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Behavioural Medicine and the EHPS

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Introduction to The International Society of Behavioural Medicine (ISBM)

Behavioural medicine is an interdisciplinary field concerned with the development and integration of socio-cultural psychosocial, behavioural and biomedical knowledge relevant to health and illness and the application of this knowledge to disease prevention, health promotion, aetiology, diagnosis, treatment and rehabilitation. ISBM (<http://www.isbm.info/>) is a federation of national societies, whose goal is to serve the needs of all health-related disciplines concerned with issues relevant to behavioural medicine. Each national society includes both biomedical and behavioural scientists. Europe is very well represented in ISBM, with many member national societies for behavioural medicine e.g. member societies in Denmark, Finland, Germany, Hungary, Italy, Netherlands, Norway, Portugal, Romania, Slovakia, Spain, and UK, the Central and Eastern European Society of Behavioural Medicine, and nine member societies outside Europe (Australia/New Zealand, Chile, China, Japan, Korea, Mexico, Thailand, USA and Venezuela). Both the most recent past-President of ISBM (Hege Eriksen from Norway) and the current President-Elect (Joost Dekker from the Netherlands) are from Europe. All member national societies develop and maintain liaison with the ISBM and other related local and international professional organisations. Health Psychology is very well represented as a discipline within Behavioural Medicine, for example, in the UK, Health Psychologists comprise approximately one-third of the UKSBM membership.

The goals of ISBM are to encourage and promote exchanges of scientific information and professional experience between social, behavioural and clinical scientists, as well as practitioners, to stimulate research and the development of research capacity through formal meetings and collaborative undertakings. Each ISBM national society also aims to raise the profile of behavioural medicine within national science and health policy. This is particularly important as Governments are increasingly recognising that behaviour is a key determinant of many chronic diseases, via poor diet, inactivity, smoking and alcohol intake. It is vital

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that we all try and influence our politicians regarding the requirement for a strong empirical evidence-base in behavioural science and medicine, otherwise expedient "ad hoc" public health campaigns are likely to be rolled out, at great expense, with little in the way of formal evaluation. When such enterprises produce disappointing results, this can be used as evidence of the lack of efficacy of behavioural approaches. As Marteau et al. (2006) concluded in their BMJ Editorial announcing the formation of UKSBM; *"Progress in understanding and changing behaviour to improve health is modest but real. Potential gains from the wider application of effective interventions are large and include reduced costs for healthcare systems and increased autonomy and health for individuals. We need to challenge ambivalent attitudes towards behavioural medicine among those who develop science and health policy"* (p.438).

The *International Journal of Behavioral Medicine* (IJBM) is the official journal of ISBM. It presents original research and integrative reviews on interactions among behavioural, psychosocial, environ-

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original article

O'Carroll & Dekker (cont'd)

mental, genetic and biomedical factors relevant to health and illness. The scope of IJBM extends from research on bio-behavioural mechanisms and clinical studies on diagnosis, treatment and rehabilitation to research on public health, including health promotion and prevention. IJBM publishes research originating from all continents, inviting research on multi-national, multi-cultural and global aspects of health and illness. It is a quarterly journal, publishing approximately 50 papers per year.

ISBM also publishes a *Newsletter*, with news on developments in ISBM, developments in national societies, and interviews with prominent members.

How does ISBM differ from the EHPS?

