

Legal regulation of Health Psychology as a profession

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Health Psychology encompasses a broad variety of activities ranging from basic clinical research to education, counseling, and clinical treatment (Kaplan, 2009). A proper regulation of *Health Psychology* as a profession would warrant the provision of high quality,

evidence-based interventions performed by educated and supervised health psychologists through defined quality training (Bednar, Lanske, & Schaffenberger, 2004). Regulation further concerns social security and reimbursement of Health Psychology services through private and public insurance schemes, which may foster the access to *Health Psychology* services (DeLeon, Frank, & Wedding, 1995).

Acknowledging the legislative status of the profession around Europe is especially critical for health psychologists who wish to immigrate to other European countries to practice their profession. In addition, health psychologists who are active in countries where no such legislation exists may use this information to facilitate the proper and needed legislation of the profession in their homelands. There are considerable differences concerning the regulation of *Health Psychology* as a profession within Europe. Compared to the more known and regulated profession of Clinical Psychology, for example, the profession of *Health Psychology* is still largely unknown and under- to unregulated. Apparently, a clear distinction

between health and clinical psychologists cannot always be drawn. Whereas some kind of regulation of professional activities of psychologists can often be found in the health or healthcare sector, very few European countries have specific regulations in the further specialized field of *Health Psychology* (European Commission, 2016). According to the Austrian Health Institute (Bednar, Lanske, & Schaffenberger, 2004) the profession of health psychologist has been officially recognized since 1989 in only five countries represented in the EHPS, at minimum to the level of specialty area of psychology education (Finland, Italy, the Netherlands), or further regulations (Austria, the UK). Quite exceptionally, the profession of *Health Psychology* has been regulated in Austria as an autonomous liberal profession for more than three decades. The majority of countries represented in the EHPS have indirect regulations for *Health Psychology* as a profession. Most often, a description of the profession and regulations concerning education and training are available, but no official professional titles are awarded (Bednar, Lanske, & Schaffenberger, 2004; European Commission, 2016).

The information provided by the EHPS National Delegates, who participated in the current survey, echo this diverse picture of the profession across countries represented in the EHPS. Not only do regulatory approaches vary, but also the registration and the reimbursement schemes of health psychological services are extremely different. Despite the importance of a clear and secured professional title, as many as 77% (n=21) of all participating National Delegates reported that the title "Health Psychology" is not legally

protected in their country, although a few of these countries have conducted efforts for official recognition. The exceptions apply to Austria, Germany, Switzerland, Latvia, Israel, and Australia (23%).

In Austria, the profession of *Health Psychology* is legally defined and protected; however, legal protection of the profession does not mean that it is exclusive to health psychologists, revealing a weakness in the Austrian law. With regard to Latvia, the law on psychologists was adopted and will enter into force in 2018. The Latvian law on psychologists states that “psychologists may carry out their professional activities in six fields of work settings including clinical and health psychology”. Based on the law on psychologists, the Cabinet Regulation on the certification and re-certification is currently under development. According to the Cabinet Regulation, the title “clinical and health psychologist” is included in the so-called Latvian Professions Classifier. Almost half of the participating delegates (n=12), however, reported that there is no registration of *Health Psychology* as

a profession in their country at all (see Figure 3.1). According to six delegates (24%), health psychologists are registered on a random basis in their country, but there is no need for formal registration (see also Hamilton et al. in this issue).

In addition, despite the importance of a proper legislation, half of all participating delegates stated that the profession of *Health Psychology* is not legally regulated in their country. Only seven delegates (27%) stated that *Health Psychology* is legally regulated with regard to both training and education requirements (see Figure 3.2). To illustrate, in Slovakia, the profession of health psychologists is neither legally regulated nor even existing. Similarly, Greece encounters an absence of any law regulation or legal protection on the role of a health psychologist. The Ukraine delegate testified that: “We have no such profession. We have professions of Psychologist and Practical Psychologist”. Six delegates mentioned that in fact there is a legal regulation of the profession of psychologists, but not specifically for the sub-

