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ARTICLE

'We just need to find space for them to practice so that we can help to make a stronger society': Perceived barriers and facilitators to employing health psychologists in UK public health and clinical health settings

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Abstract

Introduction: In recent years, health psychology has received significant attention within the health sector, due to its application to understanding influences on health and well-being and translation of health psychology into interventions to support behaviour change. The number of health psychologists in public health and healthcare settings is growing but remains limited, and is it unclear why. This study aimed to explore the views of potential and current employers of health psychologists, to elucidate barriers and facilitators of employing health psychologists in healthcare settings.

Methods: Semi-structured interviews were carried out to explore the experiences of working with and/or employing health psychologists. Opportunities and barriers were explored for increasing access to health psychology expertise in the NHS and public health. Interviews were analysed using inductive thematic analysis.

Results: Fifteen participants took part in interviews. Participants were mid-senior-level professionals working in varied healthcare settings and/or academic institutions. The majority had experience of health psychology/working with health psychologists, whilst others had limited experience but an interest in employing health psychologists. Three key themes were identified: (1) the organizational fit of health psychologists, (2) perception of competition for roles and (3) ideas for changing hearts, minds and processes.

Conclusion: Barriers exist to employing health psychologists in healthcare settings. These barriers include misunderstandings of the role of health psychologists and the need to preserve other disciplines due to perceived competition. Recommendations for change included showcasing the benefits and skills of health psychologists and having transparent conversations with employees and multi-disciplinary colleagues about roles.

KEYWORDS

behavioural science, health psychology, knowledge translation, public health

INTRODUCTION

Health psychology is often defined as the study of psychological and behavioural processes in health, illness and healthcare (Johnston, 1994; Marks & Estacio, 2018), and aims to understand and help people make changes to a wide range of factors affecting health and well-being. Health psychology as a field of science and practice emerged from related scientific disciplines including behavioural medicine, social and clinical psychology in the 1970s and 1980s. In the UK, health psychology became a practitioner profession with its own established training route in the 1990s (Quinn et al., 2020), currently involving the study of a British Psychological Society-accredited undergraduate degree in psychology and MSc in health psychology (known as Stage 1), followed by the completion of an approved doctoral-level qualification (known as Stage 2) in health psychology (DPsych or BPS Qualification in Health Psychology). Since 2009, the term 'health psychologist' has been a protected title in the UK with the Health and Care Professions Council; in 2018, the register contained approximately 640 health psychologists (HCPC, 2018). Health psychologists are one of the 12 psychological professions employed by the NHS (Psychological Professions Network, 2022) but many are employed in universities, local councils, government, private sector, third sector or in independent practice (British Psychological Society, 2022). Amongst different areas of specialized practice, many specialize in public health psychology, preventing ill health at the population level (Marks & Estacio, 2018) and clinical health psychology: psychological practice to improve health and well-being in clinical settings, often as part of multi-disciplinary teams (Bennett, 2015; Bull & Dale, 2021).

Psychological and behavioural science is crucial to addressing the major health challenges facing our society today. This includes understanding how to effectively spark positive lasting health behaviour changes, facilitate engagement in services and understand how to reduce and mitigate unfair health inequalities as outlined in Scotland's Public Health Priorities (The Scottish Government, 2018). It equally includes providing integrated psychological care within physical health settings to alleviate distress, facilitate adjustment to challenging and demanding health conditions and improve self-management skills and engagement with health professionals and treatments to improve health and well-being [e.g., BHF (2019), The King's Fund's (2016) call for integration of physical and mental health care, Diabetes Scottish Government emotional well-being strategy]. Psychological and behavioural science can also support health workforce change and staff well-being in line with Health Education England's Workforce Transformation approach (HEE, 2019).

