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Poster Presentation Abstracts

Alphabetical by poster title

"Talking about death won't kill you": the experience of running a series of community Death Cafes in East London.

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We are clinical psychologists working in community palliative care in East London. For some time we have run Death Cafes for staff, patients and the general public at our work base, St Joseph's Hospice, Hackney. However, we wanted to engage more of the community with whom we work in conversations around death and dying, and were aware that some people may be unable or unwilling to access the Hospice.

During Autumn and Winter 2019-20 we ran a series of Death Cafes in partnership with local organisations: a local older-person's community centre, a Church of England Church and community centre, a homeless hostel and a local group for older men which had started in partnership with Age UK. We held 6 Death Cafes, all were facilitated by at least one of us, but 3 were co-led (2 with the vicar and 1 a homeless liaison palliative care nurse).

Death Cafes provide an opportunity for people to come together to have an agenda-free conversation about death and dying, alongside the life-affirming practices of enjoying a good cup of tea and great cake. Working in partnership with the local organisations, leaders and service users created events that were well attended and well received. We collected brief qualitative feedback after each cafe which indicated overwhelming enjoyment of the events and appreciation for having a space to discuss the end of life and bereavement without fear and stigma. Attendees commented that the cafes were "fun", "comforting" and "reassuring" and they welcomed hearing others' stories.

Accepting illness identity improves self-management of Inflammatory Bowel Disease (IBD)

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Objectives: The unpredictable course of IBD can have a significant psychological impact, including identity loss and discrepancy. This has implications for effecting self-management behaviours. This study aimed to examine the relationship between illness identity and IBD self-management, and establish the potential for illness identity as a psychological resource for illness management.

Design: A cross-sectional design allowed for a larger sample to be utilised within the limited research time-frame. A mixed methods approach was used to explore the relationship from different perspectives.

Methods: 167 participants living with IBD were recruited via social media and relevant charity organisations. An online survey collected data using the Illness Identity Questionnaire (IIQ) and Patient Activation Measure (PAM) to determine the (partial) correlational relationship between illness identity and self-management. Answers to two open-ended questions were thematically analysed to provide explanatory insight.

Results: A statistically significant relationship was found between illness identity and self-management, after controlling for age, illness duration, illness severity and number of comorbidities, corroborated by three main themes:
1. Negotiating with self as a process of acceptance
2. Resigned acceptance that protects sense of self
3. Self-management shifts from an external to internal focus through acceptance.

Conclusions: These results suggest that integrating illness into identity could be a self-management process in its own right, providing psychological resources to prompt positive self-management behaviours. This provides further understanding of managing IBD to practitioners and individuals alike, and to encourage acceptance of IBD into a sense of self. The correlational results limits understanding of any causal relationships.

Adolescent Well-being: Conseptulisations from the perspective of the child and expert

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Objectives: A person-centered approach was adopted to understand what the term ‘well-being’ meant to children. The conceptualisations both children and experts within the field of well-being were collected. The aim of the research was to explicitly define children’s well-being.

Design: This was a qualitative study that included both experts and children. Experts in addition to the relevant population need to be consulted about a subject area to form a representative and valid definition (Podsakoff et al., 2016). The inclusion of experts provided further understanding of data collected with children, as expert views gave insight and understanding into underlying responses from children (Lundy et al., 20011).

Methods: Two groups were invited to interview, group one consisted of both expert practitioners and researchers from different disciplines in the field of wellbeing (n = 8), they were interviewed on a one-to-one basis. Group two were children aged 11-16 (n = 41), and they took part in focus group interviews.

Results: The key differences between the conceptualisations of experts and children were identified which included, children’s dependence on family and the impact other’s judgments had on their well-being. Three overarching themes were identified within the interviews: holism, positive feelings, and external influences. Results support the need for a definition of well-being specific to the population studied.
Conclusions: Based on the findings an explicit definition of wellbeing was formed. The definition should be used to underpin research with adolescents and the development of a measure of children’s wellbeing.

An exploration of subjective wellbeing and resilience of non-frontline NHS employees, following resilience training.

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Objective – This study aimed to investigate the subjective wellbeing and resilience of NHS employees, working in a pharmacy department, after attending resilience training.

Design – An explanatory sequential, mixed methods approach was utilised. Measures used were the Oxford Happiness Questionnaire (OHQ) and the Connor-Davidson Resilience Scale (CD-RISC). Interviews were conducted according to a semi-structured interview schedule.

Methods: Fifteen participants attended NHS led resilience training, completing measures at three time points of pre, post and six weeks post training. Four participants attended an interview six weeks post training.

Results – Repeated measures ANOVA analysis found significant differences between pre- and post-intervention OHQ scores. Qualitative analysis elicited four themes: implementation of training, support, teamwork, and personal growth. Participants spoke of feeling connected to their team during training, with shared experiences of stressors improving morale; Support from the wider team was described as an essential aspect of wellbeing at work. A breathing technique taught during training was reported to be useful when managing pressure. Positive changes in acknowledging stressors alongside increased understanding of the meaning of resilience were reported.

Conclusions: Findings showed a short term, moderate effect on subjective wellbeing and resilience scores, with increased knowledge of personal resilience and ability to recognise levels of stress. This suggests greater attention to building resilience in non-frontline NHS employees warrants further investigation, even more so during the Covid-19 pandemic.

Associations between mental health, interoception, psychological flexibility, and self-as-context, as predictors for alexithymia

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Objectives: The present study aimed to determine whether various measures of mental health, interoception, psychological flexibility, and self-as-context, predicted through linear associations, alexithymia, as an outcome. This also included relevant mediators and non-linear predictors identified for particular sub-groups of participants through cluster analyses of an Artificial Neural Network (ANN) output. Design: This was a cross-sectional online questionnaire survey.

Methods: Two hundred and thirty participants were recruited via an alexithymia support group on Facebook, and completed an online survey which included the following questionnaires: Toronto alexithymia scale; Acceptance and Action Questionnaire 2 (AQQII); Positive and Negative Affect Scale (PANAS), Depression, Anxiety and Stress Scale 21 (DAS21); Multidimensional Assessment of Interoceptive Awareness (MAIA); and the Self-as-Context (SAC) scale. A stepwise backwards linear regression and mediation analysis were performed, as well as a cluster analysis of the non-linear ANN upper hidden layer output.

Results: Higher levels of alexithymia were associated with increased psychological inflexibility, lower positive affect scores, and lower interoception for the subscales of 'not distracting' and 'attention regulation'. SAC mediated the relation between emotional regulation and total alexithymia. The ANNs accounted for more of the variance than the linear regressions, and were able to identify complex and varied patters within the participant subgroupings.

Conclusions: The findings were discussed within the context of developing a SAC processed-based therapeutic model for alexithymia, where it is suggested that alexithymia is a complex and multi-faceted condition, which requires a similarly complex, and process-based approach to accurately diagnose and treat this condition.

Barriers and facilitators to using an objective risk communication tool during primary care dental consultations: an analysis informed by the Theoretical Domains Framework

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Objectives: Objective risk calculators can supplement clinical judgement and support the accurate understanding and communication of potential health risks. The aim of this study was to use the Theoretical Domains Framework (TDF) to identify barriers and facilitators among dentists to implementing a risk-communication tool within dental consultations.

Design: Qualitative design using semi-structured interviews to explore dentists' perceptions and experiences of an objective risk calculator.

Methods: This study used a dual recruitment strategy: (1) a member of the research team emailed personal contacts, and (2) participants were recruited via an existing database of practices which had access to the tool. Thirteen one-to-one interviews were conducted with dentists using the TDF as a guide. Data were thematically analysed and then deductively coded using the TDF.

Results: Eight theoretical domains (environmental contexts and resources; beliefs about consequences; goals; memory, attention, and decision processes; optimism; reinforcement; social influences and behavioural regulation) and fourteen sub-themes were identified through the analysis.

Conclusions: Dentists understood the value of using an objective risk calculator during dental consultations, though require further support to integrate the tool into practice. Our findings provide a sound theoretical base for future health psychology interventions aimed at facilitating the use of a risk communication tool. Further research should select intervention functions and operationalise behavioural techniques based on the implementation difficulties identified within this study.

Body Positivity or Humour? An examination of social media strategies to improve body satisfaction

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Social media have seen an increase of posts displaying body positive-oriented images of women and at the same time a rise in humorous parodies of photographs portraying idealised unrealistic images of models. This research examined whether body positivity or humour are perceived as critique of thin-ideals and can improve body satisfaction in women. In Study 1 (N = 171) women were exposed to 10 pictures of either thin models (thin-ideal), parodies involving humorous recreations of models' pictures (humour), or plus size models (body positivity). Next, participants indicated whether they perceived these pictures as a form of critique of thin body ideals and how satisfied they were with their bodies. Women perceived both humour and body positivity pictures as critiquing body ideals more than thin-ideal pictures. No effect of type of pictures was found on body satisfaction. Study 2 (N = 170) involved the same design but measured body satisfaction before and after the manipulation to control for baseline differences. It also included a measure of drive for thinness assessing disordered eating attitudes. Once again, participants perceived both humour and body positivity as critiquing beauty ideals. When controlling for baseline body satisfaction, compared to the thin-ideal condition, participants reported more body satisfaction after being exposed to humour and body positivity pictures. Moreover, participants in the humour (vs. thin-ideal) condition reported lower drive for thinness. These findings showed for the first time that humour and body positivity are both seen as ways to critique thin body ideals and can improve body satisfaction.

Coping, dealing with stress and adapting to the 'new norm': A qualitative analysis of the narratives of mental health workers during the COVID-19 pandemic

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Objectives: Rapid research has reported that the uncertainty associated with the COVID-19 pandemic and its containment measures has had adverse mental health effects in previously healthy people and especially in people with pre-existing mental health problems. Efforts have been made to adapt the delivery of mental health care to the demands of COVID-19. Yet, little research has considered the impact on mental health workers (MHWs).

