The British Psychological Society COVID-19 Behavioural Science and Disease Prevention Task-Force: What have we done? Where are the gaps?

PROFESSOR ANGEL CHATER (UNIVERSITY OF BEDFORDSHIRE/ UNIVERSITY COLLEGE LONDON)

PAST CHAIR BPS DIVISION OF HEALTH PSYCHOLOGY

CO-FOUNDER - HEALTH PSYCHOLOGY EXCHANGE

CO-FOUNDER - BEHAVIOURAL SCIENCE & PUBLIC HEALTH NETWORK

University of Bedfordshire

UCL CENTRE FOR BEHAVIOUR CHANGE

the british psychological society
division of health psychology

Health Psychology Exchange

Behavioural Science and Public Health Network

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Case study of Mobilised Voluntary Expertise BSDP Taskforce and HPX (N=155)

BPS COVID-19 Behavioural Science and Disease Prevention taskforce

Angel Chater (Lead)
Daryl O'Connor
Jo Hart
Lucie Byrne-Davis
John Drury
Chris Armitage
Maddy Arden
Paul Chadwick
Lesley Lewis
Ellie Whittaker
Emily McBride
Vivian Swanson
Gillian Shorter
Atiya Kamal
Tracy Epton

Saskia Perriard-Abdoh

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Health Psychology Exchange

JenniferCox
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AngelChater HayleyMcB EMccourt DanaCiocanel AnnaSallis
SarahRedsell SarahJaneMoll SianArmstrong MeganElliott NatalieCarr
LynnLaidlaw JenniferLunt SabinaStanescu LauraMHowells ClaireHamlet KarenRodham
SuzanneScott EmmaAnderson NatalieGarnett JennyMcsharry AnewThompson EleanorBull
NatalieClark VivienSwanson DaniellaWatson EmmaJaneKinley AlisonMorrow AlisonAllam
ShanaraAbdin VickieRowland DayyanahSumodhee MiglenaCampbell DanielScanlan NickyKnowles
NickDean BethanDavies JessicaLeather MichelleConstable ClaireBorthwick GozdeOzakinci SarahDenford
EllaClark AinsleaCross JeffreyLambert DonnaDohertyKelly RobertGeorgeLyon KavitaVedhara PaulChadwick
ShenedeCoppin AstrydJamieson ElizabethJenkinson RachaelThornelOe AnnaChisholm JoHart
AsmaToorkham RebeccaRichards FabianaLorencatto NataliaStanulewicz ChrisArmitage JasmineHearn
SarahSauchelli DominikaKwasnicka AngelosKassianos AlexanaBurton EmilyMcBride
RoseannaBrady KarenMatvienkoSikar ChristineMcknight NataschaVanZyl DarylOConnor
DanielaGhio KristinaNewman HannahSamanthaSodergren HarbinderSandhu
DanielleDLima GrainneDickerson DawnBranleyBell RachaelHewitt
ChrisKeyworth GillianWShorter JacquelineLavallee EleniKarasouli EmilyMayberry
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KatieGreenfield RhiannonPhillips LisaSutherland
LeanneStaniford AshleeMulimba
LucieByrneDavis MadelynneArden
TameishaMatthew EllaGuest
EllieWhittaker LesleyLewis
SamanthaGroves
WendyMaltinsky
LisaBallard

Quinn, Chater, Morrison, (2020)

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Health Psychology developed from other discipline's need

- Medical profession wanted to understand:
  - low uptake of health services
  - poor adherence to treatment advice
  - how to enhance doctor-patient communication
- Public health wanted to understand behaviour linked to health concerns:
  - condom use = HIV/AIDS
  - smoking = lung cancer/ CVD
  - diet/exercise/alcohol = obesity/diabetes

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British Journal of Health Psychology (2020)

www.wileyonlinelibrary.com

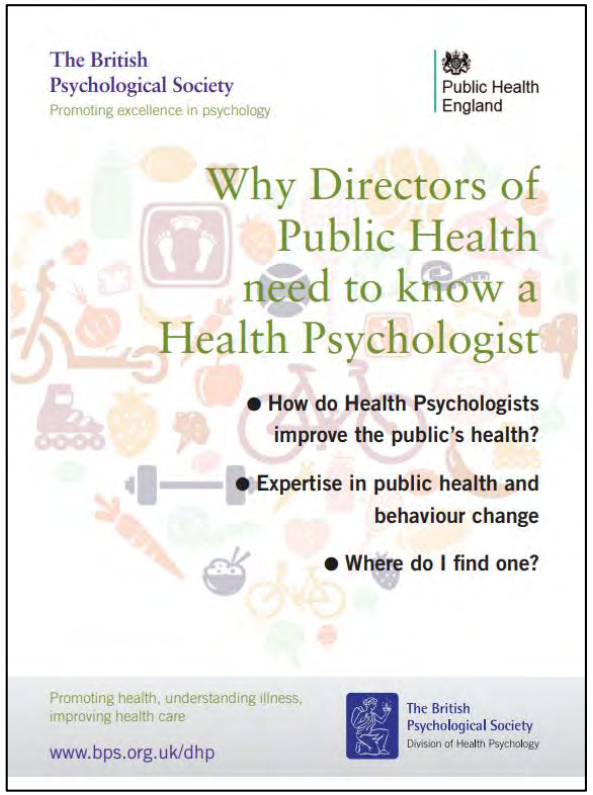
An oral history of health psychology in the UK

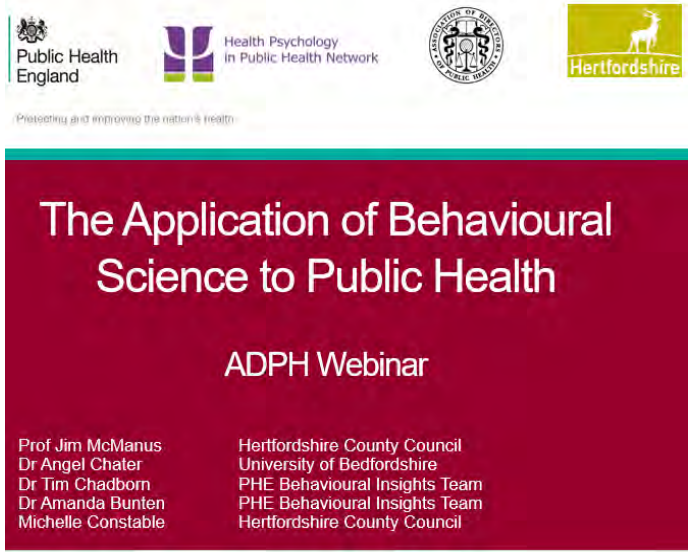
Francis Quinn[1]*, Angel Chater[2]* and Val Morrison[3]
[1]School of Applied Social Studies, Robert Gordon University, Aberdeen, UK
[2]School of Sport Science and Physical Activity, University of Bedfordshire, Bedford, UK
[3]School of Psychology, Bangor University, UK

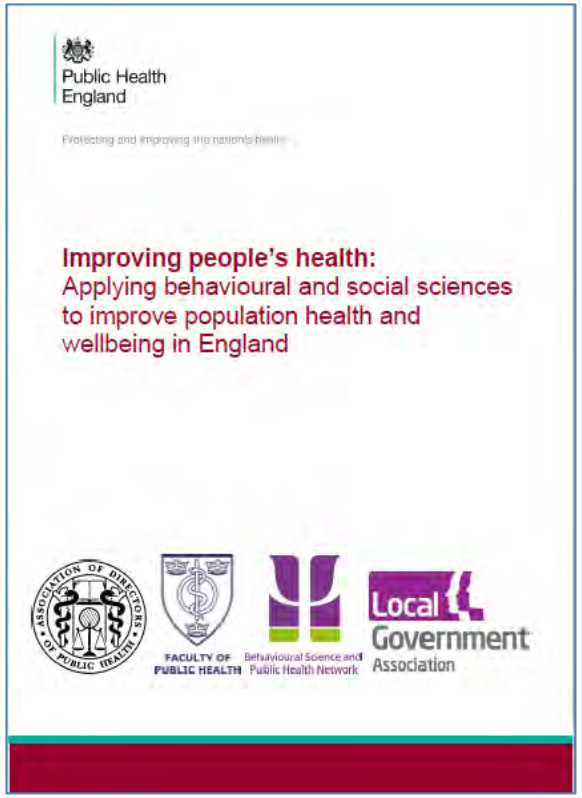
Purpose. An oral history of the development of health psychology in the United Kingdom.

