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Abstract Booklet

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1.1 Symposium: Why do the public support or oppose population and planetary health policies? Updates 1 year later

Convernor: James Reynold, Aston University

This session is aimed at researchers with an interest in public or planetary health, attitude and belief change, and methodology and theory evaluation, as well as policy makers interested in public opinion.

Purpose: The purpose of this research to understand why the public support or oppose effective policies designed to improve population and planetary health.

Objective: Last year we delivered a symposium on this same topic and this year we return to provide updates on our progress with all new studies. The objective of the current symposium is to summarise the evidence we have generated to-date to advance the methodology and theory within this field. In Presentation 1, we first present a scoping review that identifies all existing theories of policy support. In Presentation 2, we present the second study in a multi-study project that investigates how to measure support for policies. In Presentation 3, we describe three correlational studies that test one theory of policy support. Finally, in Presentation 4, we follow on from presentation 3, by presenting three experimental studies that test the same theory.

Rationale: Papers are published every week that test new hypotheses for why the public support or oppose policies. However, these are typically done using poorly developed methods and with few attempts to test or update theories. Our research aims to improve upon these issues and bring disparate findings together to help us understand, predict, and potentially intervene upon, policy attitudes.

Summary: The current symposium presents research on 1) what are the existing theories of policy support, 2) how to measure public support for policies 3) an evaluation of one theory of policy support using observational methods, and 4) an evaluation of the same theory using experimental methods.

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A compendium of theories on why people support or oppose public policies: A scoping review

Natasha D'Ambrogio[1], Violetta Vysevkova[1], Tess Langfield[1], Maria Goodwin[1], Charlotte Pennington[1], Jacqueline Blissett[1], James Reynolds[1]
[1]Psychology Department, Aston University

Background: Public attitudes towards government policies (policy support) are a key determinant of policy adoption and implementation however most research on policy support is a-theoretical. Theories are central to scientific progress, providing explanations, identifying causal factors, generating testable predictions, and guiding effective intervention design. This review aims to identify theories developed to understand or predict public support for government policies.

Methods: Our scoping review employed a systematic search of PsycInfo, Medline, Web of Science, and PsyarXiv, followed by forward and backward citation tracking. Two reviewers independently conducted full-text screening, data extraction, and coding. We applied the formal system of theory representation described by West et al. (2019) to systematically extract construct definitions and propositions, which enabled us to produce visual representations of all theories, creating an accessible repository of policy support theories.

Results: From 22,659 abstracts and 228 full text papers screened, we identified 20 theories of public support for policies. The theories came from many different domains including psychology, political science, and sociology. Some were simple theories and some were more complex, with 8.8 propositions on average (min = 4, max = 18).

Conclusions and Implications: This work provides an overview of the current state of theory develop within this field. Although there is some overlap between theories, many take completely different approaches with no overlap on constructs. This work can be used a repository to help stakeholders identify theories of for practical purposes and for researchers to identify key areas for future research.

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How to measure public support for health policies: Cognitive Interviews

Maria V Goodwin[1], Tess Langfield[1], Lucy Porter[2], James P. Reynolds[1]
[1]Psychology Department, Aston University; [2] Centre for Behaviour Change, University College London

Background: Public support for policies is frequently measured in research and polling. However, 'policy support' is often poorly defined, with varied terminology (e.g., attitude, acceptability), and potentially distinct constructs (e.g., fairness) used synonymously. It is unclear how the public understand and interpret these different terms, meaning measures may lack content validity. This study aimed to explore how the public understand and interpret questions about policy support, to improve the way in which public support for policies is measured.

Methods: Qualitative cognitive interviews were conducted. This included exploring how participants comprehend questions, the ease of retrieving relevant information, and their decision and response processes. Thirty participants took part in online interviews, they were presented with example survey items; two lists of 12 items were created, participants only saw one. Interviews were transcribed verbatim and analysed using reflexive thematic analysis.

Results: Policy support was perceived as the result of a mental calculation of 'pros-and-cons' of the policy. These centred around (1) the 'impact' of the policy on the individual, and other groups (society/stakeholders), (2) beliefs about the policy issue (e.g., causes and responsibility of obesity), (3) beliefs about government (e.g., trust, perceived role). Questions were generally easy to retrieve relevant information for, although ambiguity of some (e.g., "how fair or unfair do you think this policy is?") led to uncertainty about question intent (e.g., fair for whom?). Response options were overall well received, particularly when the response option wording matched the question wording.

Conclusions and Implications: The varied interpretations of the survey items suggest that using multiple questions could improve content validity. Ensuring specificity (e.g., fair for whom, effective at what?), alongside consistent language to describe constructs will improve the content validity of surveys. Thereby improving the quality of the research and strengthening the confidence policymakers can have in the findings.

Testing an Expectancy Value Theory of Policy Support: 3 correlational studies

James Reynolds[1], Maria Goodwin[1], Natasha Clarke[2]
[1]Aston University, [2]Bath Spa University

Background: Expectancy Value (EV) theory offers one potential explanation for how people form their attitudes towards government policies. In our application of this theory, policy support is determined by the sum of interactions between policy outcome beliefs and policy outcome attitudes. To test this theoretical prediction, we selected three policies that we believed would yield strongly opposing views by the public: a tax on red meat, alcohol calorie labels, and a points-based immigration system. In an earlier study, we identified the four most salient policy outcome beliefs for each policy.

Methods: Three parallel online surveys were conducted with one focussing on the tax on red meat, one on alcohol calorie labels, and one on the points-based immigration system. Participants were broadly representative of the UK population (Total N = 6000; 2000 in each). The surveys measured people's beliefs about four possible policy outcomes, their attitudes towards these four possible outcomes, and their support for the respective policy. The main analysis tested whether interactions between policy outcome beliefs and policy outcome attitudes explained policy support. As there were four outcomes per policy and three policies, there were 12 possible tests of the main hypothesis.

Results: 7/12 interactions were statistically significant after a Bonferroni adjustment (1 for red meat, 3 for alcohol, 3 for immigration). Simple slope analyses suggest that all significant interactions were in the predicted directions. Hierarchical regressions also support the claim that interactions contributed incrementally to explaining policy support.

Conclusions and Implications: Collectively, this provides evidence that EV theory explains policy support and that this can be generalised across multiple policy domains. However, as the design was observational, we cannot determine causation. In our next study we test this experimentally.

Testing an Expectancy Value Theory of Policy Support: 3 experimental studies

James Reynolds[1], Maria Goodwin[1], Natasha Clarke[2]
[1]Aston University, [2]Bath Spa University

Background: In our previous study we found replicable and generalisable, but not causal, evidence in favour of an Expectancy Value (EV) account of policy support. In this study we sought to conduct experiments to enable stronger causal inferences. To test the generalisability of the theoretical prediction, we selected the same three policies from the last study, but only the 7 policy outcomes that showed significant results.

Methods: Three parallel online pre-post randomised survey-experiments were conducted with one focussing on the tax on red meat (1 policy outcome), one on alcohol calorie labels (3 policy outcomes), and one on the points-based immigration system (3 policy outcomes). Participants were broadly representative of the UK population (Total N = 8001; 1600, 3200, and 3201, respectively). Policy outcome attitudes were measured before the interventions, and policy outcome beliefs and policy support were measured pre- and post-intervention. The interventions were text-based messages describing that an outcome is likely to occur if the policy is implemented (e.g., alcohol labels will reduce alcohol consumption; the meat tax will reduce environmental harms). The main analysis tested whether interactions between the interventions and policy outcome attitudes explained policy support. As there were seven interventions, there were seven possible tests of the main hypothesis.

Results: 5/7 interactions were statistically significant after a Bonferroni adjustment (1 for red meat, 2 for alcohol, 2 for immigration). Simple slope analyses suggest that all significant interactions were in the predicted directions.

Conclusions and Implications: This provides evidence that people increase their support for policies when they find out that the policy will lead to an outcome they think is positive, whereas they decrease their support when they find out that the policy will lead to an outcome they think is negative. This provides support for the utility of EV theory within the context of policy support.

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1.2 Cancer Risk and Marketing Screening

Pancreatic cancer risk assessment tool for UK primary care: public acceptability and preferences

Hugh Claridge[1], Dr Agnieszka Lemanska[2], Anietie Aliu[1], Laura Boswell[1], Natalie Gil[1], Susan Applegarth[3], Dr Afrodita Marcu[1]
[1]University of Surrey, Guildford, UK, [2]Imperial College London, London, UK, [3]Pancreatic Cancer Action Patient and Public Involvement Group, UK

Background: Early diagnosis may improve pancreatic cancer's very low survival, which has changed little in the UK for over 40 years. Tools that estimate pancreatic cancer risk from GP patient records may support early detection but could generate anxiety and workload; their acceptability to lay service users is under-investigated. We explored the public acceptability of a novel pancreatic cancer risk assessment tool for use in UK primary care.

Methods: We conducted a focus group study following a public engagement event in November 2025 in Surrey, UK. A convenience sample of 28 adults took part in four in-person focus groups. Over half were female, with the majority aged ≥50 years and of White ethnicity. Participants included people living with pancreatic cancer (n=2) and affected family members (n=5). Discussions used a topic guide informed by the Theoretical Framework of Acceptability (TFA). Transcripts were analysed using reflexive thematic analysis, employing a hybrid deductive–inductive approach informed by the TFA.

Results: Participants found mass processing of records for risk assessment broadly acceptable but expressed concerns about how risk results would be communicated, especially if high risk, and particularly when people may be unaware the tool was being used. Equity of access was also questioned, as the tool can only be applied to sub-sections of the population because of age limits and the absence of required data due to infrequent GP engagement. Further findings expected early 2026.

Conclusions and Implications: The participants' considerations of acceptability of the pancreatic cancer risk assessment tool were influenced by concerns about appropriate communication strategies, consent processes and equity of coverage. By engaging with lay service users and exploring the acceptability of risk assessment tools we can increase the chances of their successful implementation and their future usage in clinical practice.

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Making breast cancer risk assessment work for younger women: acceptability and access challenges in the BCAN-RAY study

Dr Sarah Hindmarch[1], Dr Sacha Howell[2,4], Dr Juliet Usher-Smith[3], Rosie Horton[1], Dominique Moukala-Mankassa[4], Stephanie Ng[2], Ms Eleanor Roberts[2], Helen Ruane[4], Jake Southworth[4], Charlotte Stockton-Powdrell[5], Prof David French[1]
[1]Manchester Centre for Health Psychology, Division of Psychology and Mental Health, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester University of Manchester, Manchester, UK, [2]Division of Cancer Sciences, School of Medical Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester, UK, [3]Primary Care Unit, Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK, [4]The Nightingale and Prevent Breast Cancer Centre, Manchester University NHS Foundation Trust, Manchester, UK, [5]Division of Informatics, Imaging and Data Sciences, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester, UK

Background: Breast cancer risk assessment for women aged 30-39 years would facilitate the offer of early screening and prevention approaches for those at increased risk. The Breast CANcer Risk Assessment in Young women (BCAN-RAY) study (NCT05305963) is evaluating the feasibility and acceptability of a novel risk assessment strategy for women aged 30-39 years without a strong family history, aiming to recruit a diverse ethnic and socioeconomic sample. This analysis examined (1) uptake by ethnicity and socioeconomic status and (2) acceptability of the BCAN-RAY risk assessment approach.

Methods: Invitations were sent from general practice to 14,366 women aged 30-39 years, without a strong family history of breast cancer. Uptake rates were evaluated by ethnicity and deprivation level (Index of Multiple Deprivation score). Semi-structured interviews were conducted with 22 participants (11 at average risk; 11 at increased risk) shortly after receiving risk feedback. Qualitative data were analysed thematically.

Results: Uptake to BCAN-RAY was 5.2% (750 /14,366 women). White European women had the highest uptake (654/5005; 13.1%) compared with self-reported Black (10/511; 2%) and Asian women (50/2089; 2.4%) (χ2 (4) = 219.86, p <.001). Women residing in the most deprived areas were underrepresented (χ2 (4) = 75.31, p <.001).

Interviews indicated high acceptability, with no evidence of significant induced anxiety. Positive experiences were largely attributed to personalised staff interactions and tailored risk management opportunities. However, some participants reported confusion about risk information. Practical barriers, including logistical challenges of attending a hospital appointment and limitations of existing referral pathways, were also identified.

Conclusions and Implications: Breast cancer risk assessment among younger women was acceptable but uptake was lower than risk-stratified screening in similar populations and lowest among ethnic minority and socioeconomically deprived groups. Alternative delivery models and community-based strategies should be considered to improve accessibility and engagement in future research, particularly for under-served populations.

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Driving earlier presentation of patients with potential lung cancer symptoms: The evaluation of a health marketing campaign in Wales

Dr Lindsay MacDonald[1], Ms Amy Hirst[1], Dr Charlotte Ide[1], Ms Bethan Jolly[1], Ms Sam Tyler[1]
[1]Cancer Research UK, London, UK

Background: Earlier diagnosis of lung cancer can lead to more effective treatment options and better patient outcomes. In May-June 2025, Cancer Research UK ran a six-week campaign across Wales targeted at C2DE adults aged 50 and over which highlighted potential lung cancer symptoms (persistent cough, breathlessness, unexplained weight-loss) and encouraged people to contact their GP. Our evaluation measured impact on symptom awareness, behavioural intention and campaign perceptions.

Methods: Mixed methods evaluation comprised;

- nationally representative cross-sectional pre (n=1237) and post (n=1302) surveys with adults in Wales (with a target audience boost.
- qualitative interviews and focus groups (n=28) with the target audience plus on-street observations and intercepts (n=30).

Results: 65% of the target group who had recently experienced any of the symptoms featured , had seen the campaign, significantly more than the 48% of Welsh adults overall ($p<0.01$).

Awareness of unexplained weight loss as a potential sign of lung cancer was lowest of the symptoms featured but significantly increased from 21 to 24% ($p<0.05$).

The campaign prompted 67% of people who experienced symptoms to plan or act on their health and 20% of those experiencing symptoms featured contacted their GP as a result. No changes were seen in barriers and motivators to presentation.

The target group found the concept powerful, were able to replay the message spontaneously and reported that it challenged perceptions of lung cancer risk and outcomes.

Conclusions & Implications: The campaign was visible and resonated with the target group and those experiencing possible signs and symptoms of cancer demonstrating that it was effectively targeted. Acceptable levels of intended and actual behaviour change were observed, and it was encouraging to see increases in symptom awareness. No positive shifts in help-seeking barriers or monitors were observed. Targeted behavioural and system-level interventions are needed to address these.

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Developing an effective and acceptable health marketing campaign to increase awareness and intention for informed participation in national cancer screening programmes in Northern Ireland

Dr Lindsay MacDonald[1], Amy Hirst[1], Dr Charlottte Ide[1], Emily Wilkinson[1], Kate Brunetti[1]
[1]Cancer Research UK, London, UK

Background: CRUK aim to develop health campaigns that are engaging, built on robust insight and improve access and outcomes. We developed, tested and evaluated a recent campaign in Northern Ireland (NI) which aimed to increase awareness and intention for informed participation in three national cancer screening programmes. Testing and evaluation aimed to ensure the campaign was acceptable and understood by the target audience and measure impact on knowledge, attitudes and intentions.

Methods: We developed initial concepts with expert stakeholders in NI. Qualitative research (9 focus groups) tested and refined messages and concepts and explored acceptability (emotion, understanding and resonance), We conducted mixed-methods evaluation: Pre (n=1048) and post (n=1082) face to face surveys with a representative NI sample and qualitative interviews and focus groups with previous screening non- responders (n=30) plus on-street observations and intercepts (n=72).

Results: Acceptability was related to known screening barriers (e.g. misperception of who screening is for and embarrassment). The message was important, awareness was raised, and the campaign was relevant, empowering and supportive. There was discomfort with talking about bodily functions, and the images were confrontational for some but arrested attention and opened-up conversation. 39% of quant respondents agreed the campaign made them feel uncomfortable, but 95% of these believed it's important to run these campaigns
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Prompted awareness of bowel (p=0.003) and cervical (p=0.002) screening significantly increased as did understanding that screening is for asymptomatic people (p=0.029). 41% reported taking action following the campaign.

Conclusions and implications: The campaign showed measurable positive impact across key objectives and emphasises the value of interventions developed through cross-organisational collaboration and iterative pre-testing with target audiences. This ensured sensitivity to wider social and cultural contexts, as well as audience characteristics, strengthening relevance, equity and acceptability in messaging. These findings are used in our ongoing strategic health marketing activity.

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Understanding and addressing diabetes-related barriers to cancer screening participation

Dr Rebecca Spencer[1], Prof Georgina Jones[1], Dr Siobhán McHugh[1], Prof Ramzi Ajjan[2], Dr Rebecca Birch[2], Prof Daryl O'Connor[2], Prof Laura Ashley[1]
[1]Leeds Beckett University, Leeds, UK, [2]University of Leeds, Leeds, UK

Background: People with type 2 diabetes (T2DM) are more likely to develop breast and bowel cancers. Despite this, cancer screening participation is lower among women with diabetes than among women without diabetes, indicating there are diabetes-related barriers to screening, but little research has examined this. Two interlinked studies aimed to advance knowledge and understanding of diabetes-related barriers to cancer screening and potential intervention strategies.

Methods: Study-1: Semi-structured interviews examining cancer screening views and experiences were conducted with 25 women with T2DM in England. Data were analysed to develop themes, using the framework method.

Study-2: A brief written intervention (containing a threat and/or coping message) was developed, based on Protection Motivation Theory (PMT), to address low awareness of the T2DM-increased risk of bowel cancer (a key diabetes-related barrier identified in the interviews). An online randomised controlled experiment (N = 349) with people with T2DM assessed the effect of the intervention on PMT constructs and bowel screening intentions, using between-subjects MANOVA and binary logistic regression.

Results: Interviews identified several diabetes-related barriers to cancer screening (e.g. having a high burden of illness and its treatment consumes personal resources; diabetes-related stigma and embarrassment; low promotion of cancer risk/screening within diabetes care) and potential ways to address these. The novel intervention had no significant effects on screening intentions, likely due in part to a ceiling effect. However, the coping message significantly increased self-efficacy (F(1, 345) = 12.65, p <.001, ηp^2 = .04), and decreased response costs (F(1, 345) = 19.15, p <.001, ηp^2 = .05) and perceived severity (F(1, 345) = 7.36, p = .007, ηp^2 = .02).

Conclusions and implications: Having diabetes can both heighten and add barriers to cancer screening. Findings suggest multifaceted potential intervention targets and strategies to address these barriers, including providing cancer risk and screening information on diabetes websites.

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1.3 Weight Management

Building health equity in participant recruitment: evaluation of strategies to recruit a geographically, ethnically and socioeconomically diverse sample of postpartum women into the Supporting MumS behavioural weight management trial

Dr Dunla Gallagher[1], Dr Eleni Spyreli[1], Prof Annie S Anderson[2], Ms Sally Bridges[3], Prof Chris R Cardwell[1], Dr Elinor Coulman[4], Prof Stephan U Dombrowski[5], Prof Caroline Free[6], Dr Suzie Heaney[1], Prof Pat Hoddinott[7], Prof Frank Kee[1], Dr Clíona McDowell[8], Prof Emma McIntosh[9], Prof Jayne V Woodside[1], Prof Michelle C McKinley[1], on behalf of the Supporting MumS study team[1]
[1]Centre for Public Health, Queen's University Belfast, Belfast, UK, [2]Division of Population Health and Genomics, University of Dundee, Dundee, UK, [3]Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, Bradford, UK, [4]Centre for Trials Research, Cardiff University, Cardiff, UK, [5]Faculty of Kinesiology, University of New Brunswick, Fredericton, Canada, [6]Maternal, Adolescent, Reproductive & Child Health, London School of Hygiene & Tropical Medicine, London, UK, [7]Centre for Healthcare and Community Research, University of Stirling, Stirling, UK, [8]Northern Ireland Clinical Trials Unit, Belfast, UK, [9]Health Economics and Health Technology Assessment, University of Glasgow, Glasgow, UK

Background: Postpartum women experiencing overweight or obesity face barriers to accessing behavioural weight management programmes, with minoritised ethnicities and more socioeconomically disadvantaged groups often underrepresented in research. Addressing recruitment inequities is essential to advance the quality and generalisability of future trials. This study evaluated the strategies used in the Supporting MumS (SMS) randomised controlled trial (RCT) with the aim of achieving participation of postpartum women across diverse geographic, ethnic and socioeconomic groups.

Methods: SMS is a two arm, parallel group, multicentre RCT conducted across five UK sites selected for population diversity. Eligible participants were women, between 6 weeks to two years postpartum, with a Body Mass Index of ≥25 kg/m². Varied recruitment strategies implemented across healthcare, community and social media settings were documented. Quantitative recruitment metrics (interest, screening, randomisation) were analysed descriptively by site, ethnicity and Index of Multiple Deprivation quintile, to assess reach and equity in outcomes.

Results: Across 12 months, 2457 individuals expressed interest, 1227 (49.9%) were screened and 892 (36.3%) were randomised. The final sample included 33.6% from minoritised ethnic groups and 53.5% from the two most deprived Index of Multiple Deprivation quintiles. Social media recruitment proved the most fruitful (45.5%), followed by parent-focused community groups (26.0%), the Born in Bradford's Better Start (BiBBS) cohort (12.5%), friends/family (7.2%), general community settings (5.3%) and healthcare professionals (5.4%). Active monitoring of participant characteristics showed effectiveness of strategies varied across sites and population subgroups, enabling tailored approaches for local populations.

Conclusions and implications: By considering health equity in early trial design, continually monitoring participant characteristics and adapting recruitment strategies accordingly, we successfully enrolled an ethnically and socioeconomically diverse postpartum sample from all four UK countries within 12-months. These findings highlight useful equity-focused recruitment approaches for behavioural weight-management trials to ensure interventions are tested in populations most affected by health inequalities.

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Acceptability of an automated, bidirectional, text-message delivered behavioural weight management intervention for postpartum women in the UK: the Supporting MumS randomised controlled trial

Dr Dunla Gallagher[1], Dr Eleni Spyreli[1], Prof Annie S Anderson[2], Ms Sally Bridges[3], Prof Chris R Cardwell[1], Dr Elinor Coulman[4], Prof Stephan U Dombrowski[5], Prof Caroline Free[6], Dr Suzie Heaney[1], Prof Pat Hoddinott[7], Prof Frank Kee[1], Dr Clíona McDowell[8], Prof Emma McIntosh[9], Prof Jayne V Woodside[1], Prof Michelle C McKinley[1], on behalf of the Supporting MumS study team[1]
[1]Centre for Public Health, Queen's University Belfast, Belfast, UK, [2]Division of Population Health and Genomics, University of Dundee, Dundee, UK, [3]Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, Bradford, UK, [4]Centre for Trials Research, Cardiff University, Cardiff, UK, [5]Faculty of Kinesiology, University of New Brunswick, , Canada, [6]Maternal, Adolescent, Reproductive & Child Health, London School of Hygiene & Tropical Medicine, London, UK, [7]Centre for Healthcare and Community Research, University of Stirling, Stirling, UK, [8]Northern Ireland Clinical Trials Unit, Belfast, UK, [9]Health Economics and Health Technology Assessment, University of Glasgow, Glasgow, UK

Background: Postpartum women face multiple barriers to engaging in healthier behaviours to manage weight. Scalable, low-burden behavioural interventions may help address unmet support needs in this population. The Supporting MumS trial examined the acceptability of a 12-month behavioural weight management intervention, focused on diet and physical activity and delivered via automated, bidirectional text messages, for an ethnically and socioeconomically diverse sample of postpartum women across the UK.

Methods: Intervention acceptability was assessed at 12-month follow-up using self-report questionnaire items and free-text responses. Quantitative measures captured agreement ratings on message clarity, helpfulness, interest, frequency and timing, and the perceived usefulness of individual components including goal reminders, weekly weighing prompts, automated response functions, web links and optional breastfeeding/smoking messages. Descriptive statistics (numbers/percentages) summarised these acceptability indicators. Free-text responses were analysed inductively to contextualise quantitative findings and identify areas for intervention refinement.

Results: Of 445 intervention participants, 311 (69.9%) completed 12-month questionnaires. 94.5% indicated they would recommend the programme for other mothers. Most respondents agreed/strongly agreed that the messages were easy to understand (97.7%), helpful (76.3%) and interesting (72.3%) and that message timing and frequency was appropriate (83.9% and 76.9%, respectively). Across intervention components, 63–79% rated goal setting prompts, weighing reminders, automated replies and web links, as helpful/very helpful. Optional message usage was low (smoking 1%, breastfeeding 10.4%). Qualitative free-text responses helped to contextualise these findings by highlighting the supportive and motivating nature of the messages, while identifying some individual preferences for more personalisation, greater flexibility in timing and frequency, and reduced emphasis on weight-related prompts.

Conclusions and implications: The SMS intervention was highly acceptable to postpartum women, offering clear and helpful content for weight management. Findings support the integration of digital behavioural interventions that can be complementary to other weight management support services for this population and offer learnings for future programmes.

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Healthcare professionals’ perspectives on delivering opportunistic weight-related conversations in mental health settings: a mixed-methods study

Dr Angela Rodrigues[1], Dr Emma Kemp[2], Sally Faulkner[3], Kate McBride[3], Dr Maria Raisa Jessica Aquino[4], Prof Rob Wilson[5], Prof Milica Vasiljevic[6], Craig Robson[7], Jill Harland[7], Mish Loraine, Prof Catherine Haighton[1]
[1]Northumbria University, Newcastle, UK, [2]University of Sheffield, Sheffield, UK, [3]Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust, Newcastle, UK, [4]Newcastle University, Newcastle, UK, [5]Manchester Metropolitan University, Manchester, UK, [6]Durham University, Durham, UK, [7]Northumbria Healthcare NHS Foundation, North Shields, UK

Background: Making Every Contact Count (MECC) is a person-centred approach to health behaviour change using behavioural science to promote healthy lifestyle choices. Weight-related conversations are especially important in mental health settings, where service users report gaps in information about medication-related weight gain and unmet support needs. MECC training aims to address these gaps by improving staff confidence and service delivery. This study explored healthcare staff experiences of delivering weight-related MECC conversations in a mental health setting.

Methods: A mixed-methods study was conducted with healthcare staff in a National Health Service (NHS) mental health inpatient setting in Northeast England. Staff completed an online survey pre-training, post-training, and at 8–10 weeks follow-up. Semi-structured interviews with trained and non-trained staff explored MECC implementation. Quantitative data were analysed using independent and paired-samples t-tests. Qualitative data underwent thematic analysis and were mapped to the COM-B framework (Capability, Opportunity, Motivation).

Results: Thirty-six staff completed the pre-training survey, 20 completed the post-training survey, and 25 were interviewed (15 trained, 10 non-trained). Quantitative results showed improved confidence and motivation following training, although most changes were not statistically significant. Perceived opportunity (time, resources, social support) declined at follow-up, as did perceived importance and usefulness of MECC ($p < .05$). Qualitative findings identified barriers and facilitators aligned with the COM-B model. Trained staff emphasised organisational resources, training structure, rapport-building skills, and wider determinants of health. Non-trained staff reported limited awareness, recording systems, and training but recognised MECC’s value. Both groups identified time constraints, confidence, and role integration as key influences on delivery.

Conclusion: MECC training improved healthcare professionals' confidence in delivering weight-related conversations in mental health settings. However, qualitative findings highlighted system-level barriers, indicating the need for sustained organisational support to enable long-term MECC delivery.

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Understanding the Implementation of the NHS 'Healthy Weight Coach': How Existing Roles and System Functions Transformed the Original Concept

Dr Magnus Hamann[1], Ms Kayley McPherson[1], Dr Stuart Flint[2], Dr Liliia Bespala[1], Dr James Nobles[3], Dr Maddie Tremblett[4], Prof Louisa Ells[3], Ms Clara Martins de Barros, Dr Charlotte Albury[1]
[1]Oxford University, Oxford, England, [2]University of Leeds, Leeds, England, [3]Leeds Beckett University, Leeds, England, [4]University of West England, Bristol, England

Background: Training primary care staff to become healthy weight coaches (HWCs) was part of the UK strategy to "tackle obesity". The goal was to equip staff with skills to engage and support adults living with overweight or obesity in making positive changes to health and health behaviours.
Through Boundary-work Theory, we analyse how this behavioural intervention fit into the existing landscape in the NHS. Boundary-work Theory helps explain how role boundaries are established, developed, and maintained in large institutions[1].

Methods: Using a mixed method design, we explored the implementation and understanding of the HWCs role from multiple angles:

- NHS Practice Representative surveys (n=201) and NHS Staff interviews (n=24) from practices where they have implemented the HWC training to understand reasons for and challenges with implementing the role .
- Patient surveys (n=72) around 2 weeks after they had attended a meeting with a HWC and again around 15 weeks later, and in depth patient interviews (n=27) to understand their experiences of engaging with HWCs.
- Conversation Analysis of recorded coaching sessions (n=57) to understand how the HWC role works in practice.
- Systems mapping workshops (n=2) in focus groups with patients and staff to explore how the role feeds into the healthcare system and the patient journey.

Results: We triangulated findings from the mixed method design. We find that the role was implemented without a clear strategy and without resources. As a result, the HWC training ended up functioning as CPD for existing roles and not as intended.

Conclusions and implications: The findings demonstrate what happens when ideals and ideas meet the everyday reality of a complex healthcare system. Our research is relevant for implementation of behavioural medicine initiatives. We discuss what to consider in the existing landscape, roles and obligations to reach the intended purpose when conceptualising implementation.

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Mid-Yorkshire Specialist Obesity and Bariatric Service: Setting a New Standard for Weight Management Aligned with the NHS Long Term Plan

Sophie Bradshaw[1], Chinar Arkuter-McKee, Dr Jo Quinn
[1]Mid Yorkshire Teaching Trust, Dewsbury, England

Background: Previously, the bariatric pathway followed a tiered approach, resulting in fragmented care, limited professional communication, and inconsistent access to fundamental multidisciplinary team (MDT) components, particularly psychological support.

Tier 3 and Tier 4 provision, were provided from different commissioning services, therefore creating delays in pathways processes, services that weren't fully integrated, confusion for patients and prevented seamless transition from Tier 3 to Tier 4. These systemic challenges led to the development of the Specialist Obesity and Bariatric Service (SOBS), designed as a fully integrated MDT service rather than attempting to combine pre-existing pathways. SOBS provides a comprehensive, needs-based model, with a 12-week pre-surgery MDT group programme followed by two years of post-operative support. This approach aims to improve patient outcomes - including weight loss, quality of life, and reductions in disordered eating and relapse - while reducing inequalities in access and experience and the need for post-operative psychological support.

Methods: Participants in the pre-operative group completed measures of psychological complexity, dichotomous thinking, binge-eating, and health-related quality of life (EQ-5D-5L). Qualitative feedback explored engagement, behaviour change, and satisfaction.

Results: Early SOBS pre-surgery data indicate high psychological complexity and low baseline health-related QoL (≈ 0.45). Qualitative findings suggest high engagement, reductions in dichotomous thinking, and a shift from rigid dieting to more sustainable behaviour change.

Conclusions and Implications: Early findings suggest that SOBS addresses previous service gaps by delivering a fully integrated MDT with a structured pre-surgery programme. Positioning it as a scalable, innovative, patient-centred model aligned with national guidance. It is expected to improve post-operative outcomes, including weight, quality of life, and reduced disordered eating, with implications for service design and policy development.