Design: Qualitative research design based on semi-structured in-depth, online interviews.

Method: One to one interviews were conducted with MHWs (N = 25) working on the frontline of mental health services during the COVID-19 pandemic. Interviews were audio-recorded, transcribed and managed using NVIVO. Qualitative data was analysed using an inductive thematic approach.

Expected results: Preliminary analysis suggested the following themes: (1) 'adaptive coping strategies', (2) 'peer support' and (3) 'increased perceived team resilience' helped mitigate against the adverse impact that COVID-19 related stressors have on MHW's mental wellbeing. (4) 'Visible and supportive leadership' was also found to be essential in helping staff gain access to current and accurate information on COVID-19 and in helping workers adapt to constant change.

Current stage of work: Data collection began in December 2020 and data collection and analysis is due for completion in June 2021.

Conclusions: The implications of these findings are discussed at both the individual and organisational level, emphasising the importance of both peer and team-based support in alleviating the negative impact that COVID-19 has on MHW's mental wellbeing. The importance of supervision and leadership is highlighted.

Developing an evidenced based framework for coaching those with and living beyond cancer

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This research aims to develop and validate an evidenced-based coaching framework for those living with and beyond cancer as an emotional support service (i.e. coaching clients) in the Fountain Centre.
Despite coaching involving clinical populations (i.e. health coaching) has flourished lately, it is a challenge to establish evidence for quality of service without a guiding framework (Wolever et al., 2013).

A multimethod sequential design with three qualitative studies is used. First, eight one-on-one interviews and Q-sorting have been carried out in 2020. The second stage will focus on 8-12 client' experiences by interviews. Finally, both coaches and clients will be invited for a focus group discussion to consolidate interview accounts.
The first study indicated coaches usually adopt therapeutic styles and skills such as calming techniques, to differentiate with business related coaching. In addition, coaches tend to demonstrate clear working relationship boundaries with clients to ensure the conversation concentrating on present and future (i.e. solution-focused). Study one had identified the foundations for “therapeutic coaching” approach, which uses broad therapeutic, medical, and interpersonal knowledge to all for deeper exploration of client emotions and well-being for meaningful change.

The research will provide a foundation for coaching as a viable support intervention for those with and beyond cancer. Additionally, theorizing how identity and communication underpinnings coaching as an intervention for client emotional, behavioural, and attitudinal adjustments.

Emotions, anxiety and depression in individuals living with asthma and their intimate partners

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Objectives: The prevalence of anxiety and depression in individuals living with asthma ('patients') and their intimate partners ('partners') is higher than in the average population. These psychological dysfunctions might impair patients' self-management and partners' ability to fulfil their supportive role. The effectiveness of non-pharmacological interventions to address anxiety and depression remains inconclusive. Conceptualising anxiety and depression as emotion dysregulation processes might lead to novel interventions. This study was conducted to examine the link between emotions and anxiety and depression alongside the impact of asthma control on these in patients and their partners.

Design: Postal surveys were used in this quantitative observational study to examine participants' psychological dysfunction and discrete emotions when patients were well and just after their asthma worsened.

Methods: Participants were recruited through opportunistic sampling from two hospital-based outpatient asthma clinics. Participants completed the Hospital Anxiety and Depression Scale, Geneva Emotion Wheel, St Georges Respiratory Questionnaire, Brief Illness Perception Questionnaire and Asthma Control Questionnaire. Regression analysis was employed.

Results: Participants: 270 patients with moderate or severe asthma and 133 partners returned evaluable data. Participants felt fearful, hopeless and angry both when depressed or anxious. Depressed participants also felt ashamed. Asthma severity and whether patients were well/unwell did not influence anxiety or depression.

Conclusions: Partners feel the emotional burden of living with asthma at least as much as patients, regardless of asthma severity and whether patients are well/unwell. Partners' psychological screening must be integral to patient care. Dyadic interventions for patient-partner units should be offered to improve clinical outcomes.

Evaluating the effectiveness of an online group programme to manage MS-related fatigue

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Purpose: To evaluate the effectiveness of an online group programme to manage MS-related fatigue.
Background: Fatigue is one of the most debilitating and commonly reported Multiple Sclerosis symptom: significantly impacting upon quality of life. FACETS (Fatigue: Applying Cognitive Behavioural and Energy effectiveness Techniques to lifestyle), a group-based intervention for people with MS is typically delivered face-to-face, aiming to normalise experiences of MS fatigue and provide energy saving strategies to support daily management. In response to COVID-19 'stay at home' guidelines and the vulnerability of this participant group, the intervention was adapted for virtual delivery, aiming to provide a more accessible, cost- and time-efficient intervention.

Methods: Two virtual FACETS group interventions were delivered over Microsoft teams within a specialist neuropsychology department. Quantitative and qualitative feedback was collected pre- and post-group. Participants in group 1 attended 3 sessions face-to-face before the group was adapted for virtual delivery. The second group was delivered completely virtually. Feedback focused on participant's experience of the group and virtual adaptation.

Outcomes/impact: Post-group self-report measures showed reduced experiences of anxiety and depression as well as MS fatigue having less impact on participant's lives. Participants also had increased self-efficacy relating to their fatigue. Participant reflections replicated face-to-face findings in relation to valuable group reflections, increased social support and space for familiarisation of strategies. Future FACETS groups delivered within this service will provide participants with the choice of the medium of delivery, increasing self-management and autonomy of their care and working alongside people with MS individual risks and needs.

Evaluating virtual support in the Haematology Health Psychology Service

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Purpose: To develop a better understanding of sickle cell patients preferred modes of therapy to enhance engagement.

Background: Throughout the pandemic individuals with sickle cell disease were required to shield.

In order to reduce patient risk of infection and meet their mental health needs the service begun offering individual telephone or video appointments. Patients also had access to a video support group once a week.

Methods: Patients were sent an online survey asking about their experience of virtual appointments, their preferred modes of therapy and ways remote therapy could be improved. A similar online survey was also sent regarding patient experience of attending the virtual support group.

Psychologists who work with sickle cell across a number of UK services were asked to complete a survey which explored their experience of offering patients virtual therapy appointments.

The total number of new attendees and overall number of attendees to the virtual support group was compared to the number of new and total attendees to the face-to-face support group prior to the pandemic.

Outcome /impact: Overall, patients preferred telephone sessions to face to face or video sessions. Video sessions were the least popular modality.

Overall, there was an increased attendance rate to the virtual support group compared to the face-to-face support group.

Overall, psychologists noted an improvement in attendance to virtual sessions but noted challenges with technology and confidentiality.

The results of the study suggest that virtual sessions are viable forms of psychological support for sickle cell patients.

Evaluation of a pilot healthcare worker weight management service led by a Trainee Health Psychologist, embedded within Occupational Health Services

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Purpose: To design, deliver and evaluate the acceptability, feasibility and effectiveness of a healthcare staff weight management intervention, led by a Trainee Health Psychologist

Background: Healthcare workers have higher prevalence of overweight and obesity compared to the general population. This affects healthcare worker's health, as well as their ability to deliver effective healthcare interventions. Current approaches to support staff with their weight are focused on sharing information; however this is not sufficient. In light of the need for evidence-based interventions, a novel Health Psychology weight management intervention has been designed to sit within the Occupational Health department.

Methods: Healthcare staff with a BMI => 25, who are experiencing difficulties maintaining or implementing behaviour changes associated with weight management, are eligible for the service. Patients are offered up to 8, bi-weekly appointments. Intervention approaches include; ACT, CBT, MI and BCTs. The materials used during each intervention are reflective of each individual's needs but usually consist of a combination of worksheets, psycho-education materials and diaries. Baseline measurements (IPAQ, PHQ-9, GAD-7, WLRT II) form part of the screening process, assessment and feed into formulation. Measurements are repeated at the end of the intervention to assess the interventions effectiveness.

Outcomes/impact: Since its inception in September 2020, 30 members of staff have been referred to the service. Further work will be done to fully explore the interventions' effectiveness, acceptability and feasibility, including qualitative and quantitative feedback from patients and relevant stakeholders. The results of approximately 12 patients will be reported at the conference.

Experimental exploration of an unconscious distinction between stressor chronology and coping in young adults

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Objectives: An explicit distinction has been reported between the chronological taxonomy of ancient stressors (AS) and modern stressors (MS). It suggests that individuals link AS with a greater ability to cope and MS with incurring more demands on stress response systems. The objective was to assess whether implicit associations exist between stressor chronology (ancient or modern) and coping appraisal. We hypothesised faster reaction times (RT) and higher accuracy for consistent pairs (AS/ability to cope; MS/inability to cope) compared to inconsistent pairs (AS/inability to cope; MS/ability to cope).

Design: A quantitative design using a computer-based Implicit Association Task (IAT) to compare RT and accuracy for consistent and inconsistent pair responses (AS/MS and ability/inability to cope).

Methods: One hundred young adults (75 females; Mage = 28.3 years) were recruited from SW England to participate in a 45-minute laboratory task. Implicit associations between AS/MS and coping ability, measuring RT and accuracy and evaluated on ePrime, consisted of 208 trials of word and image stimuli.

Results: Repeated measure ANCOVAs revealed significant main effects for RT ($p = .047$) and accuracy ($p = .039$); faster RT and higher accuracy for consistent (AS/ability to cope; MS/inability to cope) than inconsistent (AS/inability to cope; MS/ability to cope) pairs.

Conclusions: Participants made implicit associations indicating an unconscious distinction between AS and MS. Findings extend recent work on an explicit distinction between ancient and modern stressors to an unconscious distinction and suggest an important taxonomy for understanding how individuals cope with stress with implications for improving health outcomes.

