



Consultation Response

Inquiry into Chronic Conditions

May 2023

This submission sets out the British Psychological Society's (BPS) response to the Senedd's Health and Social Care Committee's call for evidence to inform their inquiry into supporting people with chronic conditions.

The BPS is the representative body for psychology and psychologists throughout the UK. We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research. Psychology has an important role to play in government policy and improving lives of the public. We are a registered charity with a total membership of around 60,000 – over 1,600 of whom are in Wales.

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Introduction

Long-term conditions or chronic illnesses are conditions for which there is currently no cure, and which are managed with drugs and other treatment.¹ There are many chronic conditions including diabetes, chronic obstructive pulmonary disease, arthritis, hypertension, cancer, cystic fibrosis, eating disorders and obesity. Chronic conditions are found in people of all ages, impacting on them and their families, and placing significant challenges on health and community services.

The community of psychologists plays a diverse and increasing role in healthcare in Wales on the impact of psychological factors in the course of long-term conditions. The range of interventions that psychologists provide is extensive – some of them are focused on general wellbeing, others on modifying specific symptoms of a disease.

Chronic conditions in Wales:

- In 2014, 800,000 in Wales had at least one chronic condition.² This is over a quarter of the whole population.

¹ [Long-term conditions and multi-morbidity | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/long-term-conditions-and-multi-morbidity)

² [Audit Wales report into the Management of Chronic Conditions in Wales, 2014.](https://www.audit.wales.gov.uk/reports/audit-wales-report-into-the-management-of-chronic-conditions-in-wales-2014)



- The percentage of people with multiple chronic conditions in the same year increased by 56%.³
- In 2017, 1 in 2 (46%) reported having a longstanding illness and 1 in 5 (21%) of adults reported having two or more longstanding illnesses.⁴
- Longstanding illness was more common in women than men.⁵
- The proportion of adults who reported having longstanding illnesses increased with age.⁶

It is clear from the data that chronic conditions are a serious concern for people in Wales and for the services that support them. We are pleased that the Committee is undertaking an inquiry into this area.

NHS and social care services

Psychologists play a key role in supporting people who are living with chronic and long-term illnesses and in preventing the development of chronic conditions. After the initial acute phase of a chronic illness diagnosis, there are various ways that psychologists can support adjustment to living with a lifelong condition, from helping people to adjust to a new diagnosis, preparing people for interventions and helping them live well when a long-term condition becomes part of their lives.

The diagnosis of a chronic condition can impact on a person's mental wellbeing and, in some cases, can result in the development of a more serious mental health condition. However, most chronic conditions are not treated in a mental health service. Although medication and other physical interventions play a role in the long-term management of chronic illnesses, mental wellbeing is key to a person's ability to live with a life-long disease or illness. Addressing the wellbeing of patients with a diagnosis of a chronic illnesses - within the wider health service - is therefore a vital component of the care and treatment of someone with a chronic condition.

The role of Psychology and Psychologists

Psychologists help people cope 'well' with an event (like a diagnosis) through implementing strategies that involve assessing what we think about the event and then considering what we do about it.⁷

Psychologists are employed in a number of settings, such as hospitals and community health settings, health research units, local authorities, public health departments and university departments. They may deal with problems identified by healthcare agencies (including NHS) or by people themselves. This is in addition to working alongside other medical professionals such as GPs, nurses, dieticians, surgeons and rehabilitation

³ [The path to sustainability.](#)

⁴ [National Survey for Wales 2017-18: Adult general health and illness](#)

⁵ Ibid. National Survey for Wales

⁶ Ibid. National Survey for Wales

⁷ [Adjusting life to chronic illness | BPS](#)



therapists. Three domains of psychology play a crucial role in the management of chronic conditions.

Health psychologists use their knowledge of psychology and the way people respond to illness to promote general wellbeing, prevent secondary problems such as anxiety and depression and help people to develop specific techniques for managing their condition (e.g. mindfulness, helping people to change behaviours so the condition is better managed). They are specially trained to help people deal with the psychological and emotional aspects of health and illness as well as supporting people who are chronically ill.

