

PSYCHOLOGY IN PRACTICE WEEK 2

AN INTRODUCTION TO HEALTH PSYCHOLOGY

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GROUP DISCUSSION: FINDING YOUR CAREER PATH IN PSYCHOLOGY



ROUTES TO BPS CHARTERSHIP

- Achieve at least a 2:2 on an undergraduate honours degree (recognised as meeting Graduate Basis for Chartered Membership) or have completed a society-accredited conversion qualification
- Have undertaken society-accredited postgraduate qualifications and training

[Chartered membership \(CPsychol\) | BPS](#)



PROTECTED TITLES AND REGULATION OF PRACTITIONER PSYCHOLOGISTS

- Clinical Psychologist.
- Counselling Psychologist.
- Educational Psychologist.
- Forensic Psychologist.
- Health Psychologist.
- Occupational Psychologist.
- Sport and Exercise Psychologist.



WHAT IS HEALTH PSYCHOLOGY?



HOW DO OUR BEHAVIOURS INFLUENCE OUR HEALTH?



BEHAVIOUR AND HEALTH

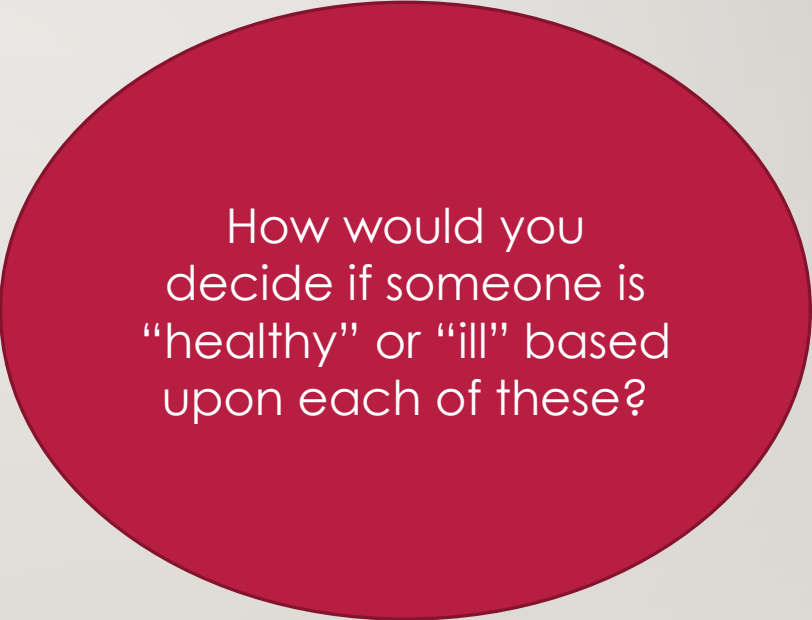
- Biological factors
 - Genetics
 - Age/Gender
- Psychological factors
 - Conditioning/modelling
 - Anxiety/Depression
 - Cognitions
- Social Factors
 - Demographics
 - SES
 - Social support
- Cultural Factors
 - Legislation
 - Economics
 - Healthcare provision

Which of these can
be changed?
By who?



DEFINING HEALTH.....

- Physical ?
- Subjective ?
- Behavioural ?
- Functional ?
- Psychosocial ?
- Social ?
- Cultural ?



How would you
decide if someone is
“healthy” or “ill” based
upon each of these?

QUALITY OF LIFE



QUALITY OF LIFE



QUALITY OF LIFE & COVID-19



The Biopsychosocial Model of Health



WHAT IS HEALTH PSYCHOLOGY?

“The goal of health psychology is to study the psychological processes underlying health, illness and health care, and to apply these findings to the promotion and maintenance of health, the analysis and improvement of the health care system and health policy formation, the prevention of illness and disability, and the enhancement of outcomes for those who are ill or disabled”

BPS Division of Health Psychology website, 2020

<https://www.bps.org.uk/member-microsites/division-health-psychology>

A field of Applied
Psychology

WHAT IS HEALTH PSYCHOLOGY?