Exploring Attitudes and Perceptions of the Digital Human Body and mHealth apps for Weight Loss: A Thematic Analysis

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Objectives: To explore non-users' perceptions of a realistic and tailored representation of an anatomical body (Digital Twin), which provides normative and risk information on a mobile health app. The aim was to investigate potential mechanisms important for behaviour change (particularly weight management).

Design: A qualitative methodology was used to explore the experiences of people, in this case non-users wanting to self-manage their health.

Method: Semi-structured interviews were carried out using Zoom. An explorative and participant-led approach was taken to allow the participant to express what was important to them. Twenty participants who had not used the Digital twin were recruited (13 females and 7 males; mean age was 30). The interviews were transcribed verbatim and analysed using Thematic Analysis.

Results: Four main themes were developed: Psychosocial initiators of behaviour change (health beliefs and social support); psychosocial facilitators or maintenance of behaviour (usefulness, cues to action and tailoring); costs, barriers to mHealth app use (biases and sharing information); barriers to maintenance of behaviour change (adverse reactions, loss of motivation and sociocultural factors). The results will inform the design of an intervention for weight loss using the Digital Twin.

Conclusion: Overall, the participants responded positively to the concept of the Digital Twin. It was suggested that the Digital Twin should be tailored represent their personalised health information and BMI. These results will feed into an intervention designed to use the Digital Twin to initiate and maintain weight behaviour change and will further our understanding of using such technology in behaviour change.

Exploring discursive barriers to contextual and sex-positive school-based sexual health education in policy documents in England

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Purpose: Identify discourses that may serve as barriers to provide adequate Relationships and Sex Education (RSE) that is relevant to the needs and lived experiences of young people.

Background: England has implemented statutory reform related to school-based sexual health education, which came into effect in September 2020. In pursuance of effective and meaningful health promotion programmes in modern times where family forms, sexual identities, and sexual rights are continuously evolving, it is crucial to understand the ideologies, norms, and assumptions that influence the design and delivery of sexual health education.

Methods: Based on a poststructuralist perspective, the research was conducted from a critical, social constructionist standpoint using discursive methodology. The analysis stems from the premise that policy documents can construct and reinforce specific versions of social reality that in turn support existing power relations and social structures. Thirteen documents were selected for analysis using a systematic online search of governmental websites in the UK.

Conclusions: Four common ways that the discourse is deployed were identified: legal, moral, empowerment, and rights-based discourses. Findings suggest that various underlying discursive issues are firmly in place that hinder the possibility of establishing an approved curriculum for RSE. Results show how certain discourses transform the role of RSE in young people's lives from a supportive facet to one that condemns pupils' sexual behaviour. The findings also point to the deficiency in official guidance on RSE. Guidance that is clear, effective, theory-based, and, refrains from controlling or managing young people's sexual behaviour remains to be determined.

Exploring How Knowledge of Dementia Impacts Family Caregivers for People Living with Dementia.

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Objectives: The objective of the present study was to explore the extent to which knowledge of dementia predicts social support (SS), emotional wellbeing (EW) and health related quality of life (HRQoL) of dementia family caregivers. The research question explored if the quality-of-life of dementia caregivers was impacted by the levels of reported knowledge of dementia.

Design: A non-experimental questionnaire-based design was utilised at a singular time point.

Methods: 155 dementia caregivers were included. Participants were obtained online (N=146) and face-to-face (N=9), using convenience, volunteer and snowball sampling. Validated materials were employed to measure knowledge of dementia, and quality of life when caring for a loved one with dementia. Data was analysed using regression and t tests.

Results: The proposed hypotheses were rejected. Greater knowledge was not found to predict a reduction in quality-of-life factors (EW,p=.34;SS,p=.79;HRQoL,p=.21). The duration of dementia caregiving was only found to be a predictor of SS (p=.04). Males reported higher EW when caring for a loved one living with dementia (p=.05).

Conclusions: Findings within the study contrast previous literature. Gender differences among quality-of-life factors when caregiving was discovered. This research demonstrates the need for interventions to be targeted towards increasing caregiver's knowledge to increase EW among female caregivers. Benefit finding may account for the findings within this study. Methodological limitations have been identified to accurately determine dementia knowledge. The finding relating to knowledge and EW can be implemented to aid caregivers' interaction with others, benefiting caregivers' overall SS, enabling them to care for themselves and loved one.

Exploring Relationship Changes During the Course of a Dementia-Illness; Perspectives of Widowed Partners.

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Objectives: Dementia a collective term used to describe symptoms such as memory problems, communication difficulties, planning issues, organisation in daily life, mood and behaviour changes and progressively physical function loss. Symptoms indicate damage to an individual due to the chronic degeneration of nerve cells. Limited qualitative research has been conducted with widowed partners of people with dementia and has mainly focussed on those with Early Onset Dementia.

This study explored relationship changes during a dementing illness from widowed partners perspectives across the age range.

Design: A qualitative, interview study from perspectives of widowed partners.

Methods: Semi-structured interviews conducted over the phone or via video link with five participants (3 female and 2 male). The interviews were audio recorded, transcribed verbatim and analysed using thematic analysis.

Results: Two master themes were identified; 1.) Diagnosis of dementia and changes to a couple's relationship and 2.) Coping strategies. Findings indicate that a negative experience at diagnosis affected participants meaning of marriage and carer identity. When given a negative diagnosis and a lack of support and information participants used coping strategies from maintaining normality through the Alzheimer Café, to the wisdom of taking a break and utilising friends and family.

Conclusion: The study proposes, greater awareness surrounding dementia in the community and training and guidance for diagnosticians. Furthermore, information and guidance are needed for people with dementia and their partners to access community support, such as the Alzheimer Café and how and when to utilise statutory support.

Exploring risk and protective factors for psychosocial adjustment in parents and carers of children with appearance affecting conditions and injuries.

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Objectives: Alongside typical parenting challenges, parents of children with appearance affecting conditions/injuries can experience common psychosocial difficulties regardless of the nature or cause of their child's visible difference. Despite this, a large-scale cross-condition investigation to identify risk and protective factors for parental psychosocial adjustment is lacking. Drawing on themes from previous qualitative research and to inform future support, this study explored the experience of parenting a child with a visible difference to identify possible risk/protective factors for parental negative affect and stress.

Design: An online survey comprised of standardised outcome measures (including Positive and Negative Affect Scale, Brief Paediatric Inventory for Parents, Self-compassion Scale, Parent Psychological Flexibility Questionnaire, Multidimensional Scale of Perceived Social Support and Life Orientation Test-Revised), several study-specific measures and open-ended questions.

Methods: 209 parents/carers of children with a range of visible differences (185 mothers, 23 fathers and 1 non-parent carer) were recruited via support organisations and social media. Multiple regression analysis identified possible risk/protective factors.

Results: Findings support themes identified in cross-condition qualitative research with parents of children with visible differences. Risk factors for negative affect and stress included parental reports of the noticeability of their child's visible difference and teasing. Protective factors included good parent-child communication, self-compassion, knowledge of their child's condition and satisfaction with treatment.

Conclusions: Parents/carers of children with visible differences may face difficulties with adjustment to their child's visible difference. Psychosocial factors were identified that may promote positive parental adjustment and provide insight into possible targets for parental intervention.

Exploring the acceptability of controlled human infection with SARSCoV2—a public consultation

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Purpose: To explore public acceptability of a controlled human infection model (CHIM) COVID-19 study.

Background: Rapid development of an effective vaccine for SARSCoV2 is a global priority. CHIM would accelerate the efficacy assessment of candidate vaccines. This strategy would require deliberate exposure of volunteers to SARSCoV2 with no currently available treatment and a small but definite risk of serious illness or death. This raises complex questions about the social and ethical acceptability of risk to individuals, given the potential benefit to the wider population; a study cannot be done without public involvement.

Method: We conducted a structured online public consultation with 57 individuals aged 20–40 years in 7 groups to understand public attitudes to CHIM, and pre-requisites for recruitment.

Outcome/Impact: The overall response to this strategy was positive, and many would volunteer for altruistic reasons. Carefully controlled infection is viewed as safer than natural exposure to wild virus. The prolonged social isolation required for the proposed CHIM is considered an obstacle but not insurmountable, with reasonable compensation and supportive care – both medical and psychological. Given the significant level of public interest, a CHIM should be done as open science with regular, controlled dissemination of information into the public domain. There was a strong view that the final decision on whether to conduct a CHIM should be in the hands of qualified, experienced clinician-scientists and the authorities. There is an important role for health psychologists in developing information sheets to ensure informed consent, and in supporting volunteers throughout the process.

Exploring treatment decisions in men with lower urinary tract symptoms caused by benign prostatic hyperplasia: A qualitative study

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Background: Lower urinary tract symptoms (LUTS) are prevalent amongst older men, and can negatively affect quality of life (QoL). In men, LUTS are commonly caused by prostate enlargement (benign prostatic hyperplasia, BPH). BPH can be treated using surgery, minimally invasive techniques, or medication; treatment is focused on alleviating LUTS and improving QoL. Effectiveness and side effects (including impacts on sexual function) do, however, vary between treatment options. While treatment decisions amongst men with prostate cancer have been widely explored, there is a paucity of research exploring treatment decisions in men with BPH.

Objectives: This study is qualitatively investigating how men with BPH choose between different treatment options, by exploring their experiences of living with LUTS and seeking treatment for BPH.

Methods: Semi-structured, face-to-face interviews with 40 men will be conducted via telephone or video call; this sample size has been set to increase the likelihood of achieving data saturation, given the varying treatment options for BPH. Men aged 45-75 years, who have discussed BPH treatment options with a consultant urologist during the previous six months, are being recruited from urology clinics at a hospital in Southern England.

Results: Data will be analysed using thematic analysis. To date, nine men have been interviewed.

