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DO WE KNOW HOW MANY PROFESSIONAL SPECIALISTS IN CLINICAL PSYCHOLOGY WORK IN THE SPANISH NATIONAL HEALTH SYSTEM?

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En este artículo se revisan, analizan y discuten los datos existentes a partir de diferentes fuentes de datos desde 2003 sobre el número de profesionales especialistas en Psicología clínica que trabajan en el Sistema Nacional de Salud español. Los datos hay que tomarlos con mucha cautela por la diversidad de fuentes y metodología utilizada; pero se concluye que el número total estimado de Psicólogos Especialistas en Psicología clínica más los «PESTOS» que trabajan en el SNS puede estar en torno a 2600-2800, con una ratio por 100000 habitantes en torno al 5,58, con grandes diferencias entre Comunidades Autónomas. En los últimos 15 años, el incremento medio de la ratio de psicólogos por 100000 habitantes se sitúa en algo más de un psicólogo. Se recomienda realizar estudios detallados para saber no solo cuántos especialistas en Psicología clínica hay en cada Comunidad Autónoma, sino en qué tipo de niveles y en qué tipo de dispositivos se ubican.

Palabras clave: Psicólogas/os especialistas en psicología clínica, Sistema Nacional de Salud, Comunidades autónomas, Salud mental, Ratio por 100000 habitantes.

This article reviews, analyzes, and discusses the existing data since 2003, from different sources, on the number of psychologists who are specialists in clinical psychology working in the Spanish National Health System (SNS). The data must be taken with great caution due to the diversity of sources and methodology used, but it is concluded that the total estimated number of Specialist Psychologists in Clinical Psychology plus «PESTOS» [specialist psychologists without an official qualification] who work in the SNS may be around 2,600-2,800, with a ratio per 100,000 inhabitants of around 5.58, and vast differences among the autonomous communities. In the last 15 years, the average increase in the ratio of psychologists per 100,000 inhabitants has been slightly more than one psychologist. It is recommended to carry out detailed studies to find out not only how many specialists in clinical psychology there are in each autonomous community, but also the levels and the type of units in which they are located.

Key words: Psychologists specialists in clinical psychology, National Health System, Autonomous communities, Mental health, Ratio per 100000 Inhabitants

Since the first classes of graduates in philosophy and arts (psychology section), at the beginning of the 1970s, the interest of many of them, and of the Spanish Psychological Association, in the incorporation of the discipline of psychology into public healthcare as a right of all citizens has been present (Laviana-Cuetos, 1998; García-Álvarez, M. A, 1998; Duro, 2001; 2015). It has been a long and winding road of more than 50 years to reach an indisputable qualitative presence of these professionals in the National Health System but, on the other hand, it has been insufficient quantitatively.

This last statement is based on fragmented and inconsistent data which, although aired protestingly by organizations and corporate associations, reveal the scant interest of public administrations in publicizing the real situation of psychology

professionals, specifically of clinical psychology specialists, as a strategy to conceal a reality that clearly leaves room for improvement.

Some exceptions confirm this rule, such as the article in the press by Fernández-García (2020), which will serve as a contrast in our tempestuous search for objectivity and rigorous information.

In this context of misinformation we can understand the unfulfilled promise of the Ministry of Health from more than 17 years ago, to implement, and make public—as a policy of transparency and service to citizens—the Register of Healthcare Professions which, although it does not refer to psychologists in the public health system, would report the number of professionals authorized to work in the health field, both public and private: psychologists specializing in clinical psychology and general health psychologists.

At a time of social crisis, evidenced by the COVID-19 pandemic, in which decisions must be made about the necessary reinforcement of the public health system, it is essential to know the number and location of specialist clinical psychology professionals in the public health system of our country in order to plan the necessary increase so that more adequate

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responses can be given to the psychological care needs of the users of the public health system.

This work is aimed at the latter meta-objective: to highlight the existing gaps regarding the number of clinical psychology specialists as well as the resources they work with in the Spanish public health system.

Knowing where we are would serve to advance towards the desired standards of quality in psychological care through the public call for employment and the increase of PIR positions, a reserve from which the public health system will be supplied in the short, medium, and long term.

On the other hand, as health competencies are devolved to the autonomous communities, it would make it possible to highlight the inequalities and inequities existing among them.

The existing quantitative nonsense about the situation of 'healthcare' psychology in our country is evident (Duro, 2019a), so in this article we will present what we know, and above all, what we do not know about how many professional specialists in clinical psychology work in the National Health System of our country.

For more than a decade, reports and public statements have frequently stated the mythical number of 4.3 professional specialists in clinical psychology per 100,000 inhabitants in the public health system of our country compared to the average of 18 psychologists per 100,000 inhabitants in the rest of the European Community as a weighty argument to show the insufficient ratio of practitioners/population and thus justify the need to increase the number of professional positions for specialists in clinical psychology in the Spanish public health system, and therefore, the number of PIR positions.

It is evident that from the communicational point of view, and from the point of view of visibility in the media, this strong message has fulfilled the laudable function of denouncing the precariousness of clinical psychology professionals hired by the administrations available to users, free of charge and universally, and of "signposting" to us the path already taken, on average, by the European countries in our region.

However, at this point in the 21st century, and especially in the COVID-19 era, it is necessary to qualify this mythical number, in order to construct a rigorous and updateable data scenario that reports on the current national situation, with the aim of adapting the supply of clinical psychology specialists in the public healthcare system to the needs and demands of the population.

The relevance of this update does not require too much justification in these times of 'reconstruction' of the public health system due to the coronavirus pandemic.

For some time now, we have been calling for the urgent need for awareness of this reality and for ad hoc research to be generated, without much success, it must be said.

Thus, our objective will be to lay out "in black and white", the state of the question about the existing knowledge on the number of professionals specialized in clinical psychology in the National Health System as far as our partial knowledge allows us, as well as to show the great heterogeneity and difficulty in accessing the existing data.

