NHS SCOTLAND

# Trainee Health Psychology Programme Overview and Impact



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# Introduction

This document aims to give an overview of health psychology, health psychology training and showcase impact data from the PSD Scotland (formerly NHS Education for Scotland) Trainee Health Psychology Programme.

## Health Psychologists are about improving health

Biopsychosocial factors drive our health behaviours and explain some of the biggest health and social care challenges today in Scotland (The Scottish Government 2024, 2025a,b). These factors can help to explain: why people do or do not make changes to their health, why people do or do not follow healthcare advice and treatment plans, why people sometimes make changes that are good for their health but then struggle to maintain them.

Health Psychologists apply psychological skills and theoretical knowledge to address key health issues. They are flexible and creative problem-solvers, and this brochure will outline an array of different projects, research studies and interventions undertaken over the past ten years, focussing on the work of PSD Scotland Trainee Health Psychologists (THP) who undertake two-year placements in NHS Scotland Health Boards. The aim of the brochure is to capture the essence of THP work and illustrate how they apply core competencies to priority work areas across NHS Scotland. For example, how THPs are:

- Improving the health and wellbeing of individuals with physical health issues and long-term conditions
- Reducing the risk and impact of health inequalities
- Implementing prevention and early intervention approaches
- Improving staff health and wellbeing
- Improving access to, and engagement with, healthcare

Impact data will be grouped into the above themes to demonstrate directly how THPs support Scottish Government and NHS Scotland agendas.

## Scottish policy context

The Population Health Framework (Scottish Government, 2025b) aims to increase healthy life expectancy while reducing the life expectancy gap between the most deprived areas and the national average. The foundation of this vision puts prevention front and centre in a whole systems approach to improving population health.

Health psychologists apply evidence and theory from psychology and behavioural science to work alongside individuals, families, communities and services to support sustainable changes that improve health and reduce inequality across three tiers of prevention:

- **Primary prevention** - Health Psychologists prevent illness and poor health from occurring through population, community, group and individual level interventions across the lifespan, focusing on behaviour change that addresses behaviours relating to drug and alcohol use, oral health, movement, nutrition, sexual health, smoking and vaping.
- **Secondary prevention** - Health Psychologists detect and intervene early to reduce the risk of morbidity from illnesses and poor health through population, community, group and individual interventions, focusing on behaviour change that addresses health screening, self-management, medication adherence and associated behaviours.
- **Tertiary prevention** - Health Psychologists intervene with established conditions to support effective self-management and to slow down or stop deterioration. Group and individual interventions focus on health-related behaviour change and specific therapeutic approaches to address behaviours relating to psychological adjustment and self-management and improve mental health and wellbeing.

**Figure 1** illustrates the spectrum of health psychology work across the three tiers of prevention and over the life course in areas of health, illness and workforce development.

Division of Health Psychology Scotland

**Across three tiers of prevention** Primary, Secondary, Tertiary

**Understanding and changing thoughts, emotions and behaviors in:**

| | |
|---|---|
| **Health** | **Examples:** Weight management; Smoking cessation; Increasing movement; Diet and nutrition; Screening; Drug and alcohol related behaviours; Sleep; Vaccinations |
| **Illness** | **Example:** Adjustment to illness/chronic conditions; Adherence to medication/ treatment; Pain management; Appointment attendance; Self-management |
| **Health, Social & Third Sector Workforce** | **Example:** Skills development of staff to change patient behaviors: Training in psychological approaches (managing patient distress, relapse prevention, emotional regulation, effective communication); Adherence to clinical guidelines |

**Life course**

**Figure 1.** Health psychology work across tiers of prevention and life course (permission from the Division of Health Psychology Scotland to use)

# Overview of Health Psychology Training

## The Public Services Delivery Scotland (PSD Scotland) Trainee Health Psychology Programme

The PSD Scotland Stage 2 Health Psychology Programme is a two-year doctoral-level applied programme that facilitates trainees to apply knowledge and skills from their Stage 1 (MSc Health Psychology) into practice. In total, on completion of Stage 2, newly qualified Health Psychologists who have completed the PSD Scotland programme, will have completed three years of undergraduate psychology training, one year of postgraduate health psychology training (Stage 1 – Masters) and two further years of applied and supervised health psychology practice at doctoral-level as awarded by The British Psychological Society (BPS; 2026). On successful completion of the qualification, THPs are eligible to apply for registration as a Health Psychologist with the Health and Care Professions Council (HCPC) and as a Chartered Psychologist with the BPS.

