

Health psychologists cooperating – challenges and opportunities

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For health psychologists, cooperation with other professions is an important part of interdisciplinary work.

Such efforts are not without challenge, due at least in part to different scientific approaches characterizing various disciplines involved in the health domain. On the other hand, interdisciplinary cooperation is rich in opportunities for all parties, not least the patients and clients who may have much to gain from such efforts. To elucidate the topic with respect to Health Psychology in the countries represented in the EHPS, questions specifically concerned with cooperation with other professions were included in the questionnaire administered to the EHPS National Delegates (NDs) (see Plass et al., this issue). In this contribution, the cooperation of Health Psychologists with other fields of psychology and with other professions are discussed on the basis of the results the questionnaire study. The article also considers examples from Sweden and Switzerland.

Survey questions on health psychologists cooperating

EHPS NDs were asked with which professions and in which domains HPs were cooperating, which were the barriers that can be identified, as well as what could be done to stimulate cooperation. They were also encouraged to provide additional

comments. NDs reported that cooperation with other psychologists and with physicians, nurses and physiotherapists is prevalent (see Figure 1). Health Psychologists are generally seen as cooperating with other professionals in research and teaching and less often in supervision and training (see Figure 2). In several countries (e.g. Cyprus, United Kingdom), service provision was specified as other category. NDs were asked to rank three possible barriers for cooperation (namely *lack of funding, different scientific approaches or competition between professions*). The highest rank was assigned the number 1, the lowest number 3. On average, the highest barrier to cooperation was considered to be Lack of funding, with a mean rank of 1.42 (see Figure 3), followed by *different scientific approaches and competition between professions*. There are different ways of establishing and stimulating cooperation of Health Psychologists, which also depends on the specific circumstances present in a given country. Thus, the results of this mainly quantitative survey are difficult to interpret without taking the context in the different countries represented in the EHPS into consideration.

Cooperation: examples from two countries

It is the aim of the (present) authors to stimulate further discussions that will lead towards fruitful cooperation between actors in the health sector for the benefit of all parties, patients as well as health care providers. To further such an approach we as authors – one of us from Sweden,

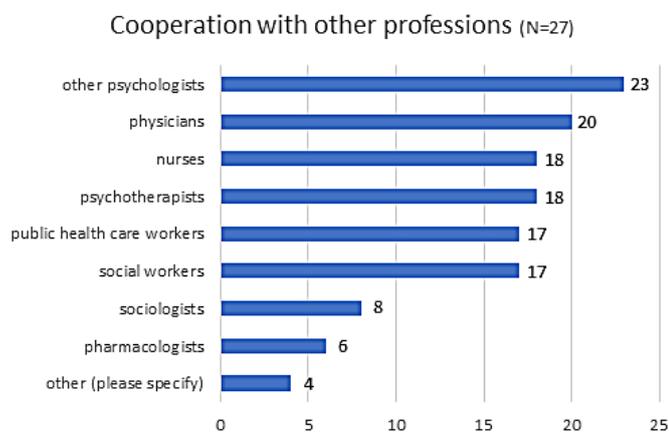


Figure 1. Cooperation with other professions (n=27). Absolute numbers are displayed.

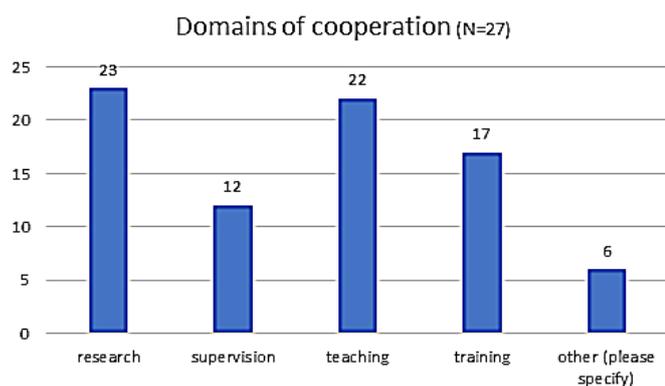


Figure 2. Domains of cooperation (n=27). Absolute numbers are displayed.

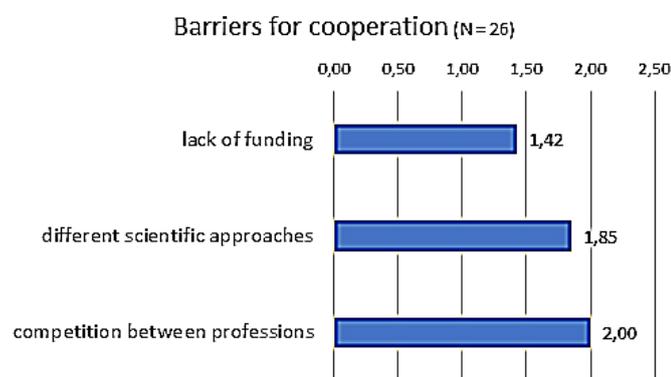


Figure 3. Barriers for cooperation (n=26). Mean rankings are displayed.

the other from Switzerland – have chosen to deal with specific situations in our two countries only so far as this leads to a better understanding of the above-mentioned questions on cooperation. Both Switzerland and Sweden are European countries with a very high standard of living. Nevertheless, there are striking differences between the two countries with respect to the health system and the role Health Psychology and Health Psychologists are playing.

