

## **A strategic approach to sustainable growth of the psychological professions' workforce in physical healthcare.**

Bhutani, G., Jenkinson, E., Kalsy-Lillico, S., & Moore, E.

### **Abstract**

Psychological practice in physical healthcare results in better recovery and outcomes for patients/service users and their families and/or carers. Therefore, psychological professionals working in physical and integrated healthcare are ideally placed to make a significant impact on health and wellbeing outcomes and prevention of future disease. This is not yet reflected in health care strategic delivery, with psychological practice within physical health care often reliant on time-limited funding and subject to regional variation in commissioning. This paper outlines the key issues and presents the case for change. This includes recommendations for education, supervision, leadership and outcomes measurement to support a more comprehensive approach to psychological practice, and the sustainable growth of the psychological professions' workforce in physical healthcare.

### **A case for holistic psychological and physical health care**

Complex clinical and management challenges arise in medical treatment in all parts of the health and social care system because of the dynamic relationship between physical health and the person's experience of it. A plethora of research suggests that health conditions might best be understood in their bio-psycho-social context, at different stages of illness, from periods of stability to crisis, within new, as well as enduring, and life-threatening conditions (Doan et al., 2022), and with mental health and wellbeing incorporated in case formulation. Historically, we have tended to treat physical and mental health needs in a disconnected way with unhelpful consequences. Data on the differential impact of the COVID-19 pandemic was a powerful reminder that persistent inequalities generate ethical and economic challenges that an integrated health and care system might begin to address.

In keeping with best practice, the NHS Long Term plan for the UK (NHS, 2019) positions the needs of patients and service users across the lifespan, and their families and carers, at the core of all physical and mental health approaches in all health and care settings. As our

population is living for longer, the prevalence of long-term conditions has inevitably increased. It is well known that rates of common mental health issues (such as anxiety and depression) are higher in populations with physical health conditions (Patel et al., 2018). Over 16 million people in the UK have at least one major condition, and 1 in 4 people live with two or more, such that the demand for integrated support for behavioural adaptation and/or change currently greatly outstrips our capacity to meet it. In relation to policy and commissioning, whilst there is some practice focus on physical health and co-morbidity (e.g. in cancer, respiratory disease, cardiovascular disease, learning disabilities, dementia, and neuro-diverse presentations), we have yet to strategically upscale to maximise the impact of psychological practice on population health and wellbeing, with associated health economic benefits.

There is compelling evidence that clinical outcomes are enhanced if both physical and psychological interventions are co-delivered (Prince et al., 2007; NHS, 2019; Naylor et al., 2016) and the mandate for psychological practice in physical healthcare has been clearly articulated (Roberts & Dixon, 2013). It is widely recognised that 'all physical health problems have a psychological dimension' in terms of impact on lifestyle, recovery, and well-being over the longer term (Naylor et al., 2016). Treatment for 'common mental disorders' for those who have long-term physical health conditions has been shown both to improve long-term wellbeing, and to reduce healthcare utilisation (Naylor et al., 2016), as described in the National Institute for Health and Care Excellence (NICE) guidance (2009).

This paper addresses the implications of these realities for the psychological professions' workforce plan for England. We believe that the psychological professionals working in physical and integrated healthcare have the potential to make a significant impact on health and wellbeing outcomes and prevention of future disease. We make the case for expansion and training to support the massive growth required to achieve this, through better integration of physical and mental health within and across teams, organisations and through commissioning.

### **Our psychological workforce in physical health care**

The psychological workforce comprises three main groups – Psychological Practitioners, Psychological Therapists and Practitioner Psychologists. The distinctions are broadly based

on levels of training (which range from Certificate/Diploma level to Doctoral level) and scope of practice which is population and modality based.

