

Health Psychology in Catalonia in 2000: Current View and Future Perspective

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This report describes the current status of health psychology in the nation of Catalonia (Spain). Emphasis is placed upon autonomy and self-governance, which have progressively influenced the structure and functioning of the health care system and the professional colleges. The current university educational model of training and practice in health psychology is reviewed. The most important characteristics of professional psychologists are presented. A critical view of health psychology research in medical settings and future perspectives of health psychology in Catalonia are also discussed.

KEY WORDS: health psychology; medical psychology; medical schools; Spain.

DESCRIPTION OF CATALONIA

Catalonia is a small nation situated in the northeast of Spain. It occupies approximately 12,328 square miles and has a population of 6 million inhabitants. Catalonia is divided into four provinces (Barcelona, Girona, Llerida, and Tarragona). Approximately 66% of the Catalan population have been born outside Catalonia, typically in other Spanish provinces, and only about 100,000 Catalan people have been born outside Spain. In 1997, 68% of the Catalan population was able to speak Catalan (an official language in Catalonia along with Spanish), and 93% could understand it. The provincial capital of Catalonia is Barcelona, with a population of 1.3 million inhabitants.

Catalonia currently enjoys the status of Spanish and self-governance regional autonomy. As a result of the experiment in the trial of autonomy and self-governance in Catalonia, Spanish financial management and civil service powers have been progressively transferred from Spanish control to the Catalan autonomous control. This process has had profound effects on the financing of the health care system and professional colleges.

The Health Plan for Catalonia 1999–2001 (Generalitat de Catalunya. Departament de Sanitat i Seguretat Social, 2000) stressed that life expectancy in Catalonia is among the highest in the world, both for women and men, because of the progressive improvement of health (35 years in 1900; 74.2 in 1975; 76.85 in 1995; 78.8 in 1996), while the mortality rate for children has decreased from 150 deaths/1000 live newborns at the beginning of the twentieth century to approximately 5/1000 (Generalitat de Catalunya. Departament de Sanitat i Seguretat Social, 1997; Generalitat de Catalunya. Institut d'Estadística de Catalunya, 1997). A decrease in fecundity has also been observed along with a delay of the average maternity age. As in other western countries, cardiovascular diseases and cancer are the principal causes of death in Catalonia. Other important causes of deaths are HIV, traffic accidents (for people younger than 24 years of age), cerebrovascular diseases (for those older than 75 years of age), and suicide (for those between 15 and 24 years of age) (Generalitat de Catalunya. Departament de Sanitat i Seguretat Social, 2000).

Health Care Priorities

The Health Plan for Catalonia 1999–2001 follows the Health Strategy recommended by the European Regional Office of the World Health Organization

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(*Health21: An Introduction to the Health for All Policy Framework for the WHO European Region*) and the recommendations proposed in the Declaration of Jakarta on Health Promotion for the twenty-first century, and it defines specific interventions necessary to cope with the unique needs of the Catalan population (Mercader et al., 1998). Eight principal intervention fields have been recommended: (a) *Lifestyles* (drinking, smoking, nutrition, accidents, exercise training, and tooth decay); (b) *chronic health problems* (cardiovascular, diabetes mellitus, cancer, respiratory, osteoarticular, digestive); (c) *emergent health problems* (HIV, tuberculosis, sexual transmission diseases, Alzheimer's disease, hospital infections); (d) *health problems related to maternity, infancy, and menopause*; (e) *quality of life* (pain, child abuse, mental health); (f) *environment* (working life, food hygiene, environment); (g) *use of medications*; and (h) *satisfaction of health services users*. Five specific strategies have been proposed to develop health and service policies: (a) Directing services in accordance with health policy; (b) Involving health professionals; (c) Promoting knowledge and assessment of health necessities; (d) Involving citizens; and (e) Cooperating among different political sectors and institutions.

EDUCATION AND TRAINING OF PSYCHOLOGISTS

Practicing psychology in Catalonia requires studying psychology in a public or private university and taking a degree in psychology. To be admitted to a university, students have to successfully complete two years of Secondary Studies (*Batxillerat*) in one of the Catalan public or private secondary schools (equivalent to High Schools) and have to pass a selective exam (*Selectivitat*). Students are recommended to choose the *Batxillerat* of Sciences before enrolling in psychology studies. However, this is not obligatory and in consequence, a number of students who study the *Batxillerat* of Humanities have difficulty during their university studies because of the strong scientific nature of graduate training in Psychology in Spain.