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1.4 Round Table: BEST BEHAVIOUR: Better Evidence Synthesis to Target BEHAVIOUR change in health and healthcare

Convenors: Dr Rebecca Goulding & Dr Sarah Rhodes, The University of Manchester

Intended participants: Researchers, healthcare professionals, patient and public contributors, members of the public, and methodologists who are interested in synthesising health and healthcare behaviour change intervention literature

Purpose: Roundtable discussion of the challenges in and solutions for conducting systematic reviews (**SRs**) of health or healthcare behaviour change interventions (**BCIs**) with the aim of providing accurate estimates of the effectiveness of behaviour change techniques (**BCTs**) and ensuring acceptability of BCIs.

Objective: To (a) discuss and further preliminary work on identifying challenges and solutions, and (b) create a network of stakeholders interested in being involved in this project and potentially collaborating on future projects.

Rationale: Despite an abundance of reviews on health and healthcare BCIs, guidance on how to conduct such reviews and taxonomies that standardise how we refer to BCTs, there are many problems in drawing accurate conclusions from SRs. For example, evaluating the effects of individual BCTs involves dealing with BCTs in comparison conditions, different formats and doses, unintentional BCTs, poor fidelity and interactions. Failure to address these issues leads to research waste, incorrect conclusions and a lack of acceptability or engagement with interventions by target populations.

Summary: We need to build a network of stakeholders (including healthcare professionals, researchers, methodologists and members of the public with an interest in BCIs) to be able to identify and solve the challenges around this problem so we can have less research waste and more accurate and meaningful SRs.

At this roundtable, we will share existing work being conducted to solve these problems. Join us, the BEST BEHAVIOUR team, to identify additional challenges and potential solutions to conducting accurate SRs of BCIs, and consider becoming part of a network of interested stakeholders to take this work forward.

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Introduction to the BEST BEHAVIOUR project: To develop guidance, training and tools to address methodological challenges specific to systematic reviews (SRs) of behaviour change interventions (BCIs) in health and healthcare

Dr Rebecca Goulding[1]
[1]The University of Manchester

We aim to facilitate better evaluation of BCIs and, consequently, improve engagement with and effectiveness of BCIs. BCIs are complex and most involve multiple behaviour change techniques (BCTs). There is guidance on how to conduct SRs of BCIs and taxonomies to standardise the description of their component BCTs. However, a range of challenges / issues remain. These include (a) efficient matching of methods to research questions (RQs), (b) exclusion of relevant studies, (c) the need to include data on acceptability in addition to effectiveness and (d) evaluate the effects of individual BCTs. The latter includes dealing with BCTs in comparison conditions, different formats and doses, unintentional BCTs, poor fidelity and interactions. Failure to address these issues leads to research waste, incorrect conclusions, and lack of acceptability or engagement with interventions by target populations.

We aim to address these problems and others we identify, and to provide guidance, training and tools to make the process of conducting SRs of BCIs less wasteful, more accurate and more meaningful for all stakeholders.

To do this we are:

a) Conducting a scoping review of SRs of health and healthcare BCIs to identify their aims, methods and reporting practices; identify and collate recurrent problems; uncover novel methods / good practice and produce a long-list of recommendations.
b) Consulting with and building a network of researchers and healthcare professionals with an interest in SRs of BCIs to find out how RQs influence choice of analyses, challenging aspects of SRs, what they would like most help with and to continue the work.
c) Consulting with members of the public to find out what RQs they want answered in SRs of BCIs and find out how they would like to be involved in future work and how we can support this.

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1.5 Guided Self Help and Digital Health

Development of a Novel Fidelity Monitoring Tool for Guided Self-Help Interventions: GSH-FMT Version 1

Dr Tamla Evans[1], Miss Leah Jackson[1], Prof Andy Hill[2], Dr Marie Spreckley[1], Dr Julia Mueller[1], Prof Amy Ahern[1]
[1]University of Cambridge, Cambridge, UK, [2]University of Leeds, Leeds, UK

Background: Guided Self-Help (GSH) is an evidence-based, low-intensity intervention in which a practitioner facilitates the use of self-help materials with the aim of equipping the client with strategies to manage their own challenges. Despite global implementation of the approach, no tools have been developed to assess fidelity in GSH delivery (i.e., whether the intervention is delivered as intended). This study aimed to develop, and pilot test a novel GSH fidelity monitoring tool.

Methods: We developed a fidelity monitoring tool informed by "A guide for self-help guides: best practice implementation", alongside expert consultation. We pilot tested this within the Supporting Weight Management (SWiM) randomised trial. SWiM is a self-help weight maintenance programme underpinned by Acceptance and Commitment Therapy, with telephone support from a trained, non-specialist Guide. We sampled call recordings across five Guides.

Two independent observers used the draft tool to code 2 calls, followed by a further 4 calls. They discussed these and agreed tool refinements to improve discriminant validity and coder-agreement, following each round.

The lead author and two non-GSH expert team members not involved with the development of the tool piloted the final version across a further 5 calls. We analysed inter-rater reliability using Cohen's kappa.

Results: The GSH fidelity monitoring tool (GSH-FMT V1) is composed of 18 components across 5 categories, to be coded as 'Yes', 'Partial' or 'No' for each component's presence within a session. Analysis indicated moderate agreement overall between independent coders ($k = 0.514$-0.605, $p < 0.001$-0.003), prior to discrepancy resolution.

Conclusions: This study is the first to develop and pilot a fidelity monitoring tool for GSH for utilisation across clinical practice and research studies. The tool will have implications for monitoring and improving the delivery of GSH-interventions in line with published guidance. We recommend the tool be piloted across a range of GSH-interventions.

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A Systematic Review of Behavioural Self-Management Interventions Targeting Loneliness and Perceived Social Isolation from Adolescence to Early-Adulthood

Fahad S. Al-Huda[1], Ben Ibbott[2], Yicen Guo[1], Hannah Devaney[3], Ethan Knight[1], Sufen Zhu[1], Nia Roberts[4], Dr Megan Kirk Chang[5], Dr Susannah Fleming[1], Associate Prof Nicola Lindson[1]
[1]Nuffield Department of Primary Care Health Sciences, University of Oxford, [2]Department of Biology, University of Oxford, [3]The University of Manchester, [4]Bodleian Health Care Libraries, University of Oxford, [5]Department of Psychiatry, University of Oxford

Background: Loneliness is a rapidly growing public health concern, particularly during adolescence and early adulthood, associated with poorer mental and physical health outcomes. Behavioural self-management interventions may offer scalable approaches to reduce loneliness, yet their effectiveness in younger populations is underexplored. This review aimed to evaluate the effectiveness of behavioural self-management interventions in reducing loneliness among individuals aged 12–35 years.

Methods: Five databases were searched from inception to April 2025. Eligible studies were randomised controlled trials evaluating behavioural interventions with a significant self-management component and measuring loneliness outcomes in participants aged 12–35 years. Screening, data extraction and risk of bias assessment (using the Cochrane RoB 1 tool) were conducted in duplicate. Random-effects meta-analyses were performed to calculate standardised mean differences (SMD) with 95% confidence intervals (CI). Certainty of evidence was assessed using the GRADE tool.

Results: Thirty-four trials (n=15898), investigating 52 interventions, were included. Meta-analyses were conducted for intervention groupings with passive control comparators. Interventions targeting emotion regulation demonstrated a small but statistically significant reduction in loneliness (10 comparisons, 1875 participants; SMD −0.23, 95% CI −0.38 to −0.08, $I2=50.7\%$), as did interventions targeting socialisation (5 comparisons, 550 participants; SMD −0.24, 95% CI −0.42 to −0.06, $I2=9.1\%$). Other intervention types (i.e. expressive writing, education materials, structured tasks and limiting social media) showed small, non-significant effects. Most trials were brief and underpowered. Evidence certainty was rated low to very low due to high risk of bias and imprecision.

Conclusions: Behavioural self-management interventions targeting emotion regulation and socialisation may produce modest reductions in loneliness among young people. However the low certainty of evidence indicates further high-quality research is needed, which may alter the interpretation of these findings. Future studies should assess longitudinal outcomes and examine adaptation of effective intervention components for youth populations at elevated risk of mental health difficulties.

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A mixed methods evaluation of a digital self-management intervention for asthma: A real-world study

Martin Ruddock[1], Prof Lucy Yardley[2], Prof Tom Wilkinson[1], Dr Ben Ainsworth[1]
[1]University of Southampton, Southampton, England, [2]University of Bristol, Bristol, England

Aims and objectives: Adherence to self-management plans leads to improved health outcomes among asthma patients. This study investigated an existing digital health intervention, myAsthma, available via the NHS to support asthma patients. The aims were (1) to describe engagement with the intervention based on usage data and (2) to develop an understanding of perceived barriers to and facilitators to engagement.

Methods: Anonymised app usage data from approximately 6000 patients was analysed to identify patterns of engagement (guided by the AMUsED framework). Based on this analysis, 21 users were purposively sampled for qualitative semi-structured interviews. A reflexive approach to abductive thematic analysis was adopted using NVivo 14 for initial coding and initial development of themes.

Preliminary Findings: Analysis of app usage is used to describe overall rates of engagement. This is broken down by available demographic characteristics (i.e. age, disease severity, and sex). Two patterns of engagement are identified, short-term and regular long-term.

Analysis of qualitative data suggests three important considerations for engagement with the digital intervention; (1) communication between healthcare providers and patients; (2) re/clarifying the purpose of the intervention; and (3) the importance of report functions for engagement and self-management.

Conclusions: This real-world study describes trends in usage data and identifies two groups; short-term users and regular long-term users. Further to this, qualitative results highlight the importance of three factors that may improve engagement and subsequently self-management: communication between patients and professionals, re/clarifying the purpose of the intervention, and personalised report functions.

This study suggests that myAsthma can provide a range of benefits and support self-management. To improve engagement further we suggest highlighting the potential of reporting functions in myAsthma. However, more demographic characteristics are required to understand how and if health inequalities manifest in real-world digital interventions.

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Acceptability and implementation of a digital diabetes self-management platform ('MyWay Diabetes') in England: a qualitative study

Dr Rhiannon Hawkes[1], Dr Joanna Brooks[1]
[1]University of Manchester, Manchester, UK

Background: Diabetes self-management education and support can be effective in supporting people with diabetes to manage their condition. However, uptake of face-to-face services remains low. ‘MyWay Diabetes’ is a website and app offering comprehensive self-management support and education, which allows patients to access their personal healthcare records. Following successful implementation in Scotland, MyWay Diabetes is now being rolled out in Greater Manchester, North West London and Somerset in England. As part of a wider mixed-methods evaluation, this qualitative work assessed the acceptability of MyWay Diabetes across diverse patient groups and healthcare professionals.

Methods: Online interviews with n=10 healthcare professionals (5M, 5F) and four online focus groups with n=27 patients (19M, 8F; 56% White British) who use MyWay Diabetes across the three geographical regions. The

Theoretical Framework of Acceptability informed data collection and analysis. Data were analysed thematically using template analysis, and constructs of acceptability were compared across stakeholder groups.

Results: Healthcare professionals demonstrated positive ‘affective attitude’ towards the MyWay platform but discussed implementation challenges including lack of clinician time (‘opportunity costs’), competing priorities for meaningful referrals (‘burden’) and insufficient feedback on patient uptake and engagement, which undermined their views on ‘perceived effectiveness’ of the service. Patients valued access to their diabetes records but noted that this was dependent on clinician support and timely data sharing from NHS services. Without up-to-date results and support perceived as appropriately personalised to help facilitate behaviour changes (‘self-efficacy’), engagement with MyWay was hampered (‘perceived effectiveness’). Both stakeholder groups agreed that digital tools can support diabetes care but are not a replacement for healthcare services (‘ethicality’).

Conclusions and implications: MyWay Diabetes was viewed as an acceptable digital service for self-management, but its success depends on meaningful clinician engagement and integration with existing healthcare services. These findings will inform decisions for platform improvement and commissioning across England.

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The Web-Based Pain-at-Work Toolkit with Telephone Support for Employees with Chronic or Persistent Pain: A Nationwide Cluster Randomised Feasibility Trial

Prof Holly Blake[1,2,3], **Dr Wendy Chaplin**[1,2,3], Mrs Victoria Abbott-Fleming[4], Prof Paul McNamee[5], Prof Gordon Taylor[6], Dr Daniel McWilliams[2,3,7], Prof David Walsh[2,3,7], Prof Karen Walker-Bone[9]
[1]School of Health Sciences, University of Nottingham,, Nottingham, UK, [2]Arthritis UK Pain Centre, University of Nottingham, Nottingham, UK, Nottingham, UK, [3]NIHR Nottingham Biomedical Research Centre,, Nottingham, UK, [4]The Patient Voices Committee, British Pain Society, , London, UK, [5]Health Economics Research Unit, Institute of Applied Health Sciences, University of Aberdeen, , Aberdeen, UK, [6]College of Medicine and Health, University of Exeter, Exeter, UK, [7]School of Medicine, University of Nottingham, Nottingham, UK, [8]Aberdeen Centre for Arthritis and Musculoskeletal Health (Epidemiology Group), Aberdeen, UK, [9]School of Public Health and Preventive Medicine, Monash University, Melbourne VIC 3004, Australia

Background: Chronic pain can limit an individual’s ability to work or be productive, creating substantial societal and economic burden. Work-related advice and support for people with chronic pain remains inconsistent. The Pain-at-Work Toolkit was co-created with people living with pain, healthcare professionals, and employers to increase knowledge of employee rights, improve access to workplace support, and provide guidance on lifestyle behaviours that facilitate pain self-management.

This study aimed to establish the feasibility of a trial comparing access to the Toolkit, plus optional occupational therapist telephone support, with standard/usual employer support. Primary outcomes were feasibility, acceptability, usability, and safety of the digital intervention.

Methods: We conducted an open-label, two-arm, pragmatic feasibility cluster-randomised controlled trial with an exploratory health economics analysis and nested qualitative study. Eligible organisations were based in England, had >10 employees, and were recruited directly. Participants were vocationally active adults with internet access and self-reported chronic pain interfering with productive work. A restricted 1:1 cluster-level randomisation allocated organisations to intervention or treatment-as-usual. After consent, participants completed a web-based baseline survey assessing work capacity, health and wellbeing, and health care resource use, with follow-ups at 3 and 6 months. Feasibility outcomes included recruitment, intervention fidelity (delivery, reach, uptake, engagement), retention, and follow-up completion. Qualitative interviews at 6 months explored acceptability and contextual factors.

Results: 380 employees from 18 organisations participated. Recruitment exceeded targets. Follow-up completion met feasibility criteria but varied due to employee turnover. Several outcome measures were sensitive to change. Employees and stakeholders reported high acceptability, and qualitative findings indicated improved knowledge, confidence, and self-management. Stakeholders supported and endorsed the Toolkit’s relevance and practicality.

Conclusions: The feasibility trial showed the Pain-at-Work Toolkit and trial procedures are acceptable, scalable, and deliverable across diverse workplaces. Findings identified responsive outcome measures and informed retention strategies, supporting progression to a definitive trial.

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2.1 Symposium: Collaborative Approaches in Behavioural Science: Cross-Sector Partnerships for Equitable Health Research and Practice

Convenors: Dr Alex Martin, Kings College London & Dr Sarah Denford, University of Bristol
Discussant: Dr Alex Martin, Kings College London

Intended Participants: Behavioural science researchers, practitioners, and policy partners with an interest in learning and applying collaborative and participatory methods in their own research, practice, or policy work, particularly when working with underserved communities.

Purpose: This symposium explores how collaborative ways of working across communities, universities, government departments, local authorities, and the voluntary, community and social enterprise sector represent a core approach to behavioural science research and practice. Here, collaborative approaches refer to partnership models that involve communities, particularly underserved groups, in shaping research agendas, intervention design, public health guidance, evaluation, and policy.

Objective: The objective is to showcase a range of applied partnership models across five case studies, reflecting different starting points for collaboration, including community led agendas, institution led priorities, and rapid response contexts. Each presentation draws on an applied scenarios and reflects on process, challenges, and outcomes, rather than reporting a single case study. Together, the presentations illustrate how collaborative approaches inform behavioural intervention design, implementation, and translation into policy and practice.

Rationale: Behavioural science increasingly emphasises equity, trust, and impact, yet practical examples of how collaborative approaches are implemented across sectors remain limited. This symposium addresses this gap by presenting applied examples that span co-producing a research agenda with communities with historically low trust in institutions, developing public health guidance during an avian influenza response, co-creating a PhD project on adolescent vaccine uptake, co-developing public engagement workshops on loneliness with older adults from ethnically diverse groups, and co-creating and co-evaluating iGAS messaging with people experiencing homelessness and people who inject drugs. Across scenarios, evidence discussed includes qualitative insights, co-evaluation findings, and learning generated through rapid response public health work.

Summary: The symposium synthesises learning across cases to identify shared enablers, challenges, and practical considerations, including trust building, time pressures, institutional constraints, and power dynamics. Delegates will gain transferable insights into methods, frameworks, and practical steps for designing equitable, impactful behavioural science research and practice across community, policy, and service settings.

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Co-producing a research agenda with underserved communities with historically very low trust in institutions

Sarah Denford[1], Hannah Bowers[2], Nicky Rice[3]
[1]University of Bristol, [2]University of Southampton, [3]South Gloucestershire Council

Background: Gypsy, Roma and Traveller (GRT) communities experience the greatest health inequalities in the UK, with higher rates of many long-term conditions, and considerably poorer health outcomes than the general population. It is estimated that GRT communities have life expectancies of 10-25 years shorter than the general population. Issues contributing to poorer health outcomes in GRT communities include a lack of trust in services, poor access to information and healthcare, mental health inequalities, and failure for services to account for cultural issues prohibiting access. In order to support engagement in healthcare, services must be co-designed with the community so that they are acceptable, accessible, and overcome the specific barriers communities face. This requires collaborations between research teams and communities that are equal, empowering and foster a sense of ownership and shared responsibility.

Methods and Results: The aims of this project were to build lasting and reciprocal connections between GRT communities and researchers and to explore the use of participatory methods to elicit conversations about public health priorities and agendas. In collaboration with the Corporate Traveller Unit at South Gloucestershire Council, we set up a women's group for people from Gypsy, Roma and Traveller communities. Fortnightly meetings were held and provided a space for women to discuss health and social care priorities and issues. Guest speakers provided the women with information about topics that were selected by the group. Interviews with the research team highlighted health and research priority areas, and provided insight into the acceptability of the group sessions as a way of developing and sustaining relationships, establishing health needs, and creating a safe space for sensitive conversations.

Conclusions and implications: This work shows how community-led agenda setting can build trust and shape behavioural science priorities, highlighting power sharing and relationship building as core considerations when working with underserved communities.

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Co-producing public health advice for people working on premises infected with avian influenza

Louise E Smith[1,2], Alex F Martin[1], Riinu Pae[2], Sarah Denford[3], Clare Humphreys[2], Dale Weston[1,2,3], Richard Amlôt[1,2,3], Isabel Oliver[4], Lucy Yardley[3,5], G James Rubin[1]

[1]King's College London, Health Protection Research Focus Award in Outbreak Related Behaviours, [2]UK Health Security Agency, Behavioural Science and Insights Unit, [3]University of Bristol, Health Protection Research Unit in Behavioural Science and Evaluation, [4]Welsh Government, [5]University of Southampton, School of Psychology

Background: Avian influenza (AI) has pandemic potential. In the UK, when AI is detected, infected flocks are caught and culled. This work is often subcontracted. Sub-contractors tend to be temporary workers (particularly males) from other countries, dependent on securing a visa to work in the UK. They often do not speak English, and are not fully integrated into society, living in shared accommodation with other workers. To prevent transmission of AI from birds to humans, catchers and cullers must wear full personal protective equipment (PPE), may be recommended antivirals, and should report respiratory symptoms to authorities after exposure. The aim of this project was to co-produce public health advice for AI with people who work on infected premises, and to develop working relationships with catchers and cullers.

Methods: Co-production of factsheets (in simple English) and infographics followed an iterative process guided by the Agile Co-production and Evaluation framework, with input from stakeholders from the UK Health Security Agency (UKHSA) and the Animal and Plant Health Agency (APHA). Co-producers (n=17) had worked on infected premises, had direct contact with infected birds, or been involved in the culling, disposal and clean-up operations at premises or rendering facilities.

Results: We worked with a biosecurity company and a catching company, visiting offices to speak to co-producers (n=2 who did not speak English through an informal interpreter). Some co-producers perceived guidance as an 'ideal' written by people who had not worked on infected premises. Co-producers gave practical advice to align language and images with terms and items used on site and to disseminate sheets.

Conclusions and implications: This project shows how collaborative approaches can improve the relevance of public health guidance in rapid response settings. It highlights practical lessons for developing guidance and incorporating behavioural science under time pressure and across complex outbreak response systems.

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Unfiltered: Co-designing a PhD on vaccine uptake with adolescents

Angie Pitt[1,2], Prof Richard Amlôt[2,3], Dr Catherine Heffernan[1,4], Prof G. James Rubin[1,2], Dr Louise E. Smith[2,3]
[1]King's College London, Institute of Psychiatry, Psychology & Neuroscience, UK, [2]The NIHR Health Protection Research Focus Award in Outbreak Related Behaviour, [3]Behavioural Science and Insights Unit (BSIU), UK Health Security Agency, London, UK, [4]South West London Integrated Care Board

Background: Immunisation forms a cornerstone of public health policy. However, uptake rates of routine vaccines offered to adolescents are sub-optimal, presenting both individual and public health risks. While much research asks parents or healthcare workers for their views on adolescent vaccines, little research to date asks adolescents themselves, and even less involves adolescents as co-researchers.

Methods: We designed the project Unfiltered, which involved recruiting, training, and then co-creating research with over 100 adolescents aged 13-17 years for the PhD 'Exploring adolescent attitudes to vaccines'. Unfiltered was a partnership between King's College London and two local schools. It aimed to give underserved adolescents a voice as collaborators in research that directly impacts them, and to increase their engagement in scientific research. It was based on the principal of mutually beneficial participatory research: that co-researchers should gain as much from the experience as researchers. Together we have created qualitative and quantitative studies which have reached >1000 adolescents in the UK. Unfiltered co-researchers have in turn received work experience, visits, references, bespoke careers advice, school merits, curriculum-mapped masterclasses and vouchers as they deemed appropriate.

Results: Adolescent co-researchers have significantly impacted our research: re-designing research materials to ensure they were age appropriate; authoring authentic qualitative and quantitative questions; leading on piloting studies and developing novel themes through thematic analysis. Our findings highlight the need for adolescents to be involved in vaccine decisions; supported with vaccine-related anxiety; informed about vaccine preventable diseases; and helped to develop the critical thinking skills needed to make informed health decisions.

Conclusions and implications: This case demonstrates how involving adolescents as co-researchers strengthens behavioural science by improving relevance, engagement, and study design. The Unfiltered model offers transferable lessons for participatory research with young people, including in public health contexts.

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Co-developing public engagement workshops to facilitate discussions of loneliness with older adults from ethnically diverse groups

Jessica Rees[1], Madiha Sajid [2], Circle Steele[3], Marie Croker[4], Wei Lui [5], **Faith Matcham**[6]
[1]Department of Global Health and Social Medicine, King’s College London, London, UK, [2]Public Contributor, London, UK, [3]Wai Yin Society, Manchester, UK, [4]Israac Centre, Sheffield, UK, [5]Department of Engineering, King’s College London, London, UK, [6]School of Psychology, University of Sussex, Falmer, UK

Background: Loneliness in later life is a growing public health concern associated with poorer mental and physical health outcomes. Older adults from ethnically diverse communities are at heightened risk due to language barriers, cultural norms, discrimination, and limited access to culturally appropriate services. Despite this, their experiences are underrepresented in loneliness research and intervention design. Behavioural science approaches that foreground lived experience and cultural context are needed to better understand loneliness and to inform inclusive, effective interventions.

Methods: This study reports a case study of co-produced public engagement workshops (“Connect and Cope”) designed to facilitate discussions about loneliness among older adults from ethnically diverse communities in the UK. Three one-off workshops were delivered between June and July 2023 with participants aged 65 and over from South Asian (n=10), Chinese (n=16), and Somali (n=20) backgrounds. Workshops were co-designed with lived experience contributors and delivered in collaboration with trusted community organisations. Sessions were tailored to each group’s cultural, linguistic, and practical needs, with facilitation conducted in participants’ preferred languages where possible. Joint reflections from academic and public contributors were analysed thematically.

Results:Across workshops, 46 older adults engaged in open discussions about the meaning and experience of loneliness. Reflections clustered around three themes: (1) the value of co-design, particularly in shaping culturally sensitive content and structure; (2) the importance of shared language, cultural understanding, and facilitation by trusted individuals in enabling disclosure and reducing stigma; and (3) the critical role of community organisations as trusted gatekeepers supporting engagement. Participants reported increased understanding of loneliness following the workshops.

Conclusions and implications: Co-produced, community-led engagement offers a powerful behavioural science approach to addressing loneliness in ethnically diverse older adults. Embedding lived experience, cultural context, and trusted relationships into intervention design can reduce barriers to participation and surface otherwise “hidden” loneliness. These findings have implications for the development of culturally appropriate loneliness interventions and for more inclusive public involvement practices in behavioural and health research.

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Co-creating and co-evaluating public health iGAS messaging with people experiencing homelessness and people who inject drugs

Nicky Wilsenham[7], Sarah Denford[2], Libby Eastwood[3], Lucy Yardley[3,4], G James Rubin[5,6], Theresa Lamagni[7], Richard Amlôt[3,5,6], David J Roberts[7], **Alex F Martin**[3,5,6]

[1]Public co-investigator and lived experience contributor, The Society of St. James, Southampton, UK, [2]University of Bristol, Health Protection Research Unit in Behavioural Science and Evaluation and School of Psychological Science, Bristol, UK, [3]UK Health Security Agency, Chief Scientific Officer's Group, London, UK, [4]University of Southampton, School of Psychology, Southampton, UK, [5]King's College London, Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, London, UK,[6]NIHR Health Protection Research Focus Award in Outbreak Related Behaviours, London, UK, [7]UK Health Security Agency, Antimicrobial Resistance & Healthcare-Associated Infection Division, London, UK

Background: People experiencing homelessness and people who inject drugs face a higher risk of invasive group A streptococcal infection, yet have not been involved in developing or evaluating the public health materials intended for them. As a result, existing guidance may be poorly aligned with lived experience. This presentation focuses on the co-creation, co-evaluation and co-dissemination of iGAS public health materials, led by a public co-investigator who was involved throughout the project.

Methods: Using the Agile Co-production and Evaluation (ACE) framework, iGAS public health materials were developed with people with lived experience and service providers. Evaluation methods were designed collaboratively to assess whether the revised materials were understandable, acceptable, non-stigmatising, and actionable. End users shaped decisions about what outcomes mattered, how feedback should be collected, and how findings should be shared back with communities and practitioners. A mixed-methods evaluation combined survey data with qualitative feedback to compare the new materials with existing guidance.

Results: End users preferred the new materials, describing them as clearer, more relevant, and easier to act on. Quantitative findings showed a higher likelihood of reading the revised materials and improved understanding of what action to take if symptoms occurred. Qualitative feedback highlighted the importance of tone, visual design, and practical framing, as well as the value of dissemination through trusted service providers. Following publication on the government website, the materials were used in response to a recent iGAS outbreak, providing qualitative indications of improved engagement and willingness to follow the guidance.

Conclusions and implications: This case study shows how co-evaluation and co-dissemination can strengthen behavioural science practice by integrating end user perspectives beyond co-creation. Presenting this work through a public co-investigator highlights what meaningful involvement looks like in practice and offers transferable lessons for designing, evaluating, and sharing public health materials in equitable and impactful ways.

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2.2 Bowel, Cervical and Lung Screening

Designing behaviour change interventions to improve bowel cancer screening uptake: A mixed-methods feasibility study

Dr Georgina Wren[1,2], Prof. Mark Conner[1], Prof Katie Robb[3], Dr Darren Greenwood[1], Prof. Daryl O'Connor[1]
[1]University of Leeds, Leeds, [2]Cardiff University, Cardiff, [3]University of Glasgow, Glasgow

Background: Colorectal cancer is the fourth most common cancer in the UK, yet uptake of the NHS Bowel Cancer Screening Programme (BCSP) remains suboptimal, particularly among individuals from minority ethnic backgrounds and socioeconomically deprived communities. Behavioural science suggests that interventions targeting both motivation and planning may improve screening engagement, but evidence on their acceptability and feasibility within the UK context is limited. This paper reports the first phase of the BENE-FIT trial, which focused on adapting and evaluating two behaviour change interventions to support uptake of the Faecal Immunochemical Test (FIT): a social norms-based motivational component and a volitional planning tool.

Methods: Using a mixed-methods, multi-phase sequential design, qualitative interviews (n = 50) examined how existing intervention materials addressed known barriers and facilitators to bowel cancer screening, while online usage testing (n = 50) informed redesign for accessibility, engagement and FIT suitability, particularly for minority ethnic and deprived groups. Acceptability testing with intention-to-screen measures (n = 50) was then used to assess feasibility and preliminary effectiveness across a diverse sample prior to implementation in a large-scale NHS trial.

Results: Interviews identified key motivational and practical barriers and facilitators to bowel cancer screening and informed iterative refinement of intervention content and format, supported by a Public Research Advisory Group. Usage testing highlighted low-engagement elements for removal, while design revisions improved clarity, accessibility and FIT relevance. Acceptability testing demonstrated high overall acceptability and positive qualitative feedback, alongside preliminary evidence for increased intention to screen following intervention exposure.

Conclusions and Implications: These findings highlight the value of co-production, cultural awareness and user-centred design in developing acceptable screening interventions and provide a robust empirical foundation for progression to a large-scale randomised control trial within the NHS Bowel Cancer Screening Programme.

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Co-design of targeted invitation strategies to improve uptake of cervical and lung cancers screening among underserved subgroups

Dr Jing Huang[1], Dr Sadhana Jagannath[1], Dr Maira Salman[1], Alara Egeli[1], Dr Amish Acharya[1], Hector Smethurst[2], Alicja O’Connor[2], Dr Ada Humphrey[1], Dr Gaby Judah[1]
[1]Imperial College London, London, UK, [2]Appt Health, London, UK

Background: Cervical and lung cancer are among the most common cancers in the UK, and early detection through screening is associated with improved prognosis. However, screening uptake is suboptimal, with disparities among underserved subgroups. As different subgroups have different barriers to attendance, the same intervention content is unlikely to be effective across all underserved populations. This study aims to co-design targeted invitation strategies for identified underserved groups and evaluate these for impact on screening uptake.

Methods: Six underserved subgroups were identified through a literature review, analysis of existing uptake data, and input from Cancer Alliances. Barriers to screening uptake for each subgroup were identified from a literature review and mapped to the Theoretical Domains Framework to inform intervention prompt development. Co-design workshops (in person and online) will be conducted with individuals from these underserved subgroups to further validate the barriers and to develop targeted screening invitation strategies based on the intervention prompts. Public and Patient involvement members will support workshop planning by reviewing workshop materials and facilitating workshops. The co-designed interventions will be evaluated in a three-armed trial with allocation at GP practice level (including 400 GP practices).

Results: Identified underserved subgroups include current and former smokers living in areas of high deprivation (lung screening); people with learning disabilities, individuals whose preferred language is not English, younger adults aged 25-34 years, and older adults living in areas of high deprivation (cervical screening). Workshop recruitment is ongoing, with support from seven Cancer Alliances. Co-design workshops will take place in February and March 2026, and the trial from April 2026 to March 2027.

Conclusions and implications: The findings will generate practical and theory-informed insights into how invitation messaging can be better tailored to address the needs of different underserved groups. These outputs will help to improve equitable cancer screening uptake.