The PSD Scotland Stage 2 Health Psychology Training Programme is adaptive, creative and responsive to the needs of the health and social care workforce and the communities that they serve, offering placements that have been co-developed by PSD Scotland in collaboration with NHS Scotland health boards to address specific service needs. The objective of placement work is to embed health psychology knowledge and skills into practice to address specific challenges and improve outcomes for staff and service users. Examples of how this is operationalised include:

- Designing and delivering tailored health-related behaviour change interventions to enable effective self-management of long-term conditions such as type 2 diabetes.
- Delivering staff support interventions to improve physical health and wellbeing of the NHS Scotland workforce.
- Delivering group interventions in drug and alcohol services to improve emotional regulation and prevent relapses.
- Delivering a range of health-related behaviour interventions to patients with severe mental health issues to improve their physical health and wellbeing e.g. support for drug and alcohol use in a secure hospital setting.
- Providing training to Health and Social Care staff to effectively support behaviour change across a range of services.
- Providing training to students who apply health psychology skills in their professional training such as medical students, dental students and student nurses.
- Conducting research and evaluation to understand specific issues such as barriers and facilitators to improving physical health in at-risk populations.

**Figure 2** below outlines the specialist health psychology knowledge and skills acquired at Stage 1 which is applied to practice at Stage 2.

- Context and perspectives in Health Psychology including behavioural medicine and health economics.
- Physical and psychosomatic illnesses including acute, long-term conditions, psychosomatic illnesses and stress.
- Client groups across the lifespan including cross-cultural perspectives, children and families, and death,dying and bereavement.
- Health-related behaviour and cognitions including theoretical models, efficacy, health beliefs, health literacy, emotional intelligence and personality factors.
- Interventions, inclufing design, assessment, formulation, intervention planning, evaluation and incorporating a range of approaches e.g. motivational interviewing, cognitive-behavioural approaches.
- Healthcare and professional settings including communication and interviewing skills, development of rapport, reflection of content and feeling and the impact of hospitalisation/medical procedures on children, families and adults.
- Psychometrics including critical understanding of measures for stress and coping, acute and long-term conditions, quality of life.
- Proffesional issues inc. professional development, critical self-reflection, legal and statutory obligations and restrictions on health psychology practice.
- Codes of conduct and ethical practice.
- Evidence-based practice and critical thinking.
- Many Stage 1/MSc courses have an applied practice placement (though not mandatory).

**Figure 2.** Health psychology skills and knowledge acquired at Stage 1

## PSD Scotland Stage 2 THP Training Model

The aim of Stage 2 training is to develop autonomous reflective practitioners who are highly skilled in their application of health psychology skills and knowledge in a range of settings. The PSD Scotland Stage 2 Programme supports the application of theoretical knowledge, integrating scientific and practitioner skills over the two-year placement in a model that combines mandatory training, self-directed learning, supervised practice and peer learning.

Over the course of Stage 2, PSD Scotland Trainees develop five core competencies through working full-time in a health board in two distinct work areas. The THP's role within the service differs depending on the needs of the service but centres around these five core competences:

1. **Generic professional and intervention skills**: Developing professional autonomy and accountability and core intervention skills (gained through undertaking work in the four other competency areas).
2. **Psychological interventions:** Design, deliver and evaluate psychological interventions (100 hours direct patient contact minimum) for individuals and groups.
3. **Research:** Designing, implementing and evaluating original research in areas relevant to managing health and health behaviour, as well as undertaking a systematic review.
4. **Consultancy:** Planning, implementing and evaluating a healthcare project for a client (someone outside of their main team or department).
5. **Teaching and training:** Providing theory-driven, evidence-based training for health professionals and one other group e.g. students or 3rd sector staff.

PSD Scotland THPs are supported by a supervisory team that involves both placement specific and Stage 2 specific supervision relevant to each competence. PSD Scotland provides training that is directly relevant to the five Stage 2 competences outlined above. Trainees also complete placement specific training as advised by their Health Board. The PSD Scotland Stage 2 Handbook[1] provides full details of the training model.

[1] NHS Education for Scotland (2025). Handbook for Stage 2 qualification in Health Psychology.

