The British Psychological Society

Division of Clinical Psychology
Faculty of Clinical Health Psychology

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Clinical Health Psychologists in the NHS

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Summary

This document aims to provide information for managers, purchasers, health professionals and service users about the role of clinical health psychologists in the management of physical health problems in the NHS. It aims to clarify the unique knowledge base and skills which clinical health psychologists contribute to the field and the nature of the services which they are able to provide.

In addition, it outlines the organisational structures which need to be in place to ensure the maintenance of appropriate professional standards and the provision of appropriate professional support mechanisms for clinical health psychologists working in physical health care settings. Workforce planning issues are also considered.

Introduction

Recent Government guidelines on the development of services for people with physical health problems consistently stress the importance of incorporating psychological assessment and intervention as an integral part of effective health care (e.g. National Service Frameworks in Cancer, Coronary Heart Disease, The Management of Long-term Conditions). Compelling evidence is emerging to emphasise that health outcomes as well as satisfaction with care are improved by addressing patients' psychological and emotional needs. Neglecting these aspects of care is likely to result in longer hospital stays, poorer life expectancy, poorer adherence to medical treatment, increased demand on health care resources, and unnecessary distress and dissatisfaction with care (Friedman *et al.*, 1996; Saxby & Svanberg, 1998; Chiles *et al.*, 1999).

Whilst hospitals and health care systems offer increasingly technologically sophisticated and complex medical and surgical care, developing systematic psychological care for health care users represents a major challenge for health care systems (Nichols, 2003). Being diagnosed with a life-threatening illness or chronic painful condition, experiencing a sudden physical trauma such as a heart attack or stroke, or having to undergo painful or complex medical and surgical procedures are associated with very high levels of distress (Johnston, 1998). Such distress is both a cause and a consequence of poorer clinical outcomes. Being faced with the distress of patients and grieving families also presents major emotional demands on the health care staff who deal with them (Llewelyn & Kennedy, 2003). Patients themselves consistently regard psychological and emotional support as priorities for service development (Diabetes UK, 2007).

Clinical health psychologists have a specialist knowledge and unique advanced training in applying psychological theories and processes, research skills and clinical practice. They take responsibility for actively applying evidence-based psychological interventions in health care specialties. This document describes the role which clinical health psychologists play in the effective management of physical health problems and the development of effective systems of health care.

What is a clinical health psychologist?

Clinical health psychologists draw upon an extensive knowledge and skills base that is developed during their six-year training and maintained through continuing professional development. They are experts in psychological assessment and in developing interventions based on the inter-relationship between behaviours, emotions, thoughts, social relationships and biological aspects of health and disease. Whilst other health care workers use aspects of these in their work, it only forms a small part of their training. Clinical health psychologists have a unique breadth and depth of training, which enables them to supervise and develop these skills in other disciplines.

A clinical health psychologist will:

- have a good honours degree in psychology;
- have completed an accredited postgraduate training course in clinical psychology. Since 1996 all clinical psychology training has been to doctoral level;
- have gained experience during training of working clinically with a range of patient groups, from the young to the elderly, with learning disabilities and mental health problems;
- have further experience and supervision in working with people with physical health problems;
- have a high level of training in research skills, usually to doctorate level;
- have training in teaching, teamwork and organisational skills; and
- abide by the British Psychological Society *Code of Ethics and Conduct*.

Some clinical health psychologists have postgraduate degrees both in clinical psychology and health psychology. The latter provides an additional knowledge base in the prevention of illness and health promotion, development of and recovery from physical illness, improvement of health care systems, and formulation of health policy.

What do clinical health psychologists do?

Clinical health psychologists use in-depth and up-to-date knowledge of research evidence to improve health outcomes and maximise health gains. Many patients seen by psychologists are distressed as a result of their medical condition. Some have co-morbid mental health and physical health problems. Whilst clinical health psychologists have competency in assessing the influence of mental health problems on physical welfare due to their mental health training, the focus of work is usually on the management of the physical condition. Typical interventions include:

- helping patients come to terms with or adjust to their illness and treatment;
- improving the uptake of medical treatment and adherence to complex treatment regimes;
- helping to reduce psychological distress where this is interfering with treatment and recovery from treatment;
- assisting patients and health care professionals in decision making about treatment;
- helping to reduce unwanted side effects of a treatment (e.g. pain and nausea); and
- assisting patients to make lifestyle changes that maintain and improve health.

Clinical health psychology services improve health outcomes by working at several different levels.

1. **Direct assessment and therapeutic work** with patients, individually or with families or in groups.
2. **Working in teams**, including supervision of psychological work carried out by other professionals, staff support and joint clinical work with other professionals.
3. **Consultation** about the care of patients.
4. **Teaching and training** in the application of psychological principles to improving health care, e.g. application of cognitive-behavioural theory to practice, communication skills.
5. **Work at Clinical Service, Directorate or Trust** level to develop policies, procedures or interventions that enhance the quality of psychological and physical care given to patients. This includes the development of new psychological services based on recommendations of National Service frameworks and other Government directives and policies which affect the quality of psychological care which health care professionals provide, e.g. communication skills training, management of staff stress.
6. **Research and evaluation**. Clinical health psychologists are active in research and play a leading role in research and audit activities. They routinely develop innovative approaches to patient care and use psychological principles to evaluate the effectiveness of particular interventions.

