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The opportunities, benefits, and challenges of applying health psychology in non-academic settings: summary of a roundtable discussion

Alice Le Bonniec, Lisa Hynes, Koula Asimakopoulou, Ana-Maria Schweitzer and Alexandra Dima

Abstract

This article summarizes a roundtable discussion about the application of health psychology in non-academic settings that was presented at the EHPS conference 2024. Five contributors shared their experiences applying health psychology in non-academic settings. Contributors' non-academic roles reflect a variety of applications for health psychology: cancer screening; cardiovascular disease prevention, medication adherence, pharmacy, and management of chronic conditions. They discussed the benefits of their roles such as adding a deeper level of analysis of people's behaviour, integrating a user-friendly approach, use valuable tools in multi-disciplinary initiatives, making opportunity for creativity and innovation, and supporting a patient-centered approach. Challenges were also highlighted, such as short timelines, dominance of the biomedical model, low awareness and lack of credibility of the benefits of health psychology, and difficulties in measuring the impact of health psychology interventions. In conclusion, while adopting an evidence-based approach through the use of frameworks, theories and methods from health psychology in non-academic settings is highly beneficial, it requires flexibility and adaptation.

Key words: Applied health psychology, Non-academic settings, Benefits, Challenges

Introduction

This article is a summary of a roundtable discussion about the application of health psychology in non-academic settings that was presented at the EHPS conference 2024. The use of health psychology and behavioural science to address key public health challenges has grown over the past few years. As more and more roles are created for health psychologists and behavioural scientists to work in non-academic health organisations, it is necessary to reflect on how we can efficiently apply health psychology theories and methods into practice. While behaviour change frameworks are designed to be applied to various health behaviours, intervention developers can face challenges while trying to use them in practice (e.g., difficulty making the models understandable to the general public; timelines shorter than in an academic setting; difficulty in measuring change). The roundtable provided an opportunity to discuss the development of relevant tools and resources in response to those challenges and start answering the following key questions:

- What are the benefits of generalising the use of health psychology and behavioural science in a wide range of settings?
- How can we make sure the use of health psychology and behavioural science in non-academic organisations is not tokenistic?
- How far can we adapt behaviour change frameworks to make them more accessible while keeping their integrity?

Five contributors shared their experiences working in non-academic settings. Their presentations are summarised below.

Shaping a new behavioural scientist role in a screening service

Dr Alice Le Bonniec, Behavioural Insights & Change Specialist, National Screening Service Ireland

Alice presented her role as a behavioural scientist working in the Irish National Screening Service, which manages breast, cervical and bowel screening, and the diabetic retinopathy screening programme. Before starting her new role, she was a researcher in health and social psychology and has worked in academic settings. Her work mainly focuses on the psychosocial determinants of participation in cancer screening and the mechanisms of change. In her role, she applies health psychology knowledge, methods and best practices across various projects to raise awareness on screening and to help eligible populations to make a decision about screening.

Alice discussed the numerous benefits of applying health psychology in her role. She mentioned that health psychology enables the adoption of a comprehensive approach with different levels of analysis to explain participation in screening (e.g. taking into account social influences and the structural environment). Adopting a health psychology perspective can also encourage the use

of an evidence-based approach, through the conduction of systematic reviews and the use of health psychology methods, theories, and frameworks.

Alice also highlighted some challenges. Some are practical, such as a short timeline to implement the projects and a limited control on data collection and data analysis when fieldwork is allocated to suppliers. A need to keep things simple to match expectations and limited time and capacity of the different stakeholders involved can also limit a thorough application of health psychology methods or frameworks.

To conclude, Alice outlined her approach to behavioural science as a way of helping people make an informed choice about screening rather than trying to convince them to participate.

The role of health psychology in a community health charity

Dr Lisa Hynes, Head of Health Programmes, Croí Heart & Stroke Charity, Ireland

Lisa presented on the role of health psychology in a community health charity, where she holds a management position. Lisa previously worked in academic roles with a focus on chronic disease self-management across a range of health conditions and populations. Croí promotes awareness of heart disease and stroke, and supports people affected by cardiovascular disease (CVD) to self-manage and navigate the health system. In her role Lisa provides oversight of a multi-disciplinary health team, and manages programme design and delivery.