# Impact Data Collection Methods

## Data sources

Data presented here has been gathered from 10 years of placement data and arranged into themes that link to Scottish Government and NHS Scotland priorities. Each data source will be described briefly below. In all cases, appropriate consent has been gained from trainees, supervisors and/or patients to use anonymised data.

### Plans of training

THPs submit a plan of training at the start of their two-year placement which is approved by the BPS. All work approved in the plan of training is completed by the THP and assessed at key points during and at the end of training. Non-personally identifiable data has been gathered from plans of training and organised into themes, identifying service areas, populations and outcomes. It is important to note that the BPS approved plan of training does not contain all work that THPs are involved in on their placement and is likely to be an underestimation of their work over the two years. For example, many THPs have clinical responsibilities such as delivering a group programme, that sit out with their plan of training.

### Supervisor feedback

Supervisors routinely provide feedback and permissions are requested to use feedback for evaluation purposes.

### Client feedback forms

Clients in receipt of health psychology interventions are able to give permissions and provide feedback on a PSD Scotland/BPS feedback form that can be used for evaluation purposes.

### Trainee feedback

Trainees routinely provide feedback and permissions are requested to use feedback for evaluation purposes.

### Case studies

Trainees, supervisors and consultancy clients have been approached to be invited to take part in case studies for this brochure and given consent for their inclusion.

### Training evaluation

Trainees are asked to complete an evaluation once they have completed core PSD Scotland training.

# Impact Data

## How THPs meet support needs of the Scottish population

NHS Scotland placements are developed based on service needs and created by the Health Board in collaboration with PSD Scotland. Placements are rich and varied and facilitate the meeting of Stage 2 competences whilst directly supporting the Health Board to address a range of challenges, for example improving the physical and mental health of those living with long-term conditions, reducing health inequalities experienced by vulnerable groups, improving NHS staff health, wellbeing and resilience, and improving the quality and accessibility of existing health services and programmes. THP work over the past 10 years will be explained below, by competence area.

## Psychological Interventions

THPs are required to design, deliver and evaluate psychological interventions for individuals and groups as part of their Stage 2 training. To do this, they are trained to conduct assessments, formulate and develop interventions based on health psychology theories and models. It is essential that they develop and become practised in delivering core therapeutic/intervention skills in both of these contexts. The core therapeutic/intervention skills on the PSD Scotland Stage 2 Programme are defined by the competence requirements in the BPS Stage 2 Handbook for the qualification.

### Interventions data

- A total of **65 distinct health psychology interventions have been designed, delivered and evaluated** by THPs between 2016-2026
- In terms of priority areas, 51% of health psychology interventions have been to support **physical health and long-term conditions**, 20% **staff health and wellbeing**, 18% specifically aimed at **reducing health inequalities** and 11% in area of **primary prevention and early intervention**.

**Table 1** presents data to illustrate the interventions that have been designed, delivered and evaluated[2] by THPs between 2016 and 2026. These interventions are typically delivered in busy NHS services to address and the support specific health needs of clients/patients/staff.

[2] Only interventions are reported that have been designed and delivered by the THP as this is a requirement for Stage 2 training and approved in their plans of training. Pre-existing interventions that are delivered by THPs as part of their wider clinical role, are not reported on.

# Impact Data

**Table 1** Interventions data, 2016-2026

| Area | Interventions delivered (1:1) | Interventions delivered (group/ community/ population-based) | Summary of interventions and approaches designed and delivered |
|---|---|---|---|
| Prevention and health-related behaviour change (includes pre-diabetes and gestational diabetes, weight management, sexual health) | | 2 | |
| Drug and alcohol use (excludes drug and alcohol use interventions in mental health setting) | | 4 | |
| Health improvement in mental health and learning disability settings (includes weight management, drug and alcohol use and smoking cessation) | | 7 | |

[3] This refers to full range of skills and techniques that come from multiple models and intervention modalities relevant to health-related behaviour change and published in the Health Behaviour Change Competence Framework (The Scottish Government, 2010)

## Impact Data

**Table 1** Interventions data, 2016-2026

| Area | Interventions delivered (1:1) | Interventions delivered (group/ community/ population-based) | Summary of interventions and approaches designed and delivered |
|---|---|---|---|
| Staff occupational support for physical health and wellbeing | 3 | 6 | Integrative tailored interventions and programmes for self-management of stress, pain, health anxiety and health behaviour change support |
| Long-term conditions, physical health conditions and pain (includes self-management of T1/T2 diabetes, pain, support during COVID-19 hospitalisation, and interventions of children living with life-limiting conditions) | 16 | 9 | Integrative tailored support for patients in cardiac rehab, clients living with IBS, life-limiting conditions, prosthetics patients, group self-management programmes, patient decision-making aids and guided self-management workbooks |

## Supervisor perspectives

**We asked how trainees contributed to health services and programmes…**

"They adopt a biopsychosocial approach with 1-2-1 and group work, specific evidence-based intervention provision; Training and coaching for multi-disciplinary staff on low intensity psychological interventions - MAP of behaviour change, Motivational intervention, relapse prevention etc."

"Their familiarity with different therapeutic modalities has enriched our approach to support. By incorporating techniques from ACT and CFT and mindfulness practices, particularly within groups we are able to offer a more diverse range of resources for staff seeking assistance."

"How to improve physical health of individuals with severe and enduring mental illness. Health psychology can support education and behaviour change of staff and service users using professional expertise and evidence-based practice."

## Client data

**Table 2** Client feedback data, 2025-26 (n=18)

| Questions | Always | Most of the time | Sometimes/ Rarely/ Never |
|---|---|---|---|
| Did the Trainee Health Psychologist listen to you and treat your concerns seriously? | 18 | 0 | 0 |
| Do you feel that the Trainee Health Psychologist has helped you to better understand and address your difficulties? | 17 | 1 | 0 |
| Did you feel involved in making choices about your treatment? | 18 | 0 | 0 |
| Did you get help that mattered to you? | 18 | 0 | 0 |
| Did you have confidence in the Trainee Health Psychologist and their skills and techniques? | 17 | 1 | 0 |

## Client Testimonials

**We asked clients to tell us about the support they received from the THP…**

### Diabetes Service:

**Client 1** - "I don't think I would have had the confidence in myself to be where I am today if it wasn't for her help, she just worded things in a way that really made me think about things in different ways than I ever had and it's helped me to change my thought process on things and helped a lot with my eating/eating habits."

**Client 2** - "For me she was a light in the dark. I was very sad about my diabetes results, I couldn't get into a routine, I didn't see the point in anything, as I was very frustrated when I left the doctor's office. [Trainee] explained everything to me in detail and life became easier."

### Drug and Alcohol Service:

**Client 1** - "I think [TRAINEE] is amazing at her job. She makes me feel comfortable and safe enough to discuss my issues with her."

**Client 2** - "Helped with feeling ok in situations where anxiety was high".

### NHS Staff Occupational Health Service:

**Client 1** – "I felt that the plan that they made was tailored specifically towards my goals and they offered very good support and feedback as I made progress to my goals. I felt they did a really good job of supporting me while also empowering me to figure things out on my own".

**Client 2** – "Very easy to communicate with, even when I was struggling with fatigue and brain fog. TRAINEE helped me look at things from a different perspective."

## Trainee perspectives

**We asked how trainees are applying their health psychology knowledge and skills on placement?**

"Supporting my clients to help them accept and adjust to living with a long-term health condition required me to use my health psychology knowledge and skills at many different levels, including assessment, formulation and intervention delivery. Such practical use of my competences helps me tailor the interventions to the unique needs of each client."

## Research

It is required that THPs design and conduct a doctoral level empirical research study whilst on their placement as well as conduct a systematic review. Both pieces of research must contribute new insights to the field and be of a publishable standard for a peer-reviewed journal. A wide range of studies have been carried out by THPs over the last 10 years that include complex service evaluations, implementation research, exploratory research, intervention research and development of psychological scales.

## Placement data

- Between 2016 and 2025, 25 doctoral-level research projects and 27 systematic reviews have taken place across 10 Health Boards.
- 13 studies (empirical study [ES] and systematic reviews [SR]) have been conducted in the area of long-term conditions and physical health. Examples include:
  - From mind to management: The associations with mental health and diabetes related complications in people with Type 1 Diabetes 1 (ES).
  - A review of online CBT interventions to improve emotional wellbeing and physical symptoms in children and young people with a chronic health condition. (SR).
- 13 studies have been conducted in the area of addressing health inequalities. Examples include:
  - Social cognitive determinants of physical activity promoting behaviour in the context of inpatient mental health: a mixed method service evaluation of barriers and facilitators (ES).
  - What Behaviour Change Techniques Support Weight Loss Maintenance Among Individuals with Severe Mental Illness? (SR).
- 13 studies have been conducted in the area of prevention and early intervention. Examples include:
  - Surviving, not thriving: A theory informed qualitative study of student nurse's perceived barriers and enablers of weight-related behaviours (ES).
  - Effects of psychosocial interventions on quality of life in adults experiencing problematic cocaine or amphetamine use: a systematic review (SR).

- Three studies have been conducted in the area of NHS staff health and wellbeing. Examples include:
  - The implementation of a Peer Support Programme for staff in a UK Critical Care Unit: An exploratory mixed methods approach (ES).
  - The active ingredients of physical activity and / or dietary workplace-based interventions to achieve weight loss in overweight and obese healthcare staff (SR).
- Nine studies have been conducted in the area of improving access and engagement for service users. Examples include:
  - Factors influencing engagement with an NHS T2D remission programme (ES).
  - A systematic review of the weight-loss intervention engagement perceptions of young adults with overweight or obesity (SR).

## Case Study

Kim Walker, PSD Scotland Trainee Health Psychologist in NHS The State Hospital (TSH) undertook research as part of her consultancy project with Frances Waddell (client), Lead Dietitian at the State Hospital between May 2021 and March 2022.

**The State Hospital** is a high-security psychiatric hospital covering Scotland and Northern Ireland, one of four in the UK. The majority of patients have a primary diagnosis of schizophrenia but many have multiple diagnoses including affective disorder, learning disabilities, bipolar, and depression. Patients are treated in accommodation appropriate to their needs and in an environment that supports rehabilitation and can stay anywhere between one month to a number of years.

## Aim of project:

- To address high levels of overweight and obesity (March 2020, 42% of patients were classified as overweight and 48% of patients were classified as obese), focusing on weight loss maintenance interventions. The THP addressed this by:
- **Developing a research study:**
  - Facilitators and barriers to weight loss maintenance among patients with severe mental illness: A qualitative project assessing the views of patients in a forensic hospital.
- **Developing weight-loss maintenance resources for staff.**
- **Evaluating use of weight-loss maintenance resources by staff.**

### Impact of health psychology consultancy:

- **Applied psychological research** that addressed a specific systemic problem and identifies key recommendations for service improvement.
- **Increased understanding of staff** around improving and sustaining health outcomes in complex setting.
- **Weight-loss maintenance resource package** that is fit for purpose in unique setting.

## Experiences of the consultancy client:

"The key pieces of work that Kim completed at TSH reflect a holistic and compassionate approach to health care in forensic mental health settings. They highlighted the importance of sustained behaviour change - weight loss is not just about initial success but about long-term maintenance, especially in populations with complex mental health needs; And contextual challenges - high-secure environments present unique barriers such as limited autonomy, institutional routines, and safety protocols that can hinder both patients' and staff's ability to engage in healthy behaviours."

"The consultancy project enabled protected focused time to target a specific 'wicked problem' or health change required to support a service to make changes and improve practice/patient care."

## Teaching and training

It is required that THPs gain competencies developing, delivering and evaluating teaching and training programmes to a variety of audiences in both healthcare and non-healthcare settings. The teaching and training delivered demonstrates a breadth of teaching strategies and methods and allows THPs to impart pyschological skills and knowledge to others, often so that it can be applied practically in their services and roles to improve the health and wellbeing of patient groups (Health and Care Professions Council, 2026). Participants of teaching and training programmes delivered by THPs can also be students early in their careers and THPs provide health psychology skills and knowledge required by professional courses. Some examples include medical students, physician associates, podiatry students, and MSc students in health psychology.

## Placement data

The number of discrete teaching and training programmes that have been developed, tailored, delivered and evaluated by THPs between 2016 and 2026 include:

- Health-related behaviour change programmes including motivational interviewing, communication skills and training for trainers (n=27).
- Health psychology theories and models (n=14).
- Applied health psychology skills for self-management of long-term conditions, formulation and relapse prevention (n=15).
- Peer support (stress management, resilience, psychological first aid) (n=4).

Please note that some programmes have been delivered to multiple groups however this cannot be extracted from the data. Also, it is noted that 'training for trainer (T4T) sessions' are often developed and delivered by THPs following delivery of sessions aimed at wider groups of staff, however this has not originally been submitted in their plan of training, rather focusing on the latter and hence not well represented in the data that's been extracted.

**Table 3** Teaching and training data, 2016-2026

| Teaching and training category | No. of programmes delivered in Health and social care | No. of progs. delivered in third sector and university | Summary of participant groups |
|---|---|---|---|
| Health-related behavior change, including PSD Scotland MAP and T4T programmes | 18 | 5 | Health-realted behavior change training programmes have been delivered to a wide range of NHS Scotland staff including dieticians, infant feeding advisors, staff in drug and alcohol services, weight management practicioners, public health staff, mental health staff and primary care and community practictitioners. |
| Health psychology models | 4 | 10 | Health psychology models (applied in the areas of stress, harm-reduction behaviours and obesity) have been delivered in training sessions to NHS staff including those in public health and MSc Health Psychology students |
| Applied health psychology skills for self-management of long-term conditions, formulation and relapse prevention | 5 | 10 | Applied health psychology skills have been delivered in programmes to support NHS staff working in long-term conditions and drug and alcohol services. Specialist programmes on diabetes self-management have been delivered to MSc Health Psychology students as well as sessions on applied practice and intervention skills. |

**Table 3** Teaching and training data, 2016-2026 (continued)

| Teaching and training category | No. of programmes delivered in Health and social care | No. of progs. delivered in third sector and university | Summary of participant groups |
|---|---|---|---|
| Motivational interviewing (MI) (where this is distinct from MAP/BC skills training) | 3 | 0 | MI training has been delivered to staff in drug and alcohol services which includes both NHS and Third sector and NHS podiatrists. |
| Peer support (stress management, resilience, psychological first aid) | 4 | 0 | Programmes delivered to all NHS staff (non-specific group) |

## Case Study

### Trainee Health Psychologists Supporting Staff Wellbeing in NHS Greater Glasgow and Clyde 2022-2027

### Background

NHS Greater Glasgow and Clyde (NHS GGC), Scotland's largest health board, and their Health and Social Care Partnerships (HSCPs) has prioritised staff wellbeing through the Peer Support Programme, delivered by the Occupational Health Psychological Wellbeing Service. THPs from the PSD Scotland programme have been embedded in the service for the past four years. Structured handovers between trainees have enabled the sustainable development and delivery of this large scale, psychologically informed programme, fostering a culture of kindness, compassion and psychological safety while equipping staff with tools to support their own and colleagues' wellbeing.

### Training Aims

The programme builds staff capability in recognising and managing stress, and supporting their own wellbeing as well as that of their colleagues through:

- Looking After Yourself and Others (45 minutes) introduces stress awareness and practical strategies, delivered as both an e-learning module and live Teams session.
- Full-day Peer Supporter training equips staff with knowledge of stress, burnout, psychological evidence and communication skills to support emotional wellbeing colleagues.
- Monthly 20-minute wellbeing webinars focus on empowering staff to maintain wellbeing.

Training runs frequently, typically four times per month, and is supported by a communications strategy grounded in health psychology and behaviour change techniques.

### Role of Trainee Health Psychologists

THPs play a central role in designing, developing and delivering all aspects of the programme. They create content, facilitate workshops, convert sessions into e-learning formats, deliver webinars and contribute to communications to drive engagement. Continuity of trainees across four years has been key to scaling the programme while maintaining strong health psychology, behavioural science foundations. This has helped support the following impacts both through THPs delivering training and training and supporting others to.

### Impact

- **6,200+ staff trained** in Looking After Yourself and Others.
- **56% of staff** continue to use wellbeing strategies they committed to in the Looking After Yourself and Others training at 3 month follow up.
- **1,000+ trained peer supporters** across NHS GGC and Health and Social Care Partnership, an average of 1 in every 45 staff members.
- Evaluation data shows **on average 1,800+ peer support conversations happening monthly**, helping staff stay in work, return to work feeling supported, and fostering a culture where people feel listened to and acknowledged.

Peer supporters report benefits for their own understanding, wellbeing, skills and professional growth, including applying psychologically informed approaches to emotional support, prevention and behaviour change conversations with patients as well as their colleagues. Feedback consistently highlights the practical, evidence-based support offered. The Chief Executive recently recognised the programme for its positive organisational impact and strong grounding in health psychology.

## Perspectives from GGC Principal Psychologist and Programme Lead:

“Their expertise in behaviour change has been instrumental. They introduced various behaviour change techniques and models, which have helped the team and stakeholders better understand how to facilitate meaningful changes in staff behaviour's related to wellbeing. Additionally, their understanding of systemic concerns enabled initiatives and projects to be rooted in a holistic perspective on how organisational culture impacts individual wellbeing. By identifying and addressing systemic barriers to our peer support programme has enabled us to create a more supportive environment that fosters resilience and reduces burnout.

The trainee's skills in teaching and training have also enhanced our capacity to empower staff. They have led workshops on stress management and self-care strategies, equipping people with practical tools to improve their mental health.”

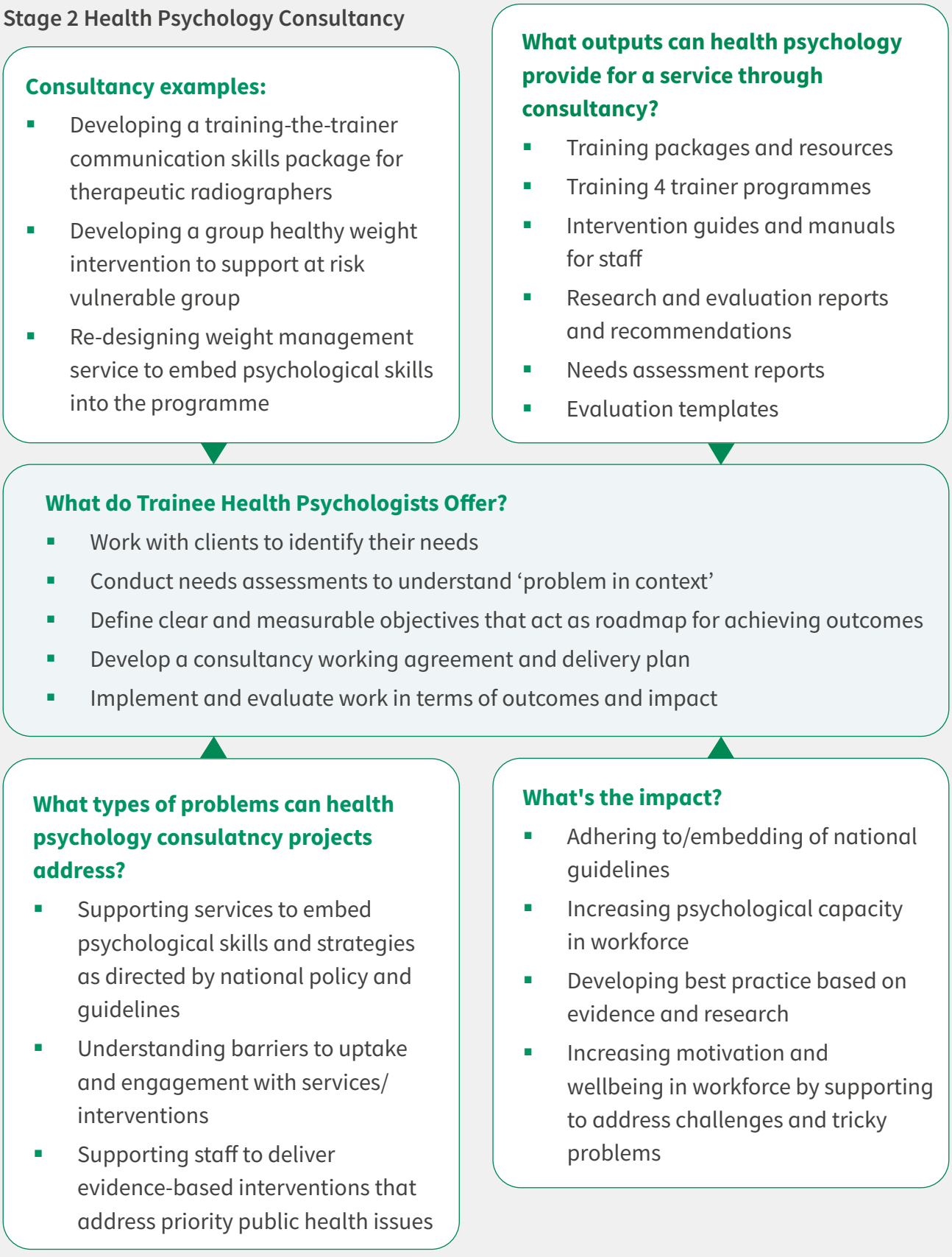
## Consultancy

THP’s are the only psychology trainee to acquire consultancy competences in their applied training. Trainees receive a wide variety of consultancy requests from teams and services looking to understand a specific issue within their service, develop training that requires health psychology skills and knowledge, design interventions based on health psychology models and approaches and design and conduct research to understand, for example barriers to up-taking a particular programme. These requests from outside of the trainees main area of work, allows them to exercise skills in understanding needs, building effective working relationships and negotiating objectives. Ultimately delivering consultancy projects that offer valuable support, insight and recommendations to challenging healthcare issues.

## What do THPs offer for consultancy?

Figure 3 below outlines some key information regarding trainee consultancy work.

**Figure 3.**
Stage 2 Health Psychology Consultancy



## Table 4 Consultancy project data

| Theme | No. of projects |
|---|---|
| Physical health and long-term conditions | 9 |
| Health inequalities | 8 |
| Prevention and early intervention | 9 |
| Staff health and wellbeing | 1 |
| Access and engagement with healthcare | 3 |

**Table 4** presents consultancy project consultancy project data between 2016 and 2026

## Supervisor perspectives

**We asked how trainees can support services through consultancy…**

"There are myriad pressures across the acute sector in our organisation that health psychology could help with. These include helping people wait well whilst on extensive waiting lists, pre-hab, focused work on maximising self-management to avoid admissions."

## Case Study

Edward Hayden (consultant), THP in NHS Tayside worked with Sharon Thomas (client), Operations Manager at Lighthouse for Perth between June 2022 and November 2023.

**Lighthouse for Perth** is a third-sector organisation based in Perth and Kinross. It offers invaluable crisis support for young people over age 12, who are at risk of self-harm and suicide. Lighthouse delivers a rolling Mental Health Ambassadors programme which aims to spread awareness of mental health, encourage young people to speak about their problems, and reduce stigma around mental health. The programme operates in all twelve Perth and Kinross secondary schools and the programme is ever-growing, now training both young people and teaching staff to be mental health ambassadors as well as moving into private education and NHS settings.

## Aim of consultancy:

- To address a gap identified by young people around practical communication skills training that is directly relevant to the role of a Mental Health Ambassador. The consultant addressed this by:
  - Developing a tailored skills-based training session.
  - Developing a training-for-trainers session.
  - Developing staff resource documents.

## Impact of health psychology consultancy:

- **Embedded psychological knowledge and skills in the programme** that Mental Health Ambassadors can pick up and use immediately.
- **Developed product package** which includes: training slides, training manual and accompanying resource for young people.
- **A total of 300 young people trained** as Mental Health Ambassadors which is growing every year as the training is rolled out in August as schools go back and new students join.
- **Young people with practical communication skills** that they will take with them to their homes, colleges, universities and workplaces.
- **A total of 50 members of staff trained** as MH ambassadors who offer psychologically-informed support to colleagues and young people.
- **Recognition as 'gold standard' training programme** and requirement by funder that the Lighthouse for Perth is training body for MH ambassadors in region.
- **Growing reputation** with requests made for Mental Health Ambassador training in private education and NHS settings.

## Experiences of the client

“After speaking to Ed initially, we were like, we haven't been giving communication skills as much time in the training programme as we should, and it was Ed that made us realise just how important that this was to the whole programme”

“Ed put a lot of time in, he worked with us closely and kept good communication with us. He was hands on from the start, he came out with me to visit the schools and asked the young people and got their views, and it's their voice you need in this training.”

“It opened up areas of our programme which we weren't aware needed more attention but then gave us the expertise in that area where we were able to make our programme a 5 star programme that is fit for purpose and gives us the peace of mind, and the Education Department, that the programme has a really robust risk assessment around it as well. Which I don't think we would have managed without Edward's expertise.”

## Further information

This resource has aimed to demonstrate the impact of the THP programme and give examples of work that THPs are involved in. For further information, please contact: Dr Hannah Dale, Head of Programme for Health Improvement, Psychology Directorate, PSD Scotland, Hannah.dale@nhs.scot or Psychology@nes.scot.nhs.uk

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