SOME PRELIMINARY CLARIFICATIONS

What do we know about clinical psychology practitioners in the National Health System?

In order to contextualize what we know about the number of clinical psychology specialists in the National Health System, it is necessary to make some clarifications, such as the following.

What do we mean when we talk about clinical psychology specialists?

Currently in Spain we have two psychology professions regulated to practice in the health sector: the Psychologist Specialist in Clinical Psychology and the General Health Psychologist.

Access to the degree of Psychologist Specialist in Clinical Psychology began in 1998 when the Official Degree of Psychologist Specialist in Clinical Psychology was created and regulated (Prado, Sánchez-Reales, Gimeno, Aldaz, 2019).

In 2002, the process of homologation for obtaining the title of Psychologist/Specialist in Clinical Psychology was regulated through the transitory routes (Duro, 2020).

We already know with relative accuracy that 7,145 professionals have obtained the title of Specialist by the transitory routes contemplated in the Royal Decree 2490/1998 of November 20 (Duro, 2019b) of whom around 6,934 may be active (part working in the public health system, part in private health centers/offices), since according to data from the Spanish National Institute of Statistics (INE) for 2019, 0.6% of registered health professionals were retired (about 200). That is, counting all these retired members as specialists by way of homologation (which is very likely since those via PIR, General Health Psychologists via Master's degree, and those homologated as General Health Psychologists, in general, are not old enough for retirement).

On the other hand, the number of practitioners up to 2020 who obtained a place to study the PIR after the RD of 1998 and who have obtained the Specialty via PIR is 1,779.

Thus, according to these figures, as of today, there are 8,713 active Clinical Psychology Specialists with the required qualification to be able to work in the National Health System. (See Table 1)

When calculating the number of 'clinical' psychologists practicing in the SNS, it is necessary to include the self-named PESTOS who practice 'in specialist functions' without official qualifications.

This situation is applicable to those professionals who, while working in the SNS before 2011, did not obtain the Specialty through homologation and, in some cases, to those professionals who were hired in subsequent years without the qualification of Specialist and who were kept in their jobs in a patently irregular way.

Despite some figures that were recently made public (Ballescà i Ruiz, 2020), there is no reliable data on the number of «PESTOS» but, according to our calculations, based on a study carried out in the Community of Madrid (Duro, 2016), the number of these individuals does not reach 200 in the whole of Spain.



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Thus, we can say that the maximum possible number, through the required qualification or as «PESTOS», working in the SNS, in private or semi-private centers, is 8,913. (See Table 2)

Finally, those who should NOT be included in the ratio to which we are referring are possible General Health Psychologists (Duro, 2019c) or graduates/licentiate¹ who may have been hired by foundations (La Caixa, for example), associations, NGOs, etc. with agreements with the National Health System or as ‘researchers’ in hospital foundations or those included (even if they have the title of Specialist) in drug dependency care centers, psychosocial rehabilitation centers, labor rehabilitation centers, and residential centers that depend on the Departments of Social Affairs, as they are not within the Departments of Health of the Autonomous Communities, and therefore the SNS.

On the other hand, when we talk about the SNS, we are referring to public centers with their own personnel (whether permanent, interim, or temporary), public centers managed by private companies, and/or private centers contracted by the SNS (psychiatric rehabilitation in medium and long stay and, in some cases, drugs) with labor contracts (permanent or temporary).

We are not referring to associations, NGOs with ‘agreements’ with the SNS (temporary labor contracts, service provision, scholarships, etc.). Also not included are possible resources dependent on city councils that provide ‘health-care’ services (health promotion centers, women’s care centers, etc.).

By the levels of care in which professionals specializing in clinical psychology are included, we refer to specialized care (psychiatry/mental health, neurology, gynecology, oncology/palliative care, others), primary care and emergency services and, when included in the healthcare departments, those who deal with the care of drug addicts and the psychosocial rehabilitation of people with mental health problems.

We would now like to make some clarifications on the ratio of clinical psychologists usually used.

Some authors (González-Blanch, 2020) have begun to reflect on the *misleading European average* (18 per 100,000) and the comparison with the Spanish average (4.3 per 100,000), questioning, on the one hand, the reliability of the data on both sides, and, on the other, the impossibility of comparing the multiple realities of ‘clinical’ psychology in Europe and in Spain (different qualifications and different models of healthcare systems).

For our part, we are interested in clarifying the rigor and quality of the data being handled, in order to be aware of what we know and what we do not know in this regard.

The first reference to the 4.3 versus 18 comparison can be

found in the news article in Infocop (2008), referring to the data in Spain, which is based on *El análisis de los recursos de salud mental en España* [Analysis of mental health resources in Spain] made by the *Grupo de trabajo del observatorio de salud mental de la Asociación Española de Neuropsiquiatría* [Working group of the mental health observatory of the Spanish Association of Neuropsychiatry, (AEN)] (2005), with data referring to the year 2003 (17 years ago!!!)

As González-Blanch correctly points out, «although not entirely reliable data, this has been the best estimate available until recently of the number of psychologists working in the National Health System», despite the methodology used (interviews with key professionals in each health area), which attempted to make up for the shortcomings of the institutional data.

On the other hand, the European data source was extracted by Infocop from the WHO Atlas-2005 Project.

According to the WHO, in 2005, Spain had a ratio of 1.9 clinical psychologists per 100,000 inhabitants, far from the 4.3 reported by the AEN, but we have not been able to find in the 2005 Atlas a different average for Europe than 3.2 (far from the 18 reported by Infocop).