Recent decades have seen a rapid acceleration in interest in applying psychological and behavioural expertise within the health sector. Following global interest sparked by popular works by Thaler and Sunstein (2009) and Kahneman (2012), the UK government (Institute for Government, 2020) and the USA Obama administration (Nesterak, 2015) established behavioural science units, to apply and test behavioural solutions to issues including health and social policy problems. At the same time, the

employment of behaviour change conversations to improve health at a population level has seen considerable attention, including the Making Every Contact Count initiative (Public Health England, 2016) in England and Health Promoting Health Service initiative in Scotland (Scottish Government, 2009). Policy initiatives have repeatedly called for behavioural and social science in public health and more psychological long term condition management expertise (NHS Education for Scotland, 2015; NHS England, 2019; Psychological Professions Network England, 2020; Public Health England, 2018). The COVID-19 pandemic also drove increases in public and professional understanding about the need to fully understand and successfully influence behaviour change to prevent disease spread and help people adjust and manage long-term conditions, that were now on longer waiting lists, and the emerging long Covid (Freedland et al., 2020). Practitioner health psychologists are embedded in prevention and clinical health services relating to most of the major conditions contributing to mortality and disability in the UK (British Psychological Society, 2021a, 2021b). This includes cancers, cardiovascular disease (including stroke and diabetes), chronic respiratory diseases, dementia and musculoskeletal disorders, in line with the major physical health areas of England's forthcoming Major Conditions Strategy (DHSC, 2023).

However, in a recent oral history of health psychology, key contributors to the field reflected that health psychology roles in public and clinical health settings had not increased to the level they had envisaged (Quinn et al., 2020). For instance, they reflected on there being a lack of funded training places and employment opportunities for health psychologists. At the time of the interviews in 2019, most would-be health psychologists had to entirely self-fund their qualifications and Scotland was the only UK nation with a national funded training scheme with up to five funded places per year. This inevitably caused barriers for reaching a critical mass of health psychologists in a self-perpetuating cycle and was an equality and diversity issue since only some candidates can afford to self-fund (Hemmings et al., 2021). Furthermore, at this time, the interviewees reflected on the difficulties health psychologists often faced in finding roles advertised in ways they could apply for them (Quinn et al., 2020).

It is unclear why health psychology employment within health settings has not grown at speed, given the clear need for more understanding and application of psychology to physical health in public health and healthcare. This study aimed to explore the views and perceptions of potential and current employers of health psychologists, to elucidate barriers and facilitators of employing health psychologists in public health and physical healthcare settings.

METHODS

Participants

Participants were people working in public health psychology and/or clinical health psychology roles, including health psychologists and others who could/do work with health psychologists or commission or employ them in the UK. There were no exclusion criteria.

Materials

We used a semi-structured interview topic guide to explore experiences of health psychology, discussion of activities that health psychologists do or could do in the participant's workplace, opportunities and barriers to employing/training health psychologists and recommendations for support (see File S1).

Procedure

Participants were recruited by purposively targeting people who employed or could employ health psychologists in clinical roles in the NHS or in public health roles. We recruited in two ways: (1) email

invitations sent out to the networks of members of the North West Hub for Behavioural and Social Sciences and the North West Psychological Professions Network and (2) advertising through Twitter (personal Twitter accounts). Participants were asked to express interest in taking part by emailing the team (RH and PM). These were then contacted by RH/PM via email with participant information and consent forms. A date and time for the interview was agreed and interviews were conducted by RH and PM via MS Teams or Zoom. Interviews were recorded, transcribed via Otter.ai, checked for accuracy by RH and PM and anonymised by removing details of people or places.

Analysis

Analysis was performed by three coders (RH, PM and EB), following the principles of inductive thematic analysis (Braun & Clarke, 2006). One coder (RH) familiarized themselves with the transcripts, before generating initial codes across the entire data set (i.e., 'unpacking data'). Codes were grouped into broader initial themes (e.g., 'roles of HPs within local government'). A second coder (PM) reviewed codes and themes in relation to codes and the entire data set, helping to generate the thematic map. A third coder (EB) independently coded and themed the data, before cross-checking with the other coders, matching additional themes and discussing selection of extract examples. All authors then refined the names and definitions of each theme and the overall narrative of the analysis. In addition, we tabulated all examples of specific health psychology work areas mentioned by participants (File S2, Table S1).

