

## **Health Psychology and Public Health in Scotland; exploring current roles and future direction**

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### **Executive summary**

#### **Who this is for:**

Public Health Directors, Psychology Managers, Health Promotion and Improving Health leads, Health and Social Care Integration Managers, NHS Education for Scotland.

#### **Background:**

- Health psychologists are Health and Care Professions Council (HCPC) registered professionals with 6 years training which includes individual to population level interventions across the NHS. Trainees are in the final 3 years of training.
- Health Psychology and Public Health are considered complementary, though few health psychologists are employed in permanent posts in Scotland.

#### **Aims:**

- To better understand the current contribution of Health Psychology to Public Health and identify key areas for future potential, for example, opportunities for team redesign with the integration of health and social care in Scotland.

#### **Methods:**

- A short survey was circulated to Health Psychologists/Trainees in Scotland through existing email lists/contacts and snowball sampling.

#### **Key findings:**

- 22 Health Psychologists or Trainees completed the questionnaire.
- A number of Health Psychologists and Trainees are involved in the NHS in Scotland and the Scottish Government in a range of work with the general population, patients and staff, involving teaching, research and evaluation, service improvement and policy.
- Employment of Health Psychologists in the NHS, and particularly in Public Health remains patchy.
- Health Psychologists have the potential to contribute to key health service objectives including HEAT targets and the Quality Strategy, along with inequalities and the integration of health and social care.
- Action by key stakeholders, such as Directors of Public Health and Psychology leads may be needed to utilise the full potential of Health Psychology expertise in population health and health improvement work.

#### **What action should be taken:**

- Health Psychologists and wider stakeholders develop networks between Psychology and Public Health.
- Leads within Psychology and Public Health create joint posts between Psychology and Public Health.
- Leads within Public Health, Health Promotion and Improving Health services consider creating posts (both junior and senior Psychology levels) within and across health boards.

## Background:

Health Psychologists are HCPC registered and have a minimum of 3 years Psychology undergraduate training and 3 years doctoral-level post-graduate training, specialising in Health. Trainees are in the post-graduate stage of training. Expertise spans individual to population level interventions from primary prevention to self-management of, and emotional adjustment to, conditions and treatments, along with staff and system-level interventions. Health Psychology and Public Health have long been considered to be complementary disciplines with significant overlaps in focus and competencies. A proportion of Health Psychologists in UK are based in Public Health departments and some have undertaken training to be Public Health Consultants. Others are based in departments such as Psychology or Health Promotion. In Scotland, the development of the training of Health Psychologists through NHS Education for Scotland (NES) has supported Health Psychologists to work on public health initiatives (among other areas) during their training (Gilinsky *et al.*, 2010; Swanson, 2012). It is known that behavioural/psychological interventions that are evidence-based are cost-effective (Knapp *et al.*, 2011; Herman *et al.*, 2012), suggesting the addition of Health Psychology may enhance existing services. However, there remain few permanent jobs in Scotland for Health Psychologists based in Public Health departments. Through this survey, we therefore, we hoped to gain a better understanding of the breadth of work Health Psychologists do in Public Health, regardless of where they are based. The upcoming integration of health and social care offers a new dimension to the composition of teams to which Health Psychology may have a valuable contribution to make.