In the *Informe de la Ponencia de Estudio de las necesidades de recursos humanos en el Sistema Nacional de Salud* [Report of the Paper for the Study of the Needs of Human Resources in the National Health System], constituted within the *Comisión de Sanidad, Política Social y Consumo del Senado*

Via homologation	6,934
Via Programa Psicólogo Interno y Residente (PIR) [Via Psychologist Resident Intern Program, PIR]	1,779
Total	8,713

Specialists in Clinical Psychology with the qualification equipped to work in the National Health System (2020)	8,713
Psychologists who already work in the National Health System, without an Official Specialist Qualification («PESTOS»)	200
Total	8,913

¹Translator’s note: Graduates are holders of the “Grado” (an ordinary bachelor’s degree obtained after four years of university studies) and licentiate¹ are holders of the previous “Licenciatura” (an extended bachelor’s degree obtained after five years of university studies)



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[Commission of Health, Social Policy, and Consumption of the Senate] of June 18, 2010, the same ratio of «18 psychologists/100,000 inhabitants in the European Union, compared to 4.3/100,000 inhabitants in Spain, most of them in mental health services» was stated once more, based on the WHO Report of 2008 on *Policies and Practices for Mental Health in Europe - Meeting the Challenges*. This report requested information from 44 countries on the number of psychologists working in mental health per 100,000 inhabitants. Of the 44 countries, no information was obtained from 13 of them (e.g., France and Germany). The average for the remaining countries was 9.5 psychologists and Spain reported a ratio of 4 psychologists per 100,000 inhabitants.

In 2008, the WHO reported a rate of 4 for Spain and in the subsequent WHO Atlases the average for the European Region was situated at much lower levels (9.5 in 2008, 2.58 in 2011, 2.7 in 2014, and 4.6 in 2017, with 9.04 professionals/100,000 inhabitants in the most developed countries). As can be seen, all figures are far from the rate of 18 per 100,000.

In the 2017 Ombudsman's Report, the same mythical ratios are repeated once more, citing the aforementioned Senate Report and, presumably, aware of the weakness of the data available, stating that «it has asked the various public administrations to send updated figures on the psychological care offered in public and subsidized centers, both in primary and specialized care. Specifically, it wants to know the current ratios of professionals and a diagnosis of the need to increase the number of clinical psychologists to meet the needs demanded by citizens.»

The 2019 Ombudsman's Report states that «the ratio of psychologists per inhabitant has barely changed in the last decade» and that «according to the information provided to the Ombudsman by the Ministry of Health, this ratio stood at approximately 6 psychologists per 100,000 in 2018.» Again, we assume that this data has been extracted on what was provided by the 12 Autonomous Communities, plus Ceuta and Melilla, in answer to the request made in 2017 by the Ombudsman. Aragon, Galicia, Catalonia, Castile-La Mancha, and the Basque Country did not provide data.

MATERIAL AND METHOD

For the preparation of this paper, we have reviewed the data, existing since 2003, on the number of 'clinical' psychology professionals working in the Spanish SNS, obviously in the autonomous communities, from different data sources, all freely available on the Internet.

Thus, the Mental Health Observatory of the AEN provided data referring to the years 2003, 2007, 2009, and 2014, with the continuity of these data being truncated.

In 2009, the only data provided by the Ministry of Health came from the SNS Primary Care Information System, although the publication of data has resumed, with those corresponding to 2018 and 2019 being available.

In some autonomous communities, the data are included in their mental health plans.

From some psychologists' associations, organizations such as the Spanish Association of Clinical Psychology and Psychopathology (AEPCP), the Spanish Association of Neuropsychiatry-Mental Health Professionals of the Valencian Community, or individual professionals there are partial studies referring to their autonomous communities (Rueda-Lizana, 2015; Duro, 2016).

The most current global data refer to 2018 and come from the Ombudsman based on data provided by the Ministry of Health. Even so, the communities of Aragon, Castilla-La Mancha, Catalonia, and the Basque Country have never responded to either the Ministry of Health or to the Ombudsman's request. Galicia has not responded to the Ombudsman either.

Some partial data referring to 2019 and 2020 have been extracted from interviews with representatives of some psychological associations, such as the National Association of Internal and Resident Psychologists (ANPIR) and the *Movement Galego de Saude Mental* [Galician Movement of Mental Health].

Regarding the methodology used to obtain the aforementioned data, we can affirm that not only is there no homogeneity, but also that the reliability of the original sources is unknown, which may range from key informants to some level of the administration without it being made known which one.

Finally, given the different administrative organization of many autonomous communities, in many cases it is not known in which type of units the psychologists referred to are included. The most paradigmatic example is drug treatment and psychosocial rehabilitation.

Thus, some autonomous communities include drug care and psychosocial rehabilitation within mental healthcare. Others have included either or both at some point in the last 15 years, but in the vast majority of cases it is not possible to distinguish them within the overall data. Hence, in general, it is not possible to establish reliable comparisons between autonomous communities.

From what we have been able to infer, the communities of Castilla-León, Castilla-La Mancha, and Extremadura include drug care and psychosocial rehabilitation most of the time. The communities of Asturias, the Basque Country, Murcia, Navarra, and La Rioja include drug care. When it has been possible to distinguish them, we have excluded, in this study, psychologists from these two types of facilities in these communities.

For the analysis of the data available to date, we have used a descriptive methodology, the comparison between sources and an evaluative analysis of the situation.

RESULTS

The most relevant data from the autonomous communities are discussed below (see Table 3).

In all cases we have considered the lowest estimate of the number of professionals specializing in clinical psychology in 2003.

Castile-León and Extremadura include clinical psychology professionals in drug addiction and psychosocial rehabilitation facilities, as does Castilla-La Mancha until 2009.

Asturias, Valencia, La Rioja, Murcia, and Navarra include



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clinical psychology professionals in drug addiction care facilities but not in psychosocial rehabilitation facilities.

The rest of the autonomous communities do not include clinical psychology professionals in drug addiction care facilities or in psychosocial rehabilitation facilities.

