, participants in the EP needed practical support for the process of applying to clinical psychology training and emotional support for the emotional toll taken by the process. Thus, although the type of support requested, i.e., emotional and practical support, was the same, the context of these needs were different. This consistent with existing research on APMEs (Farooq et al., 2022) and ME students (Chan et al., 2015).

The emphasis on contextualised and systemic support is established in clinical literature (e.g., Bronfenbrenner, 1977). In addition, the findings from both the SR and EP are consistent with the only known model in the literature on mentoring ME students, which was developed on US doctoral clinical psychology students from ME backgrounds and their mentors (Chan et al., 2015). Chan et al. (2015) mentoring model, like this thesis, emphasised that support should be contextual, sensitive to mentees' multiple intersecting identities, should combine personal and professional support and focus on the mentor-mentee relationship (Chan et al., 2015). The findings of this body of work build on this model by introducing the context of the systemic barriers APMEs face to accessing the clinical psychology profession. Those supporting APMEs should be cognisant of these barriers.

Taken together, the findings of the SR, EP and the literature show that the needs of APMEs and ME students cannot be taken out of context, and the systemic barriers, which are confounded by mentees' minoritised identities, result in a preference for a mentor matched on demographic traits. To deliver effective mentoring, mentors must provide contextual support that takes into account mentees' personal and emotional needs, as well as their practical, academic and professional needs.

### **Critical appraisal**

Individual strengths and weaknesses for the SR and EP were discussed in their respective sections and are therefore not repeated here. Instead, the strengths and limitations of the overall thesis are outlined.

There were many strengths of this body of work, most importantly that it contributed to a limited literature base with an understudied population. The lack of research on minoritised ethnic populations is a symptom of the wider systemic issue of 'Whiteness' within clinical psychology, namely, the dominance of the White experience (Wood & Patel, 2017). This is distinct from the White ethnic group as anyone can reinforce Whiteness (Ahsan, 2020). There have consequently been calls for the 'deconstruction of Whiteness' within clinical psychology by amplifying marginalised voices and experiences (Wood & Patel, 2017). Therefore, the focus of this thesis on minoritised ethnic experiences and needs provides a much-needed contribution to an understudied population and contributes to continued efforts to 'deconstruct Whiteness' in clinical psychology. In addition, this thesis provided DCLinPsy programmes with a framework for developing and improving NHS England (NHS-E; HEE, 2021) funded mentoring schemes, in the context of limited research on the mentoring needs of APMEs.

Another strength of this thesis was the use of a reflective approach throughout (Braun & Clarke, 2012). This was important due to the primary researcher's personal background as a previous APME and recipient of mentoring, and a current ME doctoral student within an ethnically non-diverse field. This close positionality to the research inevitably impacted the analysis and interpretation of findings, for instance, through more attention possibly given to matched experiences. Therefore, a reflective approach was key. This involved keeping reflective diaries of assumptions and potential biases before and after focus groups in the EP, and reflective discussions with the supervisory group. This approach added depth to the analyses and findings and is discussed in more detail in Chapter Six of the thesis portfolio.

Moreover, the RTA approach was appropriately followed through by not utilising an independent coder and instead using reflective discussions, as recommended by Braun and Clarke (2019). Although from a quantitative methodological lens not using independent coders can be seen to decrease the reliability of findings, Braun and Clarke (2019) warn against chasing accuracy by using

independent coders. This is because it is inconsistent with the RTA approach, which puts researcher subjectivity at the forefront of analyses.

Despite the important contribution of this thesis, it is not without limitations. Due to lack of research in the area, it was not possible for the SR question to be limited to clinical psychology. As such, the clinical relevance for the SR is a more indirect one, which led to the protocol not being accepted by PROSPERO for pre-review registration. Nonetheless, reviewing the evidence base on mentoring experiences of ME students informed the mentoring needs of APMEs more specifically, which is essential if the mentoring schemes being developed and delivered by DClinPsy programmes are to effectively meet the recipients' needs. It is also a means of reducing the Othering faced by APMEs entering a system which has largely been designed by White clinical psychologists. If one believes that increasing ethnic representation in the clinical psychology workforce is important, as policymakers do (e.g., HEE, 2021; NHS England, 2020), it is not difficult to see the clinical relevance of this research. The decision from PROSPERO speaks to the previously mentioned wider issue that contributes to the lack of research within marginalised populations due to a perceived lack of clinical relevance.

Despite the clear clinical importance of the SR, caution must be taken when generalising the results to clinical psychology populations in the absence of eligible studies within clinical psychology or undergraduate psychology. This highlights an important gap in the literature of UK based clinical psychology and undergraduate psychology studies on the mentoring experiences of ME students, which parallels the lack of research on mentoring needs of APMEs.

### **Clinical and practice implications**

The combined findings from the SR and EP reveal the importance of universities training mentors to provide holistic support in context, which places emphasis on relational factors of the mentor-mentee relationship.

While mentoring is clearly important and beneficial, the findings from the EP highlight the many systemic barriers faced by APMEs which cannot be addressed by mentoring alone. Another initiative funded through the NHS-E action plan for increasing ethnic diversity of the clinical psychology workforce (HEE, 2021) was the provision of paid assistant psychologist experience to marginalised aspiring psychologists. This was a positive step in the right direction, as participants from the EP reported the financial burden of seeking relevant experience, particularly for APMEs at the intersection between ME status and low SES. Positively, narrative accounts from aspiring psychologists who took part in these schemes reported that they provided a beneficial stepping stone to accessing the profession (Farooq et al., 2022). However, it is unclear whether this initiative will continue. This is problematic as consistency is required to make a meaningful difference and short-term schemes give a tokenistic message to minoritised applicants, which may implicitly lead to APMEs' expressed views in the EP that they are merely a "*diversity quota*". These schemes have also been criticised for not addressing the systemic 'Whiteness' present in clinical psychology, for which a systemic solution is needed (Ahsan, 2020; Farooq et al., 2022; Wood & Patel, 2017). This can be seen in the EP findings, whereby APMEs report a range of systemic barriers to accessing clinical psychology. It has also been argued that, although widening access schemes address selection issues via supports such as application and interview support, they do not address wider cultural and psychological needs (Jameel et al., 2022). This reinforces the need for holistic support for mentees, as reported in the SR, but also systemic support that goes wider than improving access for aspiring psychologists.

An example of a broader systemic approach is considering the support needs of clinical psychology doctoral students from ME backgrounds once they begin doctoral training. It is important to support the clinical psychology workforce throughout their career, from aspiring, to trainee and qualified clinical psychologists (Jameel et al., 2022), rather than focusing solely on aspiring psychologists. Although the literature base on trainee and qualified clinical psychologists is limited, the research that does exist shows that trainee clinical psychologists from ME backgrounds find it

challenging to navigate their identities during training, leading to feeling a lack of belonging in the profession (Shah, 2010; Jameel et al., 2022). Due to the recent increase in ethnically diverse clinical psychology cohorts (Leeds Clearing House, n.d.), it is more important than ever for DClinPsy courses to uphold their ethical responsibility in ensuring psychological safety for ME trainee psychologists (Ahsan 2020). One example of this is the provision of reflective spaces, led by other ME individuals who are supported and trained in anti-racist practices (Farooq et al., 2022).

In addition, despite the importance of increasing ethnic diversity amongst the clinical psychology workforce to meet the reported need for a race matched mentor, it is equally important not to rely solely on ME clinical psychology staff to support ME students (Jameel et al., 2022). This is particularly important in the context of research into the experiences of Black female professors in the UK revealing racist and hostile environments within higher education (Rollock, 2019). Therefore, as well as supporting ME students with the needs mentioned above, support must also be systemic, particularly in supporting ME professors who are invaluable in meeting the needs of ME students. Qualified psychologists and professors from ME backgrounds must receive adequate support themselves in order to effectively support APMEs and ME students.

For ease of application, listed below are recommendations of systemic actions clinical psychology training courses can commit to in light of findings:

- Identify clinical psychologists with diverse identities (e.g., ethnicity, gender, lived experience of mental health) willing to mentor and, where possible, offer APME mentees the option to be matched on their preferred identity.
- Provide mentors with training in delivering culturally sensitive support and ensure they are aware of the barriers faced by APMEs mentioned in this and previous research.
- Make entry requirements less prescriptive, and more focused on potential to succeed in clinical psychology training, with contextualised and values-based admissions processes.

- Promote psychological safety for ME trainee psychologists and staff by providing clear and transparent mechanisms of reporting racist or discriminatory experiences, and reflective practice spaces with ME facilitators competent in antiracist practices.
- Offer outreach events to psychology undergraduate courses, particularly at universities with high proportions of ethnic diversity, to inform students of the various routes to clinical psychology training and the mentoring schemes available to them.
- Advertise mentoring schemes in a variety of platforms, including social media, university websites and in local NHS trusts who employ assistant psychologists.

### **Recommendations for research and policy**

Due to the lack of UK research on mentoring ME students generally, and aspiring psychologists from ME backgrounds more specifically, future research in these areas is desperately needed. As previously stated, for mentoring schemes to be effective, it is important for the development of them to be based in empirical knowledge of what the recipients need from mentoring. In addition, evaluation of widening access schemes, including qualitative feedback from recipients, is required to gauge their effectiveness (Farooq et al., 2022). These findings should be made widely available for transparency and learning by other DClinPsy programmes. Transparency on plans for the continuity of widening access schemes is also needed from policy makers such as NHS-E, as it ensures that APME support, and therefore change, is systemic and lasting rather than tokenistic (Ahsan, 2020).

Thinking more widely, future research should focus on the mentoring needs of individuals from ME backgrounds across the career span, such as trainee and qualified clinical psychologists, as support should not stop once aspiring psychologists get onto training. In particular, research is needed for professors from ME backgrounds in clinical psychology due to the limited research in this area. As increased visibility of, and support from, Black and ME mentors in higher positions may break the cycle of lack of ethnic diversity within academia, it is imperative to meaningfully support and retain diverse academic staff.



### **Overall conclusion**

This thesis contributed to a limited evidence base by exploring the mentoring needs and experiences of ME students and aspiring psychologists from minoritised ethnic backgrounds (APMEs), populations which are grossly understudied. The findings revealed that the interlinked needs of ME students and APMEs must be addressed in the contexts in which they occur. Implications for higher education institutions supporting ME students and APMEs were discussed, with an emphasis on systemic and contextualised support.

## **Chapter Six: Personal reflections from researcher**

Word count: 525

In line with the reflective approach of the thesis, this chapter provides personal reflections from the researcher on the process of carrying out this work. Unlike the other chapters, this chapter was written in first person due to the personal nature of the reflections.

I identify as being from a Minoritised Ethnic (ME) background, more specifically, as a Black Muslim woman. As previously mentioned, I have had experience of receiving mentoring as an aspiring clinical psychologist during my pursuit to clinical psychology training and, as such, this research felt incredibly personal. The focus group conversations were very relatable, particularly the conversations relating to juggling cultural and religious responsibilities with a career in clinical psychology. I recognise that my identification with these experiences may have led to a greater emphasis on them during analysis. I also strongly identified with the lack of connections within the field reported by participants, as I vividly remember feeling lost and unsure where to get support as an aspiring psychologist. It was the support of my mentor that transformed my experience. This led to a sense of guilt and sadness when listening to participants speak of similar feelings without the guidance of a mentor, and the difficulties they have experienced in accessing a mentor. This led to a desire, stronger in some focus groups than others, to mentor participants, which I reflected on in the reflective diaries. I have included some extracts of the diaries in Table 5.1, particularly those that relate to analysis and delivery of focus groups (Trainor & Bundon, 2020).

