



EDITOR: JOLEL MIAH CONTACT JOLEL.MIAH@STUDY.BEDS.AC.UK



HPPH

IN THIS ISSUE: JOIN OUR COMMITTEE

“Momentous time, momentum needed” by Jim McManus, Director of Public Health, Hertfordshire County Council

Well, Summer’s over and we’re back to work with a bang.

There have been some exciting developments over the summer. The British Psychological Society Division of Health Psychology had a fantastic session on the overlaps and common interests between Health Psychology and public health. The BPS cross divisional network on applied psychology and public health is off and running (any BPS member can join, let me know) and there are seminars cropping up on the links between public health and psychology in a range of places, with several places thinking of networks like ours. Meanwhile, we still have some challenges. Public Health England commissioned a report by then Rand Corporation

http://www.rand.org/pubs/research_report_s/RR433.html which went to great length to emphasise the importance of behavioural sciences for the future of public health. The report is now beginning to be popularise.

At the same time, the Institute of Health Equity launched a series of reports on local action to reduce health inequalities

[.http://www.instituteoftheequity.org/projects/local-action-on-health-inequalities-series-overview](http://www.instituteoftheequity.org/projects/local-action-on-health-inequalities-series-overview) It should be obvious from this suite of documents that there is a strong contribution to be made by the behavioural sciences, especially health psychology. Colleagues at UCL are staring their work on behalf of NICE to look at how behaviour change guidance is impacting on

local government. A new book by another colleague, Angel Chater, gives us a good tool to educate non health psychologists, and colleagues from Public Health England held a round table discussion on behavioural sciences at their conference which will kick off more work.

Momentum is definitely building. Now what? We’ve shouted about it, we’ve told people we’re here, we’ve begun to get our heads round it, what’s next? Perhaps now the real work starts in earnest.

Well, what are your ideas? Here are my top two things to do:

1. We have to start now by articulating what we can do that makes a difference in the current financial climate. For example, I can think of three immediate pressing areas which we desperately need:

☐ Developing the role of health psychology in self-management and resilience to help keep people out of hospital

☐ Helping families to thrive and become less of a burden on the public purse and reduce long term health inequalities

☐ Helping clinicians communicate with patients to get healthier lifestyles and more improved coping

2. Once we have articulated this convincingly to ourselves, and identified how we will go about it and evaluate it, we

then need to convince policymakers they should invest even in pilots.

☐ My Catalan is almost nonexistent (My Spanish is not much better) but while in a Bookshop in Barcelona over summer I came across some really brilliant easy manuals in Catalan and in Spanish for how social care staff should use psychological techniques to work with older people. This is the kind of stuff we seem to be lacking.

We need to speak into the health and social care integration agenda, but what we say needs to bring something useful. Perhaps start by easily digesting lessons from research about older people and health status /coping? Americans call this *Psychology in Public Service*. What have we genuinely got to offer into this agenda? Perhaps we need our next workshop morning to move on this agenda? What do you think?

Meanwhile the Network activities continue: postgraduates and trainees are meeting together. A training session for environmental health officers about the contribution health psychology can make to them has happened and various members of the Network have started writing, seminar and training collaborations.

We’d welcome your ideas for further network events so we can keep the momentum going. Let us know what you need, or even better, can offer others.

And have a great Autumn!

Jim Mcmanus



Discovering Health Psychology

by Donna Stewart,

Assistant Psychologist, Womens Health, Univeristy College London Hospital NHS Foundation Trust

After years of working for the private sector in many varied roles, I made the decision to undertake an undergraduate degree in psychology. I have always had a keen interest in psychology and what motivates individuals to behave a certain way and how this behaviour is mediated by biological and social factors. My first introduction to Health Psychology came from the BPS magazine, whilst reading several articles, it occurred to me that the scope of Health Psychology was very broad, which is certainly a very strong point from my perspective.