In Andalusia, the Balearic Islands, the Canary Islands,

Castile-La Mancha, Valencia, La Rioja, Murcia, Navarra, Ceuta, and Melilla there has been a constant increase in the number of professionals hired, and therefore in the ratio per 100,000 inhabitants, with notable increases in the community of Navarra, which increased the number of professionals specializing in clinical psychology by 41 and increased the

TABLE 3
NUMBER OF PROFESSIONALS SPECIALIZING IN CLINICAL PSYCHOLOGY, RATIOS PER 100,000 INHABITANTS AND DATA SOURCES IN THE DIFFERENT AUTONOMOUS COMMUNITIES. (AUTHOR'S OWN CREATION)

Community and year	Number of clinical psychologists	Ratio per 100,000 inhabitants	Source
Andalusia			
2003	210* 194***	2.59**	Observatorio AEN [AEN Observatory], 2005 ¹
2005	243	3.14	Observatorio AEN [AEN Observatory], 2007
2009	259	3	SIAP- Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	395	4.8	Observatorio AEN [AEN Observatory], 2010
	258.7	3	Observatorio AEN [AEN Observatory], 2014
	259	3	III Plan de Salud Mental de Andalucía 2016-20 [III Mental Health Plan of Andalusia 2016-20] (Carmona-Calvo, 2016)
2014	261	3	VIII Congreso Internacional y XIII Nacional de Psicología Clínica [VIII International and XIII National Congress of Clinical Psychology]. Granada, (Rueda-Lizana, 2015)
2018	271	3.2	Defensor del Pueblo [Ombudsman], 2020
Aragon			
2003	52* 48***	3.90**	Observatorio AEN [AEN Observatory], 2005
2005	43	3.42	Observatorio AEN [AEN Observatory], 2007
2009	60	4.5	SIAP- Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	61	4.5	Observatorio AEN [AEN Observatory], 2010
	71.72	5.5	Observatorio AEN [AEN Observatory], 2014
2018	No data		Defensor del Pueblo [Ombudsman]
2020	60	4.5	ANPIR [Spanish National Association of Psychologist Interns] in Aragon Digital, 18-7-20
Asturias²			
2003	28* 29***	2.77**	Observatorio AEN [AEN Observatory], 2005
2005	No data		Observatorio AEN [AEN Observatory], 2007
2009	34	3.4	SIAP- Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2009	39	3.9	Observatorio AEN [AEN Observatory], 2010
2013	40.95	4	Plan de Salud Mental de Asturias 2015-20 [Mental Health Plan of Asturias 2015-20]
2018	No data		Observatorio AEN [AEN Observatory], 2014
	41	4	Defensor del Pueblo [Ombudsman]
Balearic Islands			
2003	51* 46***	5.20**	Observatorio AEN [AEN Observatory], 2005
2005	53	5.30	Observatorio AEN [AEN Observatory], 2007
2009	55	5.30	Observatorio AEN [AEN Observatory], 2010
	53	5.30	SIAP- Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	47.5	4.3	Observatorio AEN [AEN Observatory], 2014
2016	63.5	5.90	Plan Estratégico de Salud Mental de las Islas Baleares 2016-2022 [Strategic Mental Health Plan of the Balearic Islands 2016-2022]
2016	55	5	Colegio de Psicólogos de Baleares para Jornada de la División de Psicología clínica y de la Salud [Psychological Association of the Balearic Islands for the Conference of the Division of Clinical and Health Psychology], 2016
2018	65	5.5	Defensor del Pueblo [Ombudsman]



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NUMBER OF PROFESSIONALS SPECIALIZING IN CLINICAL PSYCHOLOGY, RATIOS PER 100,000 INHABITANTS AND DATA SOURCES IN THE DIFFERENT AUTONOMOUS COMMUNITIES. (AUTHOR'S OWN CREATION) (Continuation)

Community and year	Number of clinical psychologists	Ratio per 100,000 inhabitants	Source
Canarias			
2003	78.5* 61***	3.39**	Observatorio AEN [AEN Observatory], 2005
2005	105	5.4	Observatorio AEN [AEN Observatory], 2007
2009	51	2.55	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
	103	5.5	Observatorio AEN [AEN Observatory], 2010
2013	129	5.64	Observatorio AEN [AEN Observatory], 2014
2016	98	4.66	Colegio de Psicólogos de Canarias para Jornada de la División de Psicología clínica y de la Salud [Psychological Association of the Canary Islands for the Conference of the Division of Clinical and Health Psychology], 2016
	124.5	5.60	Plan de Salud Mental de Canarias 2019-2023 [Mental Health Plan of the Canary Islands 2019-2023] (Gutiérrez-León, 2019)
2018	106	4.8	Defensor del Pueblo [Ombudsman]
Cantabria			
2003	34.5* 44***	8.16**	Observatorio AEN [AEN Observatory], 2005
2005	No data		Observatorio AEN [AEN Observatory], 2007
2009 ³	47	8.6	Observatorio AEN [AEN Observatory], 2010
	12	2.2	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	No data		Observatorio AEN [AEN Observatory], 2014
2015	24	4.4	Plan de Salud Mental de Cantabria 2015-2019 [Mental Health Plan of Cantabria 2015-2019]
2018	37	6.4	Defensor del Pueblo [Ombudsman]
Castile-La Mancha			
2003	126* 112***	6.23 **	Observatorio AEN [AEN Observatory], 2005
2005	143	7.25	Observatorio AEN [AEN Observatory], 2007
2009	165 ⁴	8.25	Observatorio AEN [AEN Observatory], 2010
	No data		SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	124.88	6.6	Observatorio AEN [AEN Observatory], 2014
2015	110	5.3	Plan de Salud Mental de Castilla La Mancha 2018-2025 [Mental Health Plan of Castile-La Mancha 2018-2025]
2016	115	5.75	Colegio de Psicólogos de Castilla-La Mancha para Jornada de la División de Psicología clínica y de la Salud
			[Psychological Association of Castile-La Mancha for the Conference of the Division of Clinical and Health Psychology], 2016
2018	No data		Defensor del Pueblo [Ombudsman]
Castile and León⁵			
2003	81* 79***	3.21**	Observatorio AEN [AEN Observatory], 2005
2005	89	3.5	Observatorio AEN [AEN Observatory], 2007
2009	95		Observatorio AEN [AEN Observatory], 2010
	89	3.5	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	97	3.7	Observatorio AEN [AEN Observatory], 2014
2018	93	3.8	Defensor del Pueblo [Ombudsman]
Catalonia			
2003	No data* 321***	4.90**	Observatorio AEN [AEN Observatory], 2005
2005	99	1.44	Observatorio AEN [AEN Observatory], 2007
2009	No data		SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
	99	1.33	Observatorio AEN [AEN Observatory], 2010
2010	555.47	7.28	Atlas integral de los servicios de atención a la salud mental de Cataluña 2010 [Comprehensive Atlas of Mental Health Care Services in Catalonia 2010]. (Salvador Carulla et al, 2010)
2013	693.01	9.16	Observatorio AEN [AEN Observatory], 2014
2018	No data		Defensor del Pueblo [Ombudsman]
2020	1,026	18	ANPIR in Vozpopuli from 5-7-20