Clinical and Counselling psychologists deal with a wide range of mental and physical health problems including addiction, anxiety, depression, learning difficulties and relationship issues. They may undertake a clinical assessment to investigate a clients' situation. There are a variety of methods available including psychometric tests, interviews and direct observation of behaviour. Assessment may lead to advice, counselling or therapy.

It is important to note that there are other psychologists that also play a crucial role in chronic conditions. For example, occupational and research psychologists working in the NHS are developing new services, enhancing leadership capacity and creating novel interventions for care and treatment.

Recruitment

The Electronic Staff Record (ESR) Data Warehouse shows that between March 2015 and March 2021, the psychology workforce increased by 404FTE (73% increase). "Apart from the period of September 2017 where the workforce saw a decline of 1%, every other period up to March 2021 shows a growth in the Psychology workforce compared to March 2015".⁸ However, psychologists have recently been placed on the Occupation Shortage list for all countries in the UK.⁹

In Wales we are concerned that there are very few training places for health psychologists and fewer job opportunities once their training is complete. Anecdotal evidence shows that we often see students leave Wales to practice in England or abroad, or they go into private practice. The BPS is also concerned that Wales is the only UK country that does not provide funded Stage Two training for health psychologists.¹⁰ However, we are pleased that HEIW has recognised the need to change this and are looking forward to hearing how this will be realised.

⁸ HEIW, [Mental Health Workforce - Technical doc Eng.docx \(live.com\)](#). p.37

⁹ [Skilled Worker visa: shortage occupations for healthcare and education - GOV.UK \(www.gov.uk\)](#)

¹⁰ Health psychologists need to complete an undergraduate degree, stage 1 and stage 2. **Stage 1** An MSc in health psychology that meets the standards of accreditation by the BPS. Cardiff Metropolitan University currently offers the MSc in health psychology. **Stage 2** Training in health psychology. This is necessary to gain eligibility to apply for registration with the HCPC and to become a Chartered Health Psychologist. Stage 2 training comes in different formats. Some universities offer a PhD or a professional doctorate programme.



In Wales, there is one course for training counselling psychologists, but students have to self-fund. (This is also the case in the rest of the UK.) In addition, unlike other healthcare professionals in training, trainees in counselling psychology and health psychology currently only have the option to undertake unpaid NHS Wales placements. BPS members tell us that the prospect of loss of earnings further precludes students from applying and considering a career in counselling or health psychology. This results in a lack of diversity in the profession and a lack of diversity regarding socio-economic background.¹¹

However, we are pleased that Clinical psychology training posts have increased year-on-year and the last addition four posts increases the total to 40.

Multi- and Interdisciplinary models of working

The pressures on the NHS in Wales are unlike any we have seen and there are shortages in many health professions. The health service has finite resources and is operating in a post-pandemic environment during a cost-of-living crisis. This calls for the NHS to be more creative in how we use the existing workforce to meet the specific needs of those with chronic, and other conditions.

Psychologists not only have the expertise to help people to focus on wellness and not illness *per-se*, they can train the wider health workforce in developing and using psychological skills. Psychologists play a key role in upskilling health professionals within their teams. They use their expertise in understanding and assessing patient behaviour to provide other healthcare professionals with the psychological tools available - tools based on frameworks underpinned by psychological theory and bio-psychosocial models - to better support their patients.

We know that GPs face an increasing workload (and therefore experience burnout)¹² receive a high volume of consultations that involve mental health,¹³ and that some GPs new to practice may not feel confident in managing the psychological content of many general practice consultations.¹⁴ Our **guidance for Clinical Commissioners and Integrated Care Systems**¹⁵ highlights how to mitigate the risks by embedding psychology in primary care services and why this helps to make a profound difference to both the patient and the practice.