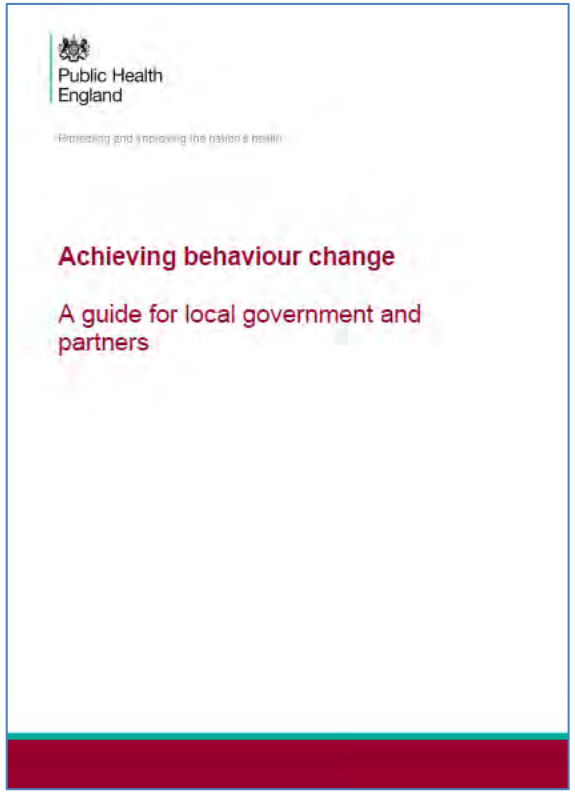
Methods. Standard oral history methods produced interviews with 53 UK health psychologists, averaging 92 min in length. All interviewees entered the field from the 1970s to the 2000s, representing all four countries in the United Kingdom. A

Connected disciplines









https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DHP/DHP%20Why%20Directors%20of%20Public%20Health%20need%20to%20know%20a%20Health%20Psychologist.pdf

https://www.academia.edu/32699391/The_Application_of_Behavioural_Science_to_Public_Health_ADPH_Webinar

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744672/Improving_Peoples_Health_Behavioural_Strategy.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875385/PHEBI_Achieving_Behaviour_Change_Local_Government.pdf

https://coronavirus.jhu.edu/map.html

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Already working closely with Public Health

Prevention at forefront of people's minds

Data correct on 09-03-2022

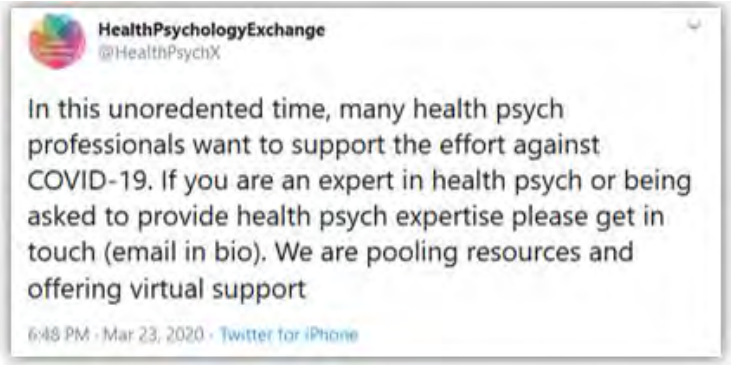
Need for a collective response

- March 2020 – New virus with many 'unknowns'
- Colleagues reached out for a collective response to policy, practice and the media
- Needed to act quickly and share information openly and widely
- As Past (Jo Hart), Present (Angel Chater) and Future (Lucie Byrne-Davis) Chairs of the BPS Division of Health Psychology: we created the Health Psychology Exchange (HPX) collective

I've been contacted by the media, what is our collective response?

What is the evidence for disease prevention behaviours?

Who's doing research in this area?



Health Psychology Exchange

David Murphy - BPS President Retweeted

Dr Angel Chater @DrAngelChater · Mar 22

Replying to @UWEHealthPsy @ClinPsychDavid and 3 others

We are working on ways to practically manage the organisation of a health psychology army, nationally and regionally 😊 Watch this space... lots of amazing work across the U.K. Together we can make a difference and stand in solidarity with our NHS & Public Health colleagues xx

2 6 19

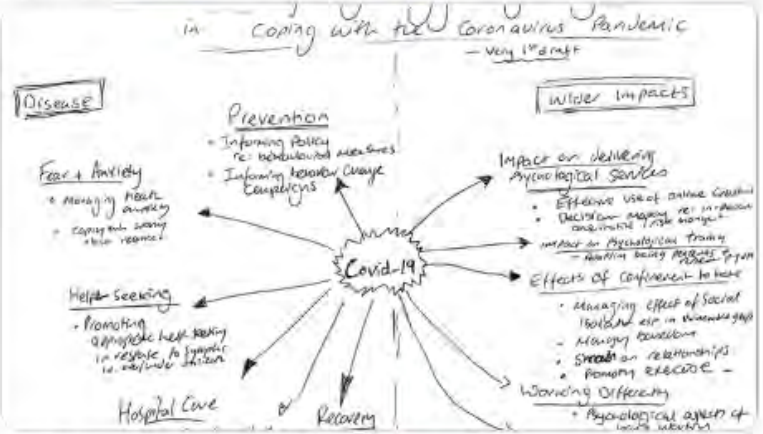
HealthPsychologyExchange
@HealthPsychX

If you think your work in the COVID-19 could be enhanced by health psych/beh sci - please get in touch (email in bio) and we can talk about accessing health psychology support, in solidarity with our health and social care and public health professional coleagues

6:52 PM · Mar 23, 2020 · Twitter for iPhone

David Murphy - BPS President @ClinPsychDavid · Mar 21

We've been responding to the rapidly developing situation with #Covid_19 but I've tried to step back & map out the many areas where psychology & psychologists can contribute to coping with the pandemic. Here's my VERY rough 1st draft 😳.
Pls add areas I've missed/elaborate & RT 🙏



British Psychological Society and The Psychologist

119 440 958

Dr Angel Chater @DrAngelChater · Mar 22

Thanks DM
Society-wide pooled resources are needed. We're @divhealthpsych working to mobilise members to help
Add: Training health profs/ Gov in psychology
Research eg on psychoneuroimmunology (PNI), beh. support for bereavement (e.g. exercise), impact of food poverty, adherence

3 1 19

Recruit representative participants

Collectivising psychology – and cross-stakeholders

BPS Behavioural Science and Disease Prevention Taskforce

- Chair of BPS **Division of Health Psychology**
- Deputy Chair of **BPS Covid-19 Co-ordinating group**
- Past Chair of **Behavioural Science and Public Health Network**
- Executive leads of the **Health Psychology Exchange**
- Deputy Director of the **UCL Centre for Behaviour Change**
- Director of the **Behavioural Science Consortium**
- Representative to **SPI-B (core and EDI)**
- Representative on **cross-government behavioural insights group**
- Representatives from **Local Authorities**
- BPS **Division of Clinical Psychology Public Health Prevention Taskforce**
- **Psychological Professions Network** representation
- BPS Board of Trustees, Research Board and Policy representation
- Representatives across whole of UK ensuring relevance in E, S, NI, W

BPS Behavioural Science and Disease Prevention taskforce

Angel Chater (Lead)
Daryl O'Connor
Jo Hart
Lucie Byrne-Davis
John Drury
Chris Armitage
Maddy Arden
Ellie Whittaker
Emily McBride
Paul Chadwick (PH England)
Lesley Lewis (Wales)
Vivian Swanson (Scotland)
Gillian Shorter (Northern Ireland)
Atiya Kamal (EDI)
Tracy Epton (rapid reviews)

Sam Thompson
Saskia Perriard-Abdoh

Aim: To facilitate the use of psychology in policy and practice

- Psychologists are scientist-practitioners equipped with understanding behaviour/change
- At the time, without a vaccine or cure, infection control *had* to be via behaviour
- A new virus with many 'unknowns' – but looking back at our history, *we* know how to ask the right questions
- **Our mission = To bring to the attention of policy makers, public health teams and communicators the things that they *'don't know they don't know'***
- Aim:

1. To build capacity to use Behavioural Science - Capability, Opportunity and Motivation for informed decision making, campaigns and messages
2. To collectivise health psychology volunteers, to provide support during the acute phase of Covid-19 through the Division of Health Psychology & Health Psychology Exchange collaborative 'hive'

Method for rapid expert consensus in a 'TRICE' (very quickly)

Type of the Paper (Methods Article)

Template for Rapid Iterative Consensus of Experts (TRICE)

Angel M Chater[1]*, Gillian W Shorter[2], Vivien Swanson[3,4], Atiya Kamal[5], Tracy Epton[6], Madelynne A. Arden[7], Jo Hart[8], Lucie Byrne-Davis[8], John Drury[9], Ellie Whittaker[10], Lesley Lewis[11], Emily McBride[12], Paul Chadwick[13], Daryl B. O'Connor[14], and Christopher J. Armitage[15]

