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Progress of Health Psychology Regulation: A Comparison between Countries

Teresa Sánchez-Gutiérrez[1,2], Sara Barbeito[1], Juan Antonio Becerra-García[1], Ana Calvo[1]

[1]Facultad de Ciencias de la Salud. Universidad Internacional de la Rioja (UNIR) Spain
[2]Department of Methodology and Behavioral Sciences. National Distance Education University (UNED), Spain

ABSTRACT

The independent practice of clinical psychology has experimented recent changes. Spain has achieved to regulate the current professional situation of the different figures of clinical psychologists mainly in three arms: 1) by authorizing those psychologists who met the required legal criteria to continue with their clinical practice, 2) by creating the Master in General Health Psychology (MGHP) and 3) by maintaining the tasks and public scope for Psychologist Specialized in Clinical Psychology (PSCP) This manuscript aims to summarize the process for the regulation of clinical and health psychology in Spain and to compare it to other European and North American countries. Discussion about the quality, benefits and future ambitions of the MGHP programs have been made.

Keywords: Clinical Psychologist, Health Psychologist, Psychology regulation

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***Address for correspondence:**

Dr. Ana Calvo,

Universidad Internacional de La Rioja. UNIR. Avenida de La Paz, 137, 26006 Logroño, La Rioja, Spain.
Phone: +34 941 276 155 / 91 567 43 91
E-mail: anabelen.calvo@unir.net

Health Psychology in Spain, other countries of Europe and USA: Development and training

Applied Health Psychology has recently experimented an important legal and regulatory development in Spain regarding the existence of different professional profiles with adequate skills for the application of health assistance in this discipline.[1-4] This regulation has followed the initiatives that other countries like North America and the United Kingdom accomplished several years ago in terms of definition, training and implementation of health and clinical psychology.[5] The present manuscript synthesizes the fundamental contents and aims to achieve an approximately chronological and explicative structure of the progress in the professional regulation, the scopes of action and the current training structure of Health Psychology in Spain. Furthermore, the present manuscript will provide context for the understanding of the legal regulation of Psychology in Europe and in the United States of America (USA) and other aspects related to the professional recognition of Psychology as a Health Science. Health psychology has reached a fundamental role in the prevention and reduction of unhealthy behaviors in the general population. This circumstance diminishes the onset of psychological disorders that clinical psychologist may treat.[6,7] Overlapping of functions between those two specialties ended in countries like USA and the UK, where their governments regulated the training programs and delimitated their areas of labor. Spain has followed this steps by the differentiation between Psychologist Specialized in Clinical Psychology (PSCP) and the creation of a new role for the General Health Psychologists (GHP).[8,9]

For years, psychologists had played a vital role for multidisciplinary teams in medical centers for the promotion and prevention of health is areas related to cardiology, pediatrics, oncology, family practice and other medical fields.[10] The first step forward the national regulation of Psychologist in Spain was the development of a Royal Decree establishing and regulating the official qualification of Psychologist Specialized in Clinical Psychology (PSCP).[1] This norm regulates the founding, obtaining and development of this official title of specialized health professionals. It was the first time that Psychology was considered and professionally recognized among the health

area. Particularly, Clinical Psychology became an independent health specialty (like Medicine or Pharmacy did).[8]

Later, the Law on Organization of the Healthcare Professions (LOHP) promoted several changes in sole Graduate psychologists who were practicing in the health field (either public or private practice).[2, 8] This regulation exclusively recognized the PSCP as health professionals and did not include the rest of graduate psychologists although they had previously furthered their knowledge and their work in the health psychology area.[2,9] After the problems emerged from this law, provisional modifications were achieved to let non specialized psychologist perform their private practice.[8]

After the issues that took place after LOHP, Spain tried to regulate the practice of every psychologist (either specialized in the clinical area or not) by encompassing transitional requirements needed for the practice of health activities. On the one hand, a deadline was established for all of those graduated in Psychology who also met the criteria to be authorized and to continue with their practice. On the other hand, legislative documents were delivered to specifically organize the formal training related to the corresponding qualification for the first time. Therefore, this legislation fostered the existence of authorized psychology professionals who could keep on their health activities besides the existing differences over their tasks, practicing scope and training pathway.[8,9,11]