Implications: Results will inform practice within the urology service of the collaborating hospital trust, through dissemination of findings to the urology team. Subject to funding, results will also inform the design, implementation, and evaluation of a patient decision aid for BPH treatment.

Factors influencing health behaviour change during pregnancy: A systematic review and thematic synthesis of qualitative studies

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Purpose: To identify factors that influence health behaviour change during pregnancy.

Background: Pregnancy is commonly referred to as a ‘teachable moment’ for behaviour change, as women often experience increased motivation to improve their health behaviours and lifestyle during this time. Encouraging women to adopt healthy behaviours during pregnancy has the potential to reduce the risk of pregnancy-related conditions, obstetric complications, and improve long-term health outcomes for the mother and child. Whilst some women make such changes automatically, or with ease, others find it more challenging or are resistant to change. It is therefore important to identify factors that influence women’s health behaviours during this time.

Methods: The review commenced on 11/12/18 (and was updated on 02/09/20) with systematic searches of the databases Medline, PsycINFO, MIDIRS and CINAHL-P. Studies reporting qualitative data about women’s experiences or perceptions of pregnancy-related behaviour change relating to dietary behaviour, smoking, alcohol use, and physical activity were included. Based on the eligibility criteria, 30,852 records were identified, and 92 studies were included. Articles were assessed for quality using the CASP tool and were analysed using thematic synthesis.

Conclusions: The findings from this review provide us with an improved understanding of the various factors influencing women's decision-making about their health behaviour during the antenatal period. This understanding will aid with the development of theory that is specific to pregnancy, and that can be utilised within the clinical setting to improve health outcomes for pregnant women and their children.

GP perceptions of remote consultation and its impact on the identification of potential cancer symptoms

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Objectives: During the COVID-19 pandemic there has been an increase in remote consultations in primary care. This research aimed to investigate how GPs perceive remote compared to face to face consultations, including positive and negative impact on the identification of potential cancer symptoms and patient groups disproportionately affected.
Design: Cross-sectional online quantitative surveys

Methods: UK GPs invited to participate in a monthly, online Omnibus survey (1000 regionally representative GPs each month). Data from November, December 2020 and January 2021. Descriptive statistics and exploratory analysis examining demographic and clinical differences.

Results: Potential negative impacts of remote consultation were identified. Phone consultations: more difficult for patients to describe symptoms (67%) and understand questions (64%). Video consultations: lack of technical literacy (79%). More challenging to identify potential cancer symptoms via phone consultations for patients; with a hearing or speech impediment (87%), whose first language is not English (82%), who have a learning disability (81%). However, some GPs perceived positive impacts of remote consultation; 77% disagreed that patents will always require a face to face appointment before they can make a suspected cancer referral. 39% felt that patients may feel less embarrassed discussing symptoms on the phone.

Conclusions: Results suggest that GPs are concerned that certain patients may be disproportionately affected by the increase in remote consultation. It may be more challenging to identify potential cancer symptoms. However there may be positives in speeding up cancer referral. It's important to ensure face to face appointments are available where needed or preferred by patients.

Group Sleep Intervention with Adolescents Attending a Pupil Referral Unit Using Youth Participation Methodology

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Purpose: Behavioural objectives of the intervention were to increase stress management techniques and to reduce technology usage. These were chosen to align with the overall outcomes: to improve sleep behaviours and reduce negative sleep hygiene practices.

Background: As sleep impacts adolescents' physical, emotional, cognitive, and social functioning, improving sleep behaviour and sleep hygiene were considered essential in order to help improve educational outcomes and general wellbeing of a group of adolescents attending a pupil referral unit (PRU), an alternative education provision which is specifically organised to provide education for children and young people who are not able to attend mainstream school and may not otherwise receive suitable education.

Methods: Through co-formulation and cooperative design the voice of the young people was sought throughout the design, implementation and evaluation process. The intervention was developed utilising an Intervention Mapping (IM) protocol as a framework.

Outcomes/impact: Improvements in sleep behaviour and decreases in negative sleep hygiene practices were achieved post intervention and at four month follow up. Incorporating youth participation methodology into the development, delivery and evaluation of the sleep intervention enhanced its design, as it was tailored and responsive to the needs of the young people. This approach helped with the young people's engagement: they took ownership of the programme and identified as "sleep experts" on completion. The use of supplementary videos was also a strength. These videos helped motivate the young people, reinforced learning, and were an attempt to engage the parents in the intervention.

Health Psychology consultancy in Social Care: A case study of an online support group for social care managers during Covid-19.

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Health and social care workers play a key societal role by meeting vital support needs of those in their care. As a result of the COVID-19 pandemic, health and social care workers were at an increased risk of stress, anxiety, insomnia and burnout in relation to navigating the uncertainty of the pandemic, evolving guidance and increasing responsibility whilst attending to the demands of their role. During the early onset of the pandemic, health psychology professionals mobilised to voluntarily assist organisations with psychological wellbeing and translation of psychological guidance as part of the Health Psychology exchange.

This article summarises a case study of a consultancy project undertaken by members of the Health Psychology exchange. The project involved delivering regular peer support groups to promote reflective practice and problem-focused coping to managers working in social care. This was to help reduce isolated working, sharing of practical and emotional work stressors to promote adaptive coping. Delivered by two trainee Health Psychologists, the groups were delivered remotely to care home managers working in mental health and ASD residential care. As a result of regular attendance, managers reported feeling more connected with peers, more open to sharing difficult experiences and having benefitted from sharing practical solutions with others. This case study therefore highlights both the importance of workplace wellbeing in social care and the role of Health psychology practitioners in helping to maintain the psychological wellbeing of social care staff.

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iHOPE for PCOS: Quantitative evaluation of a pilot online peer support intervention for polycystic ovary syndrome

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Objectives: Polycystic ovary syndrome (PCOS) is a common chronic endocrine condition associated with high levels of comorbid depression and anxiety. Patients often have unmet support needs that adversely impact wellbeing. We conducted a pilot study of a novel digital self-management, peer support programme for PCOS. The programme had been co-created with patients, health professionals and a patient organisation, and designed using the antecedent-target-measure approach. The intervention was based on positive psychology, compassion, hope and gratitude theory, and was delivered by two peer facilitators.

Design: A pre-post design was chosen to test for any improvements in anxiety, depression, wellbeing, hope and gratitude between baseline and the end of the six-week programme.

Methods: 11 women (aged 25-43 years, mean 32.4) completed pre- and post-intervention outcomes: depression (PHQ-9), anxiety (GAD-7), Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), Adult State Hope Scale and a Gratitude Questionnaire. Data were analysed using related sample t-tests.

Findings: There were statistically significant improvements in depression and hope agency ($p<0.05$) and non-significant improvements in anxiety, mental wellbeing, hope planning and gratitude. 73% (8/11) and 36% (4/11) were classed as clinical caseness for depression at baseline and post course, respectively.

Conclusions: There were very high levels of depression in our sample and there may be an unmet need for interventions addressing depression in PCOS. Despite the small sample who completed the measures at both baseline and post-intervention, the improvements in outcomes seen in this pilot study show early, preliminary promise and should be further evaluated in an adequately powered randomised controlled trial.

Impact of multicomponent weight management interventions on health-related quality of life in men with obesity

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Impact of multicomponent weight management interventions on health-related quality of life in men with obesity

Objective: Health-related quality of life, negatively affected by obesity, impacts both physical and mental health. Health-related quality of life research tends to focus on women only or mixed-sex outcomes. The primary objective was to investigate how weight management interventions impact health-related quality of life in men.

Methods: Four databases were systematically searched, CINAHL, PsychINFO, MEDLINE and PUBMED for health-related quality of life, multicomponent interventions and obesity related keywords.

Results: Of 2655 studies title and abstract screened, 120 were referred for full-text evaluation. Five studies were retained for data extraction and analysis. Two were cohort studies, three were randomised control trials, two containing men-only data. All studies used generic health-related quality of life measures, SF-12 or SF-36. Randomised control studies tended to show an improvement in physical subscales of health-related quality of life at initial post-intervention follow-up. Cohort studies provided limited evidence for the impact of weight loss interventions on overall health-related quality of life in men.

Conclusion: Overall it was found that multicomponent weight management interventions were associated with improved physical HRQoL in men in differing disease populations. However, results lacked consistency between and within differing HRQoL outcome components.

Improving perceived confidence and self-efficacy of healthcare professionals in addressing vaccine hesitancy by developing Motivational Interviewing skills. (MotiVax study)

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Vaccine hesitancy is defined as a spectrum of behaviours involving delay in acceptance or refusal of available vaccination. The optimal uptake in immunisations ensures herd immunity to infectious diseases. Children's vaccine uptake has been decreasing since 2012, thus leaving some people vulnerable to serious but vaccine-preventable diseases. Recent coronavirus pandemic exposed existing challenges linked to vaccine hesitancy and the urgency to address them.
A recent systematic review (Ames et all, 2017) demonstrates the importance of good communication skills displayed by healthcare professionals (HCPs) as key to engaging with vaccine hesitant population.

Motivational Interviewing (MI) is a conversation technique which reduces resistance to behaviour change. Utilising MI in a consultation is likely to improve the outcome of it by promoting rapport, active listening and non-judgemental support for a vaccine concerned individual. More research is required on how to best train HCPs in using MI in with vaccine hesitant people.

This pilot study is an evaluation of blended training opportunity offered to frontline workers involved in the delivery and support of immunisation programmes in London such as general practitioners, primary care nurses and health visitors. The training consists of two online workshops and guided workplace practice.

The MotiVax study objectives:

1. To evaluate the impact of MI skill training on staff's perceived ability to have difficult conversations about vaccine hesitancy,
2. To explore participant's perceptions of acceptability and impact of MotiVax training components,
3. Process evaluation to further understand barriers and facilitators to implementation of the training in participants' workplace setting.