Different psychology programs have different pedagogical orientations (named *itineraries*). Students normally decide to follow a particular *itinerary* depending on their interests. Some *itineraries* offered by different university departments (clinical and health psychology, social psychology, basic psychology, medical psychology) address the skills necessary

to practice health psychology, such as clinical treatment, psychopharmacology, and psychosocial intervention. However, there is not a unique and exclusive *itinerary* orientated to the practice of health psychology.

After taking a degree, psychologists often decide to acquire a more complete training through master's (*Mestratge*) or sometimes a doctorate (*Doctorat*) (Ph.D.). A *Mestratge* is a kind of masters degree, but it is not as demanding as a master's degree in a U.S. or Canadian university. The fundamental objective of the *Mestratge* consists of introducing students with a degree to practice and research at a more advanced level in a specific intervention area of psychology (i.e., sports, health, education). The *Mestratge* is obligatory for any psychology student who wants to enroll in a doctorate course. To earn the Ph.D., students have to take and pass 32 credits (320 hours), which represent 3–5 years of study after their degree.

Students with a degree in psychology who want to initiate a period of practice in a publicly recognized health center must pass a selective exam (named PIR), equivalent to the MIR exam for physicians. The PIR assesses general knowledge in psychology and it is not designed to assess specific clinical skills. The adequacy of the PIR is debated today because a number of "clinical" psychologists who had obtained their degree before the PIR started are not currently recognized as clinical psychologists.

Health Psychology Professionals

The Official College of Psychologists of Catalonia (*Col·legi Oficial de Psicòlegs de Catalunya* [COPC]) is the political body representing professionals in psychology. The COPC was constituted in 1985, after the application of the Law of the Professional Colleges (*Llei de Col·legis Professionals*). This law allows for the creation of a professional college of psychology for people in Catalonia. Before this date, the Spanish Official College of Psychologists (*Colegio Oficial de Psicólogos de España*) was the formal identified political body representing our profession throughout Spain. The COPC has its own legal statutes and it is connected with the State General Council of Psychologists (*Consejo General de Psicólogos del Estado*).

Over 7,100 psychologists are registered with the COPC (77% women and 33% men). These psychologists are working as professionals in one or several

domains of interest. The professional intervention areas of registered psychologists can be identified by the presence of divisions and their corresponding working groups. The statutes of COPC contemplate the creation of professional Divisions as vehicles of integration of the registered members to the activities of the college. The main objectives of the divisions are study, coordination of activities, promotion of profession and collaboration with other Working Groups on the training, and the development of the profession in the specific area of the Division. The project of elaboration of Divisions and Working Groups was initiated in the last decade. In February 1999, the process of the creation of the Divisions was initiated. It concluded in April 2000 with the creation of five fundamental professional divisions: (a) Clinical and Health Psychology; (b) Educational Psychology; (c) Legal Psychology; (d) Psychology of Social Intervention; and (e) Alternatives in the Resolution of Conflicts (ARC). A division for Sport will be added in the near future. In the period 1997–2000, the number of psychologists registered with the Clinical and Health Psychology Division increased by 45%. These data are indirectly representative of the increasing number of students studying clinical or health psychology in Catalan universities. They also show the increasing awareness of the relevance of institutionalizing, through the COPC, any action taken in order to calm the worries about health problems affecting the regional area of Barcelona. However, these figures are not representative of the total percentage of health psychologists who are currently working in the region of Barcelona because, among other reasons, the enrollment in the corresponding Division is free.

The main authorities of the COPC (*Junta de Govern*) promote the presence of psychologists through the media and other interested sectors in specific professional domains (government, civil services, universities and private institutions) (COPC, 2000, p. 127).

The integration of Spain with the rest of the European Community reinforces the necessity of offering similar services to those offered by the rest of European communities. The COPC offers psychologists a wide range of insurance formulas, legal advice, computer use (internet), fiscal advice, health insurance, and varied information of interest for psychologists (employment bureau, public examinations, institutions, grants, private offices) and documentation (books, reviews, legislation).

The statutes of the COPC regulates the professional practice of psychology. It states that psychologists can practice freely, individually or through an association (i.e. with other health specialists through working relations with private or public enterprises and working as civil servants). In January 1998, the COPC specified fees for psychologists who are working as free-workers in Catalonia. These fees vary depending on the required task (*Col·legi Oficial de Psicòlegs de Catalunya*, 1998). Psychologists who are working as civil servants receive a wage, as any other civil servants.