Table 6.1

*Extracts from reflective diaries for empirical paper*

	Extract of reflection
<b>Prior to commencing focus groups</b>	<p>[Reflecting on my first mentoring session with my mentor]: <i>I was feeling quite negative about the doctorate and unsure about whether or not to apply but having a conversation with her (which was the first time I'd had a 1:1 conversation with a trainee or qualified psychologist) really helped me to put the doctorate into perspective. She told me about her journey towards the doctorate and it seemed quite ordinary which was a big change from the horror stories I'd been hearing from other aspiring psychologists. I spoke to her about my reservations of applying to the doctorate due to my lack of experience and she reassured me that I did have enough experience if I wanted to apply. This felt really validating coming from someone who was already on the doctorate. That conversation was really impactful for me...I remember feeling so well supported emotionally (with her giving me a space to explore my feelings and reflect, it sometimes resembled a therapy session), but also practically.</i></p> <p><i>I feel like I put her on a pedestal because she was my foot into the profession. She offered me a safe space to explore my feelings around the application, normalised the doctorate and profession for me, gave me the reassurance and validation I desperately needed to apply and also helped me practically (e.g., with looking through my application a couple of times and arranging a panel mock interview for my UEA interview). I think this has probably influenced my views of what a 'good mentor' looks like – I think, for me, a 'good mentor' = her.</i></p>
<b>After a peer supervision session</b>	<p><i>When there are silences, I'm assuming that the attendees are thinking negatively of me, having expectations that I should break the silence etc. When, in reality, they are probably feeling self-conscious, but because of this anxiety and self-focus, I'm not paying as much attention to the participants (e.g., monitoring their reactions and the dynamics). This is something I want to work on for the next focus group: be more present in the moment and try to get out of my own head.</i></p>
<b>Halfway through data collection</b>	<p><i>I feel like there's definitely a regular theme that has come up every single time, every single person in those groups has said that they would prefer to have a mentor who's from a similar cultural background to them. Similar themes of reasons are coming up: an assumption that if someone is from a similar cultural background to them, they'll understand, they'll have had similar experiences, they'll have similar barriers, and they'll feel more comfortable with them and won't have to explain themselves.</i></p> <p><i>My mentor was White, which is interesting to reflect on generally, but also important to be aware of that while I'm coding and coming up with themes because they may get in the way of how I'm interpreting them. Already when I'm reflecting on it, one of the first thoughts I had is that they're making an assumption that because someone is from a similar cultural background as them, they will have had similar experiences – but who's to say that's an assumption? I wonder if that's influenced by the fact that I had a White mentor who I had a really good experience with. It's interesting, though, because I've not had a mentor from a similar cultural background to me so I can't really compare what it's like to have a mentor who's from a similar cultural background to me – it might've been even more amazing, I might've felt even more comfortable. I don't know.</i></p>

Although I made a conscious effort not to self-disclose during the focus groups to keep attention on the participants' experiences, this was difficult to do at times. Alongside the reflective journals, I used peer supervision with two APMEs on the supervisory team, and supervision with my primary supervisor, to reflect on these feelings. Despite not voicing them, I wondered if the shared experiences and empathy for them presented non-verbally due to the ease with which I built rapport with participants and how honest and open participants were with me. For instance, I noticed that the focus group where I felt the most relaxed, and where participants struck me as being especially open, was the focus group where all attendees were also Black Muslim women.

This personal identification with participants may have led to my significant felt responsibility to portray participants' stories accurately, in a way that does justice to their experiences. This perceived responsibility was likely due to a combination of their voices not often explored in the literature and the trust participants placed in me by sharing personal and sensitive stories. This led to my analyses being overly descriptive initially, due to a fear of losing participants' under-researched and valuable voices. However, using supervision and the reflective process, I was able to move past this anxiety and incorporate my voice into the analyses whilst simultaneously staying true to participants' voices.

Overall, undertaking this research was a rewarding and somewhat cathartic experience for me, triggering a multitude of emotions, and the reflective process served as a necessary part of this personally fulfilling and empirically significant body of research.

## References

- Ahsan, S. (2020). Holding up the mirror: Deconstructing Whiteness in Clinical Psychology. *Journal of Critical Psychology, Counselling and Psychotherapy*, 20(3), 45–55.  
<https://www.researchgate.net/profile/Sanah-Ahsan-2/publication.pdf>
- Alcock, K. (2020, August 7). *Dr K Alcock Thrown against a Sharp White Background: Access, Inclusion and Anti-racism in Clin Psych*. Wwww.youtube.com.  
<https://www.youtube.com/watch?v=G5DFPCNr4Lc>
- American Psychological Association. (2022, September). *Socioeconomic status*. APA. <https://www-apa-org.uea.idm.oclc.org/topics/socioeconomic-status>
- Barnett, P., Mackay, E., Matthews, H., Gate, R., Greenwood, H., Ariyo, K., Bhui, K., Halvorsrud, K., Pilling, S., & Smith, S. (2019). Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data. *Lancet Psychiatry*, 6(4), 305-317. [https://doi.org/10.1016/S2215-0366\(19\)30027-6](https://doi.org/10.1016/S2215-0366(19)30027-6)
- Beresford, P. (2013). From 'other' to involved: user involvement in research: an emerging paradigm. *Nordic Social Work Research*, 3(2), 139-148. <https://doi.org/10.1080/2156857x.2013.835138>
- Bignall, T., Jeraj, S., Helsby, E., & Butt, J. (2019). *Racial disparities in mental health: Literature and evidence review* (pp. 1–57). Race Equality Foundation.  
<https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/mental-health-report-v5-2-2.pdf>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological*. (pp. 57-71). <https://doi.org/10.1037/13620-004>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research a practical guide for beginners* (1st ed.). SAGE Publications Ltd.
- Braun, V., & Clarke, V. (2019). *Answers to frequently asked questions about thematic analysis*. Aukland.ac; The University of Aukland.  
<https://cdn.auckland.ac.nz/assets/psych/documents/20April%202019.pdf>
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531. <https://doi.org/10.1037//0003-066x.32.7.513>
- Campbell, T. A., & Campbell, D. E. (2007). Outcomes of mentoring at-risk college students: gender and ethnic matching effects. *Mentoring & Tutoring: Partnership in Learning*, 15(2), 135-148.  
<https://doi.org/10.1080/13611260601086287>

- Chan, A. W., Yeh, C. J., & Krumboltz, J. D. (2015). Mentoring ethnic minority counseling and clinical psychology students: A multicultural, ecological, and relational model. *J Couns Psychol*, 62(4), 592-607. <https://doi.org/10.1037/cou0000079>
- Coghill, Y., & Naqvi, H. (2019, June 14). NHS drive for diversity in key roles is not “going backwards.” *NHS England*. <https://www.england.nhs.uk/blog/nhs-drive-for-diversity-in-key-roles-is-not-going-backwards/>
- Crenshaw, K. (1989). Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139–167. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- Crisp, G., & Cruz, I. (2009). Mentoring College Students: A Critical Review of the Literature Between 1990 and 2007. *Research in Higher Education*, 50(6), 525-545. <https://doi.org/10.1007/s11162-009-9130-2>
- Critical Appraisal Skills Programme. (2018). *CASP Qualitative Checklist*. CASP. <https://casp-uk.net/checklists/casp-qualitative-studies-checklist-fillable.pdf>
- Farooq, R., Abuan, B., Griffiths, C., Usman-Dio, F., Justin Kamal, O., Toor, P., Hajaji, Y., & Yeebo, M. (2022). “I didn’t feel as though I fitted in”: Critical Accounts from Aspiring Clinical Psychologists from racially minoritised backgrounds. *Journal of Critical Psychology, Counselling and Psychotherapy*, 22(3), 6–17. <https://www.researchgate.net/profile/Romana-Farooq-2/publication.pdf>
- Hameed, I., Vohora, R., & Barnardo, L. (2023). The Oxford DClinPsy ‘mind-to-mind’ mentoring scheme: Experience of benefits and barriers. *Clinical Psychology Forum*, 1(371), 51-57. <https://doi.org/10.53841/bpscpf.2023.1.371.51>
- Health and Care Professionals Council (2023). *Diversity data Clinical psychologist modality July 2023* [Data set]. HCPC. <https://www.hcpc-uk.org/resources/data/2023/diversity-data-practitioner-psychologists-2023/>
- Health Education England. (2021). *Action Plan to Improve Equity of Access and Inclusion for Black, Asian and Minority Ethnic Entrants to Clinical Psychology Training*. HEE. <https://healtheducationengland.sharepoint.com/sites>
- Jameel, L., Gin, K., Lee-Carbon, L., McLaven, G., Castaneda, K. P., Widyaratna, K., Ramzan, N., & Beal, E. M. (2022). *The “Our Stories” Project: Understanding the needs, experiences and challenges of trainee, aspiring and qualified clinical psychologists from minoritised backgrounds* (pp. 1–32). <https://acpuk.org.uk/the-our-stories-project/>
- Kram, K. E. (1983). Phases of the Mentor Relationship. *Academy of Management Journal*, 26(4), 608–625. <https://doi.org/10.5465/255910>. <https://doi.org/10.5465/255910>

- Leeds Clearing House. (n.d.-a). *Clearing House for Postgraduate Courses in Clinical Psychology: Equal Opportunities data - 2020 Entry*. Clearing House. <https://www.clearing-house.org.uk/sites/default/files.pdf>
- Leeds Clearing House. (n.d.-b). *Clearing House for Postgraduate Courses in Clinical Psychology: Equal Opportunities data - 2022 Entry*. Clearing House. <https://www.clearing-house.org.uk/system/files.pdf>
- Mercer, L., Evans, L. J., Turton, R., & Beck, A. (2019). Psychological Therapy in Secondary Mental Health Care: Access and Outcomes by Ethnic Group. *J Racial Ethn Health Disparities*, 6(2), 419-426. <https://doi.org/10.1007/s40615-018-00539-8>
- Mullen, C. A., & Klimaitis, C. C. (2021). Defining mentoring: a literature review of issues, types, and applications. *Ann N Y Acad Sci*, 1483(1), 19-35. <https://doi.org/10.1111/nyas.14176>
- Nash, J. C. (2008). Re-Thinking Intersectionality. *Feminist Review*, 89(1), 1–15. <https://doi.org/10.1057/fr.2008.4>
- National Collaborating Centre for Mental Health. (2023). *Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT): Full report* (pp. 1–76). National Collaborating Centre for Mental Health. <https://www.nhsrho.org/wp-content/uploads/2023/10/Ethnic-Inequalities-in-Improving-Access-to-Psychological-Therapies-IAPT.Full-report.pdf>
- Neves, J., & Stephenson, R. (2023). Student Academic Experience Survey 2023. In *Higher Education Policy Institute (HEPI)*. <https://www.hepi.ac.uk/wp-content/uploads/2023/06/Student-Academic-Experience-Survey-2023.pdf>
- NHS England. (2020, September). *Advancing mental health equalities strategy*. England.nhs.uk. <https://www.england.nhs.uk/wp-content/uploads/2020/10/00159-advancing-mental-health-equalities-strategy.pdf>
- Noble, S., McLennan, D., Noble, M., Plunkett, E., Gutacker, N., Silk, M., & Wright, G. (2019). *The English Indices of Deprivation 2019: Research report* (pp. 1–117). Ministry of Housing, Communities and Local Government. [https://assets.publishing.service.gov.uk/media/10D2019\\_Research\\_Report.pdf](https://assets.publishing.service.gov.uk/media/10D2019_Research_Report.pdf)
- Nora, A., & Crisp, G. (2016). Mentoring Students: Conceptualizing and Validating the Multi-Dimensions of a Support System. *Journal of College Student Retention: Research, Theory & Practice*, 9(3), 337-356. <https://doi.org/10.2190/CS.9.3.e>
- Office for National Statistics. (2023, January 23). *Ethnic group by age and sex, England and Wales - Office for National Statistics*. ONS. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicgroupbyageandsexenglandandwales/census2021>



