Applying Psychology in Health Settings

Vivien Swanson
Reader, Department of Psychology, University of Stirling

Paul Graham Morris
Lecturer in Health Psychology, Clinical and Health Psychology, University of Edinburgh
Session Overview

What is Health Psychology?

Training Routes via Clinical and Health Psychology professional training programmes

Areas where health psychologists may be employed

Examples of the areas of work in applied health psychology

Q&A
What is Health Psychology?

• The application of psychological theories and approaches to health care

• Multidisciplinary in approach and application

• Related to health promotion, behavioural health, public health, medical sociology etc.
Introductory Texts

Ogden’s text is now on 5th edition—older versions are fine as intro
Responsibility for Health

Biomedical Model
• Illness caused by factors outside individual’s control
• Treatment is responsibility of medical professionals
• Emphasis on treating illness

Health Psychology
• Individuals often have influence over risk of illness and recovery from illness
• Maintenance of health & treatment of illness
Roles for Psychology

Biomedical Model
• Inclined to view psychological factors as a consequence of illness, e.g. anxiety and depression

Health Psychology
• Greater recognition that psychological factors also involved in cause and maintenance of illness
• Thus roles in prevention and treatment
• Interactions between psychological and physiological factors
Provision of services

Directly

• individual patients / small groups

Indirectly

• consultancy with other health care professionals
• training in psychological approaches / skills
• Interventions applied by others. Supporting self-management where appropriate.
• research to assess needs & evaluate interventions
• develop interventions aimed to prevent illness
Transferable / Unifying Themes

- Multidisciplinary Team Working *
- Prevention / Health Promotion
- Chronic Disease Management
- Use of Health Models *
- Health beliefs (incl misconceptions)

- Adherence *
- Communication *
- Loss *
- Avoidance / Denial *
- Coping *
- Consultancy *
- Somatisation *
- Behaviour change *

* Relevant to Clinical Psychology even in absence of physical health difficulties
Clinical Psychology Training Routes

- Mostly doctorate training programmes
- Mixture of teaching, placements and research
- Usually 3 years full time
- Usually need GBC, 2.1 or above, right to work in UK and relevant experience – though requirements vary between courses
- Employed as an NHS trainee psychologist
- Leads to Chartered Psychologist status as Clinical Psychologist and ability to register with HCPC
- Can specialise in areas of health psychology
My Experience – Health Psychologist

BSc Degree

Worked as care assistant in learning disabilities (1+ year) and residential home for elderly (6+ months)

Health Psychology MSc

Associate Lecturer
Open University

PhD Neuropsychological Outcome following Brain Injury

1 year Postdoc research in Brain Injury outcome / gained chartership

Lectureship in Health Psychology on DClinPsychol Programme

Research Director
Work in NHS Settings

• Currently most psychologists working in NHS are clinical psychologists, but there is significant potential to expand the number of health psychologists. Areas include:

  • Chronic Pain
  • Cardiac
  • Diabetes
  • Cancer
  • HIV / AIDS
  • Chronic Fatigue
  • Obesity
  • Preparation for surgery

  • Assessment for surgery
  • Dermatology
  • Cystic Fibrosis
  • Rehabilitation medicine
  • Liver Disease
  • Medically Unexplained Symptoms
Other work contexts for Health Psychologists

- Academic Clinical and Health Psychology Units
- Other University Health Programmes (e.g. training for Nursing, Medicine, etc.)
- Government Health Departments
- Public Health / Policy making
- Health Promotion
Best and worst parts of the work

- Intellectually stimulating
- Emotionally rewarding
- Connecting with people
- Doing something good
- Discovering new things
- Research
- Teaching and Training
- Getting psychology in there

- Demanding, time-consuming
- Climbing a mountain
- Scratching the surface
- Issues rarely black and white
- Funding issues
- Lengthy training
- Political uncertainties
- Administration
Taste of Health Psychology

