



ECPS6006

Health Psychology

MODULE OVERVIEW

DR CERI PHELPS

Module overview

Module Aim

- ▶ To foster critical understanding of the psychological, social and biological processes in physical health and the role of psychological theory and interventions in improving health and wellbeing.

Module Delivery Team

- ▶ Dr Ceri Phelps, registered health psychologist

Weekly sessions

9am – 12pm On Campus Sessions	First Four Weeks of module delivery
Week one (today)	Module introduction Conceptual understanding of health
Week Two 6 th Feb	Predicting health behaviour Social Cognition Models & Behaviour Change
Week Three 13 th Feb	Critique: Social Cognition Models and Interventions
Week Four 20 th Feb	Illness Perceptions, Self-regulation, and Coping
Reading week	

Module overview

LEARNING OUTCOMES

Upon the successful completion of this module, you should be able to:

- ▶ demonstrate critical understanding of how the biopsychosocial model informs our understanding of specific health behaviours, physical health problems and wellbeing;
- ▶ use evidence-based reasoning to critically evaluate how multiple psychological perspectives can be applied to understand and influence specific health behaviours;
- ▶ analyse research findings in order to identify appropriate intervention strategies and associated design and ethical issues in relation to intervention development and evaluation;
- ▶ take responsibility for your own learning and skill development; including effective personal planning, self-reflection and project management skills.

Topics we will consider during this module...

- ▶ How we understand health and illness
- ▶ Quality of life and how we measure health
- ▶ Understanding and influencing health behaviour change: obesity, smoking, exercise, COVID!
- ▶ Designing and evaluating behaviour change interventions in health psychology – working with patient groups
- ▶ Understanding the emotional impact of living with chronic conditions such as cancer: self regulation theory, stress and coping

Module Assessment

Assessment Component 1

☐ Written exam

☐ Coursework

☒ Practical

Mode of assessment	Volume	Weighting
Professional Hosted Poster (Academic poster plus presentation)	10 minute poster presentation	50%

Students will be required to demonstrate their critical understanding of theory-based interventions in health psychology through producing a professional conference-style academic poster identify an appropriate intervention technique for a specific health behaviour and appropriate design and evaluation issues. Students will be required to explain and discuss their academic poster to a small group of peers during an assessed seminar.

Module Assessment



Assessment Component 2

☐ Written exam ☒ Coursework ☐ Practical

Mode of assessment	Volume	Weighting
Written Assignment: Essay	2,500 words	50%

Students will be required to demonstrate an in-depth critical understanding of the evidence base underpinning health psychology theories.

Module teaching & learning strategy

- ▶ 30 hours of “contact time” = delivery
- ▶ Some pre-recorded materials, interactive seminars, and on campus learning
- ▶ Lecture slides, pre-readings, you tube videos etc made available at least a week advance
- ▶ Preparation for and engagement in on-campus sessions key – group work, pair work and individual work alongside critical discussion

Module Core Texts [electronic]

- ▶ Morrison, V., & Bennett, P. (2012). An introduction to health psychology (3rd ed.) Harlow: Prentice Hall. (2009 2nd edition E-book available.)
- ▶ Connor, M. & Norman, P. (2009). *Predicting health behaviour*. Maidenhead: Open University Press.

Leganto reading list on Moodle

What is Health Psychology?

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, 2025

[Division of Health Psychology | BPS](#)

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

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.

[Health psychologist job profile | BPS](#)

Spend 20 minutes or so reading through this careers page on Health Psychology and reflect on whether you feel you have the potential academic qualifications and attributes to consider a career in health psychology

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

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 (15mins)

- ▶ Identify three recent/current issues in the media that could/should involve Health Psychologists
 - ▶ Local (Welsh)
 - ▶ National
 - ▶ Global
- ▶ What key skills and knowledge would be expected by a health psychologist in order to make a difference?
- ▶ Reflection: do you have these skills?