Improving the care of adults with type 2 diabates and severe mental illness

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This study will use the experience-based co-design (EBCD) approach to co-design and implement an intervention(s) to improve the care of adults with type 2 diabetes and severe mental illness.

Service users, carers, and staff at the Maudsley clozapine clinic will be invited to attend a series of events to share experiences of care, agree priorities for service improvement and co-design service changes with the aim of improving service user and staff experiences.

Observations and individual interviews will be conducted to collect data using the EBCD approach. Interviews will be conducted to explore participants' narratives to identify key touchpoints (aspects of care that elicited strong feelings). Interview schedules have been developed with the Theoretical Domains Framework in mind to identify barriers and enablers of care.

Observations of daily practice at the service will be conducted with 250 participants (total number of service users and the staff at the clinic). The EBCD toolkit recommends recruiting 5 to 15 participants for staff and for service user interviews. I aim to recruit 25 staff and 25 service users and carers (n=50) to allow for no-shows and dropouts.

The Theoretical Domains Framework will be used to inform the coding of observational and interview data to identify the behaviours participants found most challenging in relation to providing and receiving care and suggest theoretical frameworks and models that influence these behaviours.

Reflecting on participants’ narratives offers the opportunity to identify challenging experiences related to diabetes and mental health care and the co-creation of new knowledge and solutions.

Investigating relaxation and mindfulness techniques for stroke survivors and their carers

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Objectives: Relaxation techniques (Golding et al., 2015) and mindfulness (Lawrence et al., 2013) have been shown to have multiple benefits for stroke survivors. This study reports a Patient and Public involvement (PPI) where stroke survivors, stroke carers, and healthcare professionals were consulted for feedback on an existing mindfulness and relaxation intervention (Wang et al.,2019) which required tailoring to the stroke population. Furthermore, the PPI was used to gain feedback on a selection of prompts and cues used to remind participants to practice this intervention regularly. Finally, the study reports the impact of the PPI on its contributors.

Design and methods: Eleven participants (four stroke survivors, three stroke carers, and four healthcare professionals) took part in semi-structured consultative online interviews. Thematic analysis was used to identify themes regarding possible modifications for re-filming the intervention. The effect of the PPI on the contributors was evaluated using the quality involvement questionnaire (Morrow et al., 2010).

Results: The impact of the PPI is shown via the effect on the research: two main themes were identified suggesting the existing intervention needs to represent the stroke population and the audio and visual elements need to be more accessible to stroke survivors. The quality involvement questionnaire results suggest that participants felt valued and empowered to take part in the research, understanding the benefits of their participation.

Conclusions: Therefore, the PPI demonstrates the need for all elements of the intervention to be specifically designed to be accessible by the stroke population and encourage engagement with it.

Investigating the impact of fitness trackers on the outcomes of a weight management intervention delivered within the Cardiovascular Disease prevention context

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Cardiovascular disease (CVD) is a significant cause of deaths and disability, especially in deprived areas. Local authorities provide hard to engage groups with weight management interventions in a bid to reduce obesity, a risk factor of CVD. The main aim of this study is to investigate whether fitness trackers (FT) impact upon the outcomes of the weight management intervention Healthy Hearts (HH) by comparing the post-intervention outcomes of the intervention with FT vs intervention as usual (control).

A mixed-method design is used with participants on HH programme being randomised to either the FT or the control group. Participants are recruited from harder to engage populations and from BAME groups. 57 participants enrolled to take part. Questionnaires are completed at pre and post-intervention (10-week interval) and six months from baseline. Some participants are also taking part in semi-structured interviews.

Initial analyses point to a significant reduction in weight in the FT condition at 6 months [$F(1,21)=11.45$, $p<.01$, $r=.77$] compared to the control. A difference in programme attendance rates was also observed, with participants in the FT group attending more sessions than participants in the control group [$t=2.62$ (54.82), $p<.05$, $d=.71$]. Further analyses are under way as a more follow-up data becomes available.

This research provides an insight into the utilisation of FT in CVD prevention within a structured weight management intervention. While research is in the early stages, some interesting patterns are already observed. This study may have positive implications for practice and potentially lead to improvements in intervention outcomes.

Investigating the influence of maternal prenatal lifestyle on infant birthweight outcomes: The Grown in Wales cohort

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Objectives: Research suggests that there is an association between maternal prenatal lifestyle and infant birthweight. However, the research is highly mixed and rarely considers dietary patterns or customised birthweight centiles (CBWC), despite their advantages. This study aimed to investigate the influence of maternal prenatal lifestyle on infant birthweight outcomes.

Design: This research involved data from the longitudinal Grown in Wales (GiW) cohort, which recruited women in late pregnancy in South Wales.

Methods: Data on lifestyle, demographics and birthweight was utilised from an extensive questionnaire and from midwife recorded notes, collected at the pre-operative assessment for an elective caesarean section. The analysis included 312 participants and involved linear and binary regression.

Results: In this population 7.4% of infants were classified SGA, 78.5% AGA and 14.1% LGA. Smoking was associated with a decreased overall CBWC (B=12.83, p=.045) and a health conscious diet with increased CBWC (B=5.02, p=.013). A health conscious diet was also associated with reduced risk of an infant being born SGA compared to AGA (Exp(B)=.50, p=.036). Finally, consuming alcohol was associated with reduced risk of an infant being born LGA compared to AGA (Exp(B)=.37, p=.026).

Conclusions: An average customised birthweight centile is vital for health, with a small and large for gestational age birth being strongly associated with a range of poor outcomes for both mother and infant. Our findings of a lifestyle influence further develop our understanding of this important area and may provide potential targets for future behavioural interventions during pregnancy to improve birthweight outcomes in Wales.

Male Residents' Experience of Receiving Personal Care In An Extra Care Setting.

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Extra Care facilities are purpose-built housing for older adults, where the occupants also receive an element of personal care. Whereas previous studies have investigated the experiences of women or mixed groups of males and females, little work has been conducted into the experience of men living in Extra Care facilities. Research suggests that older men are much more likely to experience loneliness and depression when they suddenly experience a change in circumstances such as loss of independence.

Six male residents were interviewed about their care experiences while living in Extra Care Housing, located in the United Kingdom. Using Inductive Thematic Analysis, three themes were identified which together capture the participants' journey to accepting personal care in an Extra Care setting: 'Life before Extra Care', 'Journey towards Acceptance', and 'Appreciating the Positives of Extra Care.

While difficulties can be expected for anyone making this lifestyle change, several issues appear specifically important for male residents. Although the move to Extra Care offers considerable advantages, unlike previous studies, the current research highlights the difficulty that men encounter when transitioning and emphasises that specific support is needed during this period. For example, men experience embarrassment, a loss of independence, and many have a problem communicating feelings.

Specific male-friendly techniques may facilitate a smoother transition towards acceptance of receiving personal care in an Extra Care setting.

Mental time travel: examining health perceptions in the past and future

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Objectives: Counterfactual thinking (CFT) involves mental simulation of alternatives to past events. Prefactual thinking (PFT) describes imagining the future following different potential actions. Thoughts can represent controllable or uncontrollable actions and may reflect upwards (situations improving) or downwards (situations being worse) thinking. CFT/PFT can affect wellbeing, mental health, and planning future action, but there is currently no objective measure of the tendency to think in these ways. We present development of an objective scale to measure tendency to CFT/PFT and its association with health perceptions and behaviours.

Design: We examined 242 qualitative reflections in response to life events. From these, a pool of 115 specifically counterfactual and prefactual items were extracted. Participants (N = 500) indicated their tendency to think in the ways described when reflecting on life events and behaviours. From this data, a final 32-item scale was developed (the Counterfactual and Prefactual thinking Scale, CAPS). We tested the CAPS with a new sample drawn from the general public (N = 200) alongside measures of mood and an established measure of counterfactual and prefactual reflections on general health.

Results: Preliminary analyses suggest that scores on the CAPS subscales are associated with specific reflections on personal health events.

Conclusions: This new objective measure of CFT/PFT may potentially inform interventions to support health & wellbeing, providing a springboard for novel research and treatment approaches.

Motivations and willingness to provide care from a geographic distance, and the impact of distance care on caregivers’ mental and physical health: A mixed-method systematic review

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Purpose: This review aims to synthesise and critique (i) the evidence on the determinants of motivations and willingness to care from a geographic distance, and (ii) the impact of distance care on caregivers’ mental and physical health.

Background: Distance Caregivers (DCGs) are a growing population with substantial contribution to informal care. A reasonable amount is known on the determinants of motives and willingness to provide local informal care and the local caregiver outcomes. However, reports on distance caregiving population are lacking. DCGs may report unique experiences and motives to care, associated with the geographic and spatial distance from the care recipient. Experiencing the added challenges of caring from afar, DCGs may also be at higher risk of poor mental and physical health outcomes.

Methods: A comprehensive search strategy was conducted in four electronic databases (CINAHL, MEDLINE, PubMed and PsycINFO). Twenty-five studies met the eligibility criteria. Qualitative and quantitative data will be integrated in a single qualitative synthesis following the Joanna Briggs Institute convergent integrated approach. To produce a set of integrated findings, quantitative data will be “qualitised” and finally assembled with the results of the qualitative studies.

Conclusions: Findings of this review will inform researchers and healthcare practitioners on the specific determinants of motives and willingness to care from afar and the unique needs and burdens of this subpopulation of carers. In addition, results will provide evidence for the development of geographically sensible and tailored interventions to address the complex needs of DCGs and promote the sustainability of distance care.

Nature engagement and wellbeing during the COVID-19 pandemic: A qualitative photo-elicitation study

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Background: Nature engagement offers benefits for physical and mental health, but little is known about the role of the natural world in supporting wellbeing during the COVID-19 pandemic.
Objectives: This qualitative study is exploring the impact of COVID-19 lockdowns and travel restrictions on inequalities in people’s access to and engagement with nature, and associated impacts on wellbeing.