Ethics

This study was granted approval from the University of Manchester Research Ethics Committee (reference 2020-9322-13825).

RESULTS

Participants (see Table 1)

Fifteen participants took part in semi-structured interviews. Interviews ranged from 20 to 40 min. Participants were based in England ($n = 14$) or Scotland ($n = 1$). Six participants were employed by local councils/authorities (these are the local government organizations in regions of the UK through which public health services are delivered), six by an NHS organization, two by a university, and one described multiple employers. Nine participants were registered practitioner psychologists with the Health and Care Professionals Council (HCPC). Most participants were experienced mid- or senior-level professionals. They ranged in their experience of health psychology/psychologists; some held qualifications in health psychology themselves, whilst others currently worked closely with health psychologists in their teams, and others had limited experience but interest in employing health psychologists. Four participants described minimal or no experience of working with a health psychologist. Some participants described having a clinical psychology background ($n = 7$, four of whom described their job title as Consultant Clinical Psychologist), four had a health psychology background (three of whom described their job title as Health Psychologist), four had a non-psychology public health background (including two Public Health Consultants and a Senior Health Improvement Specialist).

Themes

A summary of themes and sub themes is shown in Table 2.

TABLE 1 Participant profession and area of employment.

Participant number	Profession	Employment
1	Public Health Consultant	Public Health
2	Health Psychologist	Private Company
3	Registered Health Psychologist	Academia
4	Clinical Psychologist	NHS Foundation Trust
5	Clinical Psychologist	NHS Foundation Trust
6	Clinical Psychologist	NHS Foundation Trust
7	Clinical Psychologist	Public Health
8	Lecturer in Mental Health	Academia
9	Clinical Psychologist	NHS Foundation Trust
10	Workforce Development Lead	Public Health
11	Professor of Health Psychology	Academia
12	Health Psychologist	Public Health
13	Clinical Health Psychologist	NHS Foundation Trust
14	Health Improvement Specialist	Public Health
15	Public Health Consultant and NHS	NHS Foundation Trust and Public Health

Note: 'Public health' includes local council/local authority.

TABLE 2 Themes and sub themes.

Themes	Subthemes
Organizational fit	What health psychologists can do
	Organizational readiness
Perceived competition for roles	
Changing hearts, minds and systems: a way forward	Positive conversations and examples
	Open discussions about training

Some additional illustrative quotes can be found in File S2, Table S2.

Theme 1: Organizational fit

What health psychologists can do

Participants discussed ways that health psychologists could or do add value to their organization's objectives. Some felt they or their organization had limited understanding and experience of health psychologists. Finding an organizational fit meant having a strong understanding of skills and competencies and having opportunities to demonstrate positive outcomes. Participants discussed examples of ways health psychologists do or could contribute meaningfully to their organizations, for example, through theories/models, engaging communities, focus on self-management, physical health (detailed in File S2, Table S1).

In contrast to clinical psychology training in which it was proposed 'you know exactly what you are going to get from the clinical course' (P5, clinical psychologist), there was a perception of more diversity in the clinical experience of health psychologists due to the training standards not specifying the minimum hours of clinical contact needed on placement (rather that this must add up to 2 years full time of practice balanced across the five competencies) further illustrative quotes in File S2, Table S2:

> …there just isn't that minimum requirement of how many hours to come along and do and how much clinical work they have to do… the person who was on placement with

> me for two years, as a minimum, I think she had to submit one case study of six hours … I really wish that been an expectation that she had at least two days a week of…clinically useful work.
>
> (P4, clinical psychologist)

Some of these perceptions were misunderstandings. One participant thought that health psychologists had only undergraduate degree level, rather than doctoral-level training:

> A health psychologist will have done an undergraduate degree. So they'll be graduates. But they may not have gone on to do any further training…I'm making an assumption that they would be able to bring as much as an assistant …
>
> (P9, clinical psychologist)

Other perceptions were that health psychology was an academic discipline:

> I think it's…for some people, it's not necessarily a profession, that's known maybe outside of academia in terms of the more applied kind of embedded aspects of how that would work.
>
> (P7, clinical psychologist)

And that health psychologists are too theory-driven:

> So it's okay coming in with the theory and the research papers, but we're talking about making decisions.
>
> (P14, health improvement specialist)

This was perceived by some as due to differences in training. One participant's view was that 'clinical psychologists have a broader training, which enables us to work more on multiple levels and with different models, whereas health psychologists are more focused…in a more of an academic kind of way, perhaps more than the individual' (P13, clinical health psychologist), whereas others felt that health psychology specialist training was broader in its span of multiple physical health areas and emphasis on prevention, self-management and the healthcare system.

Organizational readiness

Most participants working in local authority settings felt that understanding of health psychology and interest in behavioural science more generally had dramatically accelerated during the COVID-19 pandemic. Participants working in these settings felt that efforts led by prominent health psychologists to widen use of behavioural science such as the Capability, Opportunity, Motivation, Behaviour framework, now included within public health consultant training, had increased recognition of the need for behavioural science expertise.

> I think that now… more recently…in public health teams, health psychology is being seemed to have more of a place because… there's a need for …or the value of behavioural science.
>
> (P12, health psychologist)

Participants who could see a fit for health psychologists within their organizations tended to be those with direct experience of health psychology. These were via trainee placements, for example:

> A lot of the key universities in our area, have the health psychology masters… and placements, where people go out into practice, that we've been able to carve out a niche. We've got champions or advocates for health psychology, in lots of areas. So they're kind of

> changing things, maybe from the inside….I think putting people into placement where possible…gives people the flavour of what it's like to have a health psychologist within the team… once people have had the experience of having health psychologists work with them, they often then do think 'I need a health psychologist.
>
> (P3, health psychologist)

and voluntary work such as that of the Health Psychology Exchange (a health psychology volunteer collective set up during the COVID-19 pandemic), for example:

> Where I'm currently based in local authority, the Health Psychology Exchange did some pro bono work at the beginning of the pandemic… with a social media campaign and a wider comms campaign… they weren't remunerated for that. But the quality of work that was produced and still being used now, that's the baseline for our COVID response. So, I've been trying to write that up as a retrospective case study, to show the merit of that.
>
> (P4 public health consultant)

These examples were seen as 'a no risk thing…because you're not having to apportion money out' (P6. Clinical psychologist).

The lack of understanding of health psychology and its potential contributions was sometimes perceived as frustrating by health psychologist participants:

> I suppose it feels like to me over the years that public health don't quite understand health psychology. And also clinical psychology don't really understand health psychology and where it fits in…So I'm in a diabetes team, supervised by a consultant clinical psychologist, and I have previously done clinical roles as well. But I have spent years in public health. Whichever area you work in, you have to kind of fight your corner as a health psychologist…you're quite a rarity, they're not quite sure where you sit, what you do. So I've always had to really push.
>
> (P12, health psychologist)

Participants acknowledged this as a 'catch 22' situation, that health psychology needed opportunities to 'find its fit'.

> I think sometimes, you can train people to do that, and you can mentor them… but actually, you do need a health psychologist working within that environment to be able to provide that support…And just also to say, there was a stop smoking service and they recruited health psychologist trainees…about six, and the service went from the poorest performing, to the best performing in two years.
>
> (P12, health psychologist)

Also, it was proposed that there were not sufficient health psychologists to make people aware of health psychologists and therefore want more:

> Critical mass those in terms of not being known, and not being not being common enough yet? To be a species that have kind seeped into the background.
>
> (P8, Lecturer)

Despite the growing awareness of health psychology, some felt that there were challenges in persuading their organization to spend on a specialist resource. These included health psychology being 'seen as an additional luxury that they can't afford rather than an essential part of, you know, the work that's taking place.