Coffee Break



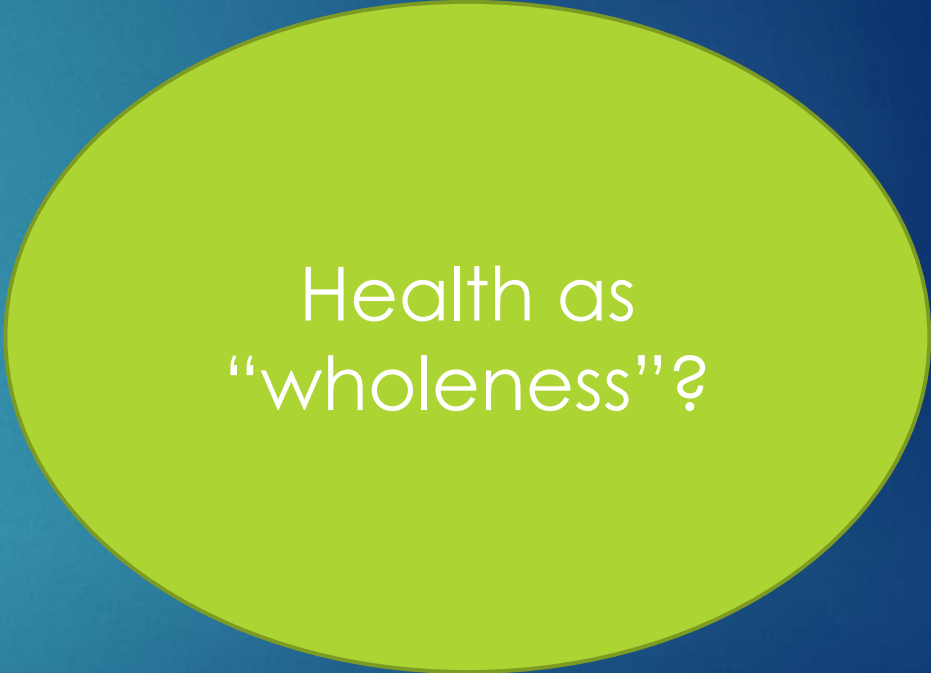
MODELS OF HEALTH AND ILLNESS

Session outline

- ▶ Understand conceptual and historical issues in approaches to understanding health
- ▶ Critically consider definitions and models of health, quality of life and well-being in the 21st century
- ▶ Discuss the role of the biopsychosocial model in underpinning modern day approaches to health and the role of psychological variables and processes in influencing health

Defining Health & Wellbeing

- ▶ Professional versus lay perspectives
- ▶ “Health” versus “Illness”
- ▶ Mind-body relationships
- ▶ “Health” versus “Wellbeing”
- ▶ “Quality of life”



Health as
“wholeness”?

Cultural perspectives

- ▶ Chinese definitions
 - ▶ Harmony between man and environment
 - ▶ TAI CHI



Cultural perspectives

- ▶ Native American culture
- ▶ Holistic balance of spiritual, cultural and social environments