Methods: Using participant-led photo-elicitation, 30 semi-structured interviews with adults from England have explored their understanding of nature engagement before the outbreak of COVID-19, during the first national lockdown (March-May 2020), as lockdown measures eased, and during subsequent lockdowns. Purposive and opportunistic sampling via community groups and social housing organisations has enabled recruitment across different socio-demographic groups. Thematic analysis is currently underway.

Results: Initial coding is highlighting how both positive and negative emotions are pervading people’s experiences of natural environments during COVID-19. Natural stimuli, such as wildlife, sunsets, and the stars, have generated wonder, interest, and awe, offering moments of positive distraction and escape from pandemic-related worry. However, fear and frustration have commonly been experienced in natural spaces during the pandemic. Social wellbeing has also been varyingly impacted; while some have enjoyed 'quality time' in nature with friends or family, others expressed distress at the cessation of group and youth activities, such as running or scouting.

Implications: This project is a collaboration with Natural England; findings are anticipated to inform the UK's green recovery strategy, as well as provide insight into the role of nature engagement during times of crisis.

Obesity Surgery, 'halves the risk of health consequences' but lifestyle changes can not be ignored!

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Objective: Bariatric Surgery (BS) is a treatment that is offered to obese patients who fit specified criteria. The success of BS has been linked to change in nutrition and physical activity (PA) as well as effective social support (SS). However, further clarity on these factors associated with BS is warranted. Therefore, the aim of this research was to examine the link between SS, nutrition and PA adherence guidance on total weight loss % (TWL%), and assess for any gender differences.

Design: A cross–sectional online (and paper based) survey design that measured demographics, weight, social and health related factors post-surgery was developed based on validated questionnaires. Methods: Post NHS ethical approval. NHS patients who had been through BS aged 18yrs and above were invited to participate to complete the self-report survey. The statistical tests MANOVA and Multiple Regression (MR) were used to was analyse data from 108 patients.

Results: MANOVA revealed behaviour-specific attitudes towards adhering to both nutritional and PA guidance post BS differed by gender ($p<0.05$) with males self-reporting greater behavioural nutritional and PA attitudes than females. No gender difference was found for SS or TWL%. A MR revealed that adhering to nutritional guidance was the strongest predictor of TWL% ($P=.010$).

Conclusion: The preliminary findings show the importance of nutritional and PA guidance and adherence, and that BS alone is not sufficient to impact TWL%. More specifically the former is a prominent predictor of TWL%. Post BS lifestyle interventions are therefore further warranted.

Occupational stress and health during the Covid-19 pandemic: The role of work-related rumination, intolerance of uncertainty, and financial concern.

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Objectives: We aimed to investigate the associations between workplace stressors, financial concern, perceived stress and psychiatric morbidity during the COVID-19 pandemic. The mediating and moderating effects of intolerance of uncertainty and work-related rumination were also assessed. We hypothesised that workplace stressors and financial concern due to COVID-19 would be associated with higher levels of perceived stress and psychiatric morbidity, and that affective rumination styles would mediate, and intolerance of uncertainty moderate these relationships.

Design: We used an online cross-sectional survey to measure our variables of interest.

Methods: Participants (N=275) who had been employed during the pandemic completed the questionnaire. Measures included demographic and occupational characteristics, an adapted version of the Workplace Stress Scale, the Intolerance of Uncertainty Inventory, the Workplace Rumination Scale, the Perceived Stress Scale, and the General Health Questionnaire. Data were analysed using regression, mediation, and moderation analyses.

Results: Workplace stressors, financial concern, and intolerance of uncertainty significantly predicted perceived stress and psychiatric morbidity. Affective rumination, but not distraction-detachment or problem-solving pondering, significantly mediated the effect of workplace stressors on our outcome measures. Intolerance of uncertainty also predicted perceived stress, moderated by key-worker status: intolerance of uncertainty was a stronger predictor of workplace stress for non key-worker than for key worker participants.

Conclusions: Affective rumination is an important mechanism by which Covid-19 related workplace stressors predict negative health outcomes. The research suggests workplace health initiatives are required to negate the negative impact of workplace stressors during the COVID-19 pandemic.

Pandemic parenting: the experiences of parents of children with appearance affecting conditions and injuries during the COVID-19 outbreak.

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Objectives: The global COVID-19 pandemic resulted in a multitude of changes to daily family life including reduced social contact, reduced informal and formal support and increased anxiety around risk to physical and mental health. For families with a child with an appearance affecting condition or injury, these changes may have resulted in psychosocial challenges. In the context of a wider mixed methods study and to better understand the challenges posed and the future support needs during periods of isolation, open-ended questions explored the experiences of parents of children with a visible difference during the pandemic.

Design: An online survey gave parents the opportunity to report their experiences of COVID-19 via open-ended questions.

Methods: 93 parents/carers were recruited from support organisations and social media. Inductive content analysis was used to categorise and identify the frequencies of experiences reported.

Results: Five categories were identified. The main categories were: impact of reduced social contact on child (n=48), reduced social support for parents (n=11), reduced healthcare access (n=28), risk to physical and mental health (n=17) and positive experiences (n=20).

Conclusions: During the COVID-19 pandemic, parents/carers of children with visible differences reported difficulties related to underlying health conditions, social anxiety and reduced contact with support organisations. However, some families reported positive outcomes of the national lockdown (e.g. more time with children). These findings provide insight into the support needs of these parents during the continued pandemic and any future periods of isolation.

Perception of Risky Sexual Behaviour (RSB) among HIV Serum Negative and Status Unknown Men-who-have Sex with Men (MSM) in Uptake of HIV Pre-exposure Prophylaxis (PrEP) Therapy

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Objective: This study investigated perceptions and experiences of RSB among HIV serum negative and status unknow MSM PrEP users.

Design: Since the implementation of PrEP as an HIV prevention strategy, the rise in HIV and sexual transmitted infections (STIs) is of ongoing concern. Factors associated with MSM PrEP users' dismissive attitudes to and engagement in RSB are yet not fully understood. Interpretative Phenomenological Analysis (IPA) for recurrent themes was employed to capture the experience and meanings of PrEP use and RSB in this population.

Methods: Participants were recruited through LGBT support services and social media groups; the University of Chester SONA research platform, and snow-balling method. Three MSM from the North West of England participated in semi-structured, in-depth interviews.

Results: In this sample of MSM PrEP users RSB was perceived and experienced as Negative and Positive RSB. Negative RSB: experiences were associated with substance use; sporadic/poor PrEP use; spontaneous RSB; no LGBT social engagement; stigmatic homosexual identity. Positive RSB: experiences were associated with regular PrEP use; negotiated and managed unsafe sex; positive homosexual identity; and enabling anxiety-free, intimate/fulfilling/unrestricted sexuality, described by participants as 'akin to heterosexuality'; a political statement for de-stigmatisation of homosexuality association with HIV. Study was limited by the Covid-19 epidemic, generating low participation and limited demographic sample representation.

Conclusion: Findings suggest that HIV prevention strategies should implement more thorough assessments to identify MSM with poor homosexual identity, volatile sexual behaviour, and improper PrEP use, who may be prone to reckless RSB and greater HIV/STIs exposure.

Playing with Food: The first application of a novel methodology (food play) to explore eating experience for people living with Sjögren's syndrome.

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Objectives: To use three food play workshops to collaboratively address: How is eating experienced, altered, enacted and expressed for people affected by Sjögren's syndrome?

Design: Food play is a novel methodology drawing on ethnographic and visceral geography praxes. It employs participant-led food tasting workshops with researcher participant observation. This forms part of a systematic complex intervention development project to address altered eating in Sjögren's syndrome.

Methods: N = 13 Sjögren's participants and N = 3 carers recruited from a local Sjögren's syndrome support association, and 7 researchers collaboratively designed and participated in three 3-hour structured food play workshops. All participants tasted foods, experimented with variations, and shared their experiences. Audio-recordings, still photographs and field notes were taken. Based on thematic analysis, researchers generated participant-verified themes capturing altered eating in Sjögren's syndrome.

Results: Five themes were identified:

Injured commensality: Food and eating isolate where once they connected.
Food as work: Food and eating are effortful; food can do useful work.
Food identities: Relationships with food had deteriorated but were fluid.
Idiosyncratic viscerality: Eating experience is highly individual.
Sense-making: Sjögren's syndrome and eating narratives are chaotic.

Conclusions: Food play created a novel ceremonial order of eating which allowed uninhibited and productive exploration. Eating was a quotidian, visible enactment of living with an invisible condition. Eating had become associated with cognitive, emotional and behavioural effort, social challenges, and sensory and functional disruption. The study was small and non-generalisable but is informing eating-related intervention development for Sjögren's syndrome.

Quality of Life and Psychological Resilince of Turkish Psychologist in Times of the COVID-19 Pandemic

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Background: Coronavirus disease (COVID-19) pandemic has been affecting people's psychosocial health and well-being through various complex pathways. The purpose of this study is to investigate quality of life and psychological resilience levels of Turkish psychologist.

Methods: This cross-sectional survey was carried out online and SF36 Quality of Life Scale and The Resilience Scale for Adults questionnaire used during April 2020. 288 psychologist with the age range of 25-48 were included in the analysis.

Results: Turkish psychologist showed satisfactory HRQoL, with seven of the 10 SF-36 scores being within 1 Sd of population mean. Correlations indicated that psychological resilience were positively associated with all HRQoL dimensions ($ps < 0.05$). Psychological resilience scores differ significantly between male and female psychologists ($p <.0.05$). Psychological resilience was found higher in female psychologists than in men. Here, while the structural style was low in female psychologists, the total scores of future perception, family adaptation, social competence and social resources were found to be high in male psychologists.Being married was associated with lower psychological resilience among men psychologist. in the highest level of annually housed income had the high level of resilience for both man and women psychologist.