- The next 10 slides are selected from teaching and research presentations.
- Although out of context, they will hopefully give an idea of what NHS related health psychology can involve.
Some Health Behaviours

- Smoking
- Self-management
- Alcohol & other drugs
- Self-examination
- Monitoring Health
- Attendance
- Exercise
- Diet
- Safe sex
- Taking medication
- Socialising
Theory of Planned Behaviour

- Beliefs about & Evaluations of Outcomes
- Beliefs about Attitudes of others
  - Motivation to comply with others
- Internal control
- External control

Attitude to Behaviour

Behavioural Intention

Subjective norm

Perceived Behavioural Control

Behaviour
Theory of Planned Behaviour

Beliefs

- What Effect will this have? Will it work?
- What do others think?
- Can I do this? Am I capable?

Behavioural Intention

Behaviour
Non-adherence in Diabetes Care

(Derived from data in Harris & Lustman, 1998)

- Exercise
- Diet
- Accurate Blood Glucose Measurement
- Insulin administration
- Foot Care

Non-adherence (%)
Concerns about Health

Public Health

Maladaptive

Adaptive

Maladaptive

Primary / Secondary Care

Paul Graham Morris
Health Anxiety Model
(Adapted from Warwick & Salkovskis, 1990)

Trigger
(Information, event, image)

Perceived as Threat

Misinterpretation of bodily symptoms as signs of severe illness

Preoccupation with bodily symptoms

Increased focus on body

Physiological arousal (increasing ‘symptoms’)

Checking behaviour & reassurance seeking (safety seeking)

Anxiety

Paul Graham Morris
Health Beliefs / Misinterpretations

‘Hospital tests are always needed’

‘My father suffered a heart attack in his 40s so I will as well’

‘Changes to bodily symptoms are always a sign of illness’

‘Medics must think something is wrong as they’ve sent me for more tests’

Paul Graham Morris
Alternative Hypotheses

Agree facts & place them alongside one of the following theories:

**Facts** E.g. I have felt fatigued regularly for over 2 years; My doctor has assessed me and says it is related to stress; Hospital tests have indicated no signs of disease; My friend Anne also reports feeling regularly fatigued; There are times when I don’t feel fatigued; My wife thinks I’m anxious about my health

---

**Theory A**
I have a serious undiagnosed illness

---

**Theory B**
I’m anxious about my health & preoccupied about illness
Somatisation

Numerous Medical Referrals
No organic basis found
Increasing Maladaptive beliefs
Exasperated GP

Consult GP

Attributed to Organic Illness

Attributed to Stress, Anxiety, Depression etc

Initial Somatic Symptoms

Referral to Psychologist

Paul Graham Morris
Breaking the Cycle with CBT

Dysfunctional Health Beliefs
Apathy, Disengagement;
Non-adherence; poor diet & self-care

Depression
Poor Physical Health

Reduced self-image; Reduced confidence
Negative automatic thoughts
DEVELOPING HEALTH PSYCHOLOGY PRACTICE IN SCOTLAND: THE ‘NES’ PROGRAMME

Dr Vivien Swanson,
Reader, Health Psychologist, University of Stirling
Programme Director (Health Psychology) NHS Education Scotland
Training in health psychology

**Essential requirements:** BPS accredited BSc/BA in Psychology
First class or 2:1 Honours degree in Psychology or related subject.