Currently, it is estimated that there are over 27,000 psychological professionals working in publicly funded health and care in England (NHS Benchmarking Network, 2023). The largest groups are clinical psychologists, and NHS Talking Therapies staff (high intensity therapists and psychological wellbeing practitioners). Psychological professions form up to 12% of the staff numbers in mental health trusts which is the second largest grouping after nursing (Psychological Professions Network (PPN), 2018). In other areas of practice such as physical health, the numbers are significantly smaller. A recent census conducted by NHS Benchmarking Network (2023), which included psychological professionals within acute hospital Trusts in England identified 1,035 whole time equivalent (wte) psychological professionals within these services. This matches closely a recent survey by the British Psychological Society (BPS) of Clinical Psychology and Practitioner Roles in Physical Health Care in 2022 (BPS, 2024) suggests the numbers working in physical health are around 1018 wte. The range of roles included clinical psychologists, health psychologists, counselling psychologists, clinical neuropsychologists, counsellors, psychological therapists (e.g. CBT), and assistant and associate psychologists. The largest groups were clinical psychologists and assistant psychologists accounting for over 60% of the survey responses. The report acknowledges there are likely to be gaps and highlights paediatric settings and neuropsychology as being areas of under-reporting. Nevertheless, the psychological professions workforce in physical health care is likely to represent approximately 4% of the total psychological professions workforce.

Physical health care services account for the bulk of NHS service delivery compared with mental health services. Despite this, there are comparatively few psychological professionals working in physical health care. The areas of greatest provision reported by the BPS were in neuropsychology, pain management services, oncology and palliative/end of life care [BPS, 2024] as well as paediatrics and occupational health. Clearly, there is scope to develop services across a wider range of specialities.

Existing innovation and new roles are just some of the new ways of working to grow the psychological professions workforce in physical healthcare. These include the expansion of NHS Talking Therapies for Anxiety and Depression into providing mental health

interventions for patients with Long Term Conditions, embedded psychological practice in NHS Trusts working within the acute health sector such as the model being applied in oncology teams, the introduction of Clinical Associates in Psychology and the inclusion of health psychologists within multidisciplinary and multi-professional teams.

This is further supported through national strategic drivers such as the publication of the first Psychological Professions Workforce Plan for England by NHS England in 2021 (<https://www.hee.nhs.uk/our-work/mental-health/psychological-professions>). The delivery framework for this workforce plan included the commitment to:

“Support the extension of psychological professions and psychological practice in physical healthcare settings and primary care. This will include:

- The completion of a case for change in psychological practice in physical healthcare
- Investment in a programme to deploy trainee health psychologists to support service transformation development projects”

The case for change for psychological practice in physical healthcare has recently been published by the PPN (2023). Within this report is the acknowledgment that psychological practice is a feature of many elements of healthcare across multidisciplinary teams. The report goes on to note that some of this psychological practice is delivered by specialist psychological professionals who can also support the development of a more focused psychological approach across teams working in physical healthcare. Therefore, a wider consideration of the application of psychological professions workforce roles in physical healthcare is required.

### **Existing national programmes in physical healthcare**

There are two established national programmes supported by NHS-England, that have actively delivered on the expansion of psychological practice and the psychological professions workforce in physical healthcare, that are to be highlighted with this consideration in mind:

- Neonatal Networks and
- Cancer Alliances

The Neonatal Networks have taken a strategic approach alongside an operational delivery focus across 10 geographical network areas in England, with a primary aim to improve the quality of care for babies and their parents. With regards to psychological practice, the core goal is to ensure that the psychological skills and competencies required to provide quality interventions and outcomes for babies, their parents and multi-professional teams are matched with the appropriate workforce. The Neonatal psychological professions workforce includes practitioner psychologists, educational psychologists, family and systemic psychotherapists, child and adolescent psychotherapists, adult psychotherapists and counsellors. The Network in conjunction with key stakeholders including the British Psychological Society and Association for Clinical Psychology-UK, in 2022 produced key standards on the psychological workforce required on neonatal units. These standards alongside additional workforce investments at local level have led to an expansion of baseline psychological professions workforce in neonatal units from approximately 15 whole time equivalent (wte) posts across seven geographical network areas to an increased workforce of approximately 43 wte. Whilst the workforce provision is still below what is professionally recommended in the aforementioned standards, this expansion has indicated further impacts of the strategic leadership provided by the network to grow psychological practice, through a phased and committed approach that included stakeholder engagement, training and education infrastructure and cultural change within neonatal units.