Conclusions: Psychological resilience positively affects the quality of life. These findings may be significance to learn the impact of the pandemic on psychologist. It is of great importance to know the effects of pandemic on our lives as a traumatic process. It is a matter of curiosity for everyone how to resist spiritually during the Covid-19 pandemic days.

Representations of personalized medicine in cancer patients: a systematic review

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Purpose: The aim of this presentation is to provide a global view of the state of knowledge about patients' beliefs and representations toward personalized medicine [PM].

Background: PM is increasingly becoming a topic of discussion in public health policies and media. However, there is no consensus among its definitions and the terms to refer to PM, as shown in one of our recent study (Fournier et al., 2021). Even if there are confusions and blurriness existing on its scope, over optimistic attitudes are observed in the literature on patients populations.

To our knowledge, only a handful of few studies investigated cancer patients representations of PM with heterogeneous methodologies. We need to compile it and analyze how patients represent themselves PM on the cognitive side (i.e. how they define it), and on the affective side (i.e. what their attitudes are).

Methods: A qualitative synthesis of the data from the literature were conducted. Qualitative and quantitative studies dealing with adult cancer patients' representations of PM (or related concepts) were included. The studies on a pediatric or a non-cancer population were excluded. The review was conducted following PRISMA methodology (Preferred Reporting Items for Systematic reviews and Meta-Analysis).

Conclusions: This review revealed a paradox in cancer patients. Indeed, patients' attitudes toward PM are positive but, at the same time, they have strong concerns, notably relative to incidental findings. Further studies should focus on studying the determinants of beliefs toward PM, their heterogeneity, and their links with health outcomes in patients.

The effect of antibody test result knowledge transmission reducing behaviours

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Objectives: Understand the effect knowledge of antibody status has on compliance with transmission reducing behaviours (TRBs).

Design: Cohort study conducted between October-December 2020.

Methods: Eighty-two participants were recruited by email invitation, including NHS Lothian staff and individuals enrolled in the BioResource study. Participants had community diagnosed and treated SARS-CoV-2 infections. Participants completed a baseline health beliefs questionnaire, provided blood samples for antibody testing and received their antibody result 2-4 weeks later. All participants were encouraged to follow current guidelines. Participants completed follow-up health belief questionnaires between 2-4 weeks later. The questionnaire was designed based on the constructs of the Health Belief Model, the most prominent framework for understanding why individuals may or may not act in the face of a threat.

Results: Fifty-six participants completed follow-up health belief questionnaires. Knowledge of antibody status did not affect compliance with TRBs. Increased perceived benefits, cues to action and self-efficacy, and decreased perceived barriers, to comply with TRBs was significantly associated with higher compliance. No significant correlation was found between measures of susceptibility or severity and compliance with TRBs.

Conclusions: Interventions to increase perceived benefits, cues to action and self-efficacy, and decrease barriers, to engaging in TRBs should be explored. The sample comprised mostly of healthcare who may perceive themselves to be more at risk or susceptible to infection due to their unique experience of the pandemic. This may affect rates of compliance with TRBs compared to the general population. Further research should be conducted with a larger, more diverse sample.

The effect of health messages on intentions to consume alcohol during the Covid-19 pandemic.

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Objectives: Including alcohol health messages in communication of government low risk drinking guidelines has the potential to positively affect alcohol intake, but more research into the content and framing of such messages is required. Research shows that both novelty of information and personal relevance affect the impact of health messages on behaviour.

Design: Pretest-posttest, between-groups experimental.

Methods: This study explored: drinking behaviour during Covid-19 lockdown; and whether a context-relevant message about alcohol and immunity would be more effective than other alcohol health messages and a control message. From April to June 2020, 953 participants completed an online questionnaire, and were randomly allocated to exposure to one of three messages emphasising the impact of alcohol on: the immune system and respiratory health; mental health; overall physical health; or to a control condition. The impact of the messages on levels of concern about alcohol intake and intention to reduce alcohol consumption was assessed using a pre-post ANCOVA.

Results: There was a significant effect of message group on motivation and intention to consume alcohol: participants in the immunity message group had stronger motivation and intention to adhere to low risk guidelines than the control group (after controlling for initial motivation and intentions).

Conclusions: During Covid-19 lockdown, a message emphasising the impact of alcohol on immunity had a greater effect on cognitive precursors of drinking than other messages. These results indicate that a context-relevant message could be a useful strategy for future alcohol health campaigns and for improving alcohol labelling to encourage moderate drinking.

The effect of risk knowledge and risky behaviours on cervical screening attendance

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Objectives: 99.7% of cervical cancers are caused by human papillomavirus (HPV) and are preventable. Risk factors for cervical cancer include sex at a young age, multiple sexual partners, smoking, and taking the contraceptive pill. Previous research has considered the impact of knowledge about risk on attendance, but there has been no research to our knowledge which has additionally looked at risky behaviours. This study explored the impact of knowledge about risk factors associated with cervical cancer and risky behaviours on women's reported uptake of cervical screening.

Design: A cross sectional online survey was conducted in January 2021.

Methods: 338 women were recruited through social media and snowball sampling (age range 24-64, mean=45.6, SD=11.4). The survey consisted of demographic questions, HPV vaccination status, cervical screening status, questions about risk factors and questions about risky behaviours. Analyses included chi-square, Mann Whitney and correlations.

Results: Participants had a mean score of 5.9 correct answers out of 13 risk factor questions (SD=2.2, range 0-11) and a mean score of 3.7 risky behaviours out of 10 (SD=1.6, range 0-7.5). 11% (N=37) reported not attending their most recent screening invitation. Screening attendance was not related to the scores associated with risk knowledge or engaging in risky behaviours (ps>.05).

Conclusions: Although engagement in risky behaviours associated with cervical cancer was relatively low in our sample and self-reported screening attendance was higher than the national level, knowledge of risk factors was low. More education is needed to ensure that all women can make informed choices about their lives.

The impact of Covid-19 on the mental wellbeing of health and social care workers in Scotland

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Background: Recent studies published during the COVID-19 pandemic have reported that the mental wellbeing of health and social care workers (HSCWs) has been adversely impacted. Research has yet to explore what factors may help HSCWs positively adapt in the face of the adversities endured during the pandemic.

Methods: The study consisted of a cross-sectional online survey exploring the impact of COVID-19 on the mental wellbeing of HSCWs (n= 1300+). The survey included both closed and open-ended questions exploring COVID-19 perceived risks, stress, burnout and mental wellbeing as well as coping and team resilience. Both quantitative and qualitative content analysis of the online survey data was conducted.

Expected results: Data collection began in December 2020 and data collection and analysis is due for completion in June 2021. Preliminary analysis suggested that access to PPE, psychological input and increased perceived team resilience and peer support helped mitigate against the adverse impact that COVID-19 related stressors have on HSCW's mental wellbeing. Visible leadership was also found to be essential in helping staff gain access to current and accurate information on COVID-19 and in helping workers adapt to constant change.

Discussion: The implications of these findings are discussed, emphasising the importance of access to PPE as well as peer and team-based support in alleviating the negative impact that COVID-19 has on HSCW's mental wellbeing. The results of this study also highlight the urgency of offering psychological input for HSCWs who need it. The importance of supportive, adaptive and visible leadership is highlighted.

The impact of influential life events and current issues on decision-making for breast cancer reconstructive surgery.

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Objective: To explore the impact of influential life events and current issues on women’s decision-making process for breast reconstructive surgery.

Design: A qualitative approach with the data collection methods of expressive writing and semi-structured interviews. Interview transcripts were analysed with reflexive thematic analysis.

Methods: Ten women with newly diagnosed breast cancer requiring mastectomy were asked to write a personal account of recent life events and current issues that they felt may influence their decision-making for breast reconstructive surgery. The written accounts were used as a tool to facilitate emotional reflection and expression within semi-structured interviews.

Results: Four themes were derived from data analysis: Family and caring responsibilities, fear of complications, normality and moving on, and confidence in expressing views. Women described family circumstances including their roles, responsibilities, and support as a key factor influencing decision-making processes regarding all available reconstruction options. This was linked to a need to regain a normal life and move on as quickly as possible. The fear of post-surgical complications and further surgeries was viewed as potentially limiting this return to normality and was a prevailing concern for women who chose not to undergo reconstructive surgery. Support from healthcare professionals was integral to women’s discussions yet they reported difficulties expressing their views about reconstruction decision-making within medical and personal contexts.

Conclusions: The findings highlight the complexity of the decision-making processes of women with breast cancer while making decisions pertaining to reconstructive surgery. Autobiographical accounts were a useful tool during the interview process to explore women’s experiences.

The impact of the COVID-19 pandemic on Chinese International Students in Scotland

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Background: All university students have been affected by the COVID-19 pandemic and Chinese international students studying in Scotland/the UK may face additional stressors, such as discrimination and hate crime (Zhai & Du, 2020). This study aims to explore the impact of COVID-19 on Chinese international students’ academic study and wellbeing (including physical, social, and mental).

Methods: This study adopted a qualitative methodology and a purposive sample of 13 Chinese international students were recruited (Braun & Clarke, 2015, recommended a sample size of 10 for pilot research). The data has been collected through individual, semi-structured online interviews with each participant using Zoom. Thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2018) will be used to analyse the data.

Expected results: In the interviews, the participants discussed a range of challenges they face during the COVID-19 pandemic (e.g., lack social support). They also mentioned their coping strategies (e.g., online peer support) and made suggestions for improving the wellbeing services provided by the university.

Current stage of work: Data collection has been completed and data analysis is due for completion in March 2021.