## Aims:

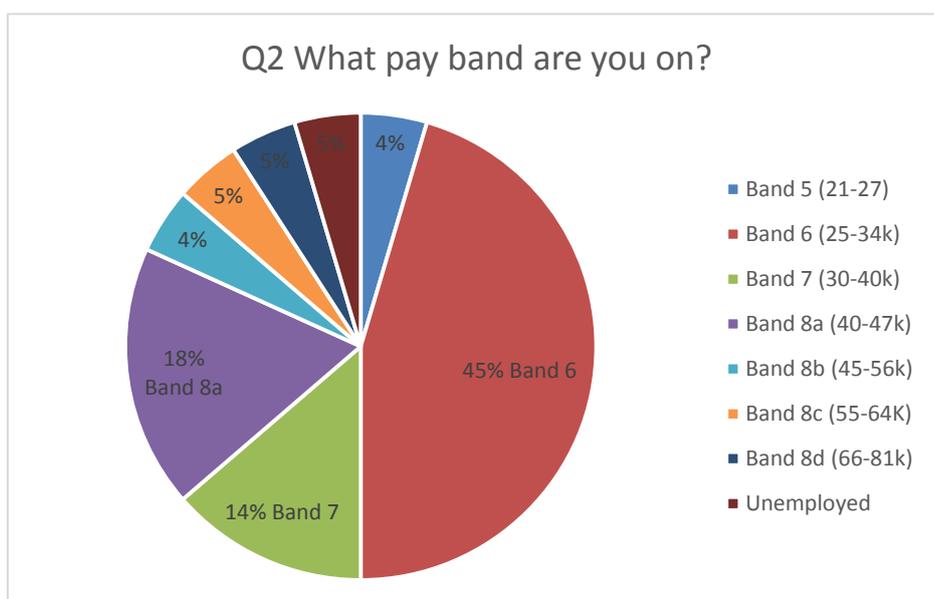
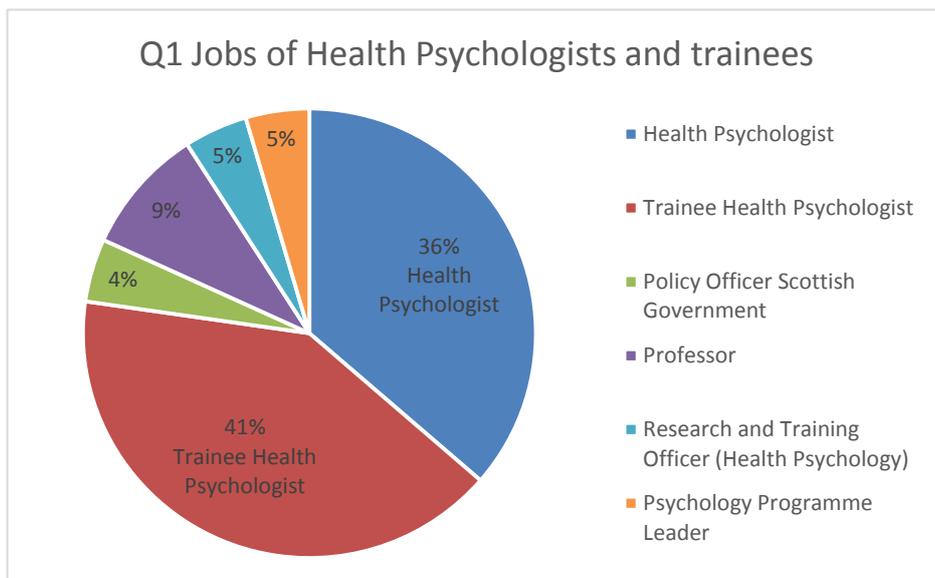
- To understand what positions Health Psychologists/Trainees are undertaking in Public Health areas in Scotland, including roles and grade.
- To understand the type and range of work Health Psychologists/Trainees are engaged with in the area of Public Health.
- To gather the views of Health Psychologists/Trainees on the areas of Public Health that the discipline has the greatest strengths.
- To investigate what additional areas Health Psychologists/Trainees may be able to contribute to the Public Health agenda.
- To understand the barriers to Health Psychologists/Trainees working in Public Health
- To make recommendations for the field of Health Psychology in Scotland around its work in addressing Public Health challenges.
- To inform Public Health Directors, Psychology Managers, Health Promotion and Improving Health leads and NHS Education for Scotland of the potential contribution Health Psychology could make to Public Health.

## Methods:

A short questionnaire aiming to explore the above aims was developed using Survey Monkey. The questions are detailed within the results section. Health Psychologists and Trainee Health Psychologists were invited to take part through Health Psychology mailing lists in Scotland and through snowball sampling. The definition of Public Health used to contextualise the questionnaire was: "Public Health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals" (Wanless, 2004). Case studies were also gathered from a number of Health Psychologists working in Public Health in Scotland.

## Results:

22 people participated. The questions asked and a summary of responses are given below. Unless otherwise indicated, all participants answered the questions.



