Midlands Health Psychology Network

MHPN Conference 2025

Building the Future of Health Psychology

Tuesday, 20th May 2025
9:45am – 3:30pm
ONLINE



Are you interested in Health Psychology?

The MHPN welcomes members at ALL STAGES of their career within the field of Health Psychology.

We count representatives from BSc, MSc, PhD studies, DPsych Trainees, and Chartered Health Psychologists as part of our network.

Our members benefit from reduced rates for our events/conferences!

Interested?

For more information or to sign up, go to

www.midshealthpsych.com/membership



Welcome to the Midlands Health Psychology Network Conference 2025

Firstly, thank you to everyone who will be part of our annual conference.

This is our **5th ONLINE CONFERENCE**.

As usual, Health Psychology is a wide and diverse topic area, allowing us to put together a diverse programme of presentations for this conference.

We are pleased to welcome **Professor David French** as our **KEYNOTE SPEAKER**, who will be presenting to us on his work from the NIHR-funded DIPLOMA research programme which studies the extent to which the multiple independent providers deliver the NHS Diabetes Prevention Programme with fidelity to the evidence base.

In addition, we welcome **Dr Vicki Staples** as our **GUEST SPEAKER**, who will be presenting on 'Harnessing Health Psychology: Reflecting on Training and Practice for Healthcare Transformation' where she will consider and reflect on how we might all harness our potential to support the delivery and transformation of healthcare.

We ask all delegates to be supportive and kind with comments and feedback on the day. We look forward to meeting you all online on the day!

The MHPN Committee

Conference schedule

Time	Event
9:45 – 10:00	**ENTRY & WELCOME**
10.00 – 10:20	**Talk**: Understanding bowel cancer screening behaviour and intention across different populations: A qualitative study. **Soumya Shetty**
10:20 – 10:40	**Talk**: Exploring the Eating Disorder Voice in Daily Life: A Time-Lagged EMA Study of Self-Compassion and Meal Completion in Anorexia Nervosa. **Milly Salsbury**
10:40 – 11:00	**Talk**: Improving Access to Primary Care Services for Adults living with Hearing Loss: A Multi-stage Co-design Study. **Dr Eithne Heffernan**
11:00 – 11:15	**15-minute BREAK**
11:15 – 12:15	KEYNOTE SPEAKER PROFESSOR DAVID FRENCH: **Using health psychology to create impact on NHS England programmes: Focus on NHS Diabetes Prevention Programme**
12:15 – 1:15	**1 hour LUNCH BREAK & POSTER SESSION**
1:15 – 1.35	**Talk**: User engagement in self-guided mHealth app-based interventions for adults with long-term conditions: An overview of systematic reviews. **Jeni Baykoca**
1:35 – 1:55	**Talk**: Alpha testing of a fertility preservation treatment decision aid prototype for teenage and young adult cancer patients. **Shawna Tarant**
1:55 – 2:15	**Talk**: Investigating Predictors of Intentions to request Prostate-specific antigen tests and digital rectal examination for Prostate Cancer among men under 50 in the United Kingdom. **Uyi Lewis Ogbeifun**
2:15 – 2:30	**15-minute BREAK**
2.30 – 3:15	GUEST SPEAKER DR VICKI STAPLES: **Harnessing Health Psychology: Reflecting on Training and Practice for Healthcare Transformation.**
3:15 – 3:30	**PRIZES & CLOSING**

Keynote speaker



Professor David French

University of Manchester

David French studied at the Universities of Hull, Wales (Cardiff) and London (Guys Hospital), and has worked at the Universities of Leicester, Cambridge, Birmingham and Coventry, before being appointed as Professor of Health Psychology at the University of Manchester in 2012. He is one of the 200 NIHR Senior Investigators. In 2022 he was elected President of the European Health Psychology Society. He was an author and Scientific Advisory Group member for the 2021 update of MRC/ NIHR guidance on Development and Evaluation of Complex Interventions (third edition). He was a panel member for Research Excellence Framework (REF) 2021, sub-panel 2: Public Health, Health Services and Primary Care. He was co-Editor for the official journal of the British Psychological Society: British Journal of Health Psychology for 5 years (2013-2017).