As a relatively new discipline, I am rather excited to be embarking upon masters' level education in health psychology. I was drawn to Health Psychology as it seemed to fit best with my overall passion for the National Health Service and also my need to contribute to a profession that is capable of making a difference to public health and to individual

outcomes. I am excited to now be a member of the Health Psychology in Public Health and hope to be able to contribute to the group and to the public through my own studies and research. Research is something that I have always wanted to do and I am particularly looking forward to gaining advanced research skills as part of the MSc Health Psychology distance course at Derby University. My undergraduate studies at The Open University, have I feel equipped me with good skills and my experience to date in the NHS and through volunteering have contributed to my resilience and commitment. I have developed a good ability to reflect and incorporate reflection into everything that I do. Participating in and providing the administration for mindfulness based stress reduction (MBSR) course as part of an honorary assistant psychologist post, taught me a great deal about emotion, thought processes and altogether was a truly profound and rewarding experience.

It was encouraging reading the article by Dr Laura Elwell in the first issue, as I am also a full time NHS worker and do not see this changing any time soon. I believe it to be both important and rewarding work and agree that it is certainly a helpful environment to be in whilst pursuing academic education with view to completing the necessary competencies to complete the stage 2 training and become a registered Health Psychologist, despite how incredibly overwhelming this all seems at the moment. I was also very inspired by Dr Angel Chater's talk on a career in Health Psychology and this has made me even more excited about being able to incorporate my existing research ideas and experience into my training and future work. I have worked for the NHS based in cancer services for five years and my experience has given me an insight into the many challenges

that health professionals face in a cancer setting. It is evident that Health Psychology has an important role to play in developing effective communication strategies for health professionals, whereby behaviour can often be challenging due to comorbid mental wellbeing concerns or other life stressors alongside a cancer diagnosis. Such stressors often include homelessness, limited family support and/or drug dependency. Currently there is no mandatory process for managing this and staff often feel reluctant to tackle certain areas. Health Psychology could work towards the effective implementation of a holistic needs assessment and the appropriate training for staff to feel equipped to manage more challenging scenarios.



I have many ideas for research and I can only hope to be able to conduct my own thorough and effective research in the future. I am very keen to learn more about behavioural interventions and to motivate individuals by examining their existing beliefs and cognitions around lifestyle and change and also how important they view the opinions of others when making their own decisions, with particular regard to diet and identity. My other interests lie in my voluntary work and also in helping the homeless. It seems like there is a great deal to learn, but I am truly excited about this wonderful field and what it can offer us all.



Tips on the Health Psychology Stage 2 Independent process

by Dilshoda Sharipova

PhD Student & Trainee Health Psychologist, University of Bedfordshire

While studying for MSc Health Psychology I attended a DHP Postgraduate Workshop organised at the City University London, on Qualification in Health Psychology, very similar to one that took place in Welwyn Garden City this year. I was pleased to attend the event as it gave a clear idea about the qualification and its requirements. The speakers shared their experiences of working on stage 2. Health Psychology Board members also took part and answered interested questions of participants. The participants were trainees who were studying following both Doctorate and Independent routes, so there was a chance to network. I found it very useful to attend these workshops whatever stage I am at.

The following year I decided to continue studies by doing PhD and I let my PhD supervisor know about my plans regards stage 2. He agreed to supervise me on qualification. We managed to tailor the PhD to meet stage 2 requirements. The important criteria for the research competence are exploring Health Psychology theories. Based on previous research, we chose the Theory of Planned Behaviour and Prototype Willingness Model to explore alcohol

misuse. My project is about alcohol consumption behaviour of University students and I will be evaluating data of the survey gathered from students, and interviews, focus group data collected both from students and professionals at my university. The thorough examination of the problem at the university setting will allow me to conduct a consultancy for the university staff regards student alcohol consumption. Teaching and training and behaviour change intervention competences will be addressed in the same setting.