- Office for Students. (n.d.). *Topic briefing: Black and minority ethnic (BME) students* (pp. 1–12).  
<https://www.officeforstudents.org.uk/media/145556db-8183-40b8-b7af-741bf2b55d79/topic-briefing-bme-students.pdf>
- Ragaven, R. N. (2018). *Experiences of Black, Asian and Minority Ethnic Clinical Psychology Doctorate Applicants within the UK* (pp. 1–162). <https://uhra.herts.ac.uk/handle/2299/21590>
- Richardson, J. T. E., Mittelmeier, J., & Rienties, B. (2020). The role of gender, social class and ethnicity in participation and academic attainment in UK higher education: an update. *Oxford Review of Education*, 46(3), 346-362. <https://doi.org/10.1080/03054985.2019.1702012>
- Rollock, N. (2019). *Staying Power: The career experiences and strategies of UK Black female professors*. University and College Union. [https://www.ucu.org.uk/media/10075/Staying-Power/pdf/UCU\\_Rollock\\_February\\_2019.pdf](https://www.ucu.org.uk/media/10075/Staying-Power/pdf/UCU_Rollock_February_2019.pdf)
- Rubin, M., Denson, N., Kilpatrick, S., Matthews, K. E., Stehlik, T., & Zyngier, D. (2014). “I Am Working-Class”. *Educational Researcher*, 43(4), 196-200. <https://doi.org/10.3102/0013189x14528373>
- Salvador, A. M. (2017). *The Experiences of Black Doctoral Students in Clinical Psychology Programs at Predominantly White Academic Institutions* (Publication No. 10269602) [William James College]. ProQuest Dissertations and Theses Global.
- Scior, K., Williams, J., & King, J. (2015). Is access to clinical psychology training in the UK fair? The impact of educational history on application success. *Clinical Psychology Forum*, 1(289), 1–7. <https://doi.org/10.53841/bpscpf.2017.1.289.1>
- Shah, S. (2010). *The Experience of Being a Trainee Clinical Psychologist From a Black and Minority Ethnic Group: A Qualitative Study* (pp. 1–307). <https://uhra.herts.ac.uk/handle/2299/5088>
- Stevenson, J. (2012). Black and minority ethnic student degree retention and attainment. In *Advance HE* (pp. 1–29). <https://www.advance-he.ac.uk/knowledge-hub/black-and-minority-ethnic-student-degree-retention-and-attainment>
- Stevenson, J., O'mahony, J., Khan, O., Ghaffar, F., & Stiell, B. (2019). *Understanding and overcoming the challenges of targeting students from under-represented and disadvantaged ethnic backgrounds: Report to the Office for Students* (pp. 1–63). [https://pure.port.ac.uk/ws/portalfiles/portal/25159065/Stevenson\\_report\\_ethnicity\\_targeting\\_Feb\\_2019.pdf](https://pure.port.ac.uk/ws/portalfiles/portal/25159065/Stevenson_report_ethnicity_targeting_Feb_2019.pdf)
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol*, 8, 45. <https://doi.org/10.1186/1471-2288-8-45>
- Trainor, L. R., & Bundon, A. (2020). Developing the craft: reflexive accounts of doing reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 13(5), 705-726. <https://doi.org/10.1080/2159676x.2020.1840423>

- Tram, J. M., Nwankwo, N., Khan, A. N., & Sabado, J. A. (2023). Impact of faculty mentoring on ethnic and racial minority student program satisfaction. *Scholarship of Teaching and Learning in Psychology, 9*(1), 50-62. <https://doi.org/10.1037/stl0000231>
- Wood, N., & Patel, N. (2017). On addressing 'Whiteness' during clinical psychology training. *South African Journal of Psychology, 47*(3), 280-291. <https://doi.org/10.1177/0081246317722099>

## Appendices

### Appendix A

#### Author guidelines for Mentoring & Tutoring (Systematic Review)

##### Manuscript preparation

###### 1. General guidelines

[↑Back to top.](#)

- Manuscripts are accepted in English. Any consistent spelling and punctuation styles may be used. Please use double quotation marks, except where “a quotation is ‘within’ a quotation”. Long quotations of 40 words or more should be indented. Please follow the APA Manual, 7th Edition for punctuation.
- Manuscripts should be generated using Microsoft Word, double-spaced, Times New Roman, 12 pt. font, 1 inch margins, and the names of authors should NOT included on the actual manuscript. Anonymous identifiers for authors should be used. **The American Psychological Association (APA) style (7th edition) must be used to format the entire manuscript.** All pages should be numbered. Footnotes to the text should be avoided wherever this is reasonably possible.
- A separate Microsoft Word document should be prepared as a cover letter, including all authors' names and professional affiliations, with all authors' full contact information (mailing address, telephone number, e-mail address, and fax number, and the title of the manuscript). All three items (a) the manuscript, (b) the cover letter, and (c) the abstract (placed at the beginning of the manuscript) should be submitted via NCPEA Publications at: <http://www.ncpeapublications.org> Click on M&T Journal from the Menu of Buttons on the top of the page. The submitting link is on the M&T

Journal Home Page. Click the link that says “Click Here to Submit Manuscript.” You will be asked for your User ID and Password. Just below that box, there is link that indicates, “Register here” if you do not have a User ID and Password. You will need that to be able to submit the manuscript. When you log in, then you will see a tab across the top of the page, “My submissions” where you will be able to find another link that indicates, “Click here to submit a document.” Upon receipt, manuscripts deemed by the editor as potentially appropriate for the Journal will then be sent to two external reviewers. The lead author will receive an e-mail notification if the manuscript is sent out for review. Blind reviews will be shared with the lead author through the NCPEA Publications electronic FastTrack system with one of three notifications from the editor—that the manuscript has been accepted pending minor revisions (this happens only rarely), that the submission is rejected with a request for revisions/resubmission for further consideration of the manuscript, or that the manuscript is rejected. Book Reviews should be no more than 2,000 words and should be submitted in the same manner as the manuscripts.

- A typical manuscript will not exceed 30 pages including tables, references, captions, footnotes and endnotes. Manuscripts that exceed this page limit cannot be accommodated. Authors should include a word count with their manuscript.
- Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgements; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figure caption(s) (as a list).
  - Please supply all details required by any funding and grant-awarding bodies as an Acknowledgement on the title page of the manuscript, in a separate paragraph, as follows:
    - *For single agency grants:* "This work was supported by the [Funding Agency] under Grant [number xxxx]."
    - *For multiple agency grants:* "This work was supported by the [Funding Agency 1] under Grant [number xxxx]; [Funding Agency 2] under Grant [number xxxx]; and [Funding Agency 3] under Grant [number xxxx]."
- **Abstracts** of 100-150 words are required for all manuscripts submitted.
- Each manuscript should have 3 to 6 **keywords**.
- Search engine optimization (SEO) is a means of making your article more visible to anyone who might be looking for it. Please consult our guidance [here](#).
- Section headings should be concise.
- Author details. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCID identifiers and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. [Read more on authorship](#).

- All persons who have a reasonable claim to authorship must be named in the manuscript as co-authors; the corresponding author must be authorized by all co-authors to act as an agent on their behalf in all matters pertaining to publication of the manuscript, and the order of names should be agreed by all authors.
- Please supply a short biographical note for each author.
- Authors must also incorporate a [Disclosure Statement](#) which will acknowledge any financial interest or benefit they have arising from the direct applications of their research.
- For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms must not be used.
- Authors must adhere to [SI units](#). Units are not italicised.
- When using a word which is or is asserted to be a proprietary term or trade mark, authors must use the symbol ® or TM.
- Authors must not embed [equations](#) or image files within their manuscript.

## 2. Style guidelines

[↑Back to top.](#)

- [Please use APA 7th Edition for both the text and the references.](#)
- [Guide to using mathematical scripts and equations](#)

### Alt Text

This journal is now including Alt Text (alternative text), a short piece of text that can be attached to your figure to convey to readers the nature or contents of the image. It is typically used by systems such as pronouncing screen readers to make the object accessible to people that cannot read or see the object, due to a visual impairment or print disability.

Alt text will also be displayed in place of an image, if said image file cannot be loaded.

Alt Text can also provide better image context/descriptions to search engine crawlers, helping them to index an image properly.

To include Alt Text in your article, please follow our [Guidelines](#).

## 3. Figures

[↑Back to top.](#)

- Please provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour.

- Figures must be saved separate to text. Please do not embed figures in the manuscript file.
- Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).
- All figures must be numbered in the order in which they appear in the manuscript (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labelled (e.g. Figure 1(a), Figure 1(b)).
- Figure captions must be saved separately, as part of the file containing the complete text of the manuscript, and numbered correspondingly.
- The filename for a graphic should be descriptive of the graphic, e.g. Figure1, Figure2a.

#### **4. Graphical abstracts**

[↑Back to top.](#)

*Mentoring & Tutoring: Partnership in Learning* authors now have the option of including a graphical abstract in their paper. The purpose of a graphical abstract is to give the reader a clear idea of the content of the article by means of an appropriate image.

- The graphical abstract should have a maximum width of 525 pixels. If your image is narrower than 525 pixels we recommend placing this on a white background 525 pixels wide to ensure the dimensions are maintained.
- Graphical abstracts must be saved separate to text. Please do not embed graphical abstracts in the manuscript file. Files should be saved as one of the following formats: .jpg, .png, or .gif.
- The file name for a graphical abstract should be descriptive, e.g. GraphicalAbstract1

#### **5. Publication charges**

[↑Back to top.](#)

There are no submission fees, publication fees or page charges for this journal.

#### **Colour charges**

Color figures will be reproduced in color in your online article free of charge. If it is necessary for the figures to be reproduced in color in the print version, a charge will apply.

Charges for color figures in print are \$400 per figure (£300; \$500 Australian Dollars; €350). For more than 4 color figures, figures 5 and above will be charged at \$75 per figure (£50; \$100 Australian Dollars; €65). Depending on your location, these charges may be subject to local taxes.

#### **6. Reproduction of copyright material**

[↑Back to top.](#)

If you wish to include any material in your manuscript in which you do not hold copyright, you must obtain written permission from the copyright owner, prior to submission. Such material may be in the form of text, data, table, illustration, photograph, line drawing, audio clip, video clip, film still, and screenshot, and any supplemental material you propose to include. This applies to direct (verbatim or facsimile) reproduction as well as “derivative reproduction” (where you have created a new figure or table which derives substantially from a copyrighted source).

You must ensure appropriate acknowledgement is given to the permission granted to you for reuse by the copyright holder in each figure or table caption. You are solely responsible for any fees which the copyright holder may charge for reuse.

The reproduction of short extracts of text, excluding poetry and song lyrics, for the purposes of criticism may be possible without formal permission on the basis that the quotation is reproduced accurately and full attribution is given.

For further information and FAQs on the reproduction of copyright material, please consult our [Guide](#).

## **7. Supplemental online material**

[↑Back to top.](#)

Authors are encouraged to submit animations, movie files, sound files or any additional information for online publication.

- [Information about supplemental online material](#)

## **8. Submitting Your Paper**

[↑Back to top.](#)

This journal uses Routledge's [Submission Portal](#) to manage the submission process. The Submission Portal allows you to see your submissions across Taylor & Francis' journal portfolio in one place. To submit your manuscript please click [here](#).

## **Copyright and authors' rights**

[↑Back to top.](#)

To assure the integrity, dissemination, and protection against copyright infringement of published articles, you will be asked to assign us, via a Publishing Agreement, the copyright in your article. Your Article is defined as the final, definitive, and citable Version of Record, and includes: (a) the accepted manuscript in its final form, including the abstract, text, bibliography, and all accompanying tables, illustrations, data; and (b) any supplemental material hosted by Taylor & Francis. Our Publishing

Agreement with you will constitute the entire agreement and the sole understanding between you and us; no amendment, addendum, or other communication will be taken into account when interpreting your and our rights and obligations under this Agreement.

Copyright policy is explained in detail [here](#).

### **Free article access**

[↑Back to top.](#)

As an author, you will receive free access to your article on Taylor & Francis Online. You will be given access to the *My authored works* section of Taylor & Francis Online, which shows you all your published articles. You can easily view, read, and download your published articles from there. In addition, if someone has cited your article, you will be able to see this information. We are committed to promoting and increasing the visibility of your article and have provided [guidance on how you can help](#). Also within *My authored works*, author eprints allow you as an author to quickly and easily give anyone free access to the electronic version of your article so that your friends and contacts can read and download your published article for free. This applies to all authors (not just the corresponding author).

