EHPS 2025 GRONINGEN

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European Health Psychology Society

Putting Health Psychology to Work:
Prevention, Practice and Policy

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BOOK OF ABSTRACTS

EHPS 2025

Tuesday, 26 August 2025

EMPOWER Workshop

9:30 - 12:30 | ZAAL 10B

EMPOWER Grant Writing Workshop

9:00 - 14:30

The workshop offers a dynamic and interactive program designed to support participants through key stages of the grant writing process. You will hear from leading experts in health psychology — Robert West, Eline Smit, Susan Michie, Falko Sniehotta, Benjamin Schüz, Sarah Stutterheim, Emely de Vet, and James Green — as they share how they generate innovative research ideas and turn them into fundable projects. Two dedicated sessions will focus specifically on idea generation and grant writing strategies.

The program also includes panel discussions, where these experts will reflect on how they plan, write, and submit successful grant applications. Crucially, they will also offer insights from their experience as grant reviewers, giving you a clear understanding of what makes a proposal stand out in the review process.

To put theory into practice, participants will have dedicated working time to begin developing their own proposals, especially with a view toward applying for the EHPS 2026 Innovative Initiatives Grant.

Half Day Workshop

9:30 - 12:30 | ZAAL 11A

The next step: adapting and implementing interventions in a real-world context

9:30 - 12:30

M. Hahnraths[1], L. Harms[1]

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This workshop intends to increase understanding of implementation theories, of adaptation and its related definitions. After the workshop, attendees can apply concepts such as voltage drop, or programme drift, can identify the core components, and identify relevant forms of adaptation to their intervention(s) of interest. Attendees are invited to share their practical experiences, resulting in the formation of a network regarding adaptation and implementation (if desired).

Intended participants have some experience with (the implementation of) interventions in their day-to-day practice (can bring their own case to apply the workshop's contents to). However, all levels of implementation knowledge are welcome, as we hope to achieve an interactive session.

The proposed workshop focusses on the practical implementation of health psychology, specifically concerning the adaptation and implementation of interventions in real-world contexts. The various activities that will be undertaken during the workshop are as follows: 1) Brief overview of the adaptation and implementation literature (i.e., fidelity vs. adaptation, voltage drop, programme drift, core components, different forms of adaptation); 2) Facilitators provide an application of the theory to two example interventions (SuperFIT and the Healthy Primary School of the Future); 3) Interactive assignment in subgroups that encourage attendees to apply theory to their own practice; and 4) Sharing experiences (i.e., what have you learned? which lessons/tips would you give to others working on the adaptation/implementation of interventions?).

Half Day Workshop

9:30 - 12:30 | ZAAL 11B

Bridging AI and qualitative research: a hands-on workshop on AI-driven qualitative analysis for health psychology

9:30 - 12:30

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Recent advancements in Artificial Intelligence (AI) offer exciting possibilities for analysing large-scale qualitative data in health psychology. AI-driven techniques such as topic modelling, deep learning, and large language models (LLMs) allow researchers to identify key themes in text at scale and have the potential to amplify the voices of underrepresented groups, thereby contributing to reducing health inequalities. However, challenges remain in ensuring that AI-generated insights are reliable, meaningful, and free from bias. This workshop will provide a practical and interactive introduction to AI-driven analysis of qualitative data for health psychology researchers. Through hands-on exercises and facilitated discussions, participants will gain experience in interpreting and refining machine-generated textual analyses. They will collaboratively evaluate accuracy, bias, and quality control measures, while exploring strategies for effectively integrating AI into qualitative research.
Objectives:

1. To introduce key AI methods – including traditional natural language processing techniques, such as topic modelling, as well as deep learning, and LLMs - and their potential applications in health psychology.
2. To provide hands-on experience in interpreting and refining AI-generated text analysis outputs.
3. To critically evaluate accuracy, usefulness, nuance and overall quality measures in AI-driven qualitative analysis
4. To explore best practices and ethical considerations for integrating AI into qualitative health psychology research.

Activities:
• Introduction to AI-driven qualitative analysis in health psychology (45 min)
• Hands-on data analysis session: participants will interpret and refine AI-generated text outputs (1.15 hours)
• Interactive critical evaluation of AI-driven insights: strengths, limitations, and ethical considerations (1 hour)
• Discussion on applications of AI as a tool in health psychology research, incorporating interactive feedback (1 hour)

Keynote Speech: Professor Ellen Smets

16:30 - 17:30

Anatomy of a clinical consultation: unraveling patient-provider communication

Good communication between patients and their healthcare providers is widely regarded as essential for providing high-quality care. This raises the question of what constitutes 'good' communication. In my presentation, I will first discuss how scholars have argued in recent decades that good communication should be patient-centred and goal-oriented, and more recently, support shared decision-making. Using examples of observational research, I will then examine the anatomy of a consultation, illustrating what patient–provider communication actually looks like in clinical practice with a focus on the exchange of information and decision-making. I will also discuss the challenges that patients and providers face when trying to have a patient-centred, goal-oriented conversation that supports shared decision-making. Additionally, I will demonstrate how communication can positively affect desired patient outcomes, such as patients' memory of the information provided to them, using experimental studies and reviews. Finally, I will discuss the impact of online health information and emerging health technologies on the interaction between patients and their providers.

Oral Session: Communicating Health Risks and Interventions

17:45 - 17:55

Perceived oral cancer risk among at-risk groups in Germany

E. Baumann[1], ***L. Felgendeff***[1], A. Dempfle[2], S. Habig[2], R. Scharbrodt[2], A. Al Desouki[2], K. Hertrampf[2]

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Background: Public awareness of oral cancer and its risk factors remains low. To inform public health interventions, this study explores perceived oral cancer risk among at-risk groups.
Methods: In 2024, N = 1,801 Germans aged 50 and older rated their perceived probability of getting oral cancer on a scale from 0 (extremely unlikely) to 100 (extremely likely) during a computer-assisted telephone interview. Additionally, their knowledge of risk factors, smoking and alcohol consumption habits was assessed. Data were analysed descriptively.
Findings: Most participants knew that smoking (92%) can cause oral cancer, and fewer were aware of alcohol consumption (59%) and older age (69%) as risk factors. Perceived risk of oral cancer was low (n= 1758, Mdn= 10.0, IQR= 0.0 - 25.0) and varied by smoking habits ($H(2)= 35.05$, $p <.001$) and age ($H(2)= 14.01$, $p < .001$) but not by alcohol consumption ($H(7)= 11.92$, $p = .103$). Daily smokers stated a higher risk than ex-smokers (UdailyVSex= 115154.00, $p <.001$), while both groups had a higher perceived risk than non-smokers or occasional smokers (UdailyVSnon= 136112.00, $p <.001$; UexVSnon= 286369.00, $p = .001$). Participants in their 50s (U50vs70= 219308.00, $p <.001$) and 60s (U60vs70= 169821.00, $p = .002$) reported higher perceived risk compared to older participants.
Discussion: Ex-smokers, alcohol consumers and older adults perceived their oral cancer risk as low despite carrying significant risk factors. Public health interventions should address the knowledge gaps regarding the risk factors of alcohol consumption and older age to facilitate an adequate perception of individual oral cancer risk.

Effective Strategies for Communicating Genetic Risk in Obesity Prevention Interventions: Systematic Review

Z. Szczuka[1], A. Kornafel[1], P. Krzywicka[1], J. Misiakowska[1], H. Zaleskiewicz[1], M. Kafyra[2], I.P. Kalafati[3], N. Paduszynska[1], A. Banik[1], M. Siwa[1], E. Kulis[1], J. Kuzminska[1], D. Wietrzykowska[1], M. Boberska[1], A. Luszczynska[1]

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[2]Harokopio University, Greece
[3]University of Thessaly, Greece

Background:
This systematic review examines genetic risk communication interventions in randomized controlled trials (RCTs) to determine their effectiveness in influencing obesity-related outcomes, including weight, nutrition behavior, and physical activity. Studies were clustered based on intervention content, delivery, and control/comparator group characteristics.

Methods:
Following PRISMA guidelines, this preregistered review (PROSPERO #42024524026) searched eight databases, identifying 23 RCTs covering 18 trials. Risk of Bias 2 tool assessed study quality, and a narrative synthesis grouped studies by intervention content and control conditions.

Results:
Genetic risk communication alone, or combined with phenotype-based risk, was generally ineffective and even counterproductive for those at low genetic risk. Integrating genetic risk communication into general nutrition/physical activity counseling had no added benefit. However, its inclusion in personalized counseling improved effectiveness when compared to waitlist controls or generic counseling. Compared to personalized counseling with behavior change techniques (goal setting, social support, feedback, problem-solving, environmental changes), genetic risk communication only enhanced effectiveness for individuals informed of a high genetic risk. The most promising results emerged when genetic risk communication was embedded in a comprehensive intervention that included personalized counseling, behavior change techniques, and genetic risk integration throughout sessions.

Conclusions:
Due to the limited number of studies the findings may be used for formulating hypotheses rather than drawing evidence-based conclusions. Complex personalized interventions, combining multiple behavior change techniques and increasing experiential genetic risk awareness (beyond mere genetic risk knowledge) show greater potential for improving weight, nutrition behaviors, and physical activity outcomes.

Framing and emotions in communication about diet and physical activity to cancer survivors

R. Drbohlav Ollerton[1], N. Bol[1], G. Beets[1], M. Goudbeek[1], F. Folkvord[1], E. Krahmer[1]

[1]Tilburg University, Netherlands

Despite their significant benefits, adherence to diet and physical activity recommendations is low among cancer survivors. The importance of health behaviours can be communicated using gain or loss frames, which may operate through varying mechanisms, namely positive and negative emotions. However, a cancer diagnosis itself likely also incurs negative emotions, such as fear or anger. It is therefore crucial to understand whether communicating about lifestyle may evoke additional (negative) emotions, and whether these emotions associate with message acceptance and behavioural intentions.

We conducted a between-subjects online experiment, in which 301 cancer survivors received either a gain-framed or loss-framed message about the importance of diet and physical activity. Message acceptance, intentions, and emotions were assessed afterwards, and analysed using a MANOVA, linear multilevel analysis, and parallel mediation analysis. Emotions were also assessed with an open-ended question, with qualitative responses content-coded.

Preliminary results revealed no significant framing effects on message acceptance and intentions ($p=.57$). Regarding emotions, message framing had a marginally significant main effect, $F(1,299)=3.58$, $p=.06$, while affect type had a significant main effect, $F(1,300)=216.15$, $p<.001$. Both positive ($\beta=0.03$, $p<.01$) and negative emotions ($\beta=-0.01$, $p=.05$) were associated with intentions. However, emotions did not mediate the relationship between framing and intentions. Content analysis suggested both messages elicited emotions, with gain frames eliciting more emotions overall.

These findings suggest that emotions may occur irrespective of framing when communicating about lifestyle to cancer survivors. These findings are especially important when considering minismising negative emotions in cancer care and identifying optimal ways of communication about lifestyle.

Vaccination as stress prevention: A simple communication intervention to increase vaccination intentions among geriatric nurses

P. Sprengholz[1]

[1]University of Bamberg, Germany

Among geriatric nurses, influenza vaccination rates are often low, putting the health of nursing home residents and staff at risk. As well as protecting nurses against severe infection, vaccination also reduces virus transmission. Previous research has shown that explaining the positive externality of vaccination for the elderly can improve immunization intention. The present study investigated whether nurses were more willing to be vaccinated on learning that this would also help to protect colleagues, reduce sickness absence, and prevent work-related stress within the nursing team. A preregistered survey experiment in Germany (N = 92) found that informing participants about this stress-prevention effect strongly increased vaccination intention. While work-related stress was associated with lower vaccination intention, the experimental intervention seemed to mitigate this issue. Overall, the results suggest that communicating the positive externality of vaccination for the nursing team is a promising strategy for increasing uptake among geriatric nurses.

Testing Different Prebunking Strategies Against Misinformation About Vaccines

M. Bertolotti[1], P. Catellani[1]

[1]Catholic University of the Sacred Heart, Milan, Italy

Fake news and conspiracy theories about vaccines have serious consequences for public health. Misinformation is particularly effective and resistant to correction among people who are already hesitant or have mixed attitudes towards vaccines. Recently, a preventive approach known as “prebunking” has been proposed, which aims to raise awareness of misinformation by providing tools and knowledge to help people recognize misleading content and promote critical thinking. In the present study, we investigated the effectiveness of three different prebunking strategies: factual, counterfactual and metacognitive prebunking. Factual prebunking provides verified information that helps individuals to critically evaluate subsequent misleading content. Counterfactual prebunking (“If…then…”) uses hypothetical scenarios to promote the deconstruction of fake news. Metacognitive prebunking aims to make people aware of the cognitive biases associated with believing in conspiracy theories and fake news. In our study, participants downloaded a smartphone app and received a message every day for five days. The messages dealt with the deconstruction of fake news on various topics, excluding vaccines, using one of the three prebunking strategies (depending on the experimental condition). We then assessed participants' ability to distinguish between real and fake news about vaccines. Conspiracy mentality, political attitudes and pre-existing opinions on the topic were also assessed as moderating variables. Results showed that participants’ pre-existing beliefs about vaccines strongly predict their ability to judge the veracity and plausibility of the news, but also that prebunking interventions can improve this ability. The discussion will focus on the potential applications of this approach in health communication.

The relationship between maternal and child healthcare professionals and fathers: a Q-study methodology

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Background: Research showed that maternal and child healthcare professionals may play an important role in assisting men in the transition to fatherhood. However, little is known about how maternal and child healthcare professionals perceive their relationship with fathers. Their perception on this relationship is essential to understand doctor-'patient' interactions in this context. Therefore, the aim of this study is to explore the perspectives of maternal and child healthcare professionals on their relationship with fathers, taking a relationship-centered care approach.
Methods: This study used a Q-methodology design in which 31 statements were (quantitatively) ranked and discussed in an interview. Participants included 15 maternal and childcare professionals who interact with fathers in the first 1000 days of their child's life. Perspectives were based on statement ranking grouped through Principal Component Analysis (PCA) and interpreted using interview data.
Findings: Four perspectives on how maternal and child healthcare professionals perceive their relationship with fathers were found. These perspectives focus on: 1) the leading role of healthcare professionals which lacks attention to fathers; 2) joint agreements and trust without paying specific attention to fathers; 3) equal interaction between healthcare professionals, mothers and fathers; and 4) supporting fathers to take up their unique role.
Discussion: Our results show substantial differences between maternal and child health care professionals in how they view their relationship with fathers, attributing varying roles to themselves and the fathers. This, among others, impacts how they interact with fathers, and the extent to which they let them partake in the decision-making process.

Oral Session: Determinants and Interventions in Child & Adolescent Health (Behavior)

17:45 - 17:55

Parental cognitions, emotions and health behaviours surrounding routine vaccination in their infants and toddlers

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Background: In young children, the report of somatic symptoms takes place through their parents. Parental cognitions can have a direct influence on the reported symptoms in their child after vaccination, yet barely any research is done on factors influencing parental symptom report. The current study aimed to investigate whether parental side-effect expectations and anxiety preceding routine vaccinations are associated with pain and side-effect reporting after vaccinations.
Methods: We utilized data from the TRAILS-NEXT birth cohort, collected during routine vaccinations of children at 3 months (N= 305), 11-12 months (N= 296), and 45-48 months (N= 142) of age. Before vaccination, parents completed questionnaires regarding expectations of side-effects, and their anxiety levels. After vaccination, parents reported on the level of pain in their child, and symptoms their child experienced in the week after vaccination. Associations were analyzed using multivariable linear regression analyses.
Findings: We found that elevated parental anxiety was associated with higher parental pain ratings at all ages. Regarding reported symptoms in the week after vaccination, in children aged 3 months, parents reported more symptoms when they expected more side effects. Here, the correlations between expected symptoms and reported symptoms were also strongest.
Discussion: The findings suggest that throughout all ages, parental anxiety and expectations significantly influence the reporting of pain and side-effects in their children following routine vaccinations. This in turn might affect both the child's symptom experience and parental symptom-related behaviour. Addressing parental anxiety and managing expectations could potentially reduce perceived severity of vaccination side effects in young children.

Adolescent attitudes toward vaccines: A co-produced qualitative study

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Background
Adolescents in England are offered four vaccines (HPV, Flu, MenACWY, and 3-in-1 teenage booster [Td/IPV]) as part of the Routine Immunisation Schedule, but uptake rates are falling. This qualitative study, co-produced with adolescents, explores the rarely heard perspectives of adolescents aged 12-17 on vaccines and side effects.

Methods
The methodology, information sheets and consent/assent forms were co-designed with adolescents (n=80 teenagers involved in co-production). We interviewed 22 adolescents using semi-structured interviews to explore: 1. Barriers and facilitators to vaccination in adolescents, 2. Adolescent beliefs about vaccine side effects, and where expectations about side effects come from, 3. Social influences on adolescent decision-making in relation to vaccines. Results were co-analysed with adolescents using thematic analysis.

Findings
Three initial themes were identified by adolescents and researchers: Fear and Comfort (automatic motivations like trust in or fear of vaccines outweighed longer-term concerns around side effects), Knowledge & Information (social media did not have an influence on adolescent vaccine attitudes) and Autonomy and Control (family discussion and autonomy around vaccine decision-making was an important factor influencing vaccine acceptance).

Discussion
Most adolescent-facing vaccine interventions to date focus on increasing knowledge, however this study shows that, for adolescents, vaccine knowledge is outweighed by gut instinct, social influences and autonomy when it comes to vaccine decisions. Future interventions should allow a critical exploration of fears, questions, and social influences on vaccine behaviour, both to increase current vaccine uptake, and to embed healthy vaccine and other health behaviours for the future.

Child Self-Efficacy and Parental Autonomy Support as Predictors of Well-being and Future Anxiety

S. Chabursky[1]

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Background:
Global crises have heightened concerns about children's mental health, including well-being and future anxiety. Child self-efficacy (SE) and perceived parental autonomy support (PAS) may protect against these risks, but few longitudinal studies track these factors over time.
Methods:
We used data from "Growing up in Germany," a panel study conducted in 2019 and 2023. Our sample comprised 671 participants surveyed first at ages 9–14 (2019) and again at ages 13–18 (2023). SE and PAS were measured at both time points, while and well-being (WHO-5) and future anxiety was assessed in 2023. A structural equation model tested how SE and PAS in 2019 predicted SE in 2023, and whether 2023 SE and PAS were linked to current well-being and future anxiety, controlling for age, gender, and socioeconomic factors.
Findings:
SE in 2019 significantly predicted SE in 2023 ($\beta \approx .45$, $p < .01$), indicating moderate stability. PAS in 2019 was also moderately associated with PAS in 2023 ($r \approx .30$, $p < .01$). Higher 2023 SE was linked to better well-being ($\beta \approx .31$, $p < .01$) and lower future anxiety ($\beta \approx -.30$, $p < .05$). Current PAS likewise predicted improved well-being ($\beta \approx .20$, $p < .05$) and reduced future anxiety ($\beta \approx -.15$, $p < .05$).
Discussion:
These results highlight the value of promoting self-efficacy and supportive parenting from childhood into adolescence. Family-centered interventions may bolster mental well-being and lessen future anxiety during critical developmental periods.

Predictors of quality of life in adolescents with Sickle Cell Disease

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[5]Faculdade de Psicologia Universidade de Lisboa, Portugal
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Background Sickle Cell Disease (SCD) is a chronic congenital condition characterized by pain, delayed pubertal development, and frequent hospitalizations. These factors negatively impact adolescents' quality of life and increase their vulnerability to psychological disorders. Objective
To evaluate health-related quality of life (HRQoL), emotional and behavioral symptoms, and predictors of HRQoL in adolescents with SCD.
Methodology
The study involved 63 adolescents (13–18 years) and their parents/caregivers, who completed a sociodemographic and clinical questionnaire, the Pediatric Quality of Life Sickle Cell Disease Module (PedsQL-SCD), and the Pediatric Symptom Checklist-17 (PSC-17).
Results
Adolescents reported low HRQoL, particularly in areas related to pain impact, disease unpredictability, and communication challenges. They exhibited near-threshold levels of internalizing disorders, while parents reported slightly more positive HRQoL perceptions. Key predictors of HRQoL for both groups included hospitalizations, emergency room visits, attention problems, and internalizing symptoms. The models explained 42.6% and 46% of the variance in HRQoL for adolescents and parents, respectively.
Clinical Implications; The findings emphasize the need for regular psychological monitoring, targeted interventions for internalizing and attention issues, and enhanced communication strategies about the disease. Addressing these factors can improve HRQoL outcomes for adolescents with SCD. Conclusion
This study highlights the profound impact of SCD on adolescent well-being and underscores the importance of integrating psychosocial support into routine care to address pain, unpredictability, and mental health challenges

Exploring the longer-term effects of nutrition education during primary school on adolescents' food literacy

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A wide array of school-based nutrition education programmes has been developed to enhance food literacy among youth and their eating behaviour. Although many of these programmes have shown positive effects on diverse outcomes, only few studies have assessed the effectiveness on the long term. The aim of this study was to explore the longer-term effects of nutrition education in primary schools on adolescent's food literacy in secondary schools.

In a cross-sectional pilot study, 540 adolescents (aged 11-15 years) of eight secondary schools across the Netherlands filled out a questionnaire. This was the Dutch food literacy questionnaire for adolescents, supplemented with questions on nutrition education during primary school. Associations between nutrition education in primary school (yes/no, intensity and type) and food literacy were explored by linear regression.

Half of the adolescents (57%) indicated that they had (probably) received nutrition education in primary school. This concerned mainly nutrition lessons (43%), cooking (37%) and gardening (34%), most often 1-5 lessons during 1-3 school-years (52%). Adolescents who had had nutrition education scored significantly higher on product knowledge ($p=0.011$), skills ($p=0.003$; planning, cooking and storing), self-control ($p=0.045$) and handling socio-cultural influences ($p=0.001$) than the adolescents who had not. Analyses comparing lessons, cooking and gardening to no nutrition education separately showed similar results. No significant associations were found between the intensity of nutrition education and the food literacy outcomes.

This pilot showed that nutrition education in primary school had a positive longer-term effect on food literacy of adolescents in the first grades of secondary school.

Oral Session: Individual differences in health-related behaviors and outcomes

17:45 - 17:55

The relationship between trait self-control, discounting and modifiable risk factors for cardiovascular disease

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[4]Maastricht University, Netherlands

Background: This paper studies how various measures of trait self-control and discounting relate to each other and to modifiable behavioral and cardio metabolic risk factors for cardiovascular disease (CVD).

Methods: Data of 5988 adults (18-65 years) were analyzed who participated in the Lifelines Cohort and the LIFESTYLE Study. Participants self-reported their trait self-control (Brief Self Control Scale, Grit Scale Short-form, Delaying Gratification Inventory Short-form, Abbreviated Impulsiveness Scale, Risk Propensity Scale), delay discounting (eliciting parameters of the quasi-hyperbolic discount model (delta and present bias) using choice lists), probability discounting (eliciting a risk premium using a certainty equivalent task), physical activity, sedentary behavior, fat and sugar intake and sleep quantity. Data on body mass index (BMI), waist-hip ratio, and pulse pressure were collected during a Lifelines clinic visit.

Findings: Measures of trait self-control correlated moderately with each other, and very weakly with measures of discounting. Discounting measures correlated (very) weakly with each other. Regression analyses showed moderate associations between measures of trait self-control and the studied outcomes, most notably higher physical activity, lower BMI and lower sedentary behavior. Measures of discounting showed weak associations with the studied outcomes, such as lower BMI. Several other associations were in unexpected directions. The predictive power of trait self-control and discounting measures was not substantially increased by allowing them to group into factors.

Discussion: Our results indicate that trait self-control and discounting capture constructs that are distinct from each other, and that targeting trait self-control in interventions may lead to a meaningful decrease in CVD risk.

Self-warmth, self-coldness and mental health: A prospective study

R. Kuijer[1]

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Background: Self-compassion has been consistently related to indicators of better mental health. Moreover, self-compassion has been found to buffer the negative effects of physical impairment on mental health. Recently, researchers have argued that the construct of self-compassion consists of two distinct factors: compassionate and uncompassionate self-responding (self-warmth and self-coldness). Evidence so far suggests that self-coldness may be a better predictor of mental health than self-warmth. The current study examined the link between self-warmth, self-coldness, and changes in physical and mental health over a period of 12 months.
Methods: 146 participants (78% female, 22% male; M age = 50.19, SD = 15.11) completed questionnaires at baseline and 12 months later. Self-warmth (SCS-positive items) and self-coldness (SCS-negative items) were assessed at baseline. Mental health and physical health were assessed at both time points (Short-Form Health Survey). Self-reported changes in physical health were assessed at follow-up.
Results: Self-coldness was a significant predictor of lower mental health at follow-up (controlling for baseline mental and physical health). Self-warmth moderated the link between worsening physical health and mental health in such a way that worsening physical health predicted lower mental health at follow-up, but only for individuals low in self-warmth. Worsening physical health did not predict changes in mental health for individuals high in self-warmth.
Conclusion:
Self-coldness and self-warmth were both related to changes in mental health, but in different ways. Greater self-coldness predicted a decrease in mental health over the study period, whereas greater self-warmth buffered participants from the negative impact of worsening physical health.

Profiles of non-adherence among solid organ transplant recipients; an innovative approach for individualizing adherence interventions?

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Background: Non-adherence to immunosuppressive medication after solid organ transplantation may lead to rejection of the transplanted organ with a negative impact on the health status of transplant recipients (TRs). Individualized interventions to promote adherence are considered most promising. However, these interventions are often resource-intensive and clinical feasibility has been questioned. Examining whether subgroups can be distinguished based on similar reasons for non-adherence may provide insights for individualization of interventions. This study aimed to identify distinct profiles of non-adhering TRs and explore their associations with sociodemographic and clinical variables.
Methods Based on the Basel Assessment of Adherence to immunoSuppressive medIcations Scale©, 549 non-adherent TRs were identified among TRs participating in the TransplantLines Biobank and Cohort-study of the University Medical Center Groningen, the Netherlands. To identify distinct profiles, Latent Profile Analysis was performed using psychological and health-related variables relevant to non-adherence.
Results: Two profiles of non-adherent TRs were identified. Profile 1 comprised 78.9% (n=433) TRs whom showed overall a low burden on all psychological and health related variables that were taken into account. TRs in profile 2 (n=116, 21.1%) showed an overall high burden, i.e., more symptoms of anxiety and depression, more medication side-effects, and lower perceived control. TRs in the Low Burden profile were more often males and employed, while recipients in the High Burden profile were more often females and on disability leave.
Conclusions: Tailoring of interventions based on the Low and High Burden profiles can add to an individualized approach for addressing non-adherence in TRs.

Fatigue across different chronic kidney disease populations: experiences and needs of patients

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Background
This study aimed to explore in different CKD-populations patients': 1) experienced burden, its impact on daily life, and presumed causes of fatigue; 2) experiences and needs regarding support, discussion, and treatment of fatigue.

Methods
A survey assessing patients' fatigue experiences and needs was constructed in co-creation with the Dutch Kidney Patients Association. Descriptive statistics were used to summarize results, also stratified by CKD-populations (without kidney replacement therapy [KRT], receiving dialysis, after kidney transplantation [KTx]), gender, and age.

Findings
A high fatigue burden was found across all CKD-populations (n=414;144 without KRT/39 dialysis/231 KTx): fatigue was often experienced (94.7%), present for >6 months (90.3%), in the top three most burdensome symptoms (86.3%). The presumed causes were multifactorial. Patients noticed fatigue on multiple levels (physical, mental, social, and/or emotional) and experienced most restrictions in daily life during house-related tasks (77.9%), social activities (69.0%), relationship/family life (40.7%), and education/work (36.1%). More younger patients were limited in life domains than elderly.

Some patients (32.1%) never or rarely discussed fatigue with their physician. Moreover, many patients did not receive treatment (67.8%) or felt the advice/treatment(s) insufficiently managed their fatigue (58.6%). More women and 18-50-year-old patients reported insufficient social support. Patients desired acknowledgement and more information about treatments and coping strategies for (consequences of) fatigue.

Discussion
High fatigue burdens and insufficient support are experienced across all CKD-populations, gender-, and age-groups. To address patients' unfulfilled needs, it is important to structurally measure and discuss fatigue in routine nephrology care, strengthen social support, and provide patient-centered multidisciplinary symptom-management.

Coping With Anxiety Through Acceptance: Modeling the Process with a Qualitative Study

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Background: Acceptance is recognized as an effective emotion regulation strategy to cope with anxiety. However, the precise mechanisms through which acceptance can be implemented in the context of anxiety remain insufficiently understood. This study aimed to develop a detailed model of the process and underlying mechanism of acceptance of anxiety, using a qualitative approach based on grounded theory.

Methods: A total of 27 adults with a previous experience in acceptance and mindfulness based interventions were recruited via professional networks. They participated in semi-structured interviews exploring their experience of using acceptance to cope with anxiety. The data were analyzed using grounded theory principles, including open, axial, and selective coding, to identify key categories and their interrelationships, leading to the development of an empirically grounded model of anxiety acceptance.

Findings: Findings revealed that the process of accepting anxiety unfolds through several interdependent sub-processes : (1) Observing through the body by monitoring the attention toward the interoceptive experience of anxiety; (2) Observing without reacting by decentering and cultivating non-reactivity toward anxious thoughts and sensations; (3) Identifying and recognizing anxiety; (4) Validating and normalizing by reframing anxiety as a legitimate and inherently human experience; and (5) Staying with and allowing by remaining present with anxiety without resistance.

Discussion: This model provides new insights for therapeutic interventions targeting anxiety. Understanding the mechanisms of acceptance strategies involved can help refine clinical approaches to facilitate acceptance as an adaptive emotion regulation strategy, improving individuals' relationship with anxiety and their psychological well-being.

Roundtable: Advancing stress – health behavior research in daily life

17:45 - 18:45

Advancing stress – health behavior research in daily life

J. Inauen[1], D. O'Connor[2], A. Ruf[3], D. Powell[4], M. Bamert[1], J. Blechert[5]

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Purpose:
Even though health behavior is one pathway by which stress affects health, research on stress and health behavior has been tackled somewhat separately in health psychology. Although research adopting a joint perspective on stress and health behavior has recently gained traction, there remain many open questions pertaining to understanding the stress health behavior relationship in daily life, such as with which time lags stress affects subsequent health behavior, and which mechanisms and moderators effectuate such effects. After a lab series at the 2024 EHPS conference in Cascais, a group of experts in the field compiled key research questions on the stress-health behavior relationship. The purpose of this roundtable is to present these questions to the broader EHPS community and to facilitate collaboration among health psychologists to advance the field.

Objectives:
- Present and exchange ideas about the open research questions on the stress – health behavior relationship in daily life
- Facilitate collaboration between conference delegates to tackle the open research questions
- Define next steps to foster continued collaborative advancement of research on the stress-health behavior relationship in daily life (e.g. workshop, grant proposal)

Rationale:
As a result of a lab series on the topic at the EHPS conference in 2024, a network of EHPS members has formed who work on the stress-health behavior relationship in daily life. Throughout the year, we have worked together to compile key research questions that can advance research in this field. This roundtable would be the natural continuation of this work, sharing the progress of this developing network to the broader EHPS community and will help to facilitate collaboration to tackle these research questions together.

Summary: Each contributor will discuss one aspect of the stress-health behavior relationship. First, Jennifer Inauen will provide an overview of the research on the stress-health behavior relationship. Then, Melanie Bamert will introduce the question, at what time scale the stress-health behavior relationship unfolds. Jens Blechert and Daryl O'Connor will discuss the question of the mechanisms and moderators of the stress-health behavior relationship respectively. Afterwards, Dan Powell will discuss whether the stress-health behavior relationship differs for different health behaviors. Finally, Alea Ruf will provide an overview of the methodological considerations when studying the stress-health behavior relationship in daily life. In the remaining time, structured small group discussions will aim to develop research ideas to tackle these open questions, including defining steps to follow up on after the conference.

Oral Session: Challenges in the workforce and in implementation

17:45 - 17:55

Emotional challenges and psychological needs in first-generation students' transition to the workforce: a diary study

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[2]University of Groningen, Netherlands

Background:
Grounded in self-determination theory, this study examines how generational status (first-generation students [FGS] vs. continuing-generation students [CGS]) and negative emotions influence autonomy, competence, and relatedness during the transition into the workforce. Emotional challenges during this period can impact psychological well-being and need fulfilment.

Methods:
A weekly diary study using the Experience Sampling Method followed 86 master's students during their first work experience (19–32 weeks). Participants reported emotional responses and psychological need fulfilment. Regression analyses and multilevel modelling assessed the effects of negative emotions and emotional variability on needs, with generational status as a moderator.

Findings:
Negative emotions were negatively associated with need fulfilment. FGS reported significantly lower competence than CGS but no significant differences in autonomy or relatedness. Higher average negative emotions predicted lower need fulfilment at the end of the internship across all domains, whereas emotional variability had a weaker influence. Interaction effects revealed that negative emotions had a stronger negative impact on autonomy for FGS than CGS. Interestingly, emotional variability was negatively related to need fulfilment for CGS but positively for FGS. Multilevel analyses showed that between-person and within-person fluctuations in negative emotions were linked to reduced need fulfilment, with within-person effects particularly strong for competence.

Discussion:
These findings highlight the role of emotional experiences in early career transitions. FGS face distinct competence challenges, underscoring the need for targeted support. Future research should explore interventions to enhance resilience and promote psychological need fulfilment in young professionals.

Experiences of a national workplace walking challenge in and its impact: A theory-driven qualitative study

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Background: Positive impacts of physical activity on health and wellbeing is well-known, however, sedentary behaviour is still prevalent, particularly in the workplace. There have been many workplace programmes intended to reduce sedentary behaviour and increase activity levels. An example is Step Count Challenge (SCC) organised by voluntary sector, and available across all workplaces in Scotland. In SCC, teams of five colleagues attempt to complete as many steps as possible during either a four- or eight-week period.
Purpose: To explore SCC participant experiences and the impact of participation on physical activity behaviours, using the COM-B model.
Method: Previous SCC participants (N=15; 13 female, 2 male) took part in one-to-one semi-structured interviews regarding their experiences and behaviour change, both during and after the SCC. The interview schedule addressed each element of the COM-B model and was analysed using reflexive thematic analysis.
Results: Prevalent themes included how 'Beliefs about capability impacted by personal and others' experiences and performance'; how 'SCC presents the opportunity for a physical activity behaviour change'; how 'SCC (competition and team) impacts motivation to be physically active'. Also, most participants believed that participation impacted their physical activity behaviours, increasing physical activity levels and motivation.
Conclusion: Participants reported that they benefitted from the SCC, and that their physical activity levels were positively impacted. This seemed to be largely affected by the competition element of the SCC and the team driving motivation to exercise, thus supporting workplace physical activity challenges as potentially effective behaviour change programmes for increasing physical activity levels.

A Multidisciplinary Intervention Approach for Promoting Physical Activity in Sedentary Workers: Qualitative Study

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Background: Sedentary work environments contribute to physical inactivity and associated health risks. This qualitative study aims to evaluate and enhance multidisciplinary intervention strategies considering psychological, organisational, and individual factors to foster sustainable physical activity habits among sedentary workers. Four interventions were implemented following an initial survey and measurement of vital signs: (1) physical activity, (2) dance and movement therapy with psychological support, (3) work environment improvements, and (4) a combined approach integrating all previous interventions.
Methods: Four focus group discussions were conducted with participants from all intervention groups to gain insights into participants' experiences. Thematic analysis was used to analyse the data.
Findings: Focus group discussions revealed that participants had positive experiences with all interventions, reporting an increased understanding of the role of physical activity in improving well-being. However, workplace responsibilities and time constraints limited engagement. While all interventions were appreciated by participants, the combined approach proved the most versatile. Conversely, workplace environment improvements had a lesser impact due to the lack of direct personal involvement. Participants also noted the importance of additional materials and apps to help maintain physical activity between and after interventions.
Discussion: A multidisciplinary approach, which integrates multiple intervention strategies, appears to be the most effective in promoting physical activity among sedentary workers. Organisational factors, time management, and social dynamics should be considered in designing future workplace health initiatives. This qualitative research is important to help evaluate each intervention from the participants' perspective, alongside various quantitative measures of physical activity and intervention effectiveness.

Health impacts of elder caregiving responsibilities among industrial workers: A role strain perspective

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Background: The role strain theory suggests that managing multiple competing roles can create psychological distress. This framework was applied to examine how the additional role of elder caregiving impacts the general well-being of workers in high-demand industrial environments, focusing on both physical and mental health outcomes.
Methods
This study focused on 231 industrial workers with elder caregiving responsibilities. A mixed-methods approach was employed. Participants completed comprehensive surveys including the PCL-5 for DSM-5, Beck Depression Inventory-II, Beck Anxiety Inventory, PSQI and psychosocial risk assessments along with information on chronic health conditions. Multiple regression analyses were conducted to determine relationships between role strain indicators and health outcomes, controlling for relevant demographic and occupational variables.
Findings
Consistent with the role strain theory, elder caregiving responsibilities emerged as a significant predictor of elevated PTSD symptoms ($\beta=0.14$, $p<0.01$), even after controlling for other established risk factors. Role conflict indicators were evident as caregivers reported significantly higher rates of work-life imbalance compared to the general workforce ($M=3.8$ vs. $M=2.9$, $p<0.001$) and demonstrated increased vulnerability to symptoms of depression (OR=1.76, 95% CI [1.23-2.52]) and fatigue ($\beta=0.18$, $p<0.01$).
Discussion
These findings extend role strain theory to occupational health contexts by demonstrating how the additional caregiving role contributes to psychological distress in industrial workers. Results suggest the need for interventions that address role conflict and role overload, including flexible work arrangements and caregiver support programs. This approach recognizes that psychological well-being in the workplace cannot be separated from broader life roles and responsibilities.

Evaluation of a postgraduate training program on healthy eating support: a quantitative study among nurses

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Background: Community nurses play an important role in supporting healthy eating behaviour of patients. Training programs addressing nutrition, behaviour change support and the use of evidence-based behaviour change techniques are needed.
Objective: To evaluate a postgraduate training program, conducted in in-person and synchronous remote modalities, to improve community nurses' healthy eating support competencies.
Methods: In this quasi-experimental design with two parallel arms, data were collected by using self-administered questionnaires (baseline: t0; immediately and 16 wk post training: t1 and t2) and a written assignment. A total of 114 nurses across the Netherlands enrolled in the training in 2022-2024. Fifty-seven participants completed both the t0 and t1 questionnaires, and 27 completed all three questionnaires. Within-subject changes in nurse-related determinants, knowledge test score and healthy eating support practices were examined using the Wilcoxon signed-rank test.
Findings: From t0 to t1, participants (n=57) showed significant increases in knowledge (objective and self-perceived), skills and self-efficacy for supporting healthy eating in general, but not in the determinants motivation and attitude. All improvements, except for one, remained significant at t2 (n=25-27). Scores and improvements were comparable between participants in both training modalities.
Discussion: The training was effective in improving community nurses' knowledge, skills and self-efficacy, in both the short and long term. Factors which likely contributed to the impact of the training include the use active learning strategies, the relevance of the content to professional practice and the focus on application in practice. Both in-person and synchronous remote training modalities were adequate.

Predictive factors of bereaved relatives' consent to donate in emergent donation procedures: a cross-sectional study

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Background: Intensive care for organ donation (ICOD) is an emergent donation procedure which plays a relevant role in the successful donation rates in Spain. Considering the limited available evidence about the psychological dimensions of this procedure, we analyzed relationships between family decision about ICOD request and quantitative indicators of concurrent factors.

Methods: Cross-sectional design with an intentional sample of 47 Spanish hospitals with ICOD program. Data were retrieved during a 1-year period from n=329 cases of family interviews for ICOD by means of a centralized database. Main indicators included: family decision, reasons in favor/against ICOD consent, patient's will about donation, decision-makers profile, relatives' satisfaction with medical attention, perceived family climate and relatives' emotional reactions. Descriptive and inferential analysis were performed.
Results: Reasons most frequently expressed to justify refusal to ICOD were pre-existing opposed will of the patient (47.6%) and ignorance of patient's will (25%). Main reasons expressed to grant consent were (non-exclusive): following patient's will (38.7%), wish of the own relatives (35.6%), reasons related to solidarity, helping others, usefulness or reciprocity (24.8%). The indicators with stronger relationship with family decision were: knowledge of patient's will (Likelihood ratio [LR]=216.03; p<.000), satisfaction with medical attention (LR=42.68; p<.000); socio-cultural level of decision-makers (LR=33.54; p<.000); and family climate (LR=26.54; p<.000). A logistic regression model obtained 91.8% of accuracy in the prediction of family decision.
Conclusions: Variables related to relatives' consent for ICOD show a similar profile to other donation procedures, yielding a strong relationship with patients expressed will and relatives' satisfaction with medical attention.

Oral Session: Mental Health and Psychological Resilience in Challenging Contexts

17:45 - 17:55

Mental Health of Palestinian Undergraduates During the War on Gaza: PTSD, CPTSD, Resilience, and Distress

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The present study undertakes a cross-sectional quantitative analysis to identify and evaluate the mental health status of Palestinian undergraduate students during the war on Gaza 2024\2025. Data were collected via an online questionnaire between February and April 2024. The study assessment tools consisted of the International Trauma Questionnaire (ITQ) to measure symptoms of PTSD and CPTSD, the General Health Questionnaire (GHQ-12) to assess psychological distress, and the Connor-Davidson Resilience Scale (CD-RISC-10) to evaluate resilience levels. Ethical approval was obtained from the Al-Quds University Research Ethics Committee. A logistic regression model was performed to identify key predictors of PTSD using SPSS analysis software. A total of 832 university students, aged between 17 and 26, completed a self-reported survey; including 622 females and 210 males. Based on the ITQ cut-off point, 51% of participants had PTSD symptoms, and 26% met the criteria of CPTSD. While GHQ-12 responses revealed that 93.9% displayed psychological distress to extremely severe distress symptoms. Furthermore, 68% of the students demonstrated low resilience levels. The logistic regression analysis showed that psychological distress (OR=7.6, $p < .001$), chronic illnesses (OR =1.677, $p= 0.028$), female gender (OR = 1.469, $p = 0.026$), and passing through four or more checkpoints (OR = 4.499, $p < .001$) as significant predictors to the development of PTSD. The findings demonstrate the critical mental health crisis among Palestinian university students, highlighting the urgent need for resilience-building programs and mental health intervention services to support students living in violent conflict zones.

Medium-term impact of COVID-19 measures on mental health of parents with young children (0-4 years)

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Background: The significant burden imposed by the COVID-19 measures is well-documented for various groups, but parents with preschool-aged children remain an understudied group. Therefore, the primary objective of this study is to evaluate the medium-term impact of the COVID-19 measures on mental health of parents with young children aged 0 to 4 years up to two years post-pandemic.