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Patient, public and participant involvement in research to address physical Disability inequity in screening

Prof Susan Sherman[1], Miss Samantha Renke, Dr Emma Kemp, Prof Julius Sim, Prof Carolyn Chew-Graham, Dr Andrew Finney, Mrs Charlotte Harper, Dr Laura Marlow, Dr Katie Wright-Bevans
[1]University of Sheffield, Sheffield, UK

Background: We put together a research team to explore the experiences of physically Disabled people accessing cervical screening and the acceptability of self-sampling. We report reflections on co-designing the survey with lived-experience stakeholders and participants' feedback on the survey.

Methods:

1. Co-designing the survey

A survey exploring barriers and facilitators related to cervical screening for physically Disabled people was co-designed with a patient co-investigator and 14 lived-experience stakeholders. This included 4 stakeholder meetings and an additional 10+ co-investigator meetings. The first author kept notes while designing the survey, which she discussed with the stakeholders and reports here.

2. Participant feedback

The cross-sectional survey (n=1493) was completed by physically Disabled people recruited through an online panel. The final question of the survey invited participants to provide comments on the survey itself. These underwent content analysis.

Results

1. Co-designing the survey

Reflections raised through co-design included:

- Co-investigator role in facilitating research.
- Social Model of Disability and terminology (this led to asking participants to indicate if they had a physical disability, condition, impairment or difference that made screening difficult or impossible)
- Measuring physical disability.
- Problems and solutions (previous surveys have not included disability-relevant items thus they were unreported and not considered in healthcare design).
- Accessibility of survey.

2. Participant feedback

n=350 (23.4%) provided responses to the survey question. The following themes were identified:

- Gratitude for survey (important, interesting)
- Format of survey (need for N/A, gender issues, choice of grid format, clear and accessible)
- Being educated by survey regarding screening options
- Other things we should have considered

Conclusions and implications: The results underscore the importance of the slogan "Nothing About Us Without Us" if real improvements to screening access and outcomes for the physically Disabled community are to be made. The Social Model of Disability-informed approach led to insights that previous research has overlooked.

* * *

Understanding current practice in cervical screening for physically disabled people in primary care, identifying barriers to making reasonable adjustments, and exploring attitudes towards potential solutions

Dr Emma Kemp[1], Prof Julius Sim[2], Prof Carolyn. A Chew-Graham[2], Dr Andrew Finney[2], Charlotte Harper[2], Dr Laura Marlow[3], Miss Samantha Renke[4], Dr Katie Wright-Bevans[2], Prof Susan Sherman[1]
[1]University of Sheffield, Sheffield, England, [2]Keele University, Keele, England, [3]Queen Mary University of London, London, England, [4]Samantha Renke Official Ltd, London, England

Background: Despite the NHS cervical screening programme saving an estimated 5000 lives annually, equitable access to this service remains a challenge for certain populations, particularly individuals with physical disabilities. We aimed to gain healthcare practitioner (HCP) perspectives on existing practice in primary care and on which adjustments facilitate physically Disabled people in accessing cervical screening.

Methods: Participants took part in an online cross-sectional survey. HCPs were based in England, worked in primary care and took cervical samples. Participants rated statements relating to their screening practice, confidence in taking cervical samples, offering reasonable adjustments to physically Disabled people, and attitudes towards potential solutions (5= Strongly agree to 1= Strongly disagree).

Results: A total of 168 HCPs (62.7% practice nurses) took part. Findings show highest agreement (combined total of agree/strongly agree) ratings for: providing explanations of the test (97.6%), maintaining dignity (92.3%) and understanding the needs of Disabled people (90.5%). Participants described adjustments offered, including wheelchair access (98.8%), longer appointment times (94.1%) and height-adjustable couches (92.9%). Only 2.4% reported provision of transfer equipment and participants displayed low agreement to having necessary equipment to support physically Disabled people (33.8%). Most HCPs agreed that it would be appropriate to offer HPV self-sampling to Disabled people (83.5%) and could improve screening in this population (86.4%). Data collection is ongoing; complete analysis is due by March 2026.

Conclusion and implications: HCPs show confidence in understanding the needs of physically Disabled people. However, to meet these needs, practices should be supported to take steps to ensure that reasonable adjustments can be made or by providing adequate equipment if available. HPV self-sampling is a potential solution, and participants appeared enthusiastic about its implementation. Findings from this study will inform practice and policy recommendations to improve cervical screening for physically Disabled people.

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From Lived Experience to Evidence-Based Action: The Development of a Co-designed Cervical Screening Strategy Design Toolkit to Increase Uptake in Underserved Communities in North East England

Caroline Charlton[1], Dr Angela Wearn[2], Dr Elizabeth Sillence[1], Prof Elizabeth Goyder[3], Paul Court[4], Dr Angela Rodrigues[1]
[1]Northumbria University, Newcastle upon Tyne, UK, [2]Newcastle University, Newcastle upon Tyne, UK, [3]University of Sheffield, Sheffield, UK, [4]Healthworks, Newcastle upon Tyne, UK

Introduction: Low cervical screening uptake among underserved women in North East England contributes to significant health inequities. Traditional outreach strategies often fail to resonate with or overcome the complex socio-cultural, practical, and emotional barriers present within these communities. This study utilised a participatory co-design process to develop an evidence-based toolkit of interventions designed to improve engagement with screening services.

Methods: A four-phase co-design methodology involved 64 participants (49 community and 15 professional stakeholders). Phase 1 saw community stakeholders identify key barriers, while Phase 2 involved professionals generating solutions tailored to service user personas. In Phase 3, community members reviewed these professional ideas and co-designed their own preferred, holistic solutions. Phase 4 saw a mixed group of community and professional stakeholders collaborate to translate these community-led designs into prototype toolkit pages. All qualitative workshop outputs were analysed using thematic content analysis.

Results: The co-design process yielded a clear developmental pathway from identifying barriers to a finalised toolkit. Workshop 1 produced a community-validated framework of local barriers. This was supplemented in Workshop 2 by a portfolio of professionally-generated solutions. Workshop 3 resulted in a series of holistic, multi-component intervention plans designed by community members, which prioritised relational trust and practical support over purely informational approaches. Phase 4 translated these community-led designs into the primary output: a modular toolkit. This prototype toolkit contains a series of co-designed 'pages', each structured around a key barrier and detailing community-approved solutions, implementation guidance, and draft resources for providers.

Conclusions and Implications: Co-design is an effective methodology for developing health interventions that are grounded in the lived experience of the target community. The resulting prototype toolkit provides a flexible, evidence-based resource for healthcare providers to implement more acceptable and effective strategies. This participatory approach offers a valuable model for reducing health inequalities in preventative care.

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Evaluating a mobile cervical screening unit in Newcastle Upon Tyne – Is it an acceptable approach to improving uptake?

Dr Kate Sykes[1], Prof Emma L Giles[2], Jill Fozzard[4], Emily Maughan[5], Fiona Anderson[6], Dr Grant J McGeechan[3]
[1]Northumbria University, Faculty of Health and Wellbeing, Newcastle upon Tyne, UK, [2]Teesside University, School of Health and Life Science, Middlesbrough, UK, [3]Teesside University, School of Social Sciences, Humanities & Law, Middlesbrough, UK, [4]Gateshead Health NHS Foundation Trust, Gateshead, Tyne and Wear, UK, [5]Newcastle General Practice Services, Gosforth, UK, [6]Northern Cancer Alliance, UK

Background: Through cervical screening a sample of cells is taken from the cervix and tested for certain types of human papillomavirus (HPV). High-risk HPV can cause changes to the cells of the cervix, which might develop into cancer. Women and people with a cervix, between 25 to 64, are invited for screening every 5 years. Barriers to accessing appointments represent a significant challenge to cervical screening participation. This study evaluated the implementation of a mobile cervical screening unit (MCSU).

Methods: The MCSU was placed in 14 different locations (across the Newcastle Upon Tyne area), in areas of high deprivation (IMD score 1 and 2), between January 2024 and July 2024. Eligible individuals were offered cervical screening services. This evaluation captured screening history, demographic characteristics, motivations for attendance, participant experiences, and cytological outcomes through online survey methodology.

Results: 274 people attended the MCSU, cervical samples were obtained from 201 individuals, with 184 completed survey responses analysed. The participant profile predominantly comprised females, aged 25-29 years, with screening delays of twelve months or less. Most attendees were English, Welsh, Scottish, Northern Irish or British (n= 126; 68.5%). 14 other ethnicities were represented from 58 attendees. Almost half of attendees (n=99; 49.3%) were overdue screening by 1 year or less. Laboratory analysis revealed 88.6% (n=178) samples were HPV-negative, while 2% (n=4) had High Grade Cytology. Qualitative feedback highlighted several valued features of the service: convenient locations, efficient appointment scheduling, and minimal waiting periods. Participants expressed willingness to use the MCSU for future screening and indicated they would recommend the service to others.

Conclusion and implications: This indicates that an MCSU is a potentially acceptable innovation supporting cervical screening completion. It has engaged those who were overdue and identified those with high-risk HPV, enabling early detection and prevention of cervical cancer.

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2.3 Physical Activity and Weight

Weight Stigma and Engagement in Physical Health Behaviour: A Narrative Synthesis

Ankita Sehrawat[1], Dr Chantelle Wood, Prof Sue Sherman, Dr Nicola J Buckland
[1]University of Sheffield, Sheffield, UK

Background: Weight stigma—bias, prejudice, and discrimination based on body weight—negatively affects engagement in physical health behaviours. Although existing research has largely focused on quantifiable outcomes, less attention has been given to individuals' lived experiences. Qualitative research offers a deeper understanding of these experiences. This study systematically reviewed and synthesised qualitative evidence on experiences of weight stigma and their impact on engagement in physical health behaviours.

Methods: A systematic literature search was conducted across eight databases, yielding 3,206 records. After removing duplicates, 1,847 records were screened, and 86 studies met the inclusion criteria and were included in the final synthesis. An inductive thematic analysis was used to synthesise qualitative findings, resulting in three overarching themes: (1) experiences of weight stigma, (2) engagement in physical health behaviours, and (3) factors influencing engagement in physical health behaviours.

Results: The first theme captured experiences of weight stigma, including internalisation of stigma and key characteristics of stigmatising encounters. The second theme highlighted how weight stigma acted as a barrier to engagement in physical health behaviours. The third theme identified factors that enabled individuals to engage in health behaviours despite experiencing weight stigma. Participants' suggestions for reducing weight stigma across healthcare and social contexts were also synthesised.

Conclusions and Implications: This review demonstrates that weight stigma plays a substantial role in shaping engagement in physical health behaviours, both as a barrier and through mechanisms of internalisation. Addressing weight stigma and incorporating stigma-reducing approaches may be essential for supporting equitable and sustained engagement in health-promoting behaviours.

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The Relationship Between Weight Stigma and Engagement in Physical Health Behaviour: Two Meta-Analyses and a Meta-SEM

Ankita Sehrawat[1], Prof Chantelle Wood, Dr Nicola Buckland, Prof Sue Sherman
[1]University of Sheffield, Sheffield, UK

Objective: Weight stigma—negative bias and discrimination based on body weight—has been associated with unhealthy physical health behaviours, including disordered eating, substance use, and reduced physical activity. Despite extensive research, a comprehensive quantitative synthesis is lacking. This study conducted two meta-analyses to examine the association between weight stigma and physical health behaviors.

Methods: A systematic literature search across nine databases identified 126 records that measured weight stigma and physical health behaviour (Meta-analysis 1), 8 records that also measured stress (Meta-analysis 1: SEM), and 8 records that manipulated exposure to weight stigma and measured the subsequent effect on physical health behaviour (Meta-analysis 2). A multilevel meta-analysis was conducted on Pearson's r (Meta-analysis 1: 540 effect sizes) and Cohen's d (Meta-analysis 2: 14 effect sizes). Structural equation modeling (Meta-analysis 1 SEM: 80 effect sizes) tested stress as a mediator.

Results: Meta-Analysis 1: A small, significant positive association was found between weight stigma and engagement in unhealthy behaviours ($r = .1109$, $SE = .0123$, 95% CI [.0869, .1350], $p < .001$), suggesting higher stigma is associated with higher engagement in unhealthy behaviours and lower engagement in healthy behaviours. Meta-SEM indicated that stress partially mediated the relationship between weight stigma and engagement in physical health behaviour ($ab^* = 0.049$, $p < .0001$). Meta-Analysis 2: Meta-analysis 2 found that experimental manipulation of weight stigma did not have a statistically significant effect on engagement in unhealthy behaviours, despite a moderate effect size ($d = 0.55$, $SE = 0.35$, $t(14) = 1.60$, $p = .132$).

Conclusions and Implications: Weight stigma contributes to unhealthy behaviours through direct and indirect pathways, with stress as a partial mediator. Addressing weight stigma may be critical for public health efforts to promote healthier behaviours.

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Physical activity coaching for adults with walking limitations: Results of the ComeBACK hybrid type 1 effectiveness-implementation randomised controlled trial

Dr Louise M N Pearce[1], Prof Catherine Sherrington[1], Prof Anne Tiedemann[1], Rana S Hinman[3], Maria Crotty[4], Tammy Hoffmann[7], Lisa Harvey[1], Nicholas F Taylor[5], **Prof Colin Greaves**[2], Robert Herbert[6], Kristy Robledo[1], Daniel Treacy[8], Matthew Jennings[9], Andrew Milat[1], Kim L Bennell[3], Kirsten Howard[1], Maayken van den Berg[4], Marina Pinheiro[1], Siobhan Wong[1], Catherine Kirkham[1], Elizabeth Ramsay[1], Sandra O'Rourke[1], Courtney A West[1], Geraldine Wallbank[1], Roslyn Savage[1], Prof Leanne Hassett[1]
[1]University of Sydney, Sydney, Australia, [2]University of Birmingham, Birmingham, UK, [3]University of Melbourne, Melbourne, Australia, [4]Flinders University, Adelaide, Australia, [5]La Trobe University, Melbourne, Australia, [6]Neuroscience Research Australia, Sydney, Australia, [7]Bond University, Gold Coast, Australia, [8]Prince of Wales Hospital, Sydney, Australia, [9]Liverpool Hospital, Sydney, Australia

Background: Walking limitations are a form of disability that is particularly common in individuals with chronic health conditions and older adults, leading to high rates of physical inactivity and negative physical and mental health and quality of life consequences in these traditionally underserved populations. The ComeBACK trial aimed to evaluate the effectiveness of two scalable physical activity interventions, telephone-based health coaching (Coaching to ComeBACK) and unidirectional text messaging (Texting to ComeBACK), compared to a waitlist control group in adults with self-reported walking limitations.

Methods: This three-arm, pragmatic randomised controlled trial was conducted with 512 community-dwelling adults in Australia (mean age 69 years; 76% women; 51% reporting multimorbidity). Participants were randomly assigned to Coaching to ComeBACK (n=172), Texting to ComeBACK (n=171) or waitlist control (n=169). The primary outcome was device-measured average daily steps over one week at six months. Secondary outcomes included physical function, mental well-being, quality of life, goal attainment and falls. Between-group differences were estimated using linear regression and longitudinal models.

Results: At six months, participants in the Coaching to ComeBACK group had higher average daily steps (mean 7256, SD 3736) than both waitlist control (mean 6526, SD 3003; adjusted between-group difference 931 steps, 95%CI: 409 to 1452; p=0.001) and Texting to ComeBACK (mean 6529, SD 3029; between-group difference 571 steps, 95%CI: 58 to 1084, p=0.03). Coaching to ComeBACK also led to greater improvements in goal attainment and reductions in walking limitations due to lower limb or back pain.

Conclusions and implications: Health coaching is more effective intervention than texting or no intervention for improving physical activity in adults with walking limitations. Its tailored, person-centred approach supports equitable access to physical activity opportunities for populations often excluded from physical activity research, informing future models of care that can prioritise diversity and inclusion of people with disability.

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Sustaining physical activity following participation in a joint pain exercise and education rehabilitation programme; A qualitative longitudinal study

Panayiotis Michael[1,2], Dr Sheree McCormick[1], Dr Jenny Alexanders[2], Dr Aidan Quinn Innes[2,3], Dr Amy Elizabeth Harwood[4], Prof Francis Fatoye[1], Prof Patrick Doherty[5], Prof Nigel Timothy Cable[4], Dr Davina Deniszczyc[2], Prof Gillian Yeowell[1]
[1]Faculty of Health and Education, Manchester Metropolitan University, Manchester, UK, [2]Nuffield Health, Manchester, UK, [3]Faculty of Science and Engineering, Manchester Metropolitan University, Manchester, UK, [4]Institute of Sport, Manchester Metropolitan University, Manchester, UK, [5]Department of Health Sciences, University of York, Manchester, UK

Purpose: Many individuals struggle to maintain structured physical activity once exercise rehabilitation ends, despite the established benefits. This study explored how participants' experiences evolved after completing a community-based Joint Pain Programme delivered by a healthcare charity. Drawing upon the Socio-Ecological and Transtheoretical Models, it examined factors influencing sustained physical activity beyond programme completion.

Methods: A longitudinal qualitative design was employed. Twenty-one individuals who had completed the Joint Pain Programme and were interviewed at week 12 (end of instructor-led phase), were invited to follow-up interviews at weeks 24 and 36. Interviews were conducted remotely, transcribed verbatim, and analysed using reflexive thematic analysis. Coding was inductive and guided by a pragmatic paradigm. Participants were categorised as ‘sustainers’ or ‘non-sustainers’ based on their behavioural trajectory following the instructor-led phase, assessed using the Transtheoretical Model stages of change.

Results: Seventeen participants were interviewed at week 24, and eighteen at week 36. Saturation was achieved after 11 interviews across both timepoints, with trustworthiness strengthened through peer debriefing, temporal triangulation, and member checking. Five overarching themes were identified: (1) From avoidance to approach; (2) Becoming an independent exerciser; (3) Establishing a new routine; (4) Outsourcing willpower; and (5) Evidence of self-determined behaviour. Sustainers demonstrated greater acceptance of pain and routine adaptability, whereas non-sustainers reported susceptibility to disruptions, including illness and loss of complimentary facility access. Sustained physical activity was shaped by interpersonal and intrapersonal factors such as social support, self-regulation, and self-efficacy, alongside organisational-level factors such as programme design and continuity of support.

Conclusions: Sustained physical activity post-rehabilitation is a dynamic, context-dependent process. Policy and practice should prioritise the development of psychological and self-regulatory skills that enable individuals to navigate evolving ecological contexts. This study demonstrates the value of a dual-framework, multi-timepoint design in understanding ecological and temporal dimensions of sustained behaviour change.

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Potential for Digital Nudges and AI Support for Physical Activity in Adults Living with T2DM in Saudi Arabia

Badr Nhari[1], Dr Philip A. Powell[1], Dr Stephen Potter[1], Dr Lucie Nield[1]
[1]Division of Population Health/school of Medicine and Population Health/ University of Sheffield, Sheffield, UK

Background: Type 2 diabetes mellitus (T2DM) is highly prevalent in Saudi Arabia and physical inactivity remains a major challenge for effective self-management. mHealth tools using digital nudges and AI could provide scalable support, but little is known about perceptions of physical activity barriers, digital nudge features, and AI-enabled support among adults with T2DM in Saudi Arabia. This study investigates perceived barrier profiles, preferences for digital nudges (e.g. timing, frequency, content, social and motivational features), and acceptability of an AI agent to inform future mHealth interventions.

Methods: A cross-sectional online survey of 102 adults living with T2DM in Saudi Arabia collected demographics, smartphone and mHealth use, perceived physical activity barriers, digital nudge preferences, ratings of motivational nudge examples, and AI-agent acceptability. Planned analyses include exploratory factor analysis and reliability indices to confirm scales, followed by descriptive statistics, between-group tests and correlations to examine associations and age-related differences. Data collection is complete, and full analyses will be presented at the conference

Results: Preliminary analyses indicate that time constraints, lack of willpower, and weather-related barriers are frequently endorsed, alongside high smartphone ownership and use. Many participants report that reminder-type and timely nudges linked to daily activity goals are motivating and help maintain their routines. Early descriptives suggest generally positive attitudes towards an AI agent delivering personalised activity support, with interest and comfort higher among regular mHealth users than non-users; full results on barrier profiles, nudge preferences, motivational ratings, and AI-agent acceptability by age and mHealth use will be available by the conference.

Conclusions and implications: This work will provide evidence on how adults with T2DM in Saudi Arabia perceive digital nudges and AI-driven support for encouraging physical activity. Findings will inform the design of nudge-based mHealth and AI-enabled interventions that are culturally appropriate, acceptable, tailored, and more effective at supporting sustained physical activity.

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2.4 5 slides in 5 minutes

An impact evaluation of the Health Determinants Research Collaboration Medway Public Advisory Group

Kate Day[1], Dr Sarah Hotham[1], Rick Pataky[2]
[1]University of Kent and University of West England, Canterbury, UK, [2]Health Determinants Research Collaboration Medway (Medway Council), Medway, UK

A new public health initiative funded Health Determinant Research Collaborations (HDRC) across UK local authorities (LA) to address health inequalities, enable LA capacity of evidence-based decisions to improve public health outcomes. Patient and public involvement (PPI) is integral to ensure local needs and priorities are appropriately met. HDRC Medway's Patient Advisory Group (PAG) are Medway PPI representatives. This qualitative evaluation gathers insights from the first PAG cohort June 2023 – October 2024 to inform upcoming years and provide recommendations to effectively integrate PPI within public health initiatives.

Semi-structured focus groups were conducted with PAG members (N=6) via Microsoft Teams facilitated by a University of Kent researcher. Questions were co-developed with the HDRC Medway Patient and Public Involvement and Engagement Lead. Analysis followed thematic analysis procedures with 2 researchers and the PPI lead to code transcripts, develop meaningful themes and subsequent recommendations.

5 main themes identified: positive psychosocial gains as a PAG member; role expectations and understanding impacted perceived contributions; reiterating PAG's impact on wider HDRC Medway aims reinforced perceived value; group management and communication; and personal investments and hopes post-PAG.

Insights provide transferable recommendations for PPI collaborators to support and enhance PPI efficacy and engagement in public health. Positive reflections highlight the strengths of their experiences and the personal value of their contributions to addressing health inequalities. Common challenges highlighted the need to adapt administrative practices and for researchers to plan to mitigate the PPI cliff edge and negative fallout. Effective PPI collaboration requires meaningful direction, clear communication, inclusive facilitation, fostering interpersonal cohesion, reinforcing continued value and impact to maximise engagement and public health outputs.

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Psychosocial determinants of attitudes towards medical help-seeking in individuals with, and without a diagnosis of a mental illness

Dr Justine Anthony[1], Dr Maria Goodwin[2], Dr Emma Bridger[1]
[1]University of Leicester, [2]Aston University

Background: People with diagnosed mental illness experience poorer physical health outcomes than the general population. Structural barriers to healthcare access are well documented, though less is known about whether attitudes toward medical help-seeking differ between individuals who do and do not report having a mental illness. This study examined psychological and social determinants of medical help-seeking attitudes and tested whether these associations vary by mental illness status.

Methods: An online survey was conducted via Prolific ($N = 980$), including participants with and without a diagnosed mental illness. Help-seeking attitudes were measured using the action/intention subscale of the Attitudes to Medical Help-Seeking Scale. Predictors included psychological distress, optimism, self-esteem, perceived uncontrollable mortality risk, perceived discrimination, perceived health, financial difficulty, healthcare usage, and demographic characteristics. Bivariate models examined differences in help-seeking attitudes by mental illness status. A fully adjusted regression model including all predictors was estimated, with non-significant predictors removed. Moderation by mental illness status was tested using diagnosis × predictor interaction terms.

Results: In bivariate analyses, mental illness status was associated with lower help-seeking attitudes ($b = -1.21$, $p = .016$), although proportion of variance explained was small ($R^2 = .006$). In the fully adjusted model, this association reversed, with mental illness status positively associated with help-seeking attitudes ($b = 2.76$, $p < .001$), indicating confounding by psychosocial and socioeconomic factors. Higher optimism, lower psychological distress, and higher perceived uncontrollable mortality risk were independently associated with more positive help-seeking attitudes, while greater financial difficulty was associated with lower help-seeking attitudes. Age, sex, education, and income were not independently associated with the outcome. No significant diagnosis × predictor interactions were observed.

Conclusion: Psychosocial factors are associated with attitudes to medical help-seeking, and these associations do not differ by mental illness status. Interventions targeting psychosocial determinants may be broadly applicable across populations.

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Improving Mental Health Pathways through Co-Production (IMPACT-IBD): An experience-based co-design project to inform future pathway development

Rachel Hawkins[1], Prof Ian Kellar[1], Dr Alenka Brooks[2], Prof Alan Lobo[2], Jennifer Brown[1]
[1]University of Sheffield, Sheffield, [2]Sheffield Inflammatory Bowel Disease Centre, Sheffield, UK

Background: Inflammatory bowel diseases (IBD) are complex remitting conditions of the gastrointestinal tract impacting over 500,000 living in the UK (UK). One in three people with IBD have comorbid anxiety and/or depression along with other mental health diagnoses. However, UK reports show just 20% of adults with IBD are asked about their mental health during their care, and integrated psychological support is often unavailable. Funded by the UKSBM, the IMPACT-IBD project aimed to start the conversation in co-producing actionable interventions to bridge the gap between patient needs and clinical service provision.

Methods: Using experience-based co-design, four interactive online workshops were conducted with IBD service users (n=14) and clinicians (n=6). The project was steered by a PPI group of three people with lived experience to inform the project design. Sessions explored barriers from patient and professional perspectives separately, and then joint workshops facilitated consensus on critical intervention points and ideas for a mental health support model. Discussions were synthesised into key themes.

Results: Participants identified a fundamental disconnect in current care. Service users reported trauma, shame, and inaccessibility of generic mental health services. Clinicians highlighted systemic constraints and a fear of "opening the box" on mental health. Consensus established three critical points for proactive intervention: diagnosis, hospital discharge, and treatment changes. The co-produced solution proposes a multi-level model comprising: 1) embedded psychology via a consultation model; 2) raising awareness amongst clinicians; 3) improved navigation tools; and 4) regulated peer support. The group is currently co-developing a dissemination strategy through a dedicated website.

Conclusions and implications: IMPACT-IBD highlights the necessity of preventative psychological IBD care. These outputs directly inform the strategic planning for Phase 2 of IMPACT-IBD, providing a framework for future research and policy to embed psychology into routine IBD care.

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Co-designing a culturally appropriate mHealth physical activity intervention for menopausal women from ethnic minority groups: A case study of Islamic Arab Saudi women

Ghada Alswayied[1], Dr. Rachael Frost[2], Dr. Fiona Hamilton[1]
[1]UCL, London, UK, [2]Liverpool John Moores University, Liverpool, UK

Background: Physical activity (PA) is a public health priority. Despite these benefits, adherence to PA guidelines among midlife women remains low globally. Mobile health applications (mHealth) present promising opportunities for supporting PA behaviour change; however, effective engagement requires interventions that align with women’s needs and preferences. Co-design, a participatory and stakeholder-driven approach, can facilitate the development of culturally relevant health interventions. This study aimed to identify women’s needs and generate and prioritise actionable recommendations for a contextually and culturally tailored mHealth PA intervention for midlife women experiencing menopause in Saudi Arabia.

Methods: An exploratory qualitative design guided a three-stage generative co-design process: pre-design which involved qualitative interviews with midlife women and informed the co-design workshops study, co-design, and post-design. Online workshops were conducted between May-October 2024 with diverse stakeholders. Visual illustrations were used to elicit perceptions of PA-related needs and challenges. All workshops were audio-recorded, transcribed verbatim, and analysed using inductive qualitative content analysis and subsequently mapped onto COM-B model.

Results: Five co-design workshops involving 23 stakeholders, including midlife menopausal women, professionally diverse HCPs, policymakers, fitness trainers, and an app developer, generated concrete design recommendations for tailoring mHealth PA interventions for midlife Saudi women. Agreed priorities included tailored educational modules on menopause and PA, a home-based, adaptable exercise library, empathetic messaging, progress tracking and feedback with meaningful prompts, personalisation options, and social and community support features. Cultural tailoring was consistently identified as essential across all components. Stakeholders also recommended an ecosystem approach to implementation.

Conclusion: The co-design approach proved feasible and appropriate, and generated culturally relevant insights for an underrepresented population. The findings provide a foundation and practical direction for intervention content, design features, and implementation strategies that align with women's lived experiences and sociocultural context. The necessary next steps are prototype development and feasibility testing.

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"Not born into technology": an Interpretative Phenomenological Analysis of Older Adults Learning to Use Digital Technology

Dr Ayse Aslan[2,1], Prof Harm van Marwijk[3], Dr Freda Mold[2], Prof Jo Armes[2]
[1]University of Manchester, Manchester, UK, [2]University of Surrey, Guildford, UK, [3]Brighton and Sussex Medical School, Brighton, UK

Background: The use of digital technology has significantly increased over the years. Many organisations have followed this trend and moved from face-to-face communication to online. Despite the increase in digital skills and online usage over the years amongst the general population, there are still specific groups of individuals who are more susceptible to experiencing digital inequalities, such as older adults.

Aim: To observe older adults' digital literacy development over time, as they engaged in a training programme provided by a community interest group. Additionally, the research aimed to understand the process by which older adult increase their digital skills, why they seek formal technology support services and what they use their digital devices for.

Methods: Longitudinal participant observation and two semi-structured interviews per participant were employed to collect data from 11 older adults (aged over 65). Data was analysed using interpretative phenomenological analysis.

Results: Three overarching themes were identified during the analysis of the field notes and interview data: (1) Patterns of digital device usage, (2) Learning preferences, and (3) The role of the Tech Angel. Older adults preferred learning to use their digital devices through a one-to-one approach due to it being person-centred and tailored.

Conclusion: Older adults preferred learning to use their digital devices through a one-to-one approach due to its person-centred and tailored approach. Having access to in-person, one-to one support was favoured by all participants, and all reported having positive experiences with their Tech Angel, suggesting similar services should be available to increase older adults' digital skills.

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Physical Activity Interventions Impact on Quality of Life within Endometriosis Populations: A Systematic Review.

Kate Day[1,2], Sharon Manship[1], Dr Caroline Flurey[2]
[1]University of Kent, Canterbury, UK, [2]University of West England, Bristol, UK

Background: Endometriosis, a chronic, multisystem condition affecting 10% of people assigned female at birth. Associated with chronic pelvic pain, fatigue, cognitive symptoms, and impaired quality of life. Conventional management relies on pharmacological therapies and invasive surgery, which pose challenges in navigating pathways, waitlists, and variable efficacy. Overlooking wider wellbeing, increasing interest in holistic approaches to support symptom management.

Objectives: To evaluate the efficacy of physical activity–based interventions and manual muscle stimulation on pain severity and quality of life outcomes among individuals diagnosed with endometriosis.

Methods: This systematic review followed PRISMA guidance and was registered on PROSPERO. Six databases were searched for published intervention studies between 2020-2025. Eligible studies included endometriosis-diagnosed samples (laparoscopy, ultrasound, or MRI), interventions ≥4 weeks involving physical activity/exercise or manual muscle stimulation, and primary outcomes including pain and/or quality of life. Two reviewers independently screened titles/abstracts and full texts using Rayyan, resolving conflicts by consensus. Data extraction and quality assessment (PICO, TIDieR-informed, EPHPP, MMAT, RoB-2/ ROBINS-I). Narrative synthesis summarised findings.