KEYNOTE Title:

Using health psychology to create impact on NHS England programmes: Focus on NHS Diabetes Prevention Programme

Diabetes Prevention Programmes aim to identify people at high risk of developing type 2 diabetes, and help these people reduce their risk through behaviour changes, leading to weight loss. The NHS Diabetes Prevention Programme is a nine-month behaviour change programme that was launched in England in 2016, with a digital pathway being introduced in 2019. In 2022, it was estimated to have reached over 500 000 people and prevented at least 20 000 people from developing diabetes.

David will present selected findings from the NIHR-funded DIPLOMA research programme (Diabetes Prevention – Long Term Multimethod Assessment), focussing on the extent to which the multiple independent providers deliver the NHS Diabetes Prevention Programme with fidelity to the evidence base. David will also consider where and why there is variation between providers, and where low fidelity and variation occurs and when and how this low fidelity matters.

Furthermore, David will highlight where the DIPLOMA team have worked with NHS-England to improve the NHS Diabetes Prevention Programme, informed by the research evidence produced. Lastly, David will also outline two other examples where his team have worked with NHS-England to improve care for people with type 2 diabetes.

Guest Speaker



Dr Vicki Staples

University of Derby

Vicki Staples is a BPS Chartered Psychologist specialising in Health Psychology. Previously registered with the HCPC as a Practitioner Health Psychologist Vicki is currently the Programme Director of the MSc in Health Psychology at the University of Derby where she has been involved in the teaching and training of health psychologists for nearly 20-years. Vicki is an Associate Fellow of the Society and a Senior Fellow of the Higher Education Academy, in addition, Vicki has just completed 10-years service on the BPS Division of Health Psychology Training Committee (DHPTC) supporting the work of the Society in developing and upholding the standards for accredited training in health psychology. Since commencing her own training during the 1990's there has never been a clearer need for health psychologists to support the delivery of healthcare and healthcare transformation and yet our potential remains largely untapped. Considering our history and future, Vicki will consider and reflect on how we might all harness our potential to support this transformation.

GUEST Title:

Harnessing Health Psychology: Reflecting on Training and Practice for Healthcare Transformation

Abstracts

Oral Presentations

Understanding bowel cancer screening behaviour and intention across different populations: A qualitative study

Soumya Shetty, *University of Leeds*

Keyworth, C. [1], Conner, M. [1]

[1]University of Leeds

Background

Screening for Bowel Cancer and early detection are found to be effective ways of reducing mortality. Even though the National Health Service (NHS) and the Indian Cancer Society run nation-wide free bowel cancer screening programmes, uptake remains low, especially among lower socioeconomic status groups (SES) within the UK and India. It is therefore imperative to understand what factors impact people's decision to participant in bowel cancer screening and how that varies across different population groups.

Aim

The purpose of this qualitative study is to gain insights into people's: (a) beliefs about bowel cancer screening initiatives, (b) thoughts on participating in bowel cancer screening tests, and (c) experiences of attending bowel cancer screening programmes.

Methods

This is a cross-cultural qualitative study wherein 30 participants were recruited from across the UK and India; and took part in a semi-structured interview. Reflexive thematic analysis was utilized to analyse the data.

Findings

Five major themes were identified: 1) SES factors, 2) Need for awareness, 3) Need for education, 4) Test result anxiety and 5) Preventive healthcare mentality. Demographic factors including level of education, level of awareness and SES were seen to play an important role in determining participation across the Indian and Indian Immigrants population groups; among British Whites SES seemed to be the most influential factor followed by attitude towards preventive healthcare.

Discussion

Findings suggest sociocultural and psychological factors both play a role in understanding and explaining uptake of screening programmes. By understanding how these factors facilitate or obstruct participation in such programmes, policy makers are better equipped to design bowel cancer screening interventions that address these factors and are inclusive towards people coming from varied backgrounds.

Exploring the Eating Disorder Voice in Daily Life: A Time-Lagged EMA Study of Self-Compassion and Meal Completion in Anorexia Nervosa

Milly Salsbury, *Canterbury Christ Church University*

Oldershaw, A. [1]

[1]Canterbury Christ Church University

Background

The eating disorder voice (EDV) is a well-documented psychological phenomenon in individuals with anorexia nervosa (AN), often experienced as a critical or controlling internal presence. While theorised as a barrier to recovery, little is known about how the EDV operates in real time. This study draws on health psychology's emphasis on daily health behaviours and emotion regulation processes to examine the EDV in everyday life.