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Community and year	Number of clinical psychologists	Ratio per 100,000 inhabitants	Source
Basque Country			
2003	107* 95.5***	4.56 **	Observatorio AEN [AEN Observatory], 2005
2005	120	5.5	Observatorio AEN [AEN Observatory], 2007
2009	111.25	5.1	Observatorio AEN [AEN Observatory], 2010
	No data		SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	146.85	6.74	Observatorio AEN [AEN Observatory], 2014
2018	No data		Defensor del Pueblo [Ombudsman]
Extremadura^a			
2003	51* 72***	6.79 **	Observatorio AEN [AEN Observatory], 2005
2005	49*	4.58	Observatorio AEN [AEN Observatory], 2007
2009	65	5.94	Observatorio AEN [AEN Observatory], 2010
	66	6.6	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	No data		Observatorio AEN [AEN Observatory], 2014
2018	89	8.3	Defensor del Pueblo [Ombudsman]
Galicia			
2003	106* 74***	2.74**	Observatorio AEN [AEN Observatory], 2005
2005	114	4.2	Observatorio AEN [AEN Observatory], 2007
2009	115	4.15	Observatorio AEN [AEN Observatory], 2010
	86	3.11	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	No data		Observatorio AEN [AEN Observatory], 2014
2019	94	3.47	(ANPIR, 2019)
	No data		Defensor del Pueblo [Ombudsman]
19	95	3.5	Movimiento Galego de Saude Mental [Galician Movement of Mental Health] in La Voz de Galicia of 8-4-
Madrid			
2003	294* 273***	4.73**	Observatorio AEN [AEN Observatory], 2005
2005	462	7.74	Observatorio AEN [AEN Observatory], 2007
2009	435	6.82	Observatorio AEN [AEN Observatory], 2010
	144	2.19	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	325 ⁷	5	La Psicología Clínica en la sanidad pública de la Comunidad de Madrid [Clinical Psychology in Public Health in the Community of Madrid] (Duro, 2016)
2016	426.13	6.75	Observatorio AEN [AEN Observatory], 2014
	283	4	Colegio de Psicólogos de Madrid para Jornada de la División de Psicología clínica y de la Salud [Madrid Psychological Association for the Conference of the Division of Clinical and Health Psychology],
2016			Defensor del Pueblo [Ombudsman]
2018	295	4.4	Oficina Regional de Coordinación de Salud Mental y Adicciones. Consejería de Sanidad [Regional Office for the Coordination of Mental Health and Addictions. Ministry of Health], 2020
2020	358	5.3	
In mental health units (specialized community and hospital care)	295		
In primary care	21		
In emergency services (SUMMA 112)	6		
In drug dependence care centers	36		
Murcia^a			
2003	49* 47.5***	3.82**	Observatorio AEN [AEN Observatory], 2005
2005	78	5.94	Observatorio AEN [AEN Observatory], 2007
2009	93	6.44	Observatorio AEN [AEN Observatory], 2010
	76	5.27	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	97	6.5	Observatorio AEN [AEN Observatory], 2014
2018	91	6.1	Defensor del Pueblo [Ombudsman]
2020	93	6.2	Entrevista a M ^o José Lozano [Interview with M ^o José Lozano]La Opinión de Murcia, 8 August 2020



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TABLE 3
NUMBER OF PROFESSIONALS SPECIALIZING IN CLINICAL PSYCHOLOGY, RATIOS PER 100,000 INHABITANTS AND DATA SOURCES IN THE DIFFERENT AUTONOMOUS COMMUNITIES. (AUTHOR'S OWN CREATION) (Continuation)