[1]Centre for Health, Wellbeing and Behaviour Change, University of Bedfordshire, Bedford, MK41 9EA, UK angel.chater@beds.ac.uk
[2]Centre for Improving Health Related Quality of Life, School of Psychology, Queen's University Belfast, UK; g.shorter@qub.ac.uk
[3]Psychology Division, University of Stirling, Stirling, FK9 4LA, UK vivien.swanson@stir.ac.uk
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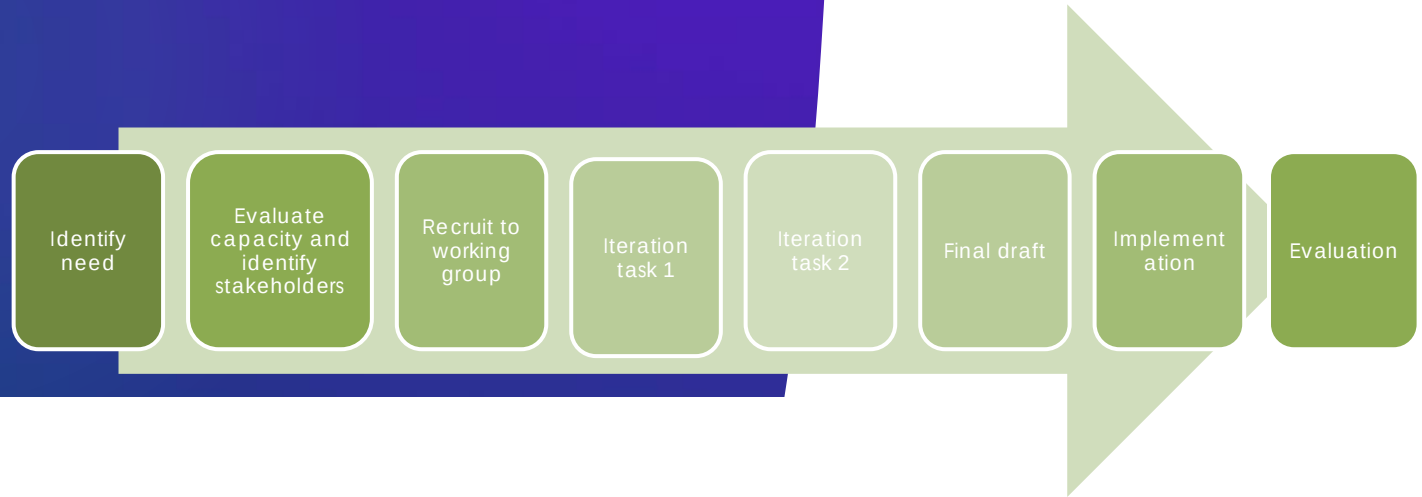
[9]School of Psychology, University of Sussex, Falmer, BN1 9QN, UK; j.drury@sussex.ac.uk
[10]North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8DD, UK eleanor.whittaker@northyorks.gov.uk
[11]Public Health Wales, 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ, UK; Lesley.Lewis6@wales.nhs.uk
[12]University College London Department of Behavioural Science and Health, Institute of Epidemiology and Health Care, London, WC1E 6BT, UK; e.mcbride@ucl.ac.uk
[13]University College London Centre for Behaviour Change, 1-19 Torrington Place, London WC1E 7HB, UK p.chadwick@ucl.ac.uk
[14]Laboratory for Stress and Health Research, University of Leeds, LS2 9JT, UK D.B.OConnor@leeds.ac.uk
[15]Manchester University NHS Foundation Trust and NIHR Greater Manchester Patient Safety Translational Research Centre, Manchester, M13 9PL, UK; chris.armitage@manchester.ac.uk

Abstract

Background: Public health emergencies require rapid responses from experts. Differing viewpoints are common in science, however, "mixed messaging" of varied perspectives can undermine credibility of experts, reduce trust in guidance, and act as a barrier to changing public health behaviours. Collation of a unified voice for effective knowledge creation and translation can be challenging. This work aimed to create a method for rapid psychologically-informed expert guidance during the COVID-



BPS COVID-19 Behavioural Science and Disease Prevention Taskforce: Process

- Invited stakeholders: 15 core members who represented science, practice, and policy
- UK 4-Nation (E, NI, S, W) membership
- Met weekly, then fortnightly
- Used open science principles
- Evidence-based (facilitated by rapid reviews/evidence generated by the HPX [N=>155])
- Identified target audience and co-created docs (BSDPT/HPX Public Health Forum)
- Working group leads - with a collective approach to production and dissemination

Michie et al., (2011); West et al., (2019)

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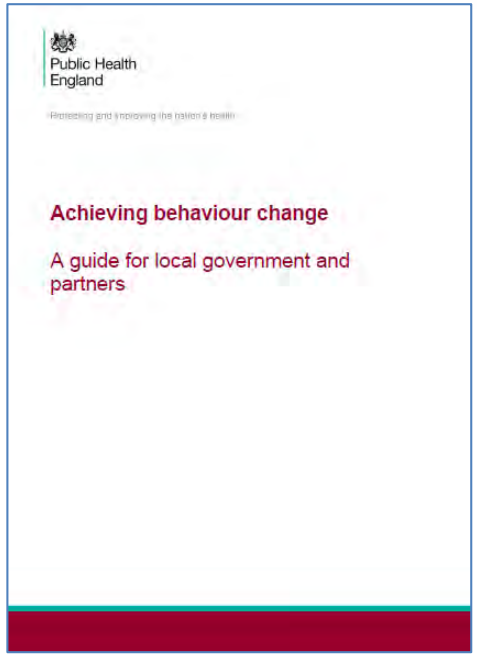
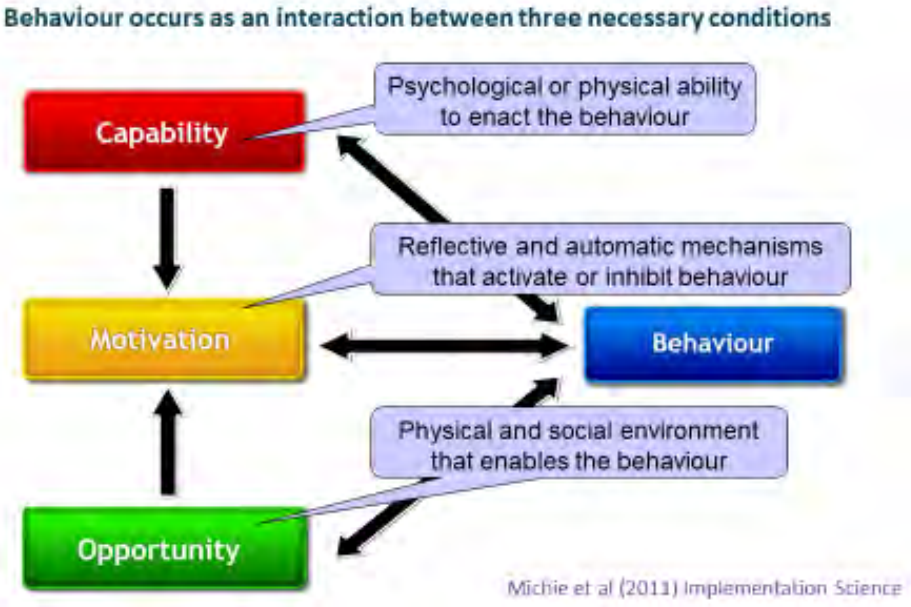
Agreed to draw from the same theoretical model to unify guidance

Michie et al., 2011; Michie, Atkins, & West, 2014



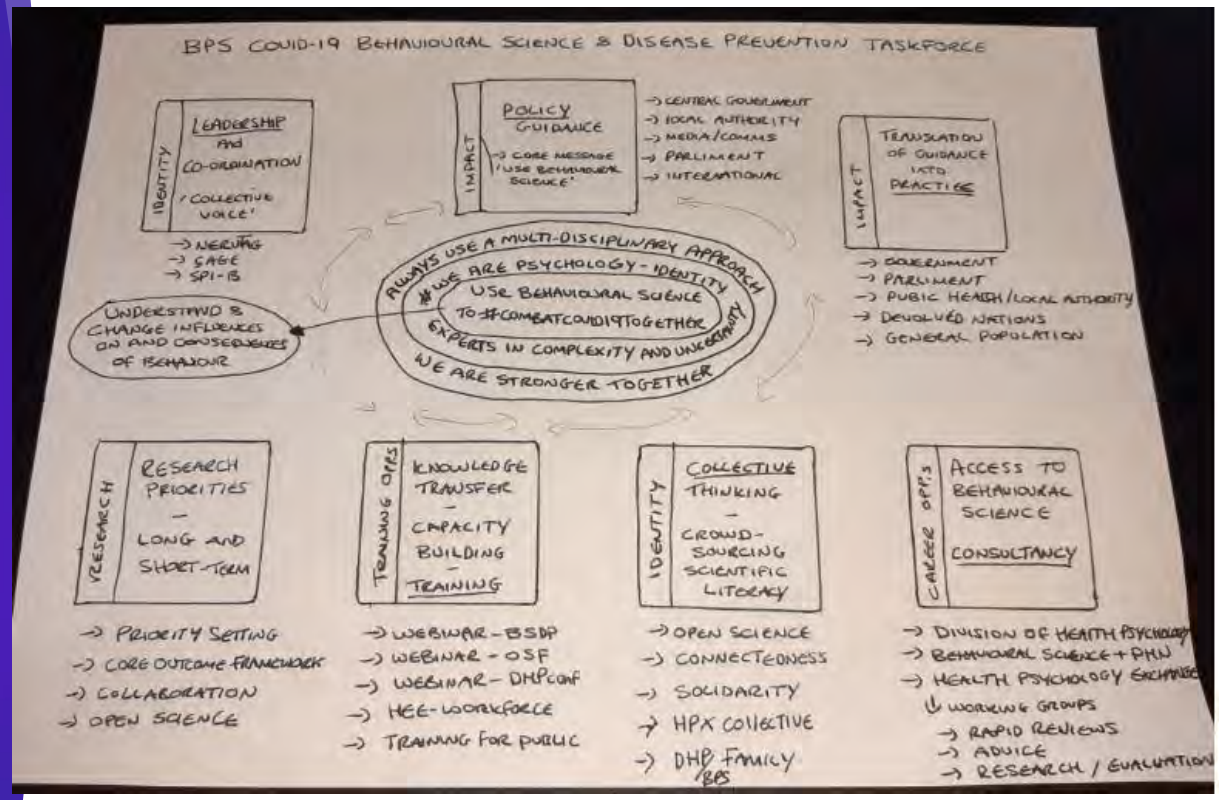
The COM-B model



Created a Strategy Use Behavioural Science

-Leadership and Co-ordination
-Policy Guidance
-Translation of guidance into practice
-Access to Behavioural Science expertise through consultancy
-Collective thinking: crowd sourcing evidence – rapid reviews
-Knowledge transfer/Capacity building
-Research priorities – open science

May 2020 – BSDPT/DHP Strategic Map



Public Health Forum (BSDPT/HPX)

Led by Ellie Whittaker and Lesley Lewis

Enabled on-the-ground needs assessment and co-creation of guidance

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Health Psychology Exchange

NHS Tayside
NHS Highland
Public Health England
Public Health Wales
Aneurin Bevan

"What might influence whether people use the contact tracing app?"