Prescriptive Authority

Psychologists in Catalonia (and more generally in Spain) cannot write or renew prescriptions for medications or other traditional medical treatments. The prescriptive authority for mental health treatment is the psychiatrist. The relationship among psychiatrists and psychologists is well defined and clearly differentiated in health services. Comparatively, psychologists are responsible for selecting and developing optimal psychological interventions. Both specialists usually work together to develop a combined treatment intervention, with both pharmacological and psychological therapies. Collaboration occurs normally and naturally in health centers where psychiatrists and psychologists work side by side.

Under certain circumstances, tensions can emerge among psychologists and psychiatrists because of disagreements about treatment. On the one hand, a number of psychologists have been seriously trained during their studies to management problems, using both psychological and pharmacological interventions. However, in spite of the advice of psychologists, some psychiatrists tend to promote pharmacological treatments while ignoring psychological treatments for specific mental health problems (e.g., behavioral and cognitive interventions, hypnosis and biofeedback).

It is important to stress that psychiatrists, and more generally physicians, receive very limited training in psychology during their university studies. In addition, it is well known that pharmacological companies represent a powerful source of research funding for physicians. Practically no financing is available for psychologists or psychiatrists who want to investigate the efficacy of psychological interventions (as opposed to pharmacological interventions)

because these interventions are not believed to be cost-effective.

Health Psychology Research in Medical Settings

The Health Department of the Scientific Research Council (*Consejo Superior de Investigaciones Científicas*) stressed that research in health sciences in Catalonia is mainly the result of the effort of the Spanish Social Security (*Seguridad Social*). Most applied research in health sciences is carried out in university hospitals and this work represents 73% of the whole of the global scientific production. University departments (not clinical departments) are responsible for 17% of the rest of the scientific production. The Health Department of the Catalan Government together with other institutions such as the CSIC are responsible for the remaining 10%.

Non-multidisciplinary health psychological research is frequently registered in departments of the Catalan faculties of psychology. In comparison, multidisciplinary health psychology research involving both medicine and health psychology is generally registered in departments of medicine or medical psychology of the faculty of medicine. The funding of the psychological part of the multidisciplinary research is generally private, with a medical association, private research institute, or scientific society funding the multidisciplinary project through a grant. Multidisciplinary projects must receive approval from the scientific research assessment commission in the department where the project is registered. Health psychologists who participate in multidisciplinary investigation are generally physicians who have been trained in methodology, psychometrical assessment, statistics, and statistical management. They are responsible for the psychological part of the multidisciplinary research, and may be given a grant to develop their project.

FUTURE OF HEALTH PSYCHOLOGY IN CATALONIA

A rise in costs as a consequence of the progressive aging of population and the constant development of new technologies will characterize the future of the health system in Catalonia. Better training in the health sciences, research, and assessment will be necessary for psychologists working in Catalonia in the future.

Health psychology training in Catalonia will require a revision and an improvement of the current organizational model of the university. The university itinerary for health psychologists lacks practice opportunities and basic concepts about the structure of the health care system are not taught. Likewise, there is inadequate training in important disciplines like epidemiology. Furthermore, there is no recognized post-graduate degree in health psychology in Catalonia.

The concept of school or faculty of health sciences mentioned in the past by the Catalan Government arose precisely because of this problem. It was suggested that the school or faculty of health science would integrate the current faculties of medicine, pharmacology, and biology, schools of nursing, and others professions like chiropody, physiotherapy, dietetics, and others.

Health psychology represents a useful and necessary instrument for the structure and development of the health care system in Catalonia. And it should be represented on the health science faculty. According to the current political directives of the Health Plans of Catalonia and the World Health Organization, all the disciplines orientated to health ought to be considered, including health psychology. For this reason, it is necessary to address two important problems. First, the training process of professionals of health psychology must be improved by creating a unique *itinerary* for the studies of the discipline of health psychology and the promotion of continuous education. Second, additional grant funding will be necessary to train health psychologists in multidisciplinary research.

The inclusion of health psychologists on the faculty of health sciences would benefit medical schools, nursing schools, and others schools by offering educational and scientific support to a number of physicians and nurses who would like to investigate psychological factors in human health providing opportunities for collaboration with recognized health psychology doctors who are currently conducting research in Catalan hospitals. This would promote authentic multidisciplinary investigation and would contribute to the creation of recognized health psychology programs in Catalan health institutions.

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