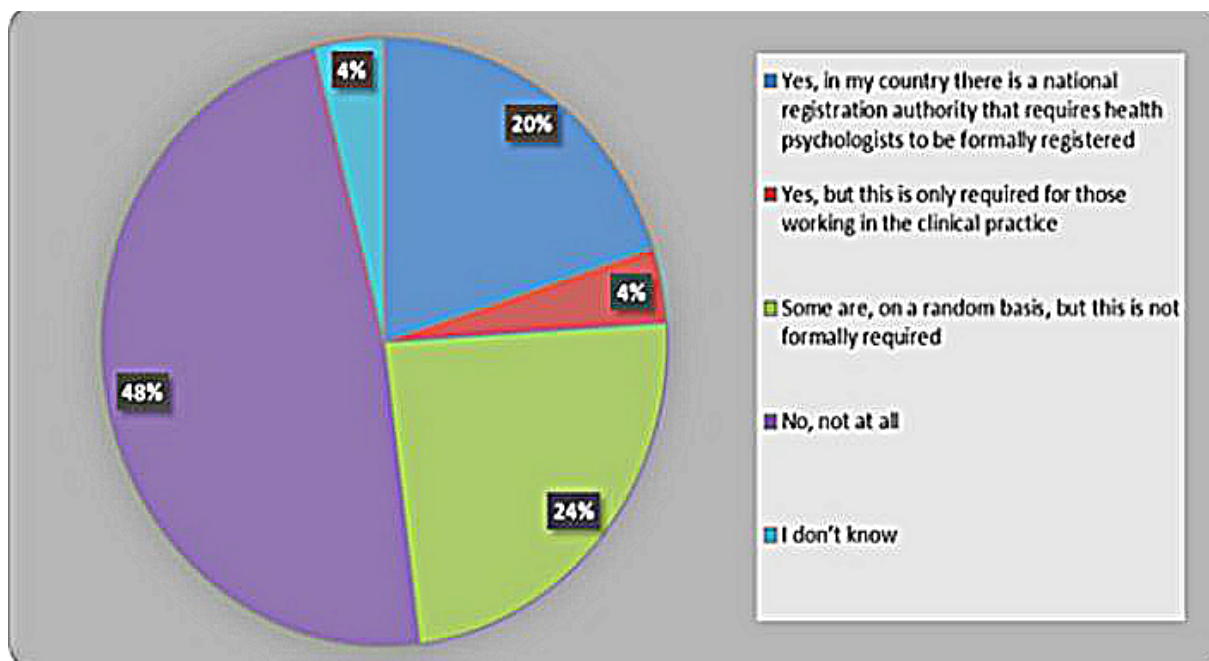


Figure 3.1. Obligatory registration of health psychologists: the National Delegates survey results.

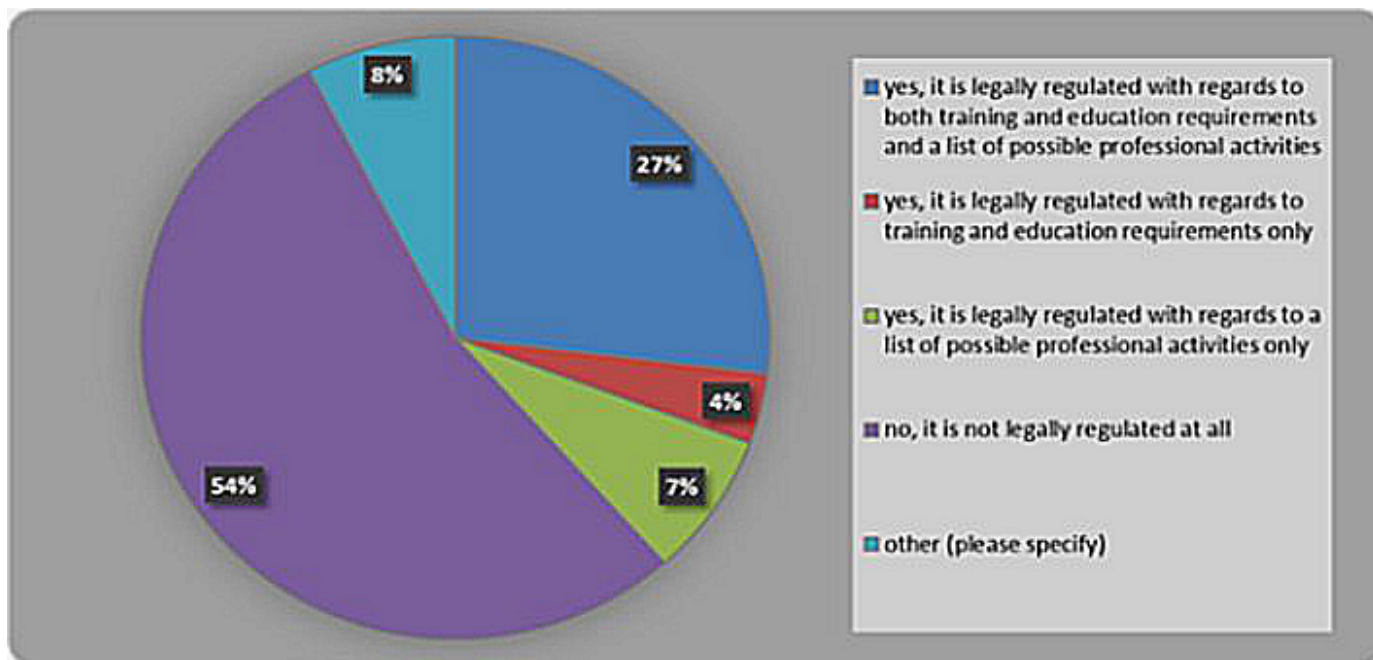


Figure 3.2. Legal regulation of health psychologist as a profession: the National Delegates survey results.

category of health psychologists. This information is in line with the information provided in the report from the European Commission (2016), stating that most countries that regulate “psychologists” generally do not regulate other specialties of psychologists, including health psychologists, separately.