Community and year	Number of clinical psychologists	Ratio per 100,000 inhabitants	Source
Navarra			
2003	No data* 25***	4.40 **	Observatorio AEN [AEN Observatory], 2005
2005	No data		Observatorio AEN [AEN Observatory], 2007
2009	31 30.5	4.94 5.6	Observatorio AEN [AEN Observatory], 2010 SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2011	37	6	Plan Estratégico de Salud Mental de Navarra 2012-16 [Strategic Mental Health Plan of Navarra 2012-16]
2013	50.3	7.74	Observatorio AEN [AEN Observatory], 2014
2016	39	6.1	Colegio de Psicólogos de Navarra para Jornada de la División de Psicología clínica y de la Salud [Psychological Association of Navarra for the Conference of the Division of Clinical and Health Psychology], 2016
2018	66.25	10.2	Defensor del Pueblo [Ombudsman]
La Rioja⁹			
2003	No data* 11***	3.88 **	Observatorio AEN [AEN Observatory], 2005
2005	15	4.98	Observatorio AEN [AEN Observatory], 2007
2009	13 14	4 4.36	Observatorio AEN [AEN Observatory], 2010 SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	No data		Observatorio AEN [AEN Observatory], 2014
2018	17	5.4	Defensor del Pueblo [Ombudsman]
Valencian Community			
2003	63.5* 114***	2.64 **	Observatorio AEN [AEN Observatory], 2005
2005	206	4.5	Observatorio AEN [AEN Observatory], 2007
2007	115	2.4	La Psicología Clínica en el Sistema Valenciano de Salud. (Asociación Española de Psicología Clínica y Psicopatología) [Clinical Psychology in the Valencian Health System. (Spanish Association of Clinical Psychology and Psychopathology)] (AEN-PV), 2009
2009	228 165	4.58 3.3	Observatorio AEN [AEN Observatory], 2010 SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	255.5	5.1	Observatorio AEN [AEN Observatory], 2014
2018	218	4.38	Defensor del Pueblo [Ombudsman]
Ceuta and Melilla¹⁰			
2003	No data* 4**	3.17	Observatorio AEN [AEN Observatory], 2005
2005	No data		Observatorio AEN [AEN Observatory], 2007
2009	No data		Observatorio AEN [AEN Observatory], 2010
	4	2.66	SIAP - Sistema de Información de Atención Primaria del SNS [Primary Care Information System of the SNS, Spanish National Health System] – 2009
2013	No data		Observatorio AEN [AEN Observatory], 2014
2018	5	3.7	Defensor del Pueblo [Ombudsman]

¹ Data from the 2005 AEN Observatory were drawn from two sources:

* The number of psychologists + the number of clinical psychologists was extracted from the *Generador de Estadísticas de la página del Observatorio de la AEN* [Statistics Generator of the AEN Observatory page]. (Observatorio AEN, 2020)

** The ratio of psychologists per 100,000 inhabitants was taken from the article published in the *Revista de la AEN* [the journal of the AEN] (Grupo de Trabajo del Observatorio de Salud Mental de la AEN [AEN Mental Health Observatory Working Group], 2005).

*** Data calculated by the author based on the ratio published in the AEN article that does not coincide with data extracted from the *Generador de Estadísticas de la página del Observatorio de la AEN* [Statistics Generator of the AEN Observatory website].

The other ratios were calculated by the author based on data from the corresponding sources and INE [Spanish Institute of Statistics] population data.

In some autonomous communities, according to the AEN Statistics generator, there are NO data on the number of psychologists, however, in the article published in the Journal of the AEN there does exist a ratio of psychologists/inhabitants.

² Including drug addiction care facilities

³ It is possible that in 2009, according to the AEN, psychologists from the drug addiction care and psychosocial rehabilitation facilities were included.

⁴ It is likely that drug addiction care facilities and psychosocial rehabilitation facilities were included in this year.

⁵ Drug addiction care devices and psychosocial rehabilitation devices are included.

⁶ Drug addiction care facilities and psychosocial rehabilitation facilities are included.

⁷ Other SERMAS Services not explicitly for Mental Health are included (oncology and palliative care, neuropsychology, early care, gynecology, etc.).

⁸ Drug addiction care units are included.

⁹ Includes drug addiction care units

¹⁰ Includes drug addiction care units



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ratio by 5.9 (almost 6 professionals specializing in clinical psychology per 100,000 inhabitants) and Murcia, where the number of psychologists almost doubled (from 47.5 to 91) and the ratio increased by 2.38 (almost 2.5 professionals specializing in clinical psychology per 100,000 inhabitants).

In Aragon, the number of psychologists has not increased in the last 11 years.

In Cantabria the data are very disparate. It is possible that in 2009, according to the AEN, the psychologists of the psychosocial rehabilitation and/or drug addiction services were included (47 psychologists) and for the Ministry they were not included (12 psychologists), so the ratio has suffered a decrease of 1.76 (over 1 1/2 fewer professional specialists in clinical psychology per 100,000 inhabitants).

In Madrid from 2003 to 2018 there was an increase of 22 psychologists, with practically the same ratio being maintained. From 2018 to 2020 there was an increase of 63 psychologists and an increase in the ratio of 0.9 (nearly 1 more clinical psychologist per 100,000 inhabitants) due to the inclusion in the Madrid Health Service of the drug care units, the new hiring of professionals specialized in clinical psychology to reinforce the attention to COVID-19, the incorporation of professionals specialized in clinical psychology in primary care and in emergencies (SUMMA 112).

Aragon, Castilla-La Mancha, Catalonia, Galicia, and the Basque Country do not provide data to the Ombudsman, so estimates have been made using other data sources close to 2018.

In the Galician community, the number of professionals specializing in clinical psychology has increased by 20 from 2009 to 2018.

In Catalonia, the ANPIR data (Nieves Salinas, 05/07/2020) of 1,026 psychologists and a ratio of 18 in 2020, based on their internal estimates, is striking, and means that in 10 years the number of clinical psychologists has increased by 332.99 and the ratio has almost doubled (about 9 more clinical psychology specialists per 100,000 inhabitants). If these data are true, there is no information on whether all the professionals are specialists and all of them are included in private or semi-private centers.

In summary, in 2003 there were 1,572.7 professionals specializing in clinical psychology working in Spain as a whole, and in 2008, they ranged between 2,836, according to some sources, 2,816, according to the Ombudsman, and 2,581 if we use the ratio of 5.5 calculated by us. In any case, in 15 years there would have been an overall increase of between 1,262.3 and 1,317 psychologists, which represents an increase of 80-83%, at an annual rate of 5.35% (See Table 4).