"What are the key strategies for hand hygiene?"

University of Stirling
Ulster University
University of Salford
University of Manchester
Sheffield Hallam University
Birmingham City University
University of Bedfordshire
University of Southampton

"Can you give us guidance on public health messaging"

"We need guidance for other behaviours not linked to COVID-19 but impacted by it"
e.g. physical activity/ alcohol use

Bedford Council
Birmingham City Council
Bradford Council
Buckinghamshire Council
City of Wolverhampton Council
Hertfordshire County Council
Luton Borough Council
North Yorkshire County Council
Norfolk Council
Wirral Council

"How can we enhance self-isolation?"

PHE Behavioural Insights Team
Wellcome Trust
Macmillan

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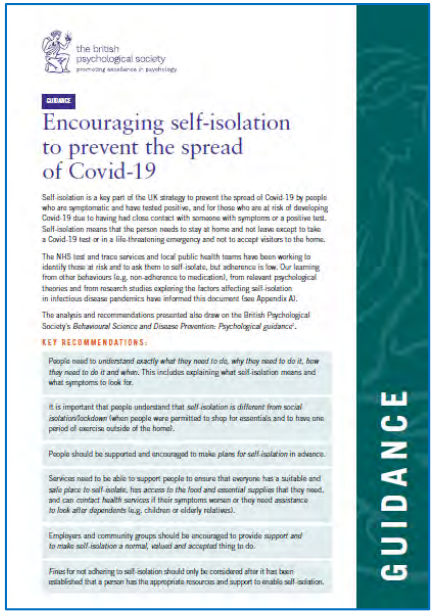
Outputs and process for development

- 18 peer-reviewed outputs produced
- By 15-18 volunteers
- With approx. 7 iterations
- Between 4-156 days (inc. weekends)
- All open access are hyperlinked in TRICE paper and on BPS website
- Sent to All Parties, Directors of Public Health, Local Authorities, key stakeholders
- Approved source of information for SAGE and SPI-B
- Press-released with media spokesperson

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



Guidance areas covered

1. *Behavioural science and disease prevention: Psychological guidance.*
2. *Behavioural science and success of the proposed UK digital contact tracing application for Covid-19.*
3. *Why simply asking people to self-isolate won't cut it.*
4. *Encouraging self-isolation to prevent the spread of COVID-19.*
5. *Encouraging hand hygiene in the community.*
6. *The Psychology of Hand Washing.*
7. *Delivering effective public health campaigns during COVID-19.*
8. *Guidance following first vaccination dose.*
9. *Optimising vaccination uptake for COVID-19*
10. *Behavioural science investment needed to mitigate long-term health impacts of COVID.19*
11. *Optimising physical distancing to reduce the spread of Covid-19: Behavioural science and disease prevention guidance for public health*
12. The psychology of 'Freedom Day': How did the public behave

- *COVID-19 Public Health Road Maps for:*
  1. *Physical Activity*
  2. *Sedentary Behaviour*
  3. *Eating Behaviour*
  4. *Stopping Smoking*
  5. *Alcohol Consumption*
  6. *Sleep Hygiene*
- *Systematic reviews on:*
  1. *Mobile phone app uptake (track and trace)*
  2. *What influences public health messaging (comms)*
  3. *Health messaging for vaccine uptake*
  4. *Physical distancing*

Based on systematic reviews where possible

Crowd sourcing

(Lead – Tracy Epton)

All reviews uploaded to pre-print while awaiting publication process

Open access | Original research

BMJ Open

What influences people's responses to public health messages for managing risks and preventing infectious diseases? A rapid systematic review of the evidence and recommendations

Daniela Ghio,[1,2] Sadie Lawes-Wickwar,[3] Mei Yee Tang,[4] Tracy Epton,[2] Neil Howlett,[5] Elizabeth Jenkinson,[6] Sabina Stanescu,[7] Juliette Westbrook,[8] Angelos P Kassianos,[9] Daniella Watson,[10] Lisa Sutherland,[11] Natalia Stanulewicz,[12] Ella Guest,[13] Daniel Scanlan,[14] Natalie Carr,[2,15] Angel Chater,[16] Sarah Hotham,[17] Rachael Thorneloe,[18] Christopher J. Armitage,[2,19] Madelynne Arden,[18] Jo Hart,[2] Lucie Byrne-Davis,[2] Christopher Keyworth[2,20]

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Systematic review of interventions to promote the performance of physical distancing behaviours during pandemics/epidemics of infectious diseases spread via aerosols or droplets

AUTHORS
Tracy Epton, Daniela Ghio, Lisa Ballard, Sarah Allen, Angelos Kassianos, Rachael Hewitt, Katherine Swainston, Wendy Fynn, Vickie Rowland, Juliette Westbrook, Elizabeth Jenkinson, Alison Morrow, Grant James McGeechan, Sabina Stanescu, Aysha Yousuf, Nisha Sharma, Suhana Begum, Eleni Karasouli, Daniel Scanlan, Gillian W Shorter, Madelynne Arden, Chris Armitage, Daryl O'Connor, Atiya Kamal, Emily McBride, vivien swanson, Jo Hart, Lucie Byrne-Davis, Angel Chater, John Drury

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SCOPING REVIEW OF MOBILE PHONE APP UPTAKE AND ENGAGEMENT TO INFORM DIGITAL CONTACT TRACING TOOLS FOR COVID-19

AUTHORS
Rachael Thorneloe, Tracy Epton, Wendy Fynn, Michael Daly, Natalia Stanulewicz, Angelos Kassianos, Gillian W Shorter, Sarah-Jane Moll, Miglena Campbell, Samantha Sodergren, Sarah Chapman, Lisa Sutherland, Chris Armitage, Madelynne A Arden, Angel Chater, Lucie Byrne-Davis, Jo Hart

vaccines | MDPI

Review

A Rapid Systematic Review of Public Responses to Health Messages Encouraging Vaccination against Infectious Diseases in a Pandemic or Epidemic

Sadie Lawes-Wickwar [1,4], Daniela Ghio [2], Mei Yee Tang [3], Chris Keyworth [4], Sabina Stanescu [5], Juliette Westbrook [6], Elizabeth Jenkinson [7], Angelos P. Kassianos [8], Daniel Scanlan [9], Natalie Garnett [7], Lynn Laidlaw [10], Neil Howlett [11], Natalie Carr [12], Natalia Stanulewicz [13], Ella Guest [7], Daniella Watson [14], Lisa Sutherland [15], Lucie Byrne-Davis [4,16], Angel Chater [17], Jo Hart [4,16], Christopher J. Armitage [4,18,19], Gillian W. Shorter [20], Vivien Swanson [21] and Tracy Epton [4]

Each drew from a Behaviour Change 'Road Map' template

Specify target behaviour and ask questions to evaluate:

- Capability to enact the Behaviour, that relies on both psychological (e.g. knowledge and skill) and physical (e.g. ability and strength) capability factors;
- Opportunity to enable the Behaviour, that considers both social (e.g. norms, support) and physical (e.g. resources, environment) opportunity facilitators;
- Motivation to perform the Behaviour, that involves both reflective (e.g. attitudes, confidence, intentions, identity) and automatic (e.g. emotion, habit) motivational processes.

Capability	Opportunity	Motivation
Why is this important?	What environmental issues are there? (access to soap/ water/ internet/ tissue)?	How much belief is there that it will work?
How can we ensure attention to the message?	Who can help (social support)?	How important is it?
What skills are needed?	What are others doing (social norms)?	What roles does emotion play?
How can we aid memory?	What social and physical challenges might there be (relationships religious/ financial)?	How is this linked to identity?
What does a plan look like?		What habits/ unconscious processes need to be overcome?

Chater et al (2020b); Shorter et al, (2020)

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All provide COM-B behavioural diagnosis

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GUIDANCE

Covid-19 public health road map: Physical activity

AIM OF THIS DOCUMENT

This roadmap aims to support health officials to consider changes to physical activity that may have occurred during the Covid-19 pandemic and to use psychologically-informed behaviour change approaches to optimise health improvement and mitigate a reduction in activity levels. This guidance should be used alongside the *Achieving Behaviour Change (ABC) guide*[1] for local government and partners, and the *Improving People's Health behavioural and social science strategy*[2].