So I do see cost pressures coming forward as an issue' (P10, workforce development lead). It also included a perception that health psychologists might be expensive:

> If you're wanting you know somebody who can who can implement policy and develop policy, etc. Maybe you just want somebody with a with a public health masters, you know, you can pay them a (band) 6 probably…that's a barrier, psychologists are too expensive.
>
> (P8, lecturer)

There was also a general point about the nature of roles in a public health team and that this might not be suitable for a health psychologist:

> Local authorities don't necessarily like experts…So they'd like to have somebody that sits in public health as an officer, who can move into another department an officer and just do a similar sort of role…. they don't necessarily want somebody who's just focusing on health, they want some who can work across different agendas.
>
> (P12. Health psychologist)

Some felt health psychologists would add a valuable independent voice, especially in the formation of the Integrated Care Systems (ICS), However, they were not sure which partner in an ICS would be best to employ or otherwise engage with them and were not sure how they could fit with existing management structures in local authority systems:

> A health psychologist would probably bring a step back and more strategic viewpoint… [but] where would they sit and who would employ them?
>
> (P14, health improvement specialist)

Some reported that the word 'psychologist' was a barrier:

> "Psychologists? We're a commissioning organisation why do we need psychologists?" So I think I don't know that I would advertise it with that job title. I probably have more the word 'behaviour' in the title, population health, behaviour, behavioural insight, lead. You know what I mean I'd probably call it something like that.
>
> (P15, public health consultant)

Barriers included practicalities like 'Not knowing where to go to get a health psychologist, not having job descriptions, not having person specs, not having examples of where it's worked elsewhere. Not seeing, not understanding what the value is. Not seeing where they might fit in' (P12, health psychologist)' and also the bureaucracy:

> It would mean a restructure of the public health team to do that, which is like, it's like, turning around a tanker…changing everything around needs a very forward thinking director, public health plan it all to do that way.
>
> (P12, health psychologist)

Theme 2: Perceived competition for roles

Participants from various organizations cited professional silos and protectionism to be a barrier to engaging with health psychology; that 'professional disciplines [were] trying to protect their own their own integrity'. (P8, lecturer).

For example, P6 reflected on their own experiences with recruitment of psychology posts:

> They kind of like, okay, so if you know, do we, you know, do we need to preserve clinical psychology and vacancies for clinical psychology before we consider opening them up to others?
>
> (P6, clinical psychologist)

Some felt that this barrier arose from an increasingly competition-driven health landscape where cost-savings and efficiency are prioritized:

> …the political, the politics within psychological disciplines as well as a barrier. And because clinical psychologists know…that it's too expensive. It's fighting off nurse therapists etc, from taking over their roles. The last thing they want somebody else is somebody else on their patch
>
> (P8, lecturer).

The sense of protectionism was also felt as present to some working in public health settings:

> I think health psychology or behavioural science can be seen to be a bit of a threat to consultant in public health teams… What we see in an ideal world is a multidisciplinary public health team, but [currently it is] very hierarchical, with consultants in public health, and then everybody else sitting underneath them…. [but] consultants aren't going to suddenly say yes come, you know, come in and, you know, share our salaries
>
> (P12, health psychologist)

Most acknowledged silos to be unhelpful, even those with limited personal experience of health psychology:

> There's more than enough work to go around and often you can't fill posts anyway. So have a health psychologist applied, I would definitely interview them. And, frankly, the most important thing is what they're made of, you know, are they compassionate people?
>
> (P13, clinical health psychologist)

Participants had experiences of advocating for health psychologists in their organizations:

> It is about kind of persuading…people higher up in the organisation to broaden out those job adverts to include health psychologists, as a practitioner psychologist…I think there are enough areas of overlap, if health psychologist has actually sought out those placement opportunities, or previous paid roles or volunteer roles.
>
> (P4, clinical psychologist)

Some participants had created roles for practitioner psychologists which were open to psychologists of more than one domain of practice:

> You know, I've created a job role, which is, which either clinical or health psychologists could apply for in public health… I've let my know director know that, you know, this is the competencies that we need for the job, and therefore, the two registered practitioners that could do that are health and clinical. But that came from my knowledge of health psychology.
>
> (P7, clinical psychologist)

> So in the past, we've just offered opportunities to clinical psychologists, we now, our job description, certainly for 8a's, or even band 7s and above or practitioner psychologists.
>
> (P9, clinical psychologist)

The lack of a funded training pathway for health psychologists was proposed as a reason for clinical psychologists developing a specialism in health, rather than training as a health psychologist.