### **Reprints and journal copies**

[↑Back to top.](#)

Article reprints can be ordered through Rightslink® when you receive your proofs. If you have any queries about reprints, please contact the Taylor & Francis Author Services team at [reprints@tandf.co.uk](mailto:reprints@tandf.co.uk). To order a copy of the issue containing your article, please contact our Customer Services team at [OrderSupport@TandF.co.uk](mailto:OrderSupport@TandF.co.uk).

*Last updated 27/04/2020*



## Appendix B

### Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) guidelines

Item	Where this is addressed in review (page # of thesis portfolio)
<b>Aim:</b> State the research question the synthesis addresses.	Introduction (page 22)
<b>Synthesis methodology:</b> Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of methodology (e.g. meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis).	Methods (pages 22 & 26)
<b>Approach to searching:</b> Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved).	Methods (page 23)
<b>Inclusion criteria:</b> Specify the inclusion/exclusion criteria (e.g. in terms of population, language, year limits, type of publication, study type).	Methods (page 25)
<b>Data sources:</b> Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.	Methods (page 23)
<b>Electronic Search strategy:</b> Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).	Table 2.1 (page 23)
<b>Study screening methods:</b> Describe the process of study screening and sifting (e.g. title, abstract and full text review, number of independent reviewers who screened studies).	Methods (page 23-4)

<p><b>Study characteristics:</b> Present the characteristics of the included studies (e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions).</p>	Results (pages 26-7) & Appendix B
<p><b>Study selection results:</b> Identify the number of studies screened and provide reasons for study exclusion (e.g. for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications to the research question and/or contribution to theory development).</p>	Figure 2.1 (page 24)
<p><b>Rationale for appraisal:</b> Describe the rationale and approach used to appraise the included studies or selected findings (e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings).</p>	Methods (page 25-6)
<p><b>Appraisal items:</b> State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope [25]; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting).</p>	Methods (page 25-6)
<p><b>Appraisal process:</b> Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.</p>	N/A
<p><b>Appraisal results:</b> Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.</p>	Results (pages 27-9) & rationale for not excluding on pages 25-6
<p><b>Data extraction:</b> Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g. all text under the headings “results /conclusions” were extracted electronically and entered into a computer software).</p>	Methods (page 26)
<p><b>Software:</b> State the computer software used, if any.</p>	Methods (page 23)
<p><b>Number of reviewers:</b> Identify who was involved in coding and analysis.</p>	N/A
<p><b>Coding:</b> Describe the process for coding of data (e.g. line by line coding to search for concepts).</p>	Methods (page 26)

<p><b>Study comparison:</b> Describe how were comparisons made within and across studies (e.g., subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).</p>	<p>Methods (page 26)</p>
<p><b>Derivation of themes:</b> Explain whether the process of deriving the themes or constructs was inductive or deductive.</p>	<p>Methods (page 26)</p>
<p><b>Quotations:</b> Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author's interpretation.</p>	<p>Results (pages 31-8)</p>
<p><b>Synthesis output:</b> Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).</p>	<p>Results (pages 31-8) and Figure 2.2</p>

## Appendix C

## Quality assessment form (Systematic Review)

Critical Appraisal Skills Programme (CASP, 2018) criteria questions	Alston et al. 2017	Brown & Grothaus 2019	Carter 2022	Cartwright et al. 2021	Elliot 2021	Merriweather et al. 2022	Morata 2017	Smith 2015	Smith 2023	Young 2018
Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is a qualitative methodology appropriate?	?	Y	Y	Y	?	Y	Y	Y	Y	Y
Was the research design appropriate to address the aims of the research?	?	?	Y	Y	?	?	Y	Y	Y	Y
Was the recruitment strategy appropriate to the aims of the research?	?	?	Y	Y	Y	Y	Y	Y	Y	Y
Was the data collected in a way that addressed the research issue?	?	?	Y	Y	?	?	Y	Y	Y	Y
Has the relationship between researcher and participants been adequately considered?	Y	N	Y	Y	?	N	Y	Y	Y	Y
Have ethical issues been taken into consideration?	?	N	Y	?	?	?	Y	?	Y	?
Was the data analysis sufficiently rigorous?	?	?	Y	Y	Y	?	Y	Y	Y	Y
Is there a clear statement of findings?	?	Y	Y	Y	Y	?	Y	?	Y	Y
How valuable is the research?	Y	Y	Y	Y	Y	?	Y	Y	Y	Y

Key:

Y = Criteria met

N = Criteria not met

? = Can't tell

## Appendix D

### Author guidelines for Professional psychology: Research and practice (Empirical Paper)

Prior to submission, please carefully read and follow the submission guidelines detailed below. Manuscripts that do not conform to the submission guidelines may be returned without review.

## Submission

To submit to the editorial office of Susan J. Simonian, PhD, ABPP, please submit manuscripts electronically through the Manuscript Submission Portal in Microsoft Word (.docx) or LaTeX (.tex) as a zip file with an accompanied Portable Document Format (.pdf) of the manuscript file.

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* using the 7<sup>th</sup> edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the *Publication Manual*). [APA Style and Grammar Guidelines](#) for the 7<sup>th</sup> edition are available.

Most subsequent communication can be accomplished through the Editorial Manager<sup>®</sup> system. If using other means of communication, please include the manuscript number (e.g., 2021-0123)

**SUBMIT MANUSCRIPT**

Susan J. Simonian, PhD, ABPP  
College of Charleston, United States

General correspondence may be directed to [Emily Williams](#), the journal's peer review coordinator.

For potential use by the editorial office and later by the production office, the corresponding author should supply:

- email address
- mailing address
- phone number
- fax number
- affiliation

For all other authors, please supply names, email addresses, and affiliations.

Submit manuscripts in either Microsoft Word (.doc) or Rich Text Format (.rtf) and keep a copy of the manuscript to guard against loss.

*Professional Psychology: Research and Practice*<sup>®</sup> is now using a software system to screen submitted content for similarity with other published content. The system compares the initial version of each submitted manuscript against a database of 40+ million scholarly documents, as well as content appearing on the open web. This allows APA to check submissions for potential overlap with material previously published in scholarly journals (e.g., lifted or republished material).

---

## Editor's Choice

Each issue of *Professional Psychology: Research and Practice* will highlight one manuscript with the designation as an "Editor's Choice" paper. Selection is based on the recommendations of the associate editors, based on the paper's potential impact to the field, the distinction of expanding the contributors to, or the focus of, our science, or its discussion of an important future direction for science.

The editor will inform the associate editors when developing the table of contents for each issue. The editor and associate editors will be invited to nominate an article to be selected. The group will consider the nominations and select one article for the Editor's Choice designation. If possible, selection will be by consensus. If the group cannot reach consensus, the article with the most support will be selected. In the event of a tie, the editor will select the article for that issue.

## Manuscript length and style

A standard serif font (e.g., Times New Roman) of 12 points (no smaller) should be used and margins should be set to at least 1 inch on all sides. The entire paper (text, references, table and figure notes, block quotes, etc.) must be double spaced and written in the style described in the APA Publication Manual. For exceptions to double spacing (e.g., table body, equations, some footnotes, etc.) please refer to the Manual. Manuscripts should not exceed 30 pages (including cover page, abstract, text, references, tables, and figures). However, if your material requires additional pages, please consult *Professional Psychology: Research and Practice's* editor, [Susan J. Simonian](#). If this is a revision, please submit the manuscript number with all correspondence.

For general guidelines to style, authors should study articles previously published in the journal. They should note that the readership of *Professional Psychology: Research and Practice* consists of psychologists from a broad range of subspecialties engaged mainly in practice, and some in training careers.

The introduction of the manuscript should be written to anchor the topic in the experiential world of these readers. The final section should be an implications and applications section, which provides concrete and usable information that can be used in everyday clinical practice or in training programs. [View additional writing guidelines](#). Those needing assistance with English language or academic writing may find information about several [available editing services](#). These services may provide discounts for those submitting manuscripts to APA journals.

*Professional Psychology: Research and Practice* accepts brief reports that may not meet requirements for full-length manuscripts because of limited focus or applicability; innovative work with preliminary findings in need of replication or stronger empirical evidence; or replications studies of existing work applied to new populations, problems, or settings. Replication submissions should include "A Replication of XX Study" in the subtitle of the manuscript as well as in the abstract. Brief reports should not exceed 16 manuscript pages, including abstract, references, tables, and figures. Brief reports cannot focus on material previously published, and authors must agree not to submit a full report of the study to another journal while the brief report is under review or after it is published in *Professional Psychology: Research and Practice*.

---

## Masked review policy

*Professional Psychology: Research and Practice* uses a masked reviewing system.

In order to permit anonymous review, all authors' names, affiliations, and contact information should be removed from the manuscript itself and included instead in the submittal letter. Every effort should be made by the authors to see that the manuscript itself contains no clues to their identities, including grant numbers, names of institutions providing IRB approval, self-citations, and links to online repositories for data, materials, code, or preregistrations (e.g., [Create a View-only Link for a Project](#)).

Please ensure that the final version for production includes a byline and full author note for typesetting.

## Journal Article Reporting Standards

Authors should review the [APA Style Journal Article Reporting Standards \(JARS\)](#) for quantitative, qualitative, and mixed methods. The standards offer ways to improve transparency in reporting to ensure that readers have the information necessary to evaluate the quality of the research and to facilitate collaboration and replication.

The JARS:

- recommend the division of hypotheses, analyses, and conclusions into primary, secondary, and exploratory groupings to allow for a full understanding of quantitative analyses presented in a manuscript and to enhance reproducibility;
- offer modules for authors reporting on replications, clinical trials, longitudinal studies, and observational studies, as well as the analytic methods of structural equation modeling and Bayesian analysis; and
- include guidelines on reporting of study preregistration (including making protocols public); participant characteristics (including demographic characteristics); inclusion and exclusion criteria; psychometric characteristics of outcome measures and other variables; and planned data diagnostics and analytic strategy.

The guidelines focus on transparency in methods reporting, recommending descriptions of how the researcher's own perspective affected the study, as well as the contexts in which the research and analysis took place.

## Equity, diversity, and inclusion in *Professional Psychology*

---

*Professional Psychology* is committed to improving equity, diversity, and inclusion (EDI) in scientific research, in line with the [APA Publishing EDI framework](#) and APA's [trio of 2021 resolutions](#) to address systemic racism in psychology.

The journal encourages submissions which extend beyond Western, educated, industrialized, rich, and democratic (WEIRD) samples ([Henrich, et al., 2010](#)). The journal welcomes submissions which feature Black, Indigenous, and People of Color (BIPOC) and other historically marginalized sample populations. The journal particularly welcomes submissions which feature collaborative research models (e.g., community-based participatory research [CBPR]; see [Collins, et al., 2018](#)) and study designs that address heterogeneity within diverse samples. Studies focused exclusively on BIPOC and other historically excluded populations are also welcome.

To promote a more equitable research and publication process, *Professional Psychology* has adopted the following standards for inclusive research reporting.

## Author contributions statements using CRediT

The *APA Publication Manual* (7th ed.) stipulates that "authorship encompasses...not only persons who do the writing but also those who have made substantial scientific contributions to a study." In the spirit of transparency and openness, *Professional Psychology* has adopted the [Contributor Roles Taxonomy \(CRediT\)](#) to describe each author's individual contributions to the work. CRediT offers authors the opportunity to share an accurate and detailed description of their diverse contributions to a manuscript.

Submitting authors must identify the contributions of all authors at initial submission according to the CRediT taxonomy. If the manuscript is accepted for publication, the CRediT designations will be published as an author contributions statement in the author note of the final article. All authors should have reviewed and agreed to their individual contribution(s) before submission.

Authors can claim credit for more than one contributor role, and the same role can be attributed to more than one author. Not all roles will be applicable to a particular scholarly work.

## Participant description, sample justification, and informed consent

The method section of each empirical report must contain a detailed description of the study participants, which should include (but is not limited to) the following:

- age
  - sex
  - gender
  - racial identity
  - ethnicity
  - nativity or immigration history
-



- socioeconomic status
- clinical diagnoses and comorbidities (as appropriate)
- any other relevant demographics (e.g., disability status; sexual orientation)

In both the abstract and in the discussion section of the manuscript, authors should discuss the diversity of their study samples and the generalizability of their findings (see also the constraints on generality section below).

