

# Towards a healthier nation

**A** HEALTHY nation needs well-trained GPs and good hospitals delivering high-quality treatments. But prevention is better than cure, and these days preventive health behaviour is a government mantra. Behaviours which make illness less likely must be promoted, and the impact of illness on health and

everyday functioning minimised (Wanless, 2002). A discussion paper published recently by the Prime Minister's Strategy Unit (Halpern *et al.*, 2004; see weblinks) highlighted personal responsibility and the need for public health behaviour change, noting:

...achievement of major policy outcomes requires greater engagement and participation from citizens – governments can't do it alone. ...improvements depend on changes in personal behaviour: for example in health, on better diet and more exercise (p.3)

and concluding:

...behaviourally-based interventions can be significantly more cost-effective than traditional service delivery. There is good evidence across a range of policy areas – for example in health – of the cost-effectiveness of behavioural interventions (for example, a change in diet that avoids a heart attack is better and cheaper than dealing with the consequences of poor diet with heart surgery). (p.3)

The Department of Health White Paper *Choosing Health*, published in the same

## WEBLINKS

The Wanless Reports: [tinyurl.com/6sttt](http://tinyurl.com/6sttt) [2002] and [tinyurl.com/7j927](http://tinyurl.com/7j927) [2004]

Choosing Health White Paper: [tinyurl.com/4uovd](http://tinyurl.com/4uovd)  
Personal Responsibility and Changing Behaviour –

Report from Prime Minister's Strategy Unit:  
[www.pm.gov.uk/files/pdf/pr.pdf](http://www.pm.gov.uk/files/pdf/pr.pdf)

Public health in England – 2003 paper by the Chief  
Medical Officer: [tinyurl.com/7jdhu](http://tinyurl.com/7jdhu)

year (see weblinks), confirmed the central role of the application of health psychology expertise in effecting such change.

Health psychology research locates determinants of health behaviour within a multi-layered biopsychosocial model including biological processes (e.g. the biochemistry of nicotine absorption), cognition (e.g. understanding health risks), emotion (e.g. denial and avoidant coping), interpersonal processes (e.g. interactions between healthcare professionals and their patients), organisational and cultural effects (e.g. normative pressures experienced by healthcare professionals in everyday practice), and national and supranational policy frameworks (e.g. taxation and legislation) (Smith *et al.*, 2004). Considerable progress has been made in understanding such processes across a variety of behaviours (see Kaptein & Weinman, 2004; Ogden, 2004). The

challenge for health psychologists now is to demonstrate that evidence-based interventions designed to change health behaviour are effective in delivering health benefits at individual, community and national levels.

In facing this challenge, health psychologists must integrate new technology into behaviour change interventions (e.g. Smith *et al.*, 2004), contribute to the training and management of healthcare professionals so that their interactions with patients have maximum impact on patients' health behaviour, and also work at community and government level to influence public health policy. Significant progress is being made: health psychologists have specific and complementary skills to offer; they are working in government to promote policies founded on evidence-based approaches to health behaviour change; and the effects

are being seen 'on the ground'. The articles in this special issue showcase this progress to illustrate how health psychologists can contribute to building a more effective and efficient health service.

First, Jane Wardle and Andrew Steptoe map out the differences between psychological research into individual health behaviours and research into public health trends, such as the rise in obesity. They urge health psychologists to engage with public health issues and highlight relevant approaches and methods.

In the second article, we describe work undertaken by health psychologists in the Public Health Division of the Department of Health. This work illustrates the role of health psychologists in commissioning and undertaking research relevant to public health policy, and in shaping evidence-based public health policy. The article also reports on developments towards recognition of health psychologists as public health specialists.

The last article, by Lynn Myers and Charles Abraham, highlights research with a long history in health psychology – the impact of healthcare professionals' behaviour on patients' adherence to treatment. Many health psychologists work in clinical settings (whether in cardiac rehabilitation or pain clinics) as part of multidisciplinary teams who focus not on changing public health behaviour but on changing the behaviour of individual patients to enhance their health and maximise the impact of treatment. Similarly, health psychologists are involved in delivering evidence-based training to healthcare professionals. This final article focuses on evidence which has direct implications for how healthcare professionals can manage consultations to maximise patient adherence.

## References

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