Methods: The prospective Sarphati cohort Amsterdam is used. We included parents who had 0-4-year-old children during the COVID-19 pandemic (2020-2022). Four mental health outcomes were assessed, psychological distress, loneliness, parenting stress, and emotional wellbeing, at multiple times before, during and after the pandemic. We used linear mixed model analysis to evaluate longitudinal changes in parental mental health during and after lockdown periods. Multivariable regression models examined potential predictors' effects on these outcomes.

Findings: Our initial findings showed increased psychological distress and loneliness during and up to one year post- pandemic compared to pre-pandemic levels. Factors negatively affecting emotional wellbeing during COVID-19 included unemployment, Western non-Dutch ethnicity, extra childcare needs and being in a lockdown period.
We plan further analysis on parenting stress, extend the study to assess medium-term impact of the COVID-19 measures on all outcomes up to two years post-pandemic, and distinguish different parental mental health trajectories using latent class analysis.

Discussion: The findings demonstrate increased mental health problems among parents with young children throughout the pandemic, persisting up to one year into the post-pandemic period. This research highlights vulnerable groups affected by the COVID-19 measures, carrying implications for future pandemics.

Positive affect and mortality in patients undergoing maintenance hemodialysis: A 4-year longitudinal study

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Background: Patients undergoing maintenance hemodialysis (MHD) often experience a variety of physical and psychosocial stress, which are linked to elevated mortality risks. The literature on mental health outcomes among patients undergoing MHD has predominantly focused on negative outcomes (e.g., depression). However, positive affect–a potential protective factor for survival–has not yet been examined among patients undergoing MHD.

Methods: A total of 160 patients were recruited from a hemodialysis center in Shanghai, China. After baseline survey in 2017, patients were re-surveyed annually until July 2021. The study end point was mortality from all causes over a 4-year period. Positive and negative affect were assessed by the Positive and Negative Affect Schedule (PANAS). Time-varying Cox proportional hazards models were employed to examine the crude and adjusted association between positive affect and mortality risks.

Findings: The sample was followed up for an average duration of 3.30 years (SD=1.20). Forty-two patients (26.3%) died during the follow-up period. Positive affect was a significant and independent predictor for mortality risks (hazard ratio (HR)=0.95, 95% CI=0.91-0.99, p=0.021). After adjustment of age, sex, marital status, education, dialysis vintage, comorbidity (i.e. presence of diabetes, hypertension, cardiovascular disease, cerebrovascular disease) and negative affect, a 1-point increase in positive affect was associated with a 5% increased risk of all-cause mortality.

Discussion: This study is original in reporting that positive affect is associated with improved survival in patients undergoing MHD. It suggests that interventions targeting the enhancement of positive affect may benefit patients and lead to a better prognosis.

Assessing eustress in everyday challenging situations: Validation of the SAM2 Eustress instrument

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Background: Eustress—the positive experience of a challenging situation—emerges from transactions between individuals and their environment. Understanding this individual and situational variability is essential for fostering eustress effectively. Our pre-registered study therefore aimed to develop and validate a situations-based instrument—the Situated Assessment Method (SAM2) Eustress. Methods: This multi-level study with 251 UK adults (Mage = 44 years; 125 women) assessed eustress and 9 validated predictors (e.g., positive affect, engagement) in 20 standardized challenging situations (e.g., “Plan a surprise party for a loved one”). Participants also completed trait-level measures for eustress, distress, and stress mindsets. Validation analyses of the SAM2 Eustress included intra-class correlations, Spearman correlations, individual-level regressions. Findings: Eustress ratings showed large, reliable individual differences (M = 5.15; SD = 2.97; α = .81) and substantial situational variation (MΔ = 8.34 on a 10-point scale), alongside notable individual-situation interactions (ICC2 = .27). Predictors strongly correlated with eustress (ρ = .35 – .70; p < .001), explaining a median variance of 82.80% in individual-level regressions. Situated eustress ratings correlated strongly with trait-level eustress (ρ = .36; p < .001), moderately with stress-is-enhancing mindsets (ρ = .17; p < .01), and were uncorrelated to distress (ρ = –.09; p = .137). Discussion: The SAM2 Eustress effectively captures individual and situational variation in eustress. The findings highlight the importance of contextualised assessments to capture apparent heterogeneity and suggest that interventions should consider situational factors to optimize positive experiences in challenging situations.

Retirement and Depression: A Systematic Review of Longitudinal Evidence

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Background: Retirement is a major life transition that brings significant social and psychological changes. While it may lead to a loss of social networks and daily routines, increasing the risk of depressive symptoms, it can also reduce work-related stress and enhance mental well-being. Despite these contrasting effects, the relationship between retirement and depression remains inconclusive.
Objective: This study synthesizes recent longitudinal evidence on the impact of retirement on depression.
Methods: A systematic search of scientific databases was conducted for studies published from 2013 onward. The study followed PRISMA guidelines and was registered in PROSPERO (CRD42023473095). A total of 3,082 articles were identified. After removing duplicates and applying selection criteria, 30 articles were included in the final analysis.
Findings: Of the 30 studies, 16 examined the direct effects of retirement on depression, while 14 focused on indirect effects. Among the 16 studies analyzing direct effects, eight reported an increase in depressive symptoms following retirement. Four studies found an increased risk of depression under specific conditions, such as among men, voluntary retirees, and those undergoing gradual retirement. Conversely, three studies reported a decrease in depression, but only in specific subgroups (e.g., white individuals or in the short term). One study found no statistically significant association between retirement and depression.
Conclusion: This review highlights the complex relationship between retirement and depression, emphasizing the need for targeted interventions to support retirees at higher risk of mental health decline.

Contamination aversion as a barrier to drinking fountain use in urban heat management

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Background: Drinking fountains provide accessible hydration in public spaces and support urban heat adaptation. While build-out increases under the current EU Drinking Water directive, there is evidence for structural underutilization in Germany. This research investigated the construct of contamination aversion as a possible psychological barrier to fountain usage.

Methods: Study 1 queried older adults susceptible to adverse heat-related health effects (N=308, MdnAge=69, IQRAge=67-72), while Study 2 employed a nationally quota-representative sample matched for age and gender (N=1,095, MAge=46.39, SDAge=14.97). Both surveys measured the indirect Contamination Aversion Scale (ωS1=.82, 95% CI [.79, .85], ωS2=.88, 95% CI [.87, .89]) and whether participants ever used drinking fountains (S1: 59.09%, S2: 40.46%). Study 3 used a multiple-baseline interrupted time-series design to evaluate a hygiene signage intervention in N=14,128 individuals.

Findings: Contamination aversion was consistently associated with reduced fountain usage (S1: OR=0.51, 95% CI [0.39, 0.65], $p < .001$; S2: OR=0.68, 95% CI [0.60, 0.78], $p < .001$). The signage intervention was associated with increased direct water consumption (OR=1.82, 95% CI [1.40, 2.37], $p < .001$) and cooling behaviors (OR=1.37, 95% CI [1.08, 1.75], $p=.01$). Behavioral contagion analysis revealed usage probability increased when others had previously used the fountain. With the intervention in place, the threshold to observe contagion dynamics was significantly lower, accelerating the effect.

Discussion: Our findings highlight contamination aversion as a barrier in drinking fountain use and demonstrate a cost-effective intervention in real-world scenarios for urban planning. Future research should prioritize isolating intervention drivers in controlled settings as well as regional replication.

Oral Session: Coping with symptoms and disease

17:45 - 17:55

Dynamics of Trauma Focus and Forward Focus Coping among Cancer Patients

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Background: Coping allows one to regulate emotional states associated with a stressful event. It can involve focusing on processing the demands (trauma focus) and/or moving beyond them (forward focus). Most work on this topic has been conducted using static perspectives on measuring coping, which may overlook the dynamic interaction between coping strategies and their emotional correlates. We aimed to investigate the bidirectional relationship between daily trauma focus and forward focus strategies and their emotion regulation function.
Methods: The sample consisted of 155 patients following the first hematopoietic cell transplantation (HCT). Participants took part in a longitudinal (before HCT and two weeks after hospital discharge; measuring symptoms of depression, anxiety, and loneliness) and an intensive longitudinal study (measuring trauma focus and forward focus once a day for 14 days after hospital discharge). We analyzed data using dynamic structural equation modeling.
Findings: The autoregressive values (the effect of the variables on themselves) for both coping strategies were significant, indicating that once initiated, trauma focus and forward focus tended to persist. The cross-lagged values (the effect of the variables on each other over time) were not statistically significant. The change in emotional states from pre- to post-assessment was mediated only through average trauma or forward focus coping (for depressive and anxiety, and depressive and loneliness symptoms, respectively).
Discussion: The findings reveal similarities and differences in the dynamics of coping as a regulatory mechanism of depressive, anxiety, and loneliness symptoms. These insights may help inform future research on targeted interventions for these negative states.

Fear of cancer recurrence: exploring support needs, coping and social network among breast cancer survivors

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Background:
Many breast cancer survivors (BCS) experience fear of cancer recurrence (FCR), for which effective interventions are available. To personalize care for FCR we need to know how coping strategies and social network relate to what types of support BCS need.

Methods:
A cross-sectional survey was conducted among 486 female BCS, one year after curative treatment. FCR, support needs, health status, coping, social network, and demographics, were assessed. Data were analyzed using descriptives and correlation analyses.

Findings:
Most respondents (54%) reported high levels of FCR, whose most common support needs were talking about FCR with their healthcare practitioner (63%), receiving information (60%), additional surveillance (56%), and practical tips for themselves (58%) or others (41%). Psychological help (29%) and medication (20%) were less frequently reported. While most support needs were met, some remained unfulfilled, particularly the need for additional surveillance (31% unfulfilled) and practical tips (21% unfulfilled). 18% of respondents scored high on helplessness coping, which was related with more need for support, across all support types ($r=0.17$ to 0.24; $p<.001$). Strong social networks were associated with less need for practical tips, psychological help and medication ($r=-0.11$ to -0.18; $p<.001$).

Discussion:
Women with high FCR express diverse support needs. Especially women with a helplessness coping strategy and smaller social network more often ask for practical tips, psychological help and medication, so these factors should be addressed in personalizing care. Women's need for additional surveillance should be further investigated, as more surveillance does not improve survival and may not constitute meaningful care.

Legacy in substance use: using the arts to empower communities to break cycles of silence

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Background: Northern Ireland (NI) faces a growing substance use (SU) crisis, reporting some of the UK's highest alcohol-specific and drug-related death rates, particularly among young adults. The legacy of 'the Troubles', economic deprivation, and intergenerational trauma contribute significantly to SU risk in NI. Silence, as a transmission mechanism for intergenerational trauma, continues to create persistent vulnerabilities in communities, particularly affecting mental health and SU. Arts based interventions offer a promising approach for addressing this complex intersection of trauma and SU, providing non-threatening means to explore emotions, build resilience, and shift attitudes. This study co-designed and evaluated a community-led arts-based intervention addressing SU and trauma.
Methods: The project took place in Belfast's Market community. A series of 9 arts-based workshops were held, with two intergenerational groups (14–21 and 21+ years). Workshops saw use of photovoice, a participatory- research method empowering participants to explore, document and reflect on historical context, current experiences, and future aspirations regarding SU and trauma in the community. The workshops culminated in development of a related photographic exhibition. Qualitative data gathered from photo elicitation interviews and participant focus groups were analysed using conventional content analysis.
Findings: Six key themes which emerged from participant interviews: pride, challenges, home, loss, resilience, and community. Focus group data highlighted the intervention tackled stigma, empowered participants, and strengthened community resilience.
Discussion: This research highlights the transformational power of an arts-based intervention to break cycles of silence and trauma, providing an innovative response to SU by addressing community hauntology and fostering long-term change.

Coping strategy switching: A scoping review on enacting multiple coping strategies in response to stress

T. Maroney[1], K. Hamilton[1], J. Keech[1]

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Background: Emerging research has suggested that individuals often employ a range of coping strategies in response to stress, to address changing situational demands. Yet, the psychological processes underpinning switching from one coping strategy to another when stressed remain largely unknown. Existing research on the use of multiple strategies has been published across several relatively independent areas of the literature (e.g., coping research, emotion regulation research). Therefore, research synthesis is needed in order to consolidate current knowledge and identify future directions around coping strategy switching.
Methods: A scoping review was conducted in accordance with JBI methodology for scoping reviews, with the review protocol registered on the Open Science Framework (https://osf.io/9vhyc/). Databases were searched in June 2024, including PsycINFO (via OVID), Psychology Database (via ProQuest), ProQuest Dissertations and Theses (via ProQuest), Scopus, Medline, and Embase. A total of 8,542 records were screened, with 632 assessed for full-text eligibility. Of these records, 115 were included.
Findings: Psychological processes underpinning strategy switching in response to stress and/or negative affect were identified, including emotional reactivity, stressor appraisal, complexity and intensity, and effectiveness of strategies used. Influences of strategy switching on health and well-being were also identified, which included whether switching strategies was associated with reduced negative affective states and/or increased positive affect.
Discussion: Findings consolidated current knowledge of the psychological processes underpinning coping strategy switching in response to stress and negative affect, and associated health outcomes. Current findings can inform future coping intervention targets, which may promote uptake of healthy coping responses to stress.

Effects of digital CBT (COMPASS-IBD) on inflammation and physical health outcomes in Inflammatory Bowel Disease

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Background: Inflammatory Bowel Disease (IBD) is associated with high rates of psychological distress, which may exacerbate disease activity through gut-brain mechanisms. Psychological interventions such as cognitive behavioural therapy (CBT) have shown promise in reducing both distress and inflammatory biomarkers in IBD, however, accessibility to psychological care remains limited. This exploratory real-world longitudinal study assessed the effectiveness of COMPASS-IBD (IBD-tailored digital CBT) in reducing inflammation and improved physical health outcomes.

Methods: Adults with IBD experiencing psychological distress, recruited from secondary care, were enrolled in COMPASS-IBD. Primary outcomes included faecal calprotectin (FCP), C-reactive protein (CRP), and self-reported disease activity (SRDA). Secondary outcomes included other inflammatory biomarkers, flare frequency, and healthcare usage. Distress was measured using the Patient Health Questionnaire-Anxiety and Depression Scale (PHQ-ADS). Outcomes were evaluated at baseline, 12 weeks, and 6 months using linear mixed-effects models.
Results: Sixty-five participants were included. FCP and CRP demonstrated trends toward significance ($d=-0.444$, $p=0.06$; $d=-0.276$, $p=0.05$, respectively), though SRDA was nonsignificant. Significant improvements were observed in white blood cell and neutrophil counts ($p<0.05$), flare frequency ($p<0.01$), while some types of healthcare usage were reduced ($p<0.05$). Psychological distress significantly decreased at both follow-ups ($p<0.001$), though correlations between distress and primary outcomes (FCP, CRP and self-reported disease activity) were largely nonsignificant.

Conclusions: This pilot study provides preliminary evidence that COMPASS-IBD may reduce inflammation levels and healthcare usage while effectively treating psychological distress. However, analyses were underpowered, limiting definitive conclusions. Larger randomized trials are needed to confirm findings, establish cost-effectiveness and explore underlying gut-brain mechanisms.

Roundtable: The EHPS Climate Cafe: an informal space to listen, share and act on climate change

17:45 - 18:45

The EHPS Climate Cafe: an informal space to listen, share and act on climate change

D. Watson[1], S. Sheehan[2], J. Kollmann[3], M. de Groot[4]

[1]Imperial College London, United Kingdom
[2]University of Galway, Ireland
[3]Eawag: Swiss Federal Institute of Aquatic Science and Technology, Switzerland
[4]Open Universiteit, Netherlands

Purpose:
The EHPS Climate Café aims to provide a welcoming, informal, open and inclusive space for EHPS members to engage in conversations about the planetary crisis. By fostering dialogue, it will provide a space for attendees to share their thoughts and feelings about climate change and to exchange strategies for coping with this challenge within health psychology and beyond.

Objectives:
To create an open, inclusive space for EHPS members to get together to talk and act on climate change.
To encourage dialogue on the psychological impacts of climate change and the role of health psychology in climate action.
To inspire collective action within the EHPS community.
To support EHPS members to deal with the burden of climate change

Rationale:
Climate change is regarded as the most pressing global challenge, with implications for public health and well-being. As health psychologists, EHPS attendees are uniquely positioned to contribute to climate action through research, behavior change interventions, and policy advocacy. Climate change is extremely challenging to address, given its pervasiveness and lack of a simple solution. It is likely that health psychologists, including EHPS members, are psychologically impacted by the planetary crisis and their own climate actions.

Climate cafés are becoming an increasingly popular method to bring people together who are concerned about climate change to provide an opportunity for constructive conversations about this challenge. The concept of the Climate Cafe was introduced by Climate Reality Project in 2015 to host climate conversations at COP26 (26th United Nations Climate Change Conference) and have since been used globally with good effect in formal and informal settings to help people to organise their thoughts, process their feelings and to inspire action regarding climate change. EHPS Climate Café will offer a space for conference attendees to connect, reflect, and mobilise efforts around climate change in a constructive and safe setting.

Summary:
We will begin with a presentation on what a Climate Cafe is, its applications and the current scientific evidence. EHPS members will share and discuss in small groups how they are feeling about the planetary crisis and what can be done collectively, and will gain insights and strategies to integrate climate-conscious practices into their research, teaching, and advocacy efforts,as well as peer support in coping with the emotional burden of climate change. At the end of the roundtable, we will reflect on the climate cafe application and discuss next steps.

EHPS 2025

Wednesday, 27 August 2025

SOTA Session: Theories of behaviour change

9:00 - 9:45

Why might theory-based behaviour change interventions not work?

M. Johnston[1]

[1]University of Aberdeen, United Kingdom

Recent discussions have highlighted the disappointing results of expensive, theory-based behaviour change interventions. Improvements have been suggested, such as the NIH's Science of Behavior Change recommending a four-stage experimental testing approach before evaluating interventions in a randomized controlled trial (RCT). However, this only addresses one potential weakness.
A broad overview of the intervention development and evaluation process is needed to identify a comprehensive checklist of potential weaknesses and opportunities for improvement. This review will examine the steps involved in creating and assessing a behaviour change intervention, using examples of weaknesses from both published and unpublished studies.
When a behaviour problem is identified, the first step is to choose a theory to explain and address it. Problems can occur if the evidence for the intervention's mechanism of action comes from observational studies, which cannot provide the necessary evidence of causality. Correlational studies only show associations between the mechanism and behaviour, not that changing the mechanism will change the behaviour. The experimental medicine approach aims to solve this by pre-testing causal mechanisms, but these experiments may be complex or inadequate if the theory proposes multiple co-acting mechanisms
Other issues include selecting behaviour change techniques, delivery methods, target population, engagement, and context. Evaluating the intervention's effect and effectiveness can be problematic if theoretical measures are insensitive or invalid, and if behavioural outcomes rely on weak methods. Evaluations may also suffer from inappropriate comparison groups, lack of proper controls, and misleading statistical analyses. Finally, implementation may lack fidelity of content or delivery.
This review will focus on identifying and illustrating these weaknesses, and on proposing solutions.

Comparing the Theory of Planned Behaviour and Protection Motivation Theory in predicting Covid-19 preventive behaviours

G. Nudelman[1]

[1]The Academic College of Tel Aviv-Yaffo, Israel

Background: Two leading theories in health behaviour research, the Theory of Planned Behaviour (TPB) and Protection Motivation Theory (PMT), offer distinct explanations for behaviour change. TPB suggests that attitudes, norms, and perceived behavioural control predict intentions, which then influence behaviour. In contrast, PMT posits that vulnerability, severity, self-efficacy, response efficacy, and perceived costs and rewards, shape protection motivation, which drives behaviour. The goal of this study was to compare their predictive utility in the context of COVID-19 preventive behaviours.
Methods: A representative sample of Israeli adults (n = 600) completed online questionnaires at two time points. The first assessment measured TPB and PMT components, and the second, one week later, assessed self-reported adherence to behaviours. While TPB follows an established mathematical structure, PMT was tested using three models that varied in their inclusion of protection motivation and the direct role of self-efficacy.
Findings: All models demonstrated excellent fit, with TPB offering the best fit-to-complexity ratio. The explained variance in behaviours was similar across TPB (61%) and two PMT models (both 59%), but increased to 65% when self-efficacy directly predicted behaviours. Notably, perceived behavioural control (TPB) did not predict adherence, whereas self-efficacy (PMT) did.
Discussion: These findings highlight the theoretical and practical implications of health behaviour models. While TPB provides a parsimonious framework, an expanded focus on self-efficacy may enhance PMT's predictive power. Future research should refine PMT's mathematical structure and explore the conditions under which each model is most applicable to health behaviour interventions.

A Social Network Theory of Planned Behavior in Healthy Eating and Meat Consumption

S. Zintel[1], A.K. Kaiser[2], L. Schumacher[3], F.F. Sniehotta[2]

[1]University Heidelberg, Germany
[2]Heidelberg University, Germany
[3]University of Basel, Switzerland

Background: Eating behavior is shaped by the social context we live (and eat) in. Health psychology theories like the Theory of Planned Behavior (TPB) recognize this by assessing social norms broadly by referring to perceived norms of groups of people. Social network measures capture social context more directly, offering an alternative way to examine how others' attitudes and behaviors enable or constrain action. In this study, we measure social norms with common TPB variables and in social networks terms such as asking questions about specific social network partners. Our aim was to compare classical TPB norms with social network norms in their association with two eating – related behaviors: healthy eating and meat consumption.
Method: 2085 German individuals completed an online survey that measured TPB variables (attitudes, perceived behavioral control, injunctive and descriptive norms, intention, behavior), and characteristics of the egocentric network of participants, including questions on the network partners' eating behavior and attitudes with regard to eating healthy and meat consumption.
Results: Bayesian multilevel analysis and model comparisons revealed that, compared to injunctive and descriptive norms from the TPB, social network variables were not associated with intention to eat healthier or reduce meat consumption. However, behavior of social network partners was associated with healthy eating (BF10 > 100) and meat consumption frequency (BF10 > 100).
Conclusion: TPB variables may sufficiently capture norm-relevant social network influences on intention. However, social network analyses are relevant beyond the motivational phase, in the volitional phase of behavior, offering insights into the intention-behavior gap.

Self-efficacy, planning, action control: Exploring some health behavior change mechanisms

R. Schwarzer[1]

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Background. Within the domain of health behavior change, constructs such as self-efficacy, planning, and action control have emerged as central foci of research. This brief review offers a comparative analysis of findings across multiple studies, aiming to elucidate the functional roles and interplay of these pivotal constructs in driving behavioral outcomes.
Methods. Study 1 comprises a meta-analysis (k = 108) rooted in the Health Action Process Approach (HAPA). Study 2 examines predictors of physical activity at a one-year follow-up in a German sample (N = 152). Studies 3 and 4 employ two-arm intervention designs targeting dental hygiene in Poland (N = 287) and China (N = 284). These interventions are designed to enhance participants' self-efficacy, planning, and action control through HAPA-based strategies.
Findings. The meta-analysis highlights predominantly indirect effects of self-efficacy on planning and health behaviors. While action control was not explicitly addressed in this synthesis, subsequent studies explore its operational dynamics alongside other constructs. These investigations reveal sequential mediation effects involving self-efficacy and action control in two studies, as well as moderated mediation effects in one study, with planning and action control serving as moderators.
Discussion. The findings underscore the diverse mechanisms through which self-efficacy, planning, and action control may influence behavior change. Action control emerges as a proximal predictor of target behaviors, shaped by self-efficacy levels and, in some instances, interacting with planning. These insights contribute to a deeper understanding of the roles these constructs play in health behavior interventions.

Symposium: Social inequalities in dietary behaviors and health: A multi-method approach to promoting equity

9:00 - 9:15

Socioeconomic status and dietary behaviors in youth: Family stress as a mechanism across time

C. Emmer[1], J. Mata[1]

[1]University of Mannheim, Germany

Background: Childhood and adolescent nutrition are critical for lifelong health, yet socioeconomic disparities in dietary behaviors contribute to persistent health inequalities. This study examines the longitudinal association between socioeconomic status and fruit and vegetable intake in youth, testing family stress as a potential mediating mechanism.

Methods: We analyzed data from 8,979 children and adolescents (Mage = 13.92, SD = 4.98) participating in the German KiGGS panel, spanning two waves over eight years. Path models assessed direct and indirect effects of socioeconomic status on fruit and vegetable intake, adjusting for baseline fruit and vegetable intake, age, and gender.

Findings: Most participants (93%) reported not consuming the recommended five portions of fruits and vegetables daily. Lower socioeconomic status at Wave 1 predicted higher family stress ($\beta = .06$, $p < .001$) at Wave 1 and lower vegetable ($\beta = -.06$, $p < .001$) and fruit consumption ($\beta = -.02$, $p = .036$) at Wave 2. Family stress did not predict fruit nor vegetable intake nor mediate socioeconomic status effects (ps > .131).

Discussion: Lower socioeconomic status is associated with higher family stress and poorer dietary habits, yet family stress does not explain the relationship between socioeconomic status and fruit and vegetable consumption. This suggests that other factors in the social environment, apart from family stress, and aspects of the physical environment, such as neighborhood deprivation, may have a greater impact. Future research should explore these alternative pathways to reduce socioeconomic disparities in nutrition and health inequalities.

Beyond the dinner table: Examining links between socioeconomic status, family mealtime-practices, and child dietary outcomes

M.A. Claassen[1], V. Knobl[2], T. Radtke[3], R. Hertwig[1], J. Mata[4]

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[2]Universitt Mannheim, Germany
[3]University of Wuppertal, Germany
[4]University of Mannheim, Germany

Background: Lower parental socioeconomic status (SES) is associated with poorer child dietary outcomes, but the role of family mealtime practices remains underexplored. This study examines how SES influences mealtime practices and their impact on child dietary outcomes. We hypothesize that lower SES is associated with poorer child dietary outcomes (H1) and linked to lower-quality mealtime practices (H2), particularly those requiring greater time and financial investment (H3).

Methods: Secondary analyses of three German datasets (N = 951 parent-child pairs) are planned. In these datasets, parents reported on mealtime practices (TV/smartphone use, atmosphere, child involvement in meal preparation, meal duration, meal quality, parental modelling of healthy intake) and child dietary outcomes (diet quality and BMI) either at one or multiple timepoints.

Findings: This is a work-in-progress study. Planned analyses include examining associations between SES (education and income) and child outcomes in mixed effects models for longitudinal data and linear models for cross-sectional data. Mealtime practices will be categorized based on their resource demands into low- and high-cost practices. Exploratory analyses will examine to what extent mealtime practices explain the relationship between SES and child outcomes (mediation), and whether the association between mealtime practices and child outcomes differs depending on SES (moderation).

Discussion: This study will provide insights into how SES influences mealtime practices and their impact on child dietary outcomes. By identifying which practices are most related to SES and most predictive of dietary outcomes, the findings can inform targeted interventions to support families with lower SES in creating healthier mealtime environments.

Pilot study “Status-Quo”: an experimental manipulation of personal relative deprivation on snack choice

C.M. Callies[1], C. Emmer[1], J. Mata[1]

[1]University of Mannheim, Germany

Background: Social inequality is often less about objective disadvantage and more about the subjective perception that similar others are better off, known as personal relative deprivation (PRD). This study examines the impact of personal relative deprivation on snack choice, with negative affect as a potential mediator.
Methods: An experimental pilot study at the University of Mannheim recruited students (n=86) near the cafeteria and randomly assigned them to an experimental or control group. The experimental group compared their social status on the MacArthur Ladder to better-off students and described potential interaction difficulties, while the control group compared themselves to similar students. Manipulation was checked using the PRD scale. Negative affect was measured with the Pleasantness scale, and hidden snack choices were categorized as healthy/unhealthy or high-/low-calorie. Regression models and bootstrapped mediation analysis examined direct effect of PRD on snack choice and indirect effects through negative affect.
Findings: Manipulation check was non-significant. However, students’ education (b=-0.27, p=.02) and family socioeconomic status (SES) (b=-0.02, p=.01) showed significant coefficients. While the direct/indirect models were non-significant, hunger was associated with unhealthy snack choices in both models (b=-0.37/b=-.01, p=.02/p=.01). In higher family SES subgroup, age (b=0.05, p=.04) and hunger (b=-0.13, p <.001) were significant predictors of unhealthy snack choices, $F(8, 38)=3.08$, p<.01.
Discussion: As the manipulation check was non-significant, no conclusions can be drawn regarding PRD. Still, objective inequality indicators and hunger may impact snack choices. Participants‘ feedback will adapt future paradigm adjustments, with a focus on sample diversity for developing interventions targeting healthier food choices.

Detecting intersectional inequalities in fruit-vegetables consumption in Germany and Spain: contribution of decision trees

***N. Pedrós Barnils*[1],** B. Schüz[2]

[1]University of Bremen, Germany
[2]Universitt Bremen, Germany

Background: The World Health Organization recommends consuming at least five pieces of fruit and vegetables (FV) daily. However, only about 11% of people aged 15 or older in Spain and Germany meet this recommendation, both below the European average. This study explores how decision trees help identify key socio-demographic factors and intersectional groups for low FV consumption in these countries.

Methods: Using data from the 2020 European Health Interview Survey (Spain: N=22,072; Germany: N=23,001) and the PROGRESS-Plus framework to operationalise dimensions of inequality, we applied Conditional Inference Trees (CIT) to assess FV consumption compliance. We also compared the discriminatory accuracy (DA) of CIT-based regressions with multivariate logistic regression.

Findings: In Germany, CIT identified sex, age, education, income, and region as the most relevant factors (73.10% sensitivity). Men over 45 in Bremen, Hamburg, Mecklenburg-Vorpommern, Saarland, and Saxony had the lowest FV intake (3.96%). In Spain, region and age were most relevant (60.14% sensitivity), with those aged 16-44 or over 85 in the Balearic Islands, Canary Islands, Cantabria, Extremadura, Ceuta, and Melilla showing the lowest prevalence (0.64%). Multivariate logistic regressions showed higher DA (ES=0.7021, DEU=0.6701) than CIT-based regressions (ES=0.6985, DEU=0.6603). The results are preliminary.

Discussion: Decision trees have the potential to identify hitherto unexpected at-risk groups for FV consumption compliance. The resulting intersectional groups facilitate a posterior exploration of the underlying psychosocial mechanisms for developing targeted interventions to increase FV consumption.

Understanding the impact of social assistance benefits policy interventions on health: a realist evaluation

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[2]City of Amsterdam, Netherlands
[3]Tilburg University, Netherlands
[4]Utrecht University, Netherlands

Background:
To contribute to the reduction of health inequalities, this realist evaluation aims to clarify what within social assistance benefits policy interventions impacts health, for whom, under what circumstances, and how.

Methods:
We will refine, refute and extend existing theories about the impact of social assistance benefits policy interventions on health by conducting a realist evaluation. We focus on experiments allowing to earn extra money through parttime work, reduction of benefits for cohabitants, and an integral approach for financial problems as three examples of Dutch social assistance benefits policy interventions. Main health outcomes are mental health and health behaviours (e.g. dietary behaviours, physical activity, smoking and problematic alcohol consumption). We will use a mixed methods approach including descriptive and regression analyses of Statistics Netherlands Microdata and (group)interviews with 8-10 policy makers, 10-15 professionals, and 40-50 citizens. Interviews will be transcribed and coded for information about contexts, mechanisms and outcomes.

Findings:
Quantitative data analyses will result in descriptive statistics of Dutch social assistance recipients and provide a comparison of the health and intermediate outcomes between social assistance recipients that experienced the interventions described above and a comparable group of social assistance recipients that did not experience the interventions described above. Qualitative data analyses will result in context-mechanism-outcome configurations, showing what within social assistance benefit policy interventions impacts health, for whom, under what circumstances, and how.

Discussion:
This study provides a new perspective for health psychology, theorizing how social assistance benefits policy interventions influence (mental) health within their context.

Symposium: Explaining the unknown; what we know about communicating uncertainty in health care

9:00 - 9:15

Relevant concepts and theoretical frameworks regarding communication about uncertainty in healthcare

M. Hillen[1, 2]

[1]Amsterdam UMC, Netherlands
[2]Amsterdam Public Health, Netherlands

Background: Uncertainty is pervasive throughout healthcare, yet guidance for policy makers and healthcare professionals on optimally communicating about uncertainty with the public or with individual people is scarce. Research addressing uncertainty communication is characterized by highly variable conceptualizations, theories, and methodologies. I aim to create an overview of the relevant concepts and theoretical frameworks regarding uncertainty (communication), and discuss their interrelations.

Methods: A pragmatic synthesis and conceptual comparison is presented of established definitions and theoretical models from the literature regarding both mass and interpersonal communication about uncertainty within healthcare.

Findings: First, I will demonstrate how research on uncertainty communication is characterized by strong heterogeneity and lack of transparency in the use of terminology (e.g., interpretation of terms such as ‘ambiguity’ and ‘uncertainty’). Second, I illustrate how communication about uncertainty relates to related relevant phenomena, such as feelings of uncertainty, and intolerance of uncertainty. Third, I highlight the lack of connection between theory and empirical research on mass communication and interpersonal communication about uncertainty, and argue why this disconnect is problematic. Finally, I will show how empirical research on uncertainty communication has traditionally been almost exclusively focused on risk communication, and highlight the importance of empirical research attention to other manifestations of uncertainty.

Discussion: Next steps are proposed that may facilitate more conceptual transparency and interdisciplinary collaboration. Ultimately, this can enhance research that yields guidance for policy makers and clinicians on optimally communicating about uncertainty.

How people respond to different forms of graphical, numerical and verbal representations of uncertainty

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People making decisions that can affect their health need to be able to take into account uncertainties around any numerical information they are given, and around the evidence that produced it, so graphical, numerical and verbal representations of the uncertainties are important to investigate.

We carried out several online quantitative experiments on the communication of uncertainties in a range of fields, including covid mortality statistics and infection mitigation, have investigated verbal, numerical and graphical representations of uncertainties and measured the effects on peoples' trust in the numbers and the providers of those numbers as well as their interpretation of the communication (by asking how surprised they would be by various outcomes falling within and outside the range of outcomes depicted as likely).

We find that communicating uncertainties does not in itself decrease the perceived trustworthiness of communicators, and that people tend to understand both the communication of an uncertainty range and any indications of the quality of that evidence. If evidence is communicated as low quality, people appear to widen the range of values they might expect. With no indication of the quality of evidence, peoples' expectation appears to be that it is of high quality.

If people assume evidence to be high quality when no indication otherwise is given, communicators must be upfront about quality, particularly when it is low. Our experiments suggest that communicating uncertainties clearly and as precisely as possible will likely be well understood, and not lead to decreases in perceived trustworthiness of the communicators.

ParadoX of Choice: Uncertainty during shared decision-making

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[2]Amsterdam Public Health, Netherlands

Background
Uncertainty about the most appropriate treatment option is the fundamental reason to involve patients in shared decision-making (SDM). The different ways in which uncertainty manifests in SDM have not yet explicitly been explored. Therefore, we aimed to illustrate how uncertainty is experienced, expressed, and responded to by clinicians and patients during SDM.

Methods
We triangulated data from two sources: (1) semi-structured interviews with clinicians (N=20) and patients (N=23) about the burden SDM may place on patients; and (2) recordings of SDM consultations in oncology. Two researchers inductively coded the interviews using thematic analysis, focusing on patients' uncertainty in SDM. We analyzed the recordings, via microanalysis (n=2) and quantitative observational analysis (N=70 currently), on how uncertainty is expressed and responded to by clinicians and patients during SDM.

Results
In interviews, patients described experiencing various types of uncertainty during SDM. These included 1) their own lack of medical knowledge, 2) perceived unpredictability of treatment effects, and 3) difficulty envisioning side-effects. Clinicians described deduced uncertainty when patients asked 'What would you do, doctor?' They varied in the degree to which they would provide decisional guidance in response. Preliminary results of the observational analysis suggest that there are multiple ways in which patient and clinician express their uncertainty and respond to it.

Discussion
This research contributes to a better empirical understanding of the interplay between uncertainty and SDM. While addressing uncertainty in SDM may be an ongoing process, incorporating support for clinicians to address and manage uncertainty in SDM training programs is key.

How Non-Verbal Uncertainty Cues Shape Judgments of Verbal Risks

R. Vromans[1]

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Background: When discussing risks with patients, healthcare providers often use verbal probability phrases (e.g., “It is likely that you will experience this side-effect”) instead of numbers. When speakers are uncertain about risks, they can non-verbally signal this uncertainty by using audiovisual prosodic cues, such as a rising intonation and/or a marked facial expression. We asked the question to what extent these two non-verbal uncertainty cues influence people’s interpretation of verbal probability phrases and perception of the speaker.

Methods: Dutch university students (N=100) watched twenty-eight clips in which a speaker uttered unique verbal probability phrases embedded in neutral context sentences. These probability phrases were uttered with a rising, question-like intonation (indicating uncertainty) or falling intonation (indicating certainty), and with a marked ‘thinking-face like’ facial [removed]indicating uncertainty) or neutral facial [removed]indicating certainty). For each phrase, participants gave their numerical interpretation (0-100%), and indicated how certain they thought the speaker was about the correctness of the probability phrase.

Findings: Interpretation of spoken verbal probability phrases varied widely across participants, especially when non-verbal uncertainty cues were applied by the speaker. High probability phrases (e.g., very likely) were interpreted as lower and low probability phrases (e.g., impossible) as higher when they were uttered with both uncertainty cues. Finally, speakers were perceived as least confident when the probability phrases were spoken with a combination of both uncertainty cues.

Discussion: These results stress the importance of non-verbal communication when verbally communicating risks and probabilities to people, for example, in the context of doctor–patient communication.

SOTA Session: Innovations in primary care and caregiver support

9:00 - 9:45

Empowering Informal Caregivers to Create Safe Home Environments for Dependent Care Recipients

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By 2050, 29% of the European Union's population will be aged 65 or older, compared to 20% today. This demographic shift poses significant challenges to healthcare and social welfare systems, particularly as the preference for aging at home and deinstitutionalization policies increase reliance on informal caregivers. Traditionally, dependent individuals have been cared for at home by women and relatives. However, the emergence of a "care economy" has brought a growing number of immigrant women into caregiving roles, often under precarious conditions. These caregivers frequently lack training, earn low wages, and have minimal legal protections, while performing tasks that include feeding, hygiene, mobility assistance, medication management, medical device use, wound care, and other complex procedures.
Informal caregiving is associated with significant physical and emotional strain, which not only affects caregivers' well-being but also compromises patient safety. Excessive caregiver stress has been linked to higher mortality rates among care recipients. Medication errors, for example, occur in 2–33% of cases, with serious consequences in 2%. Despite this, the safety risks associated with informal caregiving have received little attention.
To address these challenges, we have developed innovative training programs for informal caregivers, utilizing psychoeducational interventions, virtual reality (VR), and augmented reality (AR). These tools provide immersive, practical training to improve caregiving skills, reduce errors, and create safer home environments. Our work has identified the most common caregiving errors for various recipient profiles. We have designed interventions involving over 500 participants, developed 30 digital home care scenarios using VR and AR, and created psychoeducational materials to reduce frequent errors and help caregivers cope with the emotional impact of mistakes. We are eager to share our expertise and results, advancing the quality and safety of informal caregiving practices. In this session, we aim to share approaches, results, and future perspectives.

Evaluation of a public health prevention programme in English maternity services: Qualitative insights

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Background: Maternity offers opportunities to enhance maternal and child health outcomes and narrow health inequalities. The Public Health Prevention in Maternity Programme (PHPiM) in the North East and North Cumbria (England) aimed to improve maternity services across key public health priorities. Following earlier successes (e.g., reducing tobacco-related harm), this evaluation explored PHPiM's impact on areas with limited prior evidence: perinatal mental health (PMH), reproductive health and maternal healthy weight.
Methods: This was a multi-method evaluation including routine data analysis, document analysis and interviews with parents and health professionals. Documents (n= 26) were analysed using the READ approach. Interview data from 18 professionals and 32 parents were analysed using thematic analysis.
Findings: Documents showed efforts to embed public health prevention within maternity (e.g., protocols) and evidence of programme dissemination to professionals and stakeholders. Professionals identified programme strengths (e.g., shared learning networks), implementation enablers (e.g., access to training), implementation challenges (e.g., evidencing medium/long-term outcomes) and impact on practice/care (e.g., streamlined PMH support). Parents identified enablers of routine maternity care supporting prevention (e.g., partner involvement/inclusion), and impact of PHPiM on each of the three areas.
Discussion: PHPiM benefitted professionals and parents throughout maternity. It provided professionals training to enhance the offer for PMH, postnatal contraception and destigmatising weight-related conversations. Parents reported receiving relevant care and signposting for PMH, postnatal contraception, and weight, thereby improving care. To sustain progress and promote high-quality equitable care, the local system should be supported to develop future leaders in public health prevention within maternity, and strengthen interprofessional collaboration.

Barriers and enablers to detecting and managing metabolic dysfunction-associated steatotic liver disease in primary care

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Background:
Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most prevalent liver disease worldwide and is attributable to excess weight/obesity. Primary care is ideally placed to detect and manage MASLD. However, many primary healthcare professionals (PHCPs) report limited knowledge of MASLD, including how to detect it and how to support patients to make lifestyle changes. This study aimed to identify the training needs of PHCPs for improving MASLD detection and management.

Methods:
A qualitative interview study was conducted with PHCPs. Interviews were audio-recorded, transcribed and data analysed using Framework Analysis, the Theoretical Domains Framework (TDF) and COM-B.

Findings:
25 PHCPs (mean age 41±8 years; 15/25 female; GPs (n=16), nurses (n=6), pharmacists (n=3)) were recruited from one region of northeast England. Themes represent the capability, opportunity, and motivation barriers and enablers to MASLD detection or management. Detection themes (n=6) included ‘limited MASLD knowledge reduces the likelihood of detection being deliberate/intentional’ (capability) and ‘detection relies on cooperation of patients with HCPs’ (opportunity). Management themes (n=8) included ‘communicating MASLD prognosis to patients’ (capability) and ‘reluctance to deliver lifestyle/management advice to patients who may not follow/achieve it due to competing demands’ (motivation). The TDF was applied to themes identifying knowledge, skills, and optimism as targets for intervention.

Discussion:
Findings indicate that to improve MASLD detection and management in primary care, a future training intervention should target: knowledge to increase intention to detect MASLD and to communicate prognosis; and skills and self-efficacy to engage marginalised patients with competing demands in discussion about MASLD management.

Developing implementation strategies for an antimicrobial stewardship intervention in primary care: participatory and theory-driven approaches

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Backkground: Point-of-care (POC) procalcitonin is a diagnostic test informing appropriate antibiotic prescribing decisions. For the ImpPro study, we aimed to develop a tailored strategy to implement POC-procalcitonin into Swiss primary care practices, targeting 43 previously identified factors influencing implementation success.

Methods: Using participatory methods, potential strategies were ideated through i) semi-structured stakeholder interviews (n=31, including e.g. physicians, organizational representatives, and patient representatives); ii) an online brainstorming session with ImpPro experts (n=10); and iii) the Consolidated Framework for Implementation Research (CFIR) and Expert Recommendations for Implementing Change (ERIC) matching tool. Strategies were prioritized using dot-voting. To select and refine strategies, discussions with physicians and ImpPro experts were held regarding certain APEASE criteria (practicability, effectiveness, acceptability). Final strategies were coded following ERIC and best practice recommendations.

