



## What is the Health Psychology Exchange and what can it do?

Health psychology is the study and application of the psychological processes underlying health, healthcare and illness.

**Get in touch:** [healthpsychologyexchange@outlook.com](mailto:healthpsychologyexchange@outlook.com)

### Who we are

We are a collaborative of health psychology professionals and each of us is volunteering to assist the health, public health and social care systems in their response to COVID-19.

We have a variety of backgrounds and roles: some are academics employed by Universities, some are HCPC registered practitioner psychologists working for the NHS and some are both; we span early, mid and senior career stages.

### How we are preparing

We are creating a **pipeline** from research, through rapid evidence review and support for evidence-based policy making and practice to delivery of psychological interventions. We are preparing for questions arising from policy makers and practitioners. We have willing volunteers to translate the health psychology evidence into concrete best evidence advice and a newly established patient and public involvement and engagement group.

## Examples of our members' work

**Challenge:** Health professionals were facing stressful work-related challenges.

**Who:** Dr Roseanna Brady with podiatry and musculoskeletal services

**What we did:** Provided group facilitation using reflective practice models.

**What improved:** Reduction in stress, increased self-efficacy in relation to challenges faced and team solutions to urgent problems.

**Challenge:** Impact on vulnerable populations of increased alcohol drinking during lockdown.

**Who:** Dr Gillian Shorter (Ulster University) and Paula Leonard (Alcohol Forum/Irish Community Action on Alcohol Network)

**What we did:** Provided and disseminated guidance on CMO drinking guidelines, tips to limit alcohol and impact of alcohol, worked with services/department of Health on recommendations.

**What improved:** Guidance included on PHA website, re-designation of off licences as essential, advice communicated to public through press, flier adapted for use Public Health Agency Northern Ireland: [www.pha.site/DontGetLockedIn](http://www.pha.site/DontGetLockedIn)

**Challenge:** To understand, drive and evaluate changes in health worker behaviours.

**Who:** The Change Exchange (Universities of Manchester, Stirling and Manchester Metropolitan) with Tropical Health & Education Trust, Health Education England & Commonwealth Pharmacists Association

**What we did:** Analysed their interventions, suggesting different techniques to change behaviour.

**What improved:** Increased behaviour change through use of effective behaviour change techniques.

**Challenge:** Improving physical activity in people at risk of cardiovascular disease and poor mental health.

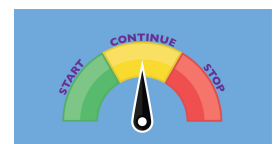
**Who:** Dr Angel Chater & Dr Neil Howlett (University of Bedfordshire) with the local council "Active Herts Programme".

**What we did:** Applied findings from a systematic review, developed programme, trained advisors.

**What improved:** Increase in physical activity plus sustainable workforce through high quality training. <https://www.activeherts.org.uk>

## What we could do for you during COVID-19

We can work **responsively** and precisely **to your requirements**, including **behaviour change and maintenance**, **psychological interventions**, **communication for disadvantaged groups** etc.



*Some examples:*

*Creating a 'phrase book' or virtual training for NHS volunteers or staff to have meaningful conversations with patients and public about their mental wellbeing and health behaviours.*

*Leading training, briefing and supervision sessions with staff or volunteers to facilitate reflection and processing of experiences so to increase psychological flexibility and reduced stress.*

*Joining planning meetings translating behavioural science best evidence in real time.*

*Responding to questions about the evidence base for the thoughts, feelings and behaviours of staff, patients and the public in relation to policy options, including disadvantaged groups.*

*Reviewing and tailoring communications to include best evidence behaviour change techniques to encourage people to take and maintain action.*



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## Additional health psychology case studies and current COVID-19 research

### Case Studies

**Challenge:** People from South Asian backgrounds were not engaging in dementia support services.

**Who:** Dr Atiya Kamal (Birmingham City University)

**What we did:** Explored the barriers and facilitators to accessing services with carers with South Asian backgrounds and nurses who work with families with South Asian backgrounds.

**What improved:** The services had a greater understanding of the cultural barriers to partnership working and the need for training to embed transcultural strategies into practice.

**Challenge:** How to help health workers have person-centred healthy conversations (Making Every Contact Count).

**Who:** Wessex Faculty of Healthy Conversation Skills

**What we did:** Developed the MECC Healthy Conversation Skills Programme and delivered to over 5000 frontline workers in NHS, local government, voluntary and community sectors.

**What improved:** Staff were more competent and confident in having conversations about health behaviours, whilst maintaining person-centredness.

**Challenge:** To increase health risk reduction in people with psoriasis.

**Who:** Dr Chris Keyworth and the IMPACT Psoriasis team (University of Manchester)

**What we did:** Developed patient information leaflets on health risks, based on evidence on motivation of health risk reduction.

**What improved:** People were more likely to reduce their health risk when messages were positive about benefits of health risk.

**Challenge:** A commercial weight loss company wanted to boost weight loss among people with overweight / obesity.

**Who:** Prof Chris Armitage (University of Manchester)

**What we did:** A randomised controlled trial of the addition of a brief intervention encouraging people to form implementation intentions (if-then plans).

**What improved:** At 6-month follow up, people who had made if-then plans had lost an average of 6.6% of their body weight, compared to just 2.6% average loss in those in the control group.

**Challenge:** Children and young people in the care system face many health inequalities and have poorer health than their peers.

**Who:** Dr Hannah Dale (NHS Fife)

**What we did:** Developed a high-intensity intervention to improve sexual health, reduce smoking, alcohol and drug use and increase healthy diet and physical activity.

**What improved:** Carers and workers were trained in methods to support positive health behaviours and young people 11years+ were given one-to-one interventions for behaviour change.

**Challenge:** To improve patient safety through increasing non-technical skills of pre-hospital care responders in rural and remote areas.

**Who:** NHS Education for Scotland

**What we did:** Developed training for pre-hospital care responders, based on evidence about practice change and about non-technical skills for safety.

**What improved:** Pre-hospital care responders had improved non-technical skills.

### COVID-19 research

**Challenge:** The COVID-19 pandemic could impact on people living with eating disorders.

**Who:** Dr Dawn Branley-Bell (Northumbria University)

**What we are doing:** Interviewing people with eating disorders to study barriers to their wellbeing and developing interventions to encourage positive coping mechanisms.

**Challenge:** Understanding psychological and behavioural impacts of COVID-19 and prevention measures.

**Who:** Dr Chris Keyworth and Manchester Centre for Health Psychology.

**What we are doing:** Conducting a nationally representative survey on people's reactions to advise on health risk communication strategies, based on important behavioural influences.