The application process for stage 2 started at the same time as my PhD. First, I submitted my supervisor ratification form. After it was approved, I started working on my plan of training and collecting documents needed. By the time I collected the documents and jotted down my plan of work, I knew what is expected from me to be accomplished during the course. If I had any questions while completing the set of documents to submit I asked qualification officer who was very helpful and guided me through this process. Below some tips hope they help.



What would make your stage 2 enrolment process easy?

Start with finding a supervisor. If you have someone in mind ask them if they can supervise, as this person might qualify to take on stage 2 without any previous training. BPS allows sometime for them to do so. Your supervisor might be able to apply to be on a Register of Applied

Psychology Practice Supervisors (RAPPS) list with the experience they already hold.

Give yourself at least a month to complete plan of work and any documents needed for enrolment (1 month does not include the time you get your supervisor approved).

If you have already started your project or work placement and have some skills you can use towards the qualification for example, ethical approval which was granted or any training you did after completion of stage 1 you are able to backdate by simply sending a letter to qualification board and agreeing on a start date for your stage 2 course.

Enrolment includes some policies within work placement to be submitted. If you are not sure what policies are set at your work placement (in my case the University) ask your line manager or appropriate department for them. They will clarify. If documents are too lengthy, include a website on your enrolment form where the documents are recorded.

Think of two people you can ask for references. One should be a member of HCPC and BPS, second member of BPS. One needs to be able to give reference on your academic performance and another on practice work you do within work placement

Arrange a meeting with your GP prior to submission of your documents and get your medical form signed. It needs to be done in advance in case you have moved places and the Medical centre does not hold your medical record for the period of last 3 years. If the records are not kept with your surgery ask your GP to request them for you. It usually takes minimum of 2 weeks to receive them. Also apply for CRB or you can use in the last two years.

THE NETWORK



Calling for Committee members!

We are looking to fill the following roles:

Publicity and Liaison sub-committee:

Newsletter Editor and Assistant Newsletter Editor

Conference sub-committee: Conference Chair and CPD Representative.

This is an exciting opportunity to shape a new and exciting network, gain valuable skills and experience and enhance your CV. We'd love to see nominations from people with ideas and energy. You will be working with experienced and committed professionals, with a wealth of experience to draw upon. If you would like to express your interest in applying for one of the committee posts please email for more information: publichealth@hertfordshire.gov.uk.



Join our network

The HPPH Network is seeking enthusiastic candidates to join our committee. We have had a fantastic first year with over 150 network members nationwide; what started out as a local group has now become a national network and we are looking to extend and build on this success. We will be holding our first AGM in February 2015 where new committee members will be voted in. Also look out for our own youtube channel.



PsyPAG runs an annual workshop and conference and also produces a quarterly journal, which is delivered free of charge to all postgraduate psychology departments in the UK

PSYPAG

Psychology Postgraduate Affairs Group

What is PSYPAG?

PsyPAG is a national organisation for all psychology postgraduates based at UK Institutions. Funded by the Research Board of the British Psychological Society, PsyPAG is run on a voluntary basis by postgraduates for postgraduates.

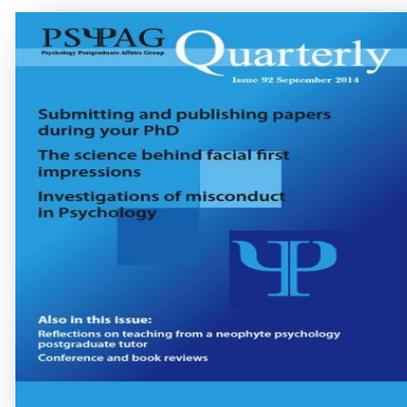
Its aims are to provide support for postgraduate students in the UK, to act as a vehicle for communication between postgraduates, and to represent postgraduates within the British Psychological Society (BPS). It also fulfills the vital role of bringing together postgraduates from around the country.