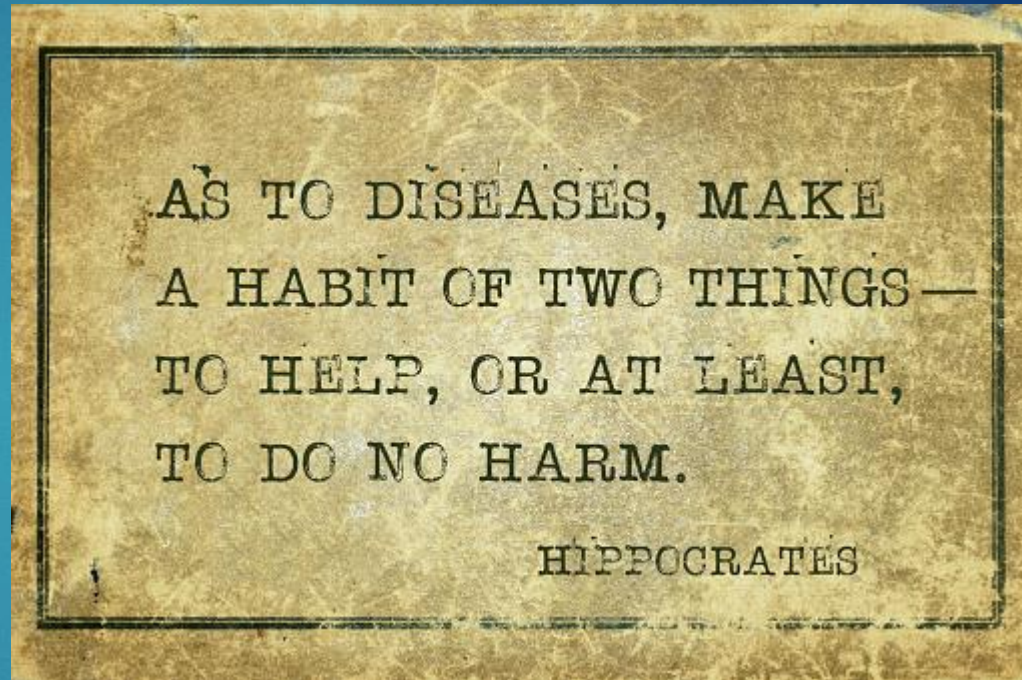
Cultural perspectives

- ▶ Buddhism/Hinduism
 - ▶ Necessity for man to living in harmony and undertake behaviours conducive to a fruitful life



Changing perspectives

- ▶ Trephination – Stone Age: disease linked to evil spirits
- ▶ Hippocrates – 400BC
 - ▶ Health as the balance of the four humours
- ▶ Galen – 200AD
 - ▶ the four humours contributed to specific illnesses



Changing perspectives

- ▶ Middle Ages: health tied to religion and spirituality
- ▶ Illness as punishment for or as result of evil spirits
- ▶ Individuals little control over health, but religious leaders did (driving out evil spirits)
- ▶ Treatment focused around prayer, self-punishment, abstinence
- ▶ Eventually became challenged during Renaissance period and the scientific revolution of the 1600s



Changing Perspectives: The Biomedical Model

- ▶ Dominant approach of early 20th century
- ▶ Health as the absence of disease
- ▶ All diseases having specific cause
- ▶ Focus on identification, treatment and prevention of all diseases



Changing Perspectives: The Biopsychosocial Model

- ▶ Dominant approach today and within health psychology
- ▶ Health & Illness as objective and subjective
- ▶ Interaction between biological, social and psychological processes enhance our understanding of health (Engel, 1980)
- ▶ Acknowledges bidirectional relationship between mind and body