Aim

To investigate whether EDV intensity predicts meal completion in daily life, and whether self-compassion moderates this relationship.

Methods

Using ecological momentary assessment (EMA), 25 participants with lived experience of AN completed brief surveys three times daily for 7 days. Surveys assessed momentary EDV intensity, self-compassion, and meal completion (coded as skipped, partially completed, or completed). Multilevel ordinal models tested time-lagged relationships.

Findings

Preliminary findings suggest that higher EDV intensity at one time point predicts reduced likelihood of meal completion at the next. Self-compassion was found to moderate this relationship, with higher self-compassion buffering the effect of EDV intensity. EDV levels were also higher in midday and when more time had passed since eating.

Discussion

These findings provide novel insight into how internal psychological processes shape health behaviours in real time. Results highlight the potential utility of self-compassion interventions to support recovery from AN by disrupting the influence of the EDV. This work contributes to health psychology by combining momentary methods with theory-driven analysis of affect, cognition, and behaviour in the context of eating disorders.

Improving Access to Primary Care Services for Adults living with Hearing Loss: A Multi-stage Co-design Study

Dr Eithne Heffernan[1,2,3]

Ayling, K.[2,3], Smith, S.[1,3], Dening, T.[3], Henshaw, H.[1,2,3], Straus, J.[4], Maru, D.[5]

[1]National Institute for Health and Care Research (NIHR) Nottingham Biomedical Research Centre

[2]NIHR School for Primary Care Research

[3]School of Medicine, University of Nottingham

[4]Expert by Experience

[5]Expert by Profession

Background
Hearing loss is a chronic, progressive condition thataffectsapproximately18 million (1 in 3) UK adults. It can substantially impair quality-of-life and is associated with an increased risk of depression, loneliness, falls, and dementia. Adults with hearing loss are recognised as an under-served and stigmatised group who encounter considerable barriers to accessing health care.

Aim
This research aimed to (1) examine the problems experienced by adults with hearing loss in UK primary care services (e.g., general practice) and (2) develop recommendations for improving access to these services for this population.

Methods
The participants were adults with hearing loss and clinicians, including representatives of under-served groups (e.g., ethnic minorities, rural communities). They were recruited from an internal participant database, professional societies, and charities. Problems experienced in primary care were identified via a survey (N=320) and further explored via individual and group interviews (N=47). Recommendations for improving access to primary care were developed during a series of co-design workshops with a group of key stakeholders (N=16).

Findings
Adults with hearing loss reported encountering barriers throughout every stage of accessing and using primary care services, including booking appointments, communicating with receptionists and clinicians, obtaining referrals and interventions, and understanding and adhering to care plans. This can impact physical, mental, social, and occupational functioning. Recommendations for overcoming these barriers included mandatory awareness training and hearing loss champions in primary care; offering occupational therapy, social prescribing, and psychological therapy to adults with hearing loss; and utilising technology (e.g., speech-to-text applications).

Discussion
This was a novel use of co-design methodology with hearing loss stakeholders. The findings provide unique insights on the experiences of adults with hearing loss in primary care and have important implications for clinicians and researchers.

User engagement in self-guided mHealth app-based interventions for adults with long-term conditions: An overview of systematic reviews

Jeni Baykoca, King's College London

Hurtado Barbeito, G.[1], Pearce, C.J.[1], Hudson, J.[1], Norton, S.[1], Moss-Morris, R.[1]

[1]King's College London

Background

Digital health interventions, particularly mobile health (mHealth) apps, represent the future of health psychology. They offer scalable, cost-effective interventions for psychological distress related to managing long-term physical health conditions (LTCs).

Aim

To synthesise the associations between engagement and health outcomes in mHealth apps for adults with LTCs using a narrative approach and to map key barriers and facilitators of engagement onto the COM-B model of behaviour change.