Authors should also **justify their sample demographics** in the discussion section. If Western, educated, industrialized, rich, and democratic (WEIRD) or all-White samples are used, authors should justify their samples and describe their sample inclusion efforts (see [Roberts, et al., 2020](#) for more information on justifying sample demographics).

The method section also must include a statement describing how informed consent was obtained from the participants (or their parents/guardians), including for secondary use of data if applicable, and indicate that the study was conducted in compliance with an appropriate Internal Review Board.

## Constraints on generality

In the Discussion, preferably in a subsection titled “Constraints on generality,” authors should include a detailed discussion of the limits on generality of their research (see [Simons, Shoda, & Lindsay, 2017](#) for discussion and examples). In this section, authors should identify and justify the target populations for their findings, and address limits on generality not only for participants but for materials, procedures, and context. They should also specify which methods they believe could be varied without affecting the result and which should remain constant for the purposes of replication.

## Positionality statements

Authors are encouraged to add a positionality statement from each individual author or collectively, from the group of authors. Positionality statements are intended to address potential author bias by transparently reporting how the identities of the authors relate to the research/article topic and to the identity of the participants, as well as the extent to which those identities are represented in the scientific record. The statement should be included in the author note and expanded upon in the Discussion section. See this example from [Jovanova, et al. \(2022\)](#):

- Sample positionality statement: “Mindful that our identities can influence our approach to science ([Roberts, et al. 2020](#)), the authors wish to provide the reader with information about our backgrounds. With respect to gender, when the manuscript was drafted, four authors self-identified as women and four authors as men. With respect to race, six authors self-identified as white, one as South Asian and one as East Asian.”

For more guidance on writing positionality statements, see [Roberts, et al. \(2020\)](#) and [Hamby \(2018\)](#).

## Reflexivity

The journal welcomes submissions that proactively challenge racism and other forms of oppression. In line with the [APA Guidelines on Race and Ethnicity in Psychology \(2019\)](#), authors are encouraged to include reflexive statements in the discussion section, addressing the following questions.

- What are the policy implications of these findings for professional practice?
- Could this research be misinterpreted or misused to negatively affect underrepresented groups? Does the research have the potential to cause harm to vulnerable groups? If so, how can this be addressed and mitigated?
- Does the design or framing of this research reinforce negative stereotypes about marginalized populations?
- What roles do the researcher(s)' values and worldview play in the selection of this topic or design of the study?

## Inclusive reference lists

Research has shown that there is often a racial/ethnic and gender imbalance in article reference lists, and that Black women's work is disproportionately not credited or cited as often as White authors' work ([Kwon, 2022](#)). Authors are strongly encouraged to ensure their citations are fully representative by both gender and racial identity before submitting and during the manuscript revision process. Authors are encouraged to evaluate the race and gender of the authors in their reference lists (see this open-source code by [Zhou, et al., 2020](#), that authors can use to predict the gender and race of the authors in their reference lists) and to report the results in a **citation diversity statement** in the author note or Discussion section of the manuscript.

See [Dworkin, et al. \(2020\)](#)'s sample citation diversity statement:

*"Citation Diversity Statement.* Recent work in neuroscience and other fields has identified a bias in citation practices such that papers from women and other minorities are under-cited relative to the number of such papers in the field (Caplar et al., 2017, Chakravarty et al., 2018, Dion et al., 2018, Dworkin et al., 2020, Maliniak et al., 2013, Thiem et al., 2018). Here, we sought to proactively consider choosing references that reflect the diversity of the field in thought, gender, race, geography, seniority, and other factors. We used automatic classification of gender based on the first names of the first and last authors (Dworkin et al., 2020, Zhou et al., 2020), with possible combinations including man/man, man/woman, woman/man, and woman/woman. Code for this classification is open source and available online (Zhou et al., 2020). We regret that our current methodology is limited to consideration of gender as a binary variable. Excluding self-citations to the first and last authors of our current paper, the references contain 12.5% man/man, 25% man/woman, 25% woman/man, 37.5% woman/woman, and 0% unknown categorization. We look forward to future work that could help us to better understand how to support equitable practices in science."

## Transparency and openness

APA endorses the Transparency and Openness Promotion (TOP) Guidelines by a community working group in conjunction with the Center for Open Science (Nosek et al. 2015). Effective July 1, 2021, empirical research, including meta-analyses, submitted to *Professional Psychology: Research and Practice* must at least meet the “disclosure” level for all eight aspects of research planning and reporting. Authors should include a subsection in the method section titled “Transparency and Openness.” This subsection should detail the efforts the authors have made to comply with the TOP guidelines. For example:

- This article follows the JARS reporting standards (Kazak, 2018). Analysis code and research materials are available at [stable link to repository]. Data are available to qualified investigators who follow the procedures for data access specified by [repository such as ICPSR]. We used MAXQDA 2020 (VERBI Software, 2019) for data analysis. This study’s design and its analysis were not preregistered.
- This article follows the JARS reporting standard (Kazak, 2018). Analysis code and research materials are available at [stable link to repository]. Data are the property of the institution where they were gathered and are not available for release. Data were analyzed using R, version 4.0.0 (R Core Team, 2020). This study’s design was pre-registered at [clinicaltrials.gov](https://clinicaltrials.gov) (identifier NCT00287391). Its analysis plan was not pre-registered.

Links to preregistrations and data, code, and materials should also be included in the author note.

## Data, materials, and code

Authors must state whether data and study materials are available and, if so, where to access them. Recommended repositories include [APA’s repository](#) on the Open Science Framework (OSF), or authors can access a full [list of other recommended repositories](#).

In both the author note and at the end of the method section, specify whether and where the data and material will be available or include a statement noting that they are not available. For submissions with quantitative or simulation analytic methods, state whether the study analysis code is available, and, if so, where to access it.

For example:

- Data are available from [the author; XX Hospital].
- Data may be requested from [XX clinical/educational institution].
- To protect participant privacy given the nature of the information gathered for this study, data are not available for release.
- All data have been made publicly available at the [repository name] and can be accessed at [persistent URL or DOI].

- Materials and analysis code for this study are available by emailing the corresponding author.
- Materials and analysis code for this study are not available.
- The code behind this analysis/simulation has been made publicly available at the [repository name] and can be accessed at [persistent URL or DOI].

## Preregistration of studies and analysis plans

Preregistration of studies and specific hypotheses can be a useful tool for making strong theoretical claims. Likewise, preregistration of analysis plans can be useful for distinguishing confirmatory and exploratory analyses. Investigators are encouraged to preregister their studies and analysis plans prior to conducting the research (e.g., [ClinicalTrials.gov](#), the [Preregistration for Quantitative Research in Psychology](#) template, or the [Qualitative Preregistration template](#)) via a publicly accessible registry system (e.g., [OSF](#), [ClinicalTrials.gov](#), or other trial registries in the WHO Registry Network).

Articles must state whether or not any work was preregistered and, if so, where to access the preregistration. If any aspect of the study is preregistered, include the registry link in the Method section and the author note.

For example:

- This study's design was preregistered; see [STABLE LINK OR DOI].
- This study's design and hypotheses were preregistered; see [STABLE LINK OR DOI].
- This study's analysis plan was preregistered; see [STABLE LINK OR DOI].
- This study was not preregistered.

## Manuscript preparation

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* using the 7th edition. Manuscripts may be copyedited for bias-free language (see Chapter 5 of the *Publication Manual*).

Review APA's [Journal Manuscript Preparation Guidelines](#) before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*. Additional guidance on APA Style is available on the [APA Style website](#).

Below are additional instructions regarding the preparation of Public Significance Statements, display equations, computer code, and tables.

### Public Significance Statement

Please submit a Public Significance Statement: a short statement of 1-2 sentences written in plain English for the educated public. This text should summarize the article's findings and why they are important (e.g., understanding human thought, feeling, and behavior and/or to assisting with solutions to psychological or societal problems). This article feature allows authors greater control

over how their work will be interpreted by key audiences – practitioners, policy makers, news media, members of the public, etc. Please refer to [Guidance for Translational Abstracts and Public Significance Statements](#) to help you write this text.

## Display equations

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

- Go to the Text section of the Insert tab and select Object.
- Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

## Computer code

Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.

### In online supplemental material

We request that runnable source code be included as supplemental material to the article. For more information, visit [Supplementing Your Article With Online Material](#).

### In the text of the article

If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

## Tables

Use Word's insert table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

## Academic writing and English language editing services

Authors who feel that their manuscript may benefit from additional academic writing or language editing support prior to submission are encouraged to seek out such services at their host institutions, engage with colleagues and subject matter experts, and/or consider several [vendors that offer discounts to APA authors](#).

Please note that APA does not endorse or take responsibility for the service providers listed. It is strictly a referral service.

Use of such service is not mandatory for publication in an APA journal. Use of one or more of these services does not guarantee selection for peer review, manuscript acceptance, or preference for publication in any APA journal.

## Submitting supplemental materials

APA can place supplemental materials online, available via the published article in the PsycArticles® database. Please see [Supplementing Your Article With Online Material](#) for more details.

## Abstract and keywords

All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

## References

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the references section.

Examples of basic reference formats:

### Journal article

McCauley, S. M., & Christiansen, M. H. (2019). Language learning as language use: A cross-linguistic model of child language development. *Psychological Review*, 126(1), 1-51. <https://doi-org.uea.idm.oclc.org/10.1037/rev0000126>

### Authored book

Brown, L. S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association. <https://doi-org.uea.idm.oclc.org/10.1037/0000092-000>

## Chapter in an edited book

Balsam, K. F., Martell, C. R., Jones, K. P., & Safren, S. A. (2019). Affirmative cognitive behavior therapy with sexual and gender minority people. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive behavior therapy: Practice and supervision* (2nd ed., pp. 287-314). American Psychological Association. <https://doi-org.uea.idm.oclc.org/10.1037/0000119-012>

## Data set citation

Alegria, M., Jackson, J. S., Kessler, R. C., & Takeuchi, D. (2016). Collaborative Psychiatric Epidemiology Surveys (CPES), 2001-2003 [Data set]. Inter-university Consortium for Political and Social Research. <https://doi-org.uea.idm.oclc.org/10.3886/ICPSR20240.v8>

## Software/Code citation

Viechtbauer, W. (2010). Conducting meta-analyses in R with the metafor package. *Journal of Statistical Software*, 36(3), 1-48. <https://www.jstatsoft.org/v36/i03/>

Wickham, H. et al., (2019). Welcome to the tidyverse. *Journal of Open Source Software*, 4(43), 1686, <https://doi-org.uea.idm.oclc.org/10.21105/joss.01686>

All data, program code, and other methods not original to the submitted work (developed by others) should be appropriately cited in the text and listed in the references section.

## Commentaries and responses

*Professional Psychology: Research and Practice* occasionally publishes commentaries and responses to commentaries when these manuscripts provide educational value to journal readers. Editors are under no obligation to publish these materials.

### Commentaries

In general, commentaries are not encouraged unless they contain educational value. Commentaries should be based on data, theory, or existing literature. Commentaries should be respectful in tone, and must not be personal or harsh. They should be approximately half the length of the manuscript on which the commentary is based, including title page, references, and tables, and figures. Commentaries are sent out for peer review. If accepted for publication, the authors of the original article will be invited to respond to the commentary, and both the commentary and response will be published simultaneously. Except in very unusual circumstances, that will end the discussion in this journal. Commentaries should be titled as "Commentary on [insert author last name(s) of article being commented on]'s + [insert title of article being commented on]."

## Replies

If a comment is accepted for publication, efforts will be made to contact the author of the original article on which the commentary was based, and to invite the original author to respond. A time limit for responding will be set, typically 4–6 weeks after the author is invited to respond. Replies to commentaries should be no longer than the commentary itself, including title page, references, tables, and figures. Replies must be respectful in tone, and must not be personal or harsh. Replies are sent out for peer review. If accepted for publication, the commentary and reply will be published simultaneously. Except in very unusual circumstances, that will end the discussion in this journal. Replies should be titled as “Reply to [insert last name(s) of commentary author(s)]’s + [insert title of commentary being replied to].”

