

## **The clinical supervisor role: To be or not to be? Or shall we just wait and see?**

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Some of our profession appear to welcome the opportunity to undertake the clinical supervisor (CS) role in the proposed mental health bill, as evidenced by letters to Clinical Psychology (e.g. Taylor et al 2003) and some results from a questionnaire sent out in 2001. Some, more reluctantly, accept that the role exists and therefore we should be as willing as any profession to perform the duties. The vast majority appear to remain silent, at least so far. A number of our profession, like ourselves, have grave concerns.

We would like to recognise the unending efforts and labours of a handful of people who have worked tirelessly at parliamentary level on behalf of the Division giving evidence and commenting on the implications of the Act. We write this letter mindful of their work. However we feel that several key issues regarding Clinical Psychologists becoming Clinical Supervisors and therefore having powers to detain people and force treatments on them against their will have not been sufficiently addressed. These include:

- The only survey our profession has undertaken on the issue of the clinical supervisor was a “brief questionnaire” in 2001 with a 16% response rate. Two thirds of respondents supported the position that the profession should be “open to this (CS) development”. Just under one third wished to resist the development (Cooke, Kinderman and Harper, 2002).
- The draft mental health bill on which the clinical supervisor role will be embedded has been severely criticised by all groups consulted about it, including groups as widely differentiated as the Royal College of Psychiatry to Service Survivor groups. The cross party pre-legislative committee stated the draft bill needed to be “radically overhauled”. The BPS evidence stated that without significant changes to the bill it is “fundamentally flawed”. We still await the Government’s response but the draft bill was included in the recent Queen’s speech. Why would we agree to take the key clinical supervisors role in such a flawed and unwanted piece of legislation?
- Those in our profession assenting to the development of CS appear to see it as an opportunity to have direct influence in the delivery of care and exercise power comparatively benignly, despite ample psychological research (e.g. Stanford Prison Experiment) that shows roles people take are crucial in determining their (sometimes oppressive) behaviour. We do not believe psychologists will somehow act more philanthropically and benignly than our psychiatric colleagues once we hold the CS role.
- Many of the potentially deleterious effects on our profession and role with service users (see Holmes, 2002; Diamond, 2002) are acknowledged by proponents of our involvement as Clinical Supervisors and yet the DCP has continued to press for us to take up this role.
- We do not think the decision to be a CS or not will be optional in the future. As with Consultant Psychiatrists and Social Workers, career progression is likely to become dependant upon undertaking the CS role. Is this what the majority of the profession want?

- In a host of conversations and at training events over the past three years the majority of trainee and newly qualified psychologists we have had contact with (well over 100) have been alarmed by this development and, although not feeling adequately informed, are not in support of us taking this role.

What then should be done? In the first instance, we must have more discussion from a broader base of our profession. We call on people to discuss the issues at all professional meetings that they attend. Secondly, we would like to see a published debate in *Clinical Psychology* and *The Psychologist*. Thirdly we would encourage people to contact Peter Kinderman, the outgoing chair of the DCP and our main negotiator with the Department of Health, to express their views, especially trainee and newly qualified people who may not have expressed an opinion in the first survey. Peter has previously invited members to express their views to him at [p.kinderman@liverpool.ac.uk](mailto:p.kinderman@liverpool.ac.uk). We would like to see an official ballot on whether we take up the role - in short the decision should be a democratic one not an executive one. Although a ballot would be unusual, we feel that the changes to the profession that will occur as a result of us being clinical supervisors are so momentous it warrants this.

And who would argue against democracy?

Cooke, A., Kinderman, P. & Harper, D. (2002) Criticisms and concerns. *Clinical Psychology*, 13, 43-47.

Diamond, B. (2002) Clinical Psychologists' responses to the Mental Health Act reforms: Acquiescence, ambivalence or confusion? *Clinical Psychology*, 19, 9-12.

Holmes, G. (2002) Some thoughts on why clinical psychologists should not have formal powers under the new mental health act. *Clinical Psychology*, 12, 40-43.

Taylor, J.L. Gillmer, B.T. Robertson, A. (2003) An alternative perspective on the proposed Mental Health Act reforms. *Clinical Psychologist*, 22, 35-37.