Methods

We are searching Medline, Web of Science and Epistemonikos for reviews published from database inception to May 1, 2025. Reviews of adults with LTCs exploring engagement outcomes are included. Of n=823 full-text reviews screened, 43% (n=354/823) have been assessed, with 4% (n=15/354) included in data extraction. Final analyses will be completed before the conference.

Findings

Currently, n=15 systematic reviews covering n=23 mHealth apps are included. These apps primarily include symptom monitoring and cognitive-behavioural strategies for managing distress. Of these, 47% (n=7/15) explored the impact of engagement on health outcomes, with all but one showing a significant positive association —highlighting engagement as a key determinant of intervention success. Barriers to engagement were opportunity-related, including digital exclusion and access to devices. Facilitators were largely motivation-driven, particularly around perceived benefits of app use. These findings align with the COM-B model, underscoring the role of both structural and psychological factors in sustaining engagement.

Discussion

We provide the first comprehensive overview of engagement with mHealth app-based interventions for adults with LTCs. It underscores the importance of sustained engagement for the apps' effectiveness and highlight the need for co-designed, behaviourally informed apps that minimise barriers while enhancing facilitators. Our findings provide a transparent, evidence-based overview to inform health psychologists, researchers and policymakers on implementing effective and engaging mHealth apps.

Alpha testing of a fertility preservation treatment decision aid prototype for teenage and young adult cancer patients.

Shawna Tarant, *Leeds Beckett University*

Jones, G.[1], Anderson, R.[2], Ashley, L.[1], Phillips, B.[3]

[1]Leeds Beckett University

[2]University of Edinburgh

[3]University of York

Background

Teenage and Young Adult (TYA) patients are at risk of cancer treatment-related infertility. Insufficient fertility information resources for TYA patients have led to a lack of informed choice in their fertility preservation treatment options. Cancer, Fertility and Me is a programme of work that has developed an online prototype of a patient decision aid for TYA cancer patients to support and optimise their decision-making of fertility preservation treatment options.

Aim

We sought to assess the face validity of the prototype with a sample of cisgender female cancer survivors and healthcare providers involved in TYA cancer care and fertility treatment provision. This alpha testing study intended to assess the acceptability and usability of the prototype by evaluating its content, design and format. Additionally, it was assessed for its ability to support fertility preservation decision-making in TYA cancer patients.

Methods

Alpha testing was conducted with 20 individuals who were asked to take part in a mixed methods study using online semi-structured interviews and questionnaires.

Findings

All healthcare professionals (N = 10; Age: M = 45.5) and cancer survivors (N = 10; Age at participation: M = 24.2, Age at diagnosis: M = 20.3), diagnosed with various cancer types (Hodgkin's lymphoma (50%), non-Hodgkin's lymphoma (30%), Breast (10%), Ewing sarcoma (10%)), provided support for the use of the prototype by TYA cancer patients in routine care. Both healthcare professionals and cancer survivors identified areas for improvement, including the simplification of fertility preservation treatment options and modification of language for patients who are younger and non-binary.

Discussion

The patient decision aid was deemed to be a useful tool that can be referred to by both patients and healthcare providers to aid fertility preservation treatment decision-making in TYA cancer patients.

Investigating Predictors of Intentions to request Prostate-specific antigen tests and digital rectal examination for Prostate Cancer among men under 50 in the United Kingdom

Uyi Lewis Ogbeifun, *University of Derby*

Gaffiero, D.[1]

[1]University of Derby

Background

Prostate cancer (PCa) is a major health concern in the UK, increasingly affecting men under 50 years of age, particularly those with family history (Hussein et al., 2015; Salinas et al., 2014). While the incidence rates have risen significantly, awareness regarding PCa and its symptoms remains low among younger men (Gnanapragasam et al., 2022). This emphasises the need for men aged < 50 years to understand screening options such as prostate-specific antigen (PSA) tests and digital rectal examinations (DRE) (Matsukawa et al., 2024).

Aim

This study investigated the predictors of intentions to request PSA tests and DRE for PCa among men aged < 50 in the United Kingdom.

Methods

The study used a cross-sectional questionnaire design with 11 EHBM predictor variables and demographics to assess prostate cancer screening intentions among UK participants aged 18-49. A total of 360 participants completed the modified HBM-PCS (41 items) and PCa Knowledge Scale (12 items) after providing informed consent.