This legislation followed the steps of previous countries were clinical and health psychologist act with different roles. In the early nineties, USA was the most influential country in the beginning of Health Psychology regulation by creating the Division 38. The Health Psychology Division of the American Psychological Association (APA). There are two available approaches to accredit health psychologist in USA. The one and most common is defined by APA Division 38, whose focus of interest lies in the clinical issues of patients in the health care system; and the other relays on APA Division 27, which is concerned with healthy psychosocial development within an ecological perspective.[5]

Within the EU members, Austria was the first to adopt a law providing regulations for clinical and health psychologist, but the UK was the first to clearly and legally define the role of chartered clinical psychologists and chartered health psychologists. The responsible facility for the regulation of professional psychology in Europe is the European Federation of Professional Psychologists´ Association (EFPPA). Moreover, the European Health Psychology Society (EHPS) supervises the training and regulation of Health Psychologist in the EU members.[12]

Related to tasks, Spanish PSCP would be responsible for diagnosis, evaluation, treatment and rehabilitation of mental, emotional, relational and behavioral disorders.[11,13] Meanwhile, General Health Psychologists (GHP) would be responsible for the psychological evaluation, research and intervention over behavioral aspects in order to promote the general health status of the population. These actions must not require specialized clinical attention as to be accomplished by GHP.[4,8,11] This activities are in line with the definition of Health Psychology.[14]

As for the practicing scope, the Spanish legislation states that GHP must develop their role within private practice over the health area (freelance or working for others). However, PSCP are able to work at the facilities of the National Health System, both private and public and they can also work freelance. Regarding the different training pathways, the training requirements needed to definitely recognize authorized psychology professionals who could develop the typical competencies of clinical PSCP or GHP from that time on without the obligation of obtaining the ulterior regulatory training title: The Master´s in General Health Psychology (MGHP). This decision was at the base of the recognition of the acquired rights from Psychology graduates who were practicing a clinical psychology role before these laws became effective. The stipulated requirements were the following: 1) to have followed either an educational pathway linked to the Psychological Treatment, Evaluation and Personality area or to the Clinical and Health Psychology, or to have achieved a postgraduate training with a duration of non-less than 400 hours, where 100 of those should correspond to an internship; 2) to be performing professional health and/or clinical assistance tasks.[4,9,15]

The educational and training structure of the programs for PSCP and GHP is also different. Firstly, PSCP corresponds to a graduate in Psychology who got access to a clinical psychology residency training in the National Health System for 4 years.[11,16] Secondly, GHP must obtain at least 90 European Credit Transfer and Accumulation System (ECTS) credits in the context of health psychology during their Major in Psychology. After that, GHP must pass an Official Master´s in General Health Psychology, which implies 90 ECTS credits of the health psychology area and 30 ECTS credits for training in health psychology services.[11,17] These requisites differ from the requirements needed in USA and Europe. A three stage model is mandatory to become a Health Psychology in USA, which is composed of pre-doctoral studies leading to PhD, including one year of pre-doctoral internship, and two years of a postdoctoral supervised residency. This training will be developed in general hospitals and outpatient clinics, with at least two rotations within each year.[18] Once a postdoctoral qualification has been reached, health psychologist can apply for a state license to be listed in the National Register of Health Service Providers.

Different educational systems affect the structure of training for Clinical and Health Psychologist in the EU Members

Taking the UK as an example because of their lasting course in the differentiation between clinical and health psychologists, under the national ethical codes of the psychology profession, it is required that health psychologists were trained to develop their professional competencies before starting unsupervised practice. The British Psychological Society (BPS) is responsible for the regulation of health psychology in the UK. Different from the USA system and similar to the Spanish

regulation, only one approach is available for the accreditation of health psychologist, accredited by the BPS Health Psychology Division. Moreover, as in USA, three stages need to be accomplished for Chartered Health Psychologist eligibility: 1) achieve undergraduate studies; 2) pursue a prost graduate stage 1 (MSc) and 3) accomplish the postgraduate stage 2 (MPhil, PhD, Psych D or D Psych). In order to enroll in stage 1, graduates must be members of BPS, be included in a postgraduate health psychology program or be a chartered psychology from any other specialty looking for a lateral transfer. Stage 2 is a continuation of stage 1 where MSc must build competence in research, consultancy, teaching and training in the health psychology field.[5]

Around 40% of the worldwide population will present mental disorder throughout their lives and only one from each three of them will receive psychological treatment.[19, 20] In Spain, 9 % of the population presents at least one mental disorder and 15% will manifest it throughout their lives (excluding substance use disorders).[21] There are three categories of mental disorders that patients mostly ask for psychological assistance in Spain (51.16% of the total demands for psychological treatment): anxiety, mood and adjustment disorders.[22] If interpersonal difficulties were added, the percentage would turn into 60%. Moreover, patients take around 4 years to refer to the mental health professionals despite their suffering and around 20% desist the beginning of intervention due to the length of waitlists (from 2 to 3 months).