Interested in understanding how people's thoughts, emotions and behaviours influence health and illness. Use and apply a range of psychological models and theory to, for example:

- help people quit smoking (and maintain that change)
- help patients manage long term health conditions (adherence, illness perceptions, pain management, stress & coping)
- help clinicians and other health professionals design services and interventions to support better health behaviours



What does a health psychologist do?

SMOKING CESSATION

OBESITY MANAGEMENT

HEALTH PROMOTION

RESEARCH & DEVELOPMENT

PSYCHOSOCIAL INTERVENTIONS

Skills?

Strategies?

Interventions?

TRAINING ROUTES TO BECOME A HEALTH PSYCHOLOGIST

- Health Psychologists can work in a variety of settings e.g.,
- NHS,
- government,
- local authorities,
- communities,
- schools,
- universities,
- charities.

<https://careers.bps.org.uk/area/health>

UK health psychology training

Bachelor level

Master level

BPS-accredited undergraduate degree or psychology conversion course (GBC)

BPS-accredited Stage 1 MSc Health Psychology

Route 3 now open to those with or without Stage 1

Doctoral level

Route 1
BPS-accredited & HCPC-approved university Stage 2 training programme

Usually a professional doctorate in health psychology (DHealthPsych), 2-4 years full time.

Route 2
BPS Stage 2 Qualification in Health Psychology

Under supervision of a BPS-approved stage 2 supervisor, 2-5 years full time. NHS Education for Scotland scheme is via this route. Can be studied alongside a PhD.

Route 3
Doctoral health psychology research qualification

Usually a PhD in a health psychology area, 3-4 years full time.

On successful completion of Route 1:	
Can I apply for HCPC registration to practise using the protected title Health Psychologist?	Yes
Can I apply to be a BPS-Chartered Psychologist and DHP full member?	Yes
Can I use the title 'Dr'?	Yes

On successful completion of Route 2:	
Can I apply for HCPC registration to practise using the protected title 'Health Psychologist'?	Yes
Can I apply to be a BPS-Chartered Psychologist and DHP full member?	Yes
Can I use the title 'Dr'?	No
Note Doctoral-equivalent qualification: at present BPS is not a degree-awarding institution.	

On successful completion of Route 3:	
Can I apply for HCPC registration to practise using the protected title 'Health Psychologist'?	No
Can I apply to be a BPS-Chartered Psychologist and DHP full member?	Yes
Can I use the title 'Dr'?	Yes
Note You can apply to become a DHP full member via research; this is <u>not</u> a practice route.	

Key

BPS= British Psychological Society
DHP= BPS Division of Health Psychology
GBC = Graduate Basis for Chartered Membership of the BPS
HCPC = Health and Care Professions Council

PREDICTING & CHANGING HEALTH BEHAVIOURS

- Health protective versus health risk behaviours
- We need to understand why people **choose** to behave in ways that will harm their health
- Need to identify main causes of specific behaviours
 - What **motivates** people to behave in a certain way?

THEORIES OF HEALTH BEHAVIOUR

- Social cognition models are one of the most successful at explaining health behaviours (but not perfect!)
- Include interaction between:
 - Social factors (e.g. social norms)
 - Cognitive factors (e.g., attitudes and beliefs)
- Expectancy Value Principle:
 - Behaviour is likely to change (or stay the same!) if person expects certain outcomes, and values these outcomes as positive.

ATTITUDINAL MODELS: ARE ATTITUDES AN IMPORTANT INFLUENCE ON HEALTH BEHAVIOUR?

Attitudes:

attitudes are considered as relatively enduring and generalisable and made up of three related parts – thought (cognition), feeling and behaviour

- **Cognitive:** beliefs about the attitude-object, e.g. cigarette smoking is a good way to relieve stress/cigarette smoking is a sign of weakness
- **Emotional:** feelings towards the attitude-object, e.g. cigarette smoking is disgusting/pleasurable
- **Behavioural (or intentional):** intended action towards the attitude-object, e.g. I am not going to smoke.