The Biopsychosocial Model of Health



Behaviour and Health

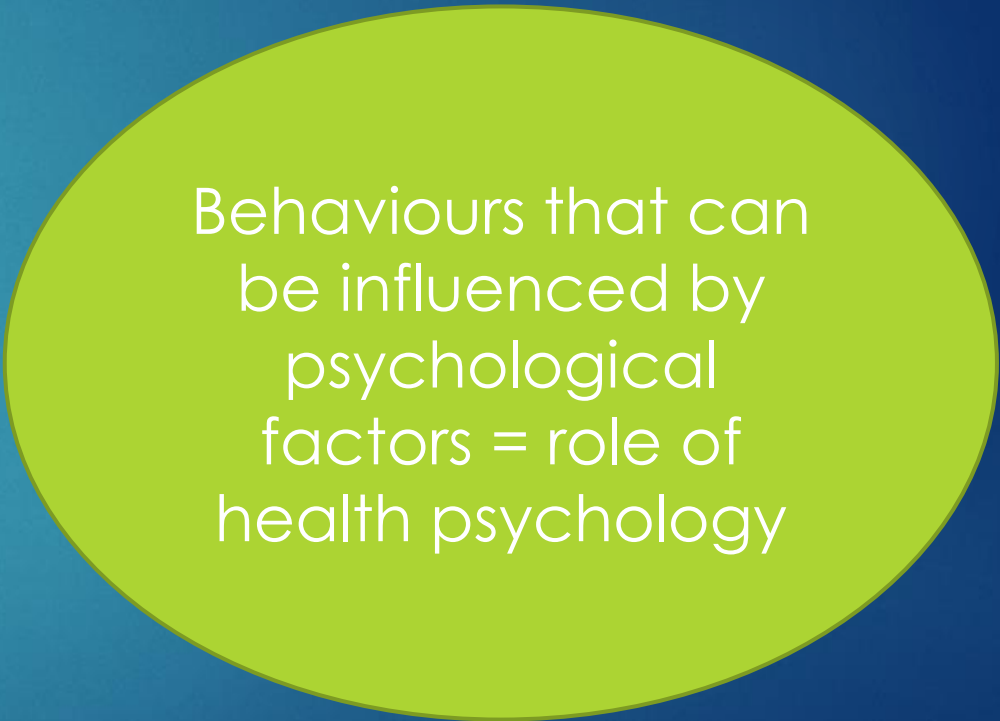
- ▶ The Alameda County Study (Berkman & Syme, 1979)
 - ▶ Longitudinal study
 - ▶ 7,000 initially healthy individuals for 20 years
 - ▶ Highlighted the link between lifestyle factors and increased longevity
 - ▶ The Alameda 7
 - ▶ Healthy weight/smoking/drinking/exercise

Behaviour and Health

- ▶ The Alameda County Study (Berkman & Syme, 1979)

- ▶ The Alameda 7

- ▶ Healthy weight
 - ▶ Not smoking
 - ▶ Not snacking between meals
 - ▶ No excessive alcohol use
 - ▶ Exercise/Physical activity
 - ▶ Regular sleep
 - ▶ Regularly eating breakfast



Behaviours that can
be influenced by
psychological
factors = role of
health psychology

World Health Organisation (1984)

- ▶ Health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity”
- ▶ Health as a basic human right
- ▶ Equity and empowerment central



What is health?

WORLD HEALTH ORGANISATION (WHO):

Health needs to be measured on three dimensions:

- ▶ Social
- ▶ Psychological
- ▶ Physical wellbeing

= QUALITY
OF
LIFE

Measuring Quality of Life (QoL)

WHOQOL Group (1998)

- individuals perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.
- i.e. the impact of any illness has to be considered across a number of life domains.

Measuring Quality of Life (QoL)

- ▶ Reliable
 - ▶ Valid
 - ▶ Sensitive to change
-
- ▶ General versus disease-specific measures of QoL

Measuring Quality of Life (QoL)

Sickness Impact Profile	Nottingham Health Profile	Short Form-36
Sleeping and rest	Sleep	Vitality
Alertness	Energy	Pain
Social interaction	Pain	Social functioning
Emotion	Social Isolation	Mental Health
Mobility	Emotional reaction	Physical functioning
Walking	Physical mobility	Perceive health changes over past year
Bodycare and movement		
Eating		
Housework		
Recreation		
Communication		
Table 9.2, taken from Bennett (2000) page 168.		