¹¹ Lang, Analysis and recommendations on diversity of the mental health workforce, April 2020 https://trustsrv-io-tavistock-tenant-mediabucket-ixlat5oi107p.s3.amazonaws.com/media/documents/Analysis_and_recommendations_on_diversity_of_the_mental_health_workforce.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIASPFGSFA5MV75PZDY%2F20220328%2Ffeu-west-2%2Fs3%2Faws4_request&X-Amz-Date=20220328T085842Z&X-Amz-Expires=3600&X-Amz-SignedHeaders=host&X-Amz-Signature=e82475d4b5f41c7fc7cff9cc5903569c647fe77da916c8e1fe30188fd55be817

¹² [More than a third of GPs considering early retirement within a year, BMA reveals - Pulse Today](#)

¹³ [40 per cent of all GP appointments about mental health - Mind](#)

¹⁴ [Clinical Psychology in Primary Care - how can we afford to be without it?: Guidance for Clinical Commissioners and Integrated Care Systems | BPS - British Psychological Society](#)

¹⁵ [Clinical Psychology in Primary Care - how can we afford to be without it?: Guidance for Clinical Commissioners and Integrated Care Systems | BPS - British Psychological Society](#)



Powys Teaching Health Board's Living Well Services is an example of successful multi-disciplinary working in primary care for people with chronic pain. The service is led by a psychologist working with a multidisciplinary team of physiotherapists, nurses and GPs. They work with people who have persistent pain, chronic fatigue or significant weight issues to understand how their health problems effect the physical, psychological and social aspects of their lives and understand what they can do to manage their conditions and live well.

Multiple conditions

Having one chronic condition can increase the risk of developing further complications including other chronic conditions. Some of the most common chronic conditions are very closely related, such as obesity, high blood pressure, type 2 diabetes, high cholesterol, and heart disease.¹⁶ Many of these conditions are risk factors for each other, and if one is not controlled, it raises the risk of developing another.

We also know that chronic conditions increase the risk of developing a mental health condition. It is common to feel afraid and anxious when first diagnosed with a life-long condition, but for many people this can lead to depression, particularly if there is a history of poor mental health in the family.¹⁷

As previously mentioned, the key role of a psychologist in the management of care for those with chronic conditions is to provide the tools to change behaviours that enable the individual to lead as well a life as possible. This component in a person's care is crucial, as it will not only ensure that the individual can live 'well' with their condition, but it will also lessen the likelihood of developing further illnesses that could manifest in other life-long conditions.

Impact of additional factors

Health Inequalities

Poverty and social inequality are persistent, systemic, multifaceted problems with wide-ranging consequences for individuals, families and communities. Once started, the cycle of poverty is hard to break, and this can be hugely damaging to people's lives, their prosperity, their dignity, and their physical and mental health.¹⁸

Chronic conditions are disproportionately prevalent amongst the poorer sections of society. The Kings Fund writes:

People in lower socio-economic groups are more likely to have long-term health conditions, and these conditions tend to be more severe than those experienced by people in higher socio-economic groups. Deprivation also increases the likelihood of having more than

¹⁶ [Having one chronic condition can boost the risk for others - Harvard Health](#)

¹⁷ [NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression \(nih.gov\)](#)

¹⁸ BPS Briefing Paper – Wales : from poverty to flourishing – bringing psychology into action on poverty, 2021.



one long-term condition at the same time, and on average people in the most deprived fifth of the population develop multiple long-term conditions 10 years earlier than those in the least deprived fifth.¹⁹

Poverty is a systemic crisis in Wales. Nearly a quarter of the population of Wales is living in poverty. Of these, 50,000 are working-age adults, 29% are children, and 19% are of pension age.²⁰

We are keen that the Committee closely considers the inextricable link between poverty and chronic illness and reviews how psychological evidence enables us to identify and understand some of the barriers that policy approaches to addressing poverty can create, which can be detrimental to efforts to improve people's life chances.

Post pandemic

A few months after the introduction of lockdown measures in March 2020, most services moved online. This has provided challenges but also created opportunities to develop online health care. But in Wales we continue to struggle with issues around rurality and connectivity. Although we do not want to revert to the old models of health care provision, we need to find a balance that can meet the needs of the majority of the population. Face-to-face services must be available to those who need them.