BEHAVIOURAL SCIENCE RECOMMENDATIONS

Physical activity can benefit both physical and psychological health. Being physically active each day can be influenced by what we know and what we can do (capability), the people around us and our physical environment (opportunity) and our beliefs, what we want, how we see ourselves, how we regulate our emotions, and our habits (motivation).

To support possible changes since Covid-19:

- Consider whether any disruption to daily routines, finances, access to usual places to be active, and/or social support (e.g. that may have arisen from working from home, school closures, changes to commuting, sports and leisure facility closures and/or restrictions) may have influenced physical activity behaviour.
- Where needed, develop strategies to mitigate influences on physical activity behaviour (e.g. educating and promoting how to be physically active at home or in local outdoor spaces, creating social support while physically distant such as via social media).
- Promote ways to be physically active safely (e.g. while maintaining physical-distancing, creating a safe space to be active).
- Facilitate planning of how to continue to be physically active in the event of unpredictable circumstances (e.g. needing to self-isolate/quarantine).
- Promote physical activity for the benefit of physical health and psychological wellbeing.

We recommend following the British Psychological Society's *Behavioural Science and Disease Prevention Psychological guidance*[3] to shape any policy and/or communications strategy.

Table 2: COM-B behavioural diagnosis of the likely influences on physical activity

Capability Psychological/Physical	Opportunity Social/Physical	Motivation Reflective/Automatic
Knowledge of the recommendations for physical activity (Psychological)	Social support for physical activity from family, friends or workplace (Social)	Belief that physical activity would be beneficial to health and/or a good/fun thing to do (Reflective)
Having the cognitive ability (e.g. headspace) and interpersonal skills to be physically active (Psychological)	Having somebody to be physically active with (Social)	Having the confidence to be physically active despite challenges since COVID-19 (Reflective)
Remembering to be physically active when routine may have changed (Psychological)	Family commitments influencing physical activity (e.g. home schooling) (Social)	Having strong intentions to be physically active (Reflective)
Knowledge about how to be physically active and the rules and restrictions around being active safely (Psychological)	Social and cultural norms to be physically active (Social)	Having a goal to be physically active (Reflective)
Ability to plan to be physically active (e.g. to get kit ready to wear) (Psychological)	Having appropriate resources (e.g. clothing and footwear) to be physically active (Physical)	Holding an identity of a physically active person (Reflective)
Having the skill to be physically active (Physical)	Having access to the physical space (indoors and outdoors) to be active safely (e.g. maintaining physical-distancing) (Physical)	Overcoming emotion that may influence physical activity, such as anxiety (e.g. worried about infection), sadness, boredom (Automatic)
Physical health restrictions that may limit physical activity (Physical)	Financial restrictions to be physically active (Physical)	Physical activity being part of each day without thinking (Automatic)

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GUIDANCE

Covid-19 public health road map: Alcohol consumption

AIM OF THIS DOCUMENT

This roadmap aims to support health officials to consider changes to alcohol consumption that may have occurred during the Covid-19 pandemic and to use psychologically-informed behaviour change approaches to optimise health improvement and mitigate a reduction in activity levels. This guidance should be used alongside the *Achieving Behaviour Change (ABC) guide*[1] for local government and partners, and the *Improving People's Health behavioural and social science strategy*[2].

BEHAVIOURAL SCIENCE RECOMMENDATIONS

Following the UK Chief Medical Officers' (CMO) guidelines[3] to moderate alcohol consumption benefits both physical and psychological health. Moderating alcohol consumption can be influenced by what we know and what we can do (capability); people around us and our physical environment (opportunity); and our beliefs, what we want, how we see ourselves, how we regulate our emotions, and our habit (motivation). To support changes since Covid-19:

- Consider the impact of alcohol supply disruption including less on-trade sales (e.g. bars and restaurants), and more off-trade sales (e.g. off-licences) with a view to helping people to follow the CMO guidelines at home.
- Consider the reopening of on-trade outlets and the impact on public health, healthcare, and on other services (including policing) and encourage following the CMO guidelines outside the home.
- Engage with key policy frameworks to help people follow the CMO guidelines including the World Health Organization SAFER initiative[4]. These promote the five key policy drivers, which support moderate alcohol consumption including marketing, price, drink-driving countermeasures, access to brief interventions and treatment, and restricting alcohol availability. Policies should consider alcohol-related health inequalities. For best effect, public health-oriented policy-making should be free from interference by the alcohol industry and bodies funded by the alcohol industry[5].
- Remind people that keeping to CMO guidelines has wide-ranging positive impacts on health and wellbeing, and communicate the risks of alcohol consumption on lung function and immunosuppression[6], which increases risks around Covid-19.

Byrne-Davis et al., (2020a; 2020b) – in collaboration with WHO consultants

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Guidance on practical application

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GUIDANCE

Behavioural science and disease prevention psychological guidance: Encouraging hand hygiene in the community

Hand hygiene is one of the most important measures to prevent Covid-19 transmission[1]. The good news is that the World Health Organization has been successfully promoting hand hygiene globally since at least 2009, but high-income countries have not been a focus for this guidance until Covid-19. This document supplements other hand hygiene and behavioural science[2] guidance, and focuses specifically on psychological considerations and the behavioural science to support effective action.

We can intervene at individual, community, population, and system levels[3] to support effective hand hygiene, and through these interventions target the capabilities, opportunities and motivations[3] for individuals to clean their hands.

Being clear about behaviours is essential[4] and the 'five moments for hand hygiene' concept has increased effective hand hygiene in healthcare professionals[5]. It is crucial that people know *when*, *where* and *how* to clean their hands and *why* it is important.

Successful hand hygiene campaigns:

TEACH *When* and *how* to clean hands, using evidence-based information.

PROVIDE *opportunities* at the right moments through engaging and collaborating with people and organisations.

PROMOTE by working with communities.

PROMPT actions at the right times

Support individuals to **PREPARE** and **PLAN** their hand cleaning.

Success is also dependent on being clear and consistent about all protective behaviours, learning from experiences and adjusting strategies as necessary[6]. For example, if you are encouraging or mandating people to wear a face covering/mask, then you should include clear advice that before and at any time after touching a face covering/mask, individuals should clean their hands. Understanding how hand hygiene action relates to other actions in daily life with regards to the risk of germ transmission is critical for effective behaviour.

GUIDANCE

Ghio, et al., (2020); Epton et al., (2020)

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Using rapid reviews e.g. public health messages in crises

Open access Original research

BMJ Open

What influences people's responses to public health messages for managing risks and preventing infectious diseases? A rapid systematic review of the evidence and recommendations

Daniela Ghio,[1,2] Sadie Lawes-Wickwar,[3] Mei Yee Tang,[4] Tracy Epton,[2] Neil Howlett,[5] Elizabeth Jenkinson,[6] Sabina Stanescu,[7] Juliette Westbrook,[8] Angelos P Kassianos,[9] Daniella Watson,[10] Lisa Sutherland,[11] Natalia Stanulewicz,[12] Ella Guest,[13] Daniel Scanlan,[14] Natalie Carr,[2,15] Angel Chater,[16] Sarah Hotham,[17] Rachael Thorneloe,[18] Christopher J. Armitage,[2,19] Madelynne Arden,[18] Jo Hart,[2] Lucie Byrne-Davis,[2] Christopher Keyworth[2,20]

To cite: Ghio D, Lawes-Wickwar S, Tang MY, *et al*. What influences people's responses to public health messages for managing risks and preventing infectious

ABSTRACT

Background Individual behaviour changes, such as hand hygiene and physical distancing, are required on a population scale to reduce transmission of infectious diseases such as COVID-19. However, little is known about effective methods of communicating risk reducing

Strengths and limitations of this study

- While we conducted a rapid review, we ensured that we completed it in a systematic manner with a broad initial search (eg, no restriction on study

T Transparency: acknowledge change, uncertainty, errors and differences

R cRedibility: establish expertise and trustworthiness, giving full information, even the unknowns

U Unified messaging: check and ensure consistency in core messages

S Social responsibility and norms: (e.g. minimise the 'I' and maximise the 'we' to protect each other)

T Timely: be the first to provide information to avoid rumours and speculations

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GUIDANCE

Delivering effective public health campaigns during Covid-19

This guidance aims to optimise public health messaging and its outcomes. It is based on an evidence-based rapid review of the evidence[1] of the factors that may influence people's responses to public health messages for managing risks and preventing infectious diseases.

RECOMMENDATIONS

1. REACH PEOPLE WHO DO NOT PERCEIVE THEMSELVES AS AT RISK BY:

Accurately describing the health threat, severity of the threat and the risk to self and others and ensure you couple this with information on how to reduce the risk to motivate action whilst avoiding excessive fear.

Providing clear instructions about how to perform the desired behaviour (e.g. cleaning hands) and how the behaviour prevents Covid-19 (also include benefits to self and community).

Increasing accuracy of personal risk perceptions by encouraging self-monitoring of recommended behaviours.

Ensuring messages are consistent (within and between agencies).