The EHPS is an excellent society for exchange of Health Psychology expertise, research and practice in Europe. EHPS has a clear focus on how the discipline of psychology can aid our understanding of health. ISBM and the national societies are characterised by their *multidisciplinary membership*, e.g. Medicine, Public Health, Sociology, Nursing, Psychology and Physiotherapy. Thus ISBM provides an exciting opportunity for interdisciplinary cross-fertilisation and exchange of ideas between behavioural scientists working in different disciplines. ISBM has a clear focus on the importance of behaviour in health and medicine. The national meetings and the International Congress of Behavioral Medicine (ICBM) provide excellent opportunities for this kind of inter-disciplinary interaction. ICBM offers the opportunity to meet colleagues from different disciplines and countries, who may have different approaches, and to be able to learn from them. ICBM also offers the potential of fostering important interdisciplinary relationships and collaborations. Implementation science is a good example of multidisciplinary behavioural medicine. This is the scientific study of methods to promote the uptake of research findings into routine healthcare in both clinical and policy contexts. For example, systematic reviews may conclude that there is unequivocal evidence regarding the best way to manage a clinical condition, and this intervention may be recommended for clinicians, (e.g. by the National Institute of Clinical Evidence (NICE) in the UK). However, it is not unusual to find out that "best practice" is often not followed. Implementation research aims to identify barriers to implementation and strategies to overcoming them. The scope of behavioural medicine extends from research efforts to understand *fundamental bio-behavioral mechanisms*; to *clinical diagnosis and intervention*; to *disease prevention and health promotion*. ISBM is intended to serve the needs of all health-related disciplines concerned with the integration of behav-

ioural (psychological and social) and biomedical sciences. Biomedical factors are important, both as determinants and as outcomes, in the context of clinical care and public health. ISBM aims at the integration of biomedical factors and behavioural (psychological and social) factors. Finally, ISBM is a truly *international society*: its membership originates from five different continents. This brings a huge variation in cultural values, societal contexts and economic resources among the ISBM members. This variation brings challenges, but it offers opportunities for exchange as well. A recent example is a paper in IJBM on the Chinese 'yu' syndrome, characterized by a cluster of mind/body obstruction-like symptoms such as pent-up emotions, feeling something stuck inside the head, throat, and chest, indigestion, bowel dysfunctions, and abdominal distension (Ng et al, 2011). This is of course very close to the Western concept of somatoform disorder.

The boundaries between health psychology and behavioural medicine are not always sharp and clear. In fact, there is significant overlap between papers in journals and conference themes, with many participating in both health psychology and behavioural medicine conferences. Nevertheless, there are clear-cut differences, related to scientific disciplines, the focus of research and practice, and cultural diversity. Behavioural medicine and health psychology are complimentary to each other, instead of being in competition. While respecting and valuing differences, we believe that the ISBM and EHPS can and should work together as effective allies in lobbying for increased investment in basic and applied research in behavioural science, medicine and practice.

Why should EHPS members join their National Society for Behavioural Medicine?

- Many have already done so!
- ISBM is complimentary to, not in competition with, EHPS
- The focus is on multidisciplinary behavioural science in relation to health and medicine. ISBM aims to promote the exchange of scientific information and experience between different professional groups.
- ISBM aims at the integration of biomedical and behavioural (psychological and social) science.
- The variation in cultural values, societal contexts and economic resources among ISBM members offers opportunities for exchange.
- National societies help raise the profile of behavioural medicine within national science and health policy. These societies have excellent multidisciplinary scientific meetings.

original article

O'Carroll & Dekker (cont'd)

- Members of national societies receive free electronic access to both the International Journal of Behavioral Medicine and the Journal of Behavioral Health Services and Research.
- The International Congress of Behavioral Medicine (ICBM) is an excellent biennial meeting – usually held in August each year. Recent venues have included Bangkok, Tokyo, and Washington. The next ICBM meeting will be held in Europe, in Budapest, Hungary 29th August - 1st September 2012.
- Membership of national societies of behavioural medicine usually represents excellent value for money. For example, in the UK the cost is £35 for full membership and £10 for students (see <http://uksbm.org.uk/>). The next UKSBM conference will be held at the University of Stirling in Scotland on 13th and 14th December 2011.

To conclude, in this brief article we hope to have provided sufficient information to persuade readers that ISBM is complimentary to EHPS, and to seriously consider the benefit they would derive from joining their national society of behavioural medicine. ■

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