Results: Overall, stage i) identified 176 strategies, while stages ii) and iii) 145 and 37 strategies, respectively. Thirty-six final strategies were selected and assigned to six of nine ERIC clusters, most often to the clusters ‘train and educate stakeholders’ (e.g., slideshow for physicians), ‘develop stakeholder interrelationships’ (e.g., cultivate relationships with organizations to achieve their endorsement of POC-procalcitonin), ‘support clinicians’ (e.g., provide reminders), and ‘use evaluative and iterative strategies’ (e.g., provide POC-procalcitonin devices for a trial period). Final strategies were multi-level, targeting individuals and organizations, and multiphase, with some strategies needing to occur before others.

Discussion: We convey a valuable method for engaging stakeholders in developing implementation strategies for POC-procalcitonin to guide antibiotic prescribing in primary care. This method may be used in projects with similar scopes.

Oral Session: Employees' mental health

9:00 - 9:15

The impact of work-family conflict on mental health: A meta-analysis

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Background

Work-family conflict (WFC) is a significant source of psychological distress, potentially leading to anxiety and depression. This meta-analysis investigates: (1) the relationship between WFC and mental health, embodied as symptoms of anxiety and depression; (2) moderators that may influence this relationship, offering novel insights into a critical area of occupational health psychology.

Methods

We conducted a systematic review and meta-analysis of studies published from 1996 to 2024, retrieving data from Web of Science, Scopus, PubMed, ProQuest, and PsychInfo. The inclusion criteria encompassed quantitative studies measuring WFC and its bidirectional counterpart, FWC, in relation to symptoms of anxiety and/or depression. A total of 88 studies, including 96 associations and 110,263 participants, were analyzed using random-effects models, with effect sizes expressed as correlation coefficients.

Findings

The analysis revealed a moderate positive association between WFC / FWC and mental health outcomes ($r = 0.313$, $p < 0.001$). High heterogeneity ($I^2 = 96\%$) was observed so we investigated 14 possible moderators. Moderator analysis highlighted the significance of scale length, years of work experience, and marital status.

Discussion

These findings emphasize the detrimental impact of WFC on mental health and highlight the importance of improved measurement tools and longitudinal studies. Moderator analysis revealed that longer scales captured more pronounced relationships between WFC and mental health outcomes, while increased work experience heightened vulnerability to WFC-related distress. Conversely, marriage acted as a protective factor in the relationship between WFC and mental health. Future implications are discussed.

The effects of intervention to empower paid caregivers on occupational and mental wellbeing

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Background: Domestic caregiving for the elderly combines physical (housework and assistance with daily functioning) and interpersonal tasks, is compensated at minimum wage level, provides limited formal training and has high turnover. This work assessed a project aimed at empowering workers through moderated peer support.
Methods: Participation was offered to caregivers of nursing companies in 10 cities across Israel. Lists of workers were generated in each nursing company and 150 caregivers responded and were assigned to either intervention, active control (=mindfulness) or passive control. Standard tools were shortened during pilot administration to increase response and better fit the target population while maintaining internal reliability ($\alpha>0.70$). Occupational stress, burnout, occupational self-efficacy, attitudes towards aging, social support, personal well-being were assessed at baseline and end-point. Retention at work was assessed a year post-intervention.
Findings: Recruitment rate for the program was low, ranging 5-10%. Retention at the year-long program was high (M=85%). No significant differences were observed across time or interaction of time X group in survey-assessed variables (p's>0.5), except ageism, which decreased significantly. Turnover at the intervention and active control groups was significantly lower than in the passive control groups (Hazard Ratio=0.6, $p<0.001$) and the yearly average of each nursing company.
Discussion: The low recruitment to peer support indicated the need to develop additional responses for uninterested workers. Retention in the group and decreased turnover indicated that professional intervention for these disadvantaged and weakened workers is efficacious, despite no significant changes in wellbeing.

The Role Of Meaning In Life In Relation To Burn-Out Symptoms Among Early Career Nurses

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Background
Burnout negatively impacts nurses' well-being and care quality. This study examines whether meaning in life, conceptualized as presence (sense that life is meaningful) and search (active pursuit of meaning), predicts burnout symptoms among early- and mid-career nurses. Adding the Job Demands-Resources model, we explore whether high presence of meaning is associated with lower burnout symptoms and a high search for meaning is linked to increased burnout symptoms.

Methods
This cross-sectional study, embedded within a longitudinal study, included 375 nurses (≤15 years of experience) from six hospitals in Flanders, Belgium. Data were collected via an online survey (March–April 2024). Burnout was measured using the Burnout Assessment Tool, and meaning in life with the Meaning in Life Questionnaire. Psychosocial resources and occupational variables were included as confounders and moderators. Pearson correlations and multiple linear regressions were conducted.

Findings
A higher presence of meaning was associated with lower burnout scores ($B \approx -0.037$, $p < .001$). Higher search for meaning correlated with increased burnout scores ($B \approx 0.011$, $p < 0.05$). Supervisor support and possibility for development were significant confounders, but presence of meaning remained significantly associated with lower burnout symptoms. Additional significant interaction effects were found.

Discussion
These findings emphasize the dual role of meaning in life in burnout. Presence of meaning appears protective, whereas search for meaning may increase vulnerability. Strengthening workplace resources and fostering a stable sense of meaning, rather than encouraging prolonged search, could potentially support nurses' well-being. Future research should explore causal pathways using longitudinal designs.

Learning to Adapt: Pathways for Job Newcomers to Manage Daily Work Stressors

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Background: Organizational entry and adjustment can be stressful for job newcomers, and successfully adapting to their new roles often requires coping with novel work stressors. However, according to the systematic self-reflection model of resilience, stressors can also facilitate learning and self-development through self-reflection. This study examines how job newcomers engage in adaptive learning when faced with two common workplace stressors: role ambiguity and organizational constraints. We propose that these stressors trigger reflection on stressors, which subsequently leads to exploration (seeking new coping strategies) and exploitation (using familiar strategies), followed by further reflection on coping strategies.
Methods: A sample of 125 job newcomers from Western Europe participated in a 10-day diary study. Using multilevel analysis, we tested our hypotheses while controlling for other common workplace stressors, daily well-being variables (such as sleep and affect), and time-related factors.
Findings: Results partially supported our hypotheses. For organizational constraints, we found a significant serial mediation effect via reflection on stressors and exploration on reflection on strategies ($b = .062$, $p = .001$, 95% CI [.021, .120]), and through reflection on stressors and exploitation on reflection on strategies ($b = .015$, $p = .001$, 95% CI [.004, .037]), with a stronger effect observed for the exploration pathway. However, neither serial mediation pathway was significant for role ambiguity.
Discussion: These findings underscore the role of reflective and exploratory learning in managing workplace stress. Encouraging structured reflection and adaptive coping strategies may help organizations support newcomer adjustment, reduce stress-related health risks, and promote long-term occupational well-being.

IGLOo resources for sustained work participation among employees with common mental disorders

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Background:
The achievement of sustained work participation (WP) after sickness absence due to common mental disorders (CMDs) is an important challenge in occupational health psychology. According to the IGLOo framework, based on the Conservation of Resources theory, resources on the individual, group, leader and organisational level as well as the overarching context influence the probability to achieve sustained WP.

Methods:
In a prospective cohort study with N=259 participants on sickness absence with CMDs and five measurements points over 30 months, WP was self-reported as 'proportion of weeks being present at work between two measurement points'. Four WP trajectories were estimated with Latent Class Growth Analysis. Univariable and multivariable multinomial logistic regression analyses were conducted to examine associations between IGLOo resources and WP trajectories over 30 months.

Findings:
In the multivariable analyses, mostly individual resources (work ability, return to work (RTW) self-efficacy, RTW expectation), and no group and leader resources have shown unique contributions to the WP trajectories. As for organisational resources, control over working time (e.g., regarding taking breaks) made a unique contribution to the multivariable models: Having more control was associated with a higher probability of being in the persistently very high WP class compared to the low-increasing WP class (OR 1.04, 95%-CI: 1.01-1.06), as well as compared to the decreasing WP class (OR 1.03, 95%-CI: 1.01-1.05).

Discussion:
Beyond supporting employees with CMDs in restoring their individual resources during RTW, creating a safe work environment with possibilities to have control at work seems to be important for sustained WP.

Vulnerability to burnout and occupational health issues: Identifying risk and protective factors

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The presentation focuses on the concept of personal experience with occupational stress and the typical behavioural responses to coping with such stress, referred to as Work-Related Coping Behaviour and Experience Patterns (WCEP), which serves as a preventive tool, enabling early identification of individuals at risk of burnout and other occupational health issues. Analysing score configurations across 11 dimensions, this tool classifies individuals into distinct work-related patterns, some of which can indicate increased vulnerability to occupational health issues (Schaarschmidt & Fischer, 2008). The presentation examines findings from studies conducted by the author utilizing the WCEP inventory, with a particular focus on WCEP distribution across international samples. Emphasis will be placed on cross-country differences in WCEP patterns among two key groups: (1) First-year teacher education students (N = 3,005, Mage = 20.21 years [SD = 2.90], 77.8% females) from Austria, the Czech Republic, Germany, Poland, and Slovakia. (2) Academic and non-academic employees at higher education institutions in the Czech Republic and Austria (N = 2,748, Mage = 42.77 [SD = 10.99], 59% females). The results highlight significant cross-country differences, suggesting an increased vulnerability to burnout and occupational health issues among participants from former Eastern Bloc countries, with up to 63% of teacher education students and 69% of higher education employees from these regions classified as vulnerable. These disparities will be discussed in relation to key predictive factors. The findings carry important practical implications, underscoring the need for targeted psychological interventions, particularly in impacted regions.

Symposium: Preventing psychological difficulties in siblings of children with chronic disorders

9:00 - 9:15

Evaluation of the MiniSIBS intervention for preschool siblings of children with chronic disorders

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Background: Siblings of children with chronic disorders have an elevated risk of developing psychological difficulties. Interventions to prevent psychological difficulties among preschool siblings are lacking. The aim of this project was to develop and evaluate an intervention for siblings aged 3 to 6 years for delivery in kindergartens.

Methods: The intervention “MiniSIBS” were developed based on a scoping review, parent focus groups and kindergarten workshops. MiniSIBS contains: A) A questionnaire mapping sibling experiences, adaptation and emotional reactions. B) A manual for play observation in kindergartens. C) Educational video material about sibling challenges for kindergarten staff and D) video material to facilitate parent-kindergarten communication about sibling support. MiniSIBS were delivered to 24 siblings and evaluated by 24 parents and 24 kindergarten teachers.

Findings: Frequent negative sibling experiences were scary medical episodes (48%) and parents interrupting interaction due to needs of the ill child (76%). Common sibling reactions were hypervigilance to the ill child’s wellbeing (88%), anxiety during medical episodes (68%), and generally being “on guard” (68%). Siblings were described as empathic and caring (100%), mature for age (68%), and kind/compliant (88%). Kindergarten staff reported play observations to strengthen relations and provide insight into psychological needs. The educational video was highly appreciated and viewed individually or in staff meetings. Parents and staff reported conversations about sibling support to be qualitatively improved by the MiniSIBS material.

Discussion: To the best of our knowledge, MiniSIBS is the first age-adapted intervention to prevent psychological difficulties and support preschool aged siblings of children with chronic disorders.

Effectiveness of ‘Broodles’: A serious game for siblings (6-9 years) of children with disabilities

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Background: Early support may prevent psychosocial problems in siblings of children with disabilities. However, few support resources are available. We developed the serious game intervention ‘Broodles’ to support siblings and strengthen their resilience. The aim of this study was to assess the effectiveness and social validity of ‘Broodles’.

Methods: A randomized controlled trial (NCT05376007) with a waitlist control group was conducted among 107 parent-child dyads from the Netherlands and Belgium. Participating children were 6-9 years and had a sibling with an intellectual disability and/or visual impairment. Participants completed questionnaires about quality of life and intra- and interpersonal resilience factors at three datapoints. The intervention group also completed a social validity scale and evaluation interview. Multilevel modelling and thematic analysis were used.

Findings: Small, group × time effects were found on sibling negative adjustment, among those that adhered to the protocol. Directions of the effect differed for parent- ($b = -1.08$, $p = .015$, $R^2 = .03$) and child-report ($b = 3.10$, $p = .012$, $R^2 = .06$). Regardless of group, small improvements over time were found on quality of life ($b = 1.94$, $p < .001$, $R^2 = .03$) and secondary outcomes. Siblings were positive about using the game (80%). Perceived learning outcomes included: ‘sibling awareness and validation’, ‘recognition and expression of emotions and needs’, ‘coping with emotions and situations’, and ‘family interactions’.

Discussion: This mixed methods trial shows a promising impact of ‘Broodles’ on siblings and families. The game is now freely available in the Netherlands and Belgium (www.brussengame.nl).

Randomized controlled trial results from the SIBS intervention for siblings of children with chronic disorders

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[5]Frambu, Norway

Background: There is a need for evidence-based interventions due to the mental health risk faced by siblings of children with chronic disorders. We evaluated the effectiveness of SIBS, a preventive intervention for siblings and parents of children with chronic disorders aiming to improve sibling mental health and parent-child communication. Methods: This two-arm, unmasked cluster randomized controlled trial registered on ClinicalTrials.gov (NCT04056884), included 288 siblings (M age = 10.4 years, SD = 1.9) and 288 parents, randomly assigned to intervention (n = 137) or waitlist control (n = 151) groups (k = 69). Eligible siblings were aged 8–16 years and had a sibling diagnosed with a chronic disorder. SIBS is manual-based and was delivered as five sessions over two weeks in primary care and hospital settings across Norway. Three sessions are separate for siblings and parents, and two are integrated sibling-parent dialogues. The primary outcome was sibling mental health, rated by siblings, parents, and teachers. The secondary outcome was parent-child communication, rated by siblings and parents. Analyses included intention-to-treat (ITT) and complier average causal effects (CACE). Findings: At 3-month follow-up, the intervention group showed fewer mental health problems (ITT: sibling-rated d = -0.16; parent-rated d = -0.10; teacher-rated d = -0.18) and improved parent-child communication (ITT: sibling-rated d = 0.21; parent-rated d = 0.24) compared to waitlist, albeit not statistically significant. Discussion: The SIBS intervention demonstrated small consistent positive effects on sibling mental health and parent-child communication, suggesting a promising preventive program for siblings of children with chronic disorders.

Assessing contextual compatibility of the SIBS programme in UK eating disorder services: A mixed-methods approach

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Background: Siblings of children with eating disorders (EDs) are at risk of mental health difficulties and need accessible, evidence-based support to prevent adverse outcomes. This study reports the first stage of the adaptation process of the SIBS intervention for UK Child and Adolescent Mental Health Services (CAMHS), targeting families of children with EDs. To explore intervention-context fit, an audit of sibling involvement in CAMHS and stakeholder focus groups were conducted.

Methods: Health records (n=51 inpatients; n=101 outpatients) across three CAMHS sites were screened to document sibling involvement in ED care. Descriptive statistics and alignment with clinical guidelines were reported. Focus groups with siblings and parents of children and young people with EDs, and CAMHS professionals, explored siblings' needs and implementation facilitators and barriers. Focus group data were analysed using thematic analysis.

Findings: Among inpatients, 90% had at least one sibling, and 11% of 98 siblings were documented as having received information (about diagnosis/treatment) or participated in consultations. Among outpatients, 86% had at least one sibling, and 13% of 160 siblings were documented as having received information (about diagnosis/treatment) or participated in consultations. Qualitative findings highlight a need for greater, more tailored sibling support and inform cultural and service-specific perspectives on the SIBS intervention's acceptability and feasibility.

Discussion: The findings highlight limited sibling involvement in CAMHS ED care despite clinical guidelines recommending inclusion and documented support needs. Engaging key stakeholders in exploring intervention-context fit is an important step in the adaptation process to increase the likelihood of successful adoption.

Oral Session: Stress and health: From theory to intervention

9:00 - 9:15

Putting health in context: a systematic theoretical review of research on daily life stressors

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Background: Daily life stressors are studied to improve the understanding of the impact of stressors on mental and physical health. Numerous theoretical frameworks on daily life stressors exist, which have conceptualized (i.e., defined stressors), classified (i.e., specified stressor types across social groups), and contextualized (i.e., identified factors that influence stressors) in various ways. A comprehensive overview and synthesis of these conceptualizations, classifications, and contextualizations is needed to inform future research aimed at improving health.

Methods: We conducted a systematic review on theoretical papers and empirical studies that developed or extended theories. A systematic search was performed across 5 multidisciplinary databases including Medline, PsycInfo, Web of Science, SocIndex, and Business Source Premier, with no restriction on publication year.

Findings: The search yielded 26,794 records. Using the artificial-intelligence screening software ASReview, 27% (n = 7,318) of the records were title-abstract screened before a predetermined stopping rule was fulfilled. A total of n = 967 records moved to the full-text screening stage. Preliminary results indicate varying conceptualizations of stressors and numerous stressor types in diverse social groups (e.g., nurses, minorities). Further, contextual factors encompass various variables within the person (e.g., self-efficacy beliefs) and outside the person (e.g., organizational culture).

Discussion: The findings provide theoretical insights that can inform future research on the impact of daily life stressors on health. Specifically, researchers can use the findings to reflect on conceptual clarity in their studies, and to consider which specific stressor types and contextual factors are relevant when studying daily life stress in different populations.

Making sense of daily stress– presentation of the Stress-in-Action living systematic database

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Background. The booming ambulatory assessment literature in the context of stress and mental health shows a conceptual and methodological heterogeneity that seems to hamper progress in both the research field and clinical applications. This scoping review integrates the literature on stress and mental health and introduces a living database of ambulatory stress studies.

Methods. A systematic literature search was conducted in Web of Science, MEDLINE, and PsycINFO using terms related to stress, mental health, and ambulatory assessment design. We included studies that measured stress at least once a day on a minimum of two consecutive days.

Findings. The search identified 12,846 unique articles, of which 700 were included in the database. A descriptive summary shows that 38% of the studies were published after 2019 with increasing sampling frequencies and sample sizes. Study participants were predominantly young adults from the general population. Stress was often measured as the frequency of stressful events (26%) or by rating appraisal of (un)pleasantness, negativity, controllability, or unpredictability of events (38%), and/or as perceived (general) stressfulness in the moment or during the day (26%). Other identified stress-related concepts included emotions (measured in 67% of the studies), behaviors (32%), and cognitions and physiological responses in 20%).

Conclusion. We present a living database of ambulatory studies of daily stress and mental health to help integrate and compare study design and stress variable conceptualization to foster theory building.

Effects of Childhood Trauma and Perfectionism on Stress, Mood, Defeat and Entrapment

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[4]University of Glasgow, United Kingdom

Background: Adverse experiences in early life significantly impact an individual's long-term physical and mental health. Socially prescribed perfectionism has also been found to be associated with negative health outcomes, including suicide risk. However, less is known about how these variables interact or their mechanisms of action in daily life. The current research explores the main and interactive effects of childhood trauma and socially prescribed perfectionism on measures of stress, mood, defeat and entrapment as well as indirect effects. Methods: Three studies (a cross-sectional survey & two 7-day intensive longitudinal design studies) are reported. Participants completed the Childhood Trauma Questionnaire and measures of socially prescribed perfectionism, history of suicide thoughts and behaviours, perceived stress, mood, defeat and entrapment. These data were analysed using a combination of moderated regression using PROCESS, multilevel modeling using HLM8 and multilevel mediation using MLmed. Findings: The results showed that childhood trauma and socially prescribed perfectionism were associated with higher levels of perceived stress, negative mood, defeat, entrapment and less positive mood in adulthood across the three separate studies. Childhood trauma and socially prescribed perfectionism also indirectly affected daily feelings of entrapment through daily levels of defeat and daily negative mood through daily stress levels. Discussion: These findings provide novel support for the defeat-entrapment pathway in the Integrated Motivational-Volitional Model of Suicide. Interventions aimed at mitigating the negative effects of childhood trauma and socially prescribed perfectionism ought to target modifiable risk factors such as stress, mood, defeat and entrapment.

A computational model for understanding situational stress in adolescents

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[1]University of Glasgow, United Kingdom

Reducing stress in adolescents is a major challenge in health psychology, made all the more difficult as schools are unique complex systems, each with their own rules and institutional norms; spheres where standard psychological analyses often prove ineffective.

Using situation-based data collection methods and a computational model we show that the student stress in different school-based situations may be explained by a cycle of negative interactions between students creating further stress, which leads again to further stressful negative interactions.

Having initially coproduced our model with students in our Scottish stakeholder school, we retrospectively measured the stress of 334 high school students in a number of key situations, including the classroom, corridor, canteen and toilet. Running 1000 parameter sets and minimising the difference between model output and participant responses, we identified parameters which best matched our model to the data, before computationally testing the effectiveness of possible interventions. The most promising area for future investigation came from modelling the spread of a stressful interaction. If it is possible to reduce the probability of a future negative interaction resulting from a stressful situation, average stress in our model is dramatically reduced.

Initial exploratory investigations suggest that the model is fairly insensitive to changes in several parameters, offering a tentative explanation for why interventions on adolescent mental health are often ineffective.

This work demonstrates the importance of considering individual measures such as stress in social contexts, and how techniques inspired by complexity science help us to understand the dynamic nature of health psychology.

Evaluation of an Online Imagery-Based Stress Mindset Intervention: Results of Two Preregistered Randomised Controlled Trials

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Background: University students consistently report high levels of psychological distress. Emerging evidence suggests that stress mindset interventions, which change individuals' beliefs about the consequences of stress, improve wellbeing for those experiencing stress. Using two preregistered randomised controlled trials, the current study aimed to examine the effect of an online imagery-based intervention on stress mindset, and various stress-related outcomes.
Methods: Participants were university students (Study 1 N = 251; Study 2 N = 214) screened at baseline as presently experiencing at least moderate psychological distress. Participants completed pre-intervention measures, followed by intervention delivery, and then post-intervention measures 2 weeks (Study 1) or 1 week (Study 2) later. The control group received an unrelated imagery task. Data were analysed using mixed ANOVAs. Outcome measures were stress mindset and stress-related outcomes including psychological wellbeing, perceived physical health, psychological distress, proactive coping behaviour, positive and negative affect, and anxiety and depression symptomology.
Findings: In both studies, the intervention yielded a significant large effect on stress mindset, relative to the control. However, no significant effects on any of the stress-related outcomes were detected in either study.
Discussion: The current research provides evidence that stress mindset can be modified and that such effects are retained up to 2 weeks post-intervention. However, consistent lack of effects on stress-related outcomes across two studies sampling individuals experiencing at least moderate distress calls into question the benefits of changing stress mindset. Further research is needed to determine whether there are specific circumstances in which changing stress mindset can improve wellbeing.

Symposium: Health in higher education

9:00 - 9:15

Factors related to professional help-seeking behaviour among medical students with depressive symptoms

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Background: Depression is a prevalent mental health issue among medical students at Dutch universities. Despite effective treatments, many students with depressive symptoms do not seek professional help, reducing their chances of recovery. This study aims to identify factors related to professional help-seeking behaviour among these students, based on the Behavioural Model of Health Services Use (BMHSU).

Methods: Eighty-three medical students (88% female, Mage=23 years) with clinically relevant depressive symptoms (PHQ-9) completed an online survey assessing actual help-seeking behaviour (yes/no), alongside eight individual factors, four enabling factors, and one need factor, as outlined in the BMHSU. Data were analysed using correlation and logistic regression analyses.

Findings: Five predictors showed (marginally) significant correlations with help-seeking behaviour. In the logistic regression, these predictors accounted for 40% of the variance in help-seeking behaviour, $\chi 2(5, N=83)=29.36$, $p<.001$. Higher perceived public stigma about depression within the university (OR=3.76), greater encouragement from friends (OR=1.50), and lower personal stigma about depression (OR=0.36) were significantly associated with an increased likelihood of seeking professional help. Self-stigma about depression and perceived need for professional help did not significantly contribute.

Discussion: While previous research identified all forms of stigma as barriers, in our study, perceived public stigma about depression within the university was positively associated with professional help-seeking behaviour. This may suggest that perceiving stigma motivates medical students to address their symptoms, or that students who seek professional help are more likely to experience stigma. Interventions should focus on reducing personal stigma and fostering supportive peer environments to encourage professional help-seeking.

Feasibility and efficacy of a stress management program for international students

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Background: Several studies reported high rates of acculturative stress and mental health issues among international students. Thus, the aim of the study was to investigate the feasibility and efficacy of a new developed stress management intervention for international students.
Methods: The study included 32 international students who were randomly assigned to a intervention group (n = 15) and a waitlist control group (n = 17). The intervention comprised five modules: education, mindfulness, social support, problem solving and cognitive strategies. The training was a group-based face-to-face intervention. The duration of the intervention was eight weeks. Outcome variables included mindfulness, social support, problem solving, cognitive strategies, self-esteem, mental health and self-efficacy. These outcomes were assessed at pre- and post-intervention. Efficacy outcomes for testing a potential intervention effect were analyzed using repeated measures analysis (MANOVA, ANOVA).
Results: The intervention group was very satisfied with the training content and the training condition. However, the frequency of weekly home practice was low. At post-intervention, the intervention group yielded significant improvements in positive self-instruction, self-esteem, self-efficacy and anxiety compared to waitlist control group. Moderate to large effect sizes were observed for these outcomes.
Discussion: The results suggest that stress management trainings can be used among culturally diverse international student populations to improve cognitive strategies, mental health and self-efficacy. Future studies may consider strategies for improving compliance with homework assignments.

Study conditions and subjective well-being of international students in Germany: The role of self-regulated learning

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Background:
International students in Germany face diverse study-related demands that can negatively impact their subjective well-being. The Study Demands–Resources (SD-R) Theory (Bakker & Mostert, 2024; Lesener et al., 2020) provides a framework for understanding how study conditions influence well-being. This study examines (1) the impact of study demands on subjective well-being, (2) the role of self-regulated learning as a resource, and (3) its buffering effect in moderating the expected negative consequences of high study demands.
Methods:
Data were drawn from the International Student Survey at the end of the first year of international students in Germany (n = 3167). Study demands included perceived performance expectations, overcrowdedness of courses, and frequent exam pressure. Self-regulated learning was measured using learning strategies (LIST; Boerner et al., 2005) and motivational regulation strategies (Schwinger et al., 2007). Subjective well-being was evaluated with the WHO-5 Well-Being Index. Moderated regression analyses examined relationships between study demands, self-regulated learning, and subjective well-being.
Findings:
Higher study demands were associated with lower subjective well-being. Self-regulated learning was positively related to subjective well-being and moderated the relationship between study demands and well-being, indicating a buffering effect. Students with more pronounced self-regulated learning strategies showed greater well-being despite high learning demands.
Discussion:
The findings highlight the importance of self-regulated learning as a protective factor for international students' well-being. Universities should integrate interventions promoting self-regulated learning to foster resilience and well-being. These results align with the SD-R model, emphasizing the interplay between study demands, resources, and student outcomes.

Differences in the perception of study demands and resources among on-campus and distance-learning students

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Background: Distance-learning and on-campus students differ in terms of characteristics such as age or occupational status, but there is as yet hardly any insight into specific study-related demands and resources that could impact the health in both groups. Based on the study-demands-resources (SDR-) model, the current study aims at exploring how distance-learning and on-campus students perceive demands and resources and analyze potential differences between groups.

Methods: As part of a mixed-method study, 250 on-campus and 250 distance-learning students were asked to report both their most significant study demand and major resource. Answers were analyzed with qualitative content analysis following the framework of Mayring (2019) and Zuell and Menold (2019), using the software MAXQDA.

Results: The rank order of demands differed between the groups. On-campus students put study-related demands first, followed by personal demands, time-management concerns, and problems with study-work-life balance. Distance-learning students also placed study-related demands first, but followed by time-management concerns, problems with study-work-life balance, and personal demands. For both groups good planning is the major resource, followed by personal resources, social support from friends/family, leisure time/sports, social support from other students, developmental opportunities, and support from university. Also, the absolute frequency with which the most significant demand and major resource were mentioned varied between groups.

Discussion: The differing patterns of study demands and resources in on-campus and distance-learning students should be considered when planning health interventions in universities. Our results also indicate a potential requirement for restructuring the assessment of study demands and resources in existing SDR-questionnaires.

Burnout or Balance? Exploring the German Version of the University Demands-Resource Questionnaire (UD-RQ-D)

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Background: Effective health promotion for students requires reliable and valid survey instruments for student demands and resources. To develop a suitable German questionnaire, the University Demand-Resource Questionnaire (UD-RQ), which is based on the Study Demand-Resources model, was translated from English into German. The questionnaire consists of 17 items each for demands and resources. The present study aimed at evaluating the psychometric properties and analyzing the relationships between subscales. As indicators of validity, correlations between study demands/resources and burnout, engagement, and well-being were examined and compared with previous findings.
Methods: The cross-sectional online study included a total of 692 (women: 74.1%) datasets (M=34.46, SD=12.84 years).
Results: The findings confirmed the five-factor structure of the questionnaire, demonstrating its robustness in capturing key dimensions of study demands and resources. Analyses revealed adequate to good reliability both for study demands (α = .76– .85) and study resources (α = .73– .88). As hypothesized, higher demands were associated with an increased likelihood of burnout and decreased well-being, while resources positively correlated with student engagement and well-being. Specific subscale factors (e.g. possibility-for-personal-development) were identified as significant predictors of burnout. For engagement, two demand subscales (mental demands, work-style) and three resource subscales (possibility-for-personal-development, feedback, information) turned out to be significant predictors.
Discussion: The German version of the UD-RQ proofed to be a promising instrument for measuring study demands and resources. Also, the study provides further insights into factors influencing students' well-being and academic experiences, highlighting the importance of resources in fostering a positive study environment.

Symposium :Sustainable antimicrobial use: Innovations in theory, practice and evidence

9:00 - 9:15

Saving our antibiotic goalkeepers: Developing novel metaphors for risk communication about antimicrobial resistance

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Effective risk communication is paramount to addressing the global threat of antimicrobial resistance (AMR). A key prerequisite to successful communication is the use of appropriate health risk messages. Metaphors can be effective for framing communication and making abstract topics accessible to lay populations, but our previous research showed that existing AMR metaphors are highly conventional and lack systemicness, thereby questioning their effectiveness for improving knowledge or prompting behaviour change.

We aimed to address this gap and develop novel AMR metaphors in a mixed-methods approach, using co-design workshops with patients and healthcare staff in the UK and South Africa and a 4-round Delphi consensus procedure with international experts in AMR risk communication.

Preliminary results highlight the importance of drawing on familiar metaphor domains with generalisability across different cultures, including the domains of sports, gardening and gaming. Our findings also demonstrate the importance of considering which aspect of AMR (e.g., mechanisms of transmission, desirable patient behaviours) should be the target of metaphors.

Findings will be discussed with reference to the Elaboration Likelihood Model of persuasion and practical steps towards maximising research impact.

Using "small group" educational interventions to increase appropriate antibiotic prescribing in General Practice settings

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Inappropriate use of antimicrobial agents in healthcare settings is one area that has received attention as a possible route to mitigate the threat of antimicrobial resistance. Globally, the highest consumption of antimicrobials in human healthcare originates from antibiotic prescriptions in Primary Care. Strategies to increase appropriate antibiotic prescribing, which can mean not prescribing an antibiotic e.g. cases of viral infection, have been developed and evaluated. This systematic review aimed to synthesise the literature of studies of small group based in person educational interventions designed to increase appropriate antibiotic prescribing behaviours in General Practice settings.

Initial searches resulted in 3184 studies. These were double screened at title and abstract level resulting in 129 studies for full text screening. Following full screening 19 studies were identified as meeting the inclusion criteria.

The included studies comprised of both single modal interventions and multi modal interventions. The disease focus for the majority of the included studies was respiratory tract infections. The main topics in the content of the interventions were patient communication and the following of prescribing guidelines. The majority of the interventions reported positive outcomes and were positively received by the participants.

We found that the use of this format of intervention can be effective in increasing the appropriate use of antibiotics in General Practice. Further research, however, is required on the inclusion of additional content that has been found to be a factor in the inappropriate prescribing of antibiotics in General Practice

Behaviour change interventions addressing antibiotic treatment seeking behaviour in primary care settings

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Background: Antimicrobial resistance poses a threat to global public health, partly driven by unnecessary antibiotic prescriptions in primary care. Behaviour change interventions targeting antibiotic treatment-seeking behaviour aim to reduce unnecessary use. However, little is known about their breadth and extent of their study design. This scoping review aimed to synthesise the extent and type of evidence on behaviour change interventions that address antibiotic treatment seeking behaviour in primary care settings.

Method: A literature search was conducted across eight databases, following Joanna Briggs Institute guidelines and PRISMA-ScR reporting standards. Eligible studies were those describing behaviour change interventions aimed at participants within the primary care settings. Data on study details, design and intervention functions were extracted and categorised using the COM-B behaviour change framework. Dual data extraction occurred, with inter-rater reliability (K=0.83).

Findings: The scoping review included 38 studies, consisting of randomised controlled trials (18%), cluster randomised controlled trials (16%), randomised experiments (13%), cross-sectional studies (13%), qualitative investigations (13%), and quasi-experimental designs (11%). Effective strategies when measured against antibiotic prescription rates and re-consultation rates included community-based interventions, shared decision-making approaches, and digital tools. Behaviour change, as a measured outcome, was often not explicitly defined. Behaviour change interventions theoretical foundations were not clearly articulated (3%) and interventions focusing on low- and middle-income countries were underrepresented (3%).

Discussion: While behaviour change interventions show promise in reducing unnecessary antibiotic use, standardised outcome measures and long-term evaluations are needed. Greater focus on integrating behavioural theory and assessing interventions in low-and middle-income countries is recommended.

Does the training of UK hospital health workforce address behavioural influences on antibiotic stewardship behaviours?

J. Hart[1], R. Turner[2], E. Johnstone[1], A. Waghorne[1], A. Yaseen[1], S. Griffiths[1], N. Coupe[3], F. Lorencatto[4], L. Byrne-Davis[1]

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Background
There has been a sustained increase in antimicrobial prescribing in UK hospitals and a focus on reducing inappropriate antimicrobial use (antimicrobial stewardship). One method of improving stewardship is education and training of health professionals. This study aimed to identify the content of training and whether it addresses key behavioural influences.

Methods
Policymakers, health professionals, patients and academics identified key organisations responsible for producing UK hospital-based training. Materials were identified, screened and reviewed. Two reviewers extracted data. Intervention content was coded using the Actor, Action, Context, Timeframe, Target framework, mapped to the Behaviour Change Wheel and behaviour change techniques. Mode of delivery parameters were descriptively summarised. Key behavioural drivers were identified through a synthesis of publications.

Findings
Eighty-eight resources; national materials (n = 22) and local materials (n = 66) were included in the final analysis from 50 organisations. Content/delivery was highly variable. Most delivered interventions via PowerPoint (in person/online), often aiming to target general antibiotic prescribing by unspecified workers. On average, each resource included 5.6 behaviour change techniques; most frequently ‘Instructions of how to perform the behaviour’ and ‘Information about health consequences’. Training did not address most of the key influences, including prescribing etiquette, shared decision making.

Discussion
We found variability in content of training which didn’t address key behavioural influences. Training was not routinely evaluated. To improve AMS education, standardising content, incorporating behavioural science insights, and ensuring robust evaluation are essential. A more tailored, evidence-based approach to training for multi-disciplinary teams could optimise antibiotic prescribing in hospital-based care.

Triangulation and coproduction of recommendations for the design, delivery, and evaluation of Antimicrobial Stewardship training

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Background
Health workers are trained on the judicious use of antimicrobials. Training is not consistently reported or evaluated. Informed by our previous work which synthesised/analysed evidence on published AMS evidence and current AMS education and training in UK hospitals, this study aimed to co-develop recommendations for enhancing AMS education and training.
Methods
Following triangulation of our findings from a review of education and training studies and existing training interventions, we identified influences not currently targeted. We held a full-day hybrid workshop attended by 24 stakeholders, including staff (research, policy, and practice) and patient representatives. Facilitated group discussions were used to identify how best to address the gaps in training. Discussions were captured through notes and audio recordings and analysed thematically. Nominal Group Technique was employed to agree on key outcomes for evaluating such education and training.
Findings
Five priority areas were identified for improving education and training: 1) increasing patient involvement, 2) addressing team culture, dynamics and hierarchies, 3) providing localised audit and feedback, 4) addressing fear and managing uncertainty, and 5) facilitating implementation by addressing organisational barriers. Consensus was reached on 11 evaluation outcomes which included clinical practice (e.g. antimicrobial consumption), process (e.g. uptake, confidence) and patient experience (e.g. patient centredness/inclusion) outcomes. Findings were consolidated into a framework outlining key outcomes for evaluating AMS education and training.
Discussion
Our findings offer recommendations for optimising the design, content, and evaluation of stewardship education and training, representing potential intervention strategies that could be piloted and evaluated in future.

Poster Session: Pro-environmental behaviours and health

10:30 - 11:30

Environmental predictors of alternative protein food intake. A systematic review

H. Zaleśkiewicz[1], A. Luszczynska[1], M. Siwa[1], Z. Szczuka[1], A. Banik[1], A. Kornafel[1], J. Misiakowska[1], N. Paduszynska[1], P. Krzywicka[1], D. Wietrzykowska[1], J. Kuzminska[1], I. Palacz-Poborczyk[1]

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Background:
This systematic review explores how structures in built food environment and their characteristics may determine intentions and intake of alternative protein foods (APF) in general population. Using the typology by Downs et al., we examined various structures of food environments (e.g., supermarkets, restaurants, farmers' markets, schools, online vendors), their characteristics, and consumers' beliefs about these environmental structures, that may facilitate or hinder APF choices. Among others, these characteristics include physical attributes, food presentation, organizational policies, and consumer/retailer beliefs.

Methods:
Using the method of systematic review (PROSPERO: CRD42023388700) we searched 13 multidisciplinary databases. Two researchers conducted data searches, coding, and quality assessments, analyzing 31 papers (with 36 studies). Risk of bias evaluations (conducted with The Joanna Briggs Institute tool) indicated that 24 of the included studies had a low risk of bias.

Results:
Perceived and actual availability were the key facilitators of APF choices. Key barriers/facilitators differed depending on the type of environmental structures, and included food presentation in supermarkets, consumer shopping habits in grocery stores, and mismatches between APF availability in e-commerce vs. consumer preferences for in-store purchases. Social norms had distinct effects depending on the type or the environmental structure: for instance, masculinity norms were a barrier to plant-based APF choices in restaurants but did not affect insect-based APF choices in restaurants.

Conclusions:
The results may also inform public health policies and address the physical food environment, helping to prioritize specific changes in the respective setting (e.g., positioning APF in meat and produce sections in supermarkets).

Geographical context of European consumers' choices of alternative protein foods: A systematic review

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Background
This systematic review synthesizes empirical evidence on the associations between alternative protein food (APFs) choices and geographical contextual factors, including differences and similarities between consumers from various European countries, rural versus urban environments, and the "local" attribute of APFs. We examined differences and similarities between consumers, according to the European countries in which they reside; differences between consumers residing in rural and urban areas, and the associations between the "local" positioning of APFs in European countries and indicators of consumers' choices.

Methods:
The pre-registered systematic review (PROSPERO repository, no. CRD42023388700) was conducted in 11 databases and included 25 original studies. Two researchers conducted data searches, coding and quality assessments, and analyzed 26 articles reporting 25 independent studies. The risk of bias was assessed using the Joanna Briggs Institute quality evaluation tools.

Findings:
Among European consumers, levels of intention to include APFs into their diet are low-to-moderate. Patterns of APFs choice differed between participants according to region of residence: Northern Europe (Denmark, Finland), Southern Europe (Italy, Spain), and Eastern Europe (Poland, Czech Republic). Perceiving the APFs product as local may increase the likelihood of APF choices. A recurring pattern of relatively low levels of intention to eat, acceptance, and intention to buy, try, or adopt insect-based APF products was found. Additionally, there was a moderate intention to buy hybrid products (plant-based proteins combined with meat-based proteins) and plant-based APFs.

Discussion:
Differences among consumers living in Europe indicate that different messages are used to promote APF intake across Europe.

Healthy or not? The influence of sustainability labels on food healthiness categorization and categorization times

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Background. When asked to judge the healthiness and sustainability of foods, individuals rate foods that they perceive to be more sustainable also as healthier, indicating the use of a 'healthy=sustainable-heuristic'. In previous studies, participants were mostly asked directly to rate foods which mirrors a deliberate evaluation. However, dual process models assume that next to the deliberate system, automatic forces drive behaviour. Hence, the aim of this study is to investigate whether the 'healthy = sustainable'-heuristic also occurs on an automatic, more implicit level.

Methods and expected results. Assuming small effects, a sample size of N=400 was determined via power analysis. In an online categorization task with a 2x2-within-subjects-design, participants will be presented with food stimuli and will have to categorize foods as 'healthy' or 'unhealthy'. Foods will be either 'rather healthy' vs. 'rather unhealthy' and be either labelled with a label highlighting the low vs. high sustainability of the food. Reaction times will be recorded. We hypothesize that a) the proportion of correct categorization will be higher and b) individuals will be faster to correctly categorize foods when food attributes are congruent (e.g., healthy and sustainable) as opposed to incongruent (e.g., healthy and not sustainable). Data will be analysed with Bayesian linear models.

Discussion. Results will enhance our understanding of the automatic nature of the healthy=sustainable heuristic, adding to previous results of its deliberate nature.

Preference for behavioral strategies towards more plant-based diets: empirical results on meal choices

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Background: A shift towards a more plant-based diet is expected to have beneficial effects on human and planetary health. Such a shift can be achieved in different ways, depending on current eating habits or personal preferences. We wanted to gain a better understanding of consumer preferences in applying four behavioral strategies in meal choices: reduction of animal-products, the use of analogs, dishes centered around traditional sources of plant proteins such as pulses and nuts and the incorporation of innovative products in one's diet.
Methods: An empirical study has been conducted in over 2000 Dutch adults. Participants were asked to make 14 product choices in seven familiar dishes (two animal-based products per dish). Per product, participants selected their preferred choice from a list with eight pre-defined alternatives (two alternatives per behavioral strategy).
Findings: The strategy of reduction is clearly most popular. When replacing an animal-products by a plant-product, analogs are most used and most likely to be implemented to replace meat. For non-meat animal products, traditional product such as pulses and nuts are most popular. Results show that meat eaters and flexitarians differ in their choices, with flexitarians being less outspoken in their preferred strategy and mixing the strategies more, depending on the dish and the product category. Meat eaters show a more consistent choice for using half a portion of the animal-based product.
Discussion: Insights are helpful in implementing behavioral strategies in line with consumer preferences in different types of meals, in order to support consumers towards more plant-based diets.