Health behaviours are central to the prevention of heart disease and stroke. For example, 10 modifiable risk factors are responsible for 90% of strokes, a leading cause of death worldwide. Hypertension or high blood pressure is the leading cause of premature death worldwide and is linked to 50% of strokes. Hypertension management is based on behaviours such as dietary salt reduction, physical activity and medication adherence. Thus, health psychology tools and evidence make a valuable contribution to the shaping of activities, messaging and grant applications in an organisation like Croí.

Benefits of having a health psychologist working on CVD prevention includes the provision of novel behavioural insights, integration of user-friendly tools such as the COM-B Model, and connections with researchers resulting from the scientist-practitioner model of the discipline. Several challenges are faced in this role, such as resistance to taking approaches that emphasise the role of behavioural and psychosocial factors when the biomedical model can still dominate, managing expectations related to behaviour change that can be achieved through different projects, and challenges aligning project timelines across sectors such as community and academic.

Health psychology in a multi-stakeholder collaboration: describing the behaviour change content of medication adherence technologies in the ENABLE repository

Dr Alexandra Dima, Senior Researcher, Instituto Universitario Avedis Donabedian - Universidad Autonoma Barcelona; Institut de Recerca Sant Joan de Déu; CIBERESP, Spain

Alexandra is a UK-trained researcher in Health Psychology who has worked in various academic settings across Europe. Her current role involves research, training and consultancy in Health Services Research and Quality of Care in private non-profit research organisations, Alexandra's research has focused on self-management and coping with chronic illness, in particular medication adherence. In this roundtable, she has reflected on her experience of leading a pan-European multi-stakeholder working group within the ENABLE project (<https://enableadherence.eu/>) to develop a repository of technologies for measuring and intervening on medication adherence.

As a health psychologist, the challenge was to make best use of behaviour science theory in this project, in an environment where many disciplines bring essential contributions to tackling the difficulties medication users face in following their treatment regimens according to the agreed prescription. ENABLE managed to take advantage of several health psychology inputs through stakeholder consultation and training. These inputs show that training in (health) psychology equips us with valuable tools to contribute to such multi-disciplinary initiatives.

On the other hand, the current status of the repository also showed low adoption of behaviour change terms for medication adherence in technology profiles. Technologies often develop from different starting points - such as a clinical context, or technical innovation - and there is still low awareness among developers of the value of theories and methods from health psychology, and social sciences and humanities more broadly. We need to ask the question of what are essential quality requirements for applied research, and find ways to demonstrate and communicate the value of 'lean behaviour science'[1] to partners in non-academic research settings.

Applying health psychology theory to support pharma clients

Prof Koula Asimakopoulou, Faculty of Health and Life Sciences, Oxford Brookes University

Koula is a UK-trained health psychologist who has spent most of her working life as a researcher in academic settings. She talked about her experiences working as a Key Opinion Leader (KOL) and then as the Head of Behavioural Science within a large multinational company specialising in designing research studies for pharma clients (e.g. supporting patient adherence). Koula discussed multiple opportunities but also several challenges in delivering health psychology in an industry context. The opportunities centred around having available a wealth of resource to design client-focused research. Industry moves fast, is client-focused and provides ample opportunity for creativity, innovation and for thinking 'outside the box'. Multidisciplinary work is at the heart of industry work which gives ample opportunity to learn and grow but can also present with several challenges that may shake our identity as health psychologists. The boundaries between rigor and anecdote, within an environment where speedy solutions are valued, can sometimes become blurry. Health psychology may also appear to be used as a tool, to lend credibility to work that may not always meet the standards we would normally set ourselves as psychologists. Occasionally, client needs may pull us away from designing the best, most appropriate to the question research we can design, in the name of delivering what the client (thinks!) they need and want. Koula's closing comments were that industry can be a wonderful place to apply health

psychology; industry work can be a rewarding experience as long as we stay true to ourselves, to our training, to our standards and to our identity as health psychologists.

Applying health psychology in interprofessional care for people living with chronic conditions: the experience of the Baylor Black Sea's Foundation Clinical Center of Excellence

Ana-Maria Schweitzer, *Executive Director at Baylor Black Sea Clinical Centre of Excellence, Romania*

Ana-Maria Schweitzer is a clinical psychologist and executive director of the Baylor Foundation Romania. In the Foundation, health psychology is not just a discipline; it's the heartbeat of patient care for persons living with chronic conditions like HIV/AIDS and viral hepatitis.

Health psychology models guide patients in the care of Baylor foundation in their life journey with the illness. Embedding these principles in standard care helps to reconcile treatment demands—from adhering to antiretroviral therapy to considering vaccinations like COVID-19 or pneumococcal.