GUIDANCE

Hart, Byrne-Davies et al., 2021

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Physical distancing

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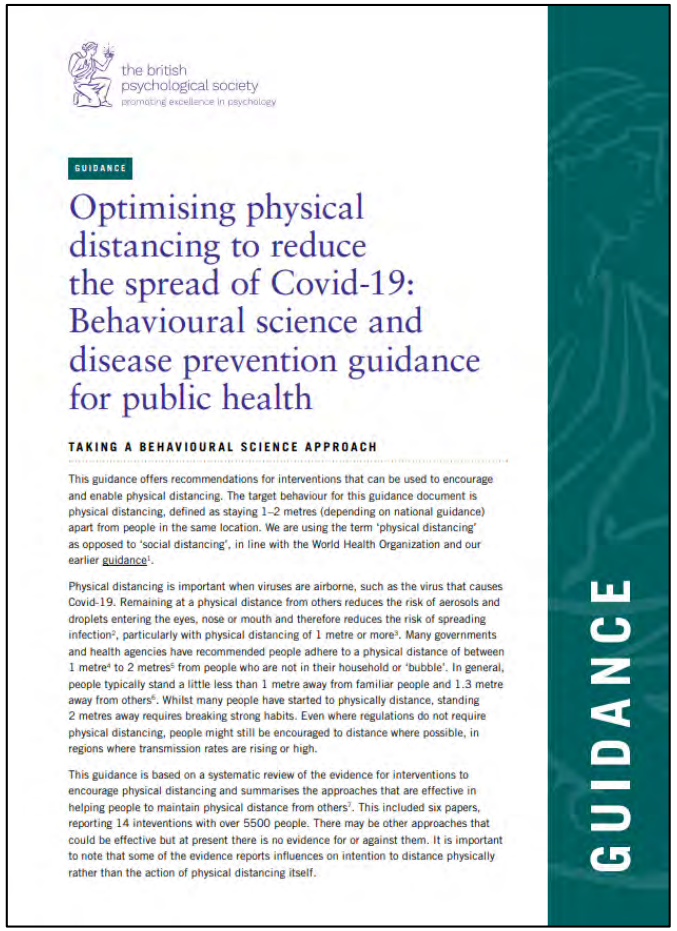
Systematic review of interventions to promote the performance of physical distancing behaviours during pandemics/epidemics of infectious diseases spread via aerosols or droplets

AUTHORS
Tracy Epton, Daniela Ghio, Lisa Ballard, Sarah Allen, Angelos Kassianos, Rachael Hewitt, Katherine Swainston, Wendy Fynn, Vickie Rowland, Juliette Westbrook, Elizabeth Jenkinson, Alison Morrow, Grant James McGeechan, Sabina Stanescu, Aysha Yousuf, Nisha Sharma, Suhana Begum, Eleni Karasouli, Daniel Scanlan, Gillian W Shorter, Madelynne Arden, Chris Armitage, Daryl O'Connor, Atiya Kamal, Emily McBride, vivien swanson, Jo Hart, Lucie Byrne-Davis, Angel Chater, John Drury



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GUIDANCE

Optimising physical distancing to reduce the spread of Covid-19: Behavioural science and disease prevention guidance for public health

TAKING A BEHAVIOURAL SCIENCE APPROACH

This guidance offers recommendations for interventions that can be used to encourage and enable physical distancing. The target behaviour for this guidance document is physical distancing, defined as staying 1–2 metres (depending on national guidance) apart from people in the same location. We are using the term 'physical distancing' as opposed to 'social distancing', in line with the World Health Organization and our earlier guidance[1].

Physical distancing is important when viruses are airborne, such as the virus that causes Covid-19. Remaining at a physical distance from others reduces the risk of aerosols and droplets entering the eyes, nose or mouth and therefore reduces the risk of spreading infection[2], particularly with physical distancing of 1 metre or more[3]. Many governments and health agencies have recommended people adhere to a physical distance of between 1 metre[4] to 2 metres[5] from people who are not in their household or 'bubble'. In general, people typically stand a little less than 1 metre away from familiar people and 1.3 metre away from others[6]. Whilst many people have started to physically distance, standing 2 metres away requires breaking strong habits. Even where regulations do not require physical distancing, people might still be encouraged to distance where possible, in regions where transmission rates are rising or high.

This guidance is based on a systematic review of the evidence for interventions to encourage physical distancing and summarises the approaches that are effective in helping people to maintain physical distance from others[7]. This included six papers, reporting 14 interventions with over 5500 people. There may be other approaches that could be effective but at present there is no evidence for or against them. It is important to note that some of the evidence reports influences on intention to distance physically rather than the action of physical distancing itself.

GUIDANCE

Remain SPACED

Supply feedback
Provide info about consequences
Address norms and social responsibility
Credible sources
Enabled environment
Demonstration of behaviour

Whittaker et al., 2020

Provided suggestions of 'how to' link to Policy Categories

Policy Category	Definition	Examples and suggestions
Communication/ Marketing	Using print, electronic, telephonic or broadcast media.	Promote a holistic approach to nutrition through campaigns such as Change4Life. Use the BPS Psychological perspectives on obesity guidance[9,10] to support eating behaviours linked to the prevention and treatment of obesity, ensuring non-stigmatising language and images are used. Clearly communicate food provision (e.g. free school meals) and charities such as Foodbank.
Guidelines	Creating documents that recommend or mandate practice. This includes all changes to service provision.	Promote guidance such as the UK Government's Eatwell Guide and dietary recommendations[4] and make more relevant both culturally and in the context of COVID-19.
Fiscal Measures	Using the tax system to reduce or increase the financial cost.	Continue increased taxes on high fat, salt and sugar (HFSS) foods. Consider tax cuts and reduced financial cost on fresh healthful foods.
Regulation	Establishing rules or principles of behaviour or practice.	Regulate front of pack labelling. Enforce minimum standards on food provided in educational settings, workplaces and public buildings.
Legislation	Making or changing laws.	Ban high fat, sugar and salt (HFSS) food advertising.
Environmental/ Social Planning	Designing and/or controlling the physical or social environment.	Ensure there is access to healthful foods locally. Re-think product placement so that high fat, salt and sugar foods are less easy to see and access.
Service Provision	Delivering a service.	Provide nutritional support for those most in need (e.g. access to Foodbanks and mutual aid societies to deliver food to those who are vulnerable and shielding). Ensure that new services that promote healthier food choices (e.g. Better Health) are rooted in behavioural science.

Encouraged to consult Behavioural Science/Health Psychology experts

All used the 9 considerations from the first Psychological Guidance document

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GUIDANCE

Behavioural science and disease prevention: Psychological guidance

Psychology is crucial to reducing the spread of Covid-19 as it enables us to understand and change behaviour and anticipate people's responses to changes in policy and guidelines. Behaviours are key to preventing infection and improving outcomes.

To optimise policies and communication, psychologists recommend:

1. **Minimise the 'I' and emphasise the 'we'.** Create a collective viewpoint. Use messaging that highlights how we can look after each other, rather than how you can look after yourself.
2. **Deliver messages from a credible source in relatable terms to the target audience.** The public need to trust policies, strategies, information and guidance. The messenger needs to be deemed credible and the message needs to be relevant and achievable.
3. **Create worry but not fear.** Research from other pandemics, such as swine flu (H1N1), shows that low uptake of protective behaviours such as hand washing and social distancing were linked to a lack of public worry[1]. Generating a sense of worry to motivate uptake of these behaviours is important, but we must be mindful of heightened levels of anxiety as they can lead to fear and a 'fight or flight' response. Fear can lead to denial and avoidance behaviours[2].
4. **Identify what influences each preventive behaviour and ensure policies, messaging and interventions target all relevant drivers.** Behavioural drivers are linked to the **C**apability to enact (e.g. knowledge/skill), **O**pportunity to *enable* (e.g. societal norms/physical resources) and **M**otivation to perform (e.g. desire/emotion/habit) the **B**ehaviour (**COM-B**[3]). All should be present for behaviour to occur.
5. **Clearly specify behaviours and their effectiveness.** Messages should give advice and instruction on clear behavioural actions and their related outcomes. Use appropriate language to avoid confusion and unintended consequences. The British Psychological Society supports the World Health Organization's change in policy to use the term *physical distancing*, rather than *social distancing*, in order not to discourage vital social interaction. Where official messages need to change over time, a clear rationale and set of actions should be provided.

GUIDANCE

1. ***Minimise the 'I' and emphasise the 'we'***
2. *Deliver messages from a credible source in relatable terms to the target audience*
3. *Create worry but not fear*
4. *Identify what influences each preventive behaviour and ensure policies, messaging and interventions target all relevant drivers*
5. *Clearly specify behaviours and their effectiveness*
6. *Avoid un-intended negative consequences*
7. *Create clear channels of access for health literacy*
8. *Use behavioural scientists & the psychological evidence base to support the COVID-19 response*

   To access this support, email communicationsdhp@bps.org.uk with the subject title COVID-19.