The perceived price barrier in organic food consumption: an exploratory study

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Background:
Many consumers perceive organic food as being too expensive, even when they are financially capable to purchase such goods. This perceived price barrier discourages organic purchasing behavior, yet its psychological determinants remain unclear. Using the value-based choice model as a framework, this pre-registered study aimed to unravel how different tangible, social, and self-related value inputs shape consumers' value perceptions of organic food, distinguishing between utilitarian (e.g., functional needs) and hedonic (e.g., sensory enjoyment) products.

Methods:
Guided-shopping tasks in supermarkets, followed by in-depth, face-to-face semi-structured interviews were conducted with Dutch consumers (N = 30) who perceived a price barrier to organic foods despite sufficient financial resources. During food-shopping trips, participants purchased two hedonic and utilitarian products (selected from a pre-defined list with available (non)organic items) while thinking aloud. The results were analyzed by two independent coders using thematic analysis.

Findings:
Key determinants of the perceived price barrier for organic foods were revealed across the three value inputs. Remarkably, results indicate that multiple determinants have been neglected by previous research, such as consumer skepticism and perceived social norms regarding organic consumption. Furthermore, results show that differences exist between utilitarian and hedonic food products with respect to perceived positive value inputs (e.g. health benefits) and perceived negative value inputs (e.g. lack of perceived availability of organic alternatives).

Discussion:
These findings highlight the need to address underexplored psychological determinants and product-type differences in order to develop effective interventions that may help to reduce the perceived price barrier for organic food products.

Neophobia and Inclusion of Plant-Based Alternative Protein Foods into Daily Diet: A Longitudinal Study

***N. Paduszyńska*[1],** H. Zaleśkiewicz[1], A. Kornafel[1], Z. Szczuka[1], A. Banik[1], M. Siwa[1], D. Wietrzykowska[1], J. Misiakowska[1], J. Kuźmińska[2], P. Krzywicka[1], I. Palacz-Poborczyk[3], A. Luszczynska[1]

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Background:
Existing research provides evidence for cross-sectional associations between selected emotion-related variables and including or excluding alternative protein foods (APF; including plant-based proteins) from daily diet. Although gender differences in APFs intake are observed, it is unclear if the associations between emotions and APF are moderated by gender. This study focuses on effects of complex negative emotions, namely four domains of neophobia, including food neophobia, reluctance to use new technologies, perceived risks associated with new technologies, and acceptance of technology as a tool for promoting healthy choices as predictors of APF intake among men and women.

Methods:
A total of 485 adults (mean age = 33.76; SD = 12.25; 64.9% women) participated in two assessment points, spanning one month. The neophobia domains (Time 1) were assumed to predict APF choices (Time 2), controlling for baseline AFP intake.

Findings:
Higher neophobia related to the potential risks of novel food technologies (Time 1) predicted lower APF consumption at Time 2. This effect was not moderated by gender.

Discussion:
These findings underscore the importance of identifying behavior change techniques which may reduce neophobia. Targeted education on food technologies could help address misconceptions and improve acceptance of novel protein sources.

Beliefs about tap water among young immigrants in Canada: A Reasoned Action Approach elicitation study

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Background: Drinking tap water has health and environmental benefits, but many ethnic minorities in North America consume bottled water. The objective was to identify young immigrants' beliefs regarding tap water.

Methods: This study was based on the Reasoned Action Approach. The target population was adolescents (14-17 years) from Africa, Asia, Europe, and Latin America who arrived in Canada less than five years ago. Participants completed an online questionnaire of nine open-ended questions regarding their beliefs about tap water. Water intake was measured using a validated questionnaire. A qualitative content analysis was performed by two experts to identify the most important beliefs using a 75% cumulative frequency of mention.

Findings: Fifty young immigrants (52.0% boys; mean age: 15.4±1.2 years) completed the questionnaire. Tap water accounted for 64.1% of total water intake. Several adolescents mentioned the fear of getting sick after drinking tap water. However, participants perceived that drinking tap water is more affordable and better for the environment than bottled water. Parents' and friends' opinions on tap water are important. Many barriers to tap water intake (e.g., perceived poor water quality, bad taste, doubts about water content) were reported, while improving its public access was suggested as a facilitating factor.

Discussion: Young immigrants in Canada seem to have a low tap water intake. The belief that drinking tap water is dangerous appears common. It is important to inform adolescents about tap water quality and content upon their arrival in the country and improve its public access to potentially reduce health inequalities.

Recycling Behaviours Among University Students in Portugal: A Cross-Sectional Survey of Behavioural Determinants

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Background:
Recycling is essential in tackling the climate crisis, yet research on its determinants in Portugal remains scarce. This study examines key barriers and facilitators of recycling behaviours among university students using the Capability-Opportunity-Motivation-Behaviour (COM-B) model with the goal of informing behaviour change interventions and support sustainable waste management strategies.

Methods:
This cross-sectional survey recruited a convenience sample of 550 university students in Portugal (70% female, mean age = 26, 56% urban residents). Participants completed an online questionnaire developed for this study, assessing the frequency of separation and disposal behaviours and their COM-B determinants. The questionnaire included 49 mandatory and 6 optional items. The survey was distributed via email and social media using a snowball sampling approach. Data were analysed using descriptive statistics and stepwise regression in Jamovi software.

Findings:
Separation behaviours were associated with automatic motivation (r = 0.828) and physical opportunity (r = 0.631), while disposal behaviours correlated with automatic motivation (r = 0.686) and psychological capability (r =0.573). Stepwise regression confirmed these relationships. The final model for separation behaviours (Model 5) demonstrated a strong fit, R=.839, R^2=.704, F(5,544)=259.0, p<.001. For disposal behaviors, Model 6 showed a good fit, R=.748, R^2 =.559, F(6,543) =114.8, p<.001.

Discussion:
Findings suggest that habit formation (automatic motivation) plays a key role in both separation and disposal behaviours, while physical opportunity facilitates separation at home, and psychological capability supports correct disposal at neighbourhood facilities. Future interventions could explore habit-strengthening strategies, improved domestic recycling infrastructure, and clearer disposal guidelines to encourage sustainable recycling.

Poster Session: Lifestyle behaviours

10:30 - 11:30

Participant Attitudes on Integrating Smoking Cessation Support in (Lung Cancer) Screening

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Background: Lung cancer screening (LCS) presents a "teachable moment" to promote healthier behaviors in a high-risk, usually lower SES population. However, there is a gap in understanding how to effectively engage smokers and optimize smoking cessation (SC) during screening.

Methods: This mixed-methods study combines questionnaires (N=394) and focus groups (n=14) to explore preferences within the 4-IN-THE-LUNG-RUN trial, Europe's largest population-based LCS trial. The questionnaire examined readiness to participate in SC, preferred methods of information delivery, impact of screening results on quitting motivation, and treatment modality preferences. Chi-square tests assessed differences based on smoking status, sex, and education. Thematic analysis of qualitative data is ongoing.

Findings: Fewer current smokers are interested in receiving information on or participating in a smoking cessation program than former smokers (<0.001). Current smokers are more uncertain about the preferred provider (e.g. screening organization, GP, stop coach) of SC information. They are more likely to want information at screening results (p=0.007). Current smokers more strongly favour online tools for receiving support. A greater proportion of men believe quitting should be a personal initiative (46.1% men vs 32.6% women, p=0.013). Some participants may disengage from screening if SC is emphasized or mandatory.

Discussion: The target group of current smokers eligible for LCS show high ambivalence toward SC programs within screening, and prefer methods that offer convenience, anonymity, and reduced stigma. Our findings emphasise the importance of personalized and well-timed options for SC to avoid discouraging screening participation of a group that is already hesitant to seek health care.

The illusion of harm reduction: Messaging tactics of tobacco companies to market emerging tobacco products

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Background: Tobacco companies are increasingly using corporate social responsibility (CSR) activities in online and offline media which can contribute to a more positive image of the tobacco industry and may promote their emerging tobacco and nicotine products. This study aims to explore the prevalence and health behaviour-related topics of CSR media messaging technics of the tobacco industry in Hungary.
Methods: We conducted a secondary data analysis of media appearances of Hungarian tobacco industry players registered in the advertising monitoring database of Kantar Media Hungary Ltd, between May 2019–October 2024. Descriptive characteristics of new media appearances (n=709, frequency/month, platforms, creative types) and machine-assisted topic analysis (MATA) of creatives, which combines machine learning with human-led qualitative thematic analysis, were used.
Findings: The number of new media appearances more than quadrupled over the period compared to the baseline year, with an average of 113 new appearances per year (range 85–172) and a total of 15,639 appearances in online (75.2%) and offline (24.8%) platforms. The MATA identified the following thematic creative groups: awareness raising to promote harm reduction, stress and relaxation, community relations (family, children, romantic partner), environmental consciousness, lifestyle risk communication, lifestyle change, sustainability, science communication, and others (e.g., illicit trade).
Discussion: Our study highlights how tobacco industry CSR activities use psychological mechanisms, such as persuasion and risk perception, to shape public attitudes and normalize emerging tobacco/nicotine products. Understanding these influences is crucial for developing effective public health interventions and regulatory measures to counter industry messaging and support tobacco control efforts.

How smoking behaviours relate to building height, green spaces and sports facilities in Cyprus?

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Background: The relationship between urban built environment and smoking behavior remains inadequately understood. This study investigated the connections between individual characteristics and urban built environment features with respect to smoking behavior among adults in Cyprus.

Methods: Data regarding individual attributes and smoking behavior outcomes (including active smoking and attempts to quit) were collected from the 2023 cross-sectional survey conducted by the Cyprus National Addictions Authority. Information on urban built environment characteristics, such as building height, green urban spaces, sports and leisure facilities, and the presence of trees at street level, was sourced from the Copernicus Land Monitoring Service and compiled at the postal code level.

Results: Among the 2,643 adult participants, 44.6% were identified as active smokers. Individual characteristics correlated with smoking behavior in line with existing literature. Specifically, building height was linked to active smoking, particularly among residents of city centers [1.21 (1.01, 1.46); p=0.036]. Conversely, the availability of sports and leisure facilities demonstrated a protective effect [0.77 (0.63, 0.96); p=0.020], which was notably stronger in males. Additionally, green urban areas were associated with a higher likelihood of having attempted to quit smoking [1.48 (1.07, 2.05); p=0.020], and they mitigated the adverse effects of building height on active smoking.

Conclusions: The findings indicate that building height is linked to increased smoking behavior, while sports and leisure facilities, along with green urban areas, exhibit protective effects, underscoring the diverse impacts of urban built environment characteristics on health behaviors.

Psychological influences on fruit and vegetable purchases in a supermarket - a field experiment

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Background: Previous research links consumer emotions, stress, and healthy food choices, but their role in real-world shopping remains underexplored. This study, based on the emotion-imbued choice model, examines how emotions, stress, habits, and healthy eating practices influence fruit and vegetable (F&V) purchases in supermarkets.

Methods: A field study with 263 participants was conducted at a German supermarket from April to June 2024. Participants were recruited at the supermarket entrance and gave written consent to participate in the study. They then completed their usual grocery trip. Afterward, they filled out a brief survey assessing, amongst others, stress levels via the PSS-10, consumer emotions, healthy eating practices, and shopping habits, and a photo of their receipt was taken. Data analysis will include descriptive statistics, mean comparisons, and regression analysis to find potential influences of the psychological variables on F&V purchases as indicated by the purchased weight as well as expenditure on these items.

(Expected) Findings: Participants with more positive consumer emotions, healthier eating practices, and higher levels of habits are expected to purchase more F&V items. This effect is anticipated to be stronger among those with lower stress levels. Currently, the receipt data is being processed to account for unweighted and composite items, with analysis commencing soon.

Discussion: Findings could inform health interventions and supermarket strategies by identifying psychological influences on healthy shopping behaviour. Understanding how emotions, stress, healthy eating practices, and habits shape purchasing decisions in a real-life setting may help practitioners design interventions that promote healthier food choice.

Public Acceptance of Food Environment Interventions: Balancing Health Policies and Individual Freedom

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Background
In the Netherlands, the prevalence of overweight individuals is projected to increase from 50% in 2022 to 64% by 2050. The current food environment predominantly promotes unhealthy dietary habits, with 83% of supermarket products not meeting dietary guidelines. Addressing this issue requires policies that foster a healthier food environment. However, such policies may conflict with perceptions of individual freedom of choice. This study explores public acceptance of food environment interventions.
Methods
Four focus groups (each with six participants) were conducted in two Dutch regions. The two-hour sessions began with participants reflecting on their personal values regarding food and health. They were then presented with three intervention scenarios: (a) price increases on unhealthy supermarket products and/or price reductions on healthy products, (b) restrictions on unhealthy food pickup points, and (c) a ban on outdoor advertising of unhealthy food. The resulting discussions were thematically analyzed.
Findings
Participants generally supported lowering the price of healthy food but opposed price increases on unhealthy food, perceiving it as an infringement on personal choice and disproportionately affecting low-income groups. Restrictions on unhealthy food pickup points and outdoor advertising faced less resistance but were widely seen as ineffective, leading to limited support.
Discussion
Policies that incentivize healthy eating receive public support, whereas restrictive measures face resistance. If such policies are implemented, it is imperative to clearly communicate their necessity and effectiveness to enhance public acceptance.

A holistic approach to multiple health behaviours and their determinants in older adults: study protocol

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Background:
Overweight and obesity are major public health challenges, requiring prevention through a focus on diet, physical activity (PA), sedentary behaviour (SB) and sleep. Most past research has three main shortcomings:
(1) health behaviours are studied independently,
(2) day-to-day and within-day variations in behaviours and determinants is neglected,
(3) focus on between-person associations, overlooking individual differences in behaviour change processes.
This study aims to solve these shortcomings by (1) examining the temporal covariance of diet, PA, SB and sleep; (2) investigating how individual and contextual determinants vary within participants, within days and between days; and (3) exploring how time-varying determinants predict within-person day-to-day and within-day variability of diet, PA, SB and sleep.

Methods:
An intensive longitudinal observational study of 12 months with a measurement burst design (4 bursts of 7 days, separated by 12-week intervals) is ongoing (planned end date December 2025). The following data is collected: (1) baseline: general questionnaire, anthropometrics; (2) during the bursts: monitoring of PA, SB and sleep, dietary diary, and time-based ecological momentary assessment (6 times per day). A total of 125 adults aged 55 to 75 years have been recruited.

Findings:
For aim 1, multilevel vector autoregressive network models, a multivariate time-series model, will be used. For aims 2 and 3, generalized linear mixed models will examine (1) within-person variability of determinants, and (2) the predictive value of time-varying determinants identified in aim 2, on day-level behavioural outcomes.

Discussion:
Based on the findings, a personalized mHealth intervention will be developed to support behaviour change.

Protective Behavioral Strategies: does using the most protective pattern depend on subjective values?

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Context:
Protective Behavioral Strategies (PBS) aim to reduce alcohol consumption and its negative consequences. Although globally effective, their application in prevention remains limited, partly due to a lack of understanding of their optimal combinations and determinants. Therefore, this research aims to highlight the most effective patterns of PBS use. Moreover, the most effective PBS are not the most used by students. Therefore, this research secondly aims to investigate, through self-control theories, whether a lower attribution of values to the most effective PBS could explain their lower use.
Methods:
The first study (N=896) measured sociodemographic variables, PBS use, norms, identity, and motivations related to alcohol-use, and alcohol-consumption variables. The second (N=300) measured sociodemographic variables, PBS use, and the subjective values attributed to PBS.
Results:
First, latent profile analyses revealed seven user profiles (entropy=0.72 and pBLRT=0.01), varying in terms of psychosocial variables, with the most protected profiles (in terms of binge drinking and alcohol-use-disorder risks) using the four PBS intensively. Second, repeated-measures ANOVA ($F(3,897) = 66.86$; $p < .001$; $\eta 2p = 0.183$) indicated that students attributed lower values (tangible, social, personal) to the two least-used PBS despite their greater protection.
Discussion:
The most protective profile is using all four PBS, the challenge being encouraging students to adopt the two they use the least. One way to address this challenge may be through psychosocial factors and subjective values, as these findings suggest that public health efforts should focus on promoting values attribution to encourage the adoption of these underutilized yet highly effective strategies.

Systematic Review of Behavioural Change Techniques (BCTs) for Promoting Healthy Lifestyles

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This systematic review is part of the iBeCHANGE project, which aims at addressing psychosocial and lifestyle risk factors associated with cancer by integrating evidence-based behavioral change techniques (BCTs) and psychosocial support interventions into a digital platform. Specifically, this systematic review examines BCTs used in interventions targeting physical activity, diet, smoking, alcohol consumption, and weight management. The goal is to identify studies that developed, tested, and codified their interventions according to BCT Taxonomy developed by Michie and colleagues in order to find the most effective techniques for sustainable lifestyle changes, particularly for cancer prevention.
It was conducted following PRISMA guidelines. Searches in PubMed and Scopus identified exclusively randomised controlled trials and quasi-experimental studies that apply the BCTT. Studies had to report BCTs used, focus on non-clinical populations, and measure behaviour change outcomes. Data extraction included intervention type, BCTs applied, and effectiveness.
Seventeen studies met inclusion criteria, covering interventions for physical activity (41.2%), diet (35.3%), smoking (5.9%), and weight management (11.8%). No study targeted alcohol consumption. The most frequently used BCTs were goal setting (behaviour) (64.7%), self-monitoring (64.7%), and providing information about health consequences (64.7%). Multi-component interventions were more effective. A mobile health intervention using 18 BCTs reduced BMI, while a smoking cessation app using 21 BCTs improved abstinence rates. Diet interventions using self-monitoring and anticipated regret significantly reduced red meat intake. However, sedentary behaviour interventions showed limited long-term effects.
Findings highlight goal setting, self-monitoring, and information provision as key elements of successful interventions. However, effectiveness varies by intervention type and behaviour.

Exploring general practitioners' engagement with social prescribing: opportunities and challenges in primary care

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Background: Social prescribing (SP) links primary care patients to non-medical community-based support services to improve their health and well-being. General practitioners (GPs) are central to SP referral pathways, yet their engagement remains inconsistent. This study examines GPs' experiences, perspectives, and barriers to referring patients to SP, particularly for promoting healthy lifestyle behaviours.

Methods: A cross-sectional survey was conducted with GPs from Northern and Eastern Scotland. Twenty-nine GPs were recruited at a regional conference, with 26 completing the questionnaire. The survey assessed familiarity with SP, referral practices, perceived outcomes, benefits, and barriers. Quantitative data were analysed descriptively, while open-ended responses were thematically analysed.

Results: Most GPs (84.6%) recognised SP as a valuable complement to medical care, and 73.1% referred patients to SP schemes. However, referrals were infrequent, with 73.7% referring only 1-2 patients monthly. Referrals were primarily made to address social determinants of health, reduce isolation, and provide emotional support. Key barriers included limited service capacity, time constraints, and the absence of link practitioners (LPs) within practices. Facilitators included clear referral pathways and strong relationships with LPs. Although 80.7% of GPs agreed that SP can support healthy lifestyle changes, referrals remained low due to uncertainties about LPs' capabilities and a belief in limited community resources for specific demographics (e.g., low-income, elderly).

Conclusion: While GPs acknowledge SP's benefits, engagement is hindered by structural and logistical barriers. Streamlining referral processes and enhancing awareness of SP's role in lifestyle interventions may improve uptake. Further research should focus on optimising SP integration within primary care.

Poster Session: Views of healthcare professionals and other stakeholders when implementing interventions

10:30 - 11:30

When and why will health care professionals (not) refer patients to lifestyle initiatives? Qualitative study

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Background: A healthy lifestyle is beneficial towards recuperation and prevention of exacerbation of current conditions for the greater part of patients under treatment in hospitals. Prevention initiatives within the hospital, such as in-house Lifestyle Front Offices and digital referral platforms, can play an important facilitating role in supporting the patient to find lifestyle-related care near their home. As yet, little is known about motivations, attitudes, and experiences of hospital health care professionals regarding referral to lifestyle initiatives.

Methods: We interviewed 30 participants – 16 doctors and 14 specialist nurses, on experiences with, attitudes towards, and reasons for referring to two in-house and external lifestyle care initiatives in a university hospital setting. 16 participants regularly referred patients, 14 had only referred a few patients. We transcribed and coded the interviews and performed a thematic analysis for emergent themes.

Findings: Participants considered referral to lifestyle initiatives a multi-phase process rather than a moment in time. In this process, often the decision to refer was based on assumptions rather than facts, with similar assumptions leading to different decisions to (not) refer in different professionals. Few differences emerged between high- and low-referrers. Referring appears to be more a product of gut feelings, circumstances, and habits than of rational decisions, protocols or responsibility considerations.

Discussion: The current findings show that improvements in referral processes are possible and necessary, and can inform to the development of tools and training for more and better referral to lifestyle initiatives in hospitals and elsewhere.

Decision biases in antidepressant prescribing: A qualitative study of UK primary healthcare professionals

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Trends of increasing antidepressant prescribing over recent decades raise concerns about overprescribing, avoidable side effects, and patients' treatment satisfaction. Identifying psychological factors that influence antidepressant prescribing of primary care professionals can help understand this trend, and identify measures to mitigate it.

We present preliminary findings from a qualitative research study, which used semi-structured interviews including patient vignettes, focusing on both treatment initiation and deprescribing. We recruited primary healthcare staff with experience of antidepressant prescribing during the COVID-19 pandemic to the present day. Interviews were transcribed verbatim and analysed using reflexive thematic analysis to identify psychological factors implicated in the prescribing decision-making process.

Preliminary results suggest multiple factors that shape treatment decisions, including a desire to satisfy patient requests, adequately addressing triggers around patients depressive symptoms and considerations regarding delayed access to psychological talking therapies. Participants suggested that the pandemic may have exacerbated these factors. Findings were mapped against a dual-process theory of decision making to contrast intuitive and analytical decisions and identify potential biases. Our findings suggest the importance of risk aversion and action bias in promoting antidepressant prescribing when faced with limited availability of non-pharmacological treatments in primary care.

The talk will conclude with reflections on current prescribing practices, and theory-based recommendations for antidepressant treatment optimization to improve patient outcomes.

Barriers and enablers to delivering chronic disease preventive care in mental health settings: scoping review

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Background: Individuals with mental health difficulties have a higher risk of chronic disease and a lower life expectancy than the general population due, at least in part, to higher rates of modifiable health behaviours including smoking, alcohol and drug consumption, inadequate physical activity, and poor diet. The delivery of preventive care by healthcare professionals in mental health settings is recommended to improve health and wellbeing and reduce the risk of chronic disease in this population. However, there are barriers to the implementation of preventive care within these settings.

Aim: This scoping review aims to identify and narratively synthesise the available evidence of the barriers and enablers of healthcare professionals delivering preventive care for all these modifiable health behaviours (smoking, alcohol and drug use, physical activity, and diet) in mental health settings.

Methods: This review will be guided by the Joanna Briggs Institute (JBI) methodology for scoping reviews and will be conducted and reported in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR). The following databases were searched: Medline All, PsycINFO, Embase and CINAHL. Two independent reviewers are conducting initial title and abstract screening and will conduct full-text screening for eligibility. Two independent reviewers will conduct data extraction. Data will be deductively analysed using the Theoretical Domains Framework (TDF) with results presented narratively.

Potential Implications: This scoping review will provide a comprehensive overview of the factors influencing the delivery of chronic disease preventive care in mental health settings. The findings will inform future research, practice, and policy in these settings.

Determinants of vascular surgeons' compliance to guidelines for abdominal aortic aneurysm repair: a qualitative study

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Background: Due to risk of rupture, larger abdominal aortic aneurysms (AAAs) warrant surgical repair, although surgery itself carries significant risks. Therefore, guidelines recommend delaying repair until the diameter exceeds the intervention threshold. Still, a notable proportion of repairs occur earlier. This study aimed to explore factors influencing vascular surgeons' compliance to the intervention threshold regarding AAA repair.
Methods: We employed semi-structured face-to-face interviews with twelve vascular surgeons, randomly selected from 30 Dutch hospitals. The interview was based on an interview guide co-created by behavioural scientists and vascular surgeons. Data analysis involved thematic analysis using Atlas.ti, with codes derived inductively and deductively based on the TDF.
Findings: Some surgeons justified early repair for patient-centred reasons, while others regarded it as poor practice. Key factors influencing compliance included surgeons' interpersonal communication skills in reassuring patients, knowledge about measurement methods, environmental constraints such as limited consultation time, social influences such as patient pressure, surgeons' beliefs about risks associated with early repair, incentives related to the reimbursement system, and surgeons' perceived capabilities in proposing a watchful waiting approach slightly below the intervention threshold. Suggestions to reduce early repair included tools for accurate rupture-risk prediction, updated research on intervention thresholds, additional consultation time, and enhanced psychological support for patients.
Discussion: Vascular surgeons' behaviour regarding AAA repair near the intervention threshold is shaped by a complex interplay of factors within the TDF. Addressing these factors could enhance adherence to evidence-based guidelines, leading to more consistent practices that prioritize patient outcomes.

Self-management support in chronic kidney disease: does current practice match best practice?

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Background: Self-management behaviors, such as adhering to dietary restrictions, medication regimens and dialysis, are associated with slower disease progression and improved outcomes in chronic kidney disease (CKD). Meta-analytical evidence suggests that Behavior Change Techniques (BCTs) such as goal setting, information about antecedents and social support are associated with self-management behaviors, so patient-provider interactions which contain these BCTs are thereby key to improving outcomes. This research aimed to compare current practice in Finland with evidence-based best practice to identify possibilities for clinical care improvement.

Methods: Audio recordings of 18 clinical encounters between healthcare providers and CKD patients were content analyzed to identify which self-management behaviors were discussed and which BCTs healthcare providers used to promote these self-management behaviors.

Findings: Patient-provider encounters focused primarily on routine clinical care, including discussing laboratory results and reviewing medication, with less time devoted to promoting self-management behaviors. Current care seems to contain some BCTs targeting knowledge and health beliefs which have been linked with improved self-management behaviors, but these are not systematically applied. Goal setting of self-management behaviors, information about antecedents and conserving mental resources, which are highlighted as important by previous research, were also rarely applied.

Conclusion: This study identified some effective BCTs already in use in clinical care, but also shed light on several gaps, such as lack of systematic strategies targeting e.g. behavioral regulation and social support. Our research group will apply these findings in the development of clinical care.

Facilitating patient-reported outcome measures (PROMs) discussion and management in Dutch dialysis care: a qualitative study

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Background
This study aimed to acquire in-depth knowledge about stakeholders' experiences with patient-reported outcome measures (PROMs) and perspectives on facilitating PROMs discussion and management in routine dialysis care.

Methods
A qualitative study was conducted using an interpretive description approach. Individual semi-structured interviews were held with a purposively-sampled heterogeneous stakeholder-group (nephrologists/social workers/nurses/researchers/policymakers). Transcripts were analyzed inductively using thematic analysis.

Findings
Stakeholders (n=17) considered PROMs an important tool to ensure sufficient attention to and conversations about patients' quality of life and symptom burden. However, they encountered various barriers when discussing and acting on PROMs and shared how to facilitate this process. First, clarification is required about the different roles that (healthcare) professionals should fulfill throughout the PROMs-healthcare trajectory. Guidance is also needed on how to address 'less medical' symptoms (e.g. sleep-, mental-, sexual problems). Uncertainty and discomfort were experienced, which arose from several factors, including it being sensitive topics, prejudices, and personal barriers. Furthermore, a comprehensive guide is required, containing evidence-based multidisciplinary symptom-management strategies and referral options outside the dialysis team (e.g. psychologist, sexologist). Stakeholders also wanted to know how to support patients with lower (health) literacy-levels to ensure they could complete (adapted) PROMs. Finally, stakeholders stressed the importance of incorporating patients' opinions on dealing with PROMs-results, including symptom-management strategies.

Discussion
Guidance is needed on how to organize, discuss, and act on PROMs-results in routine care to ensure an optimal and inclusive PROMs-healthcare trajectory for all dialysis patients. Further research is needed to identify patients' needs regarding discussing and acting on PROMs.

Field Test of the GLA:D BACK Self-Management Adherence and Competence Checklist (SMAC Checklist)

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Background:
Understanding treatment delivery in clinical settings is crucial for improving self-management interventions for musculoskeletal conditions. Fidelity evaluation helps illuminate delivery of the interventions and identify key elements contributing to treatment effectiveness.
To assess fidelity in clinicians' delivery of the GLA:D Back program in Denmark, we developed the SMAC Checklist. Establishing its psychometric properties is necessary before its application in fidelity evaluation. This study aims to evaluate the SMAC Checklist in a field test by assessing its reliability, analyzing individual items and response options, and conducting an item reduction procedure.

Methods:
Using an observational design, we videorecorded 12 clinicians delivering GLA:D Back patient education or exercise sessions. Convenience sampling resulted in 54 recordings analysed by two independent observers using the SMAC Checklist.
Reliability will be assessed using specific agreement, weighted kappa, prevalence-adjusted kappa (PABAK), two-way mixed-effect ANOVA, and Cronbach's alpha. Partial inter-item correlations will be used for item reduction.

Findings:
Video recordings have been collected and scored using the SMAC Checklist, with initial analyses conducted. Based on statistical analyses, we expect to develop the SMAC Checklist 2.0.

Discussion:
This study aims to ensure the SMAC Checklist 2.0 demonstrates strong psychometric quality, enabling high-quality evaluation of clinician's delivery of self-management supportive care for patients with back pain. The findings will enhance the understanding of mechanisms underlying self-management supportive interventions and support the future education of clinicians.

Using an implementation framework to evaluate risk communication training in Canadian long-term care homes

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Introduction: Many clinical prediction algorithms have been developed, but few have been successfully implemented. Previous research suggests lack of effective training is a key barrier to implementing evidence-based tools. The theoretical domains framework (TDF) could evaluate a training program in modifying providers' behaviours, by analyzing barriers and facilitators to behaviour change using cognitive, affective, social, and environmental determinants.

Objective: We used the TDF to evaluate the effectiveness of training long-term care (LTC) staff in Ontario, Canada, on using a new evidence-based mortality risk communication tool called RESPECT to improve earlier identification of palliative care needs.

Methods: Training evaluation survey questions were designed using TDF domains and Likert-scale measures. These surveys were administered before training, immediately post-training, and six months post-training from 2023 to 2024. Results were quantitatively analyzed using descriptive methods. 35 staff across 3 facilities participated in training.

Results: Most (75-80%) participants were physicians or nurses. While most (83-100%) had positive attitudes towards identifying residents earlier for a palliative approach and capturing goals of care discussions before training, only 50%-60% felt skilled and knowledgeable enough to do this. Post-training, these figures rose to nearly 100%. Only 58% felt they had a plan or system to keep track of palliative activities however, suggesting future training should outline a clearer action plan to encourage behavioural regulation.

Discussion: Behavioural psychology-based frameworks could guide structured implementation of digital tools, bridging the gap between research and practice. Future steps include refining training sessions to better target behavioural change and continuously evaluating the implementation process.

The usefulness of the Implementation-Stakeholder Engagement Model (I-STEM) in academic research settings: the RECENTRE program

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For successful health technology innovation and implementation, early engagement of implementation-stakeholders is key. A case study is presented on the exploration and planning of implementation-stakeholder engagement throughout a five-year interdisciplinary research program titled Risk-based lifEstyle Change: daily lifE moNiToring and Recommendations (RECENTRE; currently running 2 years).

Within RECENTRE, various innovation and implementation support tools are used throughout the program to create awareness, to identify researchers' support needs, and to provide guidance on concrete next steps regarding innovation and implementation. The objective of the present work was to assess the usefulness of the Implementation-Stakeholder Engagement Model (I-STEM) and I-STEM toolkit for the RECENTRE program. The I-STEM (toolkit) was evaluated by an implementation specialist, and was subsequently used as input for program management discussions and during consortium meetings.

The use of the I-STEM toolkit 1) raised awareness on the importance and types of stakeholder engagement, 2) confirmed RECENTRE's needs for interdisciplinary contextual inquiry, 3) resulted in the decision to use a pragmatic rather than scientific implementation-stakeholder engagement approach, and 4) facilitated the planning of open stakeholder consultations. Subsequent steps include the use of the I-STEM toolkit together with implementation-stakeholders to co-create engagement plans for advancing innovations in daily-life monitoring.

This case study shows the usefulness of tools such as I-STEM to explore and plan for implementation-stakeholder engagement in academic research settings. Systematic use of such tools across different innovation phases may facilitate interdisciplinary collaboration by offering a shared language and pragmatic approach, thereby supporting the sustainable implementation of health technology innovations.

Nurses' Knowledge, Learning Motivation, and Attitudes Towards Medical Device-Related Pressure Sore Prevention

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This descriptive study was conducted to examine the effect of nurses' knowledge level and motivation to learn on their attitudes towards pressure ulcer prevention in medical device-related pressure ulcers. A total of 182 intensive care nurses formed the sample of the study. Data were collected by face-to-face interview method by the researcher using socio-demographic characteristics form, medical device-related pressure ulcer knowledge scale, learning motivation scale and attitude towards pressure ulcer prevention scale. Independent samples t-test, Kruskal-Wallis H-test, Mann-Whitney U-test, Bonferroni post-hoc test, one-way analysis of variance, multiple linear regression analysis, logistic regression analysis, Pearson correlation analysis and Spearman correlation analysis were used to analyse the data. In our study, it was found that nurses' knowledge of medical devices (17.40±3.72), their attitude towards pressure injury prevention (42.39±4.94) and their motivation to learn (61.77±8.61) were above average. It was found that the scores on the attitude scale towards pressure injury prevention differed significantly according to the educational status of the nurses ($p<0.05$). In addition, a significant relationship was found between the nurses' scores on the attitude scale towards pressure injury prevention and the scores on the learning motivation scale ($p<0.05$). It was found that the postgraduate degree of the nurses positively predicted the attitude scale score towards pressure injury prevention ($\beta=0.174$; $p<0.05$).

Poster Session: Lifestyle-related behavior change and digital health

10:30 - 11:30

Main Outcomes from a Cluster Randomised Controlled Trial of the OurFutures Vaping Program

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Background:
E-cigarette use ('vaping') is prevalent among adolescents, with emerging evidence of adverse physical and mental health effects. Effective behaviour change interventions are urgently needed, and school is an ideal setting for delivery. This study evaluated the efficacy of the digital OurFutures Vaping Program; a universal school-based preventive intervention targeting e-cigarette use.

Methods:
A cluster randomised controlled trial (RCT) was conducted in 40 secondary schools across three Australian states. Schools were randomised to either receive the OurFutures Vaping Program or Year 7/8 health education as usual. The primary outcome was e-cigarette use at 12-months, measured via self-report surveys. Secondary outcomes were tobacco cigarette use, intentions to use e-cigarettes/tobacco cigarettes, knowledge about e-cigarettes/tobacco cigarettes, motives and attitudes relating to e-cigarettes, self-efficacy to resist peer pressure and refuse e-cigarettes, mental health, quality of life, and resource utilisation. Generalised mixed-effects regression analyses investigated whether the intervention reduced the likelihood of primary and secondary outcomes.

Findings:
A total of 5,157 Year 7/8 students (Mage=13.3yrs, SD=0.6; 46% female) participated. At baseline, the prevalence of lifetime e-cigarette use was 8.3%, and past 30-day use was 1.97%. Preliminary analyses reported that intervention group participants had lower odds of reporting vaping uptake at both 6-months (OR=0.48, 95%CI=0.24-0.95, p=0.035) and 12-months (OR=0.35, 95%CI=0.18-0.66, p<0.001). Full analysis findings will be presented at EHPS.

Discussion:
This is the first rigorous evaluation of a school-based digital program targeting e-cigarette use among Australian adolescents. The OurFutures Vaping Program has the potential to make a substantial health and economic impact in Australia and worldwide.

No effects of a Just-in-Time Adaptive Intervention on planned physical activity

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Background
Health behaviors such as physical activity (PA) are frequent everyday actions that are strongly influenced by internal and external contextual factors. Changing these behaviors requires sustained self-regulation. Just-in-Time Adaptive Interventions (JITAIs) are a promising approach as they can adapt to context and individual characteristics in real-time. Here, we present preliminary results from a micro-randomized trial on PA behavior.
Methods
A JITAI was developed to promote adherence to a prescribed PA schedule. Participants were free to choose the type of physical activity, but frequency (daily) and duration needed to be challenging and occasional initiation failures likely. Over four weeks, a random selection of 50% of the days on which participants did not complete their planned activity triggered a planning intervention (vs. no intervention on the other 50% of days).
Results
Preliminary analysis of PA data from 38 participants showed no significant effect of the planning intervention on PA schedule adherence on the following day.
Conclusions
So far, the study has not provided evidence for the effectiveness of the JITAI. Further analyses with increased statistical power are needed before drawing firm conclusions. Fatigue, learning, compensation or inattention may have played a role.

Association between stress and variance in craving – a precursor to unhealthy eating?

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Introduction:
Stress may influence craving in different ways — momentary stressors may reduce craving, while ongoing stress may increase it — suggesting a link to craving variability. As craving often precedes unhealthy eating, understanding its fluctuations is crucial. However, EMA research has not consistently established a direct stress-craving link. We propose that examining and modelling craving variance, in addition to its mean level, may better characterise this relationship and provide insights into unhealthy eating.
Methods:
We conducted an EMA study with 15 healthy participants (1403 signals; target N = 60, data collection ongoing). Over four weeks, participants logged stressor occurrence, craving (0–100 visual analogue scale), snack frequency, and mealtimes via six daily prompts (08:30–21:30). We analysed craving mean and variance using Bayesian Mixed Effects Location Scale Models, which allows for simultaneously estimating the mean and variance (Sigma) of the craving distribution.
Findings:
Craving varied substantially (Sigma = 26.01, 90% CI = [22.33, 30.02]), while mean craving levels remained relatively low on average (Intercept = 27.04, 90% CI = [23.67, 30.41]). Stressor occurrence showed no strong association with craving (B = -0.44, 90% CI = [-3.20, 2.35]) but was linked to a slight increase in craving variance (B = 0.86, 90% CI [0.76, 0.97]).
Discussion:
While craving fluctuated considerably, stressors contributed only marginally to this variability. Future analyses will aim at explaining this variance in craving more and will assess whether it is associated with more variation in the consumption of unhealthy food down the line.

Do theorized patterns of physical activity maintenance exist empirically? A prevalence analysis of 10,000 participants

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Background: A recent model of physical activity maintenance suggests that this process involves several key behavioral steps: (1) initiation (the start of behavior change); (2) adoption success (achieving a specific threshold); and (3) maintenance success (where behavior stabilizes around the threshold over varying periods, typically months). Statistically speaking, and assuming that physical activity data are collected continuously over time, maintenance thus corresponds to a positive asymptotic pattern: a transition from one level to a higher, stable plateau. This study investigates the prevalence of this pattern of change in a large adult sample (10k) participating in a serious game designed to increase daily step counts.

Methods: We will analyze step count time series of at least six months' duration for 10k participants. Each individual time series will be modeled using various plausible shapes (e.g., linear, quadratic, logistic, asymptotic), and the best-fitting model will be identified based on BIC. The number and proportion of cases best represented by a positive asymptotic shape will be recorded.

Findings: Data analysis is planned for March. Prevalences will be investigated for 6-, 9- and 12-month time series, with the assumption that asymptotic shapes are more prevalent for shorter time series (maintenance being more easy to reach over shorter time framed).

Discussion: This study aims to either support or challenge current assumptions about physical activity maintenance, offering new insights into the dynamics of sustained behavior change.

A randomised controlled trial of digital weight loss support tailored to the individual's behavioural determinants

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Background: Tailoring interventions to individual behavioural determinants may enhance the effectiveness of digital interventions, yet it is rarely implemented. This study evaluated the effectiveness of the Choosing Health intervention, which offers tailored, digital support for weight loss and weight loss maintenance in adults with overweight and obesity.

Methods: We conducted a two-arm randomized controlled trial with nested interrupted time series (ITS) within-person design. Participants (N=288) were allocated to intervention (n=145) or control (n=143) groups. Intervention participants completed 90 days of ecological momentary assessment (EMA) to identify individual determinants of weight loss behavior, receiving tailored text and e-mail interventions based on their strongest determinants. The control group received generic support. Weight was measured at 3, 6 (primary outcome), 12 months, with secondary outcomes including: blood pressure, body fat, BMI, and self-reported: physical activity, sitting time, quality of life, and theory-derived correlates. Data were analyzed using multilevel models.

Findings: The intervention group showed no significant difference from control in 6-month weight loss ($t = 1.20$, $df = 167$, $p = 0.23$). Differences in 12-month weight loss were larger between groups, but not significant ($p=0.55$). Secondary outcomes (blood pressure, body fat, BMI) showed non-significant differences favouring the intervention. Self-reported physical activity, sitting time, quality of life, and theory-derived weight loss correlates showed minimal between-group differences.

Discussion: Findings indicate promising trends for weight loss maintenance using a tailored approach. Future research should explore whether dynamic tailoring approaches might yield more substantial benefits for weight management.

Differences in autonomous motivation between a digital and a conventional prevention program: a longitudinal quasi-experiment

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Background
Self-determination theory (SDT) is a widely used framework for explaining health behavior, yet research on autonomous motivation in preventive interventions, particularly telehealth interventions, remains scarce. This longitudinal study examines differences in autonomous motivation between participants in a digital and conventional prevention program over six months.
Methods
The quasi-experimental study included 163 participants, with 96 in the digital and 67 in the conventional program. Data was collected before, at 3 months into and after the intervention. Repeated-measures analyses of variance (ANOVAs) assessed changes in the Relative Autonomy Index (RAI). A first analysis without covariates was followed by an analysis controlling for age and gender.
Findings
At baseline, no significant group differences in RAI were observed ($t(161) = 0.31$, $p = 0.756$). In the digital intervention group, RAI declined continuously, whereas in the conventional group, RAI increased at three months before declining. The unadjusted ANOVA showed a significant time effect ($F(2, 322) = 6.64$, $p < 0.001$, $\eta^2 = 0.040$) and a significant time-by-group interaction ($F(2, 322) = 4.83$, $p = 0.009$, $\eta^2 = 0.029$). When controlling for age and gender, the time effect was no longer significant ($F(2, 316) = 2.88$, $p = 0.058$, $\eta^2 = 0.018$), but the interaction effect remained ($F(2, 316) = 4.51$, $p = 0.012$, $\eta^2 = 0.028$), indicating a significant difference in RAI between both groups over time.
Discussion
Given the well-established role of autonomous motivation in predicting health behaviors, these findings highlight the importance of addressing basic psychological needs when designing telehealth interventions.