Cooperation of HPs in Switzerland

Cooperation with other professionals. One clear indication from this survey is that cooperation in many countries is frequent between Health Psychologists and other professional groups, among them physicians, nurses and physiotherapists, but also teachers and sociologists. This seems to be true despite the fact that in Switzerland Health Psychology is less present in specialized health care centers than in other countries such as Germany, Austria or Sweden. Health Psychologists in Switzerland either have their own practices or are employed in hospitals. The practice of Swiss Health Psychologists consists of working with individual clients and at the level of groups, e.g., in prevention or health promotion projects or networks. In stressing this matter, Swiss Health Psychology is drawing a clear boundary to other psychological areas, such as social and clinical psychology, helping to legitimise its status as a separate discipline within psychology and defining which partners it should cooperate with. This was also politically necessary in order to be recognised by the federal government as a separate area of psychology.

Barriers. Health Psychology is a relatively young discipline in Switzerland and it has taken some effort to establish itself in relation to the others. The fact that Switzerland is a four-language country and that is organized according to regions

contributes to the difficulties. On the other hand, we observe a growing interest in topics and interventions of health psychology, which result both from societal necessity and from increasing specialization. Traditionally, in Switzerland the boundaries between the different professions tend to be clear-cut, a circumstance that stimulates competition rather than cooperation. Fortunately, in recent decades the necessity of cooperation has been felt more strongly and efforts have been undertaken at different levels to overcome these barriers.

Stimulating cooperation. In order to stimulate cooperation in the different areas between Health Psychologists and other health professionals, it is important that Health Psychology and Health Psychology interventions are embedded in a national health policy. The development of a postgraduate curriculum encourages cooperation at different levels. A postgraduate curriculum including standards for training and supervision exists in both Sweden and Switzerland. In the latter country, standards were defined in a cooperative process in which the federal government, the universities, the professional organizations FSP and SGGPsy and the accreditation commission were involved (cf. Nieuwenboom, 2016). A MAS (Master of Advanced Studies, continued formation) was introduced in the French-speaking part of Switzerland as a joint programme of three universities (Geneve, Lausanne and Fribourg). A logical next step will be the development of a similar programme in the German-speaking part. Health Psychology has shown itself to be able to strengthen its identity among other psychological disciplines within the FSP, which facilitates cooperation with those disciplines. What Health Psychology has to offer will become more visible and available in health care centers all over Switzerland.

Cooperation among Health Psychologists in Sweden

In Sweden, involving health psychologists and clinical health psychologists in primary health care has been seen as having many advantages (Andersson, 1989, 2009). A psychologist working in the field of primary prevention can help to bridge the gap that may be evident between existing programmes of health care, social work and education, not the least by means of a generalist approach. The health psychologist can contribute by collaborating with primary health care personnel to the development of new diagnostic and therapeutic methods, considering health and illness as a function of living conditions such as unhealthy eating, insufficient physical activity, use of tobacco and the risk use of alcohol.

Cooperation and education. Cooperation is closely related to the education of psychologists. Encountering primary health care patients rather than patients at typical somatic and psychiatric clinics (which represent a highly selected group of patients) is important, not only for the education of psychologists but also for the recruitment of psychologists within primary health care, and their understanding of the problems that generally confront primary health providers, as such problems often involve less somatic and more psychological and psychosocial (e.g. family, workplace) issues.

Research on cooperation. Within community health care settings, there are broad research possibilities for Health Psychologists to cooperate with other groups in considering what forms of care or social support are most important, including the medicalization of common problems, as well as chronic disease, disability, alcohol and drug abuse, and the prevention of accidents and suicide, for example.

Sveriges Psykologförbund (n.d.), the organization representing professional

psychologists in Sweden, recently documented various similarities and differences in qualifications and responsibilities for psychiatrists, health psychologists and clinical psychologists within general psychiatry in Sweden. The results indicate that cooperation functions reasonably well with mutual respect and understanding of each others competencies and a focus on the patients involved. Cooperation was seen to function less optimally when medical and psychological treatments were not seen as part of the same overall treatment, when roles and responsibilities were not clearly formulated and when the areas of responsibility were not fairly distributed.

Cooperation and Health Psychology - what can be done?

The above-mentioned developments will help to make health psychology and its approach to health problems generally more widely known in society. Intervention projects in the field of public health and health promotion, in which Health Psychologists have the lead or are at least involved, will encourage collaboration at an interprofessional and interdisciplinary level. This is also true regarding research. Grant rules that explicitly mention an interdisciplinary approach as a condition for funding make cooperation necessary and at the same time facilitate a process of creating mutual understanding between the different stakeholders. An experience from Switzerland is that Health Psychologists are active in different networks such as the Mental Health Network Switzerland (Netzwerk Psychische Gesundheit/Réseau Santé Psychique Suisse), which plays an important role in this process.

From the examples above, and also in the process of writing this article, it became clear that even when we compare countries such as Sweden and Switzerland, which at first glance have very much in common, considerable differences exist in

the way in which Health Psychologists cooperate with other professionals, depending on the conditions and circumstances involved, on cultural and language considerations, and on other context variables within a specific country. It emphasizes the need to stay in touch and maintain a dialogue that encourages cooperation between the countries represented in the EHPS in exchanging knowledge among Health Psychologists to deal effectively with such matters.

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