Results: Eight publications (six studies) were included out of 5,655; two supervised exercise RCTs, one quasi-experimental strength training study, one virtual reality–based relaxation/physical activity intervention, and two RCTs evaluating massage/manual therapy protocols. Supervised multimodal exercise programmes (including pelvic floor muscle training and combined resistance stretches) demonstrated consistent improvements in current pain and quality of life. Qualitative evidence highlighting the importance of expert supervision, safety, and empowerment for adherence. Manual therapy and massage interventions were suggested to reduce dysmenorrhoea and dyspareunia, but heterogeneity and confounding factors limit conclusions.

Conclusions: Structured, supervised physical activity with multiple longitudinal intervention sessions appears beneficial for reducing pain and improving quality of life in endometriosis. Evidence for manual muscle stimulation is promising but less robust, warranting larger, well-controlled longitudinal trials reporting standardised outcomes.

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A community champion led breast screening intervention for underserved groups

Dr Anam Ayaz-shah[1], Dr Maira Salman[1], Alara Egeli[1], Dr Amish Acharya[1], Dr Thomas Beaney[1], Dr Sophia Batchelor[1], Dr Erin Walker[1], Dr Ada Humphrey[1], Liza Ctori[2], Sacha Rathore[2], Susan Colwell[2], Anna Lawrence-Jones[1], Lord Ara Darzi[1], Dr Gaby Judah[1]
[1]Institute of Global Health Innovation, Imperial College London, UK, [2]Public Health Team, London Borough of Hounslow, UK

Background: Breast cancer is the most common cancer in women in the UK. Breast screening (BS) supports early detection and improved outcomes. However, BS attendance in London is around 55%, (below national average) with disparities in uptake among women from socio-economically deprived areas and minority ethnic groups. This study will assess the impact of a scalable, community champion–led behavioural intervention for improving BS uptake overall, and within underserved communities.

Methods: The study will take place in the London Borough of Hounslow, given high ethnic diversity, deprivation, and low BS uptake. The multimodal intervention includes resources co-designed using a Behaviour Change Wheel approach, translated into ten languages: animated videos, leaflets, wallet cards, posters and bus stop adverts. Resources will be disseminated through 50 trained community champions, council advertising, and through local authority outreach.

A six-month intervention period will be followed by six-month follow up, with a pragmatic, non-randomised, quasi-experimental design. BS uptake will be compared with comparator boroughs using a difference-in-difference analysis with inverse probability weighting. The primary outcome is BS uptake within three months of invitation. Secondary outcomes include uptake among low-uptake subgroups, amount of exposure to intervention materials, self-reported BS uptake and intentions, and barriers to and beliefs about BS.

Results: The co-designed materials and training have been produced and refined through six co-design workshops. Community champions have been recruited, representing high levels of diversity from the borough, and training is underway. The intervention period is February-July 2026.

Conclusions and implications: The study demonstrates effective collaboration with a local authority, to support health promotion with members of underserved communities. Findings will provide novel UK evidence on the effectiveness of a community champion–led model for increasing breast screening uptake at scale. Findings could inform local and national strategies to reduce screening inequalities, including in other cancer screening programmes.

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The diagnostic experiences of PCOS within Kent, Surrey, Sussex. A qualitative study

Kate Day[1], Sharon Manship[1]
[1]University of Kent, Canterbury, UK

Polycystic Ovary Syndrome (PCOS), affecting 10% of those assigned female at birth globally, causes a variety of disruptive symptoms on menstrual, physical, and mental health, impacts quality of life, and increases co-morbidity risks. Timely diagnosis is important; however, PCOS remains underdiagnosed, with patient dissatisfaction. This review collates global diagnostic experiences and support needs evidence to inform recommendations for a wider ongoing UK study.

The objective of the study is to explore the diagnostic experiences of PCOS within Kent, Surrey, and Sussex to understand the experiences and identify potential support needs gaps that could be addressed by future interventions or service provisions.

Method: Convenience sampling and weighting to purposefully include an even sample across the counties of 12 participants for semi-structured qualitative interviews conducted via Microsoft Teams. Interview schedules were informed by a preparative global scoping review of PCOS diagnosis needs and experiences. Interviews were transcribed, screened and thematic analysis was conducted by two researchers independently via NVivo14.

Results: The scoping review highlighted key areas for exploration regarding the need for healthcare practitioners' training, given its influence on the diagnostic experience and timeline. The need for research and co-development of person-cantered resources to address these healthcare needs and reduce health inequality, especially within the UK and Europe, where there are literature gaps. Interview results are in progress for finalisation, and interim findings intersect with wider health determinants and intersect across the biopsychosocial impact of the lives of those with PCOS.

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What barriers and facilitators do peer mentors and staff face when delivering psychosocial interventions for alcohol use?

Georgia Foote[1], Dr Ben Ainsworth[1], Dr Becky Band[2], Prof Julia Sinclair[1]
[1]University of Southampton, Southampton, [2]Swansea University, Swansea

Background: Peer mentors have been utilised in alcohol and substance use hospital services to support patients with the transition to community care following hospital discharge. However, few studies aimed to understand the experience of peer mentors and staff in delivering these interventions for an alcohol specific population. The research aims to understand the barriers and facilitators for staff and peer mentors in delivering conversations about alcohol use to dependent patients.

Methods: 15 staff and peer mentors were recruited from community and NHS services to participate in qualitative interviews. Interviews were semi-structured and focused on the needs, preferences, barriers and facilitators for delivering alcohol related psychosocial interventions. Interview transcripts were analysed using thematic analysis.

Results: The results indicate that a number of participants experience emotional distress, primarily when there was insufficient outpatient support to direct patients to which in some cases led to moral injury and unsustainability in the role. Despite this, participants expressed mixed responses concerning whether supervision meetings were in place, but all reported the importance of having them. Participants also expressed a desire for shared practice forums. Participants engaged in exploratory conversations to identify specific needs which required them to be flexible and knowledgeable about different psychosocial supports and recovery methods. Due to this, participants report frequently seeking further training. Barriers relating to the hospital-based environment were also discussed such as a lack of a private space, patients health preventing them from being able to engage in interventions, and a lack of funding provision causing services to be shut down and job insecurity.

Conclusions and implications: Peer mentors and staff experience numerous barriers to delivering interventions in hospital, and adequate support is necessary for role sustainability. These findings will be used to inform the development of a peer mentor delivered psychosocial intervention for hospital patients with alcohol dependence.

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The building blocks of an Agent-Based Model of Food Insecurity Interventions

Madeleine Henney[1], Dr Charlotte Buckley[2], Dr Megan Blake[1], Prof Hazel Squires[1]
[1]University of Sheffield, Sheffield, UK, [2]University of Liverpool, Liverpool, UK

Background: Food insecurity is a critical public health challenge in the UK. Agent-based models are becoming increasingly used in public health research as they allow for greater complexity than traditional modelling techniques. Specifically, it allows agents to interact with one another and their environment, facilitating a more nuanced exploration of health-related behaviours. This study describes the development process of designing an agent-based model designed to simulate food insecurity interventions to test how specific interventions impact public health outcomes.

Methods: To design this agent-based model, a conceptual model of the relationship between food insecurity interventions and people who are food insecure was developed. From this conceptual model three key barriers that people face were chosen: the opening times of the intervention, the stigma surrounding using the intervention and mental health. These barriers were used to design the mechanisms of action for the model, utilising the Mechanism-Based Social Systems Modelling architecture. This modelling architecture provided the framework for integrating relationships between different levels of entities, allowing individual agents to influence both societal-level factors and one another. This framework was key for mechanising how stigma as a barrier would work within the model.

Results: An Overview, Design concepts and Details protocol for the model has been drafted as well as a Unified Modelling Language diagram to convey how the model works. The model design process utilised the Mechanism-Based Social Systems Modelling architecture to create complex relationships between model entities (people, interventions and society), in the hopes to best emulate the real-world complexity of food insecurity.

Conclusions and Implications: This model demonstrates the potential for agent-based modelling as a viable tool for exploring the social complexities of food insecurity.

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A Qualitative Study Exploring Patient Experiences and Views on Motor Neuron Disease Drug Treatments

Amy Clift[1], Dr Liam Knox, Prof Donna Rowen, Prof Christopher McDermott, Dr Alys Griffiths
[1]University of Sheffield, Sheffield, UK

Background and Aims: Motor neuron disease is a progressive neurodegenerative disease with no cure. Disease-modifying drugs currently offer only modest benefits and vary in efficacy, route of administration, potential side effects, and costs. The experiences and perspectives of people with MND towards these drugs is poorly explored. The aim of the project was to identify what is most important to people with MND when considering drug treatments.

Methods: The study identified people with ALS across six centers across England and Wales. Qualitative semi-structured interviews were conducted and a reflexive thematic analysis approach was undertaken to collate codes and develop themes. Demographic data was collected and analysed to guide theoretical sampling and increase representation.

Results: Seventeen people with MND were interviewed and five main themes were identified: 1) embracing realistic expectations for treatment outcomes, 2) optimising treatment delivery and experience, 3) pressure and absence of true choice and 4) desire for self-sufficiency or equivalent control in drug administration, 5) consideration of benefit and risk.

Conclusions: Despite the heterogeneity of MND, people with MND share fundamental preferences centred on a drug's effectiveness, their maintained autonomy and the drug being easy to use and integrate into their lives. People with MND navigate complex trade-offs between the benefit of the drug on their MND and the treatment burden. Healthcare professionals undertaking shared decision-making should understand the views of people with MND with regard to their ideal treatment characteristics. Drug developers should understand and be guided by the preferences of people with MND when designing potential therapies

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2.5 Mixed Topics

Trial acceptability, recruitment and retention in a novel optimisation trial for women with breast cancer: A qualitative process evaluation

Jennifer Ingram[1], Dr Elizabeth Travis[1], Prof Samuel Smith[1], Dr Louise Hall[1], Erin Raine[1], Rachel Ellison[2], Emma McNaught[2], Hollie Wilkes[2], Pei Loo Ow[2], Prof Christopher Graham[3], Prof Robbie Foy[1], Prof David French[4], Prof Rebecca Walwyn[2], Florence Day[2], Christopher Taylor[2], Andrew Carter[2], Dr Daniel Howdon[1], Dr Jane Clark[5], Prof Jo Waller[6], Dr Nikki Rousseau[2], Jacqueline Buxton[7], Sally Moore[7], Catherine Parbutt[8], Prof Galina Velikova[9], Prof Amanda Farrin[2], Associate Prof Michelle Collinson[2], **Dr Sophie Green**[1]
[1]Leeds Institute of Health Sciences, University of Leeds, [2]Clinical Trials Research Unit, University of Leeds, [3]Department of Psychological Sciences and Health, University of Strathclyde, [4]Division of Psychology and Mental Health, University of Manchester, [5]Department of Clinical and Health Psychology, Leeds Teaching Hospitals NHS Trust, [6]Wolfson Institute of Population Health, Queen Mary University of London, [7]Independent, [8]Medicines Management and Pharmacy Services, Leeds Teaching Hospitals NHS Trust, [9]Leeds Institute for Medical Research, University of Leeds

Background: Complex factorial trials are increasingly used to optimise complex behavioural interventions. However, acceptability and understanding of such designs to participants are unknown. In this qualitative process evaluation of the ROSETA pilot factorial optimisation trial, we explored the acceptability of trial participation, and barriers and facilitators to recruitment and retention.

Methods: We conducted a 2^4-1 fractional factorial pilot optimisation randomised controlled trial evaluating the feasibility of four intervention components (text messages, leaflet, acceptance and commitment therapy, self-management website) aiming to support adherence to adjuvant endocrine therapy in women with breast cancer. In the pilot, 52 women were randomised to one of eight conditions, comprising unique intervention component combinations. Four-months post-randomisation, 20 participants completed a semi-structured interview guided by the Theoretical Framework of Acceptability (TFA) and Theoretical Domains Framework (TDF). Data were analysed using rapid qualitative analysis and key findings were mapped onto TFA and TDF constructs.

Results: Participants reported positive trial experiences, but some expressed disappointment with their allocation (affective attitude). There was mixed understanding of the randomisation process (coherence). Most felt participation was easy, but several highlighted questionnaires were time-consuming (burden, opportunity cost). Some reported reduced motivation to complete questionnaires due to their length, repetitiveness, and emotional impact (motivation and goals, memory/attention/decision process, behavioural regulation). Most felt confident completing trial activities (self-efficacy) and believed the trial could benefit cancer care (perceived effectiveness). Participation decisions were often shaped by contextual factors, (e.g., family history), a desire to help others, and personal benefit (environmental context and resources, social/professional role and identity, motivation and goals).

Conclusions: A complex factorial design used to optimise a complex intervention was acceptable to participants. Barriers and facilitators to recruitment and retention were similar to those reported in parallel group randomised trials, indicating interventions addressing these issues could be similarly effective regardless of trial design used.

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Medication brand changes in hormone therapy for breast cancer. Optimising the ENABLE intervention in community pharmacies to improve patients' adherence and quality of life

Prof Yolanda Eraso[1], Prof Duncan Stewart[1], Prof Ruth Edwards[2], Balwinder Nanray[3], Jacqueline Cochrane[1]
[1]London Metropolitan University, London, UK, [2]University of Wolverhampton, Wolverhampton, UK, [3]Patient and Public Involvement, London, UK

Background: ~80% of women with breast cancer (BC) are prescribed hormone therapy drugs after acute treatment. Studies on women's experiences revealed that switching between generic brands can have a negative impact on patients' side effects, attitudes and acceptance of hormone therapy; alongside disbelief from healthcare professionals. The aim of the study was to optimise a coproduced intervention (patients and pharmacists) to improve medication brand change consultations in community pharmacies.

Methods: A Person-Based Approach for the optimisation of 3 intervention components: (a) symptom diary, (b) e-learning resource; and (c) 10 minutes medication consultation following a six-step guide. Community pharmacies in North Central London accessed training (b); recruited eligible patients to use (a); and delivered a medication consultation (c). Diaries, consultation recordings, and semi structured interviews with participants were thematically analysed and mapped onto the Theory and Techniques Tool through an iterative analysis with a patient advisory group.

Results: Pharmacists (n=4) and BC patients (n=14; 50% White British; 50% from deprived areas) tested the 3 intervention tools. Self-monitoring behaviours in patients (6 weeks) showed a good level of diary engagement, usability, and acceptability. Pharmacists feedback identified enhanced awareness and attitudes towards medication brand changes. Both participants considered the intervention as filling a service gap, valued the engagement with women's preferences and pharmacists' feedback to manage symptoms, and most agreed plans beyond an exclusive focus on brands.

Conclusions and implications: This is the first intervention addressing breast cancer patients' concerns with medication brand changes. The intervention was optimised with a diverse group of patients, grounded in behavioural and context analysis. Patients were highly satisfied with the outcome of the consultation and praised having a discussion about their medication, making it potentially beneficial for improving adherence and quality of life. Findings have been shown to be suitable for further exploration in a feasibility study.

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Systematic review of influences on capecitabine adherence using the Theoretical Domains Framework

Hyun-Kyung Kim[1], Sharmilaa Lagunathan[2], Dr Anukriti Panda[3], Dr Laura Kenny[4], Prof Mary Wells[4,5], Prof Ara Darzi[1], Dr Gaby Judah[1]
[1]Institute of Global Health Innovation, Imperial College London, London, UK, [2]Department of Surgery, Southend University Hospital NHS Foundation Trust, , UK, [3]Surgery & Oncology Research Team (SORT), Surgery, Cancer and Cardiovascular division, Imperial College Healthcare NHS Trust , London, UK, [4]Department of Cancer and Surgery, Faculty of Medicine, Imperial College London, London, UK, [5]Guys' and St Thomas' NHS Foundation Trust, London, UK

Background: Capecitabine is an oral chemotherapy drug, taken at home, for treatment of a range of different solid tumours. Some patients show low adherence which could lead to worse outcomes. A systematic review of influences on capecitabine adherence was performed, to identify evidence gaps, and inform the design of effective interventions to improve adherence.

Methods: A systematic review was performed (on six databases), using search concepts of capecitabine and medication adherence. Extracted data were inductively synthesised into influences, which were categorised into the WHO five-dimension framework of medication adherence and as modifiable or non-modifiable. Modifiable influences were deductively mapped to the Theoretical Domains Framework (TDF).

Results: Sixty-four influences were identified from 23 papers (21 quantitative, one qualitative, one mixed-methods). The significance of both non-modifiable and modifiable influences varied across studies. Of 27 modifiable influences identified from 15 papers, 25 influences were mapped onto 12 TDF domains. 66.7% of modifiable influences were identified from single studies. Although evidence for each modifiable influences came from few studies, there were some consistent findings: beliefs about adherence (TDF: 'Beliefs about Consequences'), development of strategies to support treatment ('Behavioural Regulation') and support from relatives/partner ('Social influences') were facilitators of adherence, and forgetting ('Memory, Attention and Decision Processes') and changes to routine ('Environmental Context and Resources') were barriers.

Conclusions and implications: Despite identification of several modifiable influences, the evidence for each was sparse. There were Theoretical Domains Framework domains not yet investigated ('Social/Professional Role and Identity' and 'Intentions'), and modifiable influences which could not be mapped to the Theoretical Domains Framework as they comprised unclear or multiple subcomponents (quality of life, and illness perception and experience). Only three studies mentioned theories or models of behaviour in their design. Further qualitative and behavioural science-informed research on capecitabine adherence is required to improve adherence and hence patient outcomes.

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Using a Theory of Change Workshop to Refine Implementation and Evaluation of a Post-Diagnostic Intervention for Autistic Adults

Prof Ian Kellar[1], Dr Marianne Day[1], Lovisa Alehagen[1], Markus Blomqvist[1], Prof Sven Bölte[1], Dr John Hasslinger[1], Dr Dan Poole[1], Kelly Scargill[1], Prof Tracey Young[1], Prof Megan Freeth[1]
[1]University of Sheffield, Sheffield, UK

Background and Context: Current diagnostic processes for Autism often lack standardised, strength-based approaches, contributing to poor health outcomes and a sense among autistic people that their needs are not effectively met. We conducted an NIHR-funded (NIHR206579) multi-site acceptability and feasibility pilot of the ICF Core Sets for Autism assessment, a tool based on the WHO framework designed to facilitate self-management and post-diagnostic clinician planning.

Methods: To collaboratively refine the programme theory for a definitive RCT, we conducted a ToC workshop with 22 stakeholders, including autistic advisors, clinicians, and service leads. We previously conducted semistructured interviews with 12 trial participants and held focus groups with clinicians at the three diagnostic sites. We utilised Rapid Qualitative Analysis supported by a Large Reasoning Model with Large Context Memory, Chain of Thought Prompting, and Retrieval Augmented Generation to identify barriers and facilitators. Identified issues were categorised using the Consolidated Framework for Implementation Research (CFIR), and proposed fixes were mapped to the Expert Recommendations for Implementing Change (ERIC) strategies.

Results: The analysis identified several core tensions between the protocol and clinical practice. Workshop participants explored language and a delayed recruitment trial design to allow patients a block of time to process their diagnosis before recruitment. Participants explored multi-modal recruitment Patient Information Sheet formats and a tiered, one-page "Key Facts" summary to improve information accessibility. To address concerns around disclosure, participants explored modular report outputs that allow users to generate specific versions for different institutions. Workshop participants explored Implementing a standardised Clinician's Guide to ensure neutral, consistent explanation of randomisation.

Conclusion: This highlights the value of using Theory of Change workshops and implementation science frameworks to resolve the pragmatic tensions identified during feasibility trials.

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Interactions between autonomic symptoms, interoception, illness perceptions and distress in Long COVID fatigue: An integrative model

Bethan Thomas[1], Dr Rachael Pattinson[1], Prof Chris Bundy[1], Dr Jennifer Davoes[1]
[1]Cardiff University, Cardiff, UK

Background: Fatigue is a common and debilitating symptom of Long COVID. This study quantified the severity and impact of cognitive and physical fatigue and examine their associations with autonomic symptoms, interoceptive sensibility, illness perceptions, and distress.

Methods:183 adults with self-reported COVID-19 and ≥12 weeks of fatigue were recruited via convenience sampling. Participants completed validated questionnaires assessing fatigue, autonomic symptoms, interoceptive sensibility, illness perceptions, and distress. Correlation analyses examined associations between fatigue and other variables, and regression models examined associations with cognitive and physical fatigue.

Results: Physical fatigue was more severe ($Z = -2.96$, $p = .003$) and impactful ($Z = -8.71$, $p < .001$) than cognitive fatigue. Correlations were observed between fatigue and autonomic symptoms, interoceptive sensibility, illness perceptions, and distress. Regression analyses indicated these accounted for 21–54% of variance in fatigue: autonomic symptoms were associated with cognitive and physical fatigue; depression was associated with cognitive fatigue; illness perceptions were associated with physical fatigue; interoceptive sensibility showed both positive and negative associations.

Conclusion: Long COVID fatigue is severe and multifaceted, associated with autonomic symptoms, illness perceptions, and distress. Associations differ across cognitive and physical fatigue, supporting frameworks integrating symptoms, perceptions, and cognitive representations in fatigue. These findings have implications for targeted interventions.

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3.1 Symposium: What's acceptable when assessing acceptability? Understanding past and current definitions of acceptability and exploring different approaches to assessing acceptability across the cancer pathway

Convenors: UKSBM Cancer SIG Co-Chairs - Ruth Evans[1], Sophie Reale[2], Lorna McWilliams[3], Helen Morley[3]
Discussant: Dr Charlotte Kelly Jones[1], Dr Christina Derksen[1], Prof David French[3]
[1]Queen Mary University of London, [2]Sheffield Hallam University, [3]University of Manchester

This body of research will be of interest to members of the UKSBM Cancer SIG as well as behavioural scientists, implementation scientists and health psychologists working across the spectrum of cancer research, those working in public health (e.g. registrars/consultants in local authorities, commissioners, health economists) and, more widely, to anyone looking to understand how to assess acceptability of health care interventions.

Purpose:

- Describe current practice and challenges of defining and measuring acceptability of healthcare interventions
- Showcase novel qualitative and quantitative cancer-related research measuring acceptability within diverse groups
- Discuss how acceptability can be conceptualised and measured across the cancer pathway to improve research, policy, and practice

Objective: Explore and understand how acceptability has been conceptualised and can be measured to ensure that a diversity of voices are heard when evaluating cancer care interventions.

Rationale: Acceptability is essential for the evaluation and implementation of healthcare interventions.
Across the cancer pathway, screening, diagnostic testing, and treatment need to be "acceptable" to a diverse group of patients, the public, and healthcare professionals. However, it is often unclear what it means when a test or intervention is deemed "acceptable". This has consequences on the quality of research and its possible impact on healthcare practice, and policymaking.

Summary. The symposium will start by illustrating current practice and challenges of defining and assessing acceptability across diverse groups using data from 1) a recent scoping review on cancer screening and 2) a consensus survey study. We will introduce implications for cancer patients, the general public, healthcare professionals, and policymakers. The introduction will be followed by four presentations showcasing novel research. Presentation 1 describes the role of co-development in the design of a personalised smoking cessation intervention and how this impacted its acceptability. Presentation 2 explores assessing the acceptability of screening uptake interventions among people with learning disabilities. Presentation 3 explores the acceptability of a peer-led approach to communicating prostate cancer risk among Black Men. Presentation 4 will demonstrate how differences in framing treatment terminology influenced acceptability of cancer immunotherapy. Finally, a discussion panel will address audience questions and discuss how acceptability can be assessed to improve the cancer pathway, especially for underserved groups and communities.

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"Just people talking to people" Co-development and evaluation of an enhanced smoking cessation intervention embedded within lung cancer screening: Use and learning about acceptability

Harriet Quinn-Scoggins[1,2], Grace McCutchan[2,3], Hoang Tong[1], **Pamela Smith**[1,3], Samantha Quaife[4], Mat Callister[5,6], Rebecca Thorley[7], David Baldwin[8], Rebecca Beeken[6], Harriet Copeland[6], Philip Crosbie[9], Sarah Lewis[7], Suzanne Rogerson[10], Qi Wu[11], Rachael Murray[7]*, Kate Brain[1,2,3]*
[1]Division of Population Medicine, School of Medicine, Cardiff University, [2]PRIME Centre Wales, Division of Population Medicine, School of Medicine, Cardiff University, [3]Wales Cancer Research Centre, Division of Population Medicine, School of Medicine, Cardiff University, [4]Wolfson Institute of Population Health, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, [5]Department of Respiratory Medicine, Leeds Teaching Hospitals NHS Trust, [6]Leeds Institute of Health Sciences, University of Leeds [7]School of Medicine, University of Nottingham, [8]Department of Respiratory Medicine, Nottingham University Hospitals NHS Trust, [9]Division of Immunology, Immunity & Respiratory Medicine, [10]Department of Research and Innovation, Leeds Teaching Hospitals NHS Trust, [11]York Trials Unit, Department of Health Sciences, *Joint senior authors

Background: Optimising smoking cessation can improve cost-effectiveness and overall efficacy of the national lung cancer screening programme. In line with MRC guidance (Skivington et al., 2021), we (1) co-developed a theoretically-grounded, enhanced smoking cessation intervention for (2) testing within the Yorkshire Enhanced Stop Smoking (YESS) Study in a nested process evaluation.

Methods: We assessed the acceptability of a personalised smoking cessation intervention designed to increase self-efficacy and response-efficacy for quitting (Witte, 1992) via a survey (n=8) and three focus groups (n=13) with people with a smoking history, and two stakeholder workshops with a patient panel. Intervention components were iteratively presented and refined, including LDCT scan images of heart/lungs, absolute and relative lung cancer risk, and lung age. The final intervention (booklet of own heart/lung images delivered by a trained smoking cessation practitioner (SCP)) was tested using semi-structured interviews with YESS trial participants (n=45) and 8 SCPs at multiple time-points, and observations of SCP consultations.

Results: Intervention development results suggested that individual LDCT scan images, in conjunction with artistic impressions to facilitate interpretation, were most acceptable to participants in prompting cessation, alongside a trained SCP supporting them and emphasising short-term benefits of quitting. The process evaluation found intervention context to be paramount: participants in both trial arms described benefits of co-located, high-intensity smoking cessation support, with immediate provision of pharmacotherapy. Tailored, compassionate care was key to initiating and sustaining quitting, particularly for participants at various points along their quit pathway and awaiting a possible diagnosis.

Conclusions and implications: Co-development work enabled us to develop an acceptable and non-judgemental intervention. This was boosted through bespoke training provided to SCPs, where acceptability and awareness of individual background context was reinforced based on learning and reflections. Person-centred support provided by trained SCPs is central to lung screening participants making and sustaining a quit attempt.

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Assessing the acceptability of interventions to improve access to UK cancer screening programmes for people with learning disabilities

Marie K. Murphy[1], Lauren Fulton[1], Deborah Cairns[1], Martin Nemec[1], Christine Campbell[2], David Weller[2], Robert J. C. Steele[3], Kathryn A. Robb[1]
[1]University of Glasgow, [2]University of Edinburgh, [3]University of Dundee

Background: Cancer screening can reduce deaths if people participate; however, screening programmes often fail to sufficiently engage the most vulnerable including those with learning disabilities, leading to persistent inequalities in uptake. As part of a wider project on co-designing interventions to improve cancer screening accessibility for people with learning disabilities, this study assessed the acceptability of proposed bowel screening interventions.

Method: We held two in-person focus groups with people with learning disabilities (n=3 per group), and two online focus groups with professional carers of people with learning disabilities (n=4) and people in professional roles related to cancer screening and/or learning disabilities (n=8). Four potential interventions were discussed: i) accessible screening invitation and results letters; ii) educational resources for healthcare professionals about learning disabilities, reasonable adjustments, and best-interest decisions, iii) a flagging system identifying patients with learning disabilities and/or reasonable adjustment needs; iv) patient navigators to support people with learning disabilities through cancer screening. We used the Theoretical Framework of Acceptability (TFA) to create a semi-structured topic guide and inform analysis using the Framework method.

Results: The TFA was useful to identify key issues that would impact the acceptability of the proposed interventions. Participants with learning disabilities valued the concept of patient navigators but required this person to be a nurse. They also felt that they would need support to understand screening information in accessible formats. Carers and professionals agreed that each intervention had the potential to increase screening access, but they would be more effective if combined.

Conclusion: The project fulfils an urgent need for greater diversity in methodological approaches to (cancer) research with people with learning disabilities. The proposed interventions were acceptable to all participant groups demonstrating the benefit of our collaborative research approach in intervention development. The study showcases how the TFA can be integrated into this approach.

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Acceptability and accessibility of using a peer-led WhatsApp group for sharing prostate cancer risk information: a pilot study for proof of concept

Dr Sarah Fry[1], Dr Kai Wakeham[1], Dr Shancang Li[2], Dr George Theodorakopoulos[2], Dr Nicholas Courtier[1], Dr Harriet Quinn-Scoggins[3]
[1]School of Healthcare Sciences, College of Biomedical and Life Sciences, Cardiff University, [2]School of Computer Science and informatics, College of Physical Sciences and Engineering, Cardiff University, [3]PRIME Centre Wales, School of Medicine, College of Biomedical and Life Sciences, Cardiff University

Background: Prostate cancer (PCa) is a common male cancer, and black men are among those at the highest risk. Black men also have a greater burden of high-grade disease at diagnosis and are most likely to present at a late stage, compared to non-black men. Early detection of PCa remains a priority and in the UK a large multi-centre trial is underway to identify the safest most effective approach. Historically black men have been underrepresented in research limiting applicability of findings. This presentation shares preliminary results of research examining the acceptability and accessibility of using peer-led WhatsApp groups to share PCa information among black men.

Methods: An explanatory mixed-methods design was guided by the Sekhon Framework of Acceptability and the eHEALS scale. Community co-applicants led two culturally distinct WhatsApp groups, recruiting 25 participants to each group (N=50). Participants viewed prostate cancer risk information and completed a Likert-scale survey assessing acceptability and accessibility, followed by interviews or group discussions. Survey data were analysed for response patterns and correlation with eHEALS scores; qualitative data underwent thematic analysis using the acceptability framework.

Results: Twenty-one men completed the survey. Most participants (94%) perceived WhatsApp as an appropriate platform for sharing PCa information and raising awareness. Acceptability significantly correlated with eHEALS scores ($r = .51–.64$, all $p < .01$). Preliminary findings from 15 interviews and 2 group discussions indicate cultural differences in acceptance within the broader category of ‘Black men’.

Conclusions and Implications: Early findings indicate that culturally tailored WhatsApp groups may be an effective approach to increasing PCa awareness and promoting research engagement among Black men. Future studies should focus on refining this communication strategy and integrating prostate cancer screening research to enhance inclusion and ensure relevance of findings.

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Framing Cancer Immunotherapy: How Treatment Terminology Shapes Public Knowledge and Perceptions

Lyndsay D. Hughes, Ellie-Mae Berkeley, Phoebe Lim, Rayana Taha, **Dr Sophie Fawson**, Joseph Chilcot
Department of Psychology, School of Mental Health & Psychological Sciences, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, UK

Background: Cancer immunotherapy is rapidly evolving with increasing immune-mediated cancer treatment (IMCT) trials and rising proportions of eligible patients. IMCTs can improve quality of life compared to traditional cancer treatments, with fewer side-effects. However, uptake can be low – particularly in ethnic minority groups – with pronounced patient uncertainty and potentially severe and unpredictable immune-related adverse events. This study aimed to explore how language shapes perceptions and acceptability of IMCT in the general population.

Methods: An online randomised experiment with 690 UK adults, presented a vignette describing an identical IMCT labelled as “cancer immunotherapy,” “targeted cancer therapy,” or “cancer vaccine”. Recruitment was via university circular, social media and Prolific with participants eligible if they were over 18 and had no cancer diagnosis. Participants were asked demographic questions, questions about perceived clarity, confidence and effectiveness of the treatments and the beliefs about medicines questionnaire.