> Right along my clinical training and right through my employment, there'll be a lot of people like me that have erm have had to go down the clinical route with kind of a specialism in health basically, because the training was funded in that…And, you know, that career pathway of some sorts, is there.
>
> (P7, clinical psychologist)

Theme 3: Changing hearts, minds and systems: Ways forward

Positive conversations and examples

There were many suggestions about engaging with people who lead services, for example 'heads of services, or people who are wanting to kind of employ people, offering to consult or give ideas around this'. (P6, clinical psychologist).

Engaging with other psychologists was also suggested

> Making those forums where there's that dialogue…health psychologists and clinical psychologists are understanding one another skill sets, respecting what each other might bring, because I think there's misunderstandings on both sides as to what the training is like.
>
> (P7, clinical psychologist)

Engaging with psychologist stakeholders as well as other types of employer/stakeholder was seen as important:

> Psychology services tend to fall under…some kind of chief psychological professions officer…to say, right could you just sort this out for us?…those more senior lead roles, they're the ones who will actually be doing the employment and the job descriptions and so on. And I think that the organisations take the lead from those roles.
>
> (P6, clinical psychologist)

> I would imagine there's a lot more clinical psychologists overall than there are health psychologists and people like me, who run departments…if we were to be personally approached, and someone were to say to us, 'look, are you aware what health psychologists can do? So, next time you have a post to advertise, please be aware that you might want to advertise it on that basis'. So I, and also, you know, the one publication most of us read, I think, is Clinical Psychology Forum. So that would be another good place to go.
>
> (P13, clinical health psychologist)

Providing clear, positive examples of where health psychologists were improving services was seen as important:

> …find departments who do employ health psychologists…and then I'd be happy to kind of share learning…encouraging people to be a bit creative and confident to do something a bit different. And to recognise the benefits you'll get from doing that.
>
> (P6, clinical psychologist)

Psychologists highlighted that 'the first barrier is the fact we're called divisions. That's a massive barrier. That means there's a division between us, that word is a horrible word'. (P11, health psychology professor).

One participant said that advocacy was improving things:

> Something that the BSPHN and the British Psychological Society did when they wrote to all the Directors of Public Health, they sent them some information a few years ago about what health psychologists can do…then I could go to my director and say, look, here's some information about what health psychologists can do. Here's a job description, and a person spec and that kind of thing.
>
> (P11, health psychology professor)

Most participants interviewed agreed that it was important that health psychologists articulate their skills and competencies and that it was important to be clearly and positively able to define what health psychology is, not what it is not:

> And quite often, I hear people say, it's not clinical psychology. And I think when you're defining sort of thing in terms of what it isn't, then you've lost the argument before you've started. So I think there's a challenge for health psychology to have a really, really crisp, clear explanation of, of what we do.
>
> (P2, health psychologist)

> I don't know where they are. I don't know where to go. I don't know how many there are… How would a role be developed or nurtured that they'd be interested in?
>
> (P15, public health consultant)

There was also a need to ensure that the training was sufficient for those wanting to practice in certain clinical areas:

> I would be recommending that health psychologists who want to work in clinical settings and be considered alongside clinical psychologist or counselling psychologists…need to make sure they've had a minimum number of hours clinical experience and NHS settings. And that they need to make sure that they're given a broad range of kind of assessment, formulation, and therapy to actually deliver in therapy experiences themselves. And I would say make that from at least two different kind of clinical models. So everybody does CBT. But make sure you've got at least one other clinical model that you can draw on if CBT doesn't work in that setting.
>
> (P4, clinical psychologist)