Q3 Please specify the percentage of your working week that's spent on:	Percentage range
1-1 patient work	0-60%
Group patient work	0-30%
Teaching/training	0-60%
Service development/management	0-60%
Research/evaluation	0-100%
Contributing to policy	0-60%
Advising other staff	0-80%
Providing supervision	0-20%
Receiving supervision	0-20%

**Q 4 Please give a few sentences describing the type of patient work (1-1 and group) you do (N=11)**

- Modes of delivery: one-to-one and group work.
- Recipients of interventions: work across the lifespan, from children and families to adults and older adults.
- Target areas: oncology, blood borne virus, COPD, diabetes, chronic pain, looked after young people (prevention), postnatal women, people addicted to substances, obese and bariatric surgery populations, pain management, men who have sex with men, Keep Well populations, people living in areas of high deprivation, and the general population.
- Type of interventions: interventions using a range of Behaviour Change Techniques, Stress & Anxiety Management, Motivational Interviewing, Cognitive Behaviour Therapy, Mindfulness, Meditation and Acceptance and Commitment Therapy.
- Aims of Interventions: improved physical health, improved mental health (anxiety, depression, stress) and wellbeing, better self-management of long term conditions, adjustment to diagnoses/conditions/treatment, improved management of pain/reduced pain, improved preparation for treatments and medications, adherence to medication, better lifestyle behaviours (smoking, activity, healthy eating, sexual health, drug and alcohol use), management of substance use/abuse, maintenance of changes.

**Q 5 Please give a few sentences describing the type of teaching/training you do (N=16)**

- Training delivered to: qualified Psychology staff; range of other NHS staff including staff in Addictions and Blood Borne Virus, Nurses, Physiotherapists; Social Workers; Health and Clinical Psychology Trainees/MSc students; Dietetic students; Nursing students.
- Content of the training included: psychological interventions for physical and mental health problems; motivational interviewing; behaviour change; primary and secondary prevention of health problems; theories of: behaviour, behaviour change, illness perceptions, stress and coping, mental health; preventing spread of infections; cardiac rehab; pain management; screening for mental health problems; reducing stigma in illness; psychological principles in engagement; communication skills training; message framing; ethical issues.

**Q 6 Please give a few sentences describing the type of research/evaluation work you do (N=16)**

- Range of research, evaluation and audit, using qualitative and quantitative methods in a range of health and other settings within the following areas. Examples include:
  - Exploring factors affecting behaviours e.g. breastfeeding, staff communication, organ donation.
  - Exploring the factors affecting staff stress and behaviours.
  - Exploring the shared decision making process and it's effect on adherence.
  - Interventions to enhance self-management of long term conditions.
  - Interventions to improve the quality of care for patients.
  - Interventions to change health related behaviours in a range of populations.
  - Evaluating the effectiveness of services and training programs e.g. a driving intervention, weight management, pain management.
  - Development of new tools to support prevention in heart disease and e-health interventions.
  - Needs assessments to inform training and service developments in the NHS.

**Q 7 Please give a few sentences describing the type of service development/management you do (N=15)**

- Development of services e.g. lifestyle management, relapse prevention.
- Supervising and managing a range of Psychology and non-Psychology staff in services.
- Development of evidence-based messages for populations e.g. screening programs.
- Consultancy/advice on enhancing services to be more psychologically informed/evidence based e.g. development of alcohol and drug partnership services, working with MCN managers and service leads,

advising on cascading of skills and development of Health Psychology clinical services, advising on content of training and interventions.

- Integrating behavioural health as part of routine care/services.
- Contributing to local strategies and care pathways e.g. tobacco, pain management, mental health, self-management.
- Contribute to consultations on guidance and to Government policy.