Results: “Immunotherapy” was perceived as significantly more effective, trustworthy and having greater overall confidence than “cancer vaccines” (MD = 0.25-0.32). Similar results were found with targeted therapy when compared to cancer vaccine. Ethnicity significantly moderated overall confidence with lower perceived confidence in the “cancer vaccine” group from non-white participants (MD = -0.38; CI = -0.72, -0.07).

Conclusions and implications: Labelling, despite identical content, produced meaningful differences in treatment perceptions, which may impact uptake, perception and experience of side-effects. As IMCTs become increasingly common, patients are confronted with complex, uncertain decisions. Understanding what shapes acceptability of these treatments and how risk is communicated and understood, is critical. Clear communication and the

understanding of and timely management of immunotherapy toxicity are critical to patient safety. Consideration of treatment labels forms an important component of patient education. Our next series of research studies will explore these effects in cancer populations and therefore has potential to inform clinical communication and patient experience.

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3.2 Smoking Cessation and Drug Use

A comprehensive and transparent process for developing an agent-based model structure for public health policy analysis which incorporates behavioural theory and social structures, using a case study of smoking cessation

Prof Hazel Squires[1], Prof Robin Purshouse[2], Prof Jamie Brown[3], Prof Robert West[3], Dr Duncan Gillespie[1], Prof Lion Shahab[3], Dr Harry Tattan-Birch[3], Prof Alan Brennan[1]
[1]The Sheffield Centre for Health and Related Research, The University of Sheffield, [2]School of Electrical and Electronic Engineering, The University of Sheffield, [3]Behavioural Science and Health, University College London

Background: Computer simulation models can be used to synthesise evidence from a wide range of sources and predict the potential impact of different policy options. Agent-based simulations allow individual characteristics from real world populations to be represented so that heterogeneity and interactions can be incorporated. However, there is limited guidance on how to develop behavioural-theory informed models. We aim to describe a transparent process using a case study of smoking cessation.

Methods: A collaboration was developed between health economic modellers, health psychologists and systems engineers. Behavioural systems mapping was used to link micro level variables, including personal attributes such as age, and psychological variables such as self-efficacy, to capability, opportunity and motivation for three behaviours; regular smoking, quit attempt and quit maintenance. Macro level variables which would have a substantial impact on the micro level variables were also incorporated. The inclusion of variables and the relationships between them were based upon survey evidence, secondary literature and topic expertise. The agreed structure is being incorporated into a quantified agent-based model. Unique identifier codes were used for each variable based upon existing ontologies.

Results: The behavioural systems maps will be presented. These include a set of interventions which could be assessed within an agent-based model and their mechanisms of action. The maps include feedback loops from the smoking behaviours to the individual level variables which will enable modelling of step changes in population-level behaviours. The number of smokers in the social network is important within the behavioural systems maps, which informs the use of social network analysis in the modelling so that individuals can influence others' behaviours.

Conclusions: Interdisciplinary collaboration using behavioural systems mapping has led to a more informed simulation model structure, which should lead to more informed policy decisions. This approach could be applied within other areas of public health.

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Using AI to Identify Effective Behaviour Change Techniques (BCTs) in a Systematic Review of Smoking Reduction Interventions

Jessie Sheppard[1], Dr Ross Thomson, Dr Sophie Orton
[1]University of Nottingham, Nottingham

Background: Smoking during pregnancy remains a major public health concern and is associated with adverse maternal and birth outcomes. Evidence of dose-dependent relationships suggests that reducing smoking intensity may improve fetal health. To inform the development of a smoking-reduction intervention for pregnant smokers, we conducted a systematic review to identify active components of effective smoking-reduction interventions among non-pregnant smokers. We also evaluated the feasibility of using large language models (LLMs) to support identification of Behaviour Change Techniques (BCTs) and extraction of trial characteristics.

Methods: Searches across eight databases identified 1,096 citations, of which 21 randomised controlled trials were included. Following prompt piloting, ChatGPT and Microsoft Copilot were used to assist with data extraction and identification of 31 BCTs. AI outputs were generated for all studies and subsequently checked and amended by two researchers.

Results: AI tools produced usable outputs for 15 of the 21 included studies, achieving over 50% accuracy in identifying BCTs and trial characteristics. Four studies required additional prompting to improve accuracy, while two were predominantly extracted manually due to limited AI performance. Researcher review showed good agreement when correcting AI-generated data. Overall, use of AI was estimated to reduce data-extraction time by approximately 15–20%. Findings reflect a methodological evaluation rather than assessment of intervention effectiveness.

Conclusions and implications: LLMs can feasibly support systematic review processes by assisting identification of intervention components and trial characteristics. While researcher oversight remains essential, AI tools may enhance efficiency in behavioural medicine research and warrant further investigation regarding their optimal and responsible integration into systematic review methodology.

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Experiences of being a peer supporter in a peer-led smoking prevention intervention in the Philippines and Indonesia (ASSIST Global)

Dr Meigan Thomson[1], Ms Chiara Hill-Harding[1], Dr Kate Reid[1], Dr Amanda Vettini[2], Dr Maria Guadalupe Salanga[3], Professor Yayi Suryo Prabandari[4], **Prof Sharon Simpson**
[1]University Of Glasgow, Glasgow, UK, [2]University of Strathclyde, Glasgow, UK, [3]De La Salle University, Manilla, Philippines, [4]Universitas Gadjah Mada, Yogyakarta, Indonesia

Background: Peer-led approaches to smoking prevention rely on young people taking on influential roles within their social networks. A Stop Smoking in Schools Trial is a school-based intervention in which students nominated by their peers are trained to promote non-smoking norms through informal conversations. As part of the process evaluation in Indonesia and the Philippines, qualitative data were collected to explore peer supporters' experiences of training, implementing the intervention, and the perceived impacts of their role.

Methods: Semi-structured interviews and focus groups were conducted with peer supporters, non-peer supporters, trainers, school staff and parents to contextualise peer supporter experiences. A total of 58 interviews and focus groups involving 343 participants were completed across 10 schools in each country. Data were analysed using a thematic framework approach, and 40% of transcripts were double coded to enhance analytical rigour.

Results: Peer supporters described the training as highly engaging and enjoyable, and as contributing to increased confidence. They highlighted a need for greater support in initiating conversations about smoking, additional follow-up sessions, and more information on vaping. Taking on the role was associated with increased self-esteem, self-belief, communication and leadership skills, and widened peer networks. Peer supporters also reported wider impacts on family and community smoking behaviours. During implementation, they preferred face-to-face conversations and tended to approach peers who smoked rather than non-smokers. Key challenges included difficulties with initiating conversations, fear of reactions from peers, and contextual barriers such as religious holidays, extreme heat, and school closures or timetable changes.

Conclusions and implications: Being a peer supporter was experienced as empowering and socially impactful by young people in both countries. Strengthening training content, providing ongoing support, and adapting delivery to local contexts are essential to support peer supporters and enhance the effectiveness of peer-led smoking prevention interventions in diverse school settings.

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Drivers of student tobacco smoking and motivators for cessation: A behavioural insights study at The University of Sheffield

Eve Seymour[1], Dr Emma Hock[2], Dr Duncan Gillespie[2]
[1]Sheffield City Council, Sheffield, UK, [2]Sheffield Centre for Health and Related Research (SCHARR), School of Medicine and Population Health, The University of Sheffield, Sheffield, UK

Background: In England, tobacco smoking prevalence among young adults has increased since 2019, whilst smoking rates have declined among older age groups. There is a need to understand the specific drivers of tobacco smoking in young adults to develop effective, targeted public health interventions. This study explored the social and psychological factors influencing smoking initiation, continuation, and cessation motivation among university students.

Methods: A cross-sectional survey was conducted at The University of Sheffield in November 2025. The survey was aimed at students at all levels of study (undergraduate and postgraduate), and was for students who smoke and who don't smoke. It contained quantitative and free-text questions. The analysis took a descriptive behavioural insights approach to investigate factors contributing to tobacco smoking, and the efficacy of various health communication messages.

Results: The survey was completed by 153 students, of whom 26% smoked tobacco and 5% only vaped or used other non-tobacco nicotine products. Findings suggest that smoking is heavily tied to social identity and stress management, with many students viewing smoking as an integral, transient aspect of nightlife rather than a long-term habit. This led to a smoker identity gap, where 50% of regular smokers reported no desire to quit because they did not self-identify as “smokers”. However, 36% of the total sample reported regular exposure to second-hand smoke at university, with strong support for smoke-free outdoor spaces. The primary motivators for potential cessation were financial savings (67%) and cosmetic improvements (65%), while traditional health messaging resonated with 60% of the cohort.

Conclusions and implications: The discrepancy between smoking behaviour and self-identity suggests that traditional cessation interventions may be ineffective for the student demographic. Instead, public health strategies should focus on shifting social norms through university-wide policy changes, such as smoke-free zones, and framing interventions around immediate financial and aesthetic benefits.

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Illicit drug use and beliefs about medicines

Samuel Jones[2], Dr Gabriele Vojt[1], Hannah Poulter[1,3], Dr Sara Karimi[2], Miss Rebecca Okubadejo[1], Dr Ana Paula Abdala Sheikh[1], Dr Damiana Cavallo[1], Dr Ai Na Ng[1], Dr Chris Bailey[2], Prof Matthew Hickman[1], Prof Graeme Henderson[1], Dr Jenny Scott[1], Dr Jo Kesten[1], **Dr Hannah Family**[1]
[1]University of Bristol, Bristol, UK, [2]University of Bath, Bath, UK, [3]Centre for Applied Psychological Science, Centre for Social Innovation, Teesside University, Middlesbrough, UK

Background: The Necessity Concerns Framework (NCF) and Beliefs about Medicines Questionnaire (BMQ) capture how beliefs about medicines influence adherence to prescribed medication. Application of this theory has resulted in successful interventions to optimise adherence to prescribed medicines but has not yet been applied to illicit drug use. This study aimed to apply the NCF to an existing dataset of interviews with individuals taking prescribed and illicit opioids and benzodiazepines and/or Z-drugs.

Methods: This study involved secondary analysis of 48 semi-structured interviews. Participants were recruited from drug treatment services in Glasgow, Bristol, and Teesside. Most reported broader polysubstance use and were prescribed opioid agonist therapy (OAT). The data were deductively coded with reference to the BMQ and NCF, followed by inductive coding and thematic analysis.

Results: Participants expressed beliefs about necessity : “I’m going to have to self-medicate and do what I have to do to survive” and concerns: “I know if I don’t stop, it’s going to stop me the hard way.” Through the inductive analysis we developed, two themes: (1) "my medicines are a reliable support system" (2) "without my medicines I would not be able to regulate my emotions" and one overarching theme "my medicines are both a burden and a necessity." Highlighting that people hold strong, necessity and concern beliefs about taking illicit drugs, but in the absence of other support (in this data, lack of mental health support), accept the risks and burden these drugs carry.

Conclusions: This is the first study demonstrating the NCF and BMQ can be applied beyond prescribed medicines to illicit drug use. Future research validating this analysis in larger datasets, and prospective research in new samples is needed. This is clinically important, addressing these beliefs may help people in their goals to reduce, detox or stop using illicit drugs.

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3.3 Neurological Conditions

Piloting AI patient simulations to train PSP nurses in supporting MS treatment adherence

Dr Clare Moloney[1], Andy Nock[1], Joanne Treacy[1], Lorelei Boston[1,2]
[1]IQVIA, Reading, UK, [2]University of Stirling, Stirling, Scotland

Background: This pilot explored conversational voice agents as AI patient simulations to train Patient Support Programme (PSP) nurses in applying behavioural science techniques to improve adherence to self-injected multiple sclerosis (MS) therapy. Traditional peer-to-peer role play is effective but uncomfortable for some learners, which can limit meaningful practice. AI patients offer a private, flexible alternative, enabling nurses to rehearse at their own pace, receive tailored feedback, and revisit scenarios to build confidence. The goal was to complement live training with AI-driven simulations for adherence counselling.

Methods: Three AI patients were developed using ElevenLabs voice synthesis and health psychology principles. “Rosie” facilitated structured conversations to identify adherence challenges, while “Paul” and “Leila” simulated scenarios reflecting two key barriers: high disease burden and low perceived control. Development was informed by a targeted literature review on conversational agents in healthcare training, user preferences, realism, and ethical best practice. Evidence-based program materials shaped detailed prompts and knowledge bases. A multidisciplinary team, including health psychologists and a medical anthropologist, conducted rigorous testing to ensure quality and relevance.

Results: Eleven nurses engaged with AI patients across 18 calls (average 8 minutes each); five completed feedback surveys. Nurses highlighted realism, relevance, and flexibility, describing the AI role play as a safe space for practicing challenging conversations. Suggestions included integrating AI patients into live training and offering them as onboarding tools.

Conclusions and Implications: This pilot demonstrates how behavioural science can guide the design of conversational voice agents for nurse training, addressing limitations of traditional role play. Future priorities include evaluating impact on patient outcomes, co-creating content with nurses, comparing AI patient training to peer role play, and exploring unique benefits, such as whether feedback from AI patients is perceived as more acceptable than human-delivered feedback.

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Behaviour change techniques and mechanisms of action: Identification of the active ingredients in communication partner training for people with acquired brain injury

Dr Nicholas Behn[1], Prof Madeline Cruice[1], Prof Katerina Hilari[1], Prof Leanne Togher[2], Dr Fiona Johnson[3], Prof Ian Kellar[4]
[1]City St Georges, University of London, UK, [2]The University of Sydney, Australia, [3]Linguistic Resolutions, UK, [4]The University of Sheffield, UK

Background: Cognitive-communication disorders (CCD) are common after acquired brain injury (ABI). Training a communication partner (e.g., family member, friend and/or carer) can improve communication and the skills of the person with ABI, however, families are dissatisfied with existing communication partner training (CPT) and support. There is variability in the delivery of existing training programmes, which are rarely used by speech and language therapists. The strongest evidence is for a single programme, TBI Express, which has three different versions. This study aims to identify the active components of the three versions of TBI Express.

Method: The treatment manuals from each of the training programmes (i.e., TBI Express, TBI Express-Adapted, and TBIconneCT) were coded using the BCTTv1. Mechanisms of action (MoA) and each behavioural change technique (BCT) were identified and linked using the theory and techniques tool. Pilot coding was completed on TBI Express with reliability of coding established (kappa and % agreement) for two modules of the remaining two programmes representing ~20-33% of treatment content. Coding disagreements were recorded and resolved.

Results: Across the three programmes, between 20-25 BCTs were identified and linked to 15-16 MoAs. The most common BCTs were providing information about social and environmental consequences; instruction on how to perform the behaviour; and behavioural practice/rehearsal. The most common mechanisms targeted were beliefs about capabilities; skills; and behavioural regulation. Reliability of coding BCTs and MOAs was moderate-to-almost-perfect (kappa=0.69-0.88, 73-85% agreement).

Conclusions and implications: Applying behaviour change theory to TBI Express has revealed unique insight into the active ingredients of training. Communication partners improve their communication behaviours via capabilities, skills and regulation, through SLT-delivered CPT focused on information provision, instruction, rehearsal, and feedback. Further work is needed to identify the most important active ingredients and to design and test an adapted CPT programme for implementation in clinical practice.

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Triangulating barriers to prescribing change in neurodegenerative diseases: A model for identifying and validating behavioural determinants to enhance effective healthcare communication interventions

Dr Emma Begley[1], Dr Jason Thomas[2], William Hind[3], Dr Carl Senior[2]
[1]Public Health Collaboration Unit, School of Health Sciences, Bangor University, Wrexham, Wales , [2]School of Psychology, College of Health and Life Sciences, Aston University, Birmingham , England, [3]Alpharmaxim, Altrincham, England

Background: Despite advances in neurodegenerative disease (ND) therapeutics, prescribers often adhere to habitual prescribing patterns, limiting patient access to innovative treatments. In partnership with the School of Psychology, Aston University, Birmingham, UK, we developed and validated a model to identify behavioural barriers to prescribing change, ensuring that subsequent behaviour change interventions target the most relevant determinants.

Methods: A three-stage, theory-driven approach was employed. First, a systematic literature review of over 2500 articles was conducted to identify evidence on barriers to prescribing change in NDs. Second, these barriers were corroborated and refined through seven focus groups with healthcare professionals across Europe (n=18), using a Nominal Group Technique (NGT) method. Third, findings were triangulated using a novel cross-sectional survey (n=279) with European prescribers, underpinned by the Theoretical Domains Framework (TDF) and the COM-B model, to assess the predictive value of each barrier quantitatively.

Results: The systematic literature review extracted data from 48 studies and identified 56 prescribing factors. The NGT focus groups revealed 60 behavioural factors among practising physicians across Europe that aligned with seven TDF domains and four COM-B components. Triangulation of the online survey data confirmed that the key behavioural determinants of prescribing new or novel medications included physicians' intentions, behavioural regulation, social/professional role and identity, and beliefs about consequences; determinants varied by disease stage, however, were consistently aligned with two COM-B components (capability and reflective motivation).

Conclusions and Implications: Our model moves beyond expected barriers. It reduces bias, provides robust evidence on which barriers should be targeted to optimise prescribing behaviour, and demonstrates the importance of triangulating evidence and applying theoretical frameworks to strengthen and substantiate interventions. This approach not only increases the likelihood of behaviour change but also provides a replicable model for optimising prescribing in complex clinical contexts, and a pathway to better patient outcomes.

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Development of a communication training programme for people with brain injury and their family using behaviour change and co-design approaches

Dr Nicholas Behn[1], Ms Carla Magdalani[1], Prof Katerina Hilari[1], Prof Ian Kellar[2], Prof Leanne Togher[3], Prof Madeline Cruice[1]
[1]City St Georges, University of London, UK, [2]University of Sheffield, UK, [3]The University of Sydney, Australia

Background: Communication changes are prevalent after acquired brain injury (ABI) with training to communication partners (CPs) an important part of rehabilitation. Training can help to improve communication skills in people with ABI. However, the evidence base is limited, with variability in the delivery of existing programmes. The aim of this study was to co-design a programme, informed by behaviour change theory, with people with ABI, their CPs, and Speech and Language Therapists (SLTs).

Methods: This study recruited people from three stakeholder groups (people with ABI; CPs; SLTs; n=12 in total) from two locations (London and Birmingham). Each group contained two members of each stakeholder group, facilitated by two researchers. Co-design occurred over eight 3-hour sessions (48-hours in total). Sessions were structured around a programme theory underpinned by behavioural change theory (including 16 mechanisms-of-action and 47 unique behavioural change techniques, BCTs). The theory was informed by coding of existing programmes and clinician consensus on key BCTs from a national e-Delphi. Co-designers considered the content, delivery and dosage of training. Methods included voting of techniques in stakeholder pairs, group discussions, individual rating of activities, and active experimentation. Field and observation notes were recorded.

Results: Participation was high, with 91.3% attendance. Triangulation across the two sites (and stakeholders) identified 26 core and 31 optional BCTs, and discussions informed refinement of programme content and delivery methods. Stakeholders were able to discuss and vote on therapeutic activities perceived as most effective. Qualitative feedback highlighted that co-designers valued cross-stakeholder collaboration and multiple perspectives, and that sessions, while complex, remained feasible and engaging.

Conclusions and implications: Integrating behaviour change theory within a multi-stakeholder, cross-site co-design process provided a structured yet flexible approach to intervention development. Outputs from this work will inform the design and development of training materials to be tested in a future feasibility trial.

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Integrating behavioral medicine with physiotherapy to improve treatment adherence and performance: a randomized controlled trial for physical rehabilitation of stroke patients

Dr Rui She[1], Dr Meizhen Huang[1], Teenie Siu[1], Jiaxin Jiang[1], Prof Marco Pang[1]
[1]The Hong Kong Polytechnic University, Hong Kong, China

Background: Stroke often leads to motor function impairment, necessitating long-term rehabilitation. Functional electrical stimulation (FES) is a promising treatment for foot drop and can be effectively utilized in home settings with wearable devices. This study evaluated the feasibility and preliminary efficacy of a home-based FES intervention, both alone and integrated with a behavioral implementation intention (II) intervention, in enhancing physical function among stroke patients, compared to a control group.

Method: Stroke patients, within 5 years post-stroke and with impaired ankle voluntary movement, were randomly assigned to one of three groups: (1) home-based FES training with walking for at least 1 hour per day for 2 months; (2) FES combined with II, which involved forming specific if-then action and coping plans for daily FES training, developed through focus groups and reinforced with two follow-up phone calls; (3) a control group receiving upper limb exercise training. Ten meters walking speed, Timed Up and Go test, Mini Balance Evaluation Systems Test, and Fugl-Meyer Lower Extremity Assessment (FM-LE), were measured at baseline, and 0, 2, and 4 months post intervention.

Results: The trial is ongoing; 43 participants have completed the study. Baseline characteristics did not differ significantly between groups. The FES+II group showed significantly greater improvement in FM-LE scores immediately post-intervention compared to the control group (mean change: +3.3 vs. -0.1; $p=0.039$). No significant between-group differences were found for other outcomes or time points.

Conclusions: Combing a brief behavioral intervention with home-based FES program yielded a small, short-term improvement in lower-extremity motor function. While this effect was limited, it supports the potential of integrating behavioral strategies into stroke rehabilitation protocols and informs the design of future, larger-scale trials to enhance patient adherence and outcomes.

Trial registration: UMIN000056247

Funding: Health and Medical Research Fund- Research Fellowship Scheme, Government of the Hong Kong SAR (Ref. 08220257).

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3.4 Symposium: Applying behavioural science to address local authority challenges

Convenor: Dr Rachael Thorneloe, Sheffield Hallam University
Discussant: Paul R. Stokes, Cambridgeshire County Council

Intended Participants:

- Participants who are interested in working in local authority settings or would like to do so in the future
- Participants who are interested in undertaking contract research
- Participants who are interested in public health challenges, including: vaping in children and young people, alcohol consumption in midlife, and smoking cessation and uptake of Stop Smoking Services

Purpose: Local authorities play a central role in shaping conditions that support the health and wellbeing of people in their areas. They must navigate complex pressures when trying to design and deliver policies and services that genuinely reflect local circumstances, including the needs of groups that are often overlooked. Insights from health psychology and behavioural science can make an important contribution by offering practical frameworks for understanding and influencing behaviour. Yet embedding this expertise within local authority settings is not straightforward, as it must align with tight decision-making timelines and often calls for flexible and creative approaches.

Objective: This symposium presents work in which we have utilised theories and frameworks from health psychology and behavioural science to address pressing public health local authority challenges.

Rationale: We present three projects focusing on the following local authority challenges: vaping cessation and prevention amongst children and young people, supporting adherence to UK lower risk alcohol guidelines amongst middle-aged risky drinkers, and supporting smoking cessation and uptake of Stop Smoking Services amongst underserved groups. A fourth paper reflects on our learnings and insights from undertaking social value commitments, which is a common requirement when undertaking contract research with local authorities.

Summary: This symposium will be of interest to those working now or in the future in local authority settings.

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Vaping in children and young people: Exploring barriers and facilitators to quitting and recommendations for intervention

Hope, D[1], Misquitta, P[1], Thorneloe, R[1], Humphreys, H[1]
[1]Centre for Behavioural Science and Applied Psychology, Sheffield Hallam University

Background: Vaping among young people is a growing public health concern. We were commissioned by Cambridgeshire and Peterborough Councils to understand the barriers and facilitators to young people quitting vaping, and to recommend interventions to support them in reducing or stopping vaping.

Methods: We conducted small focus groups with 17 young people (aged between 14-25 years) in Cambridgeshire who were regular vapers and lived in areas of deprivation. Young people were recruited via local youth groups. We analysed the data using the Theoretical Domains Framework to identify key barriers and facilitators to quitting vaping. We then used the Behaviour Change Wheel to recommend interventions to address the identified barriers.

Results: The focus groups identified key capability, opportunity and motivational barriers and facilitators influencing young people's ability to quit vaping. Key barriers included social influences and peer pressure, a lack of strategies and skills to self-regulate vaping behaviour, a desire for, but lack of, supportive and non-judgemental conversations about vaping behaviour, enjoyment of vaping and a strong desire to continue, and concerns about short-term withdrawal symptoms and the loss of emotional comfort associated with vaping. Physical health and fitness were identified as potential facilitators for quitting.

Conclusions and implications: The findings highlight the complex and multifaceted influences on young people’s vaping behaviour, suggesting the need for several different interventions. A series of recommendations were developed as part of this workstream to support young people who vape, including harm reduction approaches and support to quit. Suggested interventions include behavioural substitution, action planning, goal-setting, and training adults to engage in supportive conversations with young people about vaping. In addition, we strongly emphasise the importance of co-designing the interventions with young people to optimise their likely effectiveness. The implications of these findings for practice and policy will be discussed.

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A randomised trial of a brief intervention to support adherence to UK lower-risk alcohol guidelines amongst middle-aged risky drinkers

Thorneloe, R.J[1]., Tkacova, D[1]., Garstang, K[2]., Hope, D[1]., Beresford, R[1]., Wilcockson, H[1]., Clarke, E[1]., Lamb, M[3,4]., Rutkauskas, L[5]., Humphreys, H[1]., Arden. M.A[6]
[1]Centre for Behavioural Science and Applied Psychology, Sheffield Hallam University, [2]School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham, [3] Advanced Wellbeing Research Centre, Sheffield Hallam University, UK, [4]School of Sport and Physical Activity, Sheffield Hallam University, UK, [5]Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam University, [6]School of Psychology, Manchester Metropolitan University

Background: We are seeing increasing effects of alcohol consumption in older adults. We were commissioned by Cambridgeshire and Peterborough Councils to understand the barriers and facilitators for middle-aged risky drinkers to adhere to UK lower risk alcohol guidelines, and to design and evaluate an intervention to address those identified needs and support adherence.

Methods: Residents in Cambridgeshire and Peterborough (n=778) who drank alcohol completed a survey informed by the COM-B model. We conducted 9 interviews with middle-aged risky drinkers in Cambridgeshire, with data analysed using the Theoretical Domains Framework. We used the Behaviour Change Wheel to design an intervention to address those identified needs and conducted an online randomised trial with 295 middle-aged risky drinkers recruited via Prolific to test whether loss or gain-framed messages (with and without a self-affirmation task that asks participants to reflect on their core values and strengths) could increase intentions to drink alcohol within UK lower risk alcohol guidelines.

Results: 49% of survey participants were classified as a higher risk drinker. Interview participants showed ‘unrealistic optimism’ in terms of the harms of excessive drinking. Trial findings showed that loss and gain-framed messages (with and without self-affirmation) increased intentions to drink alcohol within UK lower risk guidelines (p<.001), with no differences between the four interventions (p=.168). A brief self-affirmation task before viewing a loss-framed message increased perceived susceptibility to developing health risks due to alcohol consumption (p=.013), and the message was perceived as being personally relevant to them (p= .014). Gain-framed messages with or without self-affirmation enhanced positive affect (all p<.001).

Conclusions and implications: Middle-aged risky drinkers would benefit from interventions that address optimistic bias. A brief intervention that asks people to reflect on their personal core values and strengths (self-affirmation), alongside risk messages about the harms of alcohol consumption, may help address this bias.

Addressing barriers to accessing Stop Smoking Services in Cambridgeshire: A proof-of-concept evaluation of behavioural science-informed messaging

Tkacova, D[1], Hope, D[1], Clarke, E[1], Thorneloe, R.J[1], Humphrey, H[1]
[1]Centre for Behavioural Science and Applied Psychology, Sheffield Hallam University

Background: Those experiencing deprivation are more likely to smoke but are least likely to access Stop Smoking Services (SSS). We were commissioned by Cambridgeshire and Peterborough Councils to understand the barriers and facilitators for smoking cessation and uptake of SSS, especially amongst those living in areas of deprivation, and to design and evaluate a behaviour change intervention to address those identified needs.

Methods: Residents in Cambridgeshire who smoked (n=272) completed a survey informed by the COM-B model. We conducted 13 interviews with Cambridgeshire smokers living in areas of higher deprivation and from minority ethnic communities, with data analysed using the Theoretical Domains Framework. We used the Behaviour Change Wheel to design behavioural-science informed messages to support uptake of SSS and tested the effectiveness and acceptability of these messages via a survey (n=164).

Results: 42% of survey participants reported that they had tried to quit or cut down smoking, with only 10% having accessed SSS. Interview participants were aware of SSS, but had reservations about the effectiveness, necessity, and suitability of SSS for themselves. We analysed the data using paired samples t-tests. Messaging increased the perception that smokers in Cambridgeshire access SSS when thinking about quitting (p< .001), and that other smokers like them found the service useful (p=.015). However, messaging did not increase the perception that people working in SSS understand what it is like to be a smoker who is trying to quit (p=.055). Descriptives showed that intentions to change smoking behaviour did not change before (M=2.99) and after (M=2.98) viewing the messages.

Conclusions and implications:Smokers who are thinking about quitting rarely access SSS for support. Behavioural-science informed messages can be a useful tool to shift perceptions of the service, but in-depth interventions are needed to increase intentions, develop readiness to quit, and to support meaningful behaviour change.

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Learnings from undertaking social value commitments as part of contract research with local authorities

Wilcockson, H.E[1], Hope, D[1], Garstang, K[2], Humphreys, H[1], Thorneloe, R.J[1]
[1]Centre for Behavioural Science and Applied Psychology, Sheffield Hallam University, [2]School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham

Background: Increasingly within contract research there is a requirement to demonstrate positive social impact or value beyond research deliverables. We were funded by Cambridgeshire and Peterborough City Councils to undertake a behavioural science research programme. This presentation draws on the learnings from undertaking social value commitments as part of contract research.

Methods: We delivered four talks in local secondary schools on careers in behavioural science research, reaching 25 pupils studying health and social care and psychology-related qualifications. We provided behavioural science work placements for six Anglia Ruskin University students, each lasting six days, during which students worked alongside researchers on behavioural science research projects. Thirdly, we delivered four two-hour introductory training workshops on how to collect local behavioural science insights for staff and volunteers of 27 local community organisations (48 attendees).

Results We successfully delivered all agreed social value tasks within the allotted timeframe of the project. Feedback indicated that we had increased knowledge and skills in behavioural science amongst different groups in Cambridgeshire. We reflect on the learnings from this work including: ensuring where possible a match between the objectives of the commissioned research and objectives of the social value commitments; working with community organisations and partners, especially those whose objectives closely align with the objectives of the social value; utilising existing links to engage target populations, especially underserved groups and; matching the social value offer to local community needs and priorities and adjusting the approach to different contexts.

Conclusions and implications Social value commitments are increasingly important in public procurement and need to have measurable outcomes, be proportionate to contract size, and be aligned with funder priorities. They also need to be aligned with local community need and priorities to maximise its value and we therefore outline key considerations for researchers undertaking social value commitments.