ATTITUDINAL MODELS: ARE ATTITUDES AN IMPORTANT INFLUENCE ON HEALTH BEHAVIOUR?

- Research into relationship between attitudes and behaviour does not find the two factors highly correlated
- Other factors must therefore combine with attitudes to predict behaviour
- **Behavioural Intention** – the person's motivation or conscious plan to carry out the behaviour
 - Considered to be the proximal determinant of behaviour

SOCIAL COGNITION MODELS

- Provide an empirically supported framework for understanding how people make decisions in relation to their behaviours
- Identify key factors found to influence behaviour change
- Interventions can be targeted at any or all of these factors
- Need to consider generalisability and applicability to specific situations.

THE HEALTH BELIEF MODEL

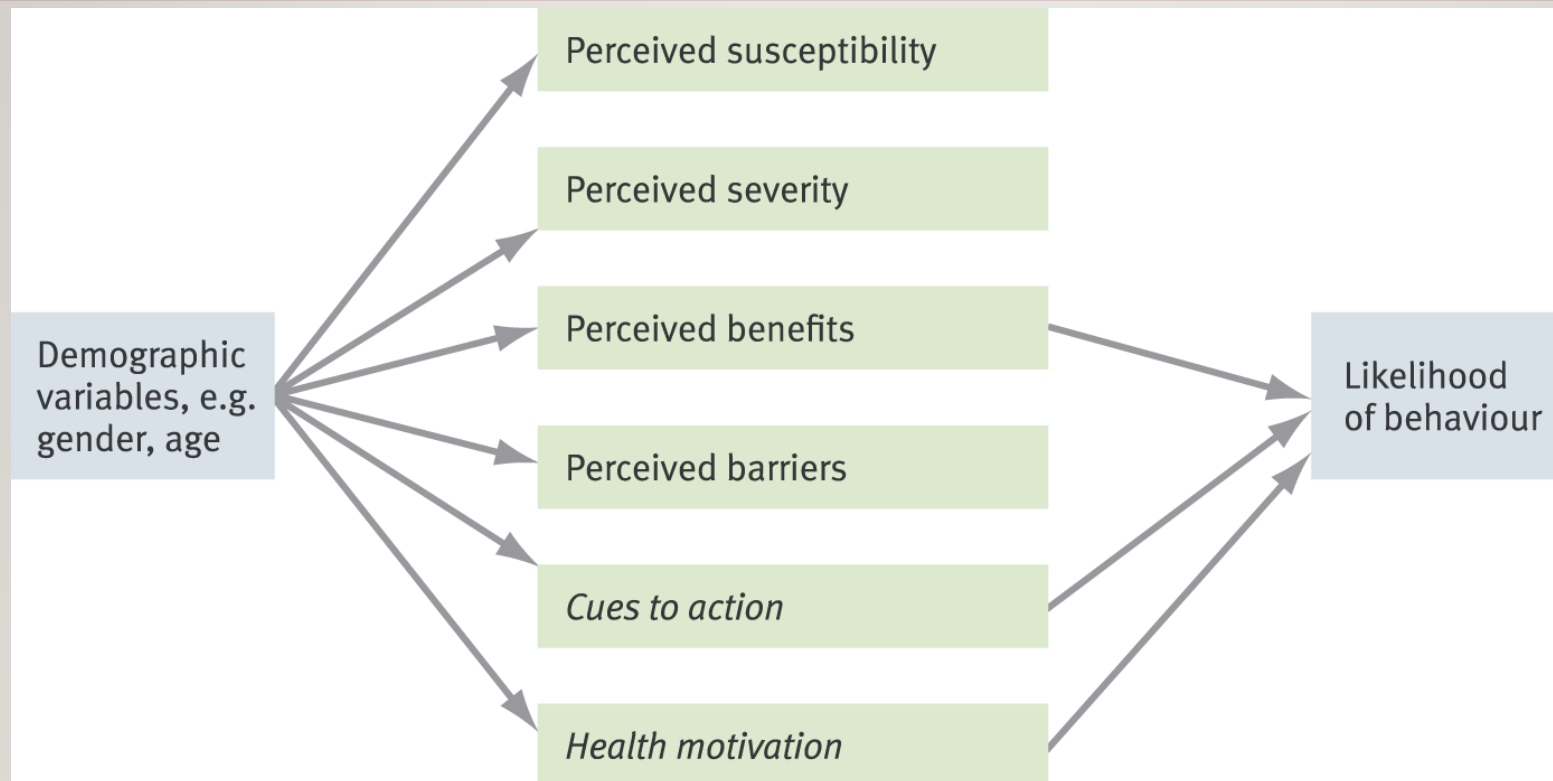


Figure 5.1 The health belief model (original, plus additions in italics)

THE HEALTH BELIEF MODEL, EXERCISE AND OBESITY

Perception of threat:

- I believe that not exercising can lead to many serious illness and obesity: **perceived severity**
- I believe that I do not exercise enough/am overweight: **perceived susceptibility**

Behavioural evaluation:

- If I exercise more, my health will improve: **perceived benefits** (of change)
- Changing my daily routine to fit in exercise when I also have a family/busy job will be difficult, and will be really expensive: **perceived barriers** (to change).