The Cancer Alliances were formed by NHS England in 2017/2018 as a collaborative stakeholder model of clinical and operational leadership for cancer systems. With regards to psychological (and psychosocial) practice, the NHS Cancer Programme commissioned a programme of work on the impact of psychosocial support for cancer patients during the Covid-19 pandemic. The outputs of this work directly linked back to Cancer Alliances being tasked to complete a mapping and development plan for psychosocial support. This followed the commitment of a “Statement of Intent” by the NHS Cancer Programme in 2021 on the level of psychological support and service pathways required to improve access,

uptake and outcomes. This coincided with pre-existing work on the mapping and modelling of psychological professions workforce across all levels of cancer care. For example, the East Midlands Cancer Alliance committed to a project to upgrade the local psycho-oncology workforce provision which had the largest gaps compared to national modelling. Following a significant partnership programme of work across five Integrated Care Systems there was a commitment for a region-wide implementation of the psychosocial care model, promoting consistency across systems. This led to a workforce expansion from 5.9 wte practitioner psychologists in 2019 to approximately 23.8 wte in 2023. Whilst this expansion also still falls short of national modelling, it has demonstrated that expansion is achievable when supported by strategic cases for change, demonstrable patient outcomes and committed stakeholders.

### **Developing and diversifying the psychological workforce**

One key route to growing and transforming the psychological workforce in physical health care is the establishment of new workforce roles drawing upon a more diverse range of psychological professionals. As identified in the Psychological Professions Workforce Plan for England (NHS England, 2021), health psychologists are ideally placed to be employed in physical healthcare due to their specialist training in working in physical health care with patients and their families, and in delivering behaviour change to support healthy lifestyles and self-management. However, current workforce estimates evidence that few roles currently exist. Recent estimates suggest that only 15 wte are working in NHS clinically focused roles in England overall (NHS Benchmarking Network, 2023) with even fewer in physical health care. Whilst this is likely to be an underestimate, Health and Care Professions Council (HCPC) registration data shows a much bigger potential workforce of 680 registered health psychologists, with hundreds more currently in self-funded training through the BPS and universities (HCPC, 2023). This presents an opportunity to grow the NHS workforce in physical health care by opening up existing roles to a wider range of practitioner psychologists such as health psychologists through inclusive recruitment practices (see BPS, 2021) and creating new roles for health psychologists and trainee health psychologists. This has proved fruitful in Scotland, where a small number of NHS Scotland and NHS Trust funded trainee health psychologist places have been offered annually for 15 years (NHS Education for Scotland, 2023). In addition, new roles for qualified health

psychologists have been established in key areas in Scotland, notably in physical health care where behaviour and lifestyle change are pivotal to successful physical and psychological outcomes, such as diabetes care and weight management. This approach is slowly evolving in England. For example, a national pilot programme embedding seven trainee health psychologists in workforce transformation and redesign across seven regions has achieved proof of concept (NHS HEE, 2023). Swifter growth of opportunities for health psychologists, and a focussed funded training programme in physical health care presents one solution for strategically upscaling to maximise the impact of psychological practice on population health and wellbeing.

Psychological professionals also have the capability to drive growth in the skill set of health and care staff. The focus on physical health within NHS teams can often render health care teams feeling unskilled in identifying and managing the emotional distress and psychological barriers to self-management that patients and their families commonly experience. 'Upskilling' led by psychological professionals will be vital to successful workforce transformation and redesign (PPN, 2023) to make all health and care psychologically informed and patient centred in physical health care.