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3.5 Mixed Topics

Participatory Systems Mapping to Explore Underserved Autistic People's Journey through Primary Healthcare

Prof Megan Freeth[1], Dr Daniel Poole[1], Dr Victoria Newell[1], Prof Ian Kellar[1], Dr Vyv Huddy[1], Prof Mary Stewart[2], Dr Rachael Hughson-Gill[3], Dr Joe Langley[4], Kelly Scargill[5], Neil Anderson[6]
[1]University of Sheffield, Sheffield, UK, [2]Northumbria University, Newcastle, UK, [3]University of Lincoln, Lincoln, UK, [4]Sheffield Hallam University, Sheffield, UK, [5]Consortium of LGBTQ+ Voluntary and Community Organisations, London, UK, [6]Disability Sheffield, Sheffield, UK

Autistic people experience poorer health outcomes and significant barriers to healthcare. Research has historically excluded autistic people from underserved backgrounds, such as those from racially minoritised communities, low-income households, individuals with cooccurring learning disabilities, or those who are non- or minimally speaking. Consequently, there is limited evidence on how healthcare systems can meet the needs of the most disadvantaged. This paper evaluates an innovative practice in autism research, combining co-production with Participatory Systems Mapping and creative methods to explore the healthcare experiences of underserved autistic adults. We co-designed workshops with a steering group of autistic adults from underserved groups (n= 6) using persona development, user journey mapping, and stakeholder prioritisation to evaluate and interrogate causal relationships in healthcare access. Thirty-one participants took part across four workshops from underserved community groups in South Yorkshire. The sample included representation from Somali and Black African communities (35.5%) and participants from areas of high deprivation according to the Index of Multiple Deprivation (Mdn= 2, Range= 1–9). There was also some involvement of autistic people with cooccurring learning disabilities and those who were non- or minimally speaking. Feedback from the workshops demonstrated that participants felt able to share ideas and experiences. A validated causal loop diagram was produced with the steering group ("Misalignment-Invalidation Cycle"), illustrating how communication barriers and clinician invalidation generate reinforcing loops of misalignment in understanding and disengagement from healthcare. Ultimately, this approach provides a practical blueprint for engaging underserved autistic people and generating actionable insights to inform more inclusive healthcare interventions.

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Participatory systems mapping an inflammatory bowel disease health system to co-develop intervention ideas for reducing unplanned admissions

Rachel Hawkins[1], Prof Ian Kellar[1], Dr Charlotte Cotterill[1], Prof Fiona Sampson[1], Prof Alan Lobo[2]
[1]University of Sheffield, Sheffield, [2]Sheffield Inflammatory Bowel Disease Centre, Sheffield,

Background: The complex nature of inflammatory bowel disease (IBD) results in high numbers of potentially avoidable unplanned hospital admissions. To effectively reduce these admissions, they must be viewed holistically within an integrated healthcare system with interacting components between patients, healthcare providers, and organisational processes.

Methods: Participatory systems mapping using casual loop diagrams informed local recommendation and intervention development to reduce IBD admissions at a single IBD tertiary service in the UK. Twenty three stakeholders, including people with IBD (n=12), informal caregivers (n=2) and IBD service providers (n=9) participated across five participatory systems mapping and co-design workshops. Participants co-produced causal loop diagrams to visualise systemic drivers of unplanned IBD admissions. To develop intervention ideas, the Consolidated Framework for Implementation Research was applied to co-develop and prioritise service interventions to reduce unplanned IBD admissions.

Results: Two distinct but complementary participatory system maps were produced. Participants identified 6 actor groups, 50 factors, 32 influences, and 29 possible interventions. Map insights revealed that unplanned IBD admissions are driven by reinforcing feedback loops involving psychological distress, delayed access, and barriers to patient advocacy. While service providers emphasised the logistical importance of timely care access and helpline use, patients highlighted that readiness to navigate the system is heavily dependent on confidence and holistic support. To address these underlying structural drivers, participants co-developed and prioritised three necessary service interventions: personalised care plans, facilitated peer support, and group education sessions.

Conclusions and Implications: The system maps demonstrate that unplanned IBD admissions can result from systemic failures in supporting people with IBD's confidence, advocacy, psychological distress, and timely navigation across outpatient IBD, primary and emergency care. The co-developed interventions and impact statement provide a foundation for developing a theory of change to inform prospective interventions to redesign IBD care pathways and potentially reduce unplanned IBD admissions.

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Accessible results study: Promoting health equity through co-production and enabling patients with diverse needs to access their blood test results

Dr Cynthia Ochieng[1], Dr Gail Davidge, Mrs Ellie Kingsland, Mrs Jane Sprackman, Ms Anna Ferguson-Montague, Prof Caroline Sanders, Prof Lucy Yardley, Dr Brian McMillan, Dr Jessica Watson
[1]University of Bristol, Bristol, UK

Background: In 2023, NHS England instituted patients' default access to online test results, and the NHS 10-year plan envisages that through the NHS App, patients will have a "doctor in their pocket'. For this to succeed, patients must be aware of these online services, and the information must be easy to find, navigate, and understand for patients with diverse needs. If online access is not patient-centred, this may increase patient uncertainty and exacerbate health inequity, particularly among digitally excluded groups such as, older people, minority ethnic groups, and people with certain disabilities. This study aimed to develop an intervention to promote accessibility of online results for patients, including those with diverse needs.

Methods: Through the person-based approach, the study co-produced a multi-component intervention (Toolkit) to enhance the accessibility of online results. This was developed through a systematic review, qualitative interviews, and workshops. Patients (n=39) and staff (n=19) were recruited from six GP practices serving diverse communities in the South-West and North-East of England, and six co-production workshops were held separately with four diverse patient groups, two clinician groups, 14 patient and public involvement contributors and key interest-holders.

Results: The interview data revealed that lack of awareness meant most patients did not use online access. Of those that had online access, many found the portal navigation challenging and the language too technical. Through co-production with patients and staff, we developed a toolkit containing: lay wording to communicate test results, sign-posting digital support, resources for patients, and advice for staff on equitable alternatives for digitally excluded patients.

Conclusions and Implications: Through working with patients and key interest-holders including the NHSApp team, we co-produced a Toolkit that promotes patient's knowledge, acquisition, understanding and utilisation of online test results. Additionally, through these collaborations we also contributed to optimising the NHS App user interface.

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DIAMONDS URDU – Exploring Barriers to Mental Health Research Participation in South Asian Communities

Jen Brown[1,2], Nilam A Khan[2], Habiba Ali[2], Peter A Coventry[2,3]
[1]The University of Sheffield, Sheffield, UK, [2]University of York, York, UK, [3]Manchester Metropolitan University, Manchester, UK

Background: South Asian (SA) populations in the UK face 2-4x the risk of type 2 diabetes. This is compounded by severe mental illness, which independently increases diabetes risk, contributing to a mortality gap driven by physical illness. Recruitment of Urdu-speaking participants to the DIAMONDS RCT was lower than anticipated, leading to a qualitative investigation of barriers to participation in mental health research.
We aimed to identify causes of under-recruitment by examining the perspectives of recruiting hospital Research & Development (R&D) teams and of SA community partners.

Methods: The study combined focus groups and interviews with R&D teams from 5 settings with community focus groups involving 13 men and 52 women. Data were audio-recorded, transcribed and translated, and thematically analysed.

Results: R&D staff identified cultural stigma and the add-on nature of the Urdu pathway as primary barriers. Communities highlighted mental health taboos, family denial, and fear of information spreading. Both groups identified culturally and linguistically matched staff as a consistent facilitator. Success was contingent on relational recruitment strategies, like home visits and engagement through community leaders.

Conclusions and Implications: Translation of materials is insufficient to engage SA populations. Future research requires a shift toward community-embedded models where mental health conversations are normalised. Crucially, bilingual and culturally familiar researchers must be empowered to lead study delivery from inception to build the trust necessary for participation.

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Changing behaviour to enable the design and delivery of greener trials

Frank You[1], Dr Taylor Coffey[1], Dr Dan Powell[1], Prof Paula Williamson[2], **Prof Katie Gillies**[1]
[1]Aberdeen Centre for Evaluation (ACE), University of Aberdeen, Aberdeen, UK, [2]University of Liverpool, Liverpool, UK

Background: Current estimates predict that the 560,000 trials registered on clinicaltrials.gov have a carbon output of 44 million tonnes. A small number of studies have explored carbon usage in clinical trials and identified factors such as trial-specific patient assessments and trial team meetings and travel as key hotspots. Many of the hotspots in clinical trials are linked to human behaviour. This project aimed to identify the determinants of trialists behaviour for the design and delivery of greener trials.

Methods: The study applied an exploratory mixed methods approach: conducting a survey applying a validated 6-item COM-B (Capability, Opportunity, Motivation, Behaviour) measure, which was followed up with interviews and focus groups guided by the Theoretical Domains Framework (TDF). Participants in both phases were trialists (i.e. individuals involved in design and delivery of clinical trials). Survey data were summarised using descriptive statistics and interview data were analysed deductively against the TDF with frequency analysis to identify targets for change.

Results: We received 88 responses from trialists in the UK and Ireland. Most respondents reported high levels (median = 5 out of 6) for psychological capability and reflective motivation but lower levels of physical opportunity (median = 3) and automatic motivation (median = 2) when considering the design and delivery of greener trials. Analysis of interviews (n=8) and focus groups (n = 3) will be competed by end of January and mapping of findings to potential solutions will be completed by mid-March.

Conclusion and implications: This presentation will evidence the behavioural determinants of importance when considering how to support trialists to design and deliver greener trials. Recommendations and considerations for the design and delivery of greener trials will be presented alongside transferable learning for the design of other ‘green’ research.

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4.1 Symposium: Transforming breast cancer risk assessment and screening: improving equity, accessibility and acceptability

Convenor: Dr Sarah Hindmarch, University of Manchester
Discussant: Prof Jo Waller, University of Manchester

This symposium is designed for researchers, clinicians, and public health professionals interested in advancing equitable breast cancer screening and risk assessment. The session will particularly appeal to those working in cancer prevention and early detection, health disparities, behavioural science, and community engagement. We anticipate participation from multidisciplinary teams, including behavioural and implementation scientists, as well as early-career and senior investigators.

Purpose: This symposium explores innovative approaches to breast cancer risk assessment and screening, with a focus on equity, access, and acceptability. It aims to highlight and suggest methods for addressing persistent disparities in engagement and representation among ethnic minority groups and socioeconomically deprived populations.

Objective: To share emerging evidence and practical strategies that enhance inclusivity in breast cancer risk assessment and screening research. The session will highlight barriers, facilitators, and community-driven solutions to improve uptake and trust.

Rationale: Despite advances in breast cancer risk prediction, significant gaps remain in risk assessment and screening participation among under-served populations. These disparities limit the effectiveness of early detection strategies and perpetuate health inequalities. Delivery models that prioritise cultural sensitivity, accessibility, and person-centred communication are needed to ensure equitable implementation.

Summary: The symposium features four complementary talks:

1. Professional perspectives on promoting breast cancer screening initiatives for women from minoritised communities
2. Black women's decisions about participating in breast cancer screening in the UK: A qualitative study
3. Does community delivery of breast cancer risk assessment increase acceptability among women from Black ethnic groups? A mixed methods study
4. Acceptability of breast cancer risk assessment for women aged 30–49: views of women from five under-served groups

Together, these presentations will inform future research and policy directions to ensure breast cancer risk assessment and screening are equitable, accessible, and acceptable for all women.

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Professional perspectives on promoting breast cancer screening initiatives for women from minoritised communities

Helen Morley[1,2], Omolade Allen[3], Gillian Hutchison[4], Victoria Woof[1,2], David French[1,2]
[1]Manchester Centre of Health Psychology, Division of Psychology and Mental Health, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester, [2]NIHR Manchester Biomedical Research Centre, The Nowgen Centre, [3]Division of Medical Education, School of Medical Sciences, Faculty of Biology, Medicine and Health, University of Manchester, [4]The Nightingale Breast Cancer Centre, Manchester University NHS Foundation Trust

Background: Despite long-standing efforts to increase breast cancer screening uptake, women from minoritised communities continue to face substantial inequalities in access and outcomes. Much research focusses on the views of patients on barriers to their attendance, but more systemic factors have received limited attention.

Methods: Seventeen professionals responsible for implementing screening initiatives from a variety of roles took part in semi-structured online interviews. Data were analysed using reflexive thematic analysis.

Results: Three themes were developed: (1) Structural inequities: from system-centred design to community-centred care: professionals described entrenched systemic misalignments that disadvantage women from minoritised communities; (2) Hostile environment effects on healthcare engagement: wider societal racism and exclusionary policies were seen to undermine trust and access; (3) Innovation within constraints: participants described grassroots, community-centred strategies, though these often relied on individual initiative rather than system-level support.

Conclusions and Implications: Professionals working to promote breast screening uptake for women from minoritised communities described systemic challenges that hinder equity. Structural reform to breast screening programmes is needed which goes beyond translation and cultural competency to produce greater uptake in minoritised communities. Findings highlight the importance of embedding equity into service design and ensuring that healthcare systems are more appropriate for women from minoritised backgrounds.

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Black women's decisions about participating in breast cancer screening in the UK: A qualitative study

Anietie Aliu[1], Robert Kerrison[1], **Afrodita Marcu**[1]
[1]School of Health Sciences, University of Surrey

Background: Women of Black African and Black Caribbean descent in the UK have lower participation in breast cancer screening than White women, contributing to later-stage diagnosis and poorer outcomes. There is limited qualitative evidence capturing the perspectives of screening-eligible Black women, particularly those who do not attend screening. This study aimed to explore behavioural, cultural, and structural factors influencing breast screening decisions, and to identify intervention-relevant insights to improve equity, accessibility, and acceptability of screening services.

Methods: Seven focus groups were conducted with 47 Black African and Black Caribbean women aged 50–71 living in the UK of which (n=30, 63.8%) reported attending breast screening regularly. Data were analysed using reflexive thematic analysis. Findings were mapped onto the Capability, Opportunity and Motivation model of behaviour to identify behavioural drivers and targets for interventions.

Results: Five themes were developed: knowledge of breast cancer and screening; emotional and motivational responses; competing priorities; healthcare and access barriers; and participant-led recommendations. Barriers included limited awareness of screening, low perceived risk in the absence of symptoms, fear of pain or of cancer diagnosis, fatalistic beliefs, inflexible appointment systems, and negative healthcare experiences. Facilitators included perceived benefits of early detection, reassurance from screening, representative awareness campaigns and survivors' stories, clear explanations of procedures, and accessible community-based services. Several differences emerged function of ethnicity, migration status, religion, and screening history, highlighting the need for tailored rather than a one-size-fit all approaches.

Conclusions and Implications: Black women's decisions about breast cancer screening are influenced by a mix of knowledge, cultural beliefs, emotions, and structural barriers. Community-led, culturally sensitive strategies that raise awareness, improve access, and build trust through respectful communication are essential. Using behaviour change frameworks can help design targeted interventions to reduce inequalities in screening and support earlier detection.

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Acceptability of primary care and community-based breast density assessment (Mi~Scan®) in diverse populations: A mixed methods study

Molly Parfett[1], Anya Webber[2], David P. French[1,2], Omolade Allen[1,2], Sam Merriel[1,2], Sue Astley[1,2], Nicole Brown[1,2], Emma Thorpe[2], Maria Lawal[3], Ibukun Adalakun[3], Adrian Waller[4], Emma Jackson[4], Leigh Cornock[4], Sacha J. Howell[1,2]
[1]University of Manchester, Manchester, UK, [2]The Christie NHS Foundation Trust, Manchester, UK, [3]Micrima Limited, 2 Glass Wharf, Bristol, UK, [4]Public Advisor, Manchester, UK

Background: Breast cancer (BC) risk assessment could identify younger women at increased risk. Whilst young Black women are more likely to develop aggressive BC subtypes, research on BC risk assessment acceptability has low representation of this population. The Mi~Scan – a portable breast density assessment tool – could help overcome barriers to participation by enabling assessments in both community and primary care settings.

This study aimed to assess the acceptability of receiving Mi~Scan in 30–49-year-old women, focusing on understanding whether views differed by scanning location and ethnicity.

Methods: 240 eligible women were invited to have a Mi~Scan® assessment in either primary care or community settings. Acceptability was assessed through questionnaires using the theoretical framework of acceptability.

Independent samples t-tests were conducted in SPSS to compare mean acceptability scores by ethnicity and setting. Three focus groups with 19 women were analysed using reflexive thematic analysis.

Results: Participants' self-reported ethnicity was 35.6% Black, 37.7% White, 26.8% Other (n=239). On a five-point scale (1= completely unacceptable; 5= completely acceptable), the mean acceptability score was high across all participant groups and settings 4.39 (95% CI: 4.34-4.45). No significant differences in scores were seen between those at primary care (n= 120, M=4.36, SD=0.48) versus community settings (n=119, M=4.42, SD=0.43), t(237)=1.15, p=.252, or of Black (n=85, M=4.41, SD=0.44) versus non-Black ethnicity (n=154 , M=4.38, SD=.47), t(237)=.53, p=.597. All focus group participants considered the Mi~Scan® acceptable. Community delivery was achieved by collaborating with community leaders and building trust through repeated in-person engagement. Though resource-intensive, participants valued the approach, citing that they were less likely to participate in primary care.

Conclusions and Implications: Breast density assessment in community settings is acceptable to ethnically diverse populations, opening the way to future research in community-based breast cancer risk assessment, which should include community recruitment pathways to encourage participation from under-represented groups.

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Acceptability of breast cancer risk assessment for women aged 30–49: views of women from five under-served groups

Victoria G. Woof[1], Maria Valasaki[2], Francisca Stutzin Donoso[2], Lorna McWilliams[1], Helen Morley[1], Juliet Usher-Smith[2], David P. French[1]
[1]Manchester Centre of Health Psychology, Division of Psychology and Mental Health, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester, [2]Primary Care Unit, Department of Public Health and Primary Care, University of Cambridge

Background: Inequalities in breast screening uptake and cancer outcomes persist among under-served women. To reduce disparities, it is essential to understand women's views when developing proactive early detection and prevention services.

Methods: This study explored the acceptability of introducing a breast cancer risk assessment service for women aged 30–49, offering early screening and/or risk-reducing medication to those at moderate or high-risk. We conducted extensive engagement with five communities of typically under-served women, selected to represent diverse and overlapping sources of disadvantage: (1) South Asian Muslim women, (2) Roma women, (3) women in low socio-economic neighbourhoods, (4) women with learning disabilities and/or autism, and (5) women with long-term anxiety and/or depression. Fifty-two women participated in 10 focus groups and one interview. Data were analysed using a thematic framework approach.

Results: All groups were enthusiastic about a breast cancer risk assessment for young women. Across groups, female healthcare staff, local delivery, a straightforward process, and assurances about data privacy were valued to reduce barriers and promote engagement. Women also supported local events to promote risk assessment and breast cancer awareness. Concerns about the emotional impact of risk information highlighted the need for clear communication and tailored support across groups. Among ethnic minority women, breast cancer was often seen as taboo, limiting discussion and complicating the sharing of family history.

Conclusions and Implications: These findings highlight that under-served women face both shared and unique challenges. To enhance uptake and reduce longstanding early detection inequalities, risk assessment services should be culturally sensitive, streamlined, and supported by community-based awareness initiatives.

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4.2 Physical Activity

Understanding responses to general practitioner health behaviour change advice: Psychological determinants in a UK general population sample

Dr Chris Keyworth[1], Dr Keven Joyal-Desmarais[1]
[1]University of Leeds, Leeds, UK

Background: General practitioners frequently provide advice about health behaviour change, yet individuals vary in how they respond to this advice. Understanding psychological factors that determine people's reactions to health behaviour change advice is important for informing intervention development. This study examined the roles of advice acceptability, constructs from the Capability, Opportunity, and Motivation model of behaviour (COM-B), and the Big Five personality traits across multiple health behaviours.

Methods: 301 adults from the UK general population were recruited via Prolific. Participants reported on their intentions to act on general practitioner advice for physical activity, diet, weight management, alcohol reduction, and smoking cessation using brief standardised advice scenarios. Measures of advice acceptability, COM-B constructs, and the Big Five personality traits were completed. Data were analysed using Pearson correlations and hierarchical multiple regression.

Results: Across all behaviours, advice acceptability was consistently positively associated with responses and consistently predicted intentions in correlations and initial regression models (ps < .05). In correlational analyses, physical and social opportunity were the most consistent COM-B predictors, but in hierarchical regression models (accounting for acceptability and personality), reflective motivation was the most persistent, remaining significant for physical activity, diet, and drinking (βs = .26-.28). Big five traits showed fewer, but behaviour-specific associations. Counterintuitively, lower conscientiousness predicted stronger physical activity intentions and lower emotional stability predicted stronger diet intentions.

Conclusions and Implications: Results suggest responses to general practitioner health behaviour change advice may be driven by advice acceptability, along with motivational and opportunity-related processes. These findings highlight the importance of ensuring health behaviour change advice is perceived as acceptable and of supporting the role of reflective motivation and opportunity in shaping responses to general practitioner recommendations.

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Developing a behaviourally informed toolkit to support physical activity promotion in general practice: a qualitative interview study

Rosina Cross[1], Dr Emma Cockcroft[1], Dr Emma Healey[2], Dr Jefferey Lambert[3], Miss Jessica Marshall[1], Dr Callum Leese[4], Dr Robert Mann[1], Dr Charlotte Woodcock[2], Dr Hussain Al-Zubaidi[5], Prof Christopher Clark[1]
[1]University of Exeter, Exeter, UK, [2]University of Keele, Keele, UK, [3]University of Bath, Exeter, UK, [4]University of Dundee, Dundee, UK, [5]Royal College of General Practitioners, London, UK

Background: Physical activity (PA) promotion in primary care is effective for preventing and managing long-term conditions, yet implementation in routine practice remains inconsistent, contributing to health inequalities. Previous research highlights barriers such as limited time, confidence and training, however less focus on how behavioural determinants can be translated into practical and equitable consultation tools. This study aims to understand determinants of PA promotion to inform the co-development of a PA toolkit, in collaboration with the Royal College of General Practitioners.

Methods: Semi-structured interviews were conducted with 29 healthcare professional (HCPs) and patients across England. Participants were purposively sampled to capture variation in participant characteristics. Data were analysed using Framework Analysis informed by the Theoretical Domains Framework (TDF) and COM-B model.

Results: HCPs described time pressure, cognitive load, limited confidence, training and reduced continuity of care as barriers to PA promotion. These mapped to the TDF domains of Environmental Context and Resources, Beliefs about Capabilities and Memory Attention and Decision Processes. Role credibility and prevailing social norms shaped whether PA advice was raised, trusted and acted upon. HCPs reported reliance on social prescribers to extend PA support beyond the initial consultation and highlighted the need for structured guidance, prompts and follow-up mechanisms embedded within routine systems. Patients emphasised autonomy-supportive, non-judgemental communication, valuing personalised, inclusive advice that acknowledge their circumstances. Continuity and follow-up were described as important for motivation and engagement. Both groups prioritised accessible resources and clear links to community-based opportunities to enable action beyond the consultation.

Conclusions: By integrating patient and professional perspectives and applying behavioural theory, this study identifies actionable PA promotion determinants for intervention co-design. Findings will inform co-development of an implementation-focused toolkit to support inclusive and sustainable PA promotion in general practice.

(Work in progress, full findings to be presented April 2026)

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Exploring the use of personas in behavioural medicine and health promotion practice and policy development: A qualitative study of middle-aged men at parkrun in Ireland

Dr Allison Dunne[1], Dr Helen Quirk[2], Dr Alice Bullas[3], Prof Steve Haake[3]
[1]University of Galway, Galway, Ireland, [2]University of Sheffield, Sheffield, UK, [3]Sheffield Hallam University, Sheffield, UK

Background. Behavioural medicine and health promotion interventions have traditionally been designed using demographics such as age or gender but this approach does not consider individual differences within those groups. One alternative is to use personas which represent a range of typical service users or patients. Often used in software design or marketing, this technique is rarely used in behavioural medicine. The aim of this study was to explore how personas can be designed using health promotion interview data and utilised as part of behavioural medicine practice and policy to enhance health equity.

Methods. The personas were developed using data from a study of mental wellbeing at the community initiative parkrun, including 39 semi-structured interviews with middle-aged men in Ireland. The online interviews took place on Microsoft Teams between 24/09/2022 and 16/02/2023. Interviewees had a mean age of 54.4 years. The majority (n=33) self-identified their parkrun participation type as runners/walkers who volunteer; the remaining 6 were runners/walkers who did not volunteer at parkrun. Inductive reflexive thematic analysis was used to develop six personas representing the interviewees social needs. Stakeholder consultations were completed for validation of the personas.

Results. The six personas were The Local, The Friend, The Family Man, The Tourist, The Independent Man, and The Volunteer. The personas were used as a discussion tool for public and stakeholder consultation to aid the development of policy and practice guidelines for parkrun. The consultation group chose The Friend to be the primary persona on which to focus future practice activity.

Conclusions and implications. This study demonstrated the process of persona design using a data-driven, evidence-based approach. The personas were acceptable and valuable as a prompt for stakeholder consultation. This method could be a useful tool for the creation of future behavioural medicine practice and policy guidelines.

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Evolving Engagement: A Longitudinal Qualitative Study of Physical Activity and Social Connectedness in Older Adults

Dr Ragy Tadrous[1,2], Dr Victoria J Palmer[1], Menghan Wang[1], Dr Benjamin P Rigby[3,1], Dr Meigan Thomson[1], Dr Jonathan R Olsen[4,1], Dr Martin Anderson[1], Dr Ruth Lewis[1], Prof Kirstin Mitchell[1], Dr Emily Long[1], Dr Kathryn Skivington[1], Prof Sharon A. Simpson[1]
[1]School of Health and Wellbeing, University of Glasgow, UK, [2]Better Health & Care Hub, King's College London, UK, [3]Population Health Sciences Institute, Newcastle University, UK, [4]Institute for Social Science Research, The University of Queensland, Australia

Introduction: Physical activity (PA) and social connectedness are central to healthy ageing, yet older adults often experience transitions such as retirement, changing caregiving roles, bereavement, or health declines that disrupt routines. How individuals adapt shapes their ability to remain active and socially engaged, particularly in socioeconomically disadvantaged communities. This study provides one of the first longitudinal examinations of how PA and social connectedness evolve through such transitions among older adults in deprived communities. The aim was to identify behavioural trajectory types and examine mechanisms supporting or undermining sustained engagement.

Methods: A qualitative longitudinal study was conducted with mid-older adults in two deprived Scottish local authorities. Semi-structured interviews were completed at three timepoints between December 2022 and October 2024 (T1: n=27, T2: n=22, T3: n=16, and n=4 combined T2–T3 interviews). Participants (mean age 64.7 ± 5.5

years) described their social networks, PA practices, life transitions, and neighbourhood environments. Interviews were supported by local area mapping and social network diagramming to explore relational and spatial influences. Analysis combined inductive and deductive coding informed by the Socio-Ecological Model and COM-B, with Longitudinal Synchronic Framework Analysis capturing change over time.

Results: Five behavioural trajectories were identified. Sustained engagers maintained stable PA and social contact through resilience, flexibility, routines, strong networks, and accessible environments. Gradual disengagers showed slow reductions in activity and social contact due to cumulative health, social, and environmental challenges. Increasers expanded engagement following transitions such as retirement or caregiving changes, supported by family, friends and community resources. Fluctuating engagers experienced intermittent participation shaped by health, caregiving, or seasonal limitations. Persistent strugglers faced longstanding constraints including poor health, mobility limitations, shrinking networks, and inaccessible environments.

Conclusions and Implications: Engagement in later life is dynamic and context dependent. Multi-level, life-course interventions addressing social, behavioural, and environmental factors could support active ageing in disadvantaged communities.

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Effectiveness of a peer-volunteer-led active ageing programme in preventing physical decline among older adults: Results from the Active, Connected, Engaged (ACE) Randomised Controlled Trial.

Prof Colin Greaves[1], Prof Afroditi Stathi[1], Dr Withall Janet[1], Prof Diane Crone[2], Prof Helen Hawley-Hague[3], Dr Max Western[4], Dr Katie Chatwin[1], Dr Amy Davies[3], Dr Zsofia Szekeres[2], Prof Rebecca Playle[5], Prof Emma Frew[1], Dr Sally Fenton[1], Prof Melvyn Hillsdon[6], Prof Kate Jolly[1], Prof Chris Pugh[2], Dr Melissa Wright[5], Dr J Baxter[5], Prof Chris Todd[3], Elizabeth Boulton[7]
[1]University of Birmingham, Birmingham, United Kingdom, [2]Cardiff Metropolitan University, Cardiff, United Kingdom, [3]University of Manchester, Manchester, United Kingdom, [4]University of Bath, Bath, United Kingdom, [5]Cardiff University, Cardiff, United Kingdom, [6]University of Exeter, Exeter, United Kingdom, [7]AGE UK, London, United Kingdom

Background: Mobility limitations escalate with age, contributing to loss of independence, increased fall risk, frailty progression, and reduced quality of life. The ACE trial - the largest study of its kind - evaluated the effectiveness of a six-month, peer-volunteer-led intervention designed to help older adults at risk of mobility disability become more physically and socially active, aiming to slow or reverse functional decline associated with ageing.

Methods: We conducted a two-arm, pragmatic randomised controlled trial with 528 community-dwelling older adults aged 65+ (mean age 77.5; 65% female), at risk of mobility disability (Short Physical Performance Battery [SPPB] score 4–9) and 227 peer volunteers aged 55+ (59% female). Participants were randomly allocated to either the ACE intervention or control arm across four UK sites: Bristol, Cardiff and the Vale of Glamorgan, Manchester, and Stoke-on-Trent. The ACE intervention is a six-month programme underpinned by behaviour change theory, whereby peer volunteers pair with participants and offer them individually tailored support to engage them in local physical and social activities, aiming to improve lower limb mobility and increase physical activity. The primary analysis used a linear mixed model including group allocation, site, baseline and 6- and 18-month SPPB scores (the primary outcome).

Redacted pending publication /to be presented at the conference

Conclusion: The ACE peer volunteering programme delivered sustained, clinically meaningful benefits for older adults at risk of mobility disability. Mobilising peer-volunteers could be a scalable approach to promote active ageing in community settings.

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4.3 Mixed Topics

A community-based qualitative exploration of lower socioeconomic position individuals' perspectives on alcohol public health interventions and experiences of alcohol use

Sarah Dance[1], Andrew Weyman[1], Sally Adams[2], Amy Herbert[1], Amber Burd[1], Naomi Nelson[1], Charlotte Dack[1]
[1]University of Bath, [2]University of Birmingham

Background: Disproportionately higher rates of alcohol-related harm are experienced by lower socioeconomic position (SEP) groups, yet current alcohol interventions tend to have less impact among this population. The research questions were: 1) What are lower SEP populations' perspectives on alcohol public health interventions? 2) What are lower SEP populations' experiences of alcohol use?

Methods: We conducted six focus groups (n=23) in community settings with individuals who drink alcohol. Individuals were recruited from community organisations in relatively disadvantaged areas (identified by Index of Multiple Deprivation) and workplaces with routine and manual occupations. We asked questions about the acceptability of UK alcohol public health interventions, and behavioural drinking patterns and reasons for drinking. Inductive and deductive framework thematic analysis constructed two themes.

Results: Theme one was a lack of trust in government alcohol intervention. The governments' motivations for implementing alcohol interventions were lowly trusted, with perceptions that the government does not care about alcohol-related health harms and that perceived unnecessarily high alcohol-related taxes represent the reason for its legal status. Perceived authoritative interventions and interference with free will was resented. There was scepticism towards the effectiveness of interventions, including perceptions of negative outcomes and that interventions do not address the underlying reasons for alcohol use. Theme two was the psychosocial context of alcohol use. Social environmental facilitators of and barriers to alcohol use were discussed, including high alcohol availability locally. Motivations for and patterns of alcohol use included alcohol use as a coping strategy for daily life stress and preferences for cheap high strength alcohol.

Conclusions and Implications: A novel target for alcohol public health interventions targeted towards lower SEP populations may be trust towards government as a source of alcohol intervention. Further research should examine which alcohol intervention sources would be trusted by, and therefore more acceptable to, lower SEP populations.