PsyPAG has no official membership scheme; anyone involved in postgraduate study in psychology at a UK Institution is automatically a member.

PsyPAG runs an annual workshop and conference and also produces a quarterly journal, which is delivered free of charge to all postgraduate psychology departments in the UK.

PsyPAG is run by an elected committee, which any postgraduate student can be voted on to. Elections are held at the PsyPAG Annual Conference each year.

Committee members also include Practitioners-in-Training who are represented by PsyPAG.



The PsyPAG representative for the Division of Health Psychology is Michelle Constable, it is Michelle's role within PsyPAG is to represent all postgraduate students who raise any concerns or ideas with the Division of Health Psychology or within the British Psychological Society generally, so please do get in touch with any questions or queries, including training, conferences, bursaries or anything regarding the DHP, I would love to hear from you.

The Importance of Health Psychology for Medical Students

by Katie Lightfoot

Lecturer in Health Psychology & Trainee Health Psychologist, University of East Anglia

“Psychology is flowery and contains no proper answers” is just one of the misconceived ideas regarding health psychology I have heard expressed by medical students. Unfortunately, this view is still far too common and perhaps stems from films depicting clients laying on couches and discussing their childhoods with their ‘psychologist’ as well as the reputation of Sigmund Freud and his tendency to psycho-analyse behaviour using techniques lacking empiricism. This is further reinforced due to the lack of understanding of many in the public health sector about what health psychology as a branch of psychology actually entails. In fact, surprisingly, some Clinical Psychologists still struggle to appreciate what it is their ‘health’ counterparts actually advocate and do.

Health Psychology contributes significantly to many aspects of medicine including the ability to link psychological processes to physical functioning, understanding emotion and behavioural reaction stemming from a diagnosis, addressing why compliance and adherence to treatment are issues for patients and attempting to prevent unhealthy behaviours such as smoking and not wearing sunscreen to name just a few. Ultimately, health psychology can play a part in being able to explain and sometimes predict any given health behaviour, for which of

course, a given physical state is the result. If medical students want to treat physical conditions in their future career, it therefore follows that they also must be able to address a person’s psychological functioning and beliefs.

In fact, introducing new medical students to the idea of a holistic approach and to the biopsychosocial model gets them quite intrigued as never before have they considered that medicine might be practiced better if ‘flowery’ psychology is also considered. Some demonstrate disbelief when the seemingly absurd claim is made that psychology is actually a science and many models we may employ to explain a given condition are based upon sound, scientific methodology. As such, lectures presented to early-career medical students can often take a very persuasive course, and, afterwards it is a joy to have converted the masses to the new holistic way of thinking.

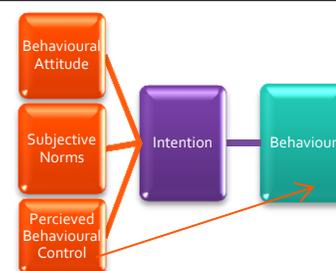
Unfortunately, these efforts can be unravelled much more quickly in some cases as we can find ourselves in a situation in medical education where some clinicians neglect to include psychology in their teachings. As medical clinicians are the inevitable role models, some students may be tempted to revert back to the now old ways of the medical model when delivering care and assessing patients. This is unsurprising as many medical students cannot come to terms with thinking about psychological aspects of disease as they are being asked to think from an angle they have not been challenged with before. Many have studied natural sciences at A-Level in order to be admitted to a medical degree course; Psychology A-Level is not accepted as a science subject by many Medical Schools.



Therefore, some medical students might assume the subject does not have the same status, and therefore level of importance, as the natural sciences within the courses they pursue.

Nevertheless, attitudes are steadily beginning to change towards health psychology as a valuable discipline within medicine and beyond; perhaps due in part to the increased promotion of health psychology to the public health community and the general public from a number of sources. With that, medical students should hopefully become increasingly convinced about the invaluable contribution of health psychology to the study of medicine.