As for insurance issues, in many cases, the national health insurance covers psychological treatment or counseling if treatment is provided by a medical profession (i.e. psychiatrists) or in the context of hospital admission. In the majority of the countries, tariff negotiations with public insurances have failed, or not even started. Given this situation, it is no wonder that almost all (84%) of the National Delegates reported that their country does not offer any public insurance coverage for *Health Psychology* services at all. However, according to a few delegates, coverage may be provided by supplementary insurance or personal private insurance. According to the Croatian National Delegate, *Health Psychology* services are covered in their country, yet only in case the service is included in the list of

guaranteed benefits.

When exploring the issue of employment and reimbursement, recent data suggest that health psychologists are mostly employed in third level education in the academic setting, secondary healthcare, or hospitals services and public health, while few health psychologists are employed in primary health care settings (Byrne, Gethin, & Swanson, 2017). The data received from the EHPS National Delegates helped us better understand how *Health Psychology* services vary across countries represented in the EHPS. While more than one single answer option could be applicable, more than half of the delegates (n=15) reported that *Health Psychology* services are accessible, but not reimbursed through self-referral in their country. Seven delegates reported that *Health Psychology* services are accessible and reimbursed through referral from primary care or other physicians, and only four delegates answered that *Health Psychology* services are accessible and reimbursed through self-referral. For instance, in Germany, *Health Psychology* services are supposed to be accessible and reimbursed through referral of

primary care physicians, but this hardly exists in practice. "Usually, jobs would be called something with prevention and psychology. Health psychologists are usually employed in academia. In practice, they only appear in few hospitals, rehabilitation centers and health insurance companies". In contrast, according to the Austrian National Delegate, "within a hospital setting (including rehabilitation), Health Psychology service is fully covered as the Austrian Hospital Act makes it mandatory for the hospital service provider to offer Health Psychology service for any patient; however outside the hospital setting, only diagnostic parts are covered to some extent with no re-imburement for therapy or interventions what so ever".

Conclusions and reflections

This survey aimed to document the level of legal regulation, and registration and reimbursement schemes, for the *Health Psychology* profession within countries represented in the EHPS. In total, 27 countries represented in the EHPS participated in the survey. The results highlight that the scope of legal regulation for the profession as health psychologists is very heterogeneous. In most countries, although health psychologists may be trained and competent to provide health counseling or specific health-related psychological interventions, an insufficient legal scope prohibits them from providing this service in practice (or it is not reimbursed by national health insurances, hence limiting access). It is crucial to resolve the issue that health psychologists may confront when providing health psychology counseling; that is, the risk of running into unpleasant legal concerns when applying "their" particular interventions to patients. Much effort is required in order for *Health Psychology* to be recognized as a unique profession and be legally regulated in each individual European State to begin with. Importantly, there seems to be some inconsistency in a few countries

that have officially recognized the profession of *Health Psychology* but not legally protected it, which raises the question as to whether official recognition does not automatically mean legal protection. However, the current survey does not allow us to provide additional clarification on this issue.

Health Psychology appears as a profession of potentially high mobility. However, the current range of regulatory differences may constitute a barrier for mobility and jobs, especially for those health psychologists that intend to move to a country in which the regulated activities are defined differently. In order to improve access to *Health Psychology* services (i.e. health counseling or health-related psychological interventions) and facilitate the mobility of qualified health psychologists within their own countries, as well as the cross-border provision of their services, a flexible and transparent regulatory environment across countries represented in the EHPS is required. Moreover, increased consistency and clarity in the scope of *Health Psychology* regulatory measures are indispensable to foster professional mobility across countries (European Commission, 2016). In this regard, too strict regulations are not necessarily advantageous, since a flexible and transparent regulatory environment may provide a "grey area" for psychologists to work in. Thus, steps toward legislation should be taken cautiously, with much sensitivity to each country's unique requirements and degrees of freedom for psychologists.

Health psychologists and their national associations should reflect upon the effects of their regulatory system and whether potential barriers for mobility are justified, or if they can be alleviated. Moreover, health psychologists are invited to be more actively engaged in political and legal discourse, and seek engagement with decision-makers about the regulation of their professional scope. The countries represented in the EHPS could actively perform a review and facilitate

modernization of their regulations on qualifications governing access to professions or professional titles. Moreover, discussion across countries represented in the EHPS should take place when comparing their systems and work in collaboration when screening their legislation. Changing the existing scope of practice regulations for the *Health Psychology* profession will be a challenging process involving many stakeholders. Yet, this challenge is critical since many patients and their caregivers are in need for professional psychological help, and it is no less than an ethical mission to provide an evidence-based service to support them.

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