> If…they definitely wanted to work in NHS settings,[they need] to have specialist NHS clinical placements that gave them the ability to demonstrate that they've got those competencies. And then as it as an employer and I would feel much more confident in inviting people to interview and then I could expect them to answer clinical questions in the way that demonstrates I knew we could employ them and they could do the job. So for me, that's like a standard level of extent of experience and breadth as well. And that will cascade on as well then, I can convince even more people to include health psychologists when they're talking about advertising for clinical and counselling, because we know, evidence of how strong health psychologists can be in those clinical settings.
>
> (P4, clinical psychologist)

However, one participant said that the skill set per level of seniority does not have to be the same for different types of psychologists:

> It's hard because I'm comparing to [NHS salary scale] band 7 clinical, but it doesn't necessarily mean health psychologists have to demonstrate those skills that I'm looking for in clinical, you just have to be really clear what those skills are that you bring in. You know, for what grade is being provided.
>
> (P5, clinical psychologist)

As a response to siloed working or protectionism, psychologists said 'there's not enough of us, there's plenty of work to go around. We've all got the same shared goals. And we've probably all got points of difference in strengths' (P6), pointing to the responsibility of 'professional bodies and training courses, and then at a service level to that we've got to be open to considering that'. (P6, clinical psychologist)

Open discussions about training

There was a call for more openness about concerns around the training of different disciplines within psychology:

> I think there's something about going to people and engaging in that dialogue really openly and honestly, and, and being kind of honest about where the limitations of each training is.
>
> (P7, clinical psychologist)

> I guess it's not a clinical training route. And so for health psychology to pretend it is which I don't think it needs to do that… How do you talk about what the different routes are? But there are different approaches. And actually, I think we should welcome that rather than everyone trying to be the same as everybody else. It's more about this is what we would bring as well, and where the areas of overlap are so that you can have that kind of core approach. But also, where are the areas of difference? And I think sometimes we're a bit afraid to talk about that…And whether even it needs to track back to training courses themselves and thinking about where are the areas for overlap with training cohorts and so on? Because if you're training in such a way that you're, you're sharing that through, then that would also be really helpful.
>
> (P6, clinical psychologist)

Participants provided examples of activities in public health, prevention and clinical health in a wide range of focus – for example, application of psychological theories and methods, engagement with communities, focus on health rather than mental health and promoting and enabling self-management (see File S2, Table S1).

DISCUSSION

We aimed to explore the views of those involved in clinical and public health roles, including employers/potential employers about the challenges in employing health psychologists and trainee health psychologists. We reported three main themes: the organizational fit of health psychologists, perception of competition for roles and ideas for changing hearts, minds and processes.

An oral history of health psychology (Quinn et al., 2020) reported that health psychologists felt that they had missed important opportunities for application and the Psychological Professions Network described the take up of the psychological professions in physical health care as 'slow to expand despite the significant evidence base' (PPN, 2020). Our findings support that health psychology, as one such

psychological profession, is not as present in the NHS or public health practice as it could be. The persistent barriers for interviewees without health psychologists embedded in their teams seem to be in some respects about role perceptions and the communication of what a health psychologist might bring that would complement, rather than compete with, other well-established roles in clinical health and public health settings. The need to share opportunities for collaboration, counteract misperceptions and alleviate concerns about competencies has been highlighted as key to successful integration of other 'newer' roles in the UK health workforce, such as Physician Associates (Jackson et al., 2017) and Advanced Clinical Practitioners (British Medical Association, 2022). Positively, this literature suggests that over time scepticism from other professionals tends to be replaced by increasing recognition of the value of diverse roles and additional expertise in healthcare teams (Halse et al., 2018; Halter et al., 2013).

Encouragingly, several interview themes and suggestions were in line with recent national efforts to increase funded training opportunities and enhance understanding about health psychology roles and competencies. These include the recent pilot of seven embedded Health Education England-funded Stage 2 health psychology training posts (HEE, 2022) and materials such as career case studies (Division of Health Psychology, 2021a; Division of Health Psychology Scotland, 2018) and recruitment guides (Division of Health Psychology, 2021b) which are proving popular both with aspiring psychologists and potential employers. This study suggests a need to further raise awareness of existing resources.