The foundation is committed to empowering patients to participate in their care via health literacy and self-management programs. This patient-centered approach supports the beneficiaries and strengthens the healthcare team, offering tools that reduce burnout and support impactful interventions.

However, the team still faces challenges that need to be acknowledged. Patients often feel overwhelmed balancing complex care plans with daily responsibilities. Time is a scarce resource—patients are stretched by life's demands, while providers face constrained schedules.

Ana-Maria emphasized that measuring the success of psychological interventions is a difficult task, especially in a health context where there are fragmented data systems. Funding and staffing gaps are also common barriers faced by the Romania team.

All these obstacles need to be discussed about in a wider network, such as the conference forum. This provides direct help to non-academic organizations such as the Foundation in their goal to remain steadfast in their mission to integrate health psychology into chronic disease management. These approaches promise more than improved outcomes—they offer pathways to resilience and care that see the whole person, not just the illness.

Discussion with the audience

This roundtable focused on transitioning from academia to practice-based research. One potential way forward proposed was via internships and customized training programs that equip health psychologists to navigate real-world challenges, such as limited time and resources. However, the speakers cautioned about keeping the right balance between constraints and the need to uphold scientific standards in applied settings. There was consensus on expanding applied health psychology research within the European Health Psychology Society (EHPS) and promoting formats showcasing real-world case studies.

For example, the group discussed how best to engage non-health psychologists and the public to create a two-way communication and using simplified language to reach broader audiences. Another important theme was bridging the gap from theory to practice by simplifying complex frameworks while ensuring the resulting interventions remain evidence-based. Furthermore, to foster innovation health psychologists were encouraged to cooperate more with specialists in other fields. Finally, the discussions focused on maintaining one's professional identity in these multidisciplinary environments, especially if the setting imposes on providing client-driven solutions. Agreeing on a clear role description outlining the tasks of the health psychologist and its competency areas in the structure is essential. Possible sources of conflict between ethics and scientific rigor were discussed. Participants were urged to stay true to health psychology principles while working collaboratively.

Recommendations & conclusions

The roundtable emphasized opportunities and challenges in the context of growing relevance of health psychology in non-academic environments. The issues associated with the way forward in integrating health psychology frameworks into real-world applications, such as healthcare, industry, and community services were largely debated. There was consensus on the need to simplify theoretical models, without reducing the scientific rigor. Practical challenges such as time constraints, data collection limitations, and client-driven demands were discussed. Finally, the roundtable helped to set the agenda to adapt the approaches used by health psychologists, by creating a balance between evidence-based practices and real-life constraints, in order to ensure that the interventions in non-academic settings maintain their effectiveness.

[1] "Lean management is an approach to improve efficiency by eliminating waste and maximizing value of activities in a given process, which has been adopted in different healthcare settings with positive results" (Mahmoud et al., 2021). By 'lean behaviour science' we refer to applying this approach to using behaviour science in environments characterized by limited resources and high performance demands, such as many non-academic settings.

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Alice Le Bonniec works at the National Screening Service, HSE, Dublin, Ireland.

ORCID: 0000-0001-9916-8038

Email: alice.lebonniec@screeningservice.ie

Website: <https://www.linkedin.com/in/alice-l-a1a443281>



Lisa Hynes works at the Croí, the West of Ireland Cardiac & Stroke Foundation, Galway, Ireland.

ORCID: 000 0003 0419 2188

Email: lisah@croi.ie

Website: <https://croi.ie>

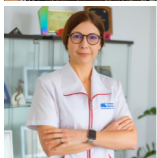


Koula Asimakopoulou works at Oxford Brookes University, United Kingdom.

ORCID: 0000-0003-3420-8523

Email: kasimakopoulou@brookes.ac.uk

Website: <https://brookes.ac.uk/profiles/staff/koula-asimakopoulou>



Ana-Maria Schweitzer works at the Baylor Black Sea Foundation, Romania.

ORCID: 0000-0002-6576-8470

Email: aschweitzer@baylor-romania.ro

Website: <https://linkedin.com/in/ana-maria-schweitzer-romania>



Alexandra Dima works at the Avedis Donabedian Research Institute (FAD), Universitat Autònoma de Barcelona (UAB) and PRISMA, Institut de Recerca Sant Joan de Déu, CIBERESP, Spain.

ORCID: 0000-0002-3106-2242

Email: adima@fadq.org

Website: <https://linkedin.com/in/alexadima1>