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Availability and affordability of No and Low alcoholic drinks in the off-trade: comparison by area level deprivation

Dr Merve Mollaahmetoglu[1], Dr Melissa Oldham, Prof John Holmes, Dr Inge Kersbergen
[1]University of Sheffield

Background: In the context of increasing alcohol deaths in the UK, the government encouraged risky drinkers to switch from alcoholic to no and low alcohol alternatives (≤1.2% ABV, No/Lo) to reduce alcohol harm (GOV.UK, 2023). However, as No/Lo drinks are typically consumed by individuals with higher socioeconomic status (Perman-Howe et al., 2024), this approach may widen existing inequalities in alcohol harm whereby those from most deprived backgrounds experience most harm (Katikireddi et al., 2017). One potential barrier to consuming No/Lo drinks relates to the availability and affordability of No/Lo drinks in local neighbourhoods, particularly in off-trade premises (i.e. stores).

Methods: We set out to examine the availability, price, promotion and marketing of No/Lo drinks in 48 stores in the most and least deprived local wards of Sheffield, using a discreet retail audit method. Two researchers collected data on price, number of products and brands per No/Lo drink type, promotions and in store marketing, and location of No/Los and standard alcoholic drinks. Data was analysed descriptively.

Results: Stores in the least deprived wards were more likely to sell any type of No/Lo drinks, and stock a wider variety of No/Lo drinks compared to those in most deprived wards. In contrast with the positioning of alcoholic drinks, No/Lo drinks were less frequently positioned in high traffic areas such as end of aisles, particularly in most deprived wards.

Conclusion: Stores in deprived wards are less likely to sell No/Lo drinks and stock a reduced variety of No/Lo drinks, particularly in high traffic areas which has been previously shown to significantly increase sales (Nakamura et al., 2014).

Implications: Individuals living in deprived communities may have additional physical barriers for purchasing and consuming No/Lo drinks due to reduced choice, availability and reduced exposure to these drinks in high traffic areas in local stores.

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Cue reactivity to core branded and non-core branded no and low alcoholic drink cues compared to soft drink cues among hazardous and harmful drinkers

Dr Merve Mollaahmetoglu, Ella Wedgeworth, Dr Inge Kersbergen
[1]University of Sheffield, Sheffield, England

Background: Exposure to alcohol cues can elicit cue reactivity among risky drinkers, but the impact of no and low-alcohol drinks (≤1.2% ABV, No/Lo) remain unclear. Those with alcoholic parent brands (core-branded No/Los) could increase alcohol craving compared to non-core branded No/Los due to stronger associations with alcoholic drinks. This study examined effects of core and non-core branded No/Lo cues on alcohol craving compared to soft drinks.

Methods: In a between-subjects experiment, 131 risky drinkers viewed video adverts for either core-branded No/Los, non-core-branded No/Los, or soft drinks. Alcohol craving was measured at baseline and post-exposure. Linear regression models tested the effects of cue exposure on alcohol craving, controlling for baseline craving, brand familiarity, liking, alcohol expectancies, and marketing receptivity.

Results: Contrary to predictions, the results suggested that exposure to core branded No/Lo cues did not significantly alter alcohol craving compared to non-core branded No/Lo cues [$t(79)=-1.69$, $p=0.096$)] but resulted in lower craving compared to soft drinks [$t(121)=-5.2$, $p<0.001$].

Conclusions: Exposure to both core and non-core branded No/Lo cues may lead to similar levels of alcohol craving. Reduced craving in response to core branded No/Lo cues compared to soft drink cues may be due to scepticism towards core branded No/Lo drinks which are viewed by some consumers as efforts to promote alcoholic parent brand.

Implications: Current findings do not yet favour restricting marketing of core branded over non-core branded No/Lo drinks in the UK, which may be counterproductive to encouraging people to switch from alcohol to No/Lo alternatives.

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Engagement and Influence of Food-Related Videos on Social Media Within the Dietary Realities of Young Adults in Jamaica and the UK: A Qualitative Cross-National Study

Shaniek Parks[1], Dr Charlotte Albury, Dr Jessica Renzella[1], Dr Asha Kaur[1], Dr Suzanne Soares-Wynter[1], Prof Mike Rayner[1], Prof Peter Scarborough[1]
[1]University of Oxford, Oxford, UK

Background: The rise of video-based social media platforms and the shift towards a video-first content strategy by social media companies have altered how people consume and engage with food-related content. However, little is known about how young adults experience, interpret and are influenced by food-related videos on social media across different national and cultural contexts.

Methods: Twelve focus groups (six in Jamaica and six in the UK) were conducted between August and November 2024 with young adults (N=60) aged 18–25 years. Discussions explored their experiences with food-related videos. Transcripts were analysed using reflexive thematic analysis, complemented by framework analysis and the constant comparison method to facilitate cross-national and cross-cultural comparison.

Results: Our analysis generated four themes: (1) young adults balance algorithmic influence with personal curation; (2) young adults engage with food-related videos for relaxation, amusement, and learning; (3) young adults evaluate food-related content through enquiry and strategy; and (4) food choices form at the intersection of online and offline worlds. A unified high-order theme, “A Journey of Influence,” captures how young adults move from exposure to evaluation and filter digital experiences through offline realities, leading to change or continuity in dietary attitudes and behaviours. Although this journey was consistent across Jamaica and the UK, the ways young adults interpreted food-related content varied.

Conclusions and Implications: This cross-national qualitative study showcases how and why young adults engage with food-related videos on social media, and how these interactions shape their attitudes and behaviours towards food and nutrition. Our conceptual map visualises the influence of food-related videos as a dynamic process unfolding across digital and offline environments, identifying three decision points for intervention: exposure, evaluation, and contextualisation. These findings highlight opportunities to design digital nutrition interventions that recognise young adults' agency and the realities that shape their food choices and eating habits.

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Exploring the effectiveness of physical health check interventions for people with severe mental illness: A systematic review of qualitative and quantitative evidence

Joao Craveiro[1], Rachel Hawkins[2], Prof Ian Kellar[1], Dr. Jen Brown[3]
[1]School of Psychology, University of Sheffield, Sheffield, UK, [2]Sheffield Centre for Health and Related Research, University of Sheffield, Sheffield, UK, [3]Department of Health Sciences, University of York, Sheffield, UK

Introduction: People living with severe mental illness (SMI) have a life expectancy up to twenty years shorter than the general population. This health inequity is partly due to increased risk of cardiovascular and metabolic conditions. Despite physical health checks being introduced to proactively care for the physical health of people with SMI, uptake in the UK has been suboptimal and health inequities remain. The effectiveness of interventions on outcomes of physical health checks has yet to be examined, along with what influences their implementation. This review aimed to assess the effectiveness of health check interventions for changing physical health markers in the SMI population.

Method: Studies examining the impact of outpatient and community interventions on cardiovascular and metabolic health markers of adults with SMI were collated. Five databases were searched (Web of Science, CENTRAL, PsychInfo, SCOPUS, Medline). The Mixed Methods Appraisal Tool critically appraised studies. Analysis followed the Joanna Briggs Institute Convergent Segregated approach to Mixed-Methods Systematic Reviews.

Results: Eight articles (7 quantitative, 1 qualitative), totalling 1,828 participants, were included. Five found significantly positive effects on primary outcome(s). Successful studies improved health checks by integrating an extra layer of care (i.e additional multidisciplinary teams) to existing services. Unsuccessful studies looked to improve checks within existing services. No marker improved significantly across a majority of interventions. Four studies addressed barriers/facilitators to implementation success, revealing five themes.

Conclusions and Implications: Current evidence is limited for understanding effective interventions on physical health checks, due to inconsistent core outcomes and reporting of interventions. Knowledge of implementation is significantly limited. The difference in outcomes across implementation strategies suggests a focus on equity over quality might be beneficial in the short-term. No studies embedded co-production within the development of physical health check interventions, highlighting a priority area for future research.

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4.4 Mixed Topics

A Mixed-Methods Evaluation of a Train-the-Trainer Approach to Delivering Core Making Every Contact Count Training

Prof Catherine Haighton[1,2], Dr Angela Rodrigues[1,2], Dr Mei Yee Tang[2,3], Dr Anna Haste[2,4], Dr Sarah Audsley[1,2], r Craig Robson[5], Jill Harland[5], Dr Beth Nichol[1,2,6]
[1]Northumbria University, Newcastle upon Tyne, UK, [2]Fuse, Centre for Translational Research in Public Health, Newcastle upon Tyne, UK, [3]University of Leeds, Leeds, UK, [4]Teesside University, Middlesbrough, UK, [5]Northumbria Healthcare NHS Foundation Trust, Newcastle upon Tyne, UK, [6]Newcastle University, Newcastle upon Tyne, UK

Background: Making Every Contact Count (MECC) is an opportunistic, person-centred approach designed to support health. Implementation of MECC commonly relies on a Train the Trainer (TtT) model, in which selected individuals are trained to cascade core MECC training to frontline staff. This study evaluated a regional TtT approach to deliver MECC training across Northeast and North Cumbria, UK.

Methods: A mixed-methods evaluation was undertaken. Quantitative components included secondary data analysis from pre- and post-training surveys and examination of subsequent cascade activity among MECC trainers. Qualitative semi-structured interviews were conducted with individuals eligible for the MECC TtT programme (n = 21) to explore barriers and enablers to cascading training, mapped to the Theoretical Domains Framework (TDF). Additionally, content analysis of the existing TtT programme identified incorporated behaviour change techniques (BCTs) and intervention functions (IFs), alongside a strategic behavioural analysis to assess how effectively the programme addressed the identified behavioural challenge.

Results: Following completion of the TtT programme, only 4.4% of trainers reported delivering core MECC training. Participation in the TtT programme led to a significant increase in knowledge but did not significantly enhance confidence or motivation to cascade training. Nevertheless, higher post-training confidence and motivation were significant predictors of intention to cascade. Training delivery format and post-training knowledge were not associated with intention to cascade. Six TDF domains emerged as central barriers or enablers: Environmental Context and Resources, Knowledge, Social Influences, Beliefs about Consequences, Skills, and Intentions. The TtT programme incorporated seven BCTs, though only the Skills domain was adequately addressed.

Conclusions and Implications: Scaling MECC delivery could be strengthened by refining recruitment to the regional TtT programme. Selecting individuals with organisational and peer support, prior MECC experience, and existing training roles may improve cascade outcomes. Where training experience is limited, additional external incentives, including rewards, may enhance engagement and delivery.

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The development of Scratch Less: adapting a behavioural intervention to address the itch-scratch cycle of eczema for an online clinical trial

Dr Laura Howells[1], Dr Lydia Tutt[1], Amanda Roberts[1,2], Prof Kim S Thomas[1], On behalf of the Rapid Eczema Trials team
[1]Centre of Evidence Based Dermatology, University of Nottingham, Nottingham, UK, [2]Nottingham Support Group for Carers of Children with Eczema, Nottingham, UK

Background: The ‘combined approach’ encourages optimal management of eczema treatments alongside breaking the itch-scratch cycle via habit-reversal techniques.

Kids in Control is 3-part healthcare professional-led group intervention that teaches children with eczema aged 8-12 a) how to look after their skin with eczema treatments b) how to notice when they are scratching using a clicker counter to track scratching c) behaviours to replace the scratching.

Aim: refine the intervention to make i) a self-directed online intervention ii) suitable for people aged 13+.

Methods: Think-aloud interviews conducted on MS Teams. Maximum variation sampling by age, gender, ethnicity, eczema severity, and index of multiple deprivation (IMD) was used.

Interviews were conducted in rounds and analysed using a Table of Changes (based on the Person-Based Approach to intervention development).

Results: N=12 (6 male, 6 female). Aged 13 to 83 years old. Ethnicity self-described as white British (8), white other (1), other mixed (1), Pakistani (1), and Indian (1). Participants were recruited from areas ranking from the 3rd to 10th decile on the IMD.

Feedback from round 1 (n=7) resulted in refinements including more supported navigation, ensuring applicability to people using systemic treatments, more age-appropriate language and detail on the scientific rationale of the approach, and adding an option for people to track scratching via a digitally interactive diary.

Feedback from round 2 (n=5) resulted in minor changes to improve navigation and clarity, adding who developed the techniques for legitimacy, and making the scratching diary more usable (e.g. adding a filter function for users to look for patterns in their data).

Conclusions and Implications: This study is an example of how rather than designing a new intervention, user feedback can help refine existing interventions to be suitable for different contexts and populations. The intervention will now be tested in the Scratch Less study (rapideczematrials.org).

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Using behavioural frameworks within co-design: creating a self-help resource to support self-compassion in people living with psoriasis

Dr Elaine Clarke[1], Dr Rachael Thorneloe[1]
[1]Sheffield Hallam University, Sheffield, UK

Background: Increasing self-compassion is expected to benefit people living with psoriasis, yet it remains unclear how best to translate research findings into a practical self-help resource. This study used behavioural science frameworks within a co-design process to create a self-help resource to support self-compassion in this population.

Methods: We conducted two co-design workshops with people who were prescribed topical therapies for psoriasis (n = 6), recruited via social media, to create a compassion-based self-help leaflet for people living with psoriasis. The workshops involved interactive discussions and were facilitated by researchers specialising in self-compassion and adherence with psoriasis treatments. We drew upon behavioural science theory to identify capability, opportunity and motivation barriers and facilitators to self-compassion in the context of psoriasis. When prioritising factors to target, we considered acceptability, practicability, effectiveness, affordability, safety, and equity, and co-designed the leaflet accordingly.

Results: The co-design process identified that the self-help leaflet needed to address the following barriers to self-compassion: lack of support, intrusive comments from others, difficulties with mental and physical health, lack of time, and uncertainty about the usefulness of self-compassion. In addition to self-compassion information and exercises, the co-designed leaflet therefore includes suggestions to help people overcome these barriers.

Conclusions and implications: Using behavioural frameworks within co-design provided a structured way to integrate research findings with lived experience. The resulting self-help leaflet is therefore likely to be acceptable and useful for people living with psoriasis. The co-design process also re-affirmed expectations that increasing self-compassion will be an effective intervention in this population. Further research is needed to explore the leaflet's effects on wellbeing, quality of life and self-compassion.

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The effectiveness of digital training on screening, brief interventions, and referral to treatment (SBIRT) for medical and health professionals: a systematic review

Prof Holly Blake[1,2], **Dr Wendy Chaplin**[1], Dr Alisha Gupta[3], Prof Frank Coffey[4]
[1]School of Health Sciences, University of Nottingham, Nottingham, UK, [2]NIHR Nottingham Biomedical Research Centre, Nottingham University Hospitals NHS Trust, Nottingham, UK, [3]Population Health Sciences Institute, Newcastle University, Newcastle-upon-Tyne, UK, [4]DREEAM-Department of Research and Education in Urgent and Emergency Care, Nottingham University Hospitals NHS Trust, Nottingham, UK

Background: The effectiveness of digital SBIRT training for improving knowledge/competence and confidence for health promotion, behavioural, and/or health outcomes is not established. We aimed to conduct a systematic review examining the effectiveness of digital training for medical and health professionals on screening, brief interventions, and referral to treatment (SBIRT), on knowledge of the health condition/behaviours, their treatments, and onward referral to services, and/or changes in attitude, skills, or confidence to promote health.

Methods: We conducted systematic electronic database searches in MEDLINE, EMBASE, CINAHL, PsycINFO, Epistemonikos, Google Scholar, and SCOPUS, limited to English-language articles that included digital SBIRT training. Two authors graded and abstracted data from each included paper.

Results: Forty-two articles with 8985 participants, published between January 2001 and April 2024, were included. There were eight randomised controlled trials. Only one study was conducted in the UK. Digital SBIRT training may increase knowledge/competence, confidence, and self-efficacy in delivering SBIRTs. Their focus is primarily on alcohol, tobacco, and substance use. Delivery is mostly web-based programmes, digital patient simulation, or blended learning with a face-to-face component. However, comparison between studies is hampered by heterogeneity in study design, target populations, intervention design and content, comparator/control groups, and outcomes assessed.

Conclusions and implications: The majority of studies were cohort educational web-based learning. Studies were mostly low quality (13/42 with low risk of bias). Outcomes were diverse and often poorly reported.

These areas are timely for developing more high-quality research, which includes assessment of practice, behavioural, and health outcomes. A standardized approach to assuring the quality of delivery and testing is required. There is scope to develop, evaluate, and implement SBIRT interventions in a broader range of health promotion areas.

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4.5 Mixed Topics

Does Mode of Education Matter? HPV Knowledge and Cervical Screening Intentions in Young Women

Dr Susanna Kola Palmer[1], Ruby Barnes[1]
[1]University of Huddersfield, Huddersfield, UK

Background: Cervical cancer is preventable, yet screening uptake among UK women aged 25-29 years remain the lowest of any age group. Limited HPV knowledge and screening-related misconceptions may influence screening intentions. This study compared the effectiveness of online versus face-to-face (F2F) education in improving knowledge of Human Papilloma Virus (HPV) and cervical cancer, and in changing intentions to attend screening.

Methods: Young women pre-eligible for cervical screening (M = 20.7 years) self-selected into an online (n = 74) or F2F (n = 47) education session. Measures included HPV and cervical cancer knowledge (pre/post), screening intentions (pre/post), and attitudes to screening (post). Data were analysed using mixed analysis of variance and t-tests.

Results: Both formats significantly increased knowledge and screening intentions ($p < .001$). F2F participants showed greater gains and more positive attitudes toward screening – rating it as more worthwhile ($p = .003$), wise ($p < .001$), healthy ($p < .001$), and less worrying ($p = .022$), and less embarrassing ($p = .003$) than online participants.

Conclusions and Implications: These findings highlight the potential of interactive, in-person education to address barriers and drive uptake among younger populations. As digital health solutions expand, understanding when human interaction matters most is critical for designing impactful interventions. Public health campaigns may benefit from integrating F2F components alongside digital strategies to maximise engagement and screening uptake.

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"I don't know if it's supposed to be a secret": a cross-country qualitative study of menopause experiences in the workplace

Dr Sally Snow[1], Dr Veronika Rysinova[1], Ms Candida Halton[1], Ms Alexis Ward[1], Dr Jorie Frasiolas[2], Dr Yuen Sim Lai[3], Dr Margaret Noyes Essex[2]
[1]Studio Health, London, UK, [2]Pfizer Inc., New York, US, [3]Pfizer Australia Pty Ltd., Sydney, Australia

Background: Menopause is increasingly recognised as a workplace health issue, yet in-depth qualitative evidence on menopausal experiences within the workplace remains limited. This research explored similarities and differences in workplace menopause experiences among midlife women in three countries.

Methods: Semi-structured online interviews were conducted with employees of a US-headquartered pharmaceutical company, working remotely or at company sites in the US, Canada and Australia. Participants were selected from those volunteering for interview after completing an online survey, with purposive sampling used to maximise diversity of experience based on race/ethnicity and stage of menopause. Data were analysed using inductive codebook thematic analysis with cross-country comparison.

Results: Thirty-five women (18 US, 9 Australia, 8 Canada) contributed 25 hours of interview data. Participants were aged between 41 and 63 years (mean=52.3); 14 (40%) identified as non-white or mixed race. Preliminary cross-country analysis identified three themes, including: 1) Disrupted self-image and professional identity. Participants described feelings of estrangement or losing themselves, tension between personal and work personas, and a changed perspective on life and work; 2) Unpredictable and multifaceted symptom impacts. Symptoms were described as unexpected or daunting, often misaligned with dominant understandings of what menopause is "supposed to look like", and uniquely personal; 3) Desire to find connection. Participants emphasised the value of sharing menopause-related stories, knowledge, and mutual support. While themes were broadly shared across countries, differences were noted relating to perceived safety of disclosure and expectations of professionalism across cultural and organisational contexts.

Conclusions and implications: This study provides rich and diverse perspectives on menopause, with notable similarities in experience across cultures. Findings highlight the workplace as an important forum for education and connection around menopause, and the need for flexible workplace policies, whilst acknowledging that experiences and needs are highly personal and "one size does not fit all".

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Exploring behavioural determinants of infectious illness presenteeism in UK employees post-COVID-19: A qualitative study using the COM-B model and Theoretical Domains Framework

Dr Danielle Huisman[1], Eleanor Jane Wyke[1], Dr Andrew Prestwich[1], Tina Kowalski[1], Jane Suter[1], Richard Almot[1]
[1]University of Sheffield, Sheffield, UK

Background: Infectious illness presenteeism (IIP) — attending work while contagious — was common pre-COVID-19. During the pandemic, work attendance norms shifted, with many employees staying home when experiencing symptoms of respiratory tract infections (RTIs). It remains unclear whether these changes have persisted, and which factors now shape decisions to take sick leave. The study explored barriers and facilitators of taking sick leave with RTI symptoms post-COVID-19, informed by the Capability, Opportunity, Motivation model of Behaviour (COM-B) and Theoretical Domains Framework.

Methods: We conducted semi-structured interviews with UK employees (n=30) required to work on-site, evenly split between those with and without managerial duties and recruited across a range of sectors. Data were analysed using framework analysis that combined inductive and theory-informed coding.

Results: IIP remained highly relevant post-COVID-19, with participants often attending work despite RTI symptoms. While symptom severity influenced attendance decisions, it was frequently balanced against other factors, so that some stayed home only when physically unable to travel or perform essential duties.

Limited sick pay, inadequate cover, financial pressures, high or unique job demands, and expectations to attend work, limited participants' opportunity to take sick leave. Conversely, the opportunity to engage in IIP was boosted by a comparatively low perceived threat post-pandemic, expectations that vulnerable individuals manage their own risk, and the availability and awareness of protective measures. Motivation to attend was shaped by fear of negative judgment, guilt about letting others down, and internalised professional standards emphasising duty, ownership, and pride.

Conclusions: Attending work while infectious remains common in the post-COVID-19 period and may be further enabled by increased reliance on protective measures and self-management. Reducing infectious illness presenteeism will require policy action to secure adequate sick leave and cover, alongside cultural change in job design and workplace norms.

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Posters

Parents' experiences with a digital intervention for early introduction of food allergens: a think-aloud interview study

Amelia Dennis[1], Sam Hornsey[1], Sebastien Pollet[1], Stephanie Easton[1], Karen Wright[1], Miriam Santer[1], Graham Roberts[1], Ingrid Muller[1], Susan Dixon[1], Anna Rattu[1], Goldie Putrym[1], **Ben Ainsworth**[1]
[1]University of Southampton, Southampton, UK

Background: Early introduction of some foods (e.g. peanuts, eggs) can reduce risks of allergies, yet parents face many barriers to introducing these foods. Using the Person-Based Approach, we developed a digital intervention to support the introduction of peanut and egg from 17 weeks of age, and explore parents' perceptions of the intervention when using it.

Methods: We conducted semi-structured 'think-aloud' interviews with 26 mothers and 4 fathers (aged 26 to 41) of infants aged 0–12 months. Parents were interviewed while viewing the digital intervention for the first time. A Patient and Public Involvement (PPI) panel (of parents with/without allergies provided input to intervention design, topic guide, and results interpretation. We recruited parents through social media adverts, community groups, and word-of-mouth, and were purposively sampled according to education, ethnicity, and allergy prevalence.

Results: We analysed interviews using reflexive thematic analysis and identified developed four themes: 1) reassurance of safety concerns around early allergen introduction of peanut and egg; 2) increasing knowledge, confidence, and trust in feeding potential allergens; 3) willingness to introduce allergens; and 4) anticipated concerns with introducing allergens.

Parents described initial worries that their babies might choke, or about potential choking, allergic reactions, and developmental readiness. However, these were eased by clear explanations and practical guidance. Step-by-step instructions increased self-efficacy, and information from credible sources enhanced confidence in feeding potential allergens. Most parents expressed openness to early allergen introduction, particularly when the guidance felt relevant to their baby. However, conflicting advice created uncertainty, and some practical challenges and concerns about allergic reactions remained.

Conclusion and Implications: The digital intervention was perceived by parents as reassuring and informative, addressing key concerns and strengthening confidence in introducing peanut and egg early. We provide recommendations for future behaviour change interventions, if early allergen exposure is to be more widely adopted.

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Exploring patient experiences of a digital treatment re-alignment algorithm for COPD: a qualitative process evaluation

Amelia Dennis[1], Sinead Helyar[1], Alison Blythin[2], Beth Cliffe[1], Brian Pickering[1], Wendy O'Brien[1], Dr Simon Bourne[2], Dr Andrew Cook[1], Prof Gareth Griffiths[1], Jacqueline Nuttall[1], Prof Michael Boniface[1], Prof Tom Wilkinson[1], **Dr Ben Ainsworth**[1]
[1]University of Southampton, [2]My mhealth Ltd

Background: Chronic obstructive pulmonary disease (COPD) is a leading cause of morbidity worldwide. Although evidence-based guidelines exist to support optimal pharmacological management, treatment remains frequently misaligned with clinical recommendations. Digital health applications (apps) offer a potential mechanism to support treatment optimisation.

mySmartCOPD is a randomised controlled trial evaluating a digital 'treatment re-alignment algorithm' for people with COPD. Participants are provided with an app over a six-month period and are randomised to either a control version of the app (symptom and medication tracking), or an intervention version that additionally incorporates a guideline-based treatment algorithm. The algorithm uses participant-reported data on symptoms, exacerbations, and inhaled medication to assess alignment with GOLD guidance and, when misaligned prompts participants to seek a clinical medication review.

This study reports a qualitative process evaluation as part the mySmartCOPD trial, aiming to explore participants' experiences of using the intervention app and to identify barriers and facilitators to seeking clinical advice following a treatment re-alignment prompt.

Methods: Semi-structured interviews were conducted with participants allocated to the intervention arm of the trial. Interviews explored experiences of using the app, perceptions of the algorithm conducting a treatment review, and barriers and facilitators to seeking a medication review following app prompts. Three interviews have been completed to date, with a further fifteen planned. Interviews are audio-recorded, transcribed verbatim, and analysed using reflexive thematic analysis.

Results: Preliminary findings indicate that participants find the app easy to use and perceive the algorithm as a credible and potentially valuable tool for highlighting treatment issues. However, effective algorithm functioning is limited by incomplete or inaccurate reporting of symptoms, exacerbations, and current medication within the app.

Conclusion: Early findings suggest that while the app containing the digital treatment re-alignment algorithm is acceptable to patients, the algorithms effectiveness depends on sustained and accurate patient data entry.

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Preconception Intervention Models and Behaviour Change Techniques to Reduce Harm From Alcohol Exposed Pregnancies: Systematic Review of Trials

Dr Oluwakemi Akagwu[1], Dr Rohan Shah[2,3,4], Ms Charis Chi Yun Ng[5], Prof Jo Armes[1], Prof Lesley Smith[6], Dr Afrodita Marcu[1], Dr Anand Ahankari[7]

[1]School of Health Sciences, Faculty of Health and Medical Sciences, University of Surrey, Guildford, England, UK., [2] Harvard T.H. Chan School of Public Health - India Research Centre, Mumbia, India, [3]Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, USA, [4]Department of Paediatrics, Dr. D. Y. Patil Medical College, Hospital and Research Centre, Dr. D.Y. Patil Vidyapeeth, Pimpri, India, [5]School of Psychology, Faculty of Health and Medical Sciences, University of Surrey, Guildford, England, UK., [6]Department of Nursing and Midwifery, Faculty of Health Sciences, University of Hull, Hull, England, UK., [7]School of Nursing and Public Health, Faculty of Health, Psychology and Social Care, Manchester Metropolitan University, Manchester, England, UK

Background: Trials of interventions aimed at preventing an Alcohol Exposed Pregnancy (AEP) before conception report variable outcomes, with multi-session interventions often having larger effects than single-session interventions. Understanding what intervention components are effective is essential for adaptations for real-world implementation. This systematic review describes the intervention models and Behaviour Change Techniques (BCTs) used in preconception interventions to reduce harm from AEPs.

Methods: Searches were conducted on CINAHL, PsycINFO, Embase and PubMed to identify studies published between 2019 and 2024 using the search strategy from an earlier systematic review of studies published from 1970 to 2018. English language studies were included if participants included non-pregnant women of reproductive age or their social networks, interventions aimed to prevent AEP, and were peer-reviewed publications of randomised controlled trials, non-randomised trials, cohort studies or before-and-after studies. Narrative synthesis was used to describe intervention models, target behaviours, and annotate BCTs guided by the BCT Ontology (BCTO) and alcohol-specific taxonomy.

Results: Twenty-three studies were included with 5,177 participants. Three models were described: educational, alcohol screening and brief intervention only, and alcohol and contraception motivational interviewing (dual-focused). Most (74%) interventions were dual-focused and targeted enabling low-risk drinking and effective contraception use. Interventions were single or multiple sessions and delivered remotely, digitally, or face-to-face. Fifty-one BCTs, clustered within eight BCTO groups, and eight alcohol specific BCTs were coded across studies. Multi-session interventions generally had larger effect sizes and utilised more BCTs from the goal-directed BCTO group with the self-monitoring BCT than single-session interventions.

Conclusions and Implications: These findings suggest that combining certain goal-directed and monitoring Behaviour Change Techniques may enhance the effectiveness of single-session interventions. Future research can explore stepped-care digital designs that leverage this combination of Behaviour Change Techniques in single-session interventions with tailored pathways for more engagement sessions as needed.

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Gamification to Enhance Engagement in Smoking Cessation Digital Interventions: A Narrative Review and Octalysis-Based Analysis

Farhan Alanazi[1,2], Roaa Aljuraid[2], Saleh Alzughaibi[3], Stathis Th. Konstantinidis[2], Holly Blake[1,4]
[1]School of Health Sciences, University of Nottingham, Nottingham, UK, [2]Health Informatics Department, College of Health Sciences, Saudi Electronic University, Jeddah, Saudi Arabia, [3]Health Informatics Department, College of Health Sciences, Saudi Electronic University, Saudi Arabia, [4]NIHR Nottingham Biomedical Research Centre, Nottingham, UK

Background: Smoking remains a leading cause of preventable morbidity and mortality worldwide. Digital interventions have shown promise in addressing the limitations of traditional smoking cessation approaches. Integrating gamification into these interventions has been increasingly used to enhance user engagement. However, engagement often declines over time. The Octalysis Framework provides a structured approach for selecting and designing gamification elements that support sustained motivation and long-term engagement.

Objective: This narrative review aimed to identify and describe the gamification elements used in digital smoking cessation interventions by using the Octalysis Framework to provide a foundation for the design of future interventions.

Methods: A narrative review was conducted following Ferrari's approach. Four databases (MEDLINE, PsycInfo, Embase, and Scopus) were searched on June 16, 2025, using keywords related to gamification, digital interventions, and smoking cessation. Study selection and data extraction were performed by two reviewers (FA and RA) and verified by a third reviewer (SA). The findings were analyzed using the Octalysis Framework and synthesized narratively.

Results: Thirteen studies met the inclusion criteria, conducted across the UK, the United States, and Australia. A total of 67 gamification elements were identified and mapped to the eight Octalysis core drives. Development and Accomplishment was the most frequently activated drive, primarily through rewards and goal setting, while Loss and Avoidance was the least represented. Interventions were predominantly delivered via smartphone apps, with limited adoption of formal gamification frameworks.

Conclusions: While our findings reinforce the role of gamification in enhancing engagement, future interventions should adopt structured frameworks and tailor gamification elements to user needs and contexts to maintain long-term engagement and improve smoking cessation outcomes.