Services are provided to patients of all ages, from the very young to the elderly and in a range of inpatient and outpatient settings including critical care and specialist units. Services are also provided at all stages of an illness, from inpatient work close to a crisis, e.g. following a road traffic accident or diagnosis of a life-threatening illness, to the longer term management of chronic conditions where anxiety or depression feature as part of the presentation.

In addition, clinical health psychologists contribute to the development of national guidelines and policies concerning the psychological care of people with physical health problems (e.g. SIGN guidelines in coronary heart disease, Scotland, NSFs).

Evidence of improved health outcomes following psychological interventions

Research evidence, NICE guidance, government directives, National Service Frameworks and review of local needs provide strong arguments for the benefits of providing a clinical health psychology service in many clinical areas. Some of these are listed below. A full list of references is provided on page 11.

- **Cancer** (NHS Cancer Plan, 2000; NICE Improving Supportive and Palliative Care for Adults with Cancer, 2004; Division of Clinical Psychology, 1997; Carlson & Bultz, 2004)*
- **Chronic pain management** (Clinical Standards Advisory Group, 1994; Morley *et al.*, 1999).
- **Cardiology** (NSF Coronary Heart Disease, 2000)*
- **HIV/AIDS** (Division of Clinical Psychology, 2002)
- **Diabetes** (NSF for Diabetes, 2003; Division of Clinical Psychology, 1994)
- **Renal medicine** (NSF for Renal Services, 2004, 2005)
- **Stroke** (Division of Clinical Psychology, 2002; NSF for Older People, 2001)*
- **Chronic fatigue syndrome** (MRC, Report of the CFS/ME Working Group, 2002)
- **Obstetrics and gynaecology** (Division of Clinical Psychology, 1995)
- **Respiratory medicine** (Lehrer *et al.*, 2002; British Thoracic Society, 2001; Troosters *et al.*, 2005)
- **Obesity** (NICE Guidelines, 2006)
- **Neurological conditions** (e.g. multiple schlerosis, spinal cord damage (Kennedy *et al.*, 2003).

* National Service Frameworks have been published in these areas, which recommend the provision of psychological services as part of the management of the condition.

Relationships with other health professionals providing psychological services

In physical health care services there may be a range of professional groups such as psychiatrists, other applied psychologists, therapists and counsellors with expertise which has a degree of overlap with clinical health psychology. Other health professionals may also undertake additional training in order to practice cognitive behaviour therapy or other psychological therapies. Psychological services will be provided most effectively across organisations where there are clearly defined roles and relationships between these groups of professionals and clinical health psychology services.

A recent Department of Health document recommends the development of psychological therapies steering committees to ensure an integrated approach to psychological services and a robust mechanism for addressing clinical governance issues in relation to psychological service provision (DoH, 2004).

Clinical health psychologists' training qualifies them to draw on a range of therapeutic approaches and models to enable them to work with complex cases including co-morbid physical and mental health problems and to work at different levels of service provision as described above. Therefore, an experienced clinical health psychologist can be expected to have the appropriate skills to lead psychological care in health care organisations.

Organisation of clinical health psychology services

There are a variety of organisational arrangements under which clinical health psychologists may be employed. They may be directly employed by Acute Trusts or Primary Care Trusts or may be employed under a Service Level Agreement by a larger Psychology Service in a Mental Health Trust. Some clinical health psychologists may be employed by other sectors such as social services, e.g. return to work programmes for people with chronic pain

In any of these organisational structures there should be a designated Head of Specialty for Clinical Health Psychology and, where services are directly managed within the Trust in which services are provided, a designated Trust Head of Service for Clinical Health Psychology with allocated time to fulfil this role. The Head of Service should report to a senior manager to ensure the effective representation of the profession within the organisation.

Services may be organised around specific health conditions, e.g. diabetes, cancer, specialties which address a variety of health conditions and diagnoses e.g. haematology, coronary heart disease, or specific symptoms which may be common to a wide range of health problems, e.g. chronic pain, fatigue or stress.

Clinical health psychologists may be operationally and professionally managed by a Clinical Health Psychology Head of Service with a centralised budget. Alternatively, services may be operationally managed by a non-clinical manager within their clinical service area. In this case, it is essential that arrangements are made for regular professional supervision from an appropriately experienced clinical health psychologist in order to fulfil clinical governance requirements. In small services, it may be necessary to purchase this supervision externally. In addition, it would be expected that a clinical health psychologist's annual performance review would be carried out from within the profession as would responsibility for approving Continuing Professional Development activities. Where operational management is from a non-clinical manager this may be done jointly with the clinical health psychology manager where appropriate. The two options are summarised in Table 1.