This situation is a fact that demonstrates the need of psychological assistance and that it is not fully covered on time because of the scarce of PSPC in the Spanish National Health System. The foundation of the MGHP along with the legal authorization of psychologist has increased the offer of clinical psychological assistance both in the public and private area, still limiting the national health assistance to the PSPC.

Despite the variety of training schemes in each European country, the EFPPA provided a common framework for the training of professional health psychologists[5] including eight categories: a) academic knowledge base (Psychology); b) Academic Knowledge Base (other); c) application of psychological skills to health care; d) research skills; e) teaching and training skills; f) management skills; g) professional issues and h) ethical issues.

Following the previous recommendations together with the aim to adequately train Spanish graduates in Psychology and develop their skills and tasks, the MGHP must deal with the quality standards certified by The National Agency for Quality Assessment and Accreditation of Spain (ANECA). The main aim of the Master is to improve the educational training on mental health issues through a complete program of subjects including the following: 1) Scientific and Professional Theoretical Basis; 2) Evaluation and Diagnosis: Interview and Therapeutic Proposal; 3) Psychologist Skills and Basic Intervention Techniques; 4) Psychological Intervention in Children and Adolescents; 5) Psychological Intervention in Adults; 6) Psychological Intervention in Elderly People; 7) Main Dysfunctions and Intervention in Couple Problems; 8) Neuropsychology and Rehabilitation; 9) Prevention and Intervention in Psychopathological Disorders and 10) Research Methods in Health Psychology.

The MGHP has the exceptional feature of giving professional status to its students and aims to solve the following aspects: a) to give solutions to the situation of psychologists in Spain from 2003; b) to resemble the existent educational programs in Europe (Graduates plus Master's or pre-doctoral and post-doctoral programs); c) to improve the theoretical knowledge of students; d) to intensify the clinical and health practice of students through the composition of clinical cases and supervised patients; e) to provide the students with specialized knowledge and skills for their psychological practice and f) to teach students in research, so that they could understand ad perform their own investigation.

On the one hand, professional identity become real step by step[23] from a non-expertise beginning since when the students learn their future role: what is expected from the profession and the professionals. At first, the students would present a limited knowledge based on strong sources (like manuals, professors and experts). Only through the practice over more difficult structures would they become self-sufficient professionals and would build-up more complex and specialized thinking pathways that would help solve the proper discipline problems. As a consequence, professional identity conforms through a dynamic, personal and social process.[24]

On the other hand, the MGHP facilitates the achievement of this process with high quality, helping integrate knowledge, research methods and critical thinking along with the supervision of training and clinical cases (750 hours) and, therefore, providing the shaping of a secure, trustworthy and self-sufficient problem-solving professional identity in students.

Psychologists as primary care providers

An intermediate figure between primary care and PSCP (primary care psychologists) is being authorized in different regions (Valencia, Madrid, Murcia, etc.). A high percentage (up to 79.6%) of the derivations that are produced from primary care to the specialists of mental health refers to more common disorders (anxiety, depression) or problems of everyday life,[25] thereby causing a situation of saturation in both the primary care and the specialist care physicians. This situation makes difficult to focus more attention and greater agility to cases of severe mental disorder or to those requiring specialized care. Therefore, a key can be found in this intermediate figure.