**STAGE 1:** BPS accredited MSc in Health Psychology (3 courses in Scotland)
- Knowledge/Theoretical Dimension
- Research (Part 1)

**STAGE 2:** Professional Practice (Portfolio of Competence + Viva Voce)

**PRACTICE DIMENSION:**
1. Generic Professional Competence
2. Behaviour Change Interventions
3. Research (Part 2)
4. Consultancy
5. Teaching & Training

**Awarded:** Qualification in Health Psychology (Stage 2)
BPS registered: C. Psychol
HCPC registered: Health Psychologist
Health Psychology

MSc, Postgraduate Certificate, Postgraduate Diploma
National strategic objectives we support

Wealthier and Fairer / Smarter / Healthier

Our Strategic Themes

1. Education to create an excellent workforce
   - Full economic potential
     - Education for careers in healthcare at all levels
     - Theme Link
   - Strong, fair and inclusive
     - Equality and diversity in education
     - Theme Link
   - High quality public services
     - Practice education and support for new patient pathways
     - Theme Link
   - Better educated
     - Flexible role development for workforce modernisation
     - Theme Link

2. Improving quality
   - Longer, healthier lives
     - Education to improve safety and experience of services
     - Theme Link
   - Giving children the best start
     - Maternity services education and “Getting it right for every child”
     - Theme Link
   - Tackling inequalities
     - Education for staff who work with people at risk
     - Theme Link
   - Improving life chances
     - Developing staff who work with children and young people
     - Theme Link

3. Reshaping the NHS workforce

4. Responding to new patient pathways

5. Developing innovative educational infrastructure

6. Delivering our aims through a connected organisation

Vision:
Quality Education for a Healthier Scotland

Mission:
to provide educational solutions that support excellence in healthcare for the people of Scotland
NES Stage 2 programme

To develop effective, sustainable, fully funded Stage 2 practitioner posts for trainee health psychologists in the NHS in Scotland

To ‘add value’ to the health improvement agenda in Scotland
NHS Boards involved in the programme
NHS Education for Scotland Programme

- BPS Stage 2 ‘Independent route’,
  - 5 competencies – 2 broad areas of work
  - RESEARCH,
  - INTERVENTIONS, (Group, 1:1)
  - TEACHING AND TRAINING, (Including health professionals)
  - PROFESSIONAL COMPETENCE,
  - CONSULTANCY

- Locality NHS Health Board based
- 2 year FT programme

- 33 trainees 2007 – 2016 (c 4 per annum)
Trainee Health Psychologist (Stage 2) – 3 posts

Location:
NHS Highland; the State Hospital; NHS Tayside

Grade: Agenda for Change Band 6 (entry at point 21, currently £26,565)

NHS Education for Scotland (NES) in partnership with Health Boards in Scotland is funding 3 Trainee Health Psychologists to explore the contribution health psychology can make in supporting NHSScotland to meet its health improvement targets.

These are two-year fixed term posts designed to allow the Trainee Health Psychologists successful completion of the British Psychological Society’s Stage 2 Training while employed by the NHS to undertake a programme of approved work.

Applicants should hold a Stage 1 qualification in Health Psychology (MSc). A good honours Degree in Psychology (2:1 or equivalent) is required as is BPS Graduate Basis for Chartership (GBC).

Candidates will demonstrate knowledge of Health Psychology theory and a clear understanding of its application to the Health Improvement Agenda and Scottish Government Health targets. Knowledge of the Scottish NHS context will be advantageous.

Excellent written and oral communication skills are essential, with a strong emphasis on establishing a rapport and working relationships across a range of contacts. You will be expected to work independently at times, plan and organise work autonomously, balancing the needs of Stage 2 Training with a day to day workload. Excellent organisational, timekeeping and IT skills are therefore expected.

Interviews take place on Wednesday 28th September 2016 with Trainees starting in post from 9th January 2017.

Full details, application packs and online application details are available at:

http://www.nes.scot.nhs.uk/psychology/recruitment/

Any general enquiries should be sent to psychology@nes.scot.nhs.uk

CLOSING DATE: 12th August 2016 (12 noon)
Key features : NES Funding

Trainee Salary Costs :
• Agenda for Change Band 6 (£27K approx, Equivalent to years 2 and 3 of Clinical Psychology Training)

Travel Expenses:
• Supervision (Trainee and Supervisor)
• + 4 peer support meetings per annum

BPS Costs :
• All BPS fees (including registration, supervision, assessment) paid in full

Research Supervision costs: to Universities
Key features: NES Support structure

• Health psychology trainees have BPS/DHP Approved Stage 2 Supervisor, (Course Tutor), a Research Supervisor, and NHS based supervision from their line manager or Head of Psychology services as appropriate.