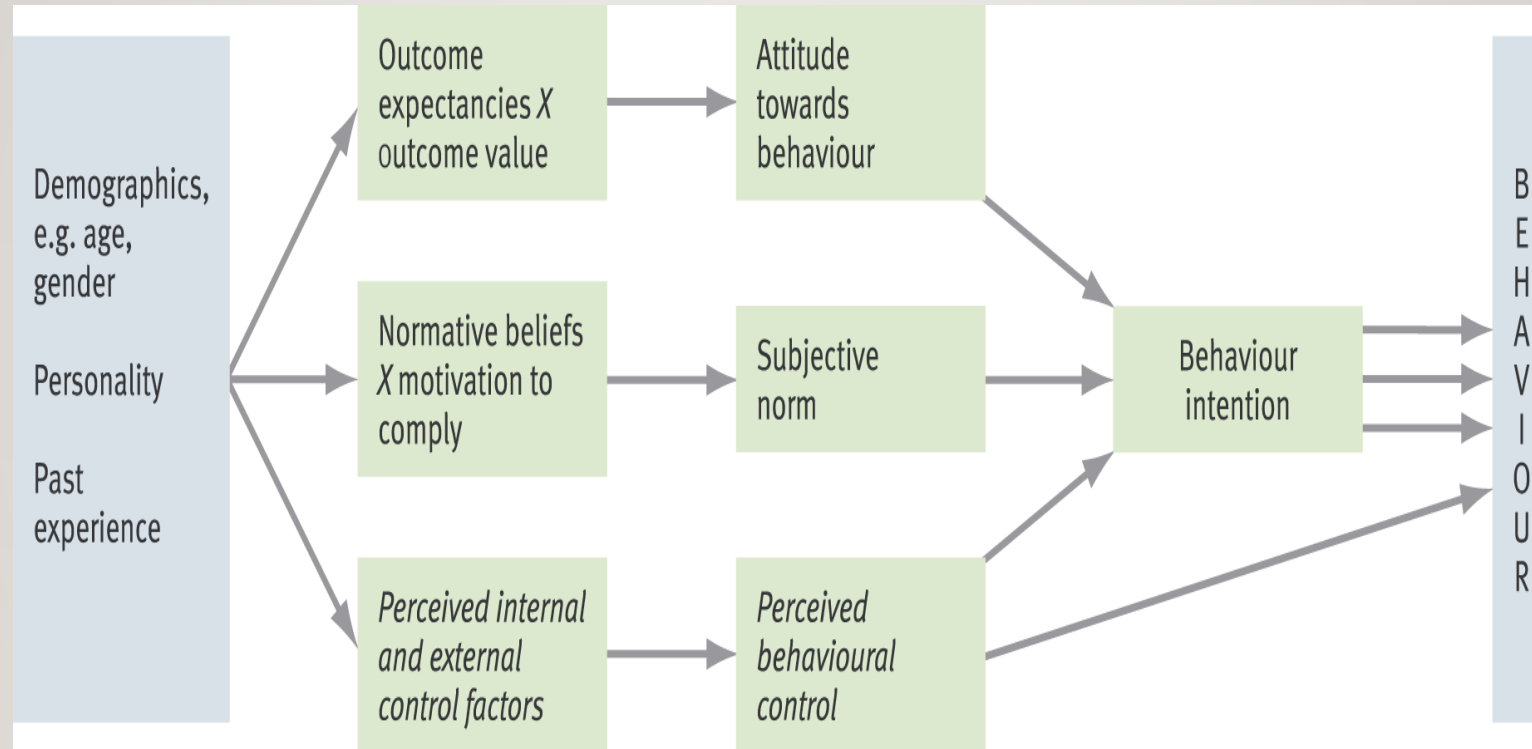
Cues to action

- That recent television programme on the health risks of obesity worried me (external)
- I am regularly feeling breathless on exertion, so maybe I should really think about getting more fit and exercising more: (internal)

Health motivation

- It is important to me to feel healthy

THE THEORY OF REASONED ACTION/PLANNED BEHAVIOUR



The theory of reasoned action and the theory of planned behaviour (TPB additions in italics)

THE INTENTION-BEHAVIOUR GAP

- Intentions do not always predict behaviour

- Why?



- What processes mediate the relationship between intentions and behaviour?

THE INTENTION-BEHAVIOUR GAP

- Intentions do not always predict behaviour
- Competing intentions?
 - I intend to not drink excessively
 - I intend to look cool and fit in with my peers
 - I intend to go out and have the best time
- Implementation Intentions (Gollwitzer, 1993)

THE INTENTION-BEHAVIOUR GAP

- Intentions do not always predict behaviour
-

- Implementation Intentions (Gollwitzer, 1993)
 - People are more likely to engage in an intended behaviour if they identify specific plans to enact that behaviour (where/when/how)
 - e.g., Orbell et al. (1997) women encouraged to identify a plan to conduct BSE were more likely to later report having performed BSE.