Findings

The regression model significantly predicted PCa screening intention status, identifying perceived susceptibility, benefits and PCa Knowledge as significant predictors. As susceptibility to PCa increases the likelihood of men under 50 intending to request PSA/DRE increases by 16.6% for each unit increase in the susceptibility score, while greater perceived barriers decreased it.

Discussion

Current guidelines often exclude men under 50 years, but these findings highlight psychosocial factors over demographic factors in shaping early intentions for prostate cancer screening. This study examines factors shaping men under 50's intention to request PSA testing or DRE for PCa in the UK, emphasising perceived susceptibility, benefits, and PCa Knowledge.

Abstracts

Poster Presentations

A qualitative meta-synthesis of the effect of exposure to alcohol content in the media on young adults' alcohol use

Dr Alex Barker, *University of Derby*

Getliff, S.[1]

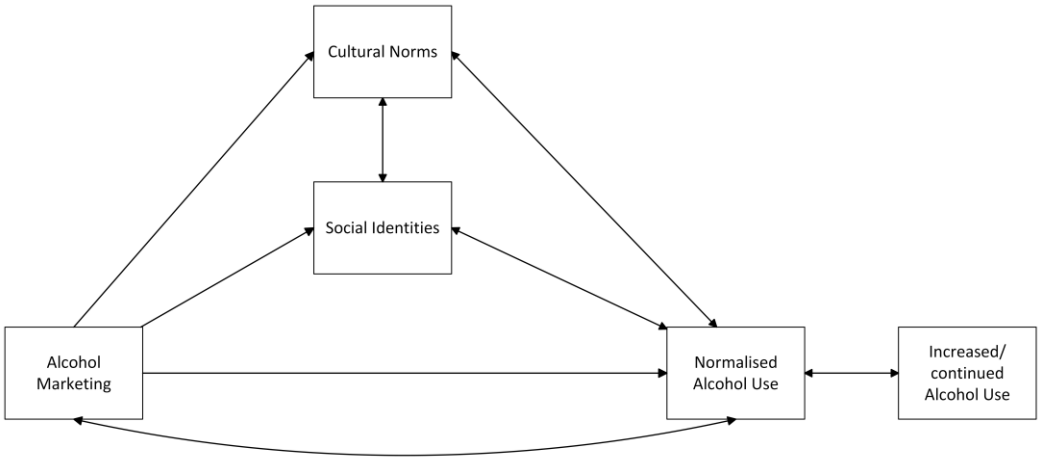
[1]University of Derby

Background
Alcohol harm continues to present a public health priority. Whilst we know a causal relationship exists between exposure to content and alcohol initiation and use in young adults, the mechanism behind this effect is not well understood.

Aim
To explore potential mechanisms for the effect of alcohol marketing and media content on consumption in young adults.

Methods
Using the Social Identity approach as a meaning-making lens, a review of the qualitative literature and meta-synthesis was conducted.

Findings
Twenty-one articles were identified and included in the synthesis, which resulted in four themes: Normalisation of alcohol use, branding and identity, marketing strategies, & acting in identity congruence. A line of argument was constructed arguing that alcohol content & marketing is often targeted at and works through social identities & cultural norms to normalise alcohol use and lead to increased consumption, through embedding content and marketing in culture.



The Social Norms & Identity Model of Exposure to Alcohol Content and Marketing

Discussion
These findings have implications for stricter regulations around alcohol marketing and the protection of young adults from alcohol content. The Social Norms & Identity Model of Exposure to Alcohol Content and Marketing could lead to the identification of mechanisms to disrupt this effect and lead to positive behaviour change, however, more research is needed.

Beyond the Physical: Exploring the Biopsychosocial Needs of Women affected by Gynaecological cancers

Sonia Tomescu-Stachie[1,2]

Andrew Merwood[4], Katy Sivyer[2], Sarah Kirby[2] and Miznah Al-Abbadey[1,3]

[1]University of Portsmouth

[2]University of Southampton

[3]Hampshire and Isle of Wight NHS Foundation Trust

[4]Portsmouth Hospital University Trust

Background
Gynaecological cancers pose a significant global health burden, with over 1.4 million diagnoses reported annually. Despite medical advancements improving survival outcomes, women frequently experience profound psychological and social distress that extend beyond physical recovery. Health psychology research highlights the importance of holistic care approaches, yet comprehensive investigations exploring women's integrated biopsychosocial needs remain inadequately developed in this population.