• Regular face to face meetings with Course Tutor, and joint supervision meetings

• NES Centralised curriculum support for 5 areas of competence
  • (sessions on teaching and training, assessment/formulation, professional skills, systematic reviews, research writing etc.)

• Peer support crucial for trainees - 4 informal meetings a year
  Regular group networking meetings (quarterly - bi-annually)
  Shared digital space on NHS Knowledge Network
• **Health Improvement/Inequalities/Prevention**
  - Community pharmacy public health service: attitudes to behaviour change

• **Long Term Conditions/Physical Health**
  - Developing an intervention to prevent re-infection of Hepatitis C after treatment

• **Drugs and Alcohol**
  - Alcohol brief interventions in hard-to-reach groups

• **Healthy Eating/Activity/Weight Management**
  - Development of a group pilot weight management intervention for people prior to bariatric surgery

• **Antenatal and Postnatal**
  - Understanding breastfeeding maintenance in new mothers

• **Frailty and dementia**
  - Communication skills training to health and social care staff working with older people
**benefits**

- Internationally unique, showcase programme
- Developing links and sharing knowledge, best practice between NHS Health Boards in the programme
- Linking stakeholders: Public health, Psychology, Universities with the NHS via collaboration on specific projects
- Joint supervision develops shared understandings, introducing theory into practice
- Showcases how health psychology can ‘add value’
- Going beyond the NHS – opens other career routes - 2 trainees from Change Fund (Local Authority 100% funded)
- JOBS!! (4 Boards to date have created posts)
TRAINEE'S WORK EXAMPLES

Questions?
Is being resolute better than being pragmatic when it comes to breastfeeding?

Qualitative study investigating experiences of women intending to breastfeed

**AIM**
To investigate psychosocial factors that may influence breastfeeding discontinuation by exploring perceptions and experiences of women pre and post-partum.

**BACKGROUND**

Initiating then discontinuing breastfeeding before 2 weeks post-partum is common in Scotland.

Previous qualitative studies have explored psychosocial factors in depth however studies use retrospective designs without examining factors before birth that might influence behaviour (Nelson, 2006).

This study builds on existing knowledge by examining a comprehensive list of psychosocial factors before and after birth.

**METHODS**

Participants and data collection

A sample of 10 pregnant women from Dumfries and Galloway, all expressing an interest in breastfeeding, were recruited via Maternity Services. A qualitative longitudinal design was used to capture views prior to birth and possible changes following birth in light of experience. Semi-structured interviews were conducted using a framework planned by the Theoretical Domains Framework (TDF) (Michie et al., 2005)

Data analysis

Cross-case analysis (Glaser & Strauss, 1967) was applied to transcriptions to identify specific beliefs. Beliefs were then mapped onto the TDF.

**RESULTS**

Do pregnant mothers intending to breastfeed differ in terms of their perceptions about breastfeeding?

Data from the antenatal interviews was split into two groups: women who went on to maintain breastfeeding (n=6) and women who discontinued (n=4).

In the antenatal interview, four specific TDF domains (in table below) were judged to be barriers of breastfeeding intention.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Maintainers</th>
<th>Discontinuers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological capability</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Social influences</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Behavioral regulation</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Environmental regulation</td>
<td>+</td>
<td>-</td>
</tr>
</tbody>
</table>

**Pre partum differences were identified between maintainers and discontinuers; women who discontinued appeared more self-efficacious and perceived fewer barriers to breastfeeding in comparison to women who maintained it.**

What were women's experiences of discontinuing?