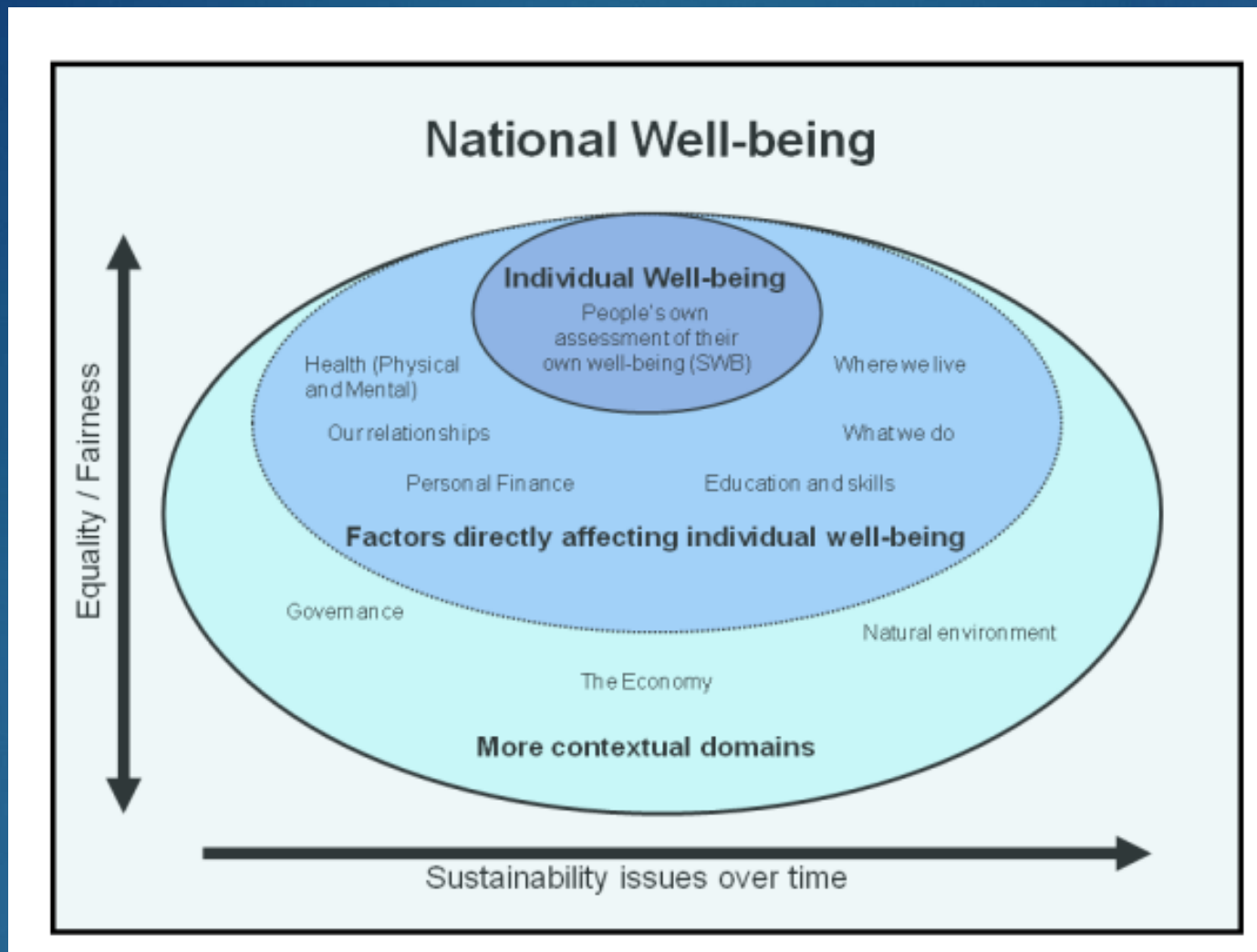
Public Health & Health Promotion

- ▶ Shift to understanding the wider factors that influence health
- ▶ A return to a biopsychosocial approach
 - ▶ Sociological
 - ▶ Biological
 - ▶ Genetic
 - ▶ Psychological
- ▶ Recognition of wellbeing rather than disease

Public Health & Health Promotion

Individual Approaches:

- ▶ Individuals seen as responsible for their own health
- ▶ Individuals need more active support to make better decisions about their health
- ▶ Individuals should be supported to change their behaviours and make healthier choices



Source: Beaumont (2011), cited in Wilson et al. (2015)

Social Justice & Public Health

- ▶ Connection between health and socio-economic and environmental conditions
- ▶ Social justice = all have the opportunity to attain conditions necessary to be healthy

Consider.....