**Q 8 Where do you feel the skills of Health Psychologists are best applied? (N=19; multiple responses possible)**

- Working with patients, 1-1 and group work, primary and secondary care, around a range of areas including prevention, long term conditions and other illness areas (N=14)
- Evaluation and research, including needs assessments (N=10)
- Working with staff, including teaching/training and consultancy, including using the broad training in psychological principles to advise other staff (N=8)
- Population and community based interventions e.g. screening uptake (N=7)
- Service development and intervention design/development (N=4)
- Developing policy (N=3)
- Working in joint social and health environments (N=2)
- Organisational change (N=1)
- Development of Health Psychology departments that have joint partnerships with areas such as Public Health, Health Improvement and Clinical Psychology (N=1)

**Q 9 Where do you feel there are current opportunities in the Public Health system to apply Health Psychology either by remit area or topic group etc? (N=16)**

- Many Public Health/health promotion interventions are not grounded in evidence. If there was a Health Psychologist in teams/departments to advice, then the effectiveness of Public Health Interventions could be greatly improved.
- Advising on how to best utilize health promotion materials.
- Evaluating services- some projects/services are insufficiently evaluated in terms of impact/outcomes/explanation of outcomes. Health Psychologist could significantly impact here.
- More senior and consultant Health Psychologists are needed to bring greater expertise and support more junior staff.
- National programmes could benefit from the evidence-based expertise of a Health Psychologist.
- Teaching and training of a range of staff, e.g. in Health Psychology models/evidence, motivational interviewing, mindfulness.
- Strategic planning and workforce management.
- Topic areas where people felt Health Psychologists are underutilised around patient work are: perinatally, weight management/obesity, chronic disease, health behaviours, within primary care e.g. Behavioural Health Consultant role.
- Health Psychologists could contribute at all levels of stepped care models, in particular in relation to intervention development, delivery and evaluation, along with teaching and consultancy.

**Case Studies:**

Below are 3 case studies presented of Health Psychologists in Scotland who undertake work in broad areas of Public Health. This is to give a more in-depth picture of what a Health Psychologist may be able to provide.

<p><b>Wendy Simpson</b>  <b>Health Psychologist</b>  <b>NHS Fife</b>  <b>Based in: Playfield Institute, Child and Adolescent Mental Health Service (CAMHS)</b>  <b>Funding comes through: Public Health &amp; CAMHS</b></p>
<p><b>Previous research / employment:</b></p> <ul style="list-style-type: none"> <li>• PhD in Health Psychology (Psychological factors predicting health behaviour – the response to screening for risk factors for cardiovascular disease)</li> <li>• Research Fellow (RCT of different methods of offering HIV testing in Pregnancy)</li> <li>• Researcher (Centre for Health &amp; Social Research, NHS Fife) (main work areas: assessment of health needs and evaluation of services for topics such as Autism and HIV)</li> <li>• Public Health Scientist (main work area - Child Public Mental Health, including, for example: developing and evaluating models of service provision in Autism; investigating coping strategies and emotional support needs of parents, etc.)</li> <li>• Honorary Lecturer, School of Medicine, University of St Andrews (Communication skills Tutorials; Supervisor for 3<sup>rd</sup> Year Health Psychology projects)</li> </ul>
<p><b>Current work:</b></p> <p><b>Ongoing work</b></p> <ul style="list-style-type: none"> <li>• Acting Manager of Playfield Institute – Centre for empowering the mental health and wellbeing of people in Fife</li> <li>• Vice Chair of Fife Mental Health Improvement Group</li> <li>• Sit on Fife Mental Health Strategy Implementation Group</li> <li>• Developing and delivering training courses for frontline staff on helping children to flourish</li> <li>• Developing and delivering training courses for frontline staff on mindfulness and compassion</li> <li>• Senior Researcher for Scottish Team on EU project developing, piloting and evaluating a new training course for people working with families where the parent is mentally ill</li> <li>• 7 Habits of Highly Effective People Training for staff and parents</li> </ul> <p><b>Recently completed work</b></p> <ul style="list-style-type: none"> <li>• Coordinated and Evaluated ‘Positively Creative’ project using drama and writing to investigate concepts of mental wellbeing in young people</li> <li>• Led development of HandsOnScotland website resource for front line workers to improve communication skills and self-efficacy of frontline workers working to improve mental health and wellbeing of children and young people</li> <li>• Compiled consultation results and wrote recent Mental Health Strategy for Fife (2013-2020)</li> <li>• Compiled and wrote recent Fife Mental Health Improvement Action Plan (2013 – 2016)</li> </ul>
<p><b>Eleanor Bull</b>  <b>Health Psychologist</b>  <b>NHS Grampian</b>  <b>Based in: Public Health</b>  <b>Funding comes through: Public Health</b>  <b>Supervision for patient work from: Health Psychologist based in Psychology</b></p>
<p><b>Previous employment:</b></p> <ul style="list-style-type: none"> <li>• Research assistant, International Centre for Migration and Health (interventions for migrants)</li> <li>• Honorary research associate, University of Bristol (interventions for young people)</li> <li>• Trainee Health Psychologist</li> </ul>
<p><b>Current work:</b></p> <p><b>Ongoing work</b></p> <ul style="list-style-type: none"> <li>• Developing, delivering and evaluating a Psychology service for men who have sex with men and men and women with HIV</li> </ul>