Table 1: Organisation of CHP services.

Model	**Centralised model**	**Devolved management model**
Budget	CHP Head holds budget for staff and non-staff costs, e.g. CPD, IT, test materials, books	Budget held within service areas
Management	Operational and professional management by CHP Head	Operational management by service manager. Professional management by CHP Head
Annual performance review	By CHP Head	By CHP Head alone or in conjunction with service manager

Workforce requirements

Psychological factors are relevant to the development, maintenance and recovery from all physical health care problems. Therefore, in any service review or service development proposal, the provision of psychological care should be considered routinely and systematically as part of the review.

Because of the range of levels at which psychologists are trained to address psychological care (i.e. direct work with patients, supervision, consultation and contribution to service organisation) a small input in psychology staff will have a wide impact on whole services, contributing to service ethos, staff competencies and service developments.

Psychology workforce requirements will need to take into account population size of the catchment area and local variations in the health of the population and the nature of the clinical problem under consideration. Some general principles, however, can be stated.

For a psychologist to be an integrated member of a health care team providing highly specialist input for specific conditions or health care specialties, a minimum 0.5WTE clinical health psychology post is recommended. For services where psychological distress is expected to be widespread, high and a prominent feature of patient presentation, e.g. cancer services, workforce requirements will be greater.

Some examples of recommended workforce requirements in specific clinical areas are detailed in Table 2 overleaf.

For smaller services, or those which require smaller levels of input, a generic clinical health psychology service may be provided which accepts referrals from a number of specialities or areas of health care and can provide supervision, teaching or consultancy to different areas on request.

The lead clinical psychologist for any specialist area should be at consultant grade. Additional posts in the specialty are likely to be at specialist or principal grade depending on the requirements of the post. Where additional posts include significant management, consultancy, research or service development responsibilities a greater level of experience and post-qualification training would be required and the post would be expected to be at a higher grade.

Further guidance on workforce planning is available from the British Psychological Society, www.bps.org.uk

Table 2: Examples of recommended workforce requirements.

Clinical area	General/ Clinical population	Recommended workforce	Reference
Stroke	500,000	2WTE clinical psychologists and 1 WTE assistant psychologist	British Psychological Society, 2004
Neurological illness/injury	250,000	1WTE clinical psychologist	British Psychological Society, 2004
Cancer	Specialist Cancer Centre	3WTE clinical psychologists	British Psychological Society, 1997
Renal medicine	500 patients undergoing renal replacement therapy	1WTE clinical psychologist	The Renal Society, 2004
Cystic fibrosis	50 patients	0.4WTE clinical psychologist	Cystic Fibrosis Trust, 2004

Conclusion

This document outlines the unique contribution which clinical health psychologists can make in improving health outcomes across the spectrum of health care services and clinical populations.

The multifaceted and complex nature of the work which clinical health psychologists undertake is highly valued and the benefits for patients, staff and health care systems readily acknowledged where services are established.

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The British Psychological Society was founded in 1901 and incorporated by Royal Charter in 1965. Our principle object is to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge.

The Society has more than 46,000 members and:

- has offices in England, Northern Ireland, Scotland and Wales;
- accredits undergraduate programmes at 117 university departments;
- accredits 143 postgraduate programmes at 84 university departments;
- confers Fellowships for distinguished achievements;
- confers Chartered Status on professionally qualified psychologists;
- awards grants to support research and scholarship;
- publishes 11 scientific journals, and also jointly publishes *Evidence Based Mental Health* with the British Medical Association and the Royal College of Psychiatrists;
- publishes books in partnership with Blackwells;
- publishes *The Psychologist* each month;
- supports the recruitment of psychologists through the Psychologist Appointments section of *The Psychologist*, and www.psychapp.co.uk;
- provides a free 'Research Digest' by e-mail and at www.bps-research-digest.blogspot.com, primarily aimed at school and university students;
- publishes newsletters for its constituent groups;
- maintains a website (www.bps.org.uk);
- has international links with psychological societies and associations throughout the world;
- provides a service for the news media and the public;
- has an Ethics Committee and provides service to the Professional Conduct Board;
- maintains a Register of nearly 15,000 Chartered Psychologists;
- prepares policy statements and responses to government consultations;
- holds conferences, workshops, continuing professional development and training events;
- recognises distinguished contributions to psychological science and practice through individual awards and honours.

The Society continues to work to enhance:

- recruitment – the target is 50,000 members;
- services to members – by responding to needs;
- public understanding of psychology – addressed by regular media activity and outreach events;
- influence on public policy – through the work of its Policy Support Unit, Boards and Parliamentary Officer;
- membership activities – to fully utilise the strengths and diversity of the Society membership;
- operates a Psychological Testing Centre which sets, promotes and maintains standards in testing.

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