Discussion: Our findings will contribute to a better understanding of the unique challenges and stressors faced by Chinese international students during COVID-19. The findings could help to enhance the cultural knowledge and capacity of higher education staff involved in supporting Chinese international students (e.g., Student Counsellor, Student Support Officer), and to inform the potential development of more culturally sensitive support systems, programmes, and interventions for Chinese international students.

The implications of distraction during consumption - an experience sampling investigation

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Objectives: Distraction during various forms of consumption (e.g., eating, media/audio) can hinder consumption enjoyment and thus important outcomes including the amount consumed. Yet, it is unknown whether hedonic shortfall from distracted consumption promotes increased consumption after the consumption episode to compensate for this shortfall. This pre-registered study examined this possibility by investigating whether distracted consumption promotes a greater need for immediate gratification after consumption and a shorter period until subsequent consumption, via reduced consumption enjoyment and satisfaction.

Design: Online experience sampling study in ecologically valid setting.

Methods: Two-hundred and twenty participants each received 49 brief surveys to their smartphone (7 per day for 7 days), thus providing 9184 data-points. In each survey (if consumption was reported) participants reported what they consumed (e.g., food, media/audio, etc.), their consumption amount, enjoyment, and satisfaction, their post-consumption need for further gratification, and how distracted they were during consumption. Path modelling using person mean-centered variables was used to test hypotheses.

Results: Distraction during consumption predicted an increased need for gratification after consumption, controlling for the amount consumed (B=0.04, p=.002). Distraction also predicted an increased need for gratification via reduced consumption enjoyment and satisfaction (indirect effect: B=0.0001, p=.002). Distraction during consumption did not predict a shorter duration until subsequent consumption.

Conclusions: Our findings extend prior literature demonstrating distraction during consumption associates with increased consumption, by showing this relationship may be, at least in part, explained by reduced consumption enjoyment and satisfaction. Future research should implement methods to examine causal relations between these factors.

The positive lived experiences of Resilience in Self-esteem and Self-efficacy in individuals with Vitiligo.

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Objectives: Much research into the experience of vitiligo places focus on potential negative impacts such as distress. More positive impacts of vitiligo, such as increased resilience, self-esteem and self-efficacy remain underexplored, particularly qualitatively. This study aimed to explore the lived experience of these variables and the extent to which people with vitiligo experience positive change/growth resulting from living with the condition.

Design: Qualitative exploratory design, utilising semi-structured interviews. Analysed using Interpretative Phenomenological Analysis (IPA).

Methods: Eight semi-structured interviews via Skype with participants who had personal experience with vitiligo and experienced positive change/growth. Interviews were transcribed verbatim and analysed using IPA for detailed insight, studying and exploring experiences of resilience in self-esteem and self-efficacy in individuals with vitiligo.

Results: Participants discussed a journey of how their experiences led them to develop strong appreciation of their skin and valuable positive characteristics of resilience, self-esteem and self-efficacy. Three super-ordinate themes were identified, with two corresponding sub-ordinate themes each: 1. Journey to Skin Acceptance – Impact of people’s attitudes and Building resilience, 2. Impact of Awareness – Normalising through education and Awareness to overall wellbeing and 3. Celebrating Differences – Empathic appreciation of differences and Confident through my skin.

Conclusions: Participants often described being proud of their vitiligo. This gave them the drive to overcome stigma associated with the condition and encouraged them to embrace vitiligo and educate others. Alongside increasing awareness of vitiligo, encouraging skin-acceptance through psychological interventions and enhancing support would help increase resilience, self-esteem and self-efficacy in people with vitiligo.

Using a digital learning health system to create system optimisation in long-term conditions: embedding CFHealthHub and objective adherence measurement into routine cystic fibrosis (CF) clinics in one adult CF centre

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Purpose: Cystic Fibrosis (CF) is an archetypal multi-morbid long-term condition where preventative self-care can minimise the need for disruptive 'rescue' treatment. CFHealthHub is a digital learning health system that uses an objective measure of adherence and aims to support people with CF (pwCF) to build habits for treatment-taking. PwCF who consent to CFHealthHub are given a chipped nebuliser that records date- and time-stamped usage data, accessed via a patient- or clinician-facing platform. Implementing changes in healthcare is challenging and we aimed to assess the extent to which objectively-measured adherence data on CFHealthHub was being embedded into routine care in one adult CF centre.

Background: PwCF find it difficult to take the number of treatments prescribed and inaccurately recall the amount of treatment taken. Evidence suggests that clinicians are also not accurate at predicting patients' adherence. This is problematic as many treatment decisions are made without understanding how much treatment a patient is taking. CFHealthHub aims to improve routine CF care by ensuring that objective adherence data is accessed in every clinical encounter.

Methods: We audited electronic patient records to assess how often the CF team were accessing CFHealthHub and documenting adherence for clinic patients between Nov 2020-Feb 2021 (30 clinics).

Results: 71.5% of pwCF attending clinics (93/130) had consented to CFHealthHub, and objective adherence data was accessed (and documented) for 79 pwCF (85%; range 0-100%).

Conclusions: With CFHealthHub reviewed in the majority of clinics, we now aim to assess its use in other aspects of the service (e.g. inpatients, community).

Using health psychology principles to develop staff wellbeing peer support during the coronavirus pandemic in an acute NHS Trust

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Purpose: Our aim was to develop a wellbeing peer support programme accessible for acute NHS Trust staff under major work pressure.

Background: Healthy Conversation Skills (HCS) is a highly interactive behaviour change skills training underpinned by health psychology principles. It equips practitioners with skills to deliver person-centered, empowering, solution-focused interventions. During the early phase of the coronavirus pandemic, the Faculty of HCS, a collaborative of health psychologists and public health practitioners, developed the HCS-based 90-minute Supportive Conversations training to upskill healthcare, social care and third sector workforce to provide wellbeing support for service users, members of the public and colleagues.

Methods: The pandemic put unprecedented pressures on healthcare staff resulting in high levels of anxiety, stress, burn-out and major impact on overall wellbeing. Formal offers of wellbeing support in the first pandemic wave had low uptake due to lack of staff capacity to engage. Learning from this, we developed a peer wellbeing support programme, called Safe Space Practitioners (SSPs). SSPs are staff members volunteering to support colleagues on top of their jobs. Staff can access SSPs for ad-hoc and bookable conversations. SSPs complete Supportive Conversations training to acquire skills to initiate and conduct wellbeing conversations, support individuals for behaviour change and signpost for specialist support. SSPs receive regular supervision.

Outcomes: The SSP programme launched in January 2021 with 60 volunteers joining in the first month. The programme became part of the Trust's sustainable wellbeing framework. Evaluation of impact is ongoing. Health Education Wessex nominated the programme as workforce wellbeing exemplar.

Women’s Experiences of Breastfeeding Support in South London: Exploring Characteristics of Health Service Delivery and Care that Prevent and Promote Breastfeeding

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Background: Breastfeeding rates in the UK remain low, despite health services designed to promote and support breastfeeding. Understanding women’s experiences of support available is key to understanding barriers preventing women from breastfeeding.

Objectives: To explore women’s experiences of breastfeeding support offered and received in the first four months postpartum

Design: A qualitative interview study

Methods: Women with healthy, full-term infants were recruited from an existing cohort study and local healthcare centres in South London. Face-to-face, semi-structured interviews with women (N=26) between four and ten months postpartum were audio-recorded and transcribed verbatim. Data were analysed using the Framework Method and Thematic Content Analysis.

Results: Women discussed antenatal and postnatal experiences of breastfeeding support from health services (Antenatal Education; Postnatal Hospital Support), healthcare professionals (Midwives, Doctors, Health Visitors, Lactation Consultants), and Community Services. Antenatal breastfeeding education was necessary but perceived as insufficient at supporting breastfeeding over time. Early breastfeeding support in hospital was negatively affected by understaffed services. Long waiting times and inconsistencies in community services was a notable barrier to breastfeeding. Care from health visiting services were often experienced as formative appointments. General Practitioner’s supported breastfeeding by treating medical barriers. Local breastfeeding support groups provided practical and emotional support for women, and allowed women to form social support networks.

Conclusions: Access to skilled breastfeeding support in hospital and the community remains a barrier to breastfeeding. Ensuring women have access to breastfeeding support groups and specialist infant feeding services early and consistently across the postnatal period is important for supporting breastfeeding continuation.

Women’s Post-Natal Experiences of Pre-eclampsia/Eclampsia

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Objective: To explore the experiences of those who have received a diagnosis of pre-eclampsia/eclampsia during at least one previous pregnancy.

Design: A qualitative study utilising semi-structured interviews as the data collection method. Interview transcripts were analysed utilising Interpretative Phenomenological Analysis (IPA).

Methods: Six women who have had a diagnosis of pre-eclampsia/eclampsia during at least one previous pregnancy were asked to take part in one interview.

Results: Three themes were derived from data analysis: Lack of awareness, quality of care, and long-term side effects. The women discussed their lack of awareness of pre-eclampsia/eclampsia prior to their diagnosis and reported that awareness was low amongst other mothers and those within their wider support network. The quality of care received by women varied with some praising information provision and support whilst others felt this was lacking stating ongoing uncertainties regarding their long term health and care. Women reported numerous effects of pre-eclampsia/eclampsia including memory issues pertaining to the delivery of their baby during the affected pregnancy, life-long hypertension and neurological issues. Women’s experiences were described as influencing decision-making regarding future pregnancies due to potential health implications.

Conclusions: This research highlights the impacts and effects of pre-eclampsia/eclampsia and the information and care needs women have following diagnosis. The need for greater awareness is highlighted and training for healthcare professionals particularly within primary care could enable knowledge transfer to support women making decisions about their reproductive health and to manage health risk through the implementation of health psychology interventions.
