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

Responsibility for Health

**Biomedical Model**
- Illness caused by factors outside individual’s control
- Treatment is responsibility of medical professionals

**Health Psychology**
- Individuals can often influence control over their risk of illness and recovery from illness

Health & Illness

**Biomedical Model**
- Emphasis on treating illness
- Health and Illness viewed as a dichotomy

**Health Psychology**
- Maintenance of health & treatment of illness
- Health and Illness viewed as a continuum

Introductory Texts

- Ogden’s text is now on 5th edition—older versions are fine as intro
Roles for Psychology

**Biomedical Model**
- Often focused upon psychological consequences of illness, e.g. anxiety and depression

**Health Psychology**
- Greater recognition of the involvement of psychological factors in the cause of illness
- Preventing illness
- How psychological issues may affect 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
- research to assess needs & evaluate interventions
- develop interventions aimed to prevent illness

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

Training Routes

- Accredited undergraduate psychology degree
- Relevant experience (usually needed to get on clinical psychology course)
- Clinical Psychology Training route (usually Doctorate programme)
- Health Psychology Training route (Stages 1 and 2)

BPS and HCPC

- British Psychological Society
  - professional body
  - provides advice, guidance and representation
  - Chartered Membership available, but not regulatory body

- Health and Care Professions Council
  - regulates health professionals in the UK
  - role to protect public
  - all practitioner psychologists in UK need to be approved by HCPC in order to practice.

Clinical Psychology Training Routes

- Mostly doctorate training programmes
- Mixture of teaching, placements and research
- Usually 3 years full time (some longer routes)
- Paid as a trainee psychologist
- Lead to Chartered Psychologist status as Clinical Psychologist and ability to register with HCPC
Health Psychology Training Routes

Two stage training after completing BPS accredited undergraduate psychology degree:

- **Stage 1**: BPS Accredited Masters Degree in Health Psychology
- **Stage 2**: Either BPS Qualification in Health Psychology
  - (Involves at least 2 years of supervised practice)
  - Or an accredited Professional Doctorate in Health Psychology
  
  BPS Qual: [http://www.bps.org.uk/prospective-candidates](http://www.bps.org.uk/prospective-candidates)


Ensure that your Stage 2 training route is also approved by the Health and Care Professions Council

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BPS Qualification in Health Psychology (Stage 2)

- Handbook and details on BPS website
- Find a suitable supervisor and apply for QHP
- Portfolio of Competence:
  - Generic professional competence
  - Behaviour change interventions
  - Research
  - Consultancy
  - Teaching and Training

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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**
- 1 year Postdoc research in Brain Injury outcome gained chartership
- PhD Neuropsychological Outcome following Brain Injury
- Lectureship in Health Psychology on DClinPsychol Programme
- Research Director

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Research Projects / Supervision:

21 PhD or DClinPsychol projects

- Self-Help Interventions
- Medically Unexplained Symptoms
- Mindfulness based interventions
- Promoting Physical Activity
- Brain Injury / Neuro
- Environmental / health behaviour change

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Research Director

**Overview of Research Training**
- Develop programmes of research with NHS Boards
- Coordinate research supervision
- Administration / Meetings
- Future directions for Research

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Teaching

- Provide some teaching on Health Psychology and Research topics
- CPD for thesis supervisors
- Co-ordinate provision of health teaching by other practitioner psychologists
- Assessments and marking
The Family of Psychology

- These distinctions are about the BPS divisions
- There are differences in relation to training
- Also substantial overlaps

Work in NHS Settings

- More often Clinical Health Psychologists, but not exclusively
- Chronic Pain
- Cardiac
- Diabetes
- Cancer
- HIV / AIDS
- Chronic Fatigue
- Obesity
- Preparation for surgery
- Assessment for surgery
- Dermatology
- Haematology
- Cystic Fibrosis
- Rehabilitation medicine
- Maxillofacial / ENT

Other work contexts for Health Psychologists

- Academic Clinical and Health Psychology Units
- Other University Programmes (e.g. involved in training for Nursing, Medicine)
- Government Health Departments
- Public Health / Policy making
- Health Promotion

Typical Earnings (NHS)

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<td>Assistant Psychologist</td>
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<td>Trainee Psychologist</td>
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<td>Area Head of Service / Service Lead</td>
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Case work

- The Environment
- Emotions
- Physiology
- Thoughts & Beliefs
- Behaviour

Case work

- Fear
- Heart palpitations
- This is it, I’m having another heart attack!!
- History of heart attack
- Beliefs re vulnerability
- Hyper vigilance
- Sit down, avoid movement
- Failure to disconfirm
Case example

- Case Example
- 38 year old man, ex military, back and neck pain due to wear and tear, plus former service related injuries
- Debilitating pain flare ups
- Rest / Over activity cycling
- Pain Beliefs relating to pain = damage
- Defeated / demoralised

Case example

- Pre existing acute pain beliefs:
  - Pain = Harm
  - Fluctuations in Pain
  - Thoughts: "I'm damaging myself"
  - Physiological Change: Muscle de-conditioning Postural Changes
  - Behaviour Changes: Guarding
  - Emotions: Distress / Alarm
  - Attention: Threat Detection

Case example

- No diagnosis
- Pain continuing
- Thoughts: No matter what I do it makes no difference
- Emotions: Depression / Sadness
- Behavioural Changes: Withdraw / Do Less
- Further Losses: Social Life
- Why me? "I am a failure"
- "Weakness"
- Defeated / Self critical
- Behavioural Avoidance
- FIGHT IT!!
- Pushes too hard
- Pain flare ups

Case example

- Upbringing: strong work ethic
- Previous response to adversity: fighting spirit
- Concepts of masculinity

Best & 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

Question & Answer Session

- Supply & demand
- Climbing a mountain
- Scratching the surface
- Systems and history
- Funding issues
- Bottleneck in training
- Long training