9. *Make a pledge to work together, through a multi-disciplinary approach.* #COMBATCOVID19TOGETHER

Chater, et al., (2020c). Health psychology, behavioural science, and Covid-19 disease prevention. Health Psychology Update, 29 SI, 3-9

@DrAngelChater

Health psychology, behavioural science and Covid-19 disease prevention

Angel Chater, Ellie Whittaker, Lesley Lewis, Madelynne Arden, Lucie Byrne-Davis, Paul Chadwick, John Drury, Tracy Epton, Jo Hart, Atiya Kamal, Emily McBride, Daryl O'Connor, Gillian W. Shorter, Vivien Swanson & Christopher Armitage

In March 2020 the president of the British Psychological Society (BPS) reached out to member networks to join forces on a BPS Covid-19 co-ordinating group. Members of this group were tasked to lead different work-streams highlighting psychology's role during the pandemic. One workstream focused on 'Behavioural Science and Disease Prevention'. It was clear that understanding behaviour and anticipating public responses to changes in policies, public messaging and guidelines would be key to improving health outcomes. This workstream focused on developing clear guidance to prevent the spread of Covid-19 and identifying psychological evidence to promote best practice in the design of sustainable behavioural interventions. This includes both immediate infection control behaviours aimed at reducing virus transmission, such as hand washing, physical-distancing and self-isolation, and behaviours that may have been influenced during the pandemic, such as physical activity, eating behaviour, substance use and healthcare use, which will have far reaching impacts on future health. This article provides an overview of the core guidance and practical examples of its application in a public health setting.

"We are using the nine recommendations in the guidance as a way of **quality assuring and optimising our public facing communications**" (Aneurin Bevan Local Public Health Team)

"We're using it as a bible for everything" (HPX PH forum)

"[our 'Stay Safe Be Kind' campaign] reinforces the idea that individuals **should look after each other** by minimising the 'I' and focusing on the 'we'" (City of Wolverhampton Council).

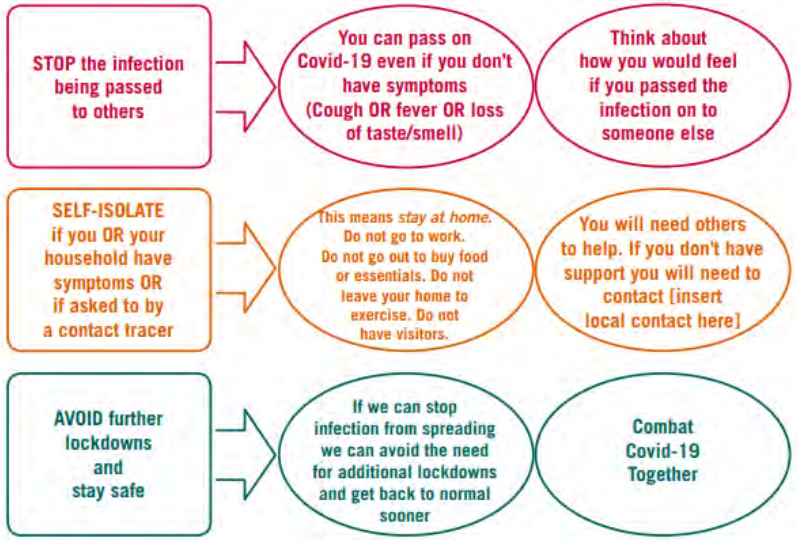
"The guidance is included in both the public health and corporate COVID-19 communications plan, meaning that all members of staff who have responsibility for communications across our council have had access… Our communications **staff have found the guidance invaluable and welcomed the way that it was accessible, easy to follow, and 'not too academic'** (North Yorkshire County Council)

Arden et al., (2020b)

Capability	Opportunity	Motivation
• Knowledge about Coronavirus transmission/ infection. • Knowledge about how self-isolation can prevent the spread of Covid-19 • Knowledge about when self-isolation should happen and for how long • Knowledge of how to self-isolate appropriately • Remembering to do the correct action in the required situation • Ability to plan for what to do if self-isolation is necessary (e.g. having emergency supplies and a contact number ready)	• Availability of others to provide essentials and emotional support for a period of self-isolation. • Support and encouragement from friends, family, employers and colleagues to self-isolate • Financial stability to self-isolate • Having a safe place to self-isolate • Living with other people (e.g. family members or in a shared house) who are not self-isolating • Social norms to self-isolate (awareness that others around us are self-isolating and think it's the right thing to do)	• Intending to self-isolate and wanting to do it. • Beliefs about the effectiveness of self-isolation (will it be beneficial for them and/or others) • Perceived risks of Covid-19 for self and others • Incentives or compensation for self-isolation/penalties for not self-isolating • Beliefs about ability to effectively self-isolate • Identity as a 'caring member of the community' • Perceived negative consequences of self-isolation (e.g. loss of income, loneliness) • The impact of emotions (fear, anxiety, loneliness, depression

Greg Fell
Director of Public Health, Sheffield
...using our guidance verbatim ☺

https://www.youtube.com/embed/QILZienYmls



http://www.airedale-trust.nhs.uk/wp/wp-content/uploads/2021/05/NHS-after-your-first-vaccine-guidance.pdf

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NHS has used our guidance verbatim

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GUIDANCE

Guidance following your first vaccination dose

Thank you for having your first vaccination for Covid-19. This vaccination will start to protect you in about two to three weeks' time. Even though you have not yet received both doses you have significantly reduced your chances of becoming seriously ill with Covid-19 and you are helping to protect others now and in the future.

However, in the next two to three weeks you remain at risk of catching Covid-19. Even after the first vaccination has started working you could still pass the infection on to others.

PROTECTING YOURSELF AND OTHERS FROM INFECTION

Until Government advice changes you must continue to do the following:

Keep two metres apart from people not in your household or bubble.

Clean your hands carefully and regularly and especially when you enter your home, or after you have used public transport, or touched any surface that may have been touched by others.

Wear a clean face covering whenever you are in a crowded space and in public indoor spaces including shops, places of worship and on public transport (unless you are exempt).

Self-isolate and get tested if you develop any of the symptoms of Covid-19 (a high temperature, a new continuous cough, a loss or change to your sense of smell or taste), even if your symptoms are mild.

Self-isolate if someone in your household or bubble develops symptoms or tests positive for Covid-19, or if you are asked to self-isolate because you have been in close contact with someone who has tested positive.

If you are extremely clinically vulnerable and shielding, then you should continue to do so to ensure that you remain safe.

Follow the current rules for your local area. Rules may vary in different parts of the UK so make sure you know what the rules are for you and follow them carefully.

GUIDANCE

NHS

Guidance following your first vaccination dose

on behalf of the NHS across Bradford district and Craven

Thank you for having your first vaccination for COVID-19. This vaccination will start to protect you in about 2 to 3 weeks' time. Even though you have not yet received both doses you have significantly reduced your chances of becoming seriously ill with COVID-19 and you are helping to protect others now and in the future.

It's great you've had your first dose of the COVID-19 vaccine but it will take 2–3 weeks before the vaccination starts working. Please remember you could still pass the infection on to others. Let's work together to keep everyone safe.

Here's how you can continue to protect yourself and others:

HANDS FACE SPACE

FRESH AIR

- Keep 2 metres apart from people not in your household or bubble.
- Clean your hands carefully and regularly and especially when you enter your home, or after you have used public transport, or touched any surface that may have been touched by others.
- Wear a clean face covering whenever you are in a crowded space and in public indoor spaces including shops, places of worship and on public transport (unless you are exempt).
- Open windows and doors to introduce fresh air inside if you are sharing any indoor spaces with people you do not live with or if someone in your household has COVID-19.

- Self-isolate and get tested if you develop any of the symptoms of COVID (a high temperature, a new continuous cough, a loss or change to your sense of smell or taste), even if your symptoms are mild.
- Self-isolate if someone in your household or bubble develops symptoms or tests positive for COVID, or if you are asked to self-isolate because you have been in close contact with someone who has tested positive.
- Follow the current rules for your local area. Rules may vary in different parts of the UK so make sure you know what the rules are for you and follow them carefully.

NHS

We know that you want to meet with your friends and loved ones and get your life going again.

The current restrictions to protect us will not last forever.

There is some initial evidence that people who have been vaccinated may be less likely to pass on a COVID infection to others, but this is not yet clear. Until we have more reliable evidence we must all continue following the guidance. Scientists who advise the government are working hard to understand when it might be safe to start to relax the rules. The Prime Minister recently outlined a roadmap for when we might be able to reduce the restrictions, but it is important that we all maintain the rules.

The next important step is for you to get your second dose of vaccine when you are invited.

It is important to get the second dose because this will further reduce your chances of becoming seriously ill with COVID and means that this protection will last for longer.

Thank you for reading this information and for following the guidance. You are keeping yourself, your loved ones and community safe, and helping us all along the path to getting life going again.

Produced by: M.A. Arden, C.J. Armitage, L. Lewis, E. Whittaker, J. Hart, D.B. O'Connor, V. Swanson, T. Epton, L. Byrne-Davis, G.W. Shorter, J. Drury, A. Kamal, P. Chadwick, E. McBride, & A. Chater (Taskforce lead) on behalf of the British Psychological Society Covid-19 Behavioural Science and Disease Prevention Taskforce
Version 2 (20/04/21) updated to include ventilation advice and to remove guidance to maintain shielding in those who are clinically extremely vulnerable.

Byrne-Davis et al., (2020a; 2020b) – in collaboration with WHO consultants

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WHO collaboration and Industry consultancy: Lifebuoy

About the creators of this resource

Lifebuoy runs one of the world's largest handwashing behaviour change programmes and has worked with NGOs and governments to reach over 1 billion people around the globe.

Lifebuoy was created in the UK in 1894 to provide an affordable way for people to protect against cholera.