## Figures

Preferred formats for graphics files are TIFF and JPG, and preferred format for vector-based files is EPS. Graphics downloaded or saved from web pages are not acceptable for publication. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file. When possible, please place symbol legends below the figure instead of to the side.

### Resolution

- All color line art and halftones: 300 DPI
- Black and white line tone and gray halftone images: 600 DPI

### Line weights

- Adobe Photoshop images
  - a. Color (RGB, CMYK) images: 2 pixels
  - b. Grayscale images: 4 pixels
- Adobe Illustrator Images
  - a. Stroke weight: 0.5 points

APA offers authors the option to publish their figures online in color without the costs associated with print publication of color figures.

The same caption will appear on both the online (color) and print (black and white) versions. To ensure that the figure can be understood in both formats, authors should add alternative wording (e.g., “the red (dark gray) bars represent”) as needed.

For authors who prefer their figures to be published in color both in print and online, original color figures can be printed in color at the editor’s and publisher’s discretion provided the author agrees to pay:



- \$900 for one figure
- An additional \$600 for the second figure
- An additional \$450 for each subsequent figure

## Permissions

Authors of accepted papers must obtain and provide to the editor on final acceptance all necessary permissions to reproduce in print and electronic form any copyrighted work, including test materials (or portions thereof), photographs, and other graphic images (including those used as stimuli in experiments).

On advice of counsel, APA may decline to publish any image whose copyright status is unknown.

- [Download Permissions Alert Form \(PDF, 13KB\)](#)

## Publication policies

For full details on publication policies, including use of Artificial Intelligence tools, please see [APA Publishing Policies](#).

APA policy prohibits an author from submitting the same manuscript for concurrent consideration by two or more publications.

See also [APA Journals<sup>®</sup> Internet Posting Guidelines](#).

APA requires authors to reveal any possible conflict of interest in the conduct and reporting of research (e.g., financial interests in a test or procedure, funding by pharmaceutical companies for drug research).

- [Download Full Disclosure of Interests Form \(PDF, 41KB\)](#)

In light of changing patterns of scientific knowledge dissemination, APA requires authors to provide information on prior dissemination of the data and narrative interpretations of the data/research appearing in the manuscript (e.g., if some or all were presented at a conference or meeting, posted on a listserv, shared on a website, including academic social networks like ResearchGate, etc.). This information (2-4 sentences) must be provided as part of the Author Note.

## Ethical Principles

It is a violation of APA Ethical Principles to publish "as original data, data that have been previously published" (Standard 8.13).

In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14).

APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.

Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment.

- [Download Certification of Compliance With APA Ethical Principles Form \(PDF, 26KB\)](#)

The APA Ethics Office provides the full [Ethical Principles of Psychologists and Code of Conduct](#) electronically on its website in HTML, PDF, and Word format. You may also request a copy by [emailing](#) or calling the APA Ethics Office (202-336-5930). You may also read "Ethical Principles," December 1992, *American Psychologist*, Vol. 47, pp. 1597-1611.

## Other information

See [APA's Publishing Policies page](#) for more information on publication policies, including information on author contributorship and responsibilities of authors, author name changes after publication, the use of generative artificial intelligence, funder information and conflict-of-interest disclosures, duplicate publication, data publication and reuse, and preprints.

Visit the [Journals Publishing Resource Center](#) for more resources for writing, reviewing, and editing articles for publishing in APA journals.

---

## Appendix E

## Completed Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist (Empirical Paper)

No. Item	Guide questions/description	Reported on Page #
<b>Domain 1: Research team and reflexivity</b>		
<i>Personal Characteristics</i>		
1. Inter viewer/facilitator	Which author/s conducted the interview or focus group?	<b>Reported on page 61</b>
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	<b>Reported on the cover page (page 1)</b>
3. Occupation	What was their occupation at the time of the study?	<b>Reported on the cover page (page 1)</b>
4. Gender	Was the researcher male or female?	<b>Reported in the Reflections chapter (page 96)</b>
5. Experience and training	What experience or training did the researcher have?	<b>Reported on the cover page (page 1)</b>
<i>Relationship with participants</i>		
6. Relationship established	Was a relationship established prior to study commencement?	<b>Reported on page 60</b>
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	<b>Not reported but this was part of the focus group introductions</b>
8. Interviewer characteristics	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	<b>Reported in the Reflections chapter</b>

<b>Domain 2: study design</b>		
<i>Theoretical framework</i>		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	<b>Reported on page 61</b>
<i>Participant selection</i>		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	<b>Reported on page 60</b>
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	<b>Reported on page 60</b>
12. Sample size	How many participants were in the study?	<b>Reported on page 60</b>
13. Non-participation	How many people refused to participate or dropped out? Reasons?	<b>Reported on page 60</b>
<i>Setting</i>		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	<b>Reported on page 61</b>
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	<b>Reported on page 61</b>
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	<b>Reported on pages 62-3</b>
<i>Data collection</i>		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	<b>Reported in Appendix E</b>
18. Repeat interviews	Were repeat inter views carried out? If yes, how many?	<b>N/A</b>
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	<b>Reported on page 61</b>
20. Field notes	Were field notes made during and/or after the inter view or focus group?	<b>Reported on page 62</b>

21. Duration	What was the duration of the inter views or focus group?	<b>Reported on page 61</b>
22. Data saturation	Was data saturation discussed?	<b>Reported on page 61</b>
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	<b>Reported on page 61</b>
<b>Domain 3: analysis and findings</b>		
<i>Data analysis</i>		
24. Number of data coders	How many data coders coded the data?	
25. Description of the coding tree	Did authors provide a description of the coding tree?	<b>Reported on page 62</b>
26. Derivation of themes	Were themes identified in advance or derived from the data?	<b>Reported on page 61</b>
27. Software	What software, if applicable, was used to manage the data?	<b>Reported on page 61</b>
28. Participant checking	Did participants provide feedback on the findings?	<b>Reported on page 61</b>
<i>Reporting</i>		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	<b>Reported in the results section (pages 64-73)</b>
30. Data and findings consistent	Was there consistency between the data presented and the findings?	<b>Reported in the results section (pages 64-73)</b>
31. Clarity of major themes	Were major themes clearly presented in the findings?	<b>Reported on page 64</b>
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	<b>Reported in the results section (pages 64-73)</b>

## Appendix F

### Ethics approval (Empirical Paper)



University of East Anglia  
Norwich Research Park  
Norwich, NR4 7TJ

Email: [ethicsapproval@uea.ac.uk](mailto:ethicsapproval@uea.ac.uk)  
Web: [www.uea.ac.uk](http://www.uea.ac.uk)

**Study title:** Understanding the mentoring needs of aspiring clinical psychologists from minoritised ethnic groups.

**Application ID:** ETH2223-0038

Dear Hana,

Your application was considered on 24th November 2022 by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

If your study involves NHS staff and facilities, you will require Health Research Authority (HRA) governance approval before you can start this project (even though you did not require NHS-REC ethics approval). Please consult the HRA webpage about the application required, which is submitted through the [IRAS](#) system.

This approval will expire on **28th April 2023**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer ([dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk)).

Please can you send your report once your project is completed to the FMH S-REC ([fmh.ethics@uea.ac.uk](mailto:fmh.ethics@uea.ac.uk)).

I would like to wish you every success with your project.

On behalf of the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee)

Yours sincerely,

Paul Linsley

**Appendix G**  
**Topic guide for focus groups (Empirical Paper)**

Have you applied for the Doctorate in Clinical Psychology before?

- If yes: what was your experience of this?
- If no: what has stopped you?

Prompt for challenges: What would help you to overcome or deal with these challenges?

Prompt for positive experiences: What was it about this experience that was helpful?

Have you ever tried to find a mentor to help you with the Doctorate?

- Prompt if yes: what were your experiences of trying to find a mentor?
- Prompt if no: why not? Do you know how to go about trying to find a mentor?
- Is there anything that would discourage you from finding a mentor?

What would you like a mentor to help you with?

- Prompt: why is help with this aspect important to you?
- Prompt: non-mentoring support (e.g., workshops)

Imagine if you had a mentor tomorrow, what would the ideal mentor look like?

- Prompt: why is this particular aspect is important to you?

Do you have any thoughts on having a mentor who is from the same or different cultural background to you?

Concluding questions:

- Anything more you would like to share that you haven't mentioned already?
- Do you have any questions?

**Appendix H**  
**Demographics form (Empirical Paper)**

**What is your ethnic heritage?**

- Black or British Black African
- Black or British Black Caribbean
- Black or British Other (specify)
- Asian or British Asian Bangladeshi
- Asian or British Asian Indian
- Asian or British Asian Pakistani
- Asian or British Asian Chinese
- Asian or British Asian Other (specify)
- Mixed White and Asian
- Mixed White and Black African
- Mixed White and Black Caribbean
- Mixed Other (specify)
- Prefer to self-describe (specify)
- Other (specify)
- Prefer not to say

If you said 'Other', please specify here:

**Which region of the UK do you live in?**

- North West
- North East
- Yorkshire
- East Midlands
- West Midlands
- South East
- South West
- East of England
- London
- Scotland
- Wales
- Northern Ireland
- I don't live in the UK currently

**What is your age?**

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61+



- Prefer not to say

**Which best describes your gender?**

- Male
- Female
- Non-binary
- Other  
Please specify: \_\_\_\_\_
- Prefer to self-describe  
Please specify: \_\_\_\_\_
- Prefer not to say

**Does your gender match the sex you were assigned at birth?**

- Yes
- No
- Prefer not to say

**Do you identify as being a from an underrepresented group in any other aspect of your identify (other than race)?**

- Yes
- No
- Prefer not to say

**What is your current job?**

- Working but not in psychology yet
- Support Worker
- Teaching Assistant
- Youth Worker
- Healthcare Assistant
- Applied Behaviour Analysis tutor
- Research Assistant
- Equality, Diversity and Inclusion (EDI) Lead
- Assistant Psychologist
- Psychological Wellbeing Practitioner (Trainee or Qualified)
- Educational Mental Health Practitioner (Trainee or Qualified)
- Clinical Associate Psychologist (Trainee or Qualified)
- Cognitive Behavioural Therapists (Trainee or Qualified)
- Unemployed
- Other. Please specify: \_\_\_\_\_

**Appendix I**  
**Participant Information Sheet (Empirical Paper)**

Header: 04/11/2022 v2

Footer: ETH2223-0038

Miss Hana Afrah  
Trainee Clinical Psychologist

Faculty of Medicine & Health Sciences  
Norwich Medical School

05 October 2022

University of East Anglia

Ethics approval ID: ETH2223-0038

Norwich Research Park  
Norwich NR4 7TJ  
United Kingdom

**Understanding the mentoring needs of aspiring clinical psychologists from minoritised ethnic groups.**

**PARTICIPANT INFORMATION SHEET**

**(1) What is this study about?**

You are invited to take part in a research study about the needs of aspiring clinical psychologists from minoritised ethnic groups in getting onto the Doctorate in Clinical Psychology (DClinPsy) that can be met through mentoring. We aim to explore the specific needs mentoring can address to support aspiring psychologists to get onto DClinPsy training, as well as how mentoring programs can help aspiring psychologists overcome challenges and barriers to getting onto DClinPsy training.

This is important as mentoring schemes have been developed across various DClinPsy programs, but as there is limited research on the needs of minoritised ethnic aspiring psychologists, it is not clear how effective these schemes will be. So, to ensure these schemes are successful in increasing ethnic diversity on DClinPsy programs, it is important to explore what the needs are of the people who will be using the schemes. The findings of this study will then be used to inform and improve existing mentoring schemes.

You have been invited to participate in this study because you have been identified as an adult who has previously applied or planning to apply for a DClinPsy program and self-identify as being from an minoritised ethnic group, such as Black, African, Caribbean, Asian, Arab or Mixed Heritage ethnic group. Also, you have not previously received formal mentoring for a career in clinical psychology, that is, you have not been accepted onto a formal mentoring scheme (e.g. a university mentoring program).