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Smoking behaviours of adults with learning disabilities: A Scoping Review

Dr Ayse Aslan[1], Verity Harrison[1], Dr Sarah Jackson[2], Dr Lee Mulligan[1], Prof David French[1], Anya Webber[3], Dr Dipti Patil[4], Jenny Jones[4], Prof Sara Ryan[5], Aahana Singh[1], Dr Yvonne Ofori[4], Dr Lorna McWilliams[1]
[1]University of Manchester, Manchester, UK, [2]University College London, London, UK, [3]The Christie NHS Foundation Trust, Manchester, UK, [4]Pennine Care NHS Foundation Trust, Manchester, UK, [5]Manchester Metropolitan University, Manchester, UK

Background: Little is known about smoking behaviours among adults with learning disabilities, with limited existing literature and variable reporting. A single review of literature, from a decade ago, reported smoking prevalence ranging from 0% to 62.9%, highlighting the need for further exploration of smoking in this population.

With the rollout of the targeted lung cancer screening programme in England and smoking history forming part of the eligibility criteria for being invited, there is a need to better understand tobacco smoking behaviours and smoking cessation among adults with learning disabilities, who experience a higher risk of preventable deaths. Given the low levels of cancer awareness among adults with a learning disability, and their support networks, and the high cancer mortality rates of this group, understanding smoking behaviours is critical as smoking is the primary risk factor for lung cancer.

Aims: The aim of this scoping review is to map smoking and vaping behaviours and smoking cessation amongst adults with learning disabilities. Objectives are to: (1) Identify existing evidence on the prevalence and patterns of smoking and vaping behaviours of adults with learning disabilities, (2) Map the predictors of smoking and vaping behaviours of adults with learning disabilities, and (3) Explore the evidence relating to smoking cessation rates and success of quitting attempting in adults with a learning disability.

Methods: A systematic scoping review will be conducted and narrative synthesis will be utilised to collate and summarise the findings.

Findings: Searches, screening and data extraction will be complete by the time of the UKSBM conference, where the preliminary findings will be shared.

Implications: This scoping review will provide the first comprehensive mapping of smoking, vaping and cessation evidence among adults with learning disabilities, informing inclusive and equitable lung cancer screening pathways, tailored cessation support and service planning to reduce preventable health inequalities.

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Price over Proof: Developing a cross-commodity purchase task to understand the potential for substitution from alcohol to alcohol-free and low-alcohol alternatives amongst higher risk drinkers in the UK

Lucy Burke[1]
[1]Lucy Burke, Sheffield, UK

Background: The UK government promotes alcohol-free and low-alcohol drinks (no/lo, ≤1.2% ABV) to mitigate alcohol-related harm. However, evidence for their public health benefit remains limited, with "value for money" frequently cited as a barrier to consumption. Currently, no/lo products are often priced at parity with standard-strength alternatives. This study utilises behavioural economic principles to develop a novel alcohol-no/lo cross-commodity purchase task (no/lo-APT) to determine whether price influences substitution when hazardous drinkers are presented with no/lo alternatives.

Objectives: We aim to determine:

i. If no/lo products act as substitutes for alcohol in an on-trade scenario when alcohol prices rise, but no/lo prices remain fixed.
ii. If the presence of no/lo alternatives significantly reduces alcohol demand compared to alcohol-only conditions.
iii. If no/lo alternatives outperform soft/hot drinks as substitutes.
iv. Whether drinking motives and drink preferences moderate cross-price elasticity and Relative Reinforcing Efficacy (RRE).

Methods: 1,500 UK-based higher-risk drinkers (exceeding CMO low-risk guidelines) were recruited via Prolific. Participants completed a within-subjects experimental design comprising four hypothetical purchase tasks:

a) Alcohol-only,
b) Alcohol vs. no/lo,
c) Alcohol vs. soft drink/hot drink,
d) No/lo vs. alcohol (to assess reverse cross-price elasticity).

In each task, the price of the alternative remains fixed while the price of the primary commodity increases. Drinking motives (DMQ-R) and beverage preferences were recorded to identify moderators of demand.

Results: Analysis is ongoing. I will present the no/lo-APT methodology, participant demographics, and the planned analytical approach for calculating cross-price elasticity and demand indices (e.g. intensity, breakpoint).

Conclusions and Implications: This study provides a critical contribution to the UK policy debate on no/lo drinks as a public health intervention. By identifying whether price discrepancies drive substitution, the findings will clarify if no/lo products are a viable harm-reduction tool or if they remain an unsatisfactory alternative for some groups regardless of cost.

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Chronic pain and its relationship with work participation

Prof Holly Blake[1,2,3], **Dr Wendy Chaplin**[1,2,3], Victoria Abbott-Fleming[4], Prof Paul McNamee[5], Prof Gordon Taylor[6], Dr Daniel McWilliams[2,3,7], Dr Elaine Wainwright[8], Prof David Walsh[2,3,7], Prof Karen Walker-Bone[9]
[1]School of Health Sciences, University of Nottingham,, Nottingham, UK, [2]Arthritis UK Pain Centre, University of Nottingham, Nottingham, UK, [3]NIHR Nottingham Biomedical Research Centre, Nottingham, UK, [4]The Patient Voices Committee, British Pain Society, London, UK, [5]Health Economics Research Unit, Institute of Applied Health Sciences, University of Aberdeen, Aberdeen, UK, [6]College of Medicine and Health, University of Exeter, Exeter, UK, [7]School of Medicine, University of Nottingham, , Nottingham, UK, [8]Aberdeen Centre for Arthritis and Musculoskeletal Health (Epidemiology Group), School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, Aberdeen, UK, [9]School of Public Health and Preventive Medicine, Monash University, Melbourne VIC 3004, Australia

Background: Chronic pain affects around 28 million people in the UK and is a major public health challenge with a substantial economic and social burden. Employers lack awareness of the impacts of chronic pain on work and employee wellbeing, which hinders the provision of workplace support. This study aims to examine the relationship between chronic pain and work participation measured in working-age adults in England.

Methods: Analysis of online survey data (n=310) from a cluster-randomised feasibility trial (Pain-at-Work), including measures of pain severity, participant-reported work participation measures, psychological wellbeing, and work-related social support. Multivariable regression analyses examined the relationships between pain severity and work-related and psychological measures, adjusted for age, gender, and BMI classification.

Results: On average, 2.2 hours/week (SD=6.4) were lost due to health-related issues. The percentage of work productivity loss was 46.4% (SD=27.0), the mean health-related absenteeism was 7.6% (SD=20.4), while presenteeism averaged 44.3% (SD=26.3). Increased pain severity was associated with increased presenteeism ($\beta = 3.67$, 95% CI: 2.08 to 5.27, $p < 0.001$), higher work productivity loss ($\beta = 4.79$, 95% CI: 2.13 to 7.44, $p = 0.001$) , increased activity impairment ($\beta = 4.93$, 95% CI: 3.41 to 6.44, $p < 0.001$) and increased work limitations in the physical demand domain ($\beta = 3.92$, 95% CI: 2.64 to 5.21, $p < 0.001$).

Conclusions and implications: Chronic pain adversely impacts multiple work participation measures and psychological wellbeing, with greater impacts as pain severity increases. Employers may help to mitigate this by considering job design, as our study supports the body of evidence in favour of hybrid working.

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"Shining a light on chronic pain": a qualitative study of stakeholder views towards chronic pain at work and the Pain-at-Work Toolkit

Dr Angela Thornton[1,3], Dr Elaine Wainwright[2], **Dr Wendy Chaplin**[1,3], Victoria Abbott-Fleming[4], Dr Daniel McWilliams[3,7], Prof David Walsh[3,7], Prof Gordon Taylor[5], Prof Paul McNamee[6], Prof Karen Walker-Bone[8], Prof Holly Blake[1,3]
[1]School of Health Sciences, University of Nottingham, Nottingham, UK, [2]Aberdeen Centre for Arthritis and Musculoskeletal Health (Epidemiology Group), School of Medicine, Medical Sciences and Nutrition, Aberdeen, UK, [3]NIHR Nottingham Biomedical Research Centre, Nottingham, UK, [4]The Expert Patient and Carers Committee, British Pain Society, London, UK, [5]College of Medicine and Health, University of Exeter, Exeter, UK, [6]Health Economics Research Unit, Institute of Applied Health Sciences, University of Aberdeen, Aberdeen, UK, [7]Injury, Recovery and Inflammation Sciences, School of Medicine, University of Nottingham, Nottingham, UK, [8]Monash Centre for Occupational and Environmental Health, School of Public Health and Preventive Medicine, Monash University, Melbourne VIC 3004, Australia

Background: The study explored the views of organisational stakeholders who participated in the Pain-at-Work Toolkit feasibility trial. The Pain-at-Work Toolkit is a digital web-based resource co-created with healthcare professionals, employers, and people with chronic pain. It aims to inform and enable individuals to better self-manage their chronic pain at work. This study examined attitudes towards the implementation of the toolkit in 'real-world' workplace settings.

Methods: This was a qualitative study using online semi-structured interviews with stakeholders from organisations who participated in a cluster-randomised control trial of the Pain-at-Work Toolkit. Purposive sampling was used to ensure the inclusion of stakeholders with management or supportive roles who are responsible for employees' health and wellbeing. Reflexive thematic analysis was used to analyse audio-recorded data.

Results: There were 15 stakeholder interviews across 12 organisations, varying in sector and size. The findings illuminate three key themes: not all disabilities are visible; not all line managers are equal; and who has control? These suggest that invisible disabilities such as chronic pain are underestimated, poorly understood, and inconsistently provisioned for in organisational policies. It highlights the key role that line managers play in employee disclosure and access to support, but demonstrates that line managers vary in their delivery of support to employees. Lastly, it explores stakeholder perceptions of the employer's role relative to the employee with chronic pain.

Conclusions and implications: This study confirms the need for additional resources to plug organisational gaps and provide workers with tools to self-manage their pain at work. Additionally, indicating the need for additional resources/support to upskill line managers so they can proactively support employees with chronic pain, reducing sickness absence and presenteeism (working when unwell). In addition, it clearly identifies the potential for complementary resources to educate line managers and help them better support their staff.

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Contextual Influences on Alcohol Use: A Participatory Systems Mapping Study

Dr Amber Copeland[1], Prof Robin Purshouse[1], Prof John Holmes[1]
[1]University of Sheffield, Sheffield, UK

Background: High-risk drinkers who are motivated to reduce their consumption of alcohol may struggle to do so in certain contexts. This study aims to identify, with stakeholder input, the key contextual factors shaping real-time alcohol consumption decisions and to explore how this knowledge can inform the design of targeted policy interventions.

Methods: A participatory systems mapping approach will be used. Diverse stakeholders (N = 12) will be recruited, including people with lived experience of alcohol-related harm, healthcare practitioners, policymakers, alcohol charity representatives, and academic researchers. Participants will take part in an online workshop using an interactive whiteboard to support real-time verbal and written collaboration. Guided questions and structured activities will elicit knowledge of contextual influences on alcohol use and their interrelationships.

Results: Through participatory workshops, a visual systems map will be co-developed to represent complex influences on real-time alcohol consumption. Workshop outputs will be synthesised into a causal loop diagram through a three-step process: (i) analysis of co-produced maps, (ii) analysis of group discussions, and (iii) construction of an integrated diagram. Participants' contributions will be analysed using open, inductive coding and subsequently mapped onto the contextualised reinforcer pathology model (Acuff et al., 2023). The resulting systems map will underpin the future development of an agent-based model. Results are expected in spring 2026.

Conclusions and implications: This study will provide a stakeholder-informed understanding of how contextual factors interact to shape real-time alcohol consumption decisions. Incorporating diverse perspectives is essential for developing agent-based models that can inform alcohol policy and support timely, relevant, and context-sensitive interventions.

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Exploring endometriosis, physical activity and lifestyle impact: A COM-B grounded qualitative study

Kate Day[1], Ellie Gadson Baybutt[1], Savannah Sturridge[1]
[1]University of Kent, Canterbury, UK

Endometriosis, a condition characterised by tissue resembling the endometrium growing in areas of the body affecting 10% of women. A lifelong condition with complex treatment pathways, symptoms cause widespread pain, fatigue, and cognitive difficulties that disrupt wider lifestyle, including physical activity engagement (PA), a protective health behaviour against comorbidities. Underpinned by the COM-B model, this study qualitatively explores the complexities of PA engagement among those with endometriosis to further the understanding of endometriosis's wider psychosocial impact and to close literature gaps.

Method. A convenience sample of 17 UK-based participants (age: 22-47, M=33) diagnosed with endometriosis participated in semi-structured interviews. Questions were underpinned by the COM-B model of capabilities, opportunities, and motivations towards PA. Recordings were transcribed and anonymised using Otter.AI and NVivo14, and were analysed thematically to cluster meaningful themes around barriers and facilitators.

Four main themes: 1) Systemic factors delaying diagnosis hindered symptom management and pulled resources and priorities away from PA; 2) Symptoms' unpredictability and competing demands create PA barriers; 3) Fostering active-centric values, knowledge, and access that complement diagnosis needs facilitates PA engagement; 4) Social networks and public role models promoted PA opportunities and motivation.

Conclusion. Individual and systemic challenges were identified that disrupt PA engagement, priorities, and information access pre- and post-diagnosis. Future research should adopt a biopsychosocial, person-centered approach to PA interventions for individuals with endometriosis, addressing condition-specific challenges and providing tailored support. These findings highlight how widely endometriosis impacts an individual's lifestyle, wellbeing, and identity, and the serious need for further understanding and resourcing.

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Physical activity promotion and participation for people living with and beyond head and neck cancer: A mixed methods study

Dr Hannah Doughty[1], Prof Kerry Woolfall[2], Dr Ruaraidh Hill[2], Prof Adrian Midgley[3], Prof Joanne Patterson[4], Prof Lynne Boddy[1], Prof Simon Rogers[5], Prof Nefyn Williams[2]
[1]LJMU, [2]University of Liverpool, [3]Edge Hill University, [4]Liverpool Head and Neck Centre; University of Liverpool, [5]Head and Neck Centre; Wirral University Teaching Hospital

Background: Head and neck cancer (HaNC) can be debilitating, resulting in high symptom burden. Physical activity (PA) can improve quality of life; however, less than 9% of HaNC patients are physically active. This study explored barriers to, and facilitators of, PA promotion and participation for HaNC patients.

Methods: Semi-structured interviews with patients, family members and healthcare professionals were conducted. A questionnaire was used to measure patients' self-reported self-efficacy (The General Self-Efficacy Scale) and patients' and healthcare professionals' self-reported PA (The International PA Questionnaire — Short Form). Qualitative data were analysed using reflexive thematic analysis and quantitative data were analysed descriptively. Data were synthesised drawing on the Capability-Opportunity-Motivation-Behaviour model (COM-B) and the Theoretical Domains Framework (TDF).

Results: Twenty-eight patients, 10 family members and 18 healthcare professionals participated. Most patients self-reported moderate-to-high levels of PA and self-efficacy. Professionals self-reported high levels of PA. Patients were unaware of the benefits of PA for managing side effects and improving quality of life. Family members and professionals were fearful of patients causing themselves harm by being physically active (COM-B: reflective motivation and TDF: beliefs about consequences). Some professionals did not consider it within their role to promote PA to HaNC patients. Many professionals stated they required training in PA promotion, and patients and family members stated they required information and guidance (COM-B: psychological capability and TDF: knowledge).

Conclusion and Implications: Many patients lacked the knowledge and motivation to become, or to continue being physically active, with fear of harm being detrimental to participation. Behaviour change techniques that focus on improving psychological capability and reflective motivation by enhancing knowledge of the benefits and safety of physical activity, may mitigate treatment-related side effects and improve quality of life. Future research should explore if barriers to, and facilitators of, physical activity behaviour change over a patient's treatment trajectory

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Efficacy of interventions to support prevention or early diagnosis of cancer after cancer assessment in lower risk groups: a systematic review

Dr Ruth Evans[1], Dr Samantha Quaife[1], Prof Rebecca Beeken[2], Dr Sibel Saya[3], Clara Zettelmeyer[1], Sanjula Arora[1], Prof Suzanne Scott[1]
[1]Centre for Cancer Screening, Prevention, and Early Diagnosis, Wolfson Institute of Population Health, Queen Mary University of London, London, UK, [2]Division of Primary Care, Palliative Care and Preventive Medicine, Leeds Institute of Health Sciences, University of Leeds, Leeds, UK , [3]Department of General Practice and Primary Care, and Collaborative Centre for Cancer Genomic Medicine, University of Melbourne, Melbourne, Australia

Background: There is evidence that offering health behaviour change support around the time of a cancer assessment maybe effective in encouraging behaviour change. There are increasing numbers of people being offered assessment for cancer who are subsequently found to be low or average risk. The efficacy of behaviour change support is unknown in lower risk groups. The purpose of this review was to describe and evaluate the efficacy of health behaviour change interventions offered after cancer assessment, to people at low or average risk of future cancer.

Methods: The protocol was designed in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) guidelines. Three databases were searched: PsycINFO (via EBSCOhost), MEDLINE (OVID) and EMBASE with no date or language restrictions and systematic reviews were searched to identify additional papers that met the inclusion criteria. Published peer reviewed papers with reported outcomes from primary research using a controlled design were included.

Results: Of 6933 screened studies, six were included in a narrative synthesis. The main aim of the included studies was to evaluate how genetically informed cancer risk assessments influenced behaviours linked to future cancer risk or early diagnosis in individuals without cancer. There was evidence of efficacy in lower risk groups but, efficacy varied depending on the health behaviour with some evidence of demographic differences in engagement, acceptability and intervention effect.

Conclusion and implications: We found a small number of studies that disaggregated behaviour change by risk level after genetic testing. No studies assessed behaviour change after symptomatic assessment, and no studies were designed specifically to evaluate the efficacy of health behaviour change resources. There is a need to disentangle the effects of exposure to different health behaviour techniques from the cancer risk information offered within a cancer assessment, with demographic differences explored in more detail.

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Development of a Copilot Agent for behavioural analysis and intervention design in the pharmaceutical industry

Dr Clare Moloney[1], Ben Gallarda[1], Lorelei Boston[1,2]
[1]IQVIA, Reading, UK, [2]University of Stirling, Stirling, Scotland

Background: Introducing a Microsoft 365 Copilot Agent to support behavioural medicine through automating desk based behavioural analysis for health-related interventions. Developed for use in pharmaceutical and life sciences consultancy, the agent operationalises core steps of the Behaviour Change Wheel process, including behavioural diagnosis, theoretical mapping, and evidence-based intervention generation. Drawing on COM B and the Theoretical Domains Framework, it streamlines literature synthesis, barrier identification, and behaviour change technique selection. The goal was to create a high precision tool that embeds behavioural science into applied practice, enabling rapid, consistent and theory driven intervention planning. By standardising mapping conventions, the agent reduces practitioner variability while maintaining the need for expert oversight to ensure contextual relevance.

Methods: Iterative design led by Health Psychologists. Users input target behaviours and contextual insights, and the agent produces tailored behavioural diagnoses and recommendations. Prototype testing involved simulated scenarios and expert review to assess accuracy and usability. A pilot with behavioural medicine practitioners evaluated feasibility and acceptability in real world workflows.

Results: The agent generated personalised behaviour change plans, including barrier to technique mapping tables and prioritised intervention strategies. Expert reviewers noted its potential to accelerate intervention design, enhance consistency, and strengthen evidence-based practice in behavioural medicine. Usability testing indicated high satisfaction with clarity, relevance, and integration into existing processes. Key insights highlighted the importance of transparent rationale for recommendations and adaptable guidance, supported by expert review to ensure accurate interpretation of behavioural drivers.

Conclusions and implications: This project demonstrates the value of Copilot Agents for applying behavioural science within behavioural medicine. Automating foundational analysis supports efficient, theory informed intervention design while preserving the essential role of expert judgement. Further refinement is needed to align with evolving guidance on behavioural diagnosis and intervention mapping. Future work will involve larger scale evaluation and expansion to broader behavioural medicine applications

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A behaviourally informed systematic review of pharmaceutical company led patient support for individuals with cancer

Lorelei Boston[1,2], Felicity Griggs[2], Dr Jessica Walburn[1], Dr Lesley McGregor[2], **Dr Clare Moloney**[1]
[1]IQVIA, Reading, UK, [2]University of Stirling, Stirling, Scotland

Background: Pharmaceutical-led patient support, delivered post-prescription, is increasingly integrated into oncology care to promote adherence, enhance patient experience, and optimise health outcomes. These programmes often include behavioural, educational, and emotional components; however, the mechanisms underpinning their effectiveness and their impact on clinical and psychological outcomes remain unclear. As cancer care is increasingly managed as a long-term condition and treatment self-administration becomes more common, understanding how patient support can facilitate this transition is critical.

Methods: Searches were conducted across CINAHL, PsycINFO, Web of Science, PubMed, and grey literature, including pharmaceutical sources. References were deduplicated in EndNote and screened in Rayyan by two reviewers, with a third resolving conflicts. Eligible studies reported post-prescription patient support for oncology patients and assessed behavioural, psychological, or clinical outcomes. Risk of bias and study quality were assessed using the Mixed Methods Appraisal Tool, and findings synthesised thematically.

Results: Of 6,513 records, 10 studies met inclusion criteria, including three from grey literature, highlighting the limited evidence base. Reporting of behavioural theory integration was sparse, reducing scientific rigour and replicability. Educational interventions alone were insufficient to drive meaningful behavioural change. The review is in progress and scheduled for completion by March 2026. Upcoming work will involve mapping patient support activities to the COM-B model and Behaviour Change Techniques, enabling classification and identification of common, effective components.

Conclusions and Implications: Pharmaceutical-led patient support is increasingly important in oncology, particularly as treatment becomes self-administered and cancer care is managed as a long-term condition. However, gaps persist in theory-driven design, systematic evaluation of behavioural components, and dissemination of best practice. Future research should ensure behaviourally informed support is published in a replicable way to maximise impact on patient outcomes and enable real-world evidence to inform effective interventions.

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Improving Prostate Cancer Screening: Qualitative Insights to Design Fair Recruitment Strategies

Dr Kate Fryer[2], **Dr Elisavet Moschopoulou**[1], Dr Emma Lidington[1], Prof Jo Waller[1], Dr Sarah Musa[2], Dr Courtenay-Elle Crichton-Turley[2], Rhonda Allen[2], Donald McClean[3], David Jenkins[4], Abigail Carter[1], Prof James Catto[5], Prof Caroline Mitchell[6]
[1]Centre for Cancer Screening, Prevention & Early Detection, Wolfson Institute of Population Health, Queen Mary University of London, London, UK, [2]School of Medicine and Population Health, University of Sheffield, Sheffield, UK, [3]SACMHA Health and Social Care, Sheffield, UK, [4]Woodhouse and District Community Forum, Sheffield, UK, [5]Department of Oncology and Metabolism, University of Sheffield, Sheffield, UK, [6]School of Medicine, Keele University, Keele, UK

Background: IMPRoVE is a pilot trial evaluating an image-guided prostate cancer screening pathway in Yorkshire, the region with the highest prostate cancer mortality in England. The pathway uses primary PSA testing followed by biparametric MRI and targeted biopsy to improve detection while minimising overdiagnosis. Men from Black backgrounds and those experiencing socioeconomic deprivation are disproportionately affected by prostate cancer but remain less likely to engage with screening or research. To ensure IMPRoVE is delivered inclusively, it is essential to understand barriers to screening and trial participation in these underserved groups and to develop acceptable, community-informed recruitment approaches.

Methods: Work Package 1 (WP1) is a two-part qualitative study conducted prior to the pilot trial. Part 1 involves focus groups with approximately 64 men aged 50–69 from Black backgrounds and/or experiencing socioeconomic deprivation in Yorkshire, recruited via trained Community Research Link Workers. Topic guides, informed by the Integrated Screening Action Model, explore perceptions of prostate cancer screening, PSA testing, research participation, and communication preferences. Discussions are audio recorded and analysed using rapid assessment procedures to generate timely findings and inform Part 2 – participatory co-design workshops with community members, patients, carers, and healthcare professionals to develop targeted recruitment strategies.

Results: Findings from the rapid qualitative analysis will be presented, highlighting preliminary themes that describe the main barriers and facilitators to engaging with prostate cancer screening and trial participation. These include: (a) health literacy and knowledge; (b) systemic, social, and individual barriers and facilitators; and (c) cultural and experiential differences.

Conclusions and Implications: WP1 applies behavioural science and co-production methods to support inclusive delivery of the IMPRoVE pilot trial, with implications for reducing inequalities in screening participation.

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Mapping illness beliefs research in oral health: a mixed-methods scoping review

Dr Rachael Pattinson[1], Yahvi Marwaha, Shivani Senthilkumar
[1]Cardiff University, Cardiff, Wales, UK

Background: Illness beliefs are a central determinant of health behaviours and self-management, and are most commonly conceptualised using Leventhal's Common-Sense Model. While illness beliefs have been extensively studied in long-term medical conditions, their application within oral health research has not been systematically mapped. This scoping review aims to identify, characterise and synthesise the extent, nature and theoretical use of illness beliefs research in oral health, with particular attention to how beliefs are conceptualised, measured and linked to outcomes.

Methods: A mixed-methods scoping review was conducted following JBI guidance and reported in line with PRISMA-ScR. A comprehensive search strategy was applied across multiple databases and supplemented. Eligible studies examined illness beliefs related to oral health conditions among patients, carers or oral health professionals, using qualitative, quantitative or mixed-methods designs. Following screening, 25 studies met inclusion criteria. Data extraction is currently underway and captures study characteristics, oral health context, theoretical frameworks, illness belief dimensions, measurement approaches and reported associations with behaviours, experiences or outcomes. Findings will be synthesised descriptively and narratively, with mapping to Common-Sense Model domains.

Results: Preliminary mapping indicates substantial heterogeneity in how illness beliefs are defined, operationalised and measured across oral health research. Studies span a range of oral health conditions and settings, with variable and often partial engagement with theory. Full results, including patterns of belief dimensions examined, methodological trends and gaps in the evidence base, will be available prior to the conference.

Conclusions and implications: This scoping review will provide the first comprehensive overview of illness beliefs research in oral health. The findings will clarify how behavioural theory is currently applied, identify conceptual and methodological gaps, and inform the design of future behavioural and intervention research in dental settings. Greater theoretical consistency may support more effective behaviour-focused oral health interventions and improve patient-centred care.

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Barriers and facilitators associated with delivery to, and engagement with, a digital intervention for the self-management of Chronic Obstructive Pulmonary Disease (COPD): A real-world qualitative study across two clinical settings

Martin Ruddock[1], Prof Lucy Yardley[2], Prof Tom Wilkinson[1], Dr Ben Ainsworth[1]
[1]University of Southampton, Southampton, England, [2]University of Bristol, Bristol, England

Adherence to self-management plans leads to improved health outcomes among COPD patients. This study investigated an existing digital health intervention, myCOPD, available via the NHS to support self-management. This is the first study that combines the analysis of patient and professional perspectives regarding the delivery and engagement of a digital self-management intervention for COPD. The aim was to develop an understanding of perceived barriers to and facilitators of delivery and engagement of myCOPD.

Methods: This study was conducted across two clinical settings: community pulmonary rehabilitation and hospital discharge. Participants completed qualitative semi-structured interviews. A reflexive approach to abductive thematic analysis was adopted using NVivo 14 for initial coding and the development of themes.

Findings: This study suggests that patient characteristics (multimorbidity, perceived digital ability, and socioeconomic status) potentially influence engagement. The study associated healthcare settings with passive and proactive approaches to delivering myCOPD. Healthcare settings and styles of delivery, in turn, have the potential to influence types of engagement among patients via single-aspect and multifaceted engagement. Descriptions of these two types of engagement were associated with two types of benefits (targeted behaviour change and wider lifestyle adjustments). These factors seemingly affect perceptions of barriers to and facilitators of engagement with myCOPD.

Conclusions: This study suggests that myCOPD can provide a range of benefits that meet recommendations of the care pathway for COPD patients. The consideration of patient characteristics may improve engagement with, and evaluation of, myCOPD, particularly for those negotiating multimorbidity. The intervention content was consistent at both sites, and the demographic characteristics were ostensibly similar; consequently, the healthcare setting and delivery site are highlighted as important factors for facilitating engagement. Further integration and sustained engagement may develop from considering how and when specific frontline teams are most able to support delivery and engagement and what additional resources are needed.

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Cognitive Pathways from Social Structure to Youth Health Risk Behaviour Change: A Longitudinal Study in Indonesia

Gisely Vionalita[1]
[1]University of Sheffield, Sheffield, [2]Department of Public Health, Universitas Esa Unggul, Jakarta, Indonesia

Adolescents' health risk behaviours and behavioural changes are influenced by social structure and cognitive development. Cognitive status may act as a pathway through which early social advantage affects both static behaviours and changes over time, yet evidence from middle-income countries is limited. This study examined the mediating role of cognitive status in two pathways: (1) social structure → health risk behaviours, and (2) social structure → behaviour changes. Using unbalanced longitudinal data from the Indonesia Family Life Survey (2007–2014; N = 11,539), adolescents aged 15–23 were followed as young adults aged 22–30. Structural Equation Modelling tested direct and indirect effects. Social structure included economic status, family structure, education, and community engagement. Health risk behaviours included smoking, unhealthy eating, and low physical activity. Behavioural trajectories were measured using observed transitions in smoking and physical activity between 2007 and 2014, categorised as behavioural stability (still not smoking / still active; still smoking / still not active). Cognitive status in 2014 was measured via memory and abstract thinking. Both models demonstrated good fit. Social structure strongly predicted cognitive status ($\beta = 0.71$, $p < 0.001$). Cognitive status partially mediated effects on health risk behaviours (indirect $\beta = -0.12$, $p < 0.001$) and behaviour changes (indirect $\beta = -0.21$, $p < 0.001$). Social structure directly reduced risk behaviours ($\beta = -0.13$, $p < 0.001$) and negative behaviour changes ($\beta = -0.29$, $p < 0.001$). Cognitive development is a key mediator linking early social structure to adolescent health behaviours and behavioural transitions. Interventions addressing social inequalities and strengthening cognitive skills may promote healthier behaviours during the transition to adulthood in low- and middle-income settings.

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Awareness, discussions around and use of prostate specific antigen (PSA) testing among men living in the UK (UK): a national online survey

Dr Stefanie Bonfield[1], Dr Harriet Quinn-Scoggins[1], **Prof Jo Waller**[1], Dr Laura Marlow[1]
[1]Queen Mary University of London, London, UK

Background: Increasing complexity around how men access Prostate Specific Antigen (PSA) testing makes it challenging to understand causes of inequalities in PSA testing and prostate cancer (PCa) outcomes. A clearer understanding of public awareness and use of PSA testing is needed to inform consistent information, guidance and equitable early detection policies.

Methods: Six questions were added to YouGov's weekly online Social Research Omnibus Survey. Data were collected in October 2025 with a representative UK sample of 1,025 men aged ±18 years. Questions were based on the Precaution Adoption Process Model with feedback provided from General Practitioners and patient and public involvement members. Descriptive analyses were performed in Stata.

Results: Across the included sample, half (50.1%, n=500/998) had heard of PSA testing for PCa. Among those aged ±40 years (n=609), a third (34.8%, n=212/609) reported ever having a PSA test. Among these, the majority reported that their first PSA test had been in an NHS setting (84.7%, n=179/212), although some reported having a test through a charity (4.5%, n=9/212), private healthcare provider (1.7%, n=4/212) or doing a self-sample test at home (2.7%, n=6/212). Among those who had their first PSA test in an NHS setting, 19.6% (n=35/179) reported that they were not told about the pros and cons of the test. More reported that their first NHS PSA test was due to reasons such as age, ethnicity or family history (51.5%, n=92/179) than due to experiencing symptoms (42.3%, n=76/179).

Conclusions and Implications: Most PSA testing in the UK occurs in NHS settings, although more research is needed to understand testing offered through other avenues and to understand barriers to informed decision making. Findings will inform further studies to effectively support the public, patients and healthcare providers in making informed decisions about the use of PSA tests.

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