- Developing, delivering and evaluating training in health behaviour change for health and social care professionals
- Advising on the structure and content (in line with evidence and theory around behaviour and behaviour change) of current local health improvement programmes such as alcohol brief interventions training, smoking advice service, confidence to cook and caring for smiles
- Evaluating local and regional population based health improvement campaigns

**Completed work**

- Developed a healthy eating and physical activity intervention for overweight adolescents
- Conducted systematic review and meta-analysis evaluating the effectiveness of RCT interventions for low-income groups in changing health behaviours
- Implemented and evaluated a health coaching service for people following their Keep Well health check
- Developed and validated a health behaviour change competency self-assessment questionnaire for practitioners
- Sat on the national Keep Well programme communication review steering group
- Conducted research into paid care workers' attitudes towards encouraging people with learning disabilities to eat healthily

**Hannah Dale  
Health Psychologist  
NHS Fife**

**Based in: Department of Psychology  
Funding comes through: Public Health**

**Supervision for patient work from: Health Psychologist based in Public Health**

**Previous employment:**

- Health Trainer (main work areas: healthy eating, activity, alcohol)
- Peer Educator (Sexual Health)
- Stop Smoking Specialist
- Trainee Health Psychologist

**Current work:**

**Ongoing work**

- Developing, delivering and evaluating a behaviour change service for looked after young people (LAYP) around sexual health and relationships, alcohol and drugs, smoking, healthy eating and activity. Consultancy and training is also offered to workers/carers for LAYP
- Developing evidence-based messages for detecting cancer early which are put onto touchscreen technology in community and hospital venues
- Sit on the Blood Borne Virus Prevention Network

**Completed work**

- Sat on the steering group for alcohol brief interventions for young people
- Evaluated a driving intervention (Safe Drive Stay Alive)
- Developed implementation intention plans for contraception, based on RCT evidence
- Led on systematic reviews around smoking interventions for young people, technology interventions for sexual health and substance use in young people, and the impact of healthy lifestyle interventions on mental health and wellbeing
- Evaluated the national Sexual Health And Relationships Education (SHARE) programme for behaviour change techniques
- Delivered motivational interviewing training to staff in Psychology and Sexual Health

## Discussion:

Health Psychologists/Trainees who took part in the survey are employed in a range of roles, predominantly as Health Psychologists or Trainee Health Psychologists. The large proportion of Trainees – and prominence of people working on band 6 (trainee) salaries – is reflective of the NES-funded training, which currently supports around 10 Trainees, most of whom undertake some or all of their work in Public Health areas. Health Psychologists undertaking work in Public Health appear to be paid across the standard pay scales for Psychology (band 7 – 8d), though this questionnaire didn't explore the matching of banding to career stage and job role, therefore it's unknown whether there is parity with guidance around Psychology bandings.