- ▶ Is health a personal choice?
- ▶ Individualism versus Collectivism

Implications of Social Deprivation



Social and environmental influences

▶ Social Economic Status

- ▶ Strong evidence to support a link between SES and health.
- ▶ Lower SES associated with increased morbidity and mortality
- ▶ Low income individuals are 2.5 times more likely to suffer from a diagnosable mental disorder

▶ Influences health directly and indirectly through health choices

- ▶ Exposed to more environmental insults e.g poor housing/pollution
- ▶ Lower SES engage in more health damaging behaviours

e.g., Healthy Eating

▶ Cost & Access

- ▶ People with lower incomes report the cost of healthier food options is a barrier to eating healthier
- ▶ Increasing out of town supermarkets
- ▶ Leads to consumption of high fat/sugar and low nutrient foods (Thirlaway & Upton, 2009)



Public Health: The Wales Context

A healthier, happier and fairer Wales

Public Health Wales Strategy

OUR AIM

A healthier, happier and fairer Wales



OUR PURPOSE

To protect and improve
health and wellbeing
and reduce
health inequalities

OUR APPROACH

We **lead** the public
health system to define
effective services and
prioritised actions

We **mobilise** others
to develop community
solutions to health
problems

We **deliver** services
directly, where there are
distinct advantages in
doing so

OUR COMMITMENTS



OUTCOMES

Specify what we are trying to achieve

PRIORITIES

Guide where we will make the most
effort to maximise impact

PLANS

Describe what we are going to do

OUR ENABLERS



OUR PRIORITIES FOR ACTION

Improve functioning of health system
• Enhance the capacity of the health system to respond to the needs of the population
• Improve the quality of care and patient experience
• Enhance the capacity of the health system to respond to the needs of the population
• Enhance the capacity of the health system to respond to the needs of the population

Improve the quality, safety and effectiveness of health services
• Enhance the quality of care and patient experience
• Enhance the safety of care and patient experience
• Enhance the effectiveness of care and patient experience
• Enhance the quality of care and patient experience

Protect people from infectious and communicable diseases
• Enhance the capacity of the health system to respond to the needs of the population
• Enhance the quality of care and patient experience
• Enhance the safety of care and patient experience
• Enhance the effectiveness of care and patient experience

Improve the quality, safety and effectiveness of health services
• Enhance the quality of care and patient experience
• Enhance the safety of care and patient experience
• Enhance the effectiveness of care and patient experience
• Enhance the quality of care and patient experience

My contribution to achieving a healthier, happier and fairer Wales

I will contribute to achieving a healthier, happier and fairer Wales by:

- Improving the quality, safety and effectiveness of health services
- Improving the quality, safety and effectiveness of health services
- Improving the quality, safety and effectiveness of health services

All Public Health Wales priorities for action (outlined) have been identified and the details of the action will be supporting personally. Please see this document for further details.

Email: general.enquiries@wales.nhs.uk
www.publichealthwales.org

Facebook: [facebook.com/publichealthwales](https://www.facebook.com/publichealthwales)
Twitter: twitter.com/publichealthwales

Public Health Wales

Health concerns in Wales

- ▶ Excess weight & obesity
- ▶ Antibiotic resistance
- ▶ Mental health
- ▶ Adverse Childhood Experiences
- ▶ COVID-19!