This resource has been developed with input from a wide range of people including:

Chartered members of the **British Psychological Society**: Prof. Angel Chater (University of Bedfordshire); Prof. Lucie Byrne-Davis (University of Manchester) and Prof. Madelynne Arden (Sheffield Hallam University)

Teachers and advisors across the UK including Steve & Ana Banks, Megan Bellis, Fran Dunworth, Paul Gordon, Clare Mercer, Nicola S. Morgan, Helen Porter, Martin Staniforth.

APPROVED BY RSPH ROYAL SOCIETY FOR PUBLIC HEALTH

The Royal Society for Public Health is an independent health education charity and the world's oldest public health body, with over 6,000 Members worldwide. Their vision is that every community, workplace and individual should have the opportunity to optimise their own health and wellbeing.

GLOBAL HANDWASHING PARTNERSHIP

The Global Handwashing Partnership is a coalition of international stakeholders working to strengthen handwashing access and practice, as a pillar of international development and public health. Member organisations include government agencies, corporations, non-governmental organisations and academic institutions.

http://www.lordblytonprimaryschool.co.uk/wp-content/uploads/2020/10/07_-Leaflet_for_Parents_Guardians.pdf

International reach – translated by Japanese Psychological Association

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GUIDANCE

Behavioural science and disease prevention: Psychological guidance

Psychology is crucial to reducing the spread of Covid-19 as it enables us to understand and change behaviour and anticipate people's responses to changes in policy and guidelines. Behaviours are key to preventing infection and improving outcomes.

To optimise policies and communication, psychologists recommend:

1. **Minimise the 'I' and emphasise the 'we'.** Create a collective viewpoint. Use messaging that highlights how we can look after each other, rather than how you can look after yourself.
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GUIDANCE

8 新型コロナウイルス感染症への対応をサポートするために，行動科学者と心理学的エビデンスを利用しよう

心理学分野の国際的なリーダーたちは，既に行動方略を用いたウイルスの管理・封じ込めについて各国政府に助言しています[5]，[6]。学会は，新型コロナウイルス感染症に対応する地域/国レベルの取り組みをサポートしている専門家や組織に心理学の専門知識を提供することができます。戦略の策定，政策や提言，エビデンスの統合や迅速なレビュー，介入のデザインや評価，さらには心理学的アプローチによるスキルアップなどに対するアドバイスやサポートを提供することもできるでしょう。

9 学際的なアプローチを通して，協働してこの危機を乗り越えると誓います

But…

More work is needed to embed Behavioural Science, and specifically Psychology, into the Public Health System

'NO 10 ACCUSED OF SIDELINING BEHAVIOUR EXPERTS OF LATEST **COVID MEASURES'**

The Guardian, 12th Sept 2021

It's not just 'common sense' – need to build capacity at senior levels

Behaviour is complex.

Psychology can help to understand the complexity

Officials may not know what they don't know

Need to widen reach and build Capability, Opportunity, Motivation

McBride et al., 2021

@DrAngelChater

Promote the NEED for Psychology - Call to Action

POLICY AND PRACTICE RECOMMENDATIONS

Key recommendations include:

1. Policymakers should refresh disease prevention targets with a psychologically-informed lens, to account for the impact of Covid-19 on long-term health behaviours and health service use.
2. Behavioural scientists, and in particular health psychologists with expertise in behaviour change, should be embedded in policy teams and health services to inform intervention design, delivery, evaluation, and adoption.
3. Health services and behaviour change interventions should be developed to meet the needs of high-risk and underserved groups, to reduce further inequality.
4. All those with a remit of human behaviour change should receive suitable training to enable a psychologically-informed workforce, building capacity in behavioural science.

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BRIEFING

Behavioural science investment needed to mitigate long-term health impacts of Covid-19

During the Covid-19 pandemic, media headlines and emerging evidence have reported shifts in population behaviours such as substance use, food and alcohol consumption, physical activity, and sedentary behaviour. Engagement with some preventative health services has also declined. This policy brief highlights potential long-term impacts of Covid-19 on health behaviour and chronic disease prevention. Recommendations for policy prioritisation are provided to help mitigate downstream consequences and prevent widening health and social inequalities.

OVERVIEW

Covid-19, for some, has led to changes in health behaviours, such as higher alcohol use, lower physical activity, increased sitting time, unhealthy food consumption, higher substance use, and reduced use of health services.

Subsequent downstream physical and mental health consequences are anticipated, with wider social and economic implications.

Policymakers should set direction for supporting changes to long-term health behaviours through formal commissions and refreshed disease prevention targets.

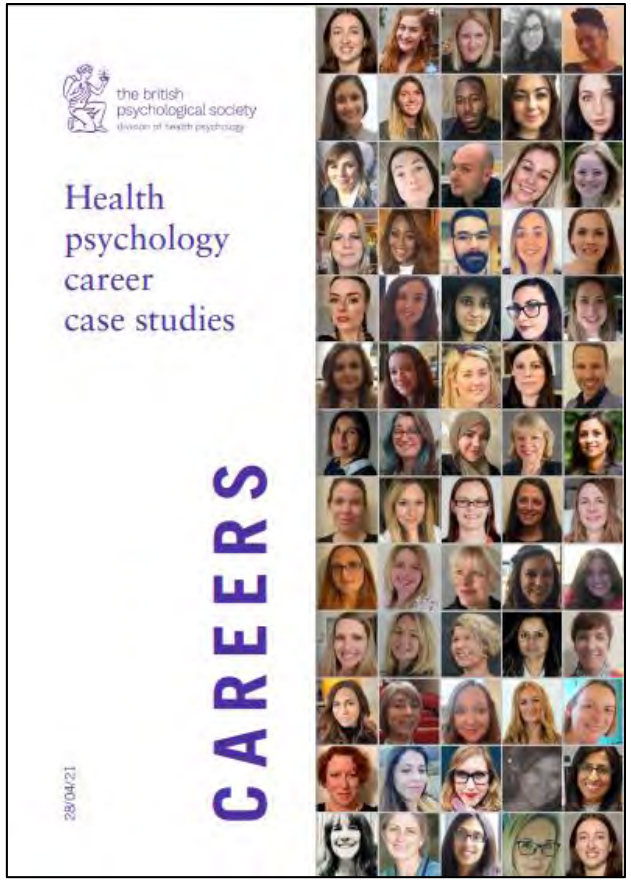
Investment in behavioural scientists, and specifically health psychologists, to help design, deliver, evaluate, and adopt interventions (at individual, community, population, and system level) will help to minimise adverse outcomes[1].

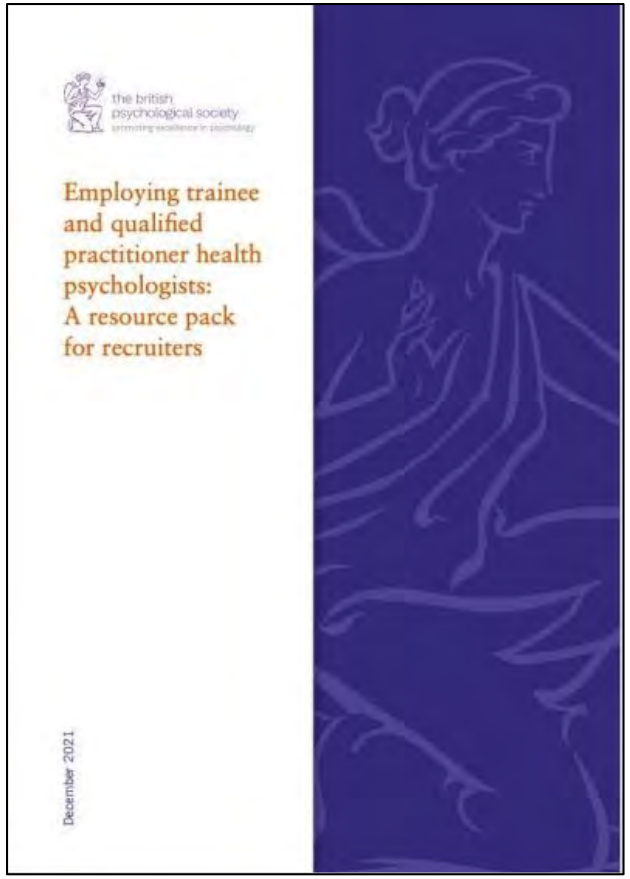
Behaviour change interventions and health services should meet the needs of high-risk groups to reduce inequalities in burden.

BRIEFING PAPER

Enabling funding/employment of psychologists in public health

- Showcasing value (*N*=64)
- Shared with stakeholders e.g. APPG/LAs
- Recruitment support pack
- Secured HEE and LA funded Stage 2 places





Final thoughts

- Psychology: Strong scientist – practitioner tradition
- Experts in behaviour, and behaviour lies at the root of all prevention and treatment efforts
- Able to rapidly mobilise and collectivise at the start of COVID-19 due to already existing connections
- Able to support a health threat with many unknowns due to our ability to ask theoretically-driven, evidence based questions
- Public health needs psychology…
- We need to continue to show public health what psychology can do
- Collectivise and collaborate to enable the system to optimise health outcomes using psychology

- Call for a Chief Behavioural Science Officer/ Chief Psychological Officer to represent behavioural and social sciences to government to widen reach and impact that psychology and other behavioural sciences can have; closely linking to behavioural scientists and local MPs

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Type of the Paper (Methods Article)

Template for Rapid Iterative Consensus of Experts (TRICE)

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