This Participant Information Sheet tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. By giving consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.
- ✓ You have received a copy of this Participant Information Sheet to keep.

## **(2) Who is running the study?**

The study is being carried out by the following researcher(s): Miss Hana Afrah, Dr Dr Nneamaka Ekebuisi, University of Plymouth, Dr Sabinah Janally, University of Exeter, Amarachi Nwaneri, Support Network for Aspiring Psychologists from Black, Asian and Mixed Heritage (SNAPBAM), Glicinia Danso, Support Network for Aspiring Psychologists from Black, Asian and Mixed Heritage (SNAPBAM). This will take place under the supervision of Dr Amy Carroll ([INSERT PRIMARY SUPERVISOR'S EMAIL ADDRESS], [INSERT PRIMARY SUPERVISOR'S TELEPHONE NUMBER]).

## **(3) What will the study involve for me?**

If you are happy to take part after reading this information sheet, you will be asked to sign two copies of the consent form and to complete a short demographics form. You will then take part in a focus group via Microsoft Teams with a maximum of 4 people lasting approximately an hour.

During the online focus groups, you will be asked questions about your experiences of applying to the DCLinPsy (if you have applied), any challenges and barriers you have faced, and what particular needs you would like a mentor to help you with. The focus group will be semi-structured, which means the researcher may ask questions they were not planning to based on where the conversation leads. Questions will be loosely based on a Topic Guide of questions and prompts, which will be developed with an advisory group of aspiring psychologists from minoritised ethnic backgrounds.

An audio/video recording will be taken. You must consent to audio recording in order to take part, if you do not consent to video recording, you may turn your camera off. You will not have the opportunity to review information generated about you prior to publication, as data will be anonymised so it will not be possible to identify you.

## **(4) How much of my time will the study take?**

Focus groups will be conducted online and should take no more than an hour.

## **(5) Do I have to be in the study? Can I withdraw from the study once I have started?**

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia (or Any other Doctorate in Clinical Psychology program.) now or in the future.

If you decide to take part in the study, you can withdraw your consent up to the point that your data is fully anonymised, which is within 2 weeks after the focus group. You can do this by emailing the researcher on H.Afrah@uea.ac.uk. If you decide you do not want to continue during the focus group, you are free to stop at any time and leave the group. The researcher will then follow-up with you to ensure you are okay, you do not need to give the researcher any reason for why you wanted to withdraw from the study.

**(6) What are the consequences if I withdraw from the study?**

If you take part in a focus group, you are free to stop participating at any stage or to refuse to answer any of the questions. There will not be any consequences to doing this, however, you can only withdraw up until the point your data is anonymised (2 weeks after the focus group).

**(7) Are there any risks or costs associated with being in the study?**

There is a small likelihood that distressing topics may come up during the focus groups. If you start to feel distressed at any point, please feel free to leave. If you do leave or look visibly distressed during the focus group, you will be followed up by the researcher. All participants will be sent a follow-up email after the focus groups with the option to arrange a debrief if you felt the focus group was distressing or triggering, regardless of if you left or stayed.

**(8) Are there any benefits associated with being in the study?**

Whilst there are no direct benefits to taking part, there are indirect benefits. By taking part in this study, you will be contributing to the improvement of mentoring schemes for DClInPsy programs and to the efforts to increase the ethnic diversity of the DClInPsy. We hope that this will indirectly serve to increase your own chances of getting onto the DClInPsy in the future. We hope that this study will contribute to increasing diversity within clinical psychology as a whole, thereby making the profession more representative of the clinical population being served.

As a thank you for taking part, you will be provided with a £10 Amazon voucher following the focus group via the email you sent the consent form from.

**(9) What will happen to information provided by me and data collected during the study?**

The focus group will be audio recorded securely through Microsoft Teams, the recordings will be stored on a secure UEA server (UEA OneDrive) that only the research team will have access to. The recordings will be transcribed, meaning that the content will be written up, using a transcription software and any information that can be used to identify you will be removed. The recordings will be deleted immediately after the content is transcribed. The transcripts and demographic data collected (e.g., age, gender, ethnicity etc.) will be anonymous, meaning it will not be possible to identify you, and stored on a password-protected computer on a password-protected file that only the research team

will have access to. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings. Consent forms will be stored separately from the transcripts and demographic forms on a secure OneDrive server which is password-protected and only the primary research team will have access to. A document with your email address will be kept on a password-protected folder of a secure OneDrive server in order to send you the Amazon voucher after the focus group, however, this will be deleted 2 weeks after the focus group.

Once the project is finished, consent forms will be destroyed with no intention to use these again. The anonymous transcripts will be archived on a secure UEA server for ten years under the custody of Dr Amy Carroll, after which all data will be destroyed in line with UEA policy. The study will comply fully with the Data Protection Act (2018).

The findings will be written up in a thesis report which will subsequently be submitted to a research journal. However, it will not be possible to identify you in the report as your name will be changed and all identifiable information will be omitted or changed. Data will not be deposited in a repository for others to access.

Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's [Research Data Management Policy](#).

The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be identified in these publications if you decide to participate in this study.

Study data may also be deposited with a repository to allow it to be made available for scholarly and educational purposes. The data will be kept for at least 10 years beyond the last date the data were accessed. The deposited data will not include your name or any identifiable information about you.

#### **(10) What if I would like further information about the study?**

When you have read this information, Miss Hana Afrah (H.Afrah@uea.ac.uk, 07712563492) will be available to discuss it with you further and answer any questions you may have.

#### **(11) Will I be told the results of the study?**

You have a right to receive feedback about the overall results of this study.

You can tell us that you wish to receive feedback by ticking the relevant box on the consent form for receiving results of the study.

This feedback will be in the form of a lay summary of the findings.

This feedback will be given to you via the email you have provided us.

**(12) What if I have a complaint or any concerns about the study?**

If there is a problem please let me know. You can contact me via the University of East Anglia at the following address:

Miss Hana Afrah

Norwich Medical School, University of East Anglia

NORWICH, NR4 7TJ

H.Afrah@uea.ac.uk

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Head of Norwich Medical School [INSERT NAME OF HEAD OF SCHOOL/DEPARTMENT AND EMAIL AND TELEPHONE NUMBER].S.Coker@uea.ac.uk.

**(13) How do I know that this study has been approved to take place?**

To protect your safety, rights, wellbeing and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee). Ethics approval ID: ETH2223-0038.

**(14) What is the general data protection information I need to be informed about?**

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University.

Our processing of your personal data will be based on Article 9(2)(j), which relates to archiving, research and statistics purposes, and Schedule 1, Part 1(4) of the DPA 2018, which relates to research.

In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at [dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk)
- You can also find out more about your data protection rights at the [Information Commissioner's Office \(ICO\)](#).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at [dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk) in the first instance.

**(15) OK, I want to take part – what do I do next?**

You need to fill in one copy of the consent form and return it to the principal researcher at H.Afrah@uea.ac.uk. Please keep the letter, information sheet and the second copy of the consent form for your information.

**(16) Further information**

This information was last updated on 06 November 2022. If there are changes to the information provided, you will be notified via email.

**This information sheet is for you to keep.**

## Appendix J

### Consent form (Empirical Paper)

Header: 04/11/2022 v2

Footer: ETH2223-0038

#### **PARTICIPANT CONSENT FORM (First Copy to Researcher, Second Copy to Participant)**

Ethics approval ID: ETH2223-0038

I, ..... [PRINT NAME], **am** willing to participate in this research study.

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Sheet, which I may keep, for my records, and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia (or Any other Doctorate in Clinical Psychology program.) now or in the future.
- I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it will not be possible to withdraw my data after it has been anonymised.
- I understand that the results of this study may be published but that any publications will not contain my name or any identifiable information about me.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

I consent to:

Audio-recording                      YES    NO  

Video-recording                      YES    NO



*Please note, you must agree to audio recording in order to participate in this study, if you do not consent to video recording, you must turn your camera off.*

Would you like to receive feedback about the overall results of this study?

YES    NO  

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

If you are happy with the above, please sign both copies then keep a copy for your own records and email a copy to the researcher.

.....

**Signature**

.....

**PRINT name**

.....

**Date**

## Appendix K

### Notes from iterations of phases 3-6 of analysis (Empirical Paper)

#### Phase 3: Searching for themes (Initial theme generation)

##### 1<sup>st</sup> iteration:

- Challenges navigating the Doctorate application process as a minoritised applicant / Challenges of being an aspiring psychologist from a minoritised background
- Support from a mentor
  - practical support
  - emotional support
- Qualities in an ideal mentor
  - open minded
  - knowledgable
- Having someone from a similar ethnic background
  - Advantages and disadvantages
- Intersectionality
  - Lived experience of mental health and neurodiversity
  - Socioeconomic status
  - Gender
  - Religion

##### General thoughts from FGs: Similar themes coming up...

- Importance of having a mentor from a similar ethnic background/minoritised ethnic background
  - More likely to understand
  - No need to explain yourself- they will understand
  - Similar culture = similar experiences
  - Will understand the barriers faced
  - Feel more comfortable
- Support from a mentor:
  - Experience: how to use my current experiences in an application, help with what more experiences I need
  - Emotional support
  - Practical support: with personal statement/application
- Qualities:
  - open minded!
  - understanding
- Importance of having a good rapport (feeling at ease, being able to open up to them)
- Sharing minoritised identities in an authentic way (FG1, FG4)

##### 2<sup>nd</sup> iteration:

- Barriers/Challenges navigating the Doctorate application process as a minoritised applicant
  - Financial barriers
  - Lack of understanding of route to CP
  - Competitiveness
  - Lack of guidance > feeling lost
  - Lack of connections in the field
- Ways to overcome barriers/challenges
  - Early awareness of Doctorate process
  - More positive stories about Doctorate process
  - Peer mentoring to counter competitive culture
- Support from mentor
  - Experience: what experience to get, how to use experience in application, career advice
  - Emotional support: reassurance, validation
  - Clarifying values
  - Practical support: help with application, choosing university
  - 1:1 support vs group
  - Receiving informal support
- Qualities in an ideal mentor
  - Characteristics: 'age is quite important', in training or recently qualified, gender
  - Personal qualities: open-minded, patient, honest, open, knowledgeable (about DClin process)
- Intersectionality
  - Socioeconomic status
  - Gender
  - Religion
  - Lived Experience of MH and neurodiversity
  - Sensory disability
- Similar ethnic background/culture (major theme: understanding)
  - Advantages
  - Disadvantages
  - Someone from an ME background: Any background other than White -vs- someone as close to my background as possible
- Navigating whether to include minoritised identities in application
  - ...authentically!
  - Feels vulnerable (in the context of lived experience)
  - Need support with this

### 3<sup>rd</sup> iteration:

- Barriers faced by aspiring psychologists from ME backgrounds (add picture)
- Support/facilitators (add picture)
- 'The ideal mentor' (add picture)

*From looking at the codes in NVivo but then realised I need to see them all in front of me. So wrote out all codes onto little bits of paper and laid them all out in front of me and checked them against initial themes above which led to Phase 4.*

## **Phase 4: Reviewing potential themes**

### **1<sup>st</sup> iteration:**

*I realised the themes generally fell into 'barriers' and 'facilitators', but then needed to link this back to RQ re mentoring:*