Around 60% of adults (16 +) in Wales are overweight or obese – with a quarter of those classified as obese

Public Health Wales 2020

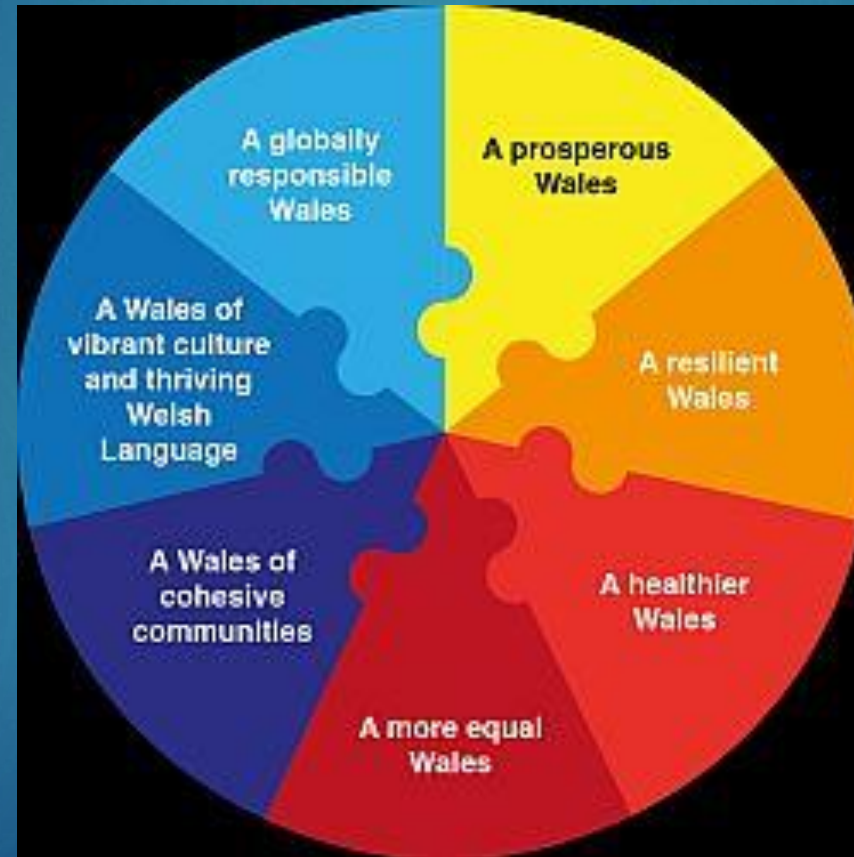
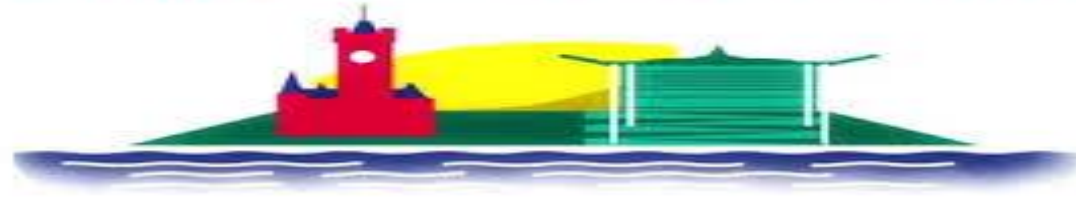
<http://www.wales.nhs.uk/sitesplus/888/page/97832>

Results from the first Welsh Adverse Childhood Experience (ACE) show that suffering four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times.

<http://www.wales.nhs.uk/sitesplus/888/page/88504>

WELL-BEING OF FUTURE GENERATIONS ACT

MAKE **WALES** THE COUNTRY WE ALL WANT IT TO BE



Conclusions

- ▶ We need to understand human behaviour in the context of the environmental, social, and political systems in which they occur
- ▶ Health is often subjectively defined by the individual in contrast to more objective definitions of disease/absence
- ▶ Health risk versus health protective behaviours
- ▶ Recognition that health is more than the mere absence of disease – seen within a biopsychosocial framework with implications for health improvement and health promotion

Psychosocial Correlates of Health

- ▶ We know now that psychosocial factors have an important influence on our health, our healthy lifestyle choices, and our response to illness
 - ▶ Personality
 - ▶ Social support (or peer pressure)
 - ▶ Attitudes & beliefs
 - ▶ Self efficacy
- ▶ Can influence health directly or indirectly

To consider before next week....

**Consider... how do
psychological
variables influence
health?**

