

original article

Health Psychology in the UK and Ireland

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With an ageing population, limited resources for care, and people living longer with chronic illnesses, it seems that Health Psychology is perfectly placed to offer a solution to the difficulties that lie ahead. However, the field has often struggled to have its voice heard in health services and policy making.

The EHPS is currently working on devising a model that will recognise the equivalence of competencies across Europe in the hope of establishing a clearly defined and coherent field of Health Psychology (Marks, Skyes & McKinley, 2004). This article aims to provide a detailed snapshot of Health Psychology within the UK and Ireland. I interviewed individuals from the Republic of Ireland, Northern Ireland, Scotland, and Wales, and asked them what successes have been achieved and what challenges lie ahead in order to explore the current state of Health Psychology. Details about the contributors are provided in Table 1. This article will give a brief overview of the structure of Health Psychology in each area, followed by a discussion of the interview findings. Interviewees were asked to provide a SWOT analysis of Health Psychology in their region, focusing on strengths, weaknesses, opportunities and threats to the field.

Since 1994, the National University of Ireland in Galway has offered a MSc. in Health Psychology, accredited by the Psychological Society of Ireland (PSI). NUI, Galway also offers a structured PhD in Psychology and Health. There is a strong Division of Health Psychology (DHP), with active representation on the PSI

council and other relevant committees. The DHP in the Republic in Ireland has a good collaborative relationship with their peers in Northern Ireland (NI). One example of this coordination can be seen in the annual Psychology, Health and Medicine Conference, running now for 10 years. The Republic of Ireland has 25 EHPS members and has hosted the annual EHPS conference twice to date (2005 at NUI Galway; 1998 in Dublin). Byrne (See Table 1.) believes that as the model currently stands, Ireland is ripe for the development of professional training in Health Psychology.

The UK offers a clear training route through the BPS accredited MSc. (Stage 1 – currently 29 courses in the UK) and two years Independent practice (Stage 2). The BPS works with the Health and Care Professions Council (HCPC) in terms of training standards of proficiency to ensure core competencies are met. There are currently 124 members of the EHPS in the UK. There is also an active DHP that helps to guide and promote the division and create benefits for membership. There are currently 162 members in this group. The annual meeting of the DHP is well-attended, with both national and international delegates attending and giving keynotes. The UK hosted three EHPS Conferences, in Oxford (1990), St. Andrews (2001) and Bath (2008). The BPS also offers the well-established Health Psychology Update to disseminate good practice and research.

The BPS Division of Health Psychology – Northern Ireland (DHP-NI) was established in 2008. The MSc. in Health Psychology at the University of Ulster is accredited with the BPS

Table 1. Contributors and Affiliations.

Name	Region discussed	Affiliations and qualifications
Dr. Molly Byrne	Republic of Ireland	Lecturer (above the bar) & Co-Director of the MSc in Health Psychology & Structured PhD in Psychology and Health at NUI, Galway Ireland. She is also Chair of PSI Division of Health Psychology Sub-Group on Professional Development for Health Psychologists and is the Irish National Delegate for the European Health Psychology Society.
Lisa Hynes	Republic of Ireland	PhD student Psychology and Health research cluster at NUI, Galway.
Dr. Angel Chater	UK	Health Psychologist and Sport & Exercise Psychologist at UCL School of Pharmacy. She is the UK National Delegate for EHPS, committee member of DHP.
Dr. Neil Coulson	UK	Associate Professor of Health Psychology within the School of Medicine at the University of Nottingham. He is both a Chartered Psychologist (British Psychological Society) and Registered Health Psychologist (Health and Care Professions Council).
Dr. Tiece Turnbull	UK	Consultant Health Psychologist and MD of www.safecoolsex.com. She is also a Chartered Psychologist, a Chartered Scientist, a Fellow of The British Psychological Society, and a Fellow of the Royal Society of Public Health.
Dr. Noleen McCorry	Northern Ireland	Research Facilitator, Marie Curie Cancer Care, Marie Curie Hospice Belfast
Dr. Vivien Swanson	Scotland	Senior lecturer at the University of Stirling and a founder member of BPS Division of Health Psychology Scottish Committee
Dr. Paul Bennett	Wales	Professor at Swansea University.
Dr. Val Morrison	Wales	Chartered Psychologist at Bangor University School of Psychology.
Dr. Bev John	Wales	Reader & Head of Research in the School of Psychology at the University of Glamorgan
Dr. Caroline Limbert	Wales	Caroline Limbert is Senior Lecturer and Joint Programme Director MSc Health Psychology at Cardiff Metropolitan University

and is the only postgraduate course in Health Psychology in Northern Ireland. It is also the only distance learning MSc. in Health Psychology

in the UK. Four of the programme team members are Registered Health Psychologists and several are actively involved in the development of