- **Barriers faced by aspiring clinical psychologists from ME backgrounds**
  - Bottle neck to get into career
    - Clinical psychology feels uniquely difficult to get into > competitive leads to pressure, insecurity, disheartening > organisations exploit competitiveness > Difficulty getting AP posts > '...have to give a lot to gain very little' > 'is it worth it?'
    - Competitiveness also > fearmongering around application process > hear lots of negative stories about application, not many positive stories > anxiety/negative feelings around applying
    - Coupled with: White-dominated field/only seeing White applicants accepted
  - Difficulty accessing support and guidance
  - Intersectionality
    - Balancing cultural expectations with Doctorate: marriage decisions and Doctorate (woman), being a South Asian Muslim eldest son
    - Financial barriers: 'the path to clinical psychology requires a lot of financial suffering and patience...', psychology is filled with people from financially affluent backgrounds (due to previous point), after psych degree, educated but can't get above band 3
    - Financial barriers + cultural pressures: Perhaps that's why psychology is filled with White, middle-class, young females- more financial freedom.
    - ?Impact of socioeconomic privilege on mentoring relationship
    - Navigating whether to include minoritized identities in application: '...have to grasp at whatever straws you've been given', 'how personal do you make the application...?', '..have to capitalise on all your vulnerabilities...'
    - ?Struggle to remain authentic
    - Lack of role models from similar culture
    - '...maybe because I've got lived experience I like shouldn't apply'
    - Doctorate is not equitable for an international student
- **Overcoming these barriers**
  - *Systemic support*
  - *Support from a mentor*
- **The ideal mentor**
  - *Someone who is matched on my identities*
  - *What the ideal mentor would be like*

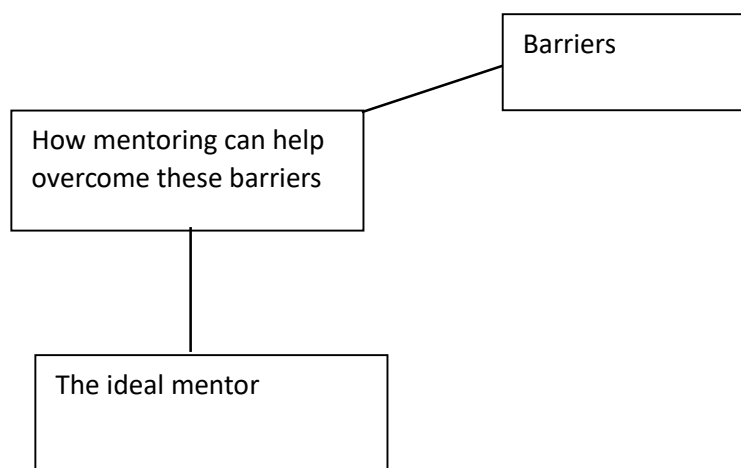
*Overcoming these barriers: does systemic support section need to be there (as there's not a lot of codes attached) or should it just be 'support from a mentor'? Check if the data fits*

*Also, not happy with the 'what the ideal mentor would be like' subtheme, but how to capture both their qualities and the criteria the ps talked about?*

**2<sup>nd</sup> iteration:**

*'Barriers' and 'the ideal mentor' are definite themes- just need to figure out the other themes...*

- Barriers
  - Bottle neck
  - Lack of guidance and support
  - Intersectionality: financial barriers, cultural issues, navigating whether to include identities
- How mentoring can help overcome these barriers
  - Practical support (?with application)
  - Emotional support
  - Support with values
- The ideal mentor
  - Qualities
  - Being matched on intersecting identities
  - It's not that simple



*Most of the points in the 'barriers' section are spoken about within the context of how a mentor can support with these barriers- since that's my RQ I think I should also link them, then have a different section for more systemic barriers so...*

- 1) Barriers and support
  - a) Barriers and how a mentor can support [1bar]
  - b) Systemic barriers (i.e. that mentoring can't fix) [1sys]
  - c) General support from a mentor [1sup]
- 2) The ideal mentor
  - a) Being matched on intersecting identities [2mat]
  - b) Qualities of an ideal mentor [2qual]
  - c) It's not that simple [2not]

### **Phase 5: Defining and naming themes**

Involved checking the themes against each code within the context in which the participants said them to check if they contextually capture what the participants were saying (took a long time!)

1. Barriers and support
  - a. Barriers and how a mentor can support [1bar]
    - i. Navigating whether/how to disclose minoritised identities
    - ii. Lack of guidance and connections
    - iii. Barriers of accessing mentoring
    - iv. Emotional support
    - v. Practical support
  - b. Systemic barriers (i.e. that mentoring can't fix) [1sys]
    - i. Competitiveness and consequences
    - ii. Financial barriers
    - iii. Field is White
  - c. General support from a mentor [1sup]
    - i. Practical support
    - ii. Values-based support
    - iii. Informal, peer and 1-to-1 support
    - iv. Person-centered support
2. The ideal mentor
  - a. Being matched on intersecting identities [2mat]
    - i. Culture/race/ethnicity
    - ii. ME identity generally
    - iii. Socioeconomic status/class
    - iv. Gender
    - v. Age and faith
    - vi. Hearing loss, neurodiversity and intersecting identities
  - b. Qualities of an ideal mentor [2qual]
    - i. General traits
    - ii. Traits pertinent to minoritised applicants
    - iii. How the mentor would make me feel

It's not that simple [2not]: reallocated to the other categories

### **Phase 6: Producing the report**

During write up, realised that some themes could converge and reassessed themes, which turned into the final iteration of themes:

- 1) Systemic barriers
  - a. Competitiveness & consequences
  - b. Financial barriers
  - c. Cultural responsibilities
- 2) Support (or lack of)
  - a. Lack of connections

- b. Support is difficult to access
  - c. Informal support
- 3) Support from a mentor
  - a. Emotional support
  - b. Practical support
  - c. Being authentic and communicating values
- 4) The ideal mentor
  - a. Someone who understands me
  - b. Traits of an ideal mentor





~ Better wish to get into career  
 ~ Clinical psychology is not the first ranked with many students  
 ~ Clinical psychology feels unsexy, difficult to get into  
 ~ The competitiveness of PhD makes people nervous  
 ~ Competitive leads to pressure at an early stage  
 ~ Competitors can feel dehumanizing  
 ~ Openness to competition is better especially for those from non-elite backgrounds  
 ~ Difficulty of getting AP pass  
 ~ It is worth it  
 ~ It seems you have to give a lot to your very little  
 ~ People going to grad try to get away from  
 ~ Encouraging around PhD application puts people off applying  
 ~ Ready, willing, eager to apply is not really  
 ~ Difficult to have a positive perspective when consistently exposed to people talking about how difficult the application process is  
 ~ Notice uses positive experience of the application process  
 ~ Applying for the Doctorate is daunting  
 ~ Reluctant about applying to the Doctorate  
 ~ Seeing only while application accepted is disappointing  
 ~ At times it is put well out there in a white dominated field  
 ~ Imposter syndrome  
 ~ Feeling underprepared for the role as a GP  
 ~ Balancing clinical experience with one's education  
 ~ Juggling family and career both puts us in a difficult position  
 ~ Balancing self and education with marriage decisions within a cultural context is stressful  
 ~ Being a single Asian male PhD student  
 ~ Lack of role models from a similar culture  
 ~ Maybe I'm not ready - maybe because I've got some experience maybe I like research more  
 ~ Research involves signing up to a lot  
 ~ Amount of quantitative knowledge on reading relationship  
 ~ The path into clinical psychology requires a lot of science and research papers  
 ~ Psychology is filled with people from scientific research backgrounds  
 ~ After psych degree you're educated but not qualified to do what you want to do about that  
 ~ Navigating culture to the outside aspects of identity  
 ~ Struggle to connect research to application  
 ~ People from my background are usually not given a seat at the table  
 ~ Not to group as students with the same background like you  
 ~ "Had partners do you make the application so yourself"  
 ~ It's almost like you have to separate on your own  
 ~ Contributions to be able to get on  
 ~ The Doctorate is not equated as a conventional student  
 ~ Navigating culture between research and identity  
 ~ Psychology is a white dominated field in research that's not in our  
 ~ on our research

## Appendix M

### Examples of reflective journals post-focus groups

#### Extract from focus group #1 reflections

I had a very strong urge, almost throughout really, to kind of swoop in and rescue her, and to want to say the right thing to make her feel better/more supported, I had a really strong sense of wanting to help her and give her advice. Because she doesn't have a mentor and she's going through all these difficult things and is getting all the wrong types of advice from people. I had this really strong urge to want to tell her about all my experiences and to want to swoop in and 'save her' from that situation – essentially to mentor her. I couldn't help but say at the end that I felt angry at her colleagues' suggestion that there are negatives of including lived experience, that there aren't negatives (even though the other participant had already said that so I wonder how helpful that was?) I also said that I included lived experience in my application and was supported by a mentor who encouraged me to include it. On reflection, the addition felt clunky and I didn't get to say everything I wanted to, but I felt a really strong need to say something. So that urge to rescue was quite interesting and something to be aware of/to monitor because the participants I'll be talking to won't have had experience of mentoring so that's something that might come up again. I'll be mindful of my urge to rescue and what triggers that going forward. For this participant, I think the strong urge was because of how nonchalantly she was talking about very difficult experiences.

#### Extract from focus group #2 reflections

I really struggled with this focus group. The same reasons that I enjoyed the first one (participants being really chatty) were the same reasons I struggled with this one (participants being really quiet). I found myself blaming myself for not getting much out of them – feeling like if I was a better interviewer, I could get more out of them but those doubts were making it harder for me to be in the moment so it was a vicious cycle.

Reflections when watching video back:

When I'm writing a lot, I'm not in the moment as much and can't focus on giving participants my attention (as much as is possible on an online format) – I'm writing a lot in this group in particular because it gives me something to hold onto which helps with the anxiety of worrying about silences etc. It also helps me to remember and capture what people have said. But for the next focus group I want to be in the moment more – focus more on giving participants my full attention/'eye contact'/being in the moment more and trust that I will remember and capture what people have said

#### Extract from focus group #3 reflections

Overall, I enjoyed it. It was interesting that they were all Somali, I wasn't expecting that. I did find myself relating to what they were saying a lot and having a bit of an internal conflict with how much to stay 'neutral' and whether it was okay to come out of interviewer mode for a bit, for example, by saying a little about my own experience. I also found myself a lot more relaxed than I have been in the other interviews (but that might've been because of the group dynamics, which might have in turn been because we're all from the same culture and religion). I also found myself really wanting to be the mentor they were describing (from the same culture, female etc) and reflecting how it must feel for my mentee having that experience (as she's from the same country and religion as me) but also feeling sad that not many people get that opportunity.

I'm finding the online format a bit frustrating to work with – there's always at least 1 person that's difficult to understand because of connection issues which makes the transcribing process difficult.

#### **Extract from focus group #4 reflections**

The focus group itself was interesting, again ethnicity of mentor came up without me prompting it, but they were the first group that talked about the balance of that and one was unsure about whether being matched on ethnicity would be a good thing or not. I'm glad I had already reflected on my own biases with that topic and had that at the forefront of my mind, I hope that made me aware of any biases that might've come up when they started talking about that (none that I was consciously aware of). They also spoke about themes that have come up in other focus groups like the importance of thinking of socioeconomic status, neurodiversity, disclosing your identity on application forms etc.

#### **Extract from focus group #5 reflections**

I found myself quite comfortable during this focus group, and it seemed to flow a bit better than the others. I think I'm getting more confident with experience (although I was quite nervous before the group because it's been a while since the last one) and maybe feeling more relaxed which is allowing me to put my guard down. I also could feel myself being influenced by past focus groups in the questions I asked (e.g. completely missing the new point about navigating thinking about starting a family culturally with thinking about the doctorate – and instead responding with 'not having to explain yourself' which they didn't actually say but was from previous FGs). But overall, it was a very interesting focus group.

#### **Extract from focus group #6 reflections**

Very interesting focus group! Gave a very different perspective with males. I was definitely less comfortable than I usually am because of them being male and also felt like they were being more formal than other focus groups in the beginning. They opened up more as the conversation went on though. It got very interesting when they were talking about a mentor from the same culture vs a male mentor, and culture being much more important whereas gender they can take it or leave it. I found myself wondering how much that has to do with the fact that they're in a privileged gender in the outside world (outside of psychology) – despite being a minority within psychology – as so many female participants said gender would be important to them. I also got a perspective of someone with a physical disability as well which was interesting and important. Otherwise, most things were similar to previous focus groups like wanting someone from a similar culture, someone knowledgeable/open-minded, too similar as a disadvantage etc. So, I would say I'm at data saturation despite getting some new perspectives which were interesting.