The Welsh Government's Adferiad (Recovery) Long-Covid Programme²¹ is a suite of services and new patient pathways to support those who have additional needs as a result of the pandemic. The latest report by Cedar and the Welsh Value in Health Centre highlights that patient experience of the programme was largely very positive and did not vary over time; however, due to the low sample size this may not be representative of the population as a whole.²² They recommended that "future monitoring of the Long COVID recovery program should include a more robust and patient-identifiable data collection and assessment to fully understand the health and social benefits of this service". We would like to see what impact this programme has had in rebuilding pathways, particularly to those with chronic conditions.

We are still concerned that anecdotal evidence suggests that many services offered to patients prior to Covid no longer exist. These were understandably stopped during the pandemic but it appears were then either slow to be reinstated or failed to get off the ground. We would like a better understanding of the impact of this on people with chronic conditions and to see what alternative avenues for treatment and care are being offered.

We would also like to see the impact the pandemic continues to have on ethnic minority communities and disabled groups. The pandemic raised the public's awareness of the social determinants of physical and mental health, where minority and disabled groups were experiencing higher infection and mortality rates. This disparity was largely caused by socio-

¹⁹ [What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-are-health-inequalities/)

²⁰ Pay, Work and Poverty in Wales: Wales TUC, December 2019.

²¹ [Adferiad \(Recovery\) long COVID programme \[HTML\] | GOV.WALES](https://gov.wales/adferiad-recovery-long-covid-programme)

²² <https://cedar.nhs.wales/files/adferiad-recovery-long-covid-service-evaluation-fourth-release-eng/>



economic inequalities, higher prevalence of underlying health conditions, occupational exposure risks, and potential barriers to accessing healthcare services.²³

Welsh language

Anecdotal evidence indicates a shortage of Welsh speaking psychologists in Wales, which means many are not able to receive therapy in their chosen language. Mind Cymru highlighted the difficulty in accessing support in Welsh in their report *Too long to wait*, stating that “it is unclear what impact being unable to access psychological therapies in Welsh may have on outcomes and experience...” and they suggested that “Greater research in this area would be most valuable.”

However, we are pleased to see that some university courses are beginning to offer psychology modules in the medium of Welsh. For example, Cardiff Metropolitan University School of Sport and Health Sciences are dedicated to providing support, provision and development opportunities to students studying on psychology and/or health related degree programmes through the medium of Welsh. Psychology students can study up to 40 credits through the medium of Welsh at Undergraduate level. The provision available within the school moves towards providing a bilingual healthcare workforce for Wales, which is evidence informed.

Prevention

Public Health

Health Psychologists play a key role in the prevention of ill health through promoting healthier lifestyles and encouraging people to improve their health; for example, they may help people to lose weight or stop smoking. Health psychologists also use their skills to try to improve the healthcare system, such as advising doctors about better ways to communicate with their patients. They identify unhealthy and risky behaviours, and help people adapt to the changes they face when they are diagnosed with a chronic illness.

There is also an opportunity in Wales to employ more psychologists to support behaviour change in public health settings. We are pleased to see that Public Health Wales has recently launched a behavioural science unit and are building a community of practice in this area.

Adverse Childhood Events

Adverse Childhood Experiences (ACEs) have been found to have long-term effects on health and well-being. Several studies have shown a strong association between ACEs and a range of physical and mental health issues. These include but are not limited to heart disease, diabetes, obesity, substance abuse, depression, anxiety, and other mental health disorders. The cumulative effect of multiple ACEs or the severity of specific types of ACEs

²³ [Drivers of the higher COVID-19 incidence, morbidity and mortality among minority ethnic groups, 23 September 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/drivers-of-the-higher-covid-19-incidence-morbidity-and-mortality-among-minority-ethnic-groups)



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can further impact health outcomes. Clinical and Counselling Psychologists are experts in identifying and working with the effect that traumatic events or adverse childhood events can have on the course of many conditions in later years. We would like to see the Committee review this area in the course of their inquiry.

Conclusion

We are pleased that the Committee is conducting a wide-scale inquiry into supporting people with chronic conditions. This impacts on many people living in Wales and places significance on those in the NHS and wider services who support them. Psychologists form an important part of the wider network, in helping people live well with their condition/s and in training other healthcare professionals to better support people by using evidence-based psychological tools.