"In the beginning, maybe with the drugs and everything it wasn’t as painful but as time went on the pain started to increase. I was really stereotypical third day just couldn’t. And everything it woke me up."

"So I had the baby blues and I had so many expectations of breastfeeding that when I couldn’t I almost got depressed."

**DISCUSSION POINTS**

How can healthcare professionals support women with differing perceptions of breastfeeding at pre and post partum stages?

How can women be supported effectively when they have adverse experiences that prevent them from following their original choices and conflict with their beliefs?

**REFERENCES**


NHS State Hospital

All-male in-patient psychiatric facility

Covers Scotland and Northern Ireland.

Patients average stay over 8 years

Most have a psychotic disorder, usually with co-morbid diagnosis.

The Psychology service at the State Hospital is large and well established. It is led by a Head of Psychological Services and there are four other Consultant Forensic Clinical Psychologists (including a specialist Forensic Clinical Neuropsychologist).
## Snapshot of chronic physical health conditions

*Primary Health Care Annual Report  1st August 2014 – 31st July 2015*

<table>
<thead>
<tr>
<th>Chronic Health Condition</th>
<th>% (n) of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischaemic Heart Disease</td>
<td>4% (5 patients)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>4.8% (6 patients)</td>
</tr>
<tr>
<td>On cardiovascular medication</td>
<td>29% (36)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>18% (23 patients)</td>
</tr>
<tr>
<td>Asthma</td>
<td>4% (5 patients)</td>
</tr>
<tr>
<td>Obesity (July 2016)</td>
<td>53% (BMI&gt;30)</td>
</tr>
<tr>
<td>Overweight</td>
<td>33%</td>
</tr>
</tbody>
</table>
Kate Lynch, Trainee Health Psychologist, State Hospital

**Behaviour Change Intervention**
- Healthy Living Group: Weight Management Programme
- 1:1 Dental anxiety, weight management
- Type 2 Diabetes self-management Group Intervention

**Research**
- Systematic Review: ‘Health behaviour interventions to address overweight and obese individuals with severe mental illness in inpatient settings’

**Teaching & Training**
- Health Behaviour Change training: Health Professionals
  - Development of online module: Physical and mental illness and behavior change.
  - Teaching to University of Glasgow medical students: Models of health & Illness
- MSc Health Psychology Students: University of Stirling

**Consultancy**
- Collaboration Health Centre – Study exploring the barriers and facilitators to bowel screening uptake for patients

**Generic Professional Development**

Behavior Change Intervention (Group): Training harm reduction staff in motivational interviewing skills to deliver brief interventions.


Research Project: Staff’s attitudes toward injecting drug users who are infected with Hepatitis C.

Consultancy: Evaluating One2one: an online counselling service for young people in Tayside.

Teaching: tutorials with MSc Health Psychology students at the University of Stirling:
- Sexual Health;
- Alcohol Brief Interventions;
- Substance Misuse and Hepatitis C.

Training: Training specialist viral hepatitis nurses in the delivery of a behaviour change intervention to increase self-efficacy in injecting drug users.
Work setting of 24 HPs

- University: 18
- NHS - Psychology services: 10
- NHS - Public Health: 1
- NHS - Medical specialties: 5
- NHS - other: 3
- Research: 2
- Commercial (e.g. industry): 1
- Voluntary/Charity: 1
- Private Practice: 1
Client groups that HPs work with

- Undergraduate students
- Post-graduate students
- Post qualification professionals
- NHS Patients
- General Public
- Organisations
Competencies that HPs deliver in current post
Applied Psychologists employed by NHS Scotland
Total = 901 (743.8 WTE) (30th September 2015)

(ISD (2015). Workforce Planning for Psychology Services in NHS Scotland: Characteristics of the Workforce Supply as at 30th September 2015.)
Contact:

vivien.swanson@nes.scot.nhs.uk
vivien.swanson@stir.ac.uk
Any Questions?