The effectiveness of digital interventions for smoking cessation in pregnancy: A systematic review and meta-analysis

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Background:
Digital interventions have the potential to support pregnant people to quit smoking. This systematic review and meta-analysis aimed to assess the effects of these interventions on smoking behaviour and to explore which intervention characteristics (i.e. mode of delivery and behaviour change techniques - BCTs) likely moderate these effects.
Methods:
This systematic review was conducted in accordance with PRISMA guidelines. Seven databases, reference lists of retrieved studies, and grey literature were searched to identify randomised controlled trials. Two review authors independently assessed each study for inclusion and quality. Data were extracted for our primary outcome (point prevalence smoking abstinence from tobacco in late pregnancy) and five secondary outcomes. In addition, the Behaviour Change Intervention Ontology was used to characterise the interventions.
Findings:
20 studies, enrolling a total of 5394 participants, were included. Studies evaluated interventions delivered by text message (7) video (3), app (3), instant messaging (2), computer programme (2), smartwatch + app (1) telephone interactive voice response (1), and website (1). 120 BCTs were coded across the interventions. Among those studies which reported findings on the primary outcome, there was evidence that digital interventions increased the likelihood of smoking cessation in late pregnancy compared to usual care or less intensive self-help (Risk Ratio 1.29, 95% CI 1.02 to 1.63; I2 = 17.7%, 14 studies, 4357 participants). Findings relating to mode of delivery, BCTs, and secondary outcomes will be shared at the conference.
Discussion:
Findings will provide guidance for the development of digital interventions for smoking cessation in pregnancy.

Investigating the delivery-enactment gap in lapse prevention strategy use promoted by digital stop smoking support

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Background: Little is known about which lapse prevention strategies are used by smokers attempting to quit and whether interventions effectively promote their use. We investigated: 1) the types of strategies commonly used by pregnant participants who smoke and 2) whether a text message intervention was effective at promoting their use.

Methods: Two randomised controlled trial datasets evaluating a pregnancy-specific text message smoking cessation intervention (MiQuit) were used. Participants were recruited from English antenatal clinics who completed end of pregnancy follow up (N=880). Participants indicated which of 15 non-pharmacological lapse prevention strategies they had used since enrolment. A multiple regression model tested whether MiQuit increased strategy use compared with usual care.

Findings: The median number of strategies used was 9 out of 15 (IQR 6-11). The three most used strategies were: “thinking about the health of my baby” (94% used at least once), “trying not to think about smoking” (78%) and “focusing on other tasks” (78%). The three least used were “avoiding places where I would usually smoke” (41%), “deep breathing” (26%) and “contacting a friend/family member for support or distraction” (24%). More cognitive strategies (73%) than behavioural strategies (49%) were used. MiQuit participants used more lapse prevention strategies (mean 8.6 [SE 0.17]) than usual care participants (mean 8.1 [SE 0.17]); p=0.030).

Discussion: Behavioural strategies appear underutilised among pregnant people, with the least used those commonly promoted in treatment. While those receiving MiQuit support used more strategies than usual care participants, differences were small and reflected a sizeable delivery-enactment gap.

Promoting uptake and usage of digital stop smoking interventions: a mixed methods review

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Background: Digital stop smoking support (e.g. apps) has potential to reach the high proportion of people who smoke who do not engage with or have access to interpersonal support. However, uptake and usage of digital support can be poor. We are undertaking a systematic mixed methods review assessing: RQ1) the effectiveness of strategies designed to increase uptake or usage of digital cessation support among adults who smoke; RQ2) participant-reported influences on uptake or usage, focusing on modifiable factors. Methods: RQ1 primary outcomes, investigated via quantitative studies/data, are the proportion of people in the intervention versus control arm(s) who take up digital support ("uptake"), or their duration and intensity of usage ("engagement"). All experimental designs are included. RQ2 outcomes, investigated via qualitative studies/data, are participants' views (experience-based). Electronic searches are underway unlimited by date/language/geography. Findings: For RQ1, random effects meta-analyses will pool results from studies concerning i) uptake and ii) engagement. If possible, sub-group analyses will be conducted for pregnant people. We will describe uptake and engagement strategies using the ERIC tool and BCTv1 taxonomy, respectively. For RQ2, qualitative data synthesis will be conducted in two stages: thematic analysis, applying deductive and inductive elements, with a focus on modifiable influences on uptake and engagement; mapping of themes identified onto the Theoretical Domains Framework. Study quality and evidence certainty will be assessed using the MMAT and Cochrane RoB2 tools, and GRADE criteria, respectively. Discussion: Findings will inform the development and implementation of a comprehensive digital support package for smoking cessation in pregnancy.

Poster Session: Digital Health in the context of chronic, long-term diseases, and cancer care

10:30 - 11:30

Co-designing a digital intervention targeting ‘Big 6’ lifestyle risk-factors for chronic disease among low-income families

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Background: The ‘Big 6’ lifestyle factors associated with chronic disease are poor diet, physical inactivity, alcohol use, smoking/vaping, poor sleep, and excessive recreational screentime. People of low socio-economic status (SES) disproportionately experience these risk factors and chronic disease. Targeting the ‘Big 6’ during adolescence decreases the likelihood of developing chronic disease. Parent-based interventions have shown efficacy for improving youth health outcomes, and web-based delivery has proven effective for delivering parenting interventions. This presentation will discuss phase 1 of a multiphase optimization strategy trial, in which low-SES parents and adolescents co-designed a new web-based program targeting the ‘Big 6’.

Methods: Focus groups were conducted with parents (N=13) and teenagers (N=18) in low-SES regions in Australia (June-December 2024). We obtained qualitative data from parents on strengths and challenges of parenting the ‘Big 6’, and insights for developing the intervention components. Teenagers provided insights into the acceptability of the pre-existing ‘Health4Life’ e-health intervention for adolescents.

Findings: Using an inductive content analyses approach, we will present thematic analysis of parents’ and teenagers’ insights about what an effective parent-teen e-health intervention targeting the ‘Big 6’ entails. Parents’ insights led to the co-design of five intervention components: web-based modules, health coaching, tailored feedback, text-messaging, and stress management training. Adolescents in low-SES regions supported the acceptability of the ‘Health4Life’ adolescent intervention, which is a 6-module, cartoon-based e-health program about the ‘Big 6’.

Discussion: This presentation will discuss how to effectively co-design and implement a digital parent-teen intervention targeting lifestyle risk factor for chronic disease, in low-SES communities.

Using the behaviour change technique ontology in the analysis of hypertension self-management apps

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Background: This study investigated how behaviour change techniques, defined by the Behaviour Change Technique Ontology (BCTO), are reflected in smartphone apps for hypertension self-management. The primary objective was to identify targeted Theoretical Domains Framework domains and assess app quality, comparing AI-based, randomised, controlled, trial-tested, and non-AI-based (NAI) apps.

Methods: Twenty-four apps (AI [7], RCT [7], NAI [10]) from Google Play and Apple App Store with average user ratings of 4+ were selected. BCTO-aligned features, identified through app descriptions, were categorized by corresponding TDF domains. Descriptive statistics and narrative synthesis were used for analysis.

Findings: ‘Knowledge', 'Emotions', 'Behavioural Regulation', 'Skills', and 'Beliefs about Consequences' were the most frequently targeted TDF domains. AI-based and RCT apps uniquely targeted the 'Knowledge'/'Emotions'/'Beliefs about Consequences' triad. Considerable variation in app quality and features was observed.

Discussion: The study reveals the current state of BCT implementation in hypertension apps and identifies opportunities for improvement, particularly incorporating techniques targeting intrinsic motivation and habit formation. It highlights the need for standardized quality control and user-centred design, emphasizing that feature presence alone is insufficient for impacting user behaviour. The unique domain targeting of AI/RCT apps suggests their potential for greater impact.

Co-designing the MedManageSCI prototype: A medication self-management toolkit for adults with spinal cord injury/ dysfunction

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Background: The purpose of this study was to co-design the prototype of a toolkit to support medication self-management among adults with spinal cord injury/dysfunction (SCI/D).

Methods: This was a participatory, multi-methods study that engaged adults with SCI/D, care partners, and healthcare providers from across Canada. Using the Good Things Foundation Pathfinder Model as a guide, the co-design process followed three main stages. Data were collected through a concept mapping study and working group sessions (virtual focus groups). Data were analyzed descriptively using an inductive thematic analysis.

Findings: In Stage 1, our scoping review highlighted the need for a medication self-management resource specific to adults with SCI/D. Our concept mapping study and working group sessions identified the content to include in the toolkit, along with the ideal method of delivery, a website. In Stage 2, feedback on visual content mapped onto five categories: first impressions, message and purpose, visual elements, layout and flow, and graphics. The name, MedManageSCI, was selected by participants. An online version of the toolkit was created through an iterative process with a website development company (www.medmanagesci.ca). In Stage 3, participants provided suggestions to improve the website's functionality and navigation.

Discussion: Co-designed by adults with SCI/D, care partners, and healthcare providers, MedManageSCI is a comprehensive, web-based toolkit that has the potential to improve medication self-efficacy and overall well-being. Future work is needed to refine the content, assess the feasibility, acceptability, and appropriateness of MedManageSCI, and examine effectiveness on outcomes related to medication self-management.

Dynamically tailored eHealth interventions for a healthy lifestyle in people with chronic diseases: systematic review

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Background: Chronic diseases require effective interventions for healthy lifestyles. This review examines dynamically tailored eHealth interventions targeting physical activity and nutrition in individuals with chronic diseases. Key questions focus on the operationalization of tailored components, objectives, target groups, behavior change theories, delivery methods, and evaluation results.

Methods: The review includes primary studies of any design, examining adults with chronic disease risk factors or conditions like type 2 diabetes, COPD, cardiovascular disease, metabolic syndrome, hypercholesterolemia, hypertension, prediabetes, overweight, or obesity. Studies must report on dynamically computer-tailored eHealth interventions to improve physical activity or diet. A dynamically tailored intervention adjusts content, amount, or timing of support based on repeated assessments over time. Databases searched include PubMed, Scopus, Web of Science, PsycINFO, and ACM Digital Library. Outcomes include dynamic tailoring features, development frameworks, behavior change strategies, delivery methods, and evaluation results. The mHealth Evidence Reporting and Assessment checklist assesses intervention quality. Data will be synthesized narratively.

Findings: Out of 3339 titles and abstracts screened, 370 full-text papers were reviewed, and 61 studies were included. Data extraction is complete but not yet analyzed. It will be described based on the JITAI components model by Nahum-Shani.

Discussion: This ongoing review provides an overview of dynamically tailored eHealth interventions for chronic diseases. Results will guide future interventions for lifestyle-related chronic disease management.

Co-design of a Tailored Text-Message Intervention to Improve Statin Adherence using the Behaviour Change Wheel

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Background:
Statins reduce cardiovascular risk; however, long-term adherence is approximately 25%. Although tailored interventions (e.g. counselling) have proven effective, they are neither cost-effective nor scalable. This study aimed to co-design a scalable, individually tailored SMS-based statin adherence intervention. Components were designed to address general and group-specific modifiable adherence influences identified from a systematic review and interview study.

Methods:
Behaviour Change Techniques (BCT) were selected to address identified influences using the Theory and Techniques Tool and APEASE criteria (Acceptability, Practicability, Effectiveness, Affordability, Side Effects, and Equity) and developed into draft SMS messages. A screening tool was created to tailor the intervention individually by identifying barriers. Eight co-design workshops were conducted with 7–12 participants each: six with patients from diverse backgrounds, two with healthcare professionals, and two with a combination of both. Workshops involved interactive discussions, prioritisation, iterative refinement of SMS content, and assessment of intervention feasibility and delivery.

Findings:
Fifty-one patients and 21 healthcare professionals participated in the workshops. The screening tool was refined, and delivery preferences (message timing and frequency) were added following participant feedback. The SMS messages, incorporating 24 BCTs (e.g. goal setting), were refined, and the final intervention comprised 40 messages. The co-design process enabled the production of a decision tree to tailor messages based on patient characteristics (e.g. patient history, ethnicity) and individual barriers.

Discussion:
This collaborative, theory-driven approach has yielded a scalable, responsive digital tool. User testing will evaluate usability and acceptability. A subsequent trial will assess the impact on medication adherence and patient outcomes.

MyDiaMate: A novel self-help application for reducing diabetes distress in adults with type 1 diabetes

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Background
Up to 40% of adults with Type 1 Diabetes (T1D) experience diabetes distress, the mental health burden caused by the demands of living with and self-managing the disease. Diabetes-tailored psychological interventions are effective in reducing diabetes distress and improving glycaemic outcomes, however accessibility to such interventions often is limited. This is why we developed MyDiaMate, a self-help application targeting diabetes distress through various modules each focusing on a common struggle of people with diabetes distress (e.g., fear of hypoglycaemia, fatigue). In Dutch pilot studies, MyDiaMate demonstrated feasibility and a positive user experience. Module completion rates were up to 68%.
In 2024, we launched the multinational randomised-controlled MyREMEDY trial to investigate MyDiaMate effectiveness in reducing diabetes distress in the Netherlands, Germany, Spain, and the UK.

Methods
660 adults with T1D and elevated diabetes distress are recruited across the participating countries. Participants are randomised into the intervention group and control group in a balance of 2:1. Intervention group members receive MyDiaMate access directly after randomisation for 6 months, control group members receive access after 3 months, for 3 months. Main outcome is diabetes distress (PAID-20), assessed at baseline, 3, and 6 months. Secondary outcomes are: emotional well-being (WHO-5), fatigue (CIS-F), social network (LSNS-6), and diabetes self-empowerment (DES-SF). Linear mixed-effects models will be applied to test our hypothesised reduction in diabetes distress among intervention group members between baseline and 3 months.

Discussion
If deemed effective, MyDiaMate will form an easily accessible tool to support mental health in adults with T1D.

VILPA for Cardiovascular Disease Prevention: Theory of Change and Logic Model for a Digital Intervention

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Background
Vigorous Intermittent Lifestyle Physical Activity (VILPA) involves brief, intense (up to 1-2 mins long) bouts of physical activity embedded into daily life. Observational studies indicate that non-exercising women who engage in an of average 9-10 VILPA bouts/day, each lasting up to 1 minute may experience significant cardiovascular benefits. The VILPA-WISE trial is internationally the first VILPA intervention among female non-exercisers (aged 40-65). This presentation outlines the Theory of Change (ToC) and proposed logic model guiding the co-designed digital intervention.
Method
The VILPA-WISE intervention aims to enhance reflective motivation through need-supportive reinforcement and values-based goal setting, foster volitional processes via implementation intentions and habit formation, and cultivate automaticity through contextual cues and reinforcement. The ToC integrates the Multi-Process Action Control (M-PAC) framework with Self-Determination Theory (SDT). The initial logic model identifies inputs (e.g., tailored messages, activity trackers), activities (e.g., goal setting, self-monitoring), outputs (e.g., app engagement), and outcomes (e.g., sustained VILPA, improved cardiovascular health). The ToC and logic model will be iteratively refined through two co-design workshops with the target group (approx. N=30), and a community stakeholder group (approx. N=20).
Planned Analysis
Content analysis of qualitative data from workshop feedback will be used to refine the ToC, logic model and the intervention. This process ensures that the ToC and logic model are aligned with participant needs and will inform specific improvements to intervention components and outcomes.
Discussion
Refining the ToC and logic model is expected to enhance the VILPA-WISE intervention’s potential to promote sustained VILPA and improve cardiovascular health.

Motivational Language in Online Cannabis Recovery Spaces: Understanding Change and Sustain Talk in Relapse Contexts

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Cannabis use is widespread, and the prevalence of problematic use has increased dramatically over the last 30 years (Shah et al., 2024). However, despite its negative consequences, many frequent users avoid seeking professional help due to stigma, accessibility, and a preference for self-reliance (Hughes et al., 2016; Olthof et al., 2021). Online peer support communities, such as Reddit, serve as accessible alternatives to traditional treatment, where individuals share experiences, seek advice, and navigate recovery (Balsamo et al., 2023; Sowles et al., 2019).

Language, both online and offline, reflects psychological states and can predict behavioral outcomes (Tausczik & Pennebaker, 2010; Tamersoy et al., 2015). Motivational Interviewing (MI), a clinical approach that enhances motivation through language, has been widely studied in substance use behavior (Miller & Rollnick, 2013; Magill et al., 2019). Extending this framework to online spaces, this study examines motivational language on a subreddit dedicated to quitting cannabis, focusing on relapse-related posts within two contexts: (1) seeking support to prevent relapse and (2) reflecting on relapse.

Through qualitative content analysis, this study explores how change talk (language indicating motivation to quit) and sustain talk (language favoring continued use) manifest in these contexts. It examines the distribution of their subtypes and how the proportion of change talk varies. Additionally, it investigates age-related differences in motivational language, comparing younger and older users. This study advances the literature by applying MI to digital peer support, offering novel insights into relapse-related motivational language outside clinical settings and refining our understanding of online recovery discourse.

Poster Session: Mental Health & Well-Being in Children and Adolescents

10:30 - 11:30

Impact of food allergy phenotypes on psychological burden in children and parents

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Background: With the rise in food allergies (FA) over the last two decades, both children with FA and their parents are consistently confronted with the threat of anaphylactic shock and a significant psychological burden. This study explores the psychological impacts experienced by children with FA and their parents according to different FA phenotypes.
Methods: The study included 287 hospitalized children (196 boys [mean age: 6.60 years] and 91 girls [mean age: 6.54 years]) and their parents (mean age: 40.48 years), from the Allergy Department of the National Center for Child Health and Development in Tokyo, Japan. Data including age, sex, duration and phenotypes of FA, frequency of allergic reactions post-ingestion, and parental fear during these incidents were collected. Children assessed their feelings of rejection for each allergen, while parents reported on the mental burden of FA.
Findings: Frequent allergens causing symptoms were milk (40.83%), wheat (39.33%), and eggs (30.37%). High levels of parental fear were associated with milk (59.76%) and egg (42.92%) allergies. A significant correlation was found between the psychological burden and symptoms of anaphylactic shock in egg and milk allergies, whereas wheat allergy showed no significant link between the burden and specific symptoms, with about 60% of children not rejecting wheat.
Discussion: The study highlights the varied psychological impacts of different FA phenotypes. Allergic reactions to egg and milk are more likely to condition fear compared to wheat, emphasizing the need for tailored psychological interventions in health management strategies for families dealing with FA.

Perception of mental health problems and child and adolescent mental health services: qualitative study

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Background: Social discourse influences the provision and success of child and adolescent mental health services (CAMHS) and could bring a lot of prejudice and stigma that prevent adolescents and their families from admitting the existence of a problem and seeking help. Our aim was therefore to find out how mental health problems and CAMHS are being perceived in society according to adolescents.
Methods: We conducted 12 interviews with adolescents (10 girls, 2 boys, mean age 22 years) who have experience with CAMHS by using qualitative semi-structured narrative interviews. Thematic analysis of the transcribed interviews was conducted in MAXQDA.
Findings: We identified five themes regarding perception of mental health problems and CAMHS: 1. Generational differences in perception of mental health problems and CAMHS, 2. Invisible mental health problems, 3. Prejudices about mental health problems and CAMHS, 4. Experiencing prejudice and stigmatization, 5. Destigmatization of mental health problems and CAMHS.
Discussion: According to adolescents, mental health problems and CAMHS are mostly perceived negatively by society. They are often associated with stigma and prejudice, which occurs among the public, but also among professionals. The problems of young people are usually downplayed compared to the problems of adults. Many adolescents are afraid to seek professional help and do not solve their situation precisely for these reasons. The basis for changing these attitudes could be higher awareness regarding mental health problems and CAMHS based on the willingness to talk about them.

Excessive internet use mediates undesirable effect of avoiding coping strategy on mental health in girls

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Background
Adolescent girls might engage in excessive internet use to avoid dealing with their daily hassles, in turn, contributes to their poor mental health, while boys might be less prone to use internet for this purpose. The aim is to explore if excessive internet use mediates undesirable effect of avoiding coping strategy on mental health considering moderation by gender.
Methods
Cross-sectional questionnaire-based survey administered at 94 elementary schools in Slovakia as part of Health Behaviour in School-aged Children study (N=3537, 13-15 years old, 51.7% girls, data collected in 2022). Data on mental well-being, excessive internet use and avoiding coping were collected. Moderated mediation was tested using PROCESS Macro in SPSS Model 58 on 5,000 bootstrap samples.
Findings
Avoiding coping strategy increases excessive internet use only in girls (b=0.18, p=0.000). Moreover, excessive internet use has greater negative effect on wellbeing in girls (b=-3.84, p=0.000) than in boys (b=-1.96, p=0.000), although it is significant in both genders. Conditional indirect effect of excessive internet use in the association between avoiding coping mechanism and wellbeing is thus significant only in girls (b=-0.68, t=5.96) but not in boys (b=-0.05, t=0.13). Index of moderated mediation is -0.62 (-0.87;-0.39).
Discussion
Findings highlight the need to develop gender-specific interventions to reduce the use of avoiding coping strategies and promote healthy internet use among girls to improve their mental health.

Carried forward: Junior-high student-teacher relationships forecast students' academic and mental well-being into college

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[Background] Positive student-teacher relationships (STRs) have been found to be associated with students' well-being concurrently and longitudinally within a couple of years. [Methods] Extending this literature, we utilized a large nationally representative longitudinal dataset (of Taiwan; N = 1739) to examine the predictability of STRs formed in junior high school, of the same students' future academic and mental well-being in junior high, senior high, and eventually in college 7 years down the road. [Findings] The results indicate that the more satisfying the STRs reported in 8th grade, the better the students' school grades and mental health in 8th grade, in 11th grade when the students had moved to different senior-high schools, and finally in the students' sophomore year in college. [Discussion] Though not the first study on STRs' long-term effects, our findings cross the largest temporal gap in the literature, between the initial formation of youth STRs and their future impacts, on both academic and psychological well-being. Our data are further theoretically unique because they span across different physical and social environments (schools) of students, revealing students seem to carry the influences of STRs not only within single continuous periods (e.g., from the first to the last year in junior high), but also between multiple discrete phases over their education (e.g., from junior high to college, thus a different space). Given such "carried-forward" effects of STRs, the implications are then drawn for therapists, teachers, families, and researchers, highlighting early STRs' long-lasting roles in student health through their whole adolescence.

Weight stigma and mental health: the mediating role of perceived family support and neuroticism

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Weight stigma is a common problem among adolescents with overweight and obesity, contributing to discrimination and increasing the risk of impaired mental health. However, the mechanisms underlying its effects on health, particularly in relation to BMI, remain unclear. This study examines the role of weight stigma, social support and neuroticism in mental health, focusing on potential mediating effects.

1,014 high school students (59.64% female; Mage=16.50, SDage=1.10) participated in the study. They completed validated questionnaires, including the Big Five Inventory, the Social Support Appraisals Scale, Weight Stigma Experience Scale and the Depression, Anxiety and Stress Scale. PROCESS macro was used to conduct separate analyses for three BMI groups: Underweight, normal weight and overweight/obese.

Weight stigma was associated with higher neuroticism, which correlated with increased levels of anxiety, depression, and stress, in all BMI groups. Additionally, low perceived family support is associated with higher anxiety, depression and stress in underweight and normal-weight adolescents. Mediation effects differed by BMI: in underweight adolescents, perceived family support and neuroticism mediated the relationship between weight stigma and mental health outcomes; in normal-weight adolescents, weight stigma affected mental health outcomes directly and through neuroticism, family support, and a chain mediation effect; in overweight/obese adolescents, neuroticism served as the primary mediator.

This study emphasizes the significant effect of psychosocial factors on adolescents' mental health. The findings contribute to understanding how weight stigma operates in different BMI groups, and underscore the importance of tailoring interventions that consider BMI-specific experiences and the role of neuroticism and family support.

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The Moderating Role of Executive Function Between Anxiety and Quality of Life in Post-COVID Children

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Background: This study investigated how EF moderates the relationship between anxiety and quality of life (QOL) in children diagnosed with COVID-19, addressing a significant gap in understanding protective factors.
Methods: Medical records were reviewed for 24 children (15 males, 9 females; mean age = 6.51 years) with confirmed COVID-19 diagnoses within a past year. The Multidimensional Anxiety Scale for Children assessed anxiety levels, the Behavior Rating Inventory of Executive Function-2 measured EF, and the WHOQOL-BREF evaluated QOL. Hayes Process Model 1 moderation analysis examined EF's moderating effect.
Findings: Executive function demonstrated significant moderating effects on physical health-related quality of life while showing no significant moderating effects on psychological, social relationships, or environment-related QOL domains. All components of executive function (Global Executive Composite, Behavioral Regulation Index, Emotion Regulation Index, and Cognitive Regulation Index) showed significant interaction effects with anxiety in predicting physical health outcomes. Children with better executive function have better physical health QOL despite higher anxiety levels, while those with poorer executive function experienced declining physical health QOL as anxiety increased.
Discussion: The findings underscore EF's domain-specific protective role, particularly in buffering anxiety's impact on physical health outcomes during COVID-19 recovery. This suggests that EF may be especially crucial in helping children manage health-related challenges during health crises. Healthcare providers should consider incorporating EF assessments into post-COVID care protocols and developing targeted interventions to enhance these skills, particularly focusing on emotional and cognitive regulation components that showed the strongest protective effects.

Adolescent emotional responses and coping with the COVID-19 pandemic

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Background: The COVID-19 pandemic has significantly impacted the health and well-being of adolescents, including their emotional well-being. Adolescents have used various ways to cope with the stresses of the pandemic, trying to regulate their emotions, cognitions, behavior, and the environment. This study aims to qualitatively explore adolescents' emotional responses and their ways of coping with the COVID-19 pandemic.

Methods: A qualitative module of four open-ended questions was included in a nationally representative school-based self-report survey conducted in 2022/2023 in Bulgaria. Thematic analysis was used to analyze the answers of 3001 adolescents aged 11-17 years (49,9% girls).

Findings: The pandemic elicited a wide range of emotions, comprising the themes of general affect, isolation/confinement-loneliness-alienation, stress-worry-anxiety, fear, sadness-unhappiness-depression, annoyance-anger-aggressiveness, helplessness-despair, boredom-apathy, calmness/relaxation, satisfaction-joy-happiness, hope/optimism, strangeness-confusion, disappointment, tiredness/exhaustion, and pain. Coping-related themes included characteristics of coping, communication and social support (family, friends, teachers, and supporting others), personal resources (perseverance/patience, optimism, positive thinking, self-control, mental strength), digital devices and time online, leisure activities at home (movies, music, books, video games, games and activities, time for oneself), physical activity, compliance with public health measures/staying at home, studying more, going outside, professional support (medical/psychological), avoidance/inattention, and acceptance.

Discussion: Combining the strengths of qualitative and quantitative research, a comprehensive picture of adolescents' emotional responses and ways of coping with the COVID-19 pandemic has been revealed. Understanding adolescents' emotional functioning and adaptive coping in the face of health threats/crises complements existing knowledge of basic psychological processes and can inform interventions and future preparedness for pandemics and other crises.

Managing picky eating: the role of parental feeding styles in early childhood

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Background: Picky eating is common among young children and often limits their intake of fruit and vegetables. Parents have an important role in shaping eating behaviours during early childhood. As part of an ongoing longitudinal project, the present study explored the relationship between parental feeding styles and picky eating in Dutch children at the ages of 3 and 4.

Methods: A total of 211 parents completed the Child Food Rejection Scale and reported how often they offered various fruits and vegetables. They also completed the Parental Feeding Style Questionnaire, assessing four dimensions: instrumental feeding, emotional feeding, encouragement to eat, and control.

Findings: The results indicated that ‘control’ was negatively associated with picky eating at both ages, and higher control at age 3 predicted less picky eating at age 4. Conversely, ‘instrumental feeding’ was positively associated with picky eating at both ages and over time, suggesting a bidirectional relationship where using food as a reward increases picky eating, while picky eating prompts increased use of instrumental feeding. ‘Encouragement to eat’ was positively associated with the variety of vegetables (but not fruits) offered at age 3.

Discussion: The findings underscore the importance of parental feeding styles in addressing picky eating in young children. Some control (e.g., structured mealtimes) may help reduce picky eating, whereas using food as a reward appears less effective.

Poster Session: Resilience, Emotional Flexibility, and Positive Psychology

10:30 - 11:30

Systematic Review of Benefit Finding in Adults with Somatic Non-Communicable Chronic Diseases

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Introduction: This review aims to provide a comprehensive overview of the benefit finding (BF) prevalence in persons with Somatic Non-communicable Chronic Diseases (pSNCDs).
Materials and methods: Electronic databases were systematically searched using the concept ‘benefit finding’. Eligible studies (published until June 30th, 2023) were reviewed, quality-assessed, prevalence and mean were extracted and synthesized.
Results: Of the 55 included articles, 35 received a rating of ‘weak’, 18 ‘moderate’ and 2 ‘strong’ in study quality assessment. The pooled BF mean was 3.25 from 25972 observations from the 55 included studies, the pooled BF prevalence was 97.5% from 10720 observations, and the pooled moderate-to-high BF prevalence was 74.1% from 12363 observations. Subgroup analysis showed that cancer survivors (highest rate: 89% in breast) were more likely to report moderate-to-high BF than non-cancer survivors (highest rate: 72.4% in HIV). BF prevalence and moderate-to-high BF prevalence was lowest in cancer survivors with a mean age 60+ years. Meta-regression results showed that study design, methodological quality, time since diagnosis, gender, and mean age at survey may potentially contribute to the high heterogeneity in BF means. Subgroup analyses suggested that pSNCDs with a mean age 70+ years reported the lowest BF mean.
Discussion: Persons with SNCDs generally reported a moderate BF mean. Age is an important factor associated with BF. Future studies are needed to better understand how pSNCDs find/perceive benefits, especially for older adults aged 60+ years.

Effects of an intervention to think about the desired future on well-being: Randomized controlled trial

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Background: One positive psychological intervention, the Best Possible Self (BPS), promotes future-oriented thinking and has been shown to enhance well-being and reduce depression. However, studies with Chinese, Singaporean, and Asian American participants have not found significant improvements in well-being. Therefore, exploring alternative future-oriented interventions to enhance psychological well-being for Asian individuals is essential. This study aimed to explore the effects of an activity designed to help participants envision and write down their desired future, without being limited to their best possible self, and the steps to achieve it (Vision of the Desired Future, VDF) on improving well-being and reducing psychological distress.
Methods: Participants were 84 Japanese undergraduate and graduate students (M age = 20.3, SD = 1.18, 85.7% female). They were randomly assigned to either the VDF condition or a control condition, with both interventions taking place over four consecutive days. The control condition involved reflecting on the previous day, identifying its positive aspects, and writing about ways to improve it. Psychological well-being (PWS), psychological distress (K6), and optimism (LOT-R), among other measures, were assessed pre-, post-intervention, and after one month.
Results: Two-way ANOVAs revealed that only the "Environmental Mastery" subscale of the PWS increased significantly in the VDF condition at the 1-month follow-up. Additionally, the "Purpose in Life" and "Autonomy" of the PWS increased, and the K6 decreased, in both the VDF and control conditions at the follow-up.
Conclusions: These results suggest that the VDF may be an effective intervention for enhancing psychological well-being among Asian individuals.

An ethno-phenomenographical approach to understanding physical activity enjoyment and its link to mental wellbeing

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Background: Physical activity enjoyment is not only vital for maintaining physical activity practice, but also improves mental wellbeing. However, there are gaps in our understanding of what makes different types of physical activities enjoyable. Therefore, qualitative research on the enjoyment of a range of physical activities should aid understanding of how physical activity can be enjoyed and maintained, ultimately contributing to improved wellbeing.

Methods: This study used an ethno-phenomenological approach. Eleven participants from different physical activities were included. The primary researcher engaged in each participant's physical activity with them before conducting semi-structured interviews. This approach extends standard phenomenological methods by situating the researcher in each participant's world, enhancing human-to-human relationships and the quality of interviews. A reflexive thematic analysis was conducted on the interview transcripts.

Findings: The researchers developed three themes about how individuals enjoyed their physical activities and the effects of these on their wellbeing: (1) "Operating at the right level" relates to the importance of skill, coaching, and others' abilities, and expanded to confidence beyond physical activity; (2) "Freedom of expression" shows the importance of activity choice, both as a form of identity and community, and what maintains participation; and (3) "Active meditation" expresses how individuals engage in their activity as a form of physical meditation.

Discussion: This study sheds light on various aspects of physical activity enjoyment that individuals find important, and how these relate to their day-to-day wellbeing. Focusing on these themes may aid the development of interventions that aim to improve wellbeing through physical activity.

Psychological consequences of severe COVID-19: A qualitative analysis of Slovak COVID-19 survivors´ post-COVID experiences

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Background:
The consequences of severe COVID-19 infection persist long after the illness itself has subsided. Patients who have been hospitalised suffer from numerous physical as well as mental consequences that remain present in their lives long after hospitalisation with COVID-19. This study adds to previous research by focusing on a qualitative analysis of the psychological consequences of COVID-19 after hospitalisation among Slovak COVID-19 survivors.

Methods:
The participants involved were persons who were hospitalised with a severe COVID-19 disease. A total of 30 Slovak participants (12 males, 18 females; age range: 19-77 years) were interviewed. The interview dealt with a broad range of topics related to their COVID-19 illness, however, for this study, only answers to questions concerning the psychological consequences of severe COVID-19 after the hospital discharge were analysed using thematic analysis.

Findings:
Four main themes were identified. Negative emotional consequences included fear of re-infection, aversion to hospitals, irritability, and loss of interest in activities due to mental and physical fatigue. Cognitive consequences focused on memory issues affecting daily and work life. Changes in social and family habits reflected activity limitations due to exhaustion. Respondents also reported Positive Outcomes, including re-evaluating priorities, better family relationships, and increased self-care.

Discussion:
The results contribute to a better understanding of the long-term consequences of severe COVID-19 in the area of psychological well-being and they can inform psychological interventions aiming at the improvement of the mental health of COVID-19 survivors.

Feasibility of a supportive positive psychology intervention in post-COVID-19 patients – A mixed-methods evaluation

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Aim: This study aims to evaluate the feasibility of a 2-week multicomponent positive psychology intervention (PPI) to support mental well-being in post-COVID-19 patients.
Methods: A mixed-methods single-armed trial was executed with 34 patients. Primary outcomes were adherence to and acceptability of the PPI assessed directly post-intervention. Secondarily, clinical outcomes were collected at baseline, directly post-intervention and 6-weeks follow-up to explore potential training effects. Convenience sampled interviews on acceptability were conducted with eight participants two weeks post-intervention to gain deeper understanding.
Results: 23 patients (68%) adhered to the intervention sufficiently by engaging in every component, and found the intervention acceptable (65-91%). No substantial changes in clinical outcomes were found. However, multiple benefits, such as gaining personal insights, were reported qualitatively. Hindering factors related to the expected (physiological) cause of post-COVID-19 symptoms, or to individual reluctance or mismatch were reported.
Discussion: Findings suggest that a PPI in post-COVID-19 patients is feasible and acceptable. However, findings also indicate that patients with higher symptom burden, who may benefit the most from PPI, were more likely to drop out, and may be difficult to convince. Co-design can help to further develop and tailor the PPI to those who may benefit most and to improve recruitment and adherence.

Perspective-taking ability moderates linguistic self-distancing effects on inaction regrets

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Background:
Linguistic self-distancing aids emotion regulation (Kross & Ayduk, 2017). However, inaction regrets are often recalled from a distanced perspective as individuals naturally adopt an observer viewpoint (Valenti et al., 2011). The author proposed that those with high perspective-taking ability may flexibly shift viewpoints and benefit from first-person writing, which fosters emotional processing. This study examines the moderating role of perspective-taking ability in linguistic self-distancing's effect on inaction regrets.
Methods:
A between-subjects design was employed with 100 participants randomly assigned to write about an inaction regret using either a first-person (I) or non-first-person (you) perspective. Perspective-taking ability was measured using the Interpersonal Reactivity Index. Regret intensity and linguistic patterns were analyzed using ANOVA and moderation analysis.
Findings:
No significant main effect of linguistic self-distancing on regret intensity was observed. However, perspective-taking ability moderated this relationship. High perspective-taking individuals reported lower regret intensity in first-person writing, while low perspective-taking individuals showed the opposite pattern. High perspective-taking individuals also increased positive emotion word use in first-person writing, whereas low perspective-taking individuals did so in non-first-person writing.
Discussion:
Self-distancing's effectiveness varies by individual differences. While most recall inaction regrets from a distanced perspective, high perspective-taking individuals benefit from first-person writing by integrating multiple perspectives. In contrast, low perspective-taking individuals may struggle to gain psychological distance when writing in first-person writing, making explicit distancing (e.g., non-first-person writing) may be necessary for emotional relief. Tailoring self-distancing strategies to cognitive styles may enhance intervention efficacy.

Relationship between reappraisal flexibility and mental health

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Reappraisal is a beneficial strategy for enhancing mental health. Recent research has found that reappraisal has various substrategies, each of which exhibits different associations with emotional responses. The ability to use substrategies flexibly depending on circumstances and contexts, i.e., reappraisal flexibility, is considered crucial for enhancing mental health. However, the relationship between reappraisal flexibility and mental health remains to be investigated. Moreover, further research is necessary to identify what aspects of reappraisal flexibility are associated with mental health. In this study, we examined the relationship between reappraisal flexibility and mental health. An online survey was conducted, and data were obtained from 300 adults in the general population. The participants provided responses on a scale measuring reappraisal flexibility, well-being, and recent stressful events. The reappraisal flexibility scale is divided into four aspects: context sensitivity, repertoire, monitoring, and modification. Multiple regression analysis was conducted with well-being as the objective variable and the four aspects of the reappraisal flexibility and stressful events as explanatory variables. It was found that both repertoire and modification were positively associated with well-being, whereas stressful events were negatively associated with well-being. These findings suggest that the ability to modify an ineffective substrategy to another one and having a large repertoire of substrategies are important factors for well-being.

Enhancing psychological well-being with tDCS neuromodulation: the mediating role of self-control

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Background
Self-regulation, particularly self-control, is fundamental for psychological well-being and mental health. The activity of the frontal cortex plays a crucial role in self-regulatory processes, including impulse control, goal-directed behaviour, and emotional regulation. Research indicates that modifying frontal cortex activity through transcranial direct current stimulation (tDCS) can enhance self-regulatory functions. However, the extent to which these neural changes influence well-being remains unclear. This study investigated whether tDCS-induced modulation of frontal cortex activity improves well-being and whether this relationship is mediated by increased self-control.
Method
Seventy-five volunteers (49 women) aged 18–28 were assigned randomly to one of two groups: one receiving real tDCS (2mA, anode F3, cathode F4) for five consecutive days, and the other receiving sham stimulation. The Brief Self-Control Scale (BSCS) was used to assess self-control. Psychological well-being was assessed using the Mental Health Continuum – Short Form (MHC-SF). Assessments were conducted before and again 10 to 14 days after the intervention. Mediation analysis examined whether self-control changes mediated the effect of tDCS on well-being.
Results
Mediation analysis revealed a significant indirect effect of tDCS on psychological well-being through self-control improvement (β = 0.117). tDCS significantly increased self-control (β = 0.247), which, in turn, positively predicted well-being (β = 0.472). The direct effect of tDCS on well-being was negligible and non-significant
Discussion
The results confirm that tDCS enhances psychological well-being indirectly by improving self-control, emphasizing self-control as a key link between frontal cortex activity and mental health. Future research should focus on examining long-term effects and optimizing neuromodulation protocols.

Poster Session: Individual differences, mental health and psychological well-being

10:30 - 11:30

Basic psychological needs, loneliness and sociodemographic characteristics: Who thrives and who struggles?

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Background: Basic psychological needs satisfaction and frustration show robust associations with overall well-being, but are they related to loneliness? Drawing on self-determination theory, this study examines the relationship between basic psychological needs (BPN), loneliness, and key sociodemographic factors (age, gender, relationship status).
Method: Online survey with a diverse Polish sample (N=385, aged 18–75, 54,5% women), including the Basic Psychological Need Satisfaction and Frustration Scale, De Jong Gierveld Loneliness Scale.
Results: Latent profile analysis identified five distinct BPN profiles. Two congruent profiles reflected clear patterns: Need Fulfilment (high satisfaction, low frustration) and Need Unfulfillment (low satisfaction, high frustration). Three incongruent profiles revealed more nuanced patterns, particularly in relatedness: Some individuals maintained high relatedness satisfaction despite frustration in other domains (Ambivalent Relatedness), while others experienced significant relatedness frustration despite moderate satisfaction in autonomy and competence (Frustrated Relatedness). Loneliness was the strongest predictor of frustration-dominant profiles, with a greater impact in younger adults. Regarding gender, loneliness was more strongly associated with membership in the Need Unfulfillment profile for women and the Frustrated Relatedness profile for men. Finally, being in an intimate relationship served as a protective factor, reducing the likelihood of belonging to the Need Unfulfillment profile, particularly at higher levels of loneliness, but it was unrelated to membership in the Need Fulfillment profile.
Discussion: The findings highlight the vulnerability associated with incongruent need fulfillment, particularly in relatedness. A multidimensional, person-centered approach is crucial for understanding BPN and loneliness. This underscores the need for tailored, potentially gender-specific interventions, especially for younger adults.

Loneliness, stress, extroversion and sleep latency among wives of soldiers during the Iron Swords War

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Background and objectives:
On October 7, 2023, Hamas launched an unprecedented attack against Israel, leading to a prolonged war and widespread psychological distress. Anxiety, stress, and loneliness can significantly impact sleep quality. This study examined the relationship between loneliness and sleep latency (time to fall asleep, index of sleep quality) among women whose spouses served in the army during the war, focusing on the mediating role of wartime stress and the moderating effect of extroversion.
Method:
341 wives of regular and reserve soldiers deployed during the war, completed online questionnaires assessing loneliness, wartime stress, extroversion, and sleep latency. Data were analyzed using a moderated mediation model with Hayes' Process method.
Results:
Loneliness was positively associated with sleep latency ($t(323)=2.7$, $p=0.007$), mediated by wartime stress. Loneliness significantly predicted stress ($t(326)=5.33$, $p<0.001$), which in turn predicted longer sleep latency ($t(323)=5.13$, $p<0.001$). The moderated mediation model was significant (index=1.79, 95% CI [0.55, 3.29]), indicating that stress mediated the relationship more strongly among highly extroverted women, whereas for those with low extroversion, the mediation effect was insignificant. Extroversion did not directly predict sleep latency.
Discussion and conclusions:
The findings highlight the combined impact of loneliness and stress on sleep difficulties among women whose spouses were deployed. While extroversion did not directly predict sleep impairment, it intensified stress-related effects. These insights enhance understanding of the interplay between personality, stress, and sleep disturbances during wartime. Considering personality traits in interventions may help prevent sleep disturbances. Future research should explore additional sleep parameters and personality dimensions.

Understanding the role of empathy in (student) nurse retention: The mediating role of mental health

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Nurses constitute the largest group of healthcare providers, playing a critical role in ensuring quality care. Globally and across Europe, a striking shortage of nurses has been observed, exacerbated by high turnover and drop-out intentions. Thus, it is imperative to investigate factors and mechanism of these intentions. This study aimed to investigate how responses to empathic situations shape turnover/drop-out intentions, both directly and indirectly through (student) nurses' mental health. A cross-sectional study was conducted with 439 nursing students and 672 employed nurses in Slovenia. Participants completed online self-report measures, including the Interpersonal Reactivity Index (four responses to empathic situations: perspective taking, fantasy, empathic concern, personal distress), the Mental Health Continuum–Short Form (subjective well-being), and the Perceived Stress Scale (stress levels). Nurses assessed their turnover intentions, while nursing students reported their drop-out intentions. The results of path analyses with the bootstrap estimation procedure revealed that higher levels of perspective taking and lower levels of personal distress contributed to lower perceived stress and higher subjective well-being of both nurses and nursing students. No direct effect of the measured reactions to empathic situations on turnover/drop-out intentions were found. However, among nursing students, personal distress in empathic situations indirectly predicted drop-out intention via stress, while among nurses, both personal distress and perspective taking contributed to turnover intention through well-being. Knowledge of factors of (students) nurses' turnover/drop-out intentions enables the adoption of targeted appropriate strategies to promote retention of both nursing students and employed nurses.