The range and type of work and percentage of time spent on each type of activity (patient work, evaluation, teaching and training, consultancy etc) varies immensely. This shows the diversity of competence and job roles in Health Psychology. It also identifies areas where Health Psychologists and Trainees felt Health Psychology is best applied. The range of interventions Health Psychologists and Trainees were involved with is also very broad, and includes population-based, preventative interventions (e.g. infant feeding, detecting cancer early, uptake to screening), and within illness areas; predominantly with people with physical health conditions (e.g. cancer, diabetes, COPD). The psychological interventions used with patients also shows the diversity of Health Psychology and includes Behaviour Change Techniques, Motivational Interviewing, Cognitive Behaviour Therapy, Stress Management, Mindfulness and Acceptance and Commitment Therapy. These also featured in the types of teaching, training and consultancy undertaken by Health Psychologists, which was delivered to a range of staff groups. Evaluation and research spanned most of these areas, often exploring the effectiveness of interventions or understanding the factors affecting populations in order to inform interventions. Significant involvement in service developments was also apparent, including development of services, input of evidence-based messages for populations and contributing to local strategies and government policy and within social care environments not just within health care.

Despite Health Psychologists working in a broad range of areas, most stated that the skills of Health Psychologists are underutilised, across patient areas, teaching and training, consultancy and advice giving, and especially bringing practice grounded in theory and evidence, as well as the development of workforce and population-based interventions. Since few people reported being involved in population-based interventions, this may be one area in particular that could benefit from further Health Psychology expertise. There was evidence that Health Psychology is underutilised around working with patients, which is a key area for potential development.

Health Psychologists could contribute to the following HEAT targets:

- Child healthy weight
- Suicide reduction
- Detecting cancer early
- Smoking cessation
- Psychological Therapies and CAMHS waiting times
- A&E attendances
- C.Difficile and MRSA/MSSA, delayed discharge and carbon emissions through staff/system interventions

Health Psychologists could contribute across the Quality Strategy including:

- Staff and system interventions to assist all to make choices that will keep patients safe
- Staff and system interventions to ensure that everyone is working in patient-centred ways and has the skills (communication skills, collaborative approaches) to do this
- Patient and staff interventions, training and consultancy ensure the most effective interventions are delivered to patients at the right time

## Conclusions and recommendations:

Overall, there is a lot of potential for Health Psychologists to address the challenges the health service faces, both directly in Public Health, primary care and prevention but also in secondary and tertiary care. More specifically, this includes across health and social care environments, therefore with the integration of these services, there is added potential for Health psychologist to influence the behaviours and change of staff and patients throughout the system. Health Psychologists also work in the area of health inequalities, including Keep Well, looked after young people and alcohol and drugs services demonstrating the added value of such expertise.

Health Psychologists may directly contribute to Public Health challenges, ranging from work that might be undertaken in Public Health departments (e.g. population level behaviour change) and work that is not typically part of their core work (e.g. secondary and tertiary prevention, long term condition management, emotional adjustment to illnesses). Health Psychologists skills were substantially underutilised in relation to direct interventions with patients. Given that Public Health departments do not always employ people in patient-facing roles, this may present an opportunity for joint posts between Psychology and Public Health departments. The case studies give support to this since they show the strength of work that can be undertaken where strong links between Psychology Departments and Public Health exist. There is value in joint appointments, enabling Health Psychologists to contribute to a range of areas and different departments utilising the skills of Health Psychologists for consultancy, supervision and meeting targets, among other things.

In an age where gaining funds is problematic, there are multiple challenges to realising the full potential of Health Psychology in the context of Public Health in Scotland, particularly since many typical jobs in Public Health are not aligned to Psychology bandings. There is a need to engage with leaders within Public Health to explore their views and any barriers to employing Health Psychologists and ways of addressing these challenges.

This report is particularly timely since there is currently increasing interest nationally in the UK for increasing collaboration and joint working between Health Psychology and Public Health. A national 'Applied Psychology in Public Health' network is currently being set up across the UK, and in Scotland, the National Public Health Workforce Group aims to provide strategic leadership for the Public Health workforce, and may be a key group to engage with to promote future collaborative links and joint working. We hope that this will be useful in informing a range of groups what Health Psychology could add to the Public Health agenda and start conversations about posts that could be beneficial to existing teams or departments. This may include joint posts between Public Health and Psychology or Health Promotion/Improvement, within Health and Social Care Integration or posts across several Public Health boards.

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