# Holding a mirror to society? Sociodemographic diversity within clinical psychology training programmes across Aotearoa

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t has recently been demonstrated by Crampton et al that there has been a marked increase in the sociodemographic diversity of the University of Otago's health professional programmes between 2010 and 2016.1 This change is evidenced by the fact that a historic 76 health professional Māori graduates crossed the Dunedin Town Hall stage in December 2018. A key driver of this change was the University of Otago's Division of Health Sciences Mirror on Society selection policy. Here, by documenting the sociodemographic diversity of an equally important professional programme, clinical psychology, we highlight the need for similar selection policies to be implemented Aotearoa/New Zealand wide.

Discussions regarding the necessity for sociodemographic diversity in clinical psychology programmes have a longstanding history. In 1978, Jules Older called for the New Zealand Psychological Society to increase Māori psychologist numbers to be proportional to the population.2 Almost a decade later, Abbott and Durie surveyed directors of postgraduate training programmes in clinical, educational and community psychology.3 They noted that none of the programmes had a Māori graduate in the preceding two years. Moreover, they noted that, relative to other health professional programmes, professional psychology courses had made limited efforts to incorporate a Māori dimension. While several programmes have since

implemented initiatives to increase their number of Māori staff and students, and to make programmes more biculturally responsive,<sup>4–7</sup> more recent reports have also raised this issue.<sup>8,9</sup>

With the recent release of He Ara Oranga,10 the report of the government inquiry into mental health and addiction, now is an opportune time to document the current sociodemographic diversity of students within clinical psychology training programmes. To this end, we extracted the number of students enrolled in the clinical psychology training programmes from 1994 to 2017 inclusive, utilising enrolment data provided by the Ministry of Education (Table 1). We focused on enrolments, rather than graduates, as the sociodemographic diversity of students currently enrolled in the programmes provides an indication of the potential sociodemographic diversity among graduates across the coming years. To note, retention rates across clinical psychology training programmes may impede the trajectory of this sociodemographic diversity.

As evident in Figure 1, programmes appear largely monocultural.<sup>3</sup> Figure 1 also demonstrates that, with the exception of European females who are substantially over-represented, every other sociodemographic group is notably under-represented. While one could argue the sociodemographic diversity of clinical programmes is merely representative of the population



Table 1: Clinical psychology programmes included in analysis.

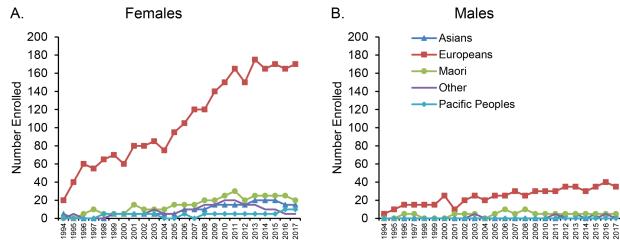
Provider	Course
Massey University	Postgraduate Diploma in Clinical Psychology
	Master of Clinical Psychology
	Doctor of Clinical Psychology
University of Auckland	Doctor of Clinical Psychology
	Postgraduate Diploma in Clinical Psychology
University of Canterbury	Postgraduate Diploma in Clinical Psychology
University of Otago	Postgraduate Diploma in Clinical Psychology
	Doctor of Philosophy/Postgrad Diploma in Clinical Psychology
University of Waikato	Postgraduate Diploma in Psychology (Clinical)
Victoria University of Wellington	Diploma in Clinical Psychology
	Postgraduate Diploma in Clinical Psychology

from which they draw (ie, undergraduate psychology students), we would counter that these arguments are no longer valid excuses.

Crampton et al's paper demonstrates that, with concerted effort, it is possible to change the sociodemographic makeup of a professional programme.¹ Perhaps what distinguishes other health professional programmes from clinical psychology is the number of graduates each programme produces. The number of students that graduate from the University of Otago's health professional programmes is several times larger than the total number of clinical psychology graduates across Aotearoa/New Zealand. One implication of this is that, individually, each clinical programme has limited ability to move the needle when it

comes to the sociodemographic diversity of the clinical psychology workforce. Collective commitment across all clinical programmes will be required to change the nature of the clinical psychology workforce. The current study is the first step, providing insight into the current sociodemographic diversity of clinical programmes. The next step will involve repeating Abbott and Durie's study, to document how clinical programmes and policies have changed since 1987.3 We plan to extend Abbott and Durie's original study by further capturing other dimensions of sociodemographic diversity such as sexuality, gender self-identity and social class. Our hope is that this work will lead to stronger policies and a future clinical workforce that mirrors the populations they aim to serve.

**Figure 1:** Enrolments in clinical psychology programmes between 1994 and 2017 for females (A) and males (B). Students are counted in each ethnic group they identify with.





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Nil.

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