In addition to driving growth we would be remiss to not consider retention, and the contribution that psychological professionals can play in a more psychological informed approach to workforce wellbeing. This can include direct service delivery but also needs to include a strategic approach to workforce wellbeing that includes organisational and system-wide delivery. A wide range of psychological professionals such as health, counselling and clinical psychologists have been instrumental in developing good practice in this domain, particularly in responding to needs for staff health and wellbeing support during the covid-19 pandemic (Armstrong et al., 2021).

### **Challenges to growing the psychological workforce in physical health care**

Nevertheless, growing the psychological workforce is not without its challenges. The inequity of national funding schemes for practitioner psychology programmes is a systemic barrier to safely growing a workforce that can support the delivery of psychology in physical health care and upskilling of the health and care workforce. There is also no core set of

competencies currently mapped to curriculum for Practitioner Psychologists working in physical health care. This presents a challenge for trainee and qualified psychologists who may wish to forge a career in NHS physical health care, and recruiters wanting to adopt BPS-proposed inclusive recruitment practices and build teams with diverse specialisms but also a shared set of core skills.

Our current focus on building the practitioner psychology workforce may also overlook two important drivers in developing effective and psychologically informed physical health care teams. The first driver is the lived experience of our patients and their families. 'Experts by experience' must be actively included as partners alongside those with 'expertise by qualification', diversifying the workforce.

Secondly, we need to lead from the top in embedding psychology into physical health care services. Whilst the impact of psychological practice in physical healthcare is demonstrated in improved outcomes for service users/patients, the inclusion of psychological practice in physical health care has remained patchy and inconsistent with many specialty areas lacking or having only a narrow input focussed on the provision of specific psychological therapies. While there are many examples of good practice, the inclusion of psychological expertise at senior levels is usually absent.

This gap needs to be addressed by including psychological professionals at senior decision-making levels in organisations to enable a more comprehensive approach to service development and provision. Psychological professions should contribute to the organisation's clinical strategy and people strategy to enable the inclusion of psychologically informed care, practice and therefore workforce across physical health care. Integration of psychological practice into physical health care will require multi-professional working and accountability. Therefore, multi-professional teams/services/divisions should include psychological professions and be accountable as a multi-professional team for the care provided.

### **Leadership and culture change**

To achieve these benefits will require culture change at a range of levels within and across organisations so that the demonstrable case for change is accepted. Therefore, senior psychological professions should sit alongside multi-professional colleagues within quality,



governance and assurance structures to support the inclusion of psychological practice and the implementation of metrics to assure quality. In addition, psychological professions at senior levels should have the responsibility and the resources to support the upskilling of other professionals to deliver a more psychologically informed service.

At system level, the inclusion of psychological professions in clinical leadership is also often absent. Where it is present, the inputs are often focused on mental health rather than physical health. There should be input from psychological professions from both areas of practice, contributing to the organisation and delivery of care at all levels of the system so that no organisation provides inconsistent services to patients and service users.

The PPN can support organisations to access expert input. In addition, communities of practice can provide opportunities for psychological professionals working in physical health care to share good practice, develop and engage in CPD across organisational boundaries (economies of scale) and provide an expert advisory role for systems and regions that encompasses core professional issues rather than condition specific responses. However, without structural change from organisations and systems, the impact of this will be limited.

In summary, psychological professionals working in physical and integrated healthcare have the potential to make a significant impact on health and wellbeing outcomes and prevention of future disease. The case for growth and expansion within the NHS workforce is clear, but investment and training are needed to achieve better integration of physical and mental health within and across teams, organisations and through commissioning. Success will require overcoming barriers and creating the conditions required for psychological professionals to thrive within physical health teams, and we need to delineate markers of change and ensure leadership and accountability for meeting these goals. If this can be achieved then it will improve experience and outcomes for all patients/service users, their families and carers accessing physical healthcare.

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