THE THEORY OF PLANNED BEHAVIOUR



Health psychology uses this model to help explain health behavior

According to this model Components Behavioural Attitude, Subjective Norms and Perceived Behavioural Control (PBC) Predict Intention which then predicts Behaviour. Interestingly PBC can directly predict behavior without forming the intention



Improving the health of the nation: Health Psychology's role in Public Health

by Dr Angel Chater,

Lecturer in Health Psychology & Behavioural Medicine
University College London

September saw specialists in Health Psychology and Public Health come together to promote the integration of the two disciplines through a structured discussion symposium delivered at the British Psychological Society's, Division of Health Psychology annual conference in York. The symposium was entitled "Improving the health of the nation: Health Psychology's role in Public Health", and was convened by the Chair of the Division of Health Psychology, Professor Paul Bennett (University of Swansea), Chaired by Dr Mary Barker (University of Southampton), and consisted of four short presentations from Dr Wendy Lawrence (University of Southampton), Ms Sally Pears (University of Cambridge), Dr Angel Chater (University College London) and Professor Paul Bennett, followed by Dr Mike Robling (University of Cardiff) and

Jim McManus (Hertfordshire County Council) as discussants.

The symposium had three key objectives, to; 1) discuss the role of Health Psychology in meeting the current Public Health agenda; 2) explore issues of scale in the way Health Psychology contributes to improving Public Health; and 3) raise the prominence of the relationship between Health Psychology and Public Health, and to move this agenda forward.

Health psychology as a discipline has made significant progress in understanding how to predict and change behaviour. But it is a matter of debate how we might best use this knowledge to address the current public health crisis. The work of most health psychologists addressing public health issues is somewhere on a continuum from one end where they operate as expert practitioners with a specific skill set, using behaviour change techniques to support the public at an individual level to improve their health and well-being, to the other where they function as disseminators of knowledge, supporting and training the health and social-care workforce who use the skills they learn in their contacts with patients and clients. This latter approach achieves a reach into the community that would not be possible with the limited number of health psychologists in the current workforce.

Our symposium argued that to address the major epidemic of chronic disease now facing us we need to focus our efforts on maximising the scale of our impact. Training frontline health and social care practitioners to deliver evidence-based behaviour change support is an approach with great potential in this regard and this was the focus of our session. Dr Wendy Lawrence began the discussion, looking at the impact of the 'Making every contact count' initiative, with a focus on training healthcare practitioners in skills to support behaviour change. This was neatly followed by Sally Pears, who

discussed the practicality and effectiveness of delivering Very Brief Interventions to increase physical activity in a primary care setting. We then moved to a discussion on how we can incorporate Health Psychology into the undergraduate curriculum for non-psychologists, and I gave an example of how I am currently doing this at UCL School of Pharmacy. I also discussed the role of Health Psychology in Healthy Living Pharmacies and the potential this could have to improving the health of local communities. Finally, Professor Paul Bennett introduced the concept of using structural changes to promote behaviour change and the models we can draw from.



Each presentation was based on the idea that to address today's big issues in public health, health psychologists must move from the development of small-scale, programmatic interventions, to designing, delivering and evaluating population-level, sustainable, low-cost interventions in collaboration with those at the heart of public health. After a well-engaged discussion with the audience, we asked each person to make a written pledge of what they would do to promote Health Psychology in Public Health when they returned home. We were pleased to count that almost everyone in the room did this, making pledges such as to contact their local Director of Public Health or local Health and Wellbeing Boards, and to develop the curriculum that they teach on. The challenge now is to make ourselves heard by the policy makers and commissioners to continue to join our two disciplines together to improve the health of OUR nation.



The Campaign is here!

by Nick Phipps,
Business Support Officer
Hertfordshire Stop Smoking
Service, Public Health,
Hertfordshire County Council

Hertfordshire Stop Smoking service are on hand to support employees and the public throughout the Stoptober challenge, and beyond. Contact them for free on 0800 389 39 98 (Comnet 83071), email stopsmokingservice@hertsc.ccsx.gov.uk or [visit their website](#). They also offer flexible work based appointments for HCC staff.