Empathy and Emotional Distress: The Moderating Role of Ego Boundaries and Emotion Regulation

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According to previous studies, empathy has been linked to various negative affective states. However, findings in this area remain inconsistent. Research on the relationship between empathy and negative affective states has yielded mixed results. The present study aimed to explore the relationship between empathy and emotional distress and to determine the moderating roles of emotion regulation and ego boundaries in this association. A total of 206 individuals aged between 18 and 87 participated in the study and completed self-report questionnaires measuring empathy (Davis & Krauss, 1992), ego boundaries (Wright & Wilson, 2014), emotion regulation (Gross & John, 2003), and emotional distress (Lovibond & Lovibond, 1995). The results indicated that empathy was positively associated with anxiety and stress. Specifically, affective empathy was positively correlated with overall emotional distress as well as its components—depression, anxiety, and stress. In contrast, no statistically significant correlation was found between cognitive empathy and emotional distress. Furthermore, moderation analysis revealed that as ego boundary difficulties increased, the relationship between affective empathy and overall emotional distress, as well as the relationship between the global empathy score and stress, shifted from negative to positive. Additionally, the analysis showed that at high levels of cognitive reappraisal, the relationship between cognitive empathy and stress became negative. However, as emotion suppression increased, the relationships between cognitive empathy and stress, depression, and overall emotional distress shifted in a positive direction. This study highlights the potential dark side of empathy while also identifying the buffering effects of ego boundaries and emotion regulation.

How Emotional Intelligence and Behavioral Camouflage Shape Adolescents Well-Being in Autism Spectrum Disorder

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Behavioral camouflage in autism spectrum disorder (ASD) is a new research area. Studies show that individuals with ASD are engaging in masking behaviors in order to hide their social difficulties. This serves adaptive functioning, but we still have limited understanding of how masking one's true self affects their emotional functioning. What role does camouflage play in the development of adolescent's behavioral and emotional problems? Does emotional intelligence help in this process? The aim of this study was to examine the relationship between emotional intelligence and behavioral camouflage in adolescents with ASD and to determine how these factors relate to develop behavioral and emotional problems. Thirty-five adolescents diagnosed with ASD participated in the study. We used several self-reporting questionnaires: Emotional Intelligence Questionnaire (Pertides,2009), Behavioral camouflage Questionnaire (Hull et al, 2018) and Youth Self-Report Questionnaire (Achenbach, 2004). According to the results, EI positively correlates with behavioral camouflage. Specifically, compensation and masking positively correlate with self-control. This result suggests that adolescents with ASD with higher emotional intelligence are more adept at utilizing self-control to conceal their characteristics effectively, redirecting their energy towards exploring alternative coping strategies to overcome inherent autistic challenges associated with autism. A negative correlation between the total score of EI and internalizing problems was revealed. In particular, the internalizing problems are negatively correlated with the sociability factor of EI. The results provide information about the vulnerability of adolescents with ASD to internalized emotional problems. The obtained result confirms the adaptive function of camouflage, which can be intensified by emotional intelligence.

Intelligence, personality, recreational drug use, and episodic prospective memory

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Episodic prospective memory (eProM) is an ability to become aware of the previously formed plan at the right time and place. In contrast, in vigilance/monitoring the plan remains in consciousness. Although a number of studies examined associations between recreational drug use and prospective memory, their results are largely uninterpretable due to various methodological shortcomings including reliance on unreliable and invalid prospective memory questionnaires, failure to distinguish between eProM and vigilance/monitoring, and use of too small sample sizes. The main objective of the current study was to examine the relationship between recreational drug use (cannabis, ecstasy, cocaine, amphetamines, LSD, barbiturates and other drugs) and eProM in a large sample of 653 university students (39% drug users, 61% non-users). The secondary objective was to examine the relationship between recreational drug use and other measures of cognitive abilities, personality, and mental health. Participants completed a 2-hour long battery of tests and questionnaires that included the survey of recreational drug use, objective assessments of eProM, cognitive ability measures, personality questionnaire and mental health questionnaire. The main results showed that the recreational drug use was unrelated to university students' performance on objective measures of eProM or vigilance/monitoring.

Impact of Sensory Processing Sensitivity on Big Five Personality Traits in Nepalese University Students

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This study investigates how Sensory Processing Sensitivity (SPS), characterized by heightened sensitivity, deeper cognitive processing, and increased emotional reactivity, relates to the Big Five personality traits among Nepalese university students. The survey was conducted at three universities in Nepal with 327 participants aged 18 to 24 (137 males, 190 females). The HSP scale (Pluess et al., 2023) and the Ten-Item Personality Inventory (Gosling et al., 2003) were utilized. Data was analyzed using Pearson correlation coefficients. Findings reveal a negative correlation between SPS and Big Five personality dimensions. Specifically, SPS was significantly negatively associated with Emotional Stability ($r = -.25$, $p < .01$), Agreeableness ($r = -.21$, $p < .01$), and Conscientiousness ($r = -.11$, $p < .05$). Gender-specific analysis indicated that among males, SPS showed significant negative associations with Emotional Stability ($r = -.38$, $p < .01$), Agreeableness ($r = -.24$, $p < .01$), and Openness to Experiences ($r = -.18$, $p < .05$). Among females, SPS was significantly negatively associated with Emotional Stability ($r = -.23$, $p < .01$), Agreeableness ($r = -.22$, $p < .01$), and Conscientiousness ($r = -.22$, $p < .01$). The study concludes a negative correlation between SPS and the Big Five among Nepalese university students. These results align with previous findings indicating that SPS is negatively related to Emotional Stability and has no association with Extraversion (Lionetti et al., 2019). However, the negative correlation with Agreeableness and Conscientiousness suggests potential cultural influences on the relationship between SPS and personality traits.

Constellations of sexual functioning, and their association with typologies of sexual, relationship, and psychological wellbeing

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Sexual functioning can be conceptualized in many ways: from the intensity of the arousal and desire someone feels when engaging in sexually intimate acts, to the frequency they have sex with a partner, and whether they feel their needs are being met. However, most research historically examines these different facets of sexual functioning independently (e.g., does desire predict satisfaction) or in competition (e.g., is desire a better predictor of satisfaction than sexual frequency). In reality, sexual functioning is multifaceted, and people may experience these facets in meaningfully different ways. The current study (n=696) of adults in committed relationships aimed to take a person-centered approach to understanding the different constellations of sexual functioning and how they related to different typologies of relationship, sexual, and psychological wellbeing. Latent profile analysis suggested four profiles of sexual functioning, in addition to three typologies of each domain of wellbeing. Using loglinear modelling, we were able to identify whether certain constellations of sexual functioning were more likely to belong to different typologies of wellbeing. Notably, differences in associations between the disengaged (i.e., low desire and arousal, less sex than average and their ideal) and apathetic sexual functioning constellations (i.e., low desire and arousal, average sex at their ideal), highlighted that whilst both groups had poorer relationship wellbeing, disengaged individuals faced greater challenges in sexual and psychological wellbeing. These findings suggest that sexual functioning and wellbeing are multi-faceted, and emphasize the necessity of considering these different facets when exploring the role of sexual functioning in wellbeing.

Poster Session: Decision-Making and Communication in Care and Digital Contexts

10:30 - 11:30

Protocol of a scoping review to assess determinants of ethicality perceptions of risk-adapted cancer screening

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Improvements in quality and availability of individualized cancer risk scores based on family assessment or polygenic risk scores increasingly allow adapting screening schedules to optimally match individual risk. Although risk-adapted screening (RAS) has the potential to increase early detection for at-risk individuals while decreasing overall screening risks and costs, studies find that a considerable proportion of people object to low-risk individuals receiving less screening than in previous universal screening schemes, with fairness and ethicality concerns being one of the objections. This points to the necessity of assessing determinants of ethicality perception of RAS, which is the goal of this scoping review. Here, we operationalize ethicality based on the theoretical framework of acceptability (TFA).
The scoping review will be conducted according to the recommendations of the PRISMA-SR checklist. The main research question is: 'Which psychosocial factors are associated with perceiving RAS as ethical?' Databases to be searched include Scopus, Web of Science, MEDLINE, Embase and PsycINFO. In addition, the references of key studies will be searched to identify additional, appropriate studies. Abstracts and full-texts screening will be conducted independently by two reviewers. Data including ethicality ratings and influencing factors of ethicality perception will be extracted and summarized in tables.
Preliminary results suggest that most ethicality concerns can be mapped to the core principles of medical ethics (respect for autonomy, nonmaleficence, beneficence, and justice). Older women reported nonmaleficence concerns for RAS particularly in the context of reduced screening for low-risk individuals. Practical implications of the results for implementing RAS will be discussed.

Perceived severity and preferences for a preconception carrier screening panel: the perspectives of potential users

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Introduction
Preconception carrier screening (PCS) informs couples about their risk of having children with recessive genetic conditions, enabling informed reproductive decision-making. While professionals agree that screening should focus on severe, childhood-onset conditions, no universal definition of severity exists, and PCS panel content varies widely. Discussions on severity and panel content primarily involved professionals, leaving the perspectives of potential PCS users largely unexplored. This cross-sectional study aims to explore the general public's perspectives on disease severity and their preferences for PCS panel content.
Methods
Reproductive-aged participants (18–45 years, n ≈ 300) will complete an online questionnaire. They will rate the importance of 16 disease characteristics in determining disease severity using a 10-point Likert scale. Each participant will be assigned one of four sets containing descriptions of five recessive conditions and will classify these into one of four categories (profound, severe, moderate, mild). Participants will rate the perceived severity of each condition on a scale from 0 to 100 and indicate whether they would want to be screened for that condition.
Analyses
Descriptive statistics (proportions, means, standard deviations) will be used to summarize perceptions of severity of and disease characteristics and conditions. Hierarchical clustering will be applied to classify conditions and disease characteristics into categories, grouping them in such a way that the intra-cluster variance is minimized.
Implications
Gaining insight into the public’s perceptions of severity and PCS panel preferences will support the development of appropriate counselling materials and enhance the relevance and acceptance of PCS among potential users.

Barriers and Facilitators to Decision-Making in Rare Tumour Risk Syndromes: A cross-cultural survey

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Background: Rare tumour risk syndromes (RTRS) pose significant challenges in healthcare due to their complexity and necessity for specialized treatment. This study, within PREVENTABLE EU-Horizon project, explores factors influencing healthcare professionals' (HCPs) and patients' decisions when recommending and choosing RTRS-care pathways.
Methods: A cross-sectional survey based on the COM-B Model of behaviour change was conducted across six countries (Portugal, Spain, France, Germany, Netherlands, and Norway) with RTRS-specialists and patients with RTRS. Participants were recruited through hospitals and patient associations. The online survey (on LimeSurvey) collected sociodemographic data and assessed factors of capability, opportunity, and motivation to recommend or choose RTRS-care pathways, using 7-point Likert scales. Ethical approval was obtained, and descriptive and inferential statistics identified key decision-making factors.
Findings: 104 HCPs' (76% female, 45±11 years) and 213 patients with RTRS (72% female, 47±14 years) participated. HCPs' decisions were primarily influenced by automatic motivation (6±1.2), with care recommendations being automatically driven by institutional protocols and syndrome-specific guidelines, and psychological capability (5.7±0.9), shaped by perceived knowledge and skills related to RTRS. Patients' decisions were shaped by psychological capability (5.1±0.8) and social opportunity (4.6±1.1), including their understanding of care options, and the value of learning from others. Reflective motivation (4.4±0.9) reinforced the role of collaborative decision-making.
Discussion: Findings suggest that enhancing patient 's knowledge about RTRS-care pathways, developing clinicial practice guidelines, and optimizing healthcare systems could significantly improve the adoption of effective care pathways. Next steps include conducting focus groups to explore decision-making processes in depth, informing the development of patient-centered communication guidelines.

Challenges in shared decision-making for rare cancer patients across socioeconomic groups: healthcare professionals' perspectives

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Background: Rare cancers collectively account for 20% of all new cancer cases. Patients with a rare cancer are confronted with challenges in the diagnostic/treatment trajectory and, because of a lack of information, experience difficulties regarding shared decision-making (SDM). Patients with a low socioeconomic position (SEP) face additional barriers, exacerbating disparities in care. While SDM aims to align treatment with patient preferences, its implementation in rare cancer care, particularly for low-SEP patients, remains unclear. In this study, we explored how healthcare professionals (HCPs) approach SDM in rare cancer care, examining differences across SEP groups and experiences.

Methods: Netherlands Cancer Registry (NCR) data (2018-2022; approximately 100,000 patients) was descriptively analysed to assess demographic, disease-related, and socioeconomic disparities in rare cancer patients. About 30 HCPs completed an online survey on SDM experiences, covering topics such as SDM practices, knowledge transfer, and challenges in caring for patients with low SEP. Quantitative data was analysed using descriptive methods, while open-ended responses underwent thematic analysis.

Findings: Findings from the statistical analyses and surveys will be available by the time of the conference.

Discussion: Patients with a rare cancer, especially those with a low SEP, face challenges in SDM, widening disparities in care. HCPs should adopt tailored approaches to address both limited evidence and socioeconomic barriers. Our findings will highlight the need for tailored SDM strategies to ensure timely information, guidance, and access to appropriate care, will support improvements in SDM training for HCPs, and the development of patient-centred support to enhance decision-making in complex clinical settings.

Feeling (un)safe speaking up about patient safety concerns in hospital settings: Work in progress

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Background: Previous research studies suggest that some healthcare workers are reluctant to speak up when patient safety may be at risk due to the provision of unsafe healthcare. Psychological safety, defined as feeling able to openly express opinions or concerns, is associated with improving the safety culture and the quality of healthcare provided.

Aims and objectives: This study aims to explore the diverse experiences of Slovak healthcare workers' regarding perceived psychological safety in speaking up about patient safety concerns. The objectives of the study focus on: 1) identifying factors that affect psychological safety in speaking up and understanding the mechanisms by which these influence the decision to speak up, 2) ascertaining specific strategies for speaking up in clinical situations, and 3) identifying strategies to promote psychological safety in order to support speaking up about patient safety.

Methods: A qualitative research design will be employed using individual semi-structured interviews. To capture diverse experiences on researched topic, approximately 30 healthcare workers (physicians, nurses) working in various departments in Slovak hospitals will participate in the study. The data will be analysed using reflexive thematic analysis, due to the heterogeneous research sample and the aim of identifying themes across the entire dataset.

Discussion: This study will provide a deeper understanding of healthcare workers' perceived psychological safety in speaking up about patient safety concerns, as well as the ways in which these concerns are voiced. It will also offer specific suggestions for improvements that could be implemented in practice.

Implemention of the pharmacogenetic passport: A pilot study on uptake and its predictors

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Background: Drug ineffectiveness and side effects remain major issues in pharmacotherapy, leading to increased costs and compromised patient safety. Since over 90% of individuals carry at least one actionable gene-drug interaction, pharmacogenetic (PGx) testing can help optimize drug selection and dosage by detecting the effects of genetic variation on drug metabolism. The University Medical Center Groningen (UMCG) developed a pharmacogenetic passport (PGP) that provides individuals with an app containing their personalized PGx results. As a first step towards implementation, we examined PGP uptake rates and their predictors.
Methods: 5000 participants from the Lifelines UMCG Genetics Lifelines Initiative (UGLI) cohort were offered their personal PGP with information about their metabolizing speed for 85 types of drugs. Participants completed preconstructed and self-contructed questionnaires before and after receiving the PGP. Uptake will be defined as accepting the offer, downloading the app, logging in, and opening the PGP. Additionally, we will examine the main reasons for non-uptake and investigate predictors of uptake, including health factors, digital skills and health literacy, and attitudes towards the PGP. Data collection was completed in july 2024.
Findings: We will use descriptive statistics to analyze uptake rates. Open-ended responses on reasons for non-uptake will be coded and categorized, and logistic regression analysis will be conducted to identify predictors of uptake.
Discussion: These insights enhance understanding of PGP adoption and guide the implementation of PGx testing, ultimately contributing to a more personalized medicine approach.

The development of the COM-B Readiness to Promote Vaccination Questionnaire for healthcare professionals in Europe

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[5]Center for Social Innovation, Cyprus

Background: Healthcare professionals (HCPs) are trusted advisors in vaccination decision-making, though encouraging HCPs to promote vaccination remains challenging. The Capabilities-Opportunities-Motivation-Behaviour (COM-B) model offers a framework for identifying individual and contextual factors influencing HCPs' readiness to promote vaccination.

Objectives: To develop a questionnaire informed by the COM-B model on the readiness of HCPs to promote COVID-19 and influenza vaccination, to assess the cross-national adaptation of the questionnaire in three languages and four countries (Cyprus, Greece, Italy, Portugal), and to evaluate the psychometric properties of the different versions. To our knowledge, no previous tool exists to serve these objectives.

Methods: Items were developed using deductive methods through literature review. No existing scales were identified. The Tailoring Immunization Programme guide developed by the World Health Organization guided the item development. Content validity was evaluated with an Expert Consensus Study. Forward-backward translations were employed, followed by expert reviewing to assess suitability of the translated versions. Cognitive interviews with end-users were conducted to assess understandability and usability, and appropriateness of response options. The questionnaire distributed to 376 HCPs in each country to evaluate construct validity, reliability, and users' acceptability. A sub-sample of participants will complete the questionnaire again after 2 weeks for test-retest reliability.

Expected results: A newly-developed, culturally-adapted, and psychometrically robust COM-B Readiness to Promote Vaccination Questionnaire for HCPs in Europe.

Discussion: A valid and reliable theory-based questionnaire can be used in various clinical settings in different countries to provide measurable, comparable outcomes and performance metrics to support policymaking decisions and vaccination promotion strategies.

Poster Session: Mental health and minority identity across the lifespan

10:30 - 11:30

Measurement Instruments for Sexual Identity Minority Stress : A Scoping Review and COSMIN Systematic Review

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Objective:
This scoping review systematically maps measurement instruments for sexual minority stress among Lesbian, Gay, Bisexual, and Queer (LGBQ) populations, while the systematic review evaluates their psychometric properties.
Methods:
Following PRISMA guidelines, 34,990 references were screened, focusing on instruments measuring discrimination, victimization, and positive aspects of minority identity in adult LGBQ populations. Psychometric properties were assessed using the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) methodology.
Results:
Ninety-eight instruments with 136 references were included in the scoping review. Most focused on negative aspects, such as internalized homonegativity and stigmatization. A lack of construct consistency was identified, leading to jingle-jangle fallacies. Eight instruments qualified for systematic review, with the Lesbian, Gay, and Bisexual Identity Scale (LGBIS) and its German adaptation (LGBIS-DE) demonstrating the strongest psychometric properties. However, content validity remained underexplored, and inconsistencies in minority stress conceptualization were evident.
Conclusion:
The review highlights the diversity of minority stress instruments but underscores the need for greater standardization in construct definitions. While LGBIS and LGBIS-DE show promise, data gaps remain, particularly for content validity, reliability, and responsiveness. Future research should refine existing tools and ensure comprehensive psychometric evaluations.

Do neuro-divergent employees have a different look on appreciation?

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In view of demographic change and the shortage of skilled workers, companies have to address the challenge of retaining employees. A poor working atmosphere, a lack of appreciation and dissatisfaction are the main reasons for leaving a company. A corporate culture that promotes appreciation and includes diversity can thus become a competitive advantage. The aim of this study is to examine neurodiversity as well as appreciation in the work context. To this end, the understanding, experience and preference of appreciative behaviour will be explored with a focus on similarities and differences between neurotypical and neurodivergent employees in the context of appreciation. In addition, the effects of appreciation on job satisfaction and organisational commitment will be examined. A mixed-methods design was used to gain in-depth insights and to highlight the needs and experiences of both groups. Semi-structured interviews were conducted with 10 participants, followed by a quantitative study with 105 participants in which appreciation was examined both as an overall construct and in sub-areas. The results show that both groups understand, experience and prefer praise and recognition conveyed by managers and employees as appreciation. However, differences between the groups were also revealed. Furthermore, significant effects of appreciation on job satisfaction and organisational commitment were found in both groups. The findings illustrate the relevance of appreciation in the work context, also in relation to neurodiversity. The results indicate a need for action in the areas of working conditions and work tasks in order to use the full potential of neurodivergent employees.

Teachers' emotional intelligence in relation to pupil inclusion, perceived stress and coping strategies

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The contribution of the cross-sectional research focuses on the identification and analysis of perceived stress, emotional intelligence and coping strategies of primary school teachers in relation to the inclusion of pupils with mental and behavioural disorders and pro-inclusion school policies. The aim of the empirical research was to find out to what extent emotional intelligence is related to coping with stressful situations and to what extent it is involved in teachers' choice of coping strategies. Data was collected using the following questionnaires: Schutte Emotional Intelligence Scale; Trait Emotional Intelligence Questionnaire; Situational Test of Emotional Understanding; The Tromsø Social Intelligence Scale and Brief COPE. The research, carried out on a sample of 684 teachers, investigated the relationship between emotional intelligence and coping with stressful situations, where we have shown several significant relationships between the variables studied. Avoidance is preferred by people with less subjective influence, while acceptance is more characteristic of people with greater control over events. The relationship between emotional intelligence and avoidance is only observed in the low event control group. The positive relationship between emotional intelligence and active coping was confirmed for women. We find a positive relationship between emotional intelligence and acceptance in the whole sample and in both groups. We consider it useful for further research to observe the relationship between emotionality and coping processes at the level of specific situations and to consider adaptive coping in relation to the specific circumstances experienced.

Less prejudice in a better world: The influence of primal world beliefs on outgroup prejudice

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How to reduce outgroup prejudice is an important concern in social psychology. Based on the dual-process model of ideology and prejudice (DPM), the overall perception of the world influences ideology and leads to outgroup prejudice. The present study hypothesized that Good primal world beliefs (i.e., highest-order primal world beliefs) reduce outgroup prejudice and work through the self-transcendence and identification with all humanity (IWAH). This hypothesis was empirically tested in three studies. Study 1 demonstrated that Good negatively predicted outgroup prejudice (n=226). Study 2 found that self-transcendence and IWAH mediated the relationship between Good and outgroup prejudice (n=705); Study 3 provided causal evidence for these relationships by experimentally manipulating primal world beliefs (n=210). In sum, individuals who believe that the world is a good place have stronger self-transcendent values and greater identification with all humanity, and thus have less prejudice against outgroups. This study provides the positive psychology perspective for expanding the DPM model and offers new directions for reducing outgroup prejudice.

Social interaction in neighborhoods: what works for teenage girls and women with non-Western migration backgrounds?

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Background:
Neighborhood meeting places enhance social cohesion and health but are not equally effective for all. Until now, little is known about what the needs of women with non-Western migration backgrounds and teenage girls (12-18 years old) are regarding meeting places in neighborhoods. Therefore, the aim of this study was to examine what key factors make meeting spaces work for teenage girls and women with non-Western migration backgrounds in vulnerable neighborhoods.

Methods:
A participatory approach is used in four neighborhoods in the middle of the Netherlands. In February - November 2024, the researcher team conducted a literature review, held focus groups with local professionals, and used the Photovoice method to gather insights from teenage girls and women with non-Western migration backgrounds. In February 2025, the results from the focus groups and Photovoice sessions were validated with the same participants in focus groups. The data was inductively and deductively coded using thematic analysis.

Findings:
The study, which started in February 2024 and ends in June 2025, will highlight important elements in creating or adapting meeting places towards needs and preferences of these specific groups following four perspectives: hardware, software, orgware and mindware.

Discussion:
The project aims to deliver a practical guide with strategies for municipalities and public health organizations with information on how to create meetings spaces in neighborhoods that fit the needs of these groups of citizens. These recommendations will support inclusive, effective meeting places, fostering stronger communities and improved well-being.

Poster Session: Determinants of employee health and workability

10:30 - 11:30

Behind The Scenes: Antecedents of Hotel Receptionists' Emotional Labor in Taiwan

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Since the service encounters are non-scripted, hotel receptionists are expected to display cheerful and friendly emotions when interacting with customers. To comply with organizational display rules, hotel receptionists need to perform not only intellectual and physical labor but also emotional labor (EL). Concerning the necessity of EL in the service industry, negative emotions and pressure behind EL should be noticed on account of the lower cost of EL and their mental health. The qualitative approach is chosen and conducted by a hermeneutic phenomenological study which explored the sources of stress and negative emotions hotel receptionist experiences during service encounters and also their coping strategies. Qualitative data were collected from semi-structured interviews with six hotel receptionists in Taiwan.
The findings show that there are two situational causes of what and how they experience emotional labor in the workplace, namely front-stage and back-stage. On the front stage, employees are required to adhere to emotional display rules, such as maintaining a smile and prioritizing customer satisfaction. Nevertheless, most interviewees realized that they were less emotionally affected over time as their experience grew and they learned to reinterpret their encounters. On the other hand, backstage pressures often compounded the emotional burden of their roles. However, the integrated application of emotion regulation strategies within the context of daily supervisor-subordinate interactions remains insufficiently explored. This study aims to provide a comprehensive of understanding potential antecedents of emotional labor to realize how hotel receptionists manage their bad feelings and pressure while emotional laboring better.

Breaking the silence: menstrual health and its relationship with work attendance and productivity

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Although the menstrual experience is natural and everyday, little is known about its significance for the working lives of menstruating employees. Severe menstrual symptoms can lead to absenteeism (work absences), presenteeism (attending work despite disabling symptoms with reduced efficiency), and general productivity losses. The master's study aimed to examine the relationship between menstrual symptoms and absenteeism and presenteeism in Slovenia. For a more comprehensive understanding of the topic, we investigated additional constructs (e.g. beliefs about menstruation and work social support). 144 menstruating adults who work at least half-time participated. They completed demographic questions and individual questions about menstruation, the Menstruation-Related Symptoms Questionnaire (MRSQ), the Beliefs about and Attitudes toward Menstruation Questionnaire (BATM), the Stanford Presenteeism Scale (SPS-6), and the Job Content Questionnaire (JCQ), and absenteeism and presenteeism questions from the Productivity Cost Questionnaire (iPCQ). Data analysis included correlation coefficients, bivariate linear regression and moderation. We found a statistically significant positive association between the intensity of menstrual symptoms and presenteeism due to menstruation. Education level showed a significant negative correlation with absenteeism, as did general and superior support with presenteeism. The non-significant positive association of beliefs about hiding menstruation and presenteeism highlights the need for interventions in male- as well as female-dominated areas of work. We did not confirm assumptions about telecommuting’s importance or the moderating effects of menstrual diagnosis and social support on presenteeism. Subsequently however, overall symptom and menstrual pain intensity statistically significantly predicted presenteeism. Finally, we interpreted the results and discussed advantages, disadvantages and possibilities for further research.

Diary study assessing impact of working conditions in microwork on worker well-being (work in progress)

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Background: Microwork is a growing segment of the platform economy, where workers complete short online tasks contributing to the development of technology and AI. Working conditions in this work are unstable and precarious, with key components including work opportunities and pay fluctuating daily. This study applies Self-Determination Theory to examine how daily fluctuations in working conditions of microwork affect workers' psychological and psychosomatic well-being through basic need satisfaction. Additionally, we explore how identification with microwork and financial dependency moderate differences between workers.
Methods: A 5-day daily diary study is conducted among 200 microworkers, aiming for 120 complete responses. Workers answer a baseline survey assessing their well-being, identification with microwork, and financial dependency. The diary survey comprises measures assessing the experienced working conditions, basic need satisfaction, psychological, and psychosomatic well-being on each day. Workers receive a compensation of 3.5€ based on the Dutch minimum wage. Data is analyzed in a two-level model with repeated measures on the day-level (within-person; n = 600) and the individual at the person-level (between-person; n = 120).
Findings: Within-persons we test for a direct effect of daily experienced working conditions on daily well-being. Next, we test daily basic need satisfaction as a mediator between working conditions and well-being. Between-persons we test identification and dependency as moderators of the association between overall experienced working conditions and overall well-being.
Discussion: Results illustrate how daily microworking conditions impact well-being, informing the field of occupational health on digital labor's risks and guiding efforts to improve microworkers' psychological and psychosomatic well-being.

Potential of work-life balance crafting as health behaviour dimension in occupational studies

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The contemporary work environment is characterized by increasing flexibility in onsite and remote work, intensifying the challenge of maintaining work-life balance (WLB). This study explored how worker involvement in work-life balance crafting (WLBC) as composite measure of adherence to working hours, setting boundaries between work and private life and planning time for relaxation, contributes to reduction of work-related stress (WRS), and possible indications that WLBC could be observed as health behaviour in occupational domain. Study sample consists of 1174 employed and self-employed respondents in Latvia (78.4% female, age M = 42.64, SD = 10.47). Data gathered as part of the BALANCE4LV project (August to October 2024) by an online survey. Study approved by the RSU Research Ethics Committee.
Multiple linear regression analysis of the relationship between WLBC and WRS while controlling for worker reported amount of work, revealed that model significantly ($F(4,1169) = 100.86$, $p < .001$) explained 25% of variance ($R2 = .25$) in WRS, with WLBC contributing 12%. With additional control for typical health behaviour, model significantly ($F(5,1168) = 85.75$, $p < .001$) explained 27% of variance ($R2 = .27$) in WRS, with WLBC contributing 7% on par with typical health behaviour (7%).
The observed contribution of WLBC to stress reduction, comparable to that of established health behaviors, may suggest that intentional work-life balance behaviors could be considered health-protective habits and further studies for establishing it’s mechanisms and most efective strategy profiles in various contemporary work modalities would contribute to initiatives for sustaining mental health at work.

Explicit Weight, Implicit Bias: How Body Mass Shapes Bystander Responses to Workplace Ostracism

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Ostracism, the act of excluding individuals, is a widespread social phenomenon with profound psychological consequences. While previous research has extensively explored the experiences of ostracized individuals, less is known about bystanders' reactions to exclusion. Existing literature suggests that bystanders may either support the ostracized target or, conversely, align with the perpetrators by further marginalizing the excluded individual. The present studies investigate how observers respond to workplace ostracism directed toward employees with obesity..

Participants in the series of experimental studies were presented with a workplace scenario describing interactions in which a target employee was either included or excluded by colleagues. The target's competence and warmth were systematically manipulated, alongside their body mass, which was visually represented through edited photographs. The exclusion was either described (vignettes paradigm) or enacted as an email exchange (Cybermail paradigm).

Mixed findings suggest that ostracism of persons with obesity led to ambivalent responses, with some observers attributing exclusion to malicious motives of the group and supporting the excluded, and others being prone to ostracise as well. We suspect that in a nuanced manipulation of body mass led observers to exclude the ostracised targets, and the explicit condition resulted in offering them support. These results highlight the nuanced nature of bystander responses to workplace exclusion, emphasizing the interplay between implicit biases and social perceptions of obesity. Implications for experimental research on obesity, as well as workplace diversity and inclusion initiatives will be discussed.

Poster Session: Health behaviour change interventions

10:30 - 11:30

Effective behavior change techniques in lifestyle interventions among patients or survivors of breast cancer: Meta-review

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Aims: The aim of this systematic review was to synthesize the evidence on effective behavioral change techniques used to modify nutrition behavior, physical activity, and promote healthy weight maintenance among women with breast cancer, or breast cancer survivors.

Methods: This systematic meta-review compiled empirical evidence from 39 systematic, scoping, and pragmatic reviews. Data were screened using ASReviews software and through manual searches, conducted across ten databases. The study was preregistered with PROSPERO (CRD42024521376). Online, app-based, and face-to-face interventions (individual and group format) were included. Risk of bias was assessed using ROBIS tool. The evidence for efficacy of behavior change techniques was considered supporting if across at least 3 reviews at least ≥ 60% of original studies indicated a significant improvement for a respective type of outcomes. Overall, efficacy for 7 domains covering single (physical activity, healthy diet, body weight) or combined behavioral outcomes were analyzed.

Results: Across behavior change techniques from the Miche et al. (2013) taxonomy, 24 were supported for at least one outcome domain, with 14 showing effectiveness exclusively for physical activity, while 6 were effective across all investigated outcomes (physical activity, healthy diet, and healthy body weight maintenance). These techniques included:goal setting, problem-solving, action planning, review outcome goals, social reward, and self-talk.

Conclusions: This review synthesizes evidence to guide intervention developers in prioritizing behavior change techniques that support women with breast cancer or survivors in adopting and maintaining healthy lifestyles, while also increasing the likelihood of achieving broader health outcomes, such as maintaining a healthy body weight.

Qualitative research investigating ‘RecoverEsupport’ acceptability: A digital intervention to enhance recovery from breast cancer surgery

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BACKGROUND: Digital Health Interventions (DHIs) can deliver effective, cost-effective, safe, and individualised healthcare. However, for the potential benefits of DHIs to be realised, end-users must engage with the DHI. Engagement is optimised when DHIs are acceptable to end-users. The aim of this qualitative study was to investigate the perceived acceptability of the RecoverEsupport DHI among former breast cancer surgical patients. RecoverEsupport is a behavioural intervention based on the COM-B model, and was designed to support breast cancer patients adhere to post-operative recovery behaviours.
METHODS: 57 eligible patients were identified from medical records and invited via mail to participate. 15 patients consented and were given access to RecoverEsupport for 2 weeks. During the 20–30-minute semi-structured interview, participants were asked for their perspectives, reactions, and feedback to the DHI based on a pre-specified interview guide. Interviews were conducted by an experienced cancer clinician, were transcribed, and a thematic analysis conducted to identify emerging themes using Nvivo14.
FINDINGS: Participants (n=11) were aged between 45-73y, 91% were born in Australia, 54% were employed, and 18% were privately insured. Analysis revealed common themes including that the intervention was perceived to: address identified gaps in care; empower patients; complement the care provided by clinicians; and help patient manage their expectations. Most participants stated they would recommend RecoverEsupport to other people having surgery.
DISCUSSION: RecoverEsupport was found to be an acceptable DHI in supporting women recover from breast cancer surgery. Findings have informed the development of the RecoverEsupport DHI, which is currently being piloted.

The Moderating Role of Cognitive Function on Enactment of Health Behaviour Change: A Systematic Review

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Background: Behaviour change techniques (BCTs) may vary in effectiveness across populations, e.g. there is evidence that self-regulatory BCTs are less effective in older adults than younger adults. This may be due, in part, to age-related declines in cognitive function that reduce effective BCT engagement, but there is a lack of clear evidence on whether or how different cognitive processes moderate BCT effectiveness. The aims of this review are therefore to: 1) synthesise evidence about the relationships between baseline cognitive function and BCT enactment in intervention studies, and 2) identify relevant datasets that could address this question via secondary analysis.
Methods: We searched MEDLINE, PsycINFO, and CINAHL, with forward and backward citation searches. Eligible studies had to examine the effectiveness of a BCT intervention on a health-related behaviour or outcome, and include a baseline measure of cognitive function.
Plan of Analysis: For the 243 included studies, we will extract data including BCTs, baseline cognitive function, and outcomes related to BCT enactment and relevant health-related behaviours or outcomes. Findings that describe the relationships between baseline cognitive function and BCT outcomes will be synthesised across studies that include similar BCTs. Studies that have collected data on baseline cognition and BCT outcomes but not analysed moderation by cognition will be catalogued according to the relevant variables measured.
Discussion: The study will provide insights into whether cognitive functions moderate the effectiveness of health-related BCT interventions, and will identify relevant datasets that could better answer this moderation question, but have not been analysed in this way.

An Empirical Ranking of the Importance of the Sources of Self-Efficacy

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Background: While considerable research has centered on the concept of self-efficacy and its impact on behavior, relatively few studies have delved into the sources of self-efficacy beliefs. Bandura posited that the genesis of self-efficacy beliefs is based on the following four aspects: mastery experience, vicarious experience, verbal persuasion, and emotional states, in a descending order of importance. The objective of this research is to ascertain the relative importance of each source to determine whether some sources should be accorded with greater emphasis than others in future studies aiming to foster self-efficacy beliefs. Method: A study with 335 participants (162 men, 173 women) aged 18-68 was conducted. The sources of self-efficacy were compared by employing dominance analysis. This approach allows for the ordering of predictors according to their contribution to the explained variance, thereby providing more substantial insights and allowing for more concrete conclusions in comparison to the conventional multiple regression approach. Results: As expected, mastery experience was shown to be the most important source of self-efficacy, interestingly followed by verbal self-persuasion and positive affective states. Together, the sources of self-efficacy accounted for about 60% of the variance in self-efficacy. Discussion: Overall, understanding the etiology of self-efficacy is essential for developing effective and sustainable interventions to promote healthy behaviors. By focusing on the specific sources of self-efficacy that are most pertinent, interventions can be designed to be more effective.

A Pre-Registered Experimental Investigation of Daily Mental Contrasting With Implementation Intentions on Reducing Bedtime Procrastination

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Background: Bedtime procrastination (BP), a failure to appropriately regulate one's sleep goal, is related to low sleep quality and daytime fatigue. Mental contrasting with implementation intentions (MCII) is an effective self-regulation strategy for goal pursuit (Oettingen, 2024). Single and multiple applications of MCII have never been directly compared for any kind of behaviour; we addressed this important gap by using BP as a target behaviour. We hypothesised that daily (vs. single) MCII training will lead to more efficient pursuit of bedtime goals. Furthermore, based on the tripartite model of goal striving (Ntoumanis & Sedikides, 2018) we expected that MCII training would be more advantageous for people who have controlled (vs. autonomous) goal motives.

Methods: We randomly allocated 297 participants from Prolific into either daily or single (day 1) MCII groups for a week-long diary study. We measured (at level 2) goal motives for sleeping on time, chronotype, and sleep functioning, as well as (at level 1) sleep goal, goal effort and commitment, and bedtime procrastination. We conducted multilevel structural equation modelling.

Findings: Participants who completed MCII daily reported procrastinating less, on average by around 19 mins. Daily MCII led to greater reductions in BP for participants with high controlled goal motives. Self-regulation variables were negatively related to BP but, surprisingly, autonomous goal motives were not.

Discussion: We address an important gap in the MCII literature. Daily MCII seems an effective strategy to reduce BP. Future research should compare the effectiveness of daily vs single MCII training with other behaviours.

Breaking the Habit: A Comparison of Habit Decay Strategies to Reduce Social Media Use

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Background. Social media use (SMU) has the potential to become habit-driven, particularly among student populations, with implications for health and well-being. While extensive research has focused on habit formation, much less is known about habit decay, especially in real-world settings. This study addresses that gap by comparing three strategies—inhibition, substitution, and guided substitution—to disrupt social media habits. A key focus is the role of guidance in selecting a viable alternative behavior.
Method. University students (N ≈ 500) from Germany, Switzerland, the US, Australia, and the UK who are motivated to reduce their social media use will be randomly assigned to three intervention groups or a waitlist control group. After one week of self-monitoring, participants will complete four weeks of intervention. Creating implementation intentions, the inhibition group will suppress social media use, the substitution group and the guided substitution group will select and implement an alternative, with the guided substitution group receiving structured support in this selection. Weekly measures include self-reported habit strength, intention to reduce SMU, urges, action slips, and objective screen time across five timepoints to assess habit decay and behavior change.
Findings. Preliminary results will be presented. We anticipate guided substitution to produce the strongest habit decay effects.
Discussion. Findings are expected to advance theoretical understanding of habit decay in real-world settings. By evaluating the relative effect of each strategy and the additional impact of guidance in a culturally diverse sample, the study has important implications for the design of targeted intervention programs to disrupt social media habits.

Intervening in Social Exchange Processes to Promote Physical Activity: An Investigation of Intrapersonal Mechanisms

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Background: Social exchange processes play a crucial role in shaping health behaviours, yet the mechanisms through which they operate remain insufficiently understood. Different social exchange processes may work through different mechanisms. This study aims to investigate how different social exchange processes—such as social support and social control—may influence moderate-to-vigorous physical activity (MVPA) through distinct intrapersonal mechanisms, including affective outcome expectancy, instrumental outcome expectancy, self-efficacy, action control, commitment, and intention.
Methods: We are conducting a 55-day daily diary study with romantic couples who aim to increase their MVPA. We implement smartphone-based dyadic just-in-time adaptive interventions aiming to improve the different social exchange processes between the partners in order to facilitate engagement in MVPA. Participants complete evening diaries assessing the social exchange processes and intrapersonal mechanisms, while MVPA is measured using accelerometers.
Planned analyses: Multilevel mediation analyses will be used to examine how the targeted social exchange processes influence the intrapersonal mechanisms that are expected to predict the MVPA.
Discussion: By elucidating the intrapersonal mechanisms linking social exchange processes and MVPA, this study will contribute to a more nuanced understanding of social influences on health behaviour.

Co-creating everyday life solutions to make plant-based diets more desirable, cookable and accessible

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Background: To support the shift towards more plant-based diets, consumer-relevant solutions are needed. In two studies, we examined consumers' motives and barriers towards adopting a diet with more plant and less animal foods. Using the COM-B model, we co-created practical solutions to make plant-based meals more desirable, cookable and accessible.
Methods: Study I involved six co-creation sessions with Dutch adults (30-50 y, n=36). Participants discussed challenges and experiences related to plant-based diets and generated new ideas for incorporating more plant-based foods and meals in everyday life. Study II involved similar sessions with younger Dutch adults (18-35 y, n=34), preceded by a home cooking assignment.
Findings: The most frequently mentioned barriers were convenience, taste, lack of inspiration, cooking skills, and social support. Participants indicated that planning, shopping for, and preparing plant-based meals required too much effort and risked disappointment at the table. Out-of-home situations were frequently mentioned as inspiring moments to try plant-based meals. Younger adults seemed to be more influenced by their social environment to eat plant-based meals but were more hindered by limited cooking skills. Overall, participants expressed a need for inspiration, convenient and adaptable, step-by-step recipes (e.g. YouTube videos), and easily accessible ingredients. They also suggested the importance of social exchange and support within a like-minded group or from role models. Supermarkets and out-of-home settings should facilitate plant-based choices, e.g. through tastings, positioning, promotions, and offering more (ready-to-eat) plant-based options.
Discussion: To effectively promote plant-based diets, we recommend multi-component strategies that integrate aspects of desirability, cookability, and accessibility.

