

SHOULD ALL HEALTH-RELATED DISCIPLINES BE REGULATED AS HEALTH PROFESSIONS?

Comments on the studies by Professor Buela-Casal and colleagues

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These comments are written with regard to the studies by Professor Buela-Casal and colleagues on the image of Psychology as a health profession. Contrary to the general conclusion of the authors, the results suggest that Psychology and Clinical Psychology are not equally recognized as health professions. Likewise, most of the psychologists polled considered that only clinical psychologists are capacitated to diagnose and treat emotional and mental disorders. Finally, problems in the representativeness of the samples studied, the usefulness of the COPPS questionnaire, and the study approach are discussed, all of which limit the contribution of the Buela-Casal et al. studies to the debate on the regulation of non-clinical specializations of Psychology as health professions.

Key words: *Clinical psychology, health professions, opinion studies, professional regulation.*

Este comentario se escribe a propósito de los estudios del profesor Buela-Casal y colaboradores sobre la imagen de la Psicología como profesión sanitaria. En contra de la conclusión general de los autores, los resultados sugieren que la Psicología y la Psicología Clínica no son igualmente reconocidas como sanitarias. En el mismo sentido, la mayoría de los psicólogos colegiados considera que únicamente los psicólogos clínicos están capacitados para diagnosticar y tratar los trastornos emocionales y mentales. Finalmente, se comentan algunos problemas en la representatividad de las muestras estudiadas, la utilidad del COPPS y el planteamiento del estudio, lo que limita su contribución al debate sobre la regulación como profesiones sanitarias de las especialidades no-clínicas de la Psicología.

Palabras clave: *Psicología clínica, profesiones sanitarias, estudios de opinión, regulación profesional.*

In a recent issue of *Papeles del Psicólogo*, Professor Gualberto Buela-Casal and colleagues published the results of four independent opinion studies on the image of Psychology as a discipline and health profession among university teachers and students, psychological association members and the general population (Buela Casal et al., 2005a,b,c; Sierra et al., 2005). The studies are based on the remote administration of a brief questionnaire to large samples.

For recording the opinions in the cases of teachers, association members (psychologists) and students, the authors used the Opinion Questionnaire on Psychology as a Health Profession (*Cuestionario de Opinión sobre la Psicología como Profesión Sanitaria*, COPPS) drawn up ad hoc. The authors conclude in general that the populations surveyed with the COPPS have a favourable opin-

ion of Psychology as a health profession. However, in the factor structure of the first COPPS sub-scale the dimensions that group general Psychology and Clinical Psychology appear separately. All three samples judge as more "health-related" (on the basis of the study's assumptions) Clinical Psychology than general Psychology, from which we would have difficulty abstracting the clinical sub-discipline. This suggests, more than the conclusion reached by the authors, a prior consensus between psychologists about the definition of professional profiles (Colegio Oficial de Psicólogos, 1998).

It is somewhat surprising that in the study with university students no data were collected from students of the UNED (*Universidad Nacional de Educación a Distancia* » The Open University), which has the largest student body (half of all new graduates), and we can assume with characteristics different from those of "normal" universities. (Note that none of the Health Sciences degree courses can be studied by correspondence courses, which are confined to the Social and Juridical Sciences). In the text

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there is no proper explanation of why UNED students were not included, especially when it is well known that the UNED and its associated centres are in close communication with their students. In spite of this, in the conclusions it is asserted that “the selected sample is representative of the Psychology students of Spain”. Likewise, the authors describe as a “sufficiently representative” sample that of Spanish psychologists, in spite of the fact that only just over 10% of the initial sample replied to the questionnaire, and that it was limited to psychological association members, which does not cover all Spanish psychologists or even all those currently practicing. We might assume, then, that we are talking about a sample of psychologists (affiliated to associations) who are highly motivated to respond to a questionnaire with direct questions about the health-related status of Psychology. Of these, less than 25% are of the opinion that any psychologist can diagnose and treat “emotional and mental problems that affect health” (7 out of 10 deny it!), as against 96% that consider clinical psychologists capacitated to do so. This finding is of special relevance, given that, despite a widespread misunderstanding, diagnosing and treating are not in themselves health-related activities; what makes them health-related is their relationship to illness (in our discipline, mental illnesses). (On the other hand, if it made any sense with this sample of association members to carry out a contrast of means by professional profile, the study was lacking a post-hoc analysis clarifying the groups between which the differences shown in Table 4 were found.)

With regard to the COPPS sub-scale on the affinity between psychological and medical disciplines, the usefulness of the data it provides is at best questionable. What is the meaning, for example, on a Likert scale of 0 to 4, of a mean of around 2 in affinity between Psychology and Medicine? Is it not reasonable to assume that we all find some affinity between them, and between specializations with such similar names? Do the students know about the medical (and psychological) specializations on which they are giving an opinion? And the teachers and psychologists? How was their knowledge assessed? Do the differences between the means of the different specializations have any meaning? Were they analyzed? In sum, why should we understand, as the authors assert, that “these data would support Buéla-Casal’s (2004) proposal that other psychological disciplines apart from Clinical Psychology should eventually become considered as health-related”?

Previous studies indicate that the lay population knows something of Clinical Psychology, but is largely ignorant of the other sub-disciplines of Psychology (Fowler & Farberman, 1998). Studies with Spanish population reviewed by the authors in the introduction are said to confirm the “dissociation” between public opinion and the reality of Psychology. Bearing this in mind, and that the questionnaire used with this sample (general population) favours the identification/confusion of Psychology with Clinical Psychology, since the latter is not presented separately, it can be assumed that respondents reply to the questions (referring to Psychology) thinking about the clinical sub-discipline. Are these data, then, favourable to its regulation as a health profession? It would have been more pertinent to sound out the opinion of the population on the possibility of being treated for an illness or its effects by a “health” professional without supervised training.

Psychology’s object of study is human behaviour, and this is undeniably related to health. This argument would be sufficient to explain the relationship (to a greater or lesser extent) between health and Psychology if it were necessary. But not all health-related professions (for example, those of alternative medicine) are regulated as health professions (that is, included in the *Ley de Ordenación de las Profesiones Sanitarias* (LOPS; Law for the Organization of the Health Professions). If it is considered that Psychology as a whole should be included, this cannot be justified exclusively by its evident relationship to health. The authors should have taken this into account in their general approach to the project.

In conclusion, while the initiative of approaching the current debate from a different perspective is appreciated, the studies discussed here do not help to clarify the crux of the question: the appropriateness or otherwise of regulating as health professions the remaining specializations of Psychology (educational, social, industrial, and so on) – those that do not deal with illnesses.

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