Health Psychology nationally and internationally. The University of Ulster also offers a two year taught Professional Doctorate in Health Psychology covering the BPS stage 2 competencies in Health Psychology leading to Chartership and Statutory Registration as a Health Psychologist. DHP-NI also has excellent links with their colleagues in the BPS DHP nationally and the Chair of DHP-NI is invited to sit on the national DHP Committee of BPS. Through these links the DHP-NI hosted the national BPS DHP annual conference in Belfast in 2010. DHP-NI is currently focusing on the development of Health Psychology in primary care and has planned to run a joint workshop with the Royal College of General Practitioners in the near future.

In Scotland, there are currently 2 MSc. courses offered at the Universities of Stirling and St Andrews which train over 30 people per annum to Stage 1 level. A unique NHS funded Stage 2 training programme has been running since 2007. Fifteen Health Psychologists have participated in the training to date with a further 6 about to start in the next few weeks. It is funded jointly by the Scottish Government (NHS Education for Scotland) and the local NHS Health Boards. Trainees work in the areas of health improvement, public health, and long-term conditions. They work full-time and are salaried for 2 years to complete their training at the same grade banding as clinical Psychology trainees. Trainees follow the BPS independent training route, and are supervised in the workplace, and by Stage 2 'academic' supervisors. The programme therefore links the NHS with university-based Health Psychology expertise, and has regular network meetings of all stakeholders. The professional body, the Division of Health Psychology in Scotland (established in 2002) includes academics, practitioner psychologists and postgraduates. The committee has representation from across Scotland, and

hosts annual CPD and training events, as well as an annual scientific conference. The Postgraduate section of the Committee is very active in networking to offer social and professional support to postgraduates and Health Psychologists in training, and holds two professional events each year.

There are two thriving MSc. Health Psychology programmes in South Wales. PhD students have been funded by the Welsh Assembly Government social and health research streams across a number of institutions. From a low baseline in the mid-2010s, the number of recognised Health Psychologists in Wales has increased significantly. There are now 77 members of the DHP in Wales, and many are working across a range of positions and organisations. The Division of Health Psychology is now developing a Welsh Branch, and has just appointed a representative to sit on the national DHP committee

It seems that although Health Psychology research possesses the same aim across these areas, we are all on different trajectories. Similar obstacles are often described in relation to the development of the field of professional Health Psychology, and many common themes emerged during the consultations. These are addressed below.

Public Awareness of Health Psychology

There was a consensus that those seeking out a career in Psychology are unlikely to be attracted to a field that does not offer a clear career trajectory and focus. Courses that focus on Health Psychology may struggle to maintain numbers of applicants. There appears to be little awareness both from the public and other health professionals in relation to what Health

Psychology can offer.

Despite success in securing funding for training, there are still only a small number of NHS posts for Health Psychologists across Scotland. In the five years since the formation of the Division of Health Psychology- Northern Ireland (DHP-NI) the focus has been on raising the awareness of Health Psychology within Northern Ireland, with a longer term goal of developing funded training pathways for Health Psychologists and increasing the employment opportunities. Currently there are no Health Psychologists working under that title in the health and social care services in Northern Ireland. Byrne pointed out that, in Ireland, Health Professional registration does not currently list Health Psychology as a recognized professional discipline of Psychologists. The Irish Health Service Executive (HSE) does not currently recruit Health Psychologists for registered Psychologist posts. The Division of Health Psychology is working with others in the PSI to have Health Psychologists recognised as eligible for such posts.

Across the UK, there are few roles that are specifically advertised for a Health Psychologist. Many find themselves in roles without a clear definition that they are in Health Psychology (i.e. health promotion, smoking cessation, weight management). There is also a lack of a clear system in place for supervision of those in practice.

Funding Health Psychology in the UK and Ireland

Many areas are still in the process of recovering from a recession. Faced with the threat of austerity and economic stringency, it is unlikely that more posts will be created within the current economic climate or that training

positions will be funded. These uncertainties will continue if funding bodies and employers do not see a direct benefit to the workforce. Furthermore, many of the funding streams in the NHS and elsewhere are short-term or temporary.