TABLE 4
EVOLUTION OF THE NUMBER OF PROFESSIONALS SPECIALIZING IN CLINICAL PSYCHOLOGY
(2002-2018/20)

AUTONOMOUS COMMUNITY	Number of professionals specializing in clinical psychology according to the lowest estimate in 2003	Number of professionals specializing in clinical psychology in 2018	Evolution of the number of professionals specializing in clinical psychology (2002-2018, or closest available data)
Andalusia	194	271	+ 77
Aragon	48	60	+ 12
Asturias	28	41	+ 13
Balearic Islands	51	65	+ 14
Canary Islands	61	106	+ 55
Cantabria	34,5	37	+ 2,5
Castile-La Mancha	112	115	+ 3
Castile and León	79	93	+ 14
Catalonia	321	1026	+ 705
Community of Valencia	63,5	218	+ 144.5
Ceuta and Melilla	4	5	+ 1
Extremadura	51	89	+ 38
Galicia	74	94	+ 20
Madrid	273	295	+ 22
Murcia	47,5	91	+ 43.5
Navarra	25	66.25	+ 41.25
Basque Country	95.5	146.85	+ 51.35
Rioja	11	17	+ 6
Total	1,572.7	2,835	+ 1,262.3
Average of the Communities	87.37	157.56	+ 70.18



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From the available data we can estimate that, in the last 15 years, the average increase in the ratio of clinical psychology specialists per 100,000 inhabitants has been slightly more than 1 clinical psychologist (see Table 5).

Madrid remains at the same ratio.

The Canary Islands, Asturias, La Rioja, and Extremadura are at or slightly above the average.

The autonomous communities of Navarra, Catalonia, and Murcia are the ones that have significantly increased the ratio above the average, followed by the Valencian Community

and the Basque Country. On the other hand, although the ratio has increased in Andalusia, the Balearic Islands, Aragon, Castile and León, Ceuta and Melilla, and Galicia, these communities have not reached the average. Castilla-La Mancha and Cantabria had a decrease of between 0.5 and 1.5 clinical psychology specialists per 100,000 inhabitants (See Figure 1).

The European ratios are not comparable with the Spanish ratios either. If in 2003, and in subsequent reports, 18 psychologists per 100,000 inhabitants was taken as a reference for the European average, subsequently this average fell strikingly to stand at 4.6 in 2017 and, in any case, both the required qualifications and the structure of the healthcare systems are very different in the countries of Europe and in Spain.

DISCUSSION

In light of all the considerations and data that we have presented throughout the article, we can give an ambivalent answer to the question that heads this paper: do we know how many professionals specializing in clinical psychology work in the Spanish National Health System? The most radical answer is that we do NOT know, and the more detailed answer is that we know more than a few years ago, but our knowledge is still fragmented, and of questionable reliability in view of the available data.

However, little by little, rays of light are opening in some recent works, the most relevant of which is the aforementioned

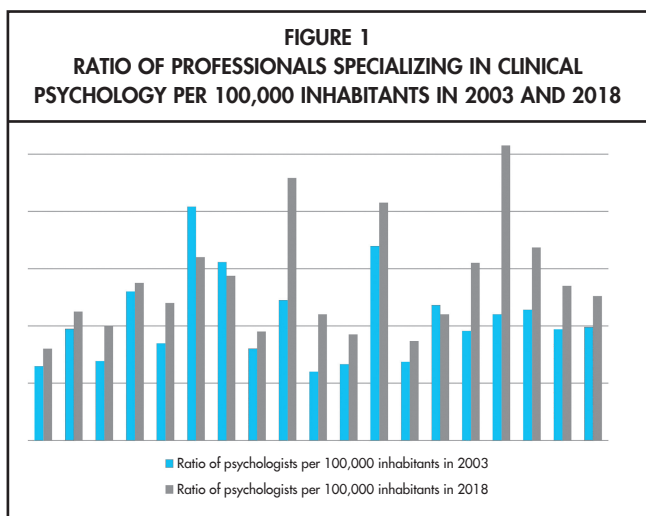


TABLE 5
EVOLUTION OF THE RATIO OF PROFESSIONALS SPECIALIZING IN CLINICAL PSYCHOLOGY PER 100,000 INHABITANTS IN EACH AUTONOMOUS COMMUNITY IN THE LAST 15 YEARS

AUTONOMOUS COMMUNITY	Ratio of professionals specializing in clinical psychology per 100,000 inhabitants in 2003	Ratio of professionals specializing in clinical psychology per 100,000 inhabitants in 2018	Evolution of the ratio of specialists in clinical psychology per 100,000 inhabitants
Andalusia	2.59	3.20	Increase of 0.61 (slightly more than 1/2 clinical psychologist per 100,000 inhabitants).
Aragon	3.90	4.50	Increase of 0.60 (slightly more than 1/2 clinical psychologist per 100,000 inhabitants).
Asturias	2.77	4	Increase of 1.23 (slightly more than 1 clinical psychologist per 100,000 inhabitants).
Balearic Islands	5.20	5.50	0.3 increase (less than 1/2 clinical psychologist per 100,000 inhabitants)
Canary Islands	3.39	4.80	Increase of 1.41 (almost 1 1/2 clinical psychologist per 100,000 inhabitants)
Cantabria	8.16	6.4	A decrease of 1.76 (more than 1.5 clinical psychologists less per 100,000 inhabitants).
Castile-La Mancha	6.23	5.75	A decrease of 0.48 (almost 0.5 clinical psychologists per 100,000 inhabitants).
Castile and León	3.21	3.8	Increase of 0.61 (slightly more than 1/2 clinical psychologist per 100,000 inhabitants).
Catalonia	4.90	9.16	Increase of 4.26 (slightly more than 4 psychologists per 100,000 inhabitants).
Valencian Community	2.4	4.4	Increase of 1.76 (slightly more than 1.5 psychologists per 100,000 inhabitants).
Ceuta and Melilla	2.66	3.7	Increase of 0.53 (slightly more than 1/2 clinical psychologist per 100,000 inhabitants).
Extremadura	6.79	8.3	Increase of 1.5 (1 clinical psychologist and a half per 100,000 inhabitants)
Galicia	2.74	3.47	Increase of 0.73 (slightly more than 1/2 clinical psychologist per 100,000 inhabitants).
Madrid	4.73	4.4	The ratio is practically unchanged
Murcia	3.82	6.2	Increase of 2.38 (almost 2.5 professional specialists in clinical psychology per 100,000 inhabitants).
Navarra	4.40	10.3	Increase of 5.9 (almost 6 more clinical psychologists per 100,000 inhabitants).
Basque Country	4.56	6.74	Increase of 2.18 (slightly more than 2 clinical psychologists per 100,000 inhabitants).
Rioja	3.88	5.4	Increase of 1.52 (slightly more than 1.5 clinical psychologists per 100,000 inhabitants).
Average of all communities	4.24	5.55	Increase of 1.3 (slightly more than one clinical psychologist per 100,000 inhabitants)