Schools cancer prevention: A systematic review of school-based cancer prevention interventions for elementary school children

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Cancer remains the second leading cause of mortality worldwide, with incidence rates expected to rise 77% by 2050. Yet, between 30% and 50% of cases are preventable through behavioral and lifestyle modifications. The World Health Organization highlights the importance of early health education in schools to foster knowledge, shape attitudes, and influence health-related behaviors. However, the effectiveness of school-based cancer prevention interventions in elementary education remains unclear. This systematic review aims to synthesise evidence on the impact of school-based cancer prevention interventions for elementary school children (ages 5–12). Specifically, it will examine their effects on cognitive outcomes (e.g., knowledge) and psychosocial factors (e.g., attitudes, intentions) related to cancer prevention. A comprehensive search across PubMed, Cochrane Library, Scopus, Web of Science, PsycINFO, and SciELO will identify quantitative interventional studies published between 2014 and 2024. Eligible studies must evaluate structured educational programes targeting at least one modifiable cancer risk factor from the European Code Against Cancer (e.g., tobacco use, alcohol consumption, sun exposure, diet, physical activity, HPV). Only peer-reviewed empirical studies using experimental or quasi-experimental designs will be included. Data extraction and risk-of-bias assessment will follow PRISMA guidelines. If sufficient data are available, a meta-analysis will be conducted. Otherwise, a narrative synthesis will be provided. This review will present evidence-based insights for educators, policymakers, and public health professionals, informing the development of effective school-based cancer prevention strategies. By identifying key intervention components, it aims to support policies that enhance early cancer prevention education in schools.

Poster Session: Inclusive healthcare and access: barriers, bias, and belonging

10:30 - 11:30

Experiences of healthcare access of minority ethnic parents of autistic children: A qualitative systematic review

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Culture plays an important role in shaping healthcare access and experience We aimed to systematically review and synthesize qualitative literature on the barriers and facilitators of healthcare access reported by parents of autistic children who identify with a minority ethnic heritage.
The review protocol was pre-registered on Prospero (CRD42022304090). A systematic search using key words was undertaken on the following databases: PubMed, Scopus, CINAHL, The Cochrane Library, PsycARTICLES, Web of Science. Results were exported and duplicates removed. Titles and abstracts were screened against inclusion criteria, before full text review of potential articles. Analysis was conducted in NVivo software using a thematic synthesis approach, which included line-by-line coding, development of descriptive themes, and development of analytical themes. Study quality was assessed using the CASP tool.
1317 papers were screened and 104 were included in the review. Three themes were identified: accessing healthcare is challenging, parental challenges and strengths, support infrastructure with each including specific subthemes. Together, the themes elucidated the complex interplay of factors that shape parental experiences ranging from health service design, cultural barriers to social support and inclusion challenges.
This is the first comprehensive review of healthcare experiences amongst minority ethnic parents of autistic children in a range of settings. The findings highlight many shared challenges across contexts though the powerful influence of societal positioning of autism remerges as a key factor alongside wider healthcare infrastructure. There is a need for public awareness to work in tandem with progressing ease of access to care to support children and families.

Barriers and facilitators to engaging in the therapeutic effects of nature amongst underserved/minoritised communities

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Background: There is accumulating evidence that spending time emersed in nature can be beneficial for mental health and wellbeing. However, there are widespread inequalities in accessing nature especially among those experiencing existing health, social and economic disadvantage. The aim of this study is to investigate the barriers and facilitators amongst underserved and minoritised communities to engaging with nature for therapeutic and/or health and wellbeing benefits.

Methods: This cross-sectional qualitative study employs thematic analysis utilising the Behaviour Change Wheel (BCW). Thirty participants who have previously accessed nature for therapeutic benefits (including nature-based approaches and/or interventions) recruited purposively via stakeholders including third sector organisations (e.g. Simon Community Scotland, including their 'Branching Out' programme, and the Hep C Trust) to take part in focus groups and one-to-one interviews, comprising people from deprived communities (particularly people experiencing homelessness and/or substance use); ethnic minority communities; LGBTQIA+ people; and women.

Findings: The proposed analysis will utilise deductive thematic analysis employing core BCW elements, including the Capability, Opportunity, and Motivation (COM-B) model, the Theoretical Domains Framework (TDF), to inform future intervention content.

Discussion: This study will provide vital insights into the salient barriers and facilitators to engaging in the therapeutic effects of nature amongst underserved and minoritised communities, employing key theoretical tenets of the BCW. The findings will be shared with key stakeholders and used to inform future design and development of evidence-based and theoretically informed nature-based interventions, approaches and initiatives, to enhance health and wellbeing specifically involving underserved and minoritised communities experiencing widespread inequalities.

Ethnic Variations and Perceived Barriers/Facilitators in Service Access for Unpaid Caregivers: A Scoping Review

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Background

Unpaid caregivers provide crucial support to individuals with health and social care needs. However, little is known about the ethnic variations and the barriers and facilitators to accessing health and social care services. This scoping review addresses this gap by examining ethnic differences in service use, barriers and facilitators to access, and available support systems for unpaid caregivers. This information is critical to the development of culturally sensitive support.

Methods

A systematic search across five databases identified 1,019 records, with 174 duplicates removed. After screening 845 titles and abstracts, 748 were excluded, leaving 97 for full-text review. Of these, 45 met the inclusion criteria, 51 were excluded, and one article could not be retrieved. A review of one government report and 4 reports from 4 third-sector organisations are ongoing.

Plan of Analysis

Thematic analysis will identify key patterns in ethnic disparities, barriers, and facilitators to health and social care service access and use. The findings will be analysed to explore how cultural, socioeconomic, and systemic factors influence caregiving experiences and access to support services.

Potential Implications

Preliminary findings revealed ethnic disparities in accessing health and social care services, influenced by cultural norms, language and systemic barriers and challenges due to socioeconomic disadvantages and discrimination. Findings will provide evidence-based recommendations for policymakers, practitioners, and service providers. This review seeks to contribute to health psychology and promote health equity by informing policies and practices that foster inclusive and culturally responsive caregiving support.

Acceptability of implementation intentions: Perceptions of people with lower socio-economic position from think-aloud interviews

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Background. Implementation intentions could promote health behavior among lower socio-economic position (SEP)-groups, as they can help translate intentions into action when experiencing challenging circumstances. However, the limited empirical evidence among lower SEP-groups demonstrates mixed effects. This stresses the need to examine whether this technique aligns with the context, preferences and needs of lower SEP-individuals. We aim to explore the perceptions of individuals with lower SEP about (formulating) implementation intentions to change their health behavior. Methods. Twenty semi-structured interviews including a think-aloud task are held with adults living in deprived neighborhoods in The Hague, the Netherlands. Participants are asked to verbalize their thoughts while formulating an implementation intention for a chosen health behavior. Additionally, the semi-structured interviews cover participants' health and health behavior, perceptions of implementation intentions, their acceptability, how well they fit with daily activities, and any potential barriers and facilitators for formulating them. Thematic analysis will be used. Findings. Because this project is running at the moment, no results are available yet. The interviews are currently being conducted (current n = 11), which will be completed, transcribed and coded before the conference. The results will be organized by themes. Discussion. This study provides insights into whether implementation intentions align with the context, preferences and needs of lower SEP-groups. This will help to learn whether this technique may be suitable to promote health behavior among this population. The poster will include these implications.

Effective implementation strategies for whole-of-community obesity prevention interventions in low socioeconomic contexts - systematic review

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Aims:
This systematic review aimed to examine the evidence on effective implementation strategies used in whole-of-community programs to prevent overweight and obesity in low socioeconomic status (SES) communities.
Methods:
The review synthesized empirical evidence from 37 original studies. Data screening was conducted using ASReviews software. The study was preregistered with PROSPERO (CRD42024526470). Implementation strategies were analyzed using the ERIC Principles and Implementation Framework (Powell et al., 2015). Risk of bias was assessed using the Joanna Briggs Institute tool. The efficacy of implementation strategies was considered supportive if at least 66% of studies reported significant improvements for a given outcome type across at least three studies. Seven outcome domains were analyzed, including changes in: obesity prevalence, BMI, quality of life, dietary behaviors, and physical activity.
Results:
Of the 73 implementation strategies from the ERIC framework, 57 were used in at least one original study, and five were applied across all interventions. Forty-one strategies showed support for at least one outcome domain, with five demonstrating effectiveness across three outcome domains and one across four outcome domains. Effective implementation strategies included altering incentive/allowance structures, assessing readiness and identifying barriers and facilitators, developing academic partnerships, obtaining and using patient/consumer and family feedback, and obtaining formal commitments.
Conclusion:
This review synthesizes evidence to guide intervention implementers in prioritizing strategies for multilevel, intersectoral approaches in obesity prevention in low-SES communities. It underscores the importance of tailoring interventions' implementation strategies to the specific needs and resources of low-SES communities.

Adjustment process and psychosocial needs of people with vascular Ehlers-Danlos syndrome (VEDs): preliminary qualitative findings

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Background: The vascular Ehlers-Danlos Syndrome (vEDS) is a rare genetic disease, caused by connective tissue anomalies. Since connective tissue is prominent in the human body, the signs are diverse, and potentially lethal, requiring coping and adjustment mechanisms or influencing life decisions. If somatic manifestations are well documented, the psychosocial consequences are barely studied, even more so in the French population. Our current study aims to explore the adjustment process and psychosocial needs in people with vEDS.

Methods: We drafted a semi structured interview guide and recruited willing participants. We currently led 10 interviews. The content of those interviews will be codified and analyzed according to the Interpretative Phenomenological Approach method.

Findings: Our work is still in progress. However, some preliminary themes are emerging, such as the death of a relative afflicted by the same disease, how the disease dictated life decisions, and hospital experiences.

Discussion: The findings will contribute to a better understanding of the psychosocial impacts of the VEDs, as told by the patients themselves. The willingness of the patients included to take part, and their feedback demonstrates their enthusiasm at the prospect of being listened to. They will also help caretakers identify new therapeutic goals or adapt their treatment.

Perceived Stigmatization, Body Image, and Psychological Well-Being in Women Visiting Dermatologists for Aesthetic Treatments

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Background: This study investigated the relationship between perceived stigmatization, cutaneous body image, and psychological well-being in women undergoing aesthetic treatments. The hypotheses were proposed: (a) There is likely to be a significant relationship among stigmatization, body image, and psychological well-being; and (b) perceived stigmatization and body image are likely to predict psychological well-being in these women.

Methods: This study employed a correlational research design. Data were collected from 170 women aged 18 to 55 using a convenience sampling. The following scales were utilized to assess the variables: the Stigmatization Scale (Soliman, 2020), the Cutaneous Body Image Scale (Hinkley, 2020), and the Psychological Well-Being Scale (Ryff et al., 2007). Data analysis involved descriptive statistics, Pearson Product-Moment Correlation, and Hierarchical Regression analysis.

Findings: The findings revealed that perceived stigmatization negatively correlated with cutaneous body image among women undergoing aesthetic treatments. Furthermore, perceived stigmatization negatively correlated with psychological well-being in this population. However, a significant positive relationship was identified between cutaneous body image and psychological well-being in women undergoing aesthetic treatments. In addition, hierarchical regression analysis indicated that both independent variables—perceived stigmatization and cutaneous body image—are significant predictors of psychological well-being in these women.

Discussion: The implications of these findings highlight the influence of culture on health and the necessity for treatments to align with culturally acceptable norms. Health psychologists can play a key role in addressing these areas by exploring them in greater detail within the context of Pakistani culture.

Oral Session: Nutrition and Physical activity interventions

11:30 - 11:40

Understanding the Factors Influencing Student Engagement after the Implementation of a Physical Education Intervention

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Background: To foster lifelong healthy habits, physical education (PE) interventions must promote sustained student engagement (SE)—a critical factor for improving academic, social, and health outcomes. However, limited knowledge exists on factors influencing maintenance of SE post-intervention.

Purpose: We explored factors influencing SE following FIT FIRST 20, an evidence-based school physical activity intervention for 10-to-13-year-olds.

Methods: Following ethics approval, semi-structured and focus group interviews were conducted with 31 5th and 6th-grade students and eight teachers across five Danish schools participating in the FIT FIRST 20 cluster-randomized controlled trial. Interview guides were informed by the Ontology of Mechanisms of Action, which categorizes the processes by which interventions facilitate behavior change, and our ongoing scoping review of SE determinants. Reflexive thematic analysis was applied to interpret data.

Findings: Results highlight the importance of classroom social and behavioral climate, teacher need-supportive styles and skills, student self-efficacy, and school structural conditions in sustaining SE.

Discussion: These findings can inform strategies to support sustained SE in PE, potentially promoting long-term student physical, mental, and social well-being. The study also advances behavior change research by applying the Ontology of Mechanisms of Action to studies on student engagement.

Understanding healthy eating and physical activity community-centred behaviour change interventions for underserved populations: a mixed methods rapid review

, S. Jong[1], S. Hanson[1], A. Minihane[1], S. Akter[1], W. Hardeman[1]

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Background: The prevalence of unhealthy eating and physical activity behaviours is higher in underserved populations, which have the highest burden of non-communicable disease. Healthy eating and physical activity community behaviour change interventions are a promising strategy for addressing health inequalities, however, little is known about how these interventions work. This review explores the characteristics of these interventions, with a focus on the use of behaviour change techniques. It also evaluates the interventions' effectiveness regarding behaviour change and examines participant experiences.

Methods: A mixed methods rapid review using the Joanna Briggs Institute and Cochrane Rapid Review guidelines was conducted and reported following the PRISMA 2020 checklist. Five databases and grey literature were searched, supplemented by hand searching reference lists of included studies. Results were screened, assessed for methodological quality, and data extracted using the Behaviour Change Techniques Ontology. A convergent segregated approach to quantitative and qualitative data was used to synthesise the results.

Results: Twenty-one studies met the inclusion criteria. Common behaviour change techniques were social support, guiding how to perform behaviour, monitoring, goal-directed behaviour, and prompting focus on self-identity. Intervention effects on healthy eating and physical activity behaviour change were small, but outcomes that measured influences on behaviour change (e.g. self-efficacy) improved. Participants reported largely positive experiences, mostly attributed to the intervention's tailoring to the target population's contexts and the engagement and expertise of the people who delivered the intervention.

Discussion: To accurately identify the behaviour change techniques and characteristics used in healthy eating and physical activity community interventions for underserved populations, clearer intervention reporting is required. Further research recommendations include assessment of interventions' long-term impacts on behaviour change, and investigating the contextual mechanisms used to tailor them for underserved populations, particularly examining the role of the intervention source and delivery methods. A meta-regression to reliably attribute individual behaviour change techniques to the healthy eating and physical activity behavioural positive or negative effects of the interventions for underserved populations is also required to strengthen the evidence that techniques identified in this review are linked to positive effects of the interventions.

A physical activity intervention for individuals with knee osteoarthritis: moderators of change

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Background: Physical activity interventions often take a one-size-fits-all approach, with less attention paid to for whom these interventions are most effective. We explored moderators of change following a Health Action Process Approach (HAPA)-based intervention to increase moderate-to-vigorous physical activity (MVPA) in individuals with knee osteoarthritis.
Methods: Exploratory analyses were conducted using data from participants (n = 123, aged 44 to 79, 63% women) of the intervention condition of a randomized controlled trial in Germany. Outcomes were MVPA assessed at 0, 12 and 24 months and HAPA constructs (maintenance self-efficacy, recovery self-efficacy, action planning, coping planning, action control, collaborative planning) assessed at 0, 6, 12, 18 and 24 months. Putative moderators of change included sex, age, income, education, relationship status, body mass index (BMI) and symptoms of knee osteoarthritis, assessed at baseline. Segmented linear mixed models were fit.
Findings: In participants from the intervention condition, post-intervention trajectories of MVPA and most HAPA constructs did not differ by any of the proposed moderators. For coping planning, two moderating effects emerged. Only those with average or above-average BMI showed initial increases in coping planning following the intervention. Moreover, only women maintained consistent levels of coping planning over 24 months, whereas men exhibited an initial increase followed by a decline.
Discussion: Exploratory analyses revealed no major differences between subgroups in this sample of intervention participants. As these findings are limited by a small sample size from a high-income, highly educated Western country, future studies could examine intervention effects and moderators in more diverse samples.

Which behavior change techniques characterize efficient weight loss interventions in vulnerable populations? A meta-review

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Background: The aim of this systematic meta-review was to integrate the existing knowledge on behavior change techniques and to identify those techniques that are consistently applied in in efficient weight loss interventions targeting lifestyle changes among various vulnerable populations (e.g., ethnic minorities, older people, pregnant women, people with low socioeconomic position, living in rural areas, with a chronic illness, with a disability, with mental health issues, low education, postmenopausal women, immigrants/refugees.).
Methods: The protocol for this meta-review was pre-registered with PROSPERO (CRD42024532138). The search for eligible reviews was conducted in seven electronic databases. Following titles, abstracts, and full text screenings, performed using the ASReview software and Rayyan screening tool, evidence from 37 reviews (systematic, scoping, narrative, integrative, literature) and meta-analyses was examined. The effectiveness was assessed in 4 outcome domains: physical activity, healthy diet, body weight change, sedentary behavior. Behavior change techniques, reported in ≥3 reviews and applied in intervention trials of which ≥60% were effective, were coded as supported for a respective outcome domain. The risk of bias was assessed with the ROBIS tool.
Findings: Twelve behavior change techniques from the Miche et al. (2013) taxonomy were found to be supported for at least one outcome domain: goal setting, action planning, self-monitoring, social comparison, prompts/cues, credible source, instruction on how to perform the behavior, social support, demonstration of the behavior and behavioral practice/rehearsal.
Discussion: This meta-review provides insight on the types of behavior change strategies that form the backbone of effective weight loss interventions aimed at vulnerable populations.

Self-control strategies to reduce meat consumption: An ecological momentary intervention

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Background: An increasing number of individuals aim to reduce their meat consumption, but achieving this goal can be challenging. Self-control strategies could support this change; however, their effectiveness in reducing meat consumption remains understudied. This study examines whether providing self-control strategies supports motivated individuals in reducing meat consumption. Based on the Process Model of Self-Control, we assess the impact of different strategy types, hypothesizing that situational strategies will be more effective than intrapsychic strategies and that combining both will be more effective than either strategy alone.
Method: We conducted an ecological momentary intervention including a baseline (week 1), an intervention (week 2-4) and a follow-up (week 9). Participants—163 German students who regularly consumed meat and aimed to reduce consumption—were randomly assigned to one of four groups: during intervention they were presented daily with either no strategies, intrapsychic, situational or both strategy types. Meat consumption (in grams) was measured trough end-of-the-day reports.
Findings: Multilevel models indicate that participants reduced their meat consumption from baseline to both the intervention phase and the one-month follow-up. However, contrary to our hypotheses, groups did not differ in meat consumption reduction.
Discussion: For motivated individuals, monitoring meat consumption may be sufficient to reduce intake, whereas providing self-control strategies may not have an additional benefit. As we found no differences in strategy effectiveness, our results contrast the predictions of the Process Model. This study offers both theoretical implications and practical insights for designing interventions to reduce meat consumption.

Oral Session: Intervention in chronic disease management

11:30 - 11:40

Enhancing psychosexual well-being in Multiple Sclerosis: A feasibility randomized controlled trial

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Background: Sexual difficulties affect 50–80% of people with multiple sclerosis, reducing quality of life, body image, and increasing relationship strain. We used co-design methods to develop a psychosexual intervention for MS (PIMS), drawing on theories of adjustment to long-term conditions and sexual arousal, and feedback from lived-experience experts.

The primary objective was to evaluate the feasibility of a larger randomized controlled trial (RCT) by assessing eligibility, recruitment, retention, and adherence rates; acceptability; and suitability of potential outcome measures.

Methods: Participants (N = 43) recruited from three NHS sites were randomized to PIMS (n=22; six self-guided and two facilitator-led sessions over 12 weeks) or a psychosexual-education control group (n=21; single 30-minute education session). Validated scales assessed sexual function, psychological well-being, and quality of life. A nested qualitative study explored intervention experiences/feasibility.

Findings: Recruitment and retention rates met feasibility thresholds (96.6% eligibility; 75.4% consented; 76.7% completed follow-up). PIMS adherence was moderate (53.8% completed ≥ three self-guided and one facilitated session). Acceptability was high; 92.9% reported satisfaction. Data supported progressing to a larger trial, after adaptations to delivery mode. There was positive qualitative feedback on intervention content, with suggestions for digital adaptation. The Sexual Function Evaluation Questionnaire and the MS Sexuality and Intimacy Questionnaire were identified as potential outcome measures in an RCT.

Discussion:PIMS demonstrates feasibility for a definitive RCT, with modifications to enhance uptake/adherence. Findings support the potential of integrating psychosexual care into multidisciplinary frameworks and underscore the value of theory-informed psychological interventions in health psychology and chronic disease management.

Cognitive bias modification intervention targeting fatigue in breast cancer: pilot results and RCT feasibility

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Introduction: Cancer-related fatigue (CRF) is associated with cognitive biases, which may be targeted with Cognitive Bias Modification (CBM) techniques. The aim current pilot study was to test effects of CBM on bias (Fatigue self-identity), self-reported fatigue and vitality, and fatigue-related behaviour. Also RCT feasibility was evaluated.

Methods: In the IVY study: Sixty-four newly diagnosed and metastasized breast cancer (BC) were allocated into a treatment (20 CBM sessions in 4 weeks, plus 12 booster after 3 months) and control group with 3 months follow-up. Effects on self-identity bias (SI-IAT) were tested using LMM. Due to low statistical power, changes across time in EMMs of vitality (Vita-16), fatigue (CIS), and all-or-nothing and avoidance behaviour (CBRSQ) were plotted. RCT feasibility was tested against predefined recruitment (≥70%) and dropout (≤20%) rates. Protocol completion and acceptance were evaluated qualitatively.

Results: on bias (SI-IAT), significant training effect compared to control was found from slight fatigue bias at baseline to pro-vitality at follow-up. Feasibility of the RCT protocol showed mixed results: recruitment (53%) and dropout (58%) did not meet predefined criteria. Completion and acceptance were evaluated positively.

Discussion: Sustained training effects on cognitive bias were found, some indications of improvement in behavioral outcomes, but not on clinical outcome. This study partially supports the potential of targeting implicit cognitions in the treatment of cancer-related fatigue, but more research is needed to explore whether bias modification translates into clinical outcomes. To improve feasibility of a full RCT, BC patients after completing curative treatment with no metastasis should be targeted.

Barriers and facilitators for lifestyle changes in multimorbid individuals: a delphi study of healthcare professionals

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The aging population is experiencing an increase in chronic diseases such as type 2 diabetes, cardiovascular disease, and cancer. Due to shared lifestyle-related risk factors, these diseases often co-exist. While lifestyle changes can improve health outcomes and reduce costs, current interventions focus on single diseases and lack strategies for promoting sustainable lifestyle changes in individuals with multiple conditions. Therefore, this delphi study among healthcare professionals explored barriers, facilitators, and preferences for lifestyle promotion in individuals with multimorbidity.

This study was preregistered and followed the CREDES guidelines. It employed an online three-round delphi method. Healthcare professionals were recruited through convenience sampling. Round one used open-ended questions that were thematically analyzed to identify key factors. The second round used Likert scales to validate these themes, allowing participants to suggest modifications or additions. Round three refined consensus on key barriers, facilitators, needs, and preferences, defined as >75% agreement.

Sixty-five experts participated, including dietitians, nurses, primary care assistants, physiotherapists, medical psychologists, specialists, lifestyle coaches, and general practitioners. Key themes included lack of motivation, limited knowledge and insight into lifestyle-disease links, financial constraints, social support, socio-economic status, and the need for personalized care. Several themes specific to multimorbidity emerged, including the impact of involvement from multiple healthcare professionals, feelings of being overwhelmed, receiving conflicting advice, and physical limitations due to multiple conditions.

The findings of this study have the potential to inform the development of more effective, tailored approaches to lifestyle improvement, ultimately improving outcomes for multimorbid individuals and reducing the overall healthcare burden.

Psychological and behavioural interventions for depression and anxiety in early-stage CKD: A systematic review

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Background: Depression and anxiety are prevalent in chronic kidney disease (CKD) and linked to increased morbidity and mortality. While psychological and behavioural interventions are recommended as non-pharmacological alternatives, existing evidence is predominantly derived from end-stage renal disease (ESRD) or renal replacement therapy (RRT) populations. This systematic review evaluates the effectiveness of psychological and behavioural interventions on mental and physical health outcomes in early-stage CKD, a population with distinct treatment needs and disease trajectories.

Methods: A systematic search of MEDLINE, EMBASE, PsycINFO, Cochrane Central, and Web of Science (until April 2024) identified randomized controlled trials (RCTs) assessing psychological or behavioural interventions in adults with early-stage CKD (not on RRT), with depression and/or anxiety as primary or secondary outcomes. Risk of bias (RoB-2) and certainty of evidence were assessed. Due to study heterogeneity, vote counting and narrative synthesis were applied. PROSPERO:CRD42024515733.

Findings: Five RCTs (N = 631) met inclusion criteria. High-certainty evidence supported improvements in self-efficacy, self-management, and physical function (100% positive effects). Moderate-certainty evidence indicated benefits for depression, anxiety, and mental health-related quality of life (QoL; 60–67% positive effects). Physical health-related QoL showed mixed results with low-certainty evidence, while fatigue and kidney function (eGFR) remained unchanged, with very low certainty.

Conclusion: Psychological and behavioural interventions improve self-efficacy, self-management, and physical function in early-stage CKD, supporting their role in patient-centered care. While moderate-certainty evidence suggests benefits for mental health and QoL, effects on clinical outcomes remain unclear. Further high-quality RCTs are needed to establish long-term efficacy and optimize integration into nephrology care.

Oral Session: Insights on the physiology of stress and health

11:30 - 11:40

Physiological targets in psychosocial interventions for cancer: A review of systematic reviews

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Background: Psychosocial interventions enhance the social and psychological well-being of individuals following a cancer diagnosis. Although there is growing interest in utilizing these interventions to improve cancer-related outcomes, the specific physiological mechanisms they affect remain poorly understood. This review identifies and synthesizes evidence on physiological outcomes targeted by psychosocial interventions in adults with cancer.

Methods: An umbrella review was conducted following Joanna Briggs Institute methodology and PRISMA guidelines. Systematic reviews were identified, assessed for quality using AMSTAR 2, and synthesized narratively.

Findings: Fifty-eight reviews (1,249 studies, 20 meta-analyses) were included, with 66% rated as critically low quality. Mind-body and exercise-based approaches were the most common, alongside mindfulness-based stress reduction. Thirty-seven reviews included studies reporting immune and inflammatory responses, such as NK cell activity, T-cell balance, CRP, IL-6, and TNF-alpha. Neuroendocrine outcomes, primarily cortisol levels, were examined in 25 reviews. Clinical outcomes, including toxicity, postoperative complications, survival, and sleep, were reported in 22 reviews. Seventeen reviews assessed physical function (e.g., flexibility, grip strength, muscle strength), while 16 examined hemodynamic measures, such as circulatory status and cardiovascular parameters. Thirteen explored effects on telomeres, DNA damage, and gene expression. Less frequently studied outcomes included hematological analyses, oxidative stress, and antioxidant capacity. Substantial heterogeneity was observed.

Discussion: Psychosocial interventions exhibit potential for modulating physiological outcomes in people with cancer, particularly immune function. However, methodological inconsistencies and the prevalence of exercise-based components make it challenging to isolate the effects of purely psychological interventions. Future research should standardize methods and distinguish psychosocial from exercise effects.

Self-compassion, gender and HRV-measured stress regulation: A mediating role of loneliness?

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Background: According to self-compassion theory, common humanity (CH) is the belief that difficulties are part of the larger human experience. It manifests in two dimensions: (1) a general, compassionate perspective - seeing others' difficulties as common; (2) a self-compassionate perspective - seeing one's own struggles as part of a shared experience. This study examined whether CH and gender affect stress regulation through loneliness.

Method: 137 participants (53.6% women) completed online measures of CH, loneliness, and provided 5-day resting heart rate variability (HRV, index RMSSD/HR) data via a smartphone application, averaged as a proxy for stress-regulation.

Results: Path analysis showed that compassionate CH was negatively associated with social loneliness ($\beta = -.12$, $p = .002$), which in turn was positively associated with HRV ($\beta = .10$, $p < .001$). Self-compassionate CH was not associated with loneliness, but directly with HRV ($\beta = .11$, $p = .005$). A main effect of gender was observed, with men exhibiting higher HRV than women ($\beta = .24$, $p < .001$). Separate models for each gender revealed no significant mediation. For women, compassionate CH had a very weak direct association with HRV ($\beta = .06$, $p = .048$). For men, self-compassionate CH had a direct association with HRV ($\beta = .24$, $p < .001$).

Conclusions: CH is related to a physiological correlate of stress regulation, with compassionate CH acting through lower loneliness. The mechanisms, however, differed by gender: general compassion seems more beneficial for women, self-compassion for men, regardless of loneliness.

Autonomic Responses to Acute Exercise in Stress-Induced Exhaustion Disorder: Exploring HRV and Cortisol Levels

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Background
Is exercise beneficial or detrimental for patients with stress-induced exhaustion disorder (ED)? While previous studies have shown the benefits of exercise for various mental health conditions, its effects on ED — characterized by persistent fatigue following chronic psychosocial stress — remain underexplored.
This study compares the effects of acute exercise on heart rate variability (HRV) and cortisol between patients with ED and healthy controls across two exercise intensities. The results could provide insights into how ED influences the body's ability to handle and recover from exercise.

Methods
We conducted a two-armed cross-over trial comparing ED patients (n = 30) and healthy controls (n = 30). On separate occasions, they performed 22-minute cycling sessions at either low or moderate intensity. We measured HRV and salivary cortisol before, after, and 30 minutes after exercise. HRV measures RMSSD, LF/HF, and SD2/SD1 were analyzed. Exercise effects were assessed using linear mixed models.

Findings
RMSSD was significantly lower in the ED group than controls ($p < 0.05$), but there was no difference in exercise response between groups or intensities. SD2/SD1 and LF/HF values in response to exercise were higher in the ED group ($p < 0.05$), indicating increased sympathetic activation. This effect was particularly pronounced at moderate intensity. There were no differences across groups, time, or intensity for cortisol.

Discussion
The findings indicate chronic dysregulation of the autonomic nervous system in individuals with ED, with altered autonomic responses to exercise, slower recovery, and increased sympathetic activity post-exercise. These results can inform treatment strategies for ED patients.

Childhood Trauma and Cardiometabolic Disease: An Umbrella Review

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Background: Psychological stress, particularly childhood trauma, has been linked to cardiometabolic disease. However, the strength and consistency of the associations between the trauma and cardiometabolic outcomes remain unclear. This umbrella review synthesizes evidence from systematic reviews and meta-analyses to evaluate the relationship between childhood trauma and cardiometabolic disease.
Methods: A comprehensive search of PubMed, Embase, PsycINFO, CINAHL, and Web of Science was conducted in April 2024. After the abstract and full-text screening stage, we checked for study overlap to minimize duplication of primary studies. We extracted basic study characteristics, including sample size, study design, measurement methods, and effect sizes for the primary outcomes. Review quality was assessed using AMSTAR-II.
Findings: Six meta-analyses and ten systematic reviews were identified. All reviews concluded positive associations between childhood trauma and the risk of cardiometabolic disease, but the strength of the associations was heterogeneous. The strongest reported association was between childhood trauma and metabolic diseases (HR = 1.63, 95% CI [1.16, 2.29]). Particularly, emotional abuse (RR = 1.48, 95% CI [1.29, 1.71]) and physical abuse (RR = 1.48, 95% CI [1.22, 1.79]) showed associations on the risk of coronary heart disease compared to other subtypes of childhood trauma.
Conclusion: Despite the high heterogeneity in childhood trauma definitions and outcome measures, the evidence supports robust associations between childhood trauma and increased cardiometabolic disease risk.

tDCS-induced increases in psychological flexibility mediate reductions in sleep delay propensity

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Background
Delayed sleep onset is linked to sleep deprivation and fatigue, negatively impacting health, well-being, and safety. Psychological flexibility plays a key role in sleep behavior regulation. This study examined whether transcranial direct current stimulation (tDCS) over the dorsolateral prefrontal cortex (DLPFC) reduces bedtime procrastination by enhancing psychological flexibility.
Methods
Seventy-two participants (35 women, aged 18–28) underwent a five-day intervention with anodal tDCS applied to the left DLPFC and cathodal stimulation to the right DLPFC for 20 minutes per session. Psychological flexibility and bedtime procrastination were assessed using validated self-report questionnaires before and 10–14 days after the stimulation period. A mediation analysis was conducted to examine the indirect effect of tDCS on bedtime procrastination via changes in psychological flexibility.
Findings
tDCS significantly reduced bedtime procrastination and this effect was fully mediated by increased psychological flexibility. That is, neurostimulation led to improvements in psychological flexibility, which in turn decreased bedtime procrastination.
Discussion
These findings highlight the potential of neuromodulation in addressing sleep-related behavioural issues through cognitive mechanisms. Given the well-documented links between sleep deprivation, health risks and workplace safety, our results suggest that tDCS may serve as an effective intervention for mitigating bedtime procrastination and its associated consequences. These findings carry significant implications for health psychology, particularly in behavioural interventions, prevention strategies, and workplace health policies. Future research should explore long-term effects and potential applications in clinical and occupational settings

Moment-to-moment interplay between self-efficacy, leisure-time physical activity and perceived stress in daily life

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Background: Stress is a widespread phenomenon that can adversely affect both physical and mental health. Prolonged exposure that exceeds individual coping capacities increases health risks, potentially leading to cardiovascular diseases or psychological symptoms such as depressive symptoms. Identifying personal resources that can mitigate these effects is essential for prevention. Few studies have examined stress and its management, particularly through engagement in leisure-time physical activity (LTPA), in individuals' natural environments considering the temporal dynamics of these processes. Guided by an integrative theoretical approach, this study aims to investigate the relationship between LTPA-related self-efficacy, LTPA, and stress, focusing on the within-person temporal dynamics. Methods: As part of a secondary analysis, data from n = 256 participants (age: M = 41.93; SD = 12.27; 57% female) who completed a 14-day ambulatory assessment were analyzed. Participants self-reported their LTPA-related self-efficacy, LTPA in the previous two hours, and stress five times a day. Multilevel modeling was used to examine within- and over time between-person associations. Findings: Results showed a negative association between LTPA-related self-efficacy and stress at both the within- and between-person level. LTPA engagement was associated with lower stress at the within-person level, but not at the between-person level. Discussion: These findings emphasize LTPA-related self-efficacy and LTPA engagement as valuable resources for managing stress within individuals' daily lives. Future research should focus on ecological momentary interventions aimed at enhancing these resources to improve stress management and well-being in real-world contexts.

Oral Session: Acceptance & real-world feasibility of new technologies for health

11:30 - 11:40

AI-Driven Virtual Human Training for Obesity Management in GPs: A Pilot Feasibility Test

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Background and Objectives:
The global obesity epidemic necessitates innovative educational strategies that enhance general practitioners' (GPs) clinical competence in obesity management. This study developed and conducted a pilot of an AI-driven virtual human (VH) guided education and training tool. The tool incorporates the 5As framework, a structured approach for obesity-related conversations. The Intervention Mapping protocol guided development and informed the theoretical components. This study aimed to evaluate the feasibility of a VH training intervention to enhance trainee GPs' knowledge, self-efficacy, and intention to implement weight-related counselling skills.
Methods:
A pre-post survey design assessed feasibility. Measures included self-reported knowledge scores and standardised assessments of self-efficacy, Empathy towards Patients with Obesity and Confidence in Clinical Interactions, behavioural intention, VH perceptions, VH trust, and post-intervention acceptability. Twenty-two GPs participated, with 12 providing complete data.
Results:
Dependent t-tests revealed significant improvements in knowledge scores ($p = .006$), self-efficacy ($p = .001$), and empathy/confidence ($p = .002$). Participants rated the VH tool favourably, with 87.5% finding it equally or more effective than traditional teaching methods. High behavioral intentions were observed, with 91.7% reporting intention to use the 5As framework and 83.3% intending to use the VH tool. Participants reported positive perceptions of the VH and demonstrated moderate to high trust.

Discussion:
The VH tool demonstrates feasibility and the potential to enhance healthcare professionals' capacity to address obesity. This study provides proof of concept for translating behaviour change strategies into AI-driven tools to support offline behaviour change. Future research should explore long-term effectiveness, scalability, and sustainability.

Critical Challenges in Scaling Gamified Digital Health Interventions in Municipal Policies

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Background:
Gamified health interventions can promote physical activity, yet their implementation remains limited, hindering public health impact. Implementing and scaling such interventions into municipal policy is underexplored. This study examined how Dutch municipalities incorporate gamified physical activity interventions into policy plans.
Methods:
A two-phase qualitative study was conducted. First, exploratory interviews were held with four municipal professionals experienced in gamification and a game company CEO. Second, policymakers and neighborhood sport coaches from three municipalities without prior gamification experience participated in two workshops (pre- and post-implementation) and implemented the digital physical activity intervention Missie Master for four months (April–September 2024). Workshops were guided by implementation (Consolidated Framework for Implementation Research) and scaling theories (Public Innovation Capacity Model, Validated Scaling Instrument, Framework for Scaling Social and Sustainable Initiatives). Thematic analysis was conducted using ATLAS.ti.
Findings:
Four key challenges emerged: 1) upscaling (e.g., team adaptability), 2) outscaling (e.g., diverse municipal policies), 3) mismatch between municipalities and companies (e.g., product ownership), and 4) scaling stages (e.g. cost-effectiveness, political priorities, funding). A roadmap was developed to support policymakers and practitioners in evaluating gamification requests.
Discussion:
Findings highlight challenges in implementing and scaling gamified interventions, including intermunicipal collaboration, role distribution, and mismatches between industry innovation and municipal adoption. Future research should refine scaling strategies to ensure effective and sustainable integration of gamified interventions into public health policy.

GPs' role in patients' trust in and acceptance of AI-based diagnoses and treatment plans.

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Background: The use of Artificial Intelligence (AI) in diagnostics and treatment plan formation is increasing rapidly. This raises the need to better understand factors influencing patients' trust in and acceptance of such AI use. The current study examined the roles of procedural justice and justification for AI use provided by General Practitioners (GPs).

Methods: A 4 (Procedural Justice: not informing the patient about AI use/ informing them/ informing and giving a voice/ informing and giving a choice) x 4 (Justification: peer-based / expert-based / rational / empirical) between-subjects scenario study amongst 428 participants aged 18-72 years explored how these factors influenced trust in GP, acceptance of AI use, and trust in and acceptance of an AI-based diagnosis and treatment plan.

Findings: AI justification did not influence any outcome variables. However, for procedural justice, the non-informed group showed lower acceptance of AI use than the other groups. Also, trust in and acceptance of AI-based diagnosis and treatment plan were higher in the group who had been given a choice regarding AI use than in any of the other groups. The latter relationships were mediated by increased trust in the GP.

Discussion: This study aligns with prior work showing that procedural justice can positively influence patients' trust in and acceptance of medical diagnoses and treatments. Importantly, it highlights how GPs may play a role in improving patients' acceptance of the use of AI in medical diagnostics and decision-making as well as of resulting diagnoses and treatment plans.

Early-Stage Vaping Cessation Intervention Development: barriers and opportunities to offering vapers behavioural support to quit

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Background: Vaping is a harm reduction approach to quitting smoking, but it is addictive and often leads to long-term use where the health risks are not fully known. In addition, more non-smokers, especially young people, are taking up vaping. There are no UK evidence-based interventions to help people stop. Digital behavioural interventions could be an effective solution. This project aimed to: 1) Analyse secondary qualitative data on vaping cessation to identify key themes 2) Consult with vapers/ex-vapers to interpret findings and inform intervention design.
Methods: Aim 1) Secondary analysis of extracted interview data relating to vaping cessation from four prior vaping studies (115 vapers or ex-vapers, including smokers, ex-smokers, and never-smokers) was conducted, with themes mapped to the Theoretical Domains Framework. Aim 2) Three meetings with 8 vapers/ex-vapers over four months covering cessation perspectives, research priorities, and feedback on intervention design respectively.
Findings: Barriers to quitting identified from interview data included lack of knowledge about quitting methods, social environments supportive of vaping, low perceived health risks, fear of smoking relapse, and vaping enjoyment. Consultation with vapers/ex-vapers highlighted how vaping habits differed from smoking, requiring a highly tailored approach. Behavioural interventions were preferred over Nicotine Replacement or medications, with app-based support seen as most acceptable, provided it accounted for individual histories, motivations, and usage patterns.
Discussion: Investigations indicated that a digital behavioural vaping cessation intervention would be attractive and widely accessible. Further development work is warranted to ensure that support incorporates a bespoke approach to maximise quitting rates for all vapers.

Smart-home technology acceptance and drivers for research participation in patients with Mild Cognitive Impairment

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Background: Mild Cognitive Impairment causes dysfunction in one or more cognitive domains while maintains daily functionality. Its progression to dementia impairs work and social abilities. Predicting and mitigating cognitive decline is crucial. Smart-home technology offers a promising approach to continuous, non-intrusive monitoring. The SERENADE project is a multidisciplinary research initiative involving computer scientists, psychologists, and clinicians, aims to develop AI-driven algorithms to interpret cognitive decline using non-invasive sensors (detecting movement, presence, humidity) and cognitive stimulation via tablet-based exercises. This study, part of the SERENADE project, aims to explore factors influencing technology acceptance and participation in scientific research. Methods: Semi-structured interviews were conducted with participants in the project for one year (n = 6). A thematic analysis was conducted using MAXQDA. The study is ongoing with further interviews planned to expand the dataset and refine the analysis. Findings: Key factors influencing technology acceptance included ease of use, perceived usefulness, social influence, and facilitating conditions. Regarding research participation, two central themes emerged: subjective interest (therapeutic and monitoring benefits) and prosocial interest (contributing to scientific progress). Discussion: Smart-home solutions can be well accepted by individuals with MCI when designed with usability and perceived benefits in mind. Addressing facilitating conditions and social influence can further enhance technology acceptance. Additionally, understanding motivations for research participation can improve recruitment strategies and patient retention in similar studies. Participating in research also contributes to personal well-being, as individuals benefit not only from using new tools but also from their commitment to advancing knowledge that may benefit future patients.

Roundtable: Reflexivity in action: applying lessons learned

11:30 - 12:30

Reflexivity in action: applying lessons learned

S. Stutterheim[1], N. Keesmekers[1], G. Menting[1], Y. Sievers[1], M. Overman[1], L. Zanni[2]

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Reflexivity involves critically reflecting on how we, as researchers, shape what we study and how we study it. Reflexivity improves the rigor and transparency of our research and is an important component of ethical, inclusive, and effective research. This emphasizes its value in health psychology publications and conferences. This showcase aims to explore the concept of reflexivity in health psychology and to discuss effective application, particularly in the areas of prevention, practice, and policy.

The objectives of this showcase are to: (1) provide examples of the application of reflexivity to health psychology; (2) empower researchers to use reflexivity in their own research; (3) encourage researchers to improve their research by thinking “outside the box”; (4) foster connection between health psychologists by collaboration.