Scotland has led the way in the UK in terms of securing funding for trainees. Swanson highlighted the unique NHS funded Stage 2 training programme as a key strength of the system. This programme has made a significant contribution to raising the profile of Health Psychology across the NHS in Scotland, and the bidding for places – both from NHS Health Boards and trainees, is very competitive. There is a strong sense of enthusiasm for the profession of Health Psychology in DHP members in Scotland – from postgraduate level upwards. The current health priorities and targets focus on patient-centred care and promoting better self-management, which provides an ideal environment for the development of Health Psychology. In contrast, there is no provision of funded stage 2 training at any institution within Wales. Bennett, Morrison, John and Limber argue that there is a need to obtain more funding for training and development of Health Psychologists – particularly stage 2 funding: both for students and courses.

Developing Health Psychology as a career pathway

Throughout the consultations, the strengths of evidenced-based research in the field of Health Psychology were highlighted, with practice drawing on a scientist-practitioner model in the multidisciplinary model. There is a strong focus on the promotion of a theoretically driven understanding of health behaviour decision making, treatment approaches and behaviour change interventions (such as the

current work on the Behaviour Change Wheel and BCT Taxonomy v1). In diverse settings across the UK a strong selection of both academics and practitioners represent Health Psychology.

However, in general there appears to be a need to promote careers in Health Psychology to students. It was suggested that Health Psychology will need to be promoted to the right people such as commissioning groups and Public Health England. This may be achieved by integrating Health Psychology training into other allied health professionals training programmes.

It is believed that many good students use the courses such as an MSc. in Health Psychology as a means of increasing their chances of entering a Clinical Psychology training programme. As for those interested in health, potentially good students are being drawn to other Masters level programmes. These courses allow them to qualify as practitioners on graduation without the necessity for further training. Swanson reiterates the concern that if career paths do not emerge in the near future it is likely that the expertise and enthusiasm which have been captured will not be sustained.

The group also highlighted the perceived 'competition' with Clinical Psychology for funding and positions as a challenge to Health Psychology. For example funding is provided for Doctorates in Clinical Psychology in the UK but there is currently no funding for Stage 1 or Stage 2 outside of Scotland. Perhaps unsurprisingly, given such challenges, there is also a shortage of training opportunities for those seeking to pursue Stage 2. There is a fear that there will be a reduction in the number of trainees if the options for graduates are limited.

One of the main problems highlighted in Scotland is a lack of a professional career path for Health Psychologists in the NHS. Senior Health Psychologists in NHS posts could provide role models and supervision models for trainees

and employees in junior level posts. However, the current DHP training for Stage 2 Health Psychology does not always lead trainees to acquire the relevant competencies for working in an NHS context, which makes it difficult for them to apply for some NHS posts. The training is currently under revision, and it is hoped that revisions will focus on a broader approach to psychosocial interventions in the NHS context.

Health Psychology and Interdisciplinary Collaborations

There are opportunities to work with other professional groups. McCorry addressed good relationships with other psychologists, particularly Clinical Psychologists working in Northern Ireland. Health Psychologists in Wales have strong links with local health providers, including services for palliative medicine, cystic fibrosis, eating disorders, cardiac disorders, orthopaedic surgery and arthroplasty as well as regional groups including North Wales Brain Injury Service and Welsh Medicines Resource Centre.

Health Psychology graduates are now working for public health organisations in Wales, such as the Welsh Assembly Government (NIHSCR) and Action on Smoking & Health (ASH). Health Psychology in Wales has the potential to develop more meaningful links with health-related departments as graduates move towards more senior positions. Currently, there are some links with quality implementation scientists and trials units who can support high quality research. Health Psychologists have also developed strong associations with health economists whose expertise is needed to support bids for health service related funding.

Health Psychology at a local level

The field of Health Psychology does not exist within a vacuum and this was clear from the interviewees who referred to the contexts in which they were working. Although the BPS has a Division of Health Psychology that represents the interests of its members across the UK, the formation of DHP-NI was considered important, particularly because Northern Ireland has a devolved government, with its own Department for Health, Social Services and Public Safety. Northern Ireland has an integrated health and social care system, unlike other parts of the UK. Consequently, it is important that the promotion of Health Psychology in Northern Ireland takes account of legislation and services in Northern Ireland. McCorry highlighted that this is the challenge for DHP-NI, but it is also a strength—Northern Ireland is a small place and it is easier to access policy-makers than it is in other larger geographical areas. This may be compared to Health Psychology in Scotland where a similar model of devolved Government exists.