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article by Fernández-García (2020, in press). We agree with the author, from the analysis of similar documents, on the overall results of the number and rates of clinical psychologists in the entire Spanish National Health System (2,615 for him and 2,836 for us, the ratio for both being 5.58 clinical psychologists per 100,000 inhabitants) and on the breakdown by autonomous communities (see Figure 1 and ours). We can therefore affirm that we are on the right collective path to answer the question of this study in the affirmative.

However, we must be very cautious when comparing the different autonomous communities, since not all of them are based on the same data sources, and neither do we know exactly in which facilities the professionals specializing in clinical psychology are included.

We agree with Fernández-García in noting a certain trend that indicates to us that, in 2018, the communities of Navarra, Catalonia, Cantabria, the Basque Country, and Murcia, in that order exceed the average of 6 and are at the top of this hypothetical ranking. We do not agree with Fernández-García regarding Castilla-La Mancha and Extremadura, which he places in prominent positions as well, because we believe that these ratios may be skewed by including, presumably, drug care and psychosocial rehabilitation. At the bottom of the ranking, we also agree in placing Andalusia, Galicia, Ceuta and Melilla, and Asturias in order from lowest to highest. The rest of the Communities are in a mid-range position, although below average: Aragón, the Canary Islands, the Balearic Islands, La Rioja, Madrid, Castile and León, and Valencia.

We have not found any study on the historical evolution of the ratios in the different autonomous communities, but it seems plausible, as well as incredible (and not ideal), that in 15 years there has only been an average increase of 1 clinical psychologist per 100,000 inhabitants in the autonomous communities.

CONCLUSIONS

Evidently, the aim to know the situation of clinical psychology professionals in the National Health Service is so we can adapt the number of specialist positions needed to meet the needs of citizens. Given that there are 8,713 professional specialists in clinical psychology with the appropriate qualifications to work in the National Health System, and there are, at most, 2,816 clinical psychologists currently working, there is still a pool of 5,897 specialists (either unemployed or working in private practice or in other public facilities in which such qualifications are not required) who could have access to work in the public health service, without it being necessary, obviously, to resort to hiring with different qualifications as would be the case of General Health Psychologists, which is not contemplated in the current legislation. This is not incompatible with the incorporation of General Health Psychologists in different facilities of the autonomous and local administration in the field of health promotion and in public and semi-public social-health centers.

It is regrettable that the autonomous communities—to whom

the competences of human resources in healthcare have been transferred—do not provide data on the number of clinical psychology specialists working in each autonomous health system, and neither is the Ministry of Health (or the Ombudsman) able to provide these data, and as such these authorities are neglecting their duties to coordinate the entire SNS. What is the Interterritorial Council of the National Health System for? The much-vaunted transparency is conspicuous by its absence in this case.

However, we are seeing certain estimates that are shared by different authors.

On the one hand, the total number of Specialist Psychologists plus «PESTOS» working in the SNS (private and semi-private centers) may be around 2,600-2,800 in the entire SNS, with a ratio per 1,000 inhabitants of around 5.58 and large differences between autonomous communities (from a ratio of just over 3 to one of just over 10).

On the other hand, there has been slow growth in the number of positions for psychologists specializing in clinical psychology over the last 15 years, with a pathetic(?) average increase per autonomous community of 1 position per 100,000 inhabitants.

Obviously, without reliable and current data, it is impossible to plan the resource needs of specialist psychologists in the SNS, so it is imperative to carry out detailed studies to establish not only how many specialists in clinical psychology there are in each autonomous community but also at what levels (emergencies, primary care, psychiatry/mental health, other hospital services such as oncology, palliative care, neurology, etc.) and in what type of facilities they are located (mental health centers for adults, children, and adolescents, day hospitals, psychiatry services in hospitals, medium and long stay units, drug dependency care, etc.)

The conclusion of the study by Fernández-García, stating that a minimum ratio should in no case be below 12 professionals per 100,000 inhabitants, gives us a glimpse of the horizon to which, in the short and medium term, we should aspire as a profession.

It is also necessary to establish the State Register of Health Specialists already contained in the LOPS (2003), which has been historically deficient, and a legislative commitment that has not been effectively fulfilled after 17 years. Furthermore, it is time for the INE statistics on registered psychologists in the health field to differentiate between General Health Psychologists and Psychologists Specializing in Clinical Psychology, as is done in the case of nurses, for example.

If we have learned anything so far from the COVID-19 pandemic, it is the need to strengthen the public health system by increasing the number of positions for healthcare professionals and improving their working conditions, which also necessarily implies the creation of more positions for professionals specializing in clinical psychology at all levels of the health system as well as an increase in the number of PIR positions from which the SNS is and will be supplied in order to provide more and improved responses to the growing mental health problems of the Spanish population.



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THANK YOU

I would like to thank Xacobo Fernández-García for providing me with his article still in press and his subsequent comments that have enabled me to enrich this article and substantiate some of our conclusions.

CONFLICT OF INTEREST

There is no conflict of interest.

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