First, five presentations will highlight personal cases of reflexivity. Giselle Menting will discuss the inclusion of underrepresented populations in research and its consequences. Yara Sievers will discuss coping with misconceptions during semi-structured interviews. Nils Keesmekers will discuss balancing scientific rigor with practical feasibility while working with practitioners. Louise Zanni will discuss interpersonal dynamics between researchers and participants in longitudinal research with patients with lung cancer. Meredith Overman will discuss the role of reflexivity and positionality when developing culturally tailored parenting programs for caregivers with a migration background. Each presentation ends with a “lesson learned” that participants can apply to their own work.

Second, we will facilitate work sessions based on the principles of Liberating Structures, focusing on the five themes from presentations. Participants will form groups based on their interests in these themes. In groups, they will be primed to think “outside the box” and collaboratively exchange knowledge and expertise, fostering connections by discussing key “lessons learned.” An example of a discussion point is “How can increased participation by stakeholders influence your research?”. Each group will summarise and report back their insights.

Finally, there will be a plenary reflection on the group discussions guided by the chair. Insights for each “lesson learned” will be shared, with room for responses from participants. Participants’ contributions and questions will remain accessible online after the session to facilitate continued insights and connections.

Drawing from our experience in facilitating diverse groups, we provide flexibility in the format of the work sessions. Depending on the number of participants, we can conduct a plenary discussion or organize smaller groups that work independently under the guidance of the chair and the contributors.

Oral Session: Understanding and measuring health behaviour in context

11:30 - 11:40

Investigating dynamics of automatic influences on physical activity using a brief smartphone-based implicit association test

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Background: Automatic evaluations are spontaneous assessments based on learned associations. People with more favorable automatic evaluations of physical activity tend to engage in more activity, but little is known about their dynamics. We tested validity of a smartphone-based brief-Implicit Association Test (bIAT) and provide the first-ever insights of daily and within-day relations between automatic evaluations and activity.
Methods: We conducted two studies with bIATs – 40 trial word categorization tasks that produced scores of how much a person associated physical activity with good/bad. In the first study, participants (N = 97, 21±2 years old, 51% female, 45% White, 34% Black) completed two full IATs and morning and evening bIATs for 6 days. In the second study, participants (N = 68, 40± 2 years old, 63% female, 62% White and 2% Asian) completed bIATs multiple times per day within a larger 14- day ecological momentary assessment study. Physical activity was device-recorded time in moderate and vigorous activity.
Findings: The bIATs had poor internal validity (Spearman-Brown r's = -0.12 to 0.73). Most variability in bIATs was within-person (ICCs: 23% and 33%), but bIATs were associated with physical activity at only between-person levels. The person-level average bIAT score was a better predictor of physical activity than the full lab-based IATs.
Discussion: The bIAT captures between-person differences in automatic evaluations and can be administered on smartphones in intensive repeated measures studies. Our findings suggest that automatic evaluations are a between-person predictor of activity; however, more research is needed to rule our measurement effects.

Leisure-time physical activity in daily life: The role of social support, affect, self-efficacy, and planning

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Background: Leisure-time physical activity (LTPA) benefits physical and mental health, but many adults are insufficiently physically active. Identifying modifiable, theory-based resources in daily life is warranted to inform future targets for ecological momentary interventions. Transactive Goal Dynamics Theory suggests that the social context can be beneficial for health behavior change, but evidence on received social support for physical activity and associated processes is mixed. The goal of the present study was to examine to what extent social (i.e., social support) and individual (i.e., positive affect, self-efficacy, planning) resources are linked with LTPA as within-person processes.

Methods: 117 working adults (M(SD)=37.91(11.77) years old, 65% women) from two work contexts (61% sedentary workers, 39% physiotherapists) participated in a 15-day Ecological Momentary Assessment (EMA) study from the workHealth project. Participants completed three EMA surveys per day on a smartphone, assessing working hours, social support (family/friends), affect, and LTPA-related self-efficacy and planning. Participants also wore an accelerometer. Multilevel models accounting for within- and between-person effects were fitted to predict accelerometer-based LTPA.

Results: Higher-than-usual received social support from family/friends, self-efficacy, and planning on a day were positively associated with LTPA. The within-person effect for positive affect was unrelated to LTPA in this model. Among between-person effects, only planning emerged as a meaningful predictor of LTPA.

Discussion: Consistent with theory, results imply relationships between LTPA and both social and individual resources to be within-person processes. Findings may inform the development of ecological momentary interventions targeting individual and social resources for health behavior change.

Predictors of smoking and vaping in cognition, person and environment characteristics among 5th graders

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Background. The emergence of alternative nicotine products, such as the disposable e-cigarette, has the potential to increase overall nicotine consumption among children and adolescents. The examination of predictors of smoking and vaping may facilitate efficacious prevention strategies, both at the individual and structural levels.
Methods. This work utilized baseline data from a longitudinal, cluster randomized controlled trial of 1,500 adolescents (grades 5 and 6) in 42 elementary schools in Berlin, Germany. Using a CIBER-analytic approach and generalized mixed effect regression analyses accounting for nesting of students in schools, we examined associations between person/environment characteristics (gender, age, distress, self-esteem, school attachment, student and school SES, best friend's smoking, parental smoking and disapproval, accessibility of smoking products) and cognitions (attitudes, norms, self-efficacy, refusal action-planning, -self-efficacy and -self-concept) with the intention to be smoke- and vape-free and lifetime prevalence of smoking and vaping.

Findings. We find relationships in the expected direction between the proposed predictors and outcomes, $p < .05$. The strongest associations were observed for environment characteristics (school SES, parental/friends' behavior and norms), students' personal efficacy and experiential attitudes (e.g., expectation of enjoyment/feeling good).
Discussion.
The findings may inform theory building on vaping, suggesting the potential of modifying cognitions in prevention interventions. Additionally, the findings underscore the importance of policy regulation targeting socio-economic factors at the school and individual levels, child exposure, and the accessibility of smoking and vaping products.

Validation of a new Treatment Adherence Risk Assessment (TARA) measure

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Background: The Perceptions and Practicalities Approach (PaPA) proposes adherence interventions will be more effective if tailored to perceptions and practicalities that underpin an individual's motivation and ability to adhere. This study aimed to validate the TARA, an adherence activation measure that operationalises the PaPA. TARA assesses patients' risk of non-adherence and identifies reasons for this.

Methods: We collated data across two completed studies where respondents with a range of chronic conditions were recruited from hospital clinics, a healthcare consumer panel and an online recruitment portal. We focussed on data from two validated questionnaires that assessed perceptual and practical barriers to adherence, the BMQ and MPRAQ, alongside the validated adherence measure MARS-5. A bespoke algorithm converted scores on the survey and segmented patients into 4 levels of adherence activation based on beliefs and practical barriers to adherence.

Findings: Data from 789 respondents from the Netherlands and Turkey were analysed. 26 patients were categorised as Treatment Activation Level 1 (39% adherent), 428 at Level 2 (59% adherent), 248 at Level 3 (71% adherent) and 87 at Level 4 (93% adherent). When controlling for age, gender and education level, those at Level 1 had 19 times higher odds of non-adherence compared to those at Level 4 (OR=19.29, 95% CI=8.11-79.00), and those at Level 2 and 3 had 9- and 5-times higher odds of non-adherence.

Discussion: The TARA can segment patients into levels of adherence activation. This insight can be used to triage patients and tailor interventions accordingly.

Weight Stigma and Engagement in Physical Health Behaviour: Two Meta-Analyses

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Objective:Weight stigma—negative bias and discrimination based on body weight—has been associated with unhealthy physical health behaviors, including disordered eating, substance use, and reduced physical activity. Despite extensive research, a comprehensive quantitative synthesis is lacking. This study conducted two meta-analyses to examine the association between weight stigma and physical health behaviors.
Methods:A systematic literature search across nine databases identified 126 records that measured weight stigma and physical health behaviour (Meta-analysis 1), 16 records that also measured stress (Meta-analysis 1: SEM), and 8 records that manipulated exposure to weight stigma and measured the subsequent effect on physical health behaviour (Meta-analysis 2). A multilevel meta-analysis was conducted on Pearson's r (Meta-analysis 1: 540 effect sizes) and Cohen's d (Meta-analysis 2: 14 effect sizes). Structural equation modeling (Meta-analysis 1 SEM: 80 effect sizes) tested stress as a mediator.
Results:Meta-Analysis 1: A small significant positive association was found between weight stigma and engagement in unhealthy behaviors ($r = .1109$, $SE = .0123$, 95% CI [.0869, .1350], $p < .0001$) suggesting higher stigma is associated with higher engagement in unhealthy behaviours and lower engagement in healthy behaviours. Meta-SEM indicated that stress partially mediated the relationship between weight stigma and engagement in physical health behaviour ($ab^* = 0.049$, $p < .0001$). Meta-Analysis 2: Manipulating weight stigma had a moderate positive effect on engagement in unhealthy behaviours ($d = 0.3998$, $SE = 0.1422$, 95% CI [0.1212, 0.6784], $p = .0049$).
Conclusion:Weight stigma contributes to unhealthy behaviors through direct and indirect pathways, with stress as a partial mediator.

Oral Session: Biomedical intervention and screening

11:30 - 11:40

Survey of Public Knowledge and Attitudes Towards Antibiotic Use across England: Pre- and Post-Pandemic

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Introduction: Antibiotic misuse drives antimicrobial resistance (AMR). Most antibiotics are prescribed in primary care where demand for consultations for self-limiting common infections is greatest, meaning public knowledge can influence antibiotic prescribing. This study explores how public knowledge of and attitudes towards antibiotics have changed over time.

Methods: Ipsos conducted surveys across England in 2020, 2021, 2022 and 2024. Random and quota sampling were used, with questionnaire responses weighted to ensure a representative sample. Pearson's Chi-squared test was used to assess differences in proportions across categorical variables and between responses over the four years.

Results: Responses were obtained from 2,022 (pre-pandemic); 1,676 (pandemic-Y1); 1,663 (pandemic-Y2) and 3,024 (post-pandemic) respondents.
The proportion of respondents who felt they had personal responsibility to tackle AMR increased from 57% pre-pandemic to 62% in pandemic-Y1 ($p<.05$). This reduced to the pre-pandemic baseline in pandemic-Y2 and decreased further post-pandemic (46%). The proportion of individuals correctly answering the statement antibiotics will always speed up my recovery from an infection increased by 7% from pre-pandemic (58%) to pandemic-Y2 (65%; $p<.05$), reducing to 56% post-pandemic. Reductions in correct responses post-pandemic corresponded to an increase in respondents stating they don't know. Knowledge of the use of antibiotics for specific infections (ear, urine infection and COVID-19) was lowest in 2024.

Conclusion: Our findings suggest that knowledge regarding AMR and antibiotic use has reverted to pre-pandemic levels and highlight potential areas of focus for public engagement as improving knowledge may subsequently increase individuals' capability and motivation to change their behaviours regarding antibiotic use.

Understanding and contextualising vaccine-related beliefs of pregnant people during first and n-th pregnancy

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Pregnancy is an important phase in one's life – rife with health related (mis)information and subsequent health-based decisions. These decisions are marked with a distinct and complex set of conditions, wherein the decisions affect both the mother and the developing foetus. As most health decision-making models and vaccine decision models do not account for this complexity - the primary aim of this study was to go beyond them and understand vaccine related beliefs of pregnant people as they dynamically form sand evaluate them. Concomitantly, exploring how they build and reason about their hierarchy of beliefs when evaluating maternal and child vaccines.

We conducted in-depth/semi-structured interviews with n=40 pregnant people of legal age (split evenly between those expecting their 1st child and those expecting their 2nd,...Nth child) to elicit concepts related to both maternal and child vaccines. The data was analysed using abductive thematic analysis - employing a reflexive process of identifying theoretical explanations of elicited concepts.

Some common themes expressing vaccine hesitancy and low vaccine uptake during pregnancy were identified, such as: burden of responsibility, long-term safety concerns, cognitive dissonance in decision making. For the n-th pregnancy group some distinct themes were identified, such as barriers to maternal vaccine adherence due to competing caregiving demands.

The findings help identify important junctures of interventions for the two pregnancy groups with the opportunity of increasing vaccine uptake. Providing an insight into the intersecting commonalities and differences between the two groups and how to leverage them to provide targeted interventions.

Using the HAPA Model to Analyse UK Government Vaccination Communication: A Large Language Model Study

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Effective public health communication is crucial for shaping health behaviors, especially during crises like the COVID-19 pandemic. This study applies the Health Action Process Approach (HAPA) model to analyze UK government communication strategies across different phases of behavioral change. It explores the role of motivational (intention formation) and volitional (planning, action, and maintenance) communication in influencing public attitudes and vaccination adherence.

The study also uses LLMs instead of traditional content analysis to systematically examine official government communications. Targeted prompting strategies enable sentiment and topic analysis to categorize messages based on HAPA constructs. Sentiment analysis evaluates emotional tone regarding risk perception, outcome expectancies, and self-efficacy. Topic analysis assigns content to motivational or volitional phases, identifying emphasis on vaccine uptake and adherence.

Sentiment in UK vaccine communication was predominantly positive (79.8%), with smaller portions of neutral (19.0%) and negative (1.2%) sentiment. Positive Outcome Expectancy (Motivational) was the most frequent HAPA construct, followed by Action Planning and Risk Perception. Negative Outcome Expectancy, Self-Efficacy, and Maintenance were less frequent. Communication peaked between late 2020 and early 2022, with the highest engagement in December 2021 (Omicron variant), followed by a decline. LLMs show promise in analyzing public health communication strategies aligned with behavioral models. Findings highlight the importance of confidence-building messages and adaptive strategies to enhance vaccine acceptance and public health outcomes in future crises.

Understanding parental hesitancy about childhood flu vaccination: a qualitative study applying the Necessity Concerns Framework

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Background: The UK influenza vaccination programme is available to all children aged 2-3 years and school-aged children to limit their experience of complications from flu and reduce onward transmission to other vulnerable groups. Uptake for childhood flu vaccination remains suboptimal at around 50%. The aim of this study was to explore reasons why parents have previously rejected the flu vaccine for their child.
Methods: 24 parents took part in one-hour semi-structured online interviews. Transcripts were coded using NVivo and data were thematically analysed by applying the Necessity Concerns Framework. Parents were recruited through an online market research panel.
Findings: Parental decisions were driven by a low perceived need for the childhood flu vaccine, relative to their concerns about potential negative consequences. Low necessity beliefs were strongly influenced by the perception that flu was not a serious illness, and that natural immunity would be best and needs to be 'built'. Parents reported concerns about the immediate negative effects of the vaccine and the permanent damage it could do to their child's immune system in the long term. The offer of the vaccine was perceived as an invitation to prioritise the health of the wider community, over and above that of their own child.
Discussion: Public health interventions designed to improve childhood flu vaccine uptake need to take into account parental beliefs about the vaccine.

A qualitative analysis of factors in cervical screening attendance decision-making

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Background: Cervical cancer is largely preventable through human papillomavirus (HPV) vaccination and regular cervical screening, yet screening uptake in UK remains below the 80% target, at around 70%. While barriers such as fear and embarrassment are well-documented, less is known about how women interpret screening information through their personal beliefs and experiences. This study addresses the research question: “What matters to women when deciding whether or not to attend cervical screening?”

Methods: Qualitative semi-structured interviews with 44 women aged 18-45 living in the UK. The interview schedule was based on illness perceptions and health beliefs and included questions relating to awareness, attitudes and beliefs about cervical screening. Data were analysed using reflexive thematic analysis.

Findings: Three themes were generated: purpose of screening, screening experience, and knowledge. Women who saw screening as lifesaving were more motivated to attend than those who viewed it as test for cancer, indicating that the perceived purpose of screening plays a critical role in decision-making. Second, screening experiences – particularly pain or vulnerability – shaped future attendance more than general health-attitudes. Finally, women perceive a lack of knowledge about screening and the screening process, acting as barrier.

Discussion: The analysis identified complex relationships between screening-related knowledge, experiences and understanding, whereby understanding can encourage or deter screening uptake. Knowledge is not objective, but interpreted through personal values, beliefs and meaning. These findings suggest that to improve screening uptake, interventions must move beyond information-provision to focus on meaningful engagement that is tailored to address personal beliefs and values.

Roundtable: Science communication with policymakers, media and the general public

11:30 - 12:30

Science communication with policymakers, media and the general public

N. Contzen[1], G. Sproesser[2], J. Mata[3], L. König[4], T. Marteau[5], C. Teran-Escobar[6]

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[3]University of Mannheim, Germany
[4]University of Vienna, Austria
[5]University of Cambridge, United Kingdom
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Purpose: Effective science communication is crucial for translating research findings into meaningful societal impact. This roundtable will explore how health psychologists can engage with policymakers, media, and the general public to enhance the visibility and applicability of their work. By sharing experiences, strategies, and lessons learned, we aim to foster a collaborative dialogue on best practices in science communication.

Objectives:
• Discuss the importance of communicating research beyond academia and its impact on public perception and policy.
• Share practical insights and strategies for effectively engaging with policymakers, journalists, and the public.
• Exchange experiences, including challenges and success stories, to identify common obstacles and solutions.
• Lay the groundwork for a network to improve science communication practices in health psychology.

Rationale: Health psychology research informs policies, shapes health behaviors, and contributes to public discourse. A global study across 68 countries shows strong public expectations for scientists to actively share their research. This roundtable will provide insights and practical guidance on effective communication beyond academia.

Summary:
Laura M. König will present the most important insights of a study carried out in 68 countries about trust in scientists and expectations on science communication as well as sharing experiences on the communication with the general public. Jutta Mata and Theresa Marteau will provide insights on the communication with policymakers and practitioners to translate psychological research into policy recommendations. Claudia Teran-Escobar will focus on the communication with stakeholders and the general public. The panel discussion will be followed by a breakout group session.

Roundtable: Somewhere Over the Rainbow: Defining the Future of the New LGBTQIA+ SIG

11:30 - 12:30

Somewhere Over the Rainbow: Defining the Future of the New LGBTQIA+ SIG

T. Gültzow[1], U. Davidovich[2], C. den Daas[3], A. van Dongen[4]

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Purpose: LGBTQIA+ individuals often face significant health disparities due to complex societal influences. Despite this, health psychology research has largely overlooked these groups, especially beyond gay men and men having sex with men. To address this gap, we formed a new Special Interest Group (SIG) this year. This roundtable invites input to shape the SIG's direction.
Objectives: To collaboratively define the priorities and future activities of the new LGBTQIA+ SIG, fostering an inclusive research network that advances health psychology perspectives on underrepresented sexual and gender identities.
Rationale: To ensure the SIG reflects the needs and interests of potential SIG members, we seek input from researchers engaged in health psychology and related fields.
Summary: Each contributor is a member of the new SIG's committee and will contribute to the roundtable in this capacity.

Symposium: Accelerating sustainable mobility: examining the potential of ebikes as an active transport mode

14:00 - 14:15

Socio-cognitive beliefs towards active commuting among car/bike/e-bike/public transport pass owners: a cluster analysis

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Background: e-Bikes are a sustainable alternative to motorized commuting modes. This secondary data analysis assessed whether socio-cognitive beliefs towards active commuting differed by available transport modes.
Methods: An online survey was conducted among Belgian adults (representative sample, 18y+), on intentions, behavior, behavioral/norm/self-efficacy beliefs, and environmental constraints for active commuting. Two-step cluster analyses were performed on possession of a car (none; private car and/or company car), bicycle, e-bike and/or public transport pass. ANOVA analyzed differences in individual characteristics and beliefs between clusters.
Findings: The sample included n=2225 adults (53.1% women, Mage=45.9, SD 15.2), 25.5% possessed an e-bike. Six clusters emerged: Cl#1) No car; mixed other possession (15.1%); Cl#2) all e-bike owners; majority also private car and bike (22.5%); Cl#3) all bicycle and private car owners; no other possession (18.0%); Cl#4) all company car owners, mixed other possession incl. 32% e-bike (9.7%); Cl#5) all private car and public transport pass owners, no e-bike (12.4%); Cl#6) only private car, no other possession (22.3%). Clusters differed in terms of age (e.g. Cl#1 youngest), education (e.g. Cl#4 highest), urbanization (e.g. Cl#1 most urban), commuting distance (e.g., Cl#4&5 furthest) and most socio-cognitive beliefs. For example, Cl#2 (e-bike owners) amongst others more strongly believed that active commuting was good exercise, comfortable, gives fresh air, they are still able to do this if it takes time, at bad weather or lower accessibility.
Discussion: Differences between clusters in beliefs and environmental constrains can provide levers for campaigns to promote Ebikes among clusters who mainly rely on other transport modes.

A systematic review and meta-analysis of the impact of e-bike availability on travel behaviour change

G. Chevance[1], J. Bourne[2], L. Foley[3], J. Green[3], H. Sundør[4], A. Fyhri[4], ***P. Bernard***[5]

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Transitioning from private cars to active transport modes is crucial for reducing greenhouse gas emissions and promoting physical activity. Electrically assisted bicycles (e-bikes) can play a key role in this shift. E-bikes have the ability to overcome common barriers to cycling, such as perceived lack of time, hilly terrain, bad weather, cyclist's fatigue and the undesirability of being sweaty when arriving at a destination.
This systematic review and meta-analysis examines quasi-experimental and experimental studies (e.g., loan program, natural experiments with regular purchaser) on the impact of e-bike acquisition on travel behaviour changes in terms of distance and mode share.
Ten Northern European studies were included. Results show that e-bike access leads to significant behaviour shifts, with participants travelling 5.3 km (95%CI 4.1; 6.4) more per day by e-bike, increasing e-bike mode share by 26% (95%CI 14.3; 37.9). E-bikes also substitute other transport modes, particularly private cars, reducing car use (not-significant) by 2.4 km (95%CI -5.6; 0.8) per day and decreasing car mode share by 10%. Baseline travel behaviours seem to influence the modal shift, with e-bikes often replacing the most common mode. The effects of gender and age on travel behaviour change after acquiring an e-bike are mixed. The impact of income, population density, health status, and trip distance remains under-studied in included articles. These findings provide new evidence on e-bikes as a competitive alternative to cars. More experimental studies conducted in diverse settings are needed.

Is ebiking exercise or cheating? An experimental study estimating minutes of moderate physical activity

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Background: Health psychologists are designing interventions involving ebikes, as they offer a co-beneficial travel solution, providing both health and environmental benefits compared to private car use. However, there is ongoing debate about whether e-biking qualifies as moderate-to-vigorous physical activity (MVPA) due to variable assistance from a battery-powered motor. This study investigated the effects of ebike power settings and cycling intensity on minutes of MVPA.

Methods: Adult participants completed six 5km e-biking trials on the same route, with a factorial combination of ebike power setting (Off/Mid/Full) and cycling intensity (Natural/Brisk). Heart rate while cycling was measured by a Polar HR monitor. Using either age-estimated or lab-measured maximum heart rate, minutes of moderate-to-vigorous physical activity were calculated for each 5km trip.

Findings: Nineteen participants completed a total of 114 trips, with six trips excluded for data quality issues. Cycling 5km with the ebike motor switched off led to participants completing 14 minutes of MVPA on average, significantly higher than the 11 minutes with the motor set to either mid or full power. Cycling briskly led to participants completing around 90 seconds more MVPA over 5km (and notably more minutes of vigorous physical activity, 11 minutes brisk; 5 minutes natural).

Discussion: Despite small differences in the total number of minutes of MVPA over 5km, cycling with electrical assistance still produced meaningful amounts of physical activity. E-biking offers a flexible means to achieve MVPA, benefiting both commuting and overall physical activity, especially compared to sedentary transportation modes like car journeys.

E-biking among people living with chronic conditions: a scoping review

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Background: Physical activity is recommended for the self-management of many chronic conditions. However, physical inactivity remains prevalent, in some cases due to challenges related to physical function and mobility. Electric bicycles (e-bikes) may provide more people with an opportunity for habitual physical activity during transport. This scoping review explores the extent and type of literature reporting determinants and potential impacts of e-biking among adults living with chronic conditions.

Methods: A scoping review was conducted following Joanna Briggs Institute guidelines. MEDLINE, PsycINFO, CINAHL, Scopus, and Web of Science were systematically searched for relevant articles published from January 2000 to June 2024. Screening was completed by two independent reviewers at the title/abstract and full-text stage. Extracted data were synthesised using descriptive numerical analysis and basic qualitative content analysis.

Results: Of the 1042 articles identified in the database search, eight were included in the review. Individual studies included people living with diabetes, cancer, stroke or heart disease. Reported determinants of e-biking were identified at the individual, social, and environmental level. Reported impacts of e-biking were identified in the physical, psychological, behavioural, and social domains.

Conclusion: Existing studies involving adults living with chronic conditions report a range of determinants and impacts of e-biking. Developing this evidence base further could inform recommendations for individuals living with chronic conditions, health professionals, and policymakers regarding the potential for e-biking as an inclusive form of physically active transport. Future research should extend the diversity of populations and contexts represented in this small but growing literature.

Symposium: Tackling vaccine hesitancy with empathy - Motivational and empathetic refutational interviewing in healthcare contexts

14:00 - 14:15

Impact of witnessing empathetic refutational and motivational interviews on trust and intentions to vaccinate

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Background: The World Health Organization recommends to avoid traditional counselling styles and to use empathetic interview approaches when addressing vaccine hesitancy in interactions among healthcare workers (HCWs) and patients. Motivational interviewing (MI) and the recently developed empathetic refutational interview (ERI) are two promising empathetic interview approaches.

Methods: In this preregistered experiment, we tested the effectiveness of MI and ERI compared to a control condition that reflects typical traditional counselling styles. Primary measures were participants' trust in the physician and intention to vaccinate a hypothetical child. N = 1690 participants from the UK were randomly assigned to one of six conditions and watched a video presenting a conversation about the measles, mumps and rubella vaccination between a mother and a paediatrician who used either ERI, MI, or a traditional style. Additionally, the paediatrician's depicted gender was varied.

Findings: Planned contrasts revealed that having witnessed ERI or MI conversations led to greater trust in the paediatrician ($p < .001$, $d = 0.48$). In addition, the participants in the ERI condition reported a higher intention to have their hypothetical child vaccinated than the participants in other groups ($p = .05$, $d = 0.12$). However, differences on intention were not observed between the MI condition and the control condition. Non-significant findings might be due to ceiling effects. Variations in gender did not consistently affect results.

Discussion: Results support the benefit of using empathetic approaches to increase trust. Direct effects on physicians and patients will be reported in additional talks in this symposium.

From data to dialogue: using HCWs' and parents' insights to shape communication trainings

***N. Schmid-Küpke*[1],** E. Wulkotte[1], J. Schmitz[2], A. Takla[1]

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Background: Extensive evidence highlights the importance of communication between HCWs and patients in vaccination decision-making. This is particularly relevant for underutilized HPV vaccination. Evidence-based training can enhance effective communication – especially when considering HCW and patient needs. This study aimed to identify those needs using the attitude root taxonomy alongside other psychological constructs.

Methods: In 2023, we conducted two representative nationwide telephone surveys with n=1508 parents (children aged 9-14) and n=503 HCWs in paediatric practices in Germany. The surveys assessed vaccination/recommendation behaviour, social-psychological determinants, HPV-related knowledge, and communication behaviours. Additionally, the surveys contained ten statements representing the most relevant attitude roots regarding HPV vaccination (Fasce et al., 2023). We used t-test/ANOVA to test for group differences and linear regression models to analyze associations between attitude roots and HPV vaccination attitudes.

Findings: Parents were more willing to vaccinate daughters than sons ($t=-3.25$, $p=.001$), and perceived HPV vaccination as more important for girls ($t=-5.46$, $p<.001$). The most prevalent attitude roots among parents were unwarranted beliefs, distrust and fears/phobia. Distorted risk perception showed the strongest association with parental attitudes towards HPV vaccination ($ß=-0.30$, $t=-9.90$, $p<.001$). Among HCWs, the key attitude roots were unwarranted beliefs and fears/phobia.

Discussion: Survey results informed two distinct training interventions presented in another talk of the symposium. Differences between occupational groups were considered to further tailor the trainings. The attitude root taxonomy will also be used to assess training impact, providing insights into how a demand-driven approach improved the ability to counter arguments from the most prevalent attitude roots.

Strengthening HCWs' vaccination communication in Germany: Developing, implementing and evaluating a demand-driven Motivational Interviewing intervention

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Background: Research shows that the application of Motivational Interviewing (MI) can improve vaccination intention and vaccination rates among parents, respectively their children. This field intervention aims to equip HCWs with MI conversation techniques to empathetically address the attitude roots of vaccine hesitancy regarding HPV-vaccination among parents.

Methods: We quasi-randomly assigned 36 pediatric practices to either MI-training (n=11), traditional HPV information training (n=15), or no training (n=10). Both trainings were informed by two representative German-wide surveys that are presented in another talk in this symposium. Pediatricians and medical assistants were trained separately. We evaluated both trainings using questionnaires conducted before, immediately after, and three months post-training. Primary outcome measures are HCWs' MI-knowledge, perceived difficulties in addressing statements against HPV-vaccination (based on the attitude root concept) and self-efficacy in conversations with hesitant parents. Group differences were tested using ANOVA models (alpha=.05), and follow-up planned contrasts.

Findings: We trained n=102 HCWs in MI during spring/summer 2024. Data were collected from n=346 participants across the 36 practices. MI-trainees showed a greater increase (pre-post) in MI-knowledge than HPV-trainees ($p<.001$). Decrease in perceived difficulties was significantly larger for 4 out of 7 statements among HPV-trainees compared to MI-trainees. Self-efficacy increased significantly in both trainee-groups, with no significant group differences (ps>.05).

Discussion: First results suggest that MI-training can strengthen HCWs' vaccination communication in Germany, especially when combined with HPV information training. A potential increase in practice-level vaccination rates will be further evaluated, contributing to an overall-assessment of a nation-wide implementation.

A field test in Romania of empathetic refutational and motivational interviewing to address vaccine hesitancy

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Background: A mixed-methods field test in Romania of two conversational techniques that allow for an empathetic dialogue between health care professionals and vaccine hesitant patients: Empathetic-Refutational Interviewing (ERI) and Motivational Interviewing (MI).

Methods: Thirty physicians were assigned to an untrained control group and to two experimental groups in which they were trained in ERI or MI. After training, physicians had conversations with 334 vaccine hesitant patients. Pre and post-consultation questionnaires for patients included the 7C scale for vaccination readiness, willingness to get vaccinated, if the patient scheduled an appointment to get vaccinated, and satisfaction and doubts after the interaction with the physician. Repeated measures analyses of variance and linear mixed-effects models were used to assess within and between group differences. Semi-structured interviews with the participating physicians were also conducted.

Findings: Patients of physicians in the ERI and MI groups demonstrated more positive attitudes toward vaccines [$F(2, 331) = 26.06$, $p < .001$, $\eta 2P = 0.14$], willingness to get vaccinated [$F(2, 327) = 21.11$, $p < .001$, $\eta 2P = 0.11$], and vaccination appointments (+28% and +34%, respectively) compared to those in the control group. There were no statistically significant differences between groups in patients' satisfaction with the conversation or doubts about vaccination remaining after the conversation.

Discussion: Our results suggest that the use of empathetic conversational strategies may be effective to address vaccine hesitancy in face-to-face conversations between physicians and patients. Moreover, semi-structured interviews revealed broad satisfaction among physicians and patients with the training and implementation of the techniques under assessment.

Symposium: Supporting healthy child growth and preventing obesity: Evidence and innovative methods in research and practice

14:00 - 14:15

Caregiver Responsive Infant Feeding Behaviours (CRIB) digital resource; collaboration with seldom-heard groups to prevent obesity

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Background. Childhood obesity is socio-economically determined but prevention does not always target high-risk infants. Interventions providing information about responsive feeding can lead to healthier infant weight trajectories. In collaboration with community partners, caregivers of young children, from seldom heard groups, this project used the Behaviour Change Wheel and the Aim, Storyboarding, Populate specification, Implement media, Review and release prototype, and Evaluate (ASPIRE) approach to co-design the Caregivers Responsive Infant Feeding Behaviours (CRIB) digital resource.
Methods. Caregivers were recruited via a UK National Lottery Better Start site and a charity for fathers and families. Five co-design workshops were conducted with up to eight caregivers and a health visitor. The co-design workshops explored caregivers' experiences and identified key behaviours, and barriers and facilitators to these behaviours, which were mapped to intervention functions and BCT's. Storyboards were used to capture caregivers' experiences and inform the content of the resource. The developed CRIB digital resource was then evaluated by UK public health professionals and caregivers.
Findings. The behavioural components incorporated into the resource included knowledge and skills around infant feeding cues (psychological capability), distractions in feeding environments (physical opportunity), and conflicting advice and motivation (social opportunity). Identified intervention functions were education, persuasion, training and modelling. Seven BCTs (e.g., instruction on how to perform the behaviour, self-monitoring) were identified.
Conclusion. The CRIB digital resource has been co-designed with caregivers to support improved caregiver responsive feeding behaviours. Collaboration with community partners from seldom heard groups enhances the potential reach and impact of this resource.

Developing a Core Outcome Measurement Set for Childhood Obesity Prevention

K. Matvienko-Sikar[1], M. Duffy[1], E. Looney[1], C. Birken[2], V. Brown[3], D. Dahly[1], A. Doherty[1], D. Dutch[1], R. Golley[4], B. Johnson[4], P. Leahy-Warren[1], M. McBride[5], E. McCarthy[1], A. Murphy[6], S. Redsell[7], C. Terwee[8]

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Background. Heterogeneity in outcome measurement in childhood obesity prevention interventions limits evidence synthesis and and contributes to research waste. Standardisation of valid and reliable outcome measurement instruments is needed to address these issues and improve intervention evaluation. This study outlines development of a core outcome measurement set for 26 outcomes included in a previously developed infant feeding core outcome set.

Methods. The first step in developing the core outcome measurement set is identifying what outcome measurement instruments have been used to measure the core infant feeding outcomes. MEDLINE, EMBASE, CINAHL and PsycINFO were searched from inception to September 2023. Eligible papers were trials measuring and reporting at least one core infant feeding outcome in infants ≤1 year old. Data were narratively synthesised.

Findings. The scoping review identified 240 outcome measurement instruments used in 157 trials. Of these, 18 measured parent feeding practices and environment outcomes, 172 measured diet, and 24 measured anthropometric outcomes. Types of outcome measurement instruments varied and include individual questions, questionnaires, dietary recall and records, weighing scales, and other anthropometric approaches.

Discussion. The observed heterogeneity in how core infant feeding outcomes are measured in trials highlights the need for identification and standardisation of valid, reliable, and feasible outcome measurement tools in this area. The next steps of this process involve systematic reviews of studies reporting measurement properties of the identified outcome measurement instruments, which are currently underway. Following this an e-Delphi and a consensus meeting, to agree the final core outcome measurement set.

Embedding health behaviour screening within Australian primary care to support early childhood growth and health

***D. Dutch*[1,2], S. Hunter[2], L. Bell[3], E. Denney-Wilson[4], R. Golley[2]**

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Purpose: Primary Health Care (PHC) plays an important role in promoting child health behaviours including nutrition, physical activity, sedentary behaviour and sleep. A screening tool to monitor health behaviours could facilitate tailored conversations in PHC to better support children's growth and health, however suitability in an Australian PHC context is unknown. This research aimed to determine the feasibility and acceptability of child health behaviour screening within Australian PHC.

Methods: Aligned with the Knowledge to Action Framework, multi-stage research was conducted. A scoping review of Australian PHC guidelines and systematic review of existing screening tools generated knowledge regarding current practice in PHC. Workshops with diverse PHC practitioners identified and prioritised tool features and implementation strategies to support acceptability and uptake. Finally, a multi-method pilot study investigated caregiver acceptability of screening in practice.

Findings: Australian PHC guidelines (n = 18) recognise the importance of monitoring and promoting child health behaviours, but lack practical tools and resources to support practitioners. Acceptable and feasible screening tools (n = 14) exist internationally, however none have been tested in Australian PHC. PHC practitioners (n = 29) identified tool features and resources to support implementation. Australian caregivers (n = 39) indicated acceptability and feasibility of screening, and considerations for providing screening tool results and resources.

Conclusions: Child health behaviour screening is acceptable, aligns with practice guidelines, and is an innovative approach to child health promotion and monitoring. Further research exploring effectiveness on child health outcomes and to identify how to implement this approach at scale is required.

Parent-focused behavioural interventions for early childhood obesity prevention: systematic review and individual participant data meta-analysis

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Background:
Childhood obesity is a major public health issue, leading governments to invest in early prevention programs. We evaluated the effectiveness of parent-focused behavioural early obesity prevention interventions.

Methods:
For this individual participant data (IPD) meta-analysis, we systematically searched databases and trial registers for randomised controlled trials (RCTs) of parent-focused behavioural obesity prevention interventions commencing before 12 months of age. IPD were checked, harmonised, and assessed for integrity and risk of bias. The primary outcome was body mass index (BMI) z-score (age 24±6 months). Secondary outcomes included measures of feeding, diet, activity and sleep. We conducted intention-to-treat two-stage random-effects meta-analysis to determine effects overall and for pre-specified subgroups.

Findings:
We identified 18 completed and eligible RCTs that assessed our primary outcome. We obtained IPD for 17 trials with 9128 participants. We found no evidence of an effect of interventions on BMI z-score at age 24±6 months (mean difference -0.01 [95% CI -0.08, 0.05], high certainty evidence, $\tau 2=0.01$, n=6505, 2623 missing). For our secondary outcomes, we included 31 trials with IPD from 28,825 children and found mostly no evidence of effects. Findings were robust to pre-specified sensitivity analyses (e.g. different analysis methods, missing data). There was no evidence of differential intervention effects for pre-specified subgroups including priority populations and trial-level factors.

Discussion:
These findings indicate that current parent-focused behavioural interventions are insufficient to prevent obesity at age 24±6 months. This highlights a need to re-think childhood obesity prevention approaches to address the complex social and environmental determinants of obesity in children.

Learning health systems to improve child health

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Background: Learning health systems use data driven approaches to achieve continuous improvement and innovation. While they have been lauded as a transformative approach to healthcare, few examples exist of the application of learning health systems for the improvement of preventative health services.
Methods: Here we describe an innovative learning health system to optimise the implementation of a school-based nutrition program supported by health promotion units in Australia. Health promotion units conducted independent randomised controlled trials testing strategies they employed locally to enhance program implementation by schools in their region. Core methods and outcomes were harmonised. Analyses were undertaken to explore the effects of different strategies and strategy components to support optimisation
Findings: The tested strategies yielded varying improvements in the program implementation. The strategy 'implementation facilitation' was consistently associated with improved effects The findings of each trial, and the learnings of health promotion staff were shared across the network of health promotion units to guide local modifications of implementation strategies to enhance their effects. This resulted in improved implementation of the nutrition program across health promotion units.
Discussion: Application of learning health system principles has the potential to transform the impact of health promotion services, and rapidly generate evidence to support better implementation of interventions to prevent obesity in children.

Symposium: Understanding eating behavior: Pathways to health and sustainability

14:00 - 14:15

Promoting healthy and sustainable diets in Nordic country: perspectives on legumes from farm to fork

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Background: Increased legume consumption and production has been recognized as one important pathway in a shift towards more healthy and sustainable diets. To promote this change, it is vital to better understand the perspectives of different actor groups in the food chain. This study aimed to compare beliefs and preferences regarding legumes between farmers, consumers and food service representatives in Finland.

Methods: Surveys among farmers (N=2085), consumers (N=1000) and food services (N=82 with 70% preparing ≥ 1000 meals/day) were performed between 2020-2024. Beliefs and preferences were measured using the same items across the groups. Chi-Square, ANOVA or Welch test was used for group comparisons.

Findings: Legumes were perceived as environmentally friendly in all groups, while perceived healthiness was slightly higher in consumers and food services ($p<.001$, $\eta2=.041$). All groups rated domestic legume production as important, but consumers placed greater importance on producing them organically ($p<.001$, $\eta2=.100$). The groups varied in their views on what should be highlighted in the communication about legumes, but one health benefit, high-fibre content, was rather infrequently identified by all groups, particularly farmers and food services ($p<.001$, Cramer's $V=.211$). Most consumers preferred using legumes as such, while food services favoured more processed legume products, and the simpler use of legumes as a side dish was minimal.

Discussion: High-fibre content may be an untapped opportunity in the communication of the health benefits of legumes. Supporting food services with legume-based side dish development emerged as a potential strategy to promote more varied legume consumption and increase their familiarity.

Choosing plant-based: insights into facilitators and barriers for plant-based or non-plant-based choices

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Background What we choose to eat can nurture both human health and environmental sustainability. Increasing the share of plant-based foods in our diet would support both goals. This study explores why students and employees choose either plant-based (PB) or non-plant-based (NPB) items in the university cafeteria and examines their perceived facilitators and barriers through a COM-B perspective.
Methods This study included 300 short face-to-face surveys (Mage = 26.93, SDage = 11.30; 57% identified as woman, 41% as man, 1.3% as different) in which people were asked to indicate the reason(s) for why they bought a PB or NPB item (PB: n = 89, NPB: n = 211). Additional open questions were then asked by an interviewer about the reason(s) they indicated.
Findings Results showed that important facilitators for choosing the PB option were that plant-based food was perceived as more fresh, meat and dairy were less sustainable and cause animal harm (i.e. motivation). Barriers for choosing PB were missing the taste and texture of meat and cheese (i.e. motivation), having to pay extra for a cow milk alternative, and baristas assumed cow milk as default for cappuccinos (i.e. opportunity).
Discussion and conclusion This study highlights that both motivational factors and available opportunities can be influential for PB food choices. More research is needed to explore their interaction to inform the development of effective interventions.

Sustainable diets - perceptions of ideal and current dietary sustainability for different wealth groups

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Background
Sustainable diets are needed to protect human health, social welfare, the natural environment and animal welfare. However, the ability to enact a healthy and sustainable diet depends also on individual financial resources. In the present study, we assessed how people estimate the current and ideal distribution of sustainable diets across different wealth groups and contrasted it with their own diet.
Method
As part of the Konstanz Life-Study, data from 1,391 participants (Mage=46.73±18.02; 61.68% women) were collected in spring 2023, and analyzed using linear regressions and multilevel analyses.
Results
Current dietary sustainability was perceived very differently across wealth groups, following a non-linear pattern (b=-.22, t(4118.67)=43.77 p<.001). The poorest wealth group was perceived as having the least sustainable diet (75.88%), followed by the richest wealth group (46.43%). In contrast, sustainable diets were desired for all wealth groups, but increasingly so with wealth (ideal: 91.91% for the richest and 69.89% for the poorest wealth group). Meanwhile 94.25% of participants perceived the sustainability of their own diet as average or above.
Conclusions
The low perceived sustainability of poorer wealth groups' diets could reflect the impact of lacking financial resources. Moreover, ideals indicate a wish for improvement, which could provide support for measures increasing access to sustainable diets for all. Yet, perceived dietary sustainability does not appear to be a function of financial resources alone. In fact, especially the richest wealth group was also perceived as lacking a sustainable diet, which is contrasted by the greatest expectations to eat sustainable.

Deepening our understanding of eating behaviour maintenance after weight loss: A qualitative phenomenