

New frontiers in Health Psychology and Implementation Science

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The EHPS Synergy Expert meeting has now been championing collaboration and innovation in core fields of health psychology theory and research for 15 years. This year's meeting, which focussed on the synergy between health psychology and implementation science, was no exception. Over two days, Professor Molly Byrne (National University of Ireland (NUI) in Galway) and Dr Justin Presseau (University of Ottawa) brought together and led 22 psychologists working across and beyond Europe. Our mission was to take stock of the current linkages and status quo and generate solutions to key challenges, in the beautiful setting of Padova.

Implementation Science is the interdisciplinary scientific study of methods to promote the uptake of research evidence into practice, to improve health care quality and effectiveness (Eccles and Mittman, 2006). Despite billions spent on researching medical treatments, estimates suggest that a large proportion of the population may not receive recommended care: 30-40% for acute or chronic health conditions and 50% for preventive care in the USA (Schuster, McGlynn, & Brook, 1998). Medical advances have been termed 'all breakthrough, no follow through' (Woolf, 2006) and in Europe as well as the USA, far more is spent on discovering new treatments than researching how to deliver them 'promptly and properly' (Woolf, 2006).

Implementation Science is inextricably linked with behaviour change. Any improvement to routine health service delivery requires individuals

working within the service to change one or more aspects of their practice, which can be measured, understood and intervened with by psychologists! Health psychologists have already contributed substantially to this young field, both through applying classical behavioural theory and methods and developing novel approaches (e.g. Godin, 2008, Francis, 2010, Michie et al. 2011). We may offer theory and methods to implementation science to understand behavioural determinants of practice change and to develop practice change interventions (Byrne-Davis et al. 2017, Colquhoun et al. 2017). However, there is also a huge research-practice gap in health psychology with huge numbers of seemingly effective health promotion, self-management and health professional interventions never finding their way into routine practice. Health psychology may therefore have much to learn from implementation science in how to scale up and implement effective health psychology-based interventions.

The Synergy meeting had three main aims: 1) to take stock of the current state of Implementation Science and what Health Psychology is currently contributing to the field of Implementation Science, 2) to use the experiences and expertise of participants to identify the unique challenges relevant to implementation of Health Psychology interventions, and 3) generate solutions to these challenges. Our planned output was one or more group-authored articles to submit for publication; key inputs to the meeting undeniably included copious cups of coffee and a variety of delicious mini pastries provided regularly to assist our thinking.

On day one, we introduced ourselves with brief

presentations on our experiences in health psychology and implementation science. These highlighted our diversity in working in projects in higher and lower income countries across the world, but also the similarities in challenges and opportunities encountered. Justin then provided an informative and engaging introduction to implementation science and his perspective on health psychology contributions so far, suggesting that further synergy will push both fields forward. This stimulated a lively discussion, deftly facilitated by Molly who helped us distil the aim, type, and audience for our target journal output, before we broke into groups to consider paper structure. Following this, we set off for the other essential parts of the Synergy meeting: a guided tour of beautiful Padova and a delicious dinner in a local restaurant.

Day two dawned brightly. Fuelled by more jet-black, 'stand your spoon up in it' coffee, we planned content and began to write in section sub-teams. Once reconvened we discussed ideas and any difficulties encountered, future plans for collaboration and networking, opportunities for international funding and, being health psychologists, action planned our way to an early paper submission (watch this space!)

For me the Synergy meeting offered invaluable experience, helping me develop both professionally and personally in a number of ways. Firstly, I was glad to discuss and reflect on some of my experiences at the 'coal face' of implementation science, having worked for the past seven years to influence practice from within the system as a practitioner health psychologist in multi-disciplinary teams. It was fantastic to compare experiences and challenges with others working in this way. I also came away with a deepened understanding of the implementation science field, including seminal papers and concepts. This has already influenced work projects, such as the Teams Together programme, where University of Manchester Health Psychologists Dr Lucie-Byrne

Davis, Dr Jo Hart and I are working with four integrated care teams in the UK helping them adopt new ways of working using implementation science. Synergy helped me recognise that implementation is a crucial intervention in itself, and we now have a multi-faceted dissemination and implementation plan.

In terms of personal learning, beforehand I was fascinated to think about the meeting's process, or how the leaders would distil 22 participants' diverse views and experiences into a coherent, co-written paper. After all, psychologists are trained in critical thinking and are known for being a rather opinionated bunch! I was impressed by how expertly Molly and Justin managed to stimulate discussion and harness views whilst gently keeping us on task. Molly's facilitation style meant that whilst we were all aware when a spur of the moment left-field suggestion of ours did not meet the grade, we felt thoroughly appreciated for making it! Finally, the meeting allowed connections with other researchers and has sparked further development and joint work. For example I was delighted for the opportunity to visit NUI Galway in October for teaching and collaboration with Molly's health behaviour change research group (#loveirishresearch!) and Manchester Implementation Science Collaboration are enjoying planning work with Justin and colleagues in Ottawa to extend both groups' work on coding techniques in health professional training courses (Pearson et al. in submission).

Overall then, I was thrilled to be able to attend this excellent Synergy meeting, which very much met its aims. I would like to thank our meeting facilitators, the Synergy organising board in 2017 and the University of Padova for hosting the event, and especially the EHPS EC Grants Committee for supporting me with a Synergy grant to attend.

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