Other countries have a wider tradition on the inclusion of primary care psychologists in their national health systems, as it is the case of the UK, where its government implemented the Improving Access to Psychological Therapies (IAPT) programme. Adequately trained psychologists in the primary care field can reach these positions. Several universities, in collaboration with the National Health System (NHS), offer Master Degrees to broaden the professional´s knowledge on Psychological Therapy in Primary Care.[26,27] The same vision is shared in USA, where psychologists are integrated in the primary care assistance. The APA developed academic rec-

ommendations for psychologists interested in achieving this knowledge and in working in this field that follow the requirements proposed for the certification of Health Psychologists.[28,29]

A study on the benefits of this new role for psychologists which was published one year after their inclusion in the Spanish NHS found that there was a decrease of 25.19% over the use of medication and an improvement in the speed of intervention, causing further discharge of the primary care system. This study also presented some limitations derived from the number of treated patients and the lack of a control group.[30] Deliberation arises about what kind of psychologists should occupy this position, as clinical psychologists receive derivations of cases requiring specialized care but also they are those who can fill positions in the public institutions. Therefore, it seems that there is an ambiguous area on the competences and functions that would be important to clarify, not so much for the workplace but for the associated skills that are required for the function of primary care psychologists.

CONCLUSION

As a conclusion, GHP are able to accomplish social benefits, with the assistance of patients that are not fully covered in the public area as well as personal benefits, with the achievement of educational and training skills that would let them behave as autonomous professionals. A qualified education for psychologists (and for every health specialized profession) is a pre-requirement needed to guarantee worldwide quality and specialization skills of any scientific discipline.

Although differences in the developmental stage for the instauration and recognition of health psychologists in the NHS have been shown between several countries, the Spanish regulation of clinical and health psychology is currently on the go.

Regarding Psychology, both categories can result in benefits for the profession by establishing an increased coverage of the needs of the general population together with the detection of an earlier stage of problems and pathologies, and with the contribution to provide a more adequate service to each case. Therefore, they can be complementary and beneficial to the profession and the general population. The key is to provide adequate and structured knowledge to foster and deliver the best possible service.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest

ABBREVIATIONS USED

MGHP: Master in General Health Psychology; PSCP: Psychologist Specialized in Clinical Psychology ; GHP: General Health Psychologists; LOHP: Law on Organization of the Healthcare Professions; APA: American; Psychological Association; EFPPA: Europe is the European Federation of Professional Psychologists´ Association ; EHPS: European Health Psychology Society ; ECTS: European Credit Transfer and Accumulation System ; BPS: British Psychological Society; ANECA: The National Agency for Quality; Assessment and Accreditation of Spain ; IAPT: Improving Access to Psychological Therapies; NHS: National Health System

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ABOUT AUTHORS

Teresa Sanchez-Gutiérrez was born in 1984. She received her PhD from the Complutense University in Madrid (Psychopharmacology and substance abuse) in 2014. She worked as a researcher and psychotherapist at the Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón from 2010 to 2015. Since 2015, she became Professor and tutor at the National Distance Education University (UNED) in Córdoba and since 2016 she is Professor at Universidad Internacional de la Rioja (UNIR). She has contributed to scientific research with several manuscripts, book chapters and lectures at international and national congresses.

Sara Barbeito was born in 1981. She received her PhD from the Medicine University of Bask country (neuroscience) in 2014. From 2004 to 2015 she was a researcher in the Santiago Apostol Hospital of Vitoria (CIBERSAM 10 group). Since 2015 she is Professor in the Rioja International University (UNIR). She has numerous international articles and book´s chapters.

Juan Antonio Becerra-García, PhD in Psychology, MSc in Applied Clinical Psychology, MSc in Clinical Neuropsychology and MSc in Forensic and Legal Psychology, is researcher and professor in the Faculty of Health Sciences of the Universidad Internacional de la Rioja (UNIR). He has published several book chapters and journal papers in the fields of psychological assessment, psychopathology and forensic psychology. His main research areas include psychological study of forensic populations, and the study of personality and psychological factors in psychiatric and neurodevelopmental disorders and in chronic illness.

Ana Calvo PhD is full Professor and Director of The Master´s in General Health Psychology at Universidad Internacional de la Rioja (UNIR) since 2015. She received her PhD from the Complutense University in Madrid in 2013. She worked as a researcher and psychotherapist at the Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón from 2009 to 2016. In addition, she was working during her international pre-doctoral fellowship in different early psychosis services for young people at Orygen Youth Health Clinical and research Centre and Melbourne University in Melbourne, Australia. (2012-2013) and She was working as a Post-doctoral Researcher fellow at Royal College of Surgeons in Ireland and Trinity College of Dublin in Dublin, Ireland (2015). She has contributed to scientific research with several manuscripts, book chapters and lectures at international and national congresses.

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