CRITICAL EVALUATION

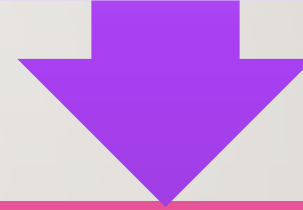
- Social cognition models assume we are always rational decision-makers
- Do we always deliberately and consciously weigh up the “pros” and “cons” of a given behaviour?
 - What about behavioural choices that have become routine or automatic?
 - How easy it is change attitudes/beliefs underpinning such behaviours?
- Are our attitudes and beliefs about e.g., social norms fixed and stable?
 - May explain variability in predictive value of models

RESEARCH IN HEALTH PSYCHOLOGY

RESEARCH IN HEALTH PSYCHOLOGY

Often multidisciplinary and collaborative –

excellent teamworking and communication
skills essential



Research projects with patient groups and/or other
health professionals, including third sector organisations.

Ability to communicate psychological
information to non-expert groups is critical.

RESEARCH IN HEALTH PSYCHOLOGY

Often involve NHS ethical approval processes and working with vulnerable populations

Strong understanding and commitment of research ethics is crucial



Use a range of qualitative and quantitative research methods, including mixed methods research

May lead on projects or may offer consultancy or specialist expertise to existing projects

GROUPWORK: TPB & HEALTHY EATING