Aim
This qualitative study examines the lived experiences of 22 women affected by gynaecological cancer.

Methods
Semi-structured interviews were conducted with women. Data were analysed using reflexive thematic analysis to identify patterns of meaning across participants, guided by the biopsychosocial model of health.

Findings
Three interconnected themes were constructed. Within biological needs, participants reported struggles with symptom validation from healthcare providers, insufficient symptom literacy, desire for partnership in treatment decision-making, and navigating the often-overlooked post-treatment care. In terms of psychological needs, women described challenges in meaning-making, identity reconstruction, and reclaiming autonomy, alongside frustration with inaccessible NHS mental health support. Within social needs, participants navigated complex challenges including financial hardship, withdrawal from social connections, altered intimate relationships, and difficulties fulfilling established social roles, while consistently emphasising the critical importance of meaningful social support and belonging throughout their cancer journey.

Discussion
Findings highlight significant gaps in current NHS care frameworks for women affected by gynaecological cancers. The research informs the development of a patient-centred online Shared Reading (oSR) intervention, offering an innovative approach to address this gap in psychosocial needs during long NHS wait times. The research demonstrates how health psychology principles can be applied to both understand complex patient experiences and develop targeted psychosocial interventions that address holistic health needs.

Perceptions, acceptability and experiences of yoga to support long-COVID: A survey of people living with long-COVID

Dr Anna Cheshire, *University of Westminster*

Cartwright, T.[1]

[1]University of Westminster

Background

The impact of long-COVID can be substantial for individuals, health systems and the economy, nevertheless, treatment and support options are limited. Yoga offers a potential solution to reduce the burden of long-COVID, demonstrating positive impacts on the biological mechanisms implicated in long-COVID, key long-COVID symptoms and associated mental health challenges. Yoga interventions can also be designed for people with limited physical ability, and online delivery can increase accessibility.

Aim

To understand the perceptions and experiences of yoga for long-COVID, in order to establish the potential of yoga for helping people with long-COVID (PWLC).

Methods

An online survey of PWLC, comprised closed and open response questions on: long-COVID symptoms, support needs, perceptions of a yoga intervention and it's components, and yoga use. Participants (n=170) were recruited via Prolific. Inclusion criteria were long-COVID (formal diagnosis or self-reported) and living in the UK. Inductive thematic analysis was used for open ended responses.

Findings

PWLC reported feeling despondent about their condition and abandoned by health professionals. We identified several unmet needs among PWLC that align with the potential benefits of a yoga intervention, particularly in supporting symptom management, self-management and psychological symptoms. Additionally, there was a high level of interest in a yoga intervention. Barriers included anxiety regarding the group setting, fitting sessions into schedules, lack of energy and concerns about suitability for long-COVID. Those already practising yoga with long-COVID reported that yoga helped to manage symptoms and associated psychological challenges, as well as increasing flexibility and providing a safer alternative to exercise.

Discussion

Yoga appears to be an acceptable intervention for PWLC, but needs to be tailored to fit their ability and address their concerns. It should be offered in the context of health professional validation of symptoms.



Are you conducting Health Psychology research? Are you in need of recruitment assistance?

The MHPN would like to help.

Many researchers - including students - are looking for ways to recruit and conduct their research online.

We offer recruitment support via our social media pages to everyone (as long as they meet the requirements below). For your study to be included in our monthly newsletter, however, you will need to be an MHPN member*

Before we publish and promote your research, we will need to see/receive the following:

1) a copy of ethical approval, *and*
2) an overview (e.g. protocol /abstract) of the study, *and*
3) If you have a flyer/poster/image which summarises your research, please include this too so that it can be shared on social media. The image must be in **.jpg** or **.png** format (not pdf format).

Please get in touch by email (midshealthpsych@gmail.com)

or on social media (@MidsHealthPsych)



Thank you for joining us today!

Midlands Health Psychology Network

www.midshealthpsych.com

midshealthpsych@gmail.com

/MidsHealthP

@MidsHealth