

What can Trainee Health Psychologists' competencies contribute to the NHS?

Niall C. Anderson

Abstract

From a former Trainee's perspective, the NHS Education for Scotland Stage 2 Training programme provides one route for budding Health Psychologists to develop personally and professionally through experiential, high-quality, NHS-based training. However, from the NHS's perspective it is important to also consider how Trainees may contribute to key areas of health improvement. The article outlines ways in which a Trainee Health Psychologist may contribute to the NHS, using examples from my own training in relation to the five Stage 2 competencies (*Figure 1*).

Figure 1: BPS Qualification in Health Psychology Stage 2 Competencies



Generic Professional Skills

Development as an autonomous, skilled and knowledgeable professional is critical for becoming a qualified Health Psychologist. However, this also benefits the NHS as Trainees need to develop an understanding of overall organisational systems, and identify potential opportunities for input. For example, in my experience this involved providing knowledge of behavioural principles to Public Health Departmental meetings where psychology input was not traditionally present, and communicating NHS projects and outcomes to other professionals and the public.

Psychological Interventions

When a layperson is asked what they think psychologists do, it is common to receive a response relating to one-to-one therapy. Also, when telling people about doing this form of work, it is common to be asked if that means they are a clinical psychologist. Therefore, it is important to be clear about Health Psychologists' role. Psychological interventions form a significant part of Trainees' role due to Health Psychology fundamentally focusing on the links between physical and mental health (Ogden, 2012). As Trainee Health Psychologists are required to develop knowledge and experience of different behaviour change models at individual and population levels, they are well placed to work in services for people with co-morbid physical and mental health issues. For example, I was fortunate to have the opportunity to co-develop and facilitate a combined physical activity and Health Psychology intervention for people with Type 2 Diabetes, which positively impacted patients' quality of life. As a consequence, I was subsequently employed as a Practitioner Health Psychologist conducting one-to-one interventions with Cardiac, Respiratory and Diabetic patients.

Research

Throughout the different stages of Health Psychology qualifications using rigorous quantitative and qualitative methodologies is essential. Stage 1 programmes within universities result in strong research skills being developed, leading many graduates to conduct training/PhDs in academic settings. Within the NHS, research (in an academic sense) is unlikely to be prioritized over immediate patient or service outcomes, so it is very helpful for services when informal and formal research activities are part of Trainees' role. During my Traineeship I conducted both a systematic review of psychological interventions for long-term conditions (Anderson & Ozakinci, 2018), and a mixed-methods exploratory research project of staff beliefs' towards supported self-management healthcare (Anderson & Ozakinci, In press). While these were important for developing my research and publication skills, they also had important practical implications for the health board, due to providing robust, evidence-based findings to help advise priorities and decision-making by key stakeholders. Importantly, I was also asked to provide informal, ad hoc research input and advice to colleagues on a range of other projects outwith my primary remit.

Consultancy

Consultancy is the temporary process of providing expertise to a client in order to achieve a satisfactory, collaborative set outcome (Earll & Bath, 2004). Trainee Health Psychologists positions are short-term, lasting approximately two years. However, NHS programmes and services typically extend well beyond this timescale. Offering consultancy is therefore a useful component of the Trainee Health Psychologist role, with knowledge and skills aligning well to carrying out consultancy due to the broad understanding of behaviour required across healthcare settings and domains. In

health organisations with limited Health Psychology staffing, receiving approaches and requests from staff to provide input on projects (such as developing a multi-service intervention) may be common. For example, I was approached to provide consultancy for a physical activity and Health Psychology programme for people with Type 2 Diabetes. This involved: (1) negotiating requirements, conducting a literature review, and assessing feasibility; (2) developing relationships with team members and using Health Psychology skills to conduct the programme; and (3) critically analyzing and communicating outcomes to the client and the public.

Teaching & Training

Health Psychology programmes provide a strong foundation to conduct training with other healthcare professionals in order to enhance their skills, knowledge, and confidence in psychological principles. While significant links between physical and mental health difficulties are well established (Naylor *et al.*, 2012), within the NHS training, time and funding historically place greater emphasis on treating physical health difficulties. As a consequence, Trainees are well-placed to tailor training on psychological principles to a wide range of staff in order to enhance psychological understanding and practice beyond their involvement. In my experience, this ranged from a single discrete session providing an 'Introduction to Patient-Centred Care' for Pharmacists, to a multi-session 'Introduction to Psychological Principles' series for Mental Health Rehabilitation teams.

Summary

Trainee Health Psychologist positions within the NHS provide a challenging but rewarding opportunity for personal and professional development on behalf of the Trainee. However, the breadth of competencies required and developed through the programme also provide specialist knowledge and skills which may be of significant benefit to the NHS.

Acknowledgements

Special thanks to Dr. Vivien Swanson and my former supervisors and colleagues within NHS Education for Scotland and NHS Borders.

Author

Niall C. Anderson (CPsychol), Senior Research Associate in Health Psychology, University College London; niall.anderson@ucl.ac.uk

References

Anderson, N., & Ozakinci, G. (2018). Effectiveness of psychological interventions to improve quality of life in people with long-term conditions: rapid systematic review of randomised controlled trials. *BMC psychology*, *6*(1), 11.

Anderson, N., & Ozakinci, G. (In press). "It all needs to be a full jigsaw, not just bits": Exploration of healthcare professionals' beliefs towards supported self-management for long-term conditions. *BMC psychology*.

Earll, L., & Bath, J. (2004). Chapter 12 Consultancy: What is it, how do you do it, and does it make any difference?. In Michie, S., & Abraham, C. (Eds.). *Health Psychology in Practice*. (1st ed, pp. 233-250). Oxford: Blackwell UK.

Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossey, M., & Galea, A. (2012). *Long-term conditions and mental health: The cost of co-morbidities*. Retrieved from <http://eprints.lse.ac.uk/41873/>

Ogden, J. (2012). *Health Psychology* (5th ed.). Berkshire, UK: McGraw Hill.