Scotland has many health challenges – and comes close to the top in league tables for health problems such as coronary heart disease, obesity, drug and alcohol problems, low breastfeeding rates and teenage pregnancy (http://www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf). Yet, the Scottish government has a forward thinking and enlightened approach to promoting public health, and supporting patient empowerment. The current health priorities and targets focus on patient-centred care and promoting better self-management. This provides an ideal environment for the development of Health Psychology approaches to health improvement.

A unique challenge lies in the geographic topography of Wales. This makes unity of

purpose and cohesive activity difficult and tends to result in 'local' research collaborations in the north and south rather than across the Principality. There is no training programme for Health Psychologists in the north of Wales (Bangor University), The Welsh branch of the BPD Division of Health Psychology is still in its development and meetings are hindered by the wide geographical dispersion of members.

Health Psychologists and Health Policy

Health Psychologists are increasingly becoming more involved in government and health consultations. Health Psychology in Scotland has flourished in its aim to be heard at government and policy level. In 2009-10 the UK Division of Health Psychology and the Scottish Government jointly funded a secondment for two senior Health Psychologists (Dr Diane Dixon, University of Strathclyde and Professor Marie Johnston, University of Aberdeen) to work with the Government to develop guidance around health behaviour change. The aim of the posts is to promote the use of Health Psychology theory, application and practice in relation to the physical health improvement agenda. These posts have great potential to showcase the work of Health Psychology and to demonstrate how it can contribute to the health improvement agenda at a high level, and to the training of health professionals. A second secondment is planned for 2014. This will be a joint secondment including senior health and clinical psychologists, so it presents a unique opportunity for applied Psychologists to work together to achieve health-related targets.

In Wales, there are opportunities for the field to develop in line with the growth of The Mental Health Measure. The Mental Health (Wales)

Measure 2010 is a piece of law made by the National Assembly for Wales that aimed to ensure appropriate care is in place across Wales which focuses on people's mental health needs. The next phase refers to Health Psychology and chronic physical conditions. Across the UK and Ireland there is a need to engage systematically and effectively with the government to promote Health Psychology and issues of relevance to health psychologists.

Concluding thoughts

Health Psychology in the UK and Ireland has grown considerably in just a few decades. The central position of health has emerged in Government Policy in the UK and Ireland. This is a climate whereby a Health Psychology approach has the potential to make a significant contribution.

Employers challenged by the need to improve health need to have clear information about the skills and competencies of health psychologists. A good example of this can be seen in leaflets designed by the BPS that clarify the role of Health Psychologists for the public and for employees in the NHS. Health Psychologists need to engage in a structured system of continued professional development throughout their career, with adequate supervision available for both trainees and practitioners. Health Psychology has some way to go to establish itself as a strong and clear professional discipline. Perceived (or actual) competition with other groups (such as clinical psychologists and those in the field health promotion) is closely linked to problems relating to a lack of awareness among the general public about what the field has to offer. It may be a problem relating to definition and specificity. Faced with austerity measures, Health Psychologists will have to sell themselves and what they can do in order to

attain funding. Consistency in terms of training and a clearly defined function would help aid the promotion of the field to government and funding agencies, as well as the general public.

In the UK and Ireland Health Psychologists are working hard to continue to develop the discipline in terms of training. The stage 2 curriculum in the UK is currently under consultation to include more skills in the areas of assessment, formulation, and communication in practical settings. In Ireland, a task force for the development of Health Psychology has been established within the DHP. This group aims to devise the criteria for accrediting a professional training qualification in Health Psychology. These guidelines will then form the basis for development of professional training in Health Psychology in Ireland. Members of this subgroup work alongside PhD students in the Psychology and Health research cluster from NUI, Galway who have formed an informal group named "Health Psychologist Trainees in Ireland".

All groups will need to liaise more with other countries. It is hoped that the EHPS will move towards a statement of equivalence between countries where competencies and training are recognized as equivalent. These developments will allow for a cohesive, well-defined model of Health Psychology to emerge that may serve to solve many of the difficulties identified by those working in the UK and Ireland, while building on the successes already achieved to date.

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