The study also highlights continuing employer concerns around variation in the formal training and hours of supervised experience working therapeutically which health psychology trainees have the opportunity to experience. This echoes previous debates (Hilton & Johnston, 2017) and findings from a survey of trainee and graduate experiences (Bull et al., 2021). A British Psychological Society review of competency standards is underway aiming towards greater consistency in this aspect of health psychology training. This study emphasizes the need for further exploration and consensus in the profession to give graduates the widest opportunities post-training. I propose that the UK profession's model of 'divisions' established and maintained through the organization of psychological training are incompatible with the levels of transparency, collaboration and understanding required for different practitioner psychologist roles to comfortably co-exist. The British Psychological Society now prefers to refer to 'domains of psychological practice' and encourages dialogue, multi-domain working groups and competency-based recruitment of psychologists where possible, rather than recruitment by 'type' of psychologist (British Psychological Society, 2021a, 2021b). These steps might increase the open communication between practitioner psychologists.

This study was limited by the recruitment of participants, which was difficult due to the pressures on public health and NHS teams during the earlier phases of the COVID-19 pandemic. Most of our participants were working in areas with current access to psychology; potential employers from healthcare teams with no current access to a psychologist may have different views and barriers to employing health psychologists. For example, nonetheless, we managed to recruit participants across local authority, NHS and academic institutions. Future research could explore organizations' experiences as they employ health psychologists and perceptions of organizations including the British Psychological Society and the Health and Care Professions Council about the issues of training and silos, particularly focusing on potential resolutions of the issues identified in this study.

A number of recommendations arise from this study. Firstly, it is clear that there are some areas of knowledge deficit about roles for health psychologists, their training and ways of employing them in different organizations. Improving knowledge in these areas should be a target of activity for organizations that represent health psychologists or who would benefit from increased health psychology roles. Secondly, there are concerns raised by psychologists about the lack of minimum clinical hours and potential paucity of clinical models in health psychology training. Training and regulatory bodies should investigate this and, if necessary, review and update training and validation requirements.

CONCLUSION

The psychology of health is important in health, including in prevention and care and whilst the awareness of health psychology has increased in recent years, findings suggest that health psychology is not as present in the NHS or local authority practice as it could be. This interview study identified barriers that exist for the integration of the role of health psychologists in health settings and teams without current access to health psychology. These include a limited understanding and experience of the value, organizational fit and training of health psychologists, concerns around preserving other disciplines within psychology and challenges in convincing different organizations about investing in health psychology. Recommendations to overcome some of these barriers included showcasing the competencies, skill-sets and value of health psychologists as part of multi-disciplinary teams, having open conversations with different disciplines and employers about roles and supporting key stakeholders to experience health psychology for the first time, such as through collaborative consultancy projects and funded trainee placements.

AUTHOR CONTRIBUTIONS

J. K. Hart: Conceptualization; data curation; methodology; supervision; writing – original draft; writing – review and editing. **Rachel Hawkins:** Formal analysis; methodology; project administration; writing – review and editing. **Panayiotis Michael:** Data curation; formal analysis; project administration; writing – review and editing. **Eleanor Rose Bull:** Conceptualization; formal analysis; methodology; supervision; writing – review and editing. **Alison Farrar:** Conceptualization; funding acquisition; project administration; writing – review and editing. **Clare Baguley:** Conceptualization; funding acquisition; project administration; writing – review and editing. **Rebecca R. Turner:** Formal analysis; methodology; writing – review and editing. **Lucie M. T. Byrne-Davis:** Conceptualization; data curation; funding acquisition; methodology; project administration; supervision; writing – original draft; writing – review and editing.

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CONFLICT OF INTEREST STATEMENT

JH, EB and LBD are all HCPC registered health psychologists. JH is past chair of the Division of Health Psychology of the British Psychological Society. LBD is current chair of the Division of Health Psychology of the British Psychological Society. EB is past practice lead of the Division of Health Psychology of the British Psychological Society.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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