Editorial: Research Culture and Practice in Clinical Psychology Training and Beyond

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At the core of the clinical psychology profession is the scientist-practitioner model (BPS, 2001; Shapiro, 2002), with research activity an integral aspect of the role (NHS Employers, 2010). Considering research output, the reality appears quite different; research productivity appears to be low (Baxendale, 2006; Mitchell & Gill, 2014) with little time spent on research by clinical psychologists (O'Sullivan & Dryden, 1990; Morton et al., 2008). Morton et al. (2008) found that lack of research activity was related to lack of time, conflicting demands, and limited research knowledge, and it is clear from research presented in this special issue that the situation remains largely unchanged. With the NHS under increasing pressure, and literature demonstrating an association between leadership and burnout (Gravestock, 2022), it is important to consider how we, as a profession, ensure that psychologists can contribute effectively to the development of evidence-based care pathways in the NHS (Baxendale, 2006), as we are trained to do – it is in our job description!

Research leadership is particularly important within clinical psychology to ensure that practicing psychologists can influence and facilitate positive change within health settings and organisations (Bulsara et al., 2022). With a significant proportion of clinical psychology training focused on research (BPS, 2019), and UK standards aiming to ensure that clinical psychologists can critically appraise research, understand both qualitative and quantitative research, and design and conduct original research to a publishable quality (BPS, 2010), qualified clinical psychologists are uniquely placed to lead on service-related as well as major research projects.

However, with our current understanding of clinical psychology informed by research developed within western contexts (Henrich et al., 2010), our knowledge is viewed through a Eurocentric lens. There is a much-needed drive to decolonise clinical psychology practices in order to address racial disparities in mental health service provision and outcomes. It is clear from some of the projects described in this issue that trainee and qualified clinical psychologists are striving to challenge the field, pushing the boundaries to be inclusive, to practice in equitable ways, and to be evermore creative and innovative researchers. It is important that we, as their peers, as well as other relevant stakeholders, hear about their work.

Trainee clinical psychologists complete several research activities under supervision prior to qualification. They, as well as other research-active individuals, have an ethical responsibility to disseminate their research output in a sufficiently impactful way to contribute positively to the evidence base, community, and/or services (Richardson, 2014). Although findings may be disseminated outside of academia, in ways that can be quite creative (Cullen et al., 2020), many psychologists are not published research authors (Eke et al., 2012; Cooper & Turpin, 2007). Therefore, post-qualification, a minority of clinicians may be responsible for the majority of publications in scientific journals (Richardson, 2014). This has consequences when considering the impact of whiteness on the profession, as well as equity, and the epistemological underpinnings of our knowledge-base and work.

To address this, it is important that courses establish research training environments that build positive research identities for all of the psychologists they train, fostering confidence, self-efficacy, skills, and knowledges (Holttum & Goble, 2006). Trainee clinical psychologists spend at least three years in a unique position as part of an academic institution whilst working in NHS services. This can support the development of academic-clinician collaborations to ensure that original, clinically-relevant, anti-racist, and rigorous research activity takes place, including the dissemination of research output - a necessary step in ensuring meaningful impact for developments in clinical and research practice.

As is evident in this special issue that supervisor support is considered, by trainee and newly qualified clinical psychologists, to be an integral aspect of meaningful research dissemination (Cooper & Turpin, 2007; David, 2006; James, 2006). Academic institutions also place great emphasis on the demonstration of research excellence via academic publication, motivated by performance-based research funding. The UK's Research Excellence Framework (REF), for example, evaluates the research environment, outputs, and non-academic impact of research via peer-review to produce a more accountable distribution of public funds. It is therefore imperative that supervisors offer support to consider the audience to whom the research activity and outcomes are relevant, and how this should be communicated, in order to ensure that the work can have impact.

With emphasis on quality output over quantity, it is recognised that multiple collaborators within research projects can support upskilling of the research team, share workload, and make possible the achievement of impactful publications of significant and original output in higher ranking journals (Cooper & Turpin, 2007). It can also be more fun doing it with others! However, attention should be given to co-production and the processes involved in creating safe spaces for the design and conduct of research with meaningful participation from multiple stakeholders. As is highlighted

in the work included in this publication, collective action is required to deconstruct and reconstruct systems and processes, rather than adding-on tokenistic involvement in our work.

Authors in this special issue have articulated a vision in which the field strives to create and promote research practices that do things differently, in order to inform practice to be more equitable to all communities. Regardless of individual motivations for conducting research, a collective need should also be considered. It is ethically necessary to actively involve our service users in the process, and to respect the valuable contribution individuals make by participating in, and co-producing research. Respect for these contributions should be incentive to appropriately recognise the labour of all involved in the process, to disseminate widely, meaningfully, and to publish.

Supporting psychologists to find passion in their practice is important, whether that be clinical, research, or both — nobody has to pick sides. Passion can be a key motivator towards value-driven work and meaningful dissemination of what is learnt, particularly in a context of limited resources and conflicting demands. Research-active psychologists can be good role models and mentors, encouraging trainees and newly qualified psychologists to conduct research with organisations and apply for grants to keep the work going and the change happening — perhaps a focus on the impact potential of research is in itself able to enthuse those around us to do more. Whatever the motivator, the hope is that our trainees will each embark on an impactful, research-active, career that informs equitable mental health care for all. Our hope for this special issue is that readers can learn from our work and we invite future contributions that keep the conversations about increasing research activity, impact, and anti-racist, equitable practices alive and forward thinking.

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