Stoptober is back and this year Hertfordshire County Council is joining some of the country's top comedians to help smokers get through the 28 day quitting challenge.

Top British comedians including Paddy McGuinness, Al Murray, Simon Brodwin (aka Lee Nelson) and Andi Osho will be using a touch of the British sense of humour to help quitters get through this difficult and daunting challenge. .

Smoking is no laughing matter and neither is quitting. According to a recent national survey two thirds of smokers say they want to quit but only four in ten have tried to quit in the past year.

This year's campaign builds on the success of last year's challenge which saw some 250,000 people across the country take part, with an amazing 65% successfully ditching cigarettes for 28 days. In Hertfordshire more than 5,000 residents turned their back on cigarettes and we are hoping even more will get involved this year.

Research shows that if you can quit smoking for 28 days, you are five times more likely to stay smoke free for good. Anyone who signs up for the challenge will benefit from a range of free tools including a new stop smoking pack, a mobile phone app, text support with daily updates, quitting advice and tips for coping, along with the encouragement and support from thousands of people quitting together through Stoptober's social media channels.

Employers get behind Stoptober quit smoking campaign

(Public Health England 2014)

Leading employers are supporting this year's Stoptober quit smoking campaign because smoking is bad for business. Smoking currently costs the economy in England a massive £13 billion a year, with businesses losing over 11 million days of productivity each year due to smoking-related sick days, which alone costs £1 billion a year.

Over 250 companies and organisations, including major employers such as Asda, the British Army, and Unilever are getting behind the annual Stoptober campaign, offering support to over a million employees. Stoptober, the 28-day stop smoking challenge from Public Health England (PHE), begins today and is a major opportunity for employers to help their staff to quit smoking and

encourage them to live healthier and happier lives.

The figures speak for themselves – businesses can play an important role in helping their employees and see the benefits of a smoke free workforce. Quitting smoking is one of the most significant health improvements a person can make and it is encouraging to see so many businesses and employers supporting Stoptober to help make their workplace happier and healthier places for their staff.



There are still 8 million smokers in England and two-thirds saying they want to quit. Stoptober provides the perfect opportunity for employers and staff to work together towards quitting smoking for good. The range of free support available and collective efforts of colleagues and friends will help smokers complete the 28 day challenge. Evidence shows that if a smoker can go 28 days without a cigarette, they are 5 times more likely to stay permanently smoke-free. Stopping smoking can be a difficult process but it has significant health, monetary and social benefits.

New free resources are available for employers to support staff with the 28-day quit attempt. Everyone joining Stoptober can choose from a range of tools to suit them, including a new stop smoking pack, a 28-day mobile phone app, text support with daily updates, quitting advice and tips for coping, as well as the encouragement and support from thousands of people through social media. For more information and to join the biggest stop smoking challenge of its kind, search 'Stoptober' online and sign up.



HPPH

Upcoming Event

Tuesday 24th February 2015

Developing Public Health Interventions

Focolare Centre for Unity, Parkway,

Welwyn Garden City, Herts AL8 6JG

Including sessions:

*Bridging the gap - From research
to practice*

Jim McManus, Director of Public
Health, Hertfordshire County
Council

*Intervention design in Public
Health: Key considerations and
methodologies*

Dr Angel Chater, Lecturer in Health
Psychology and Behavioural
Medicine, University College
London

*Developing a culturally sensitive
intervention in a diverse community
in Luton*

Dr Erica Cook, Senior Lecturer in
Health & Exercise Psychology,
University of Bedfordshire

Networking lunch

This event will be followed by the first HPPH AGM; all members are warmly invited to attend.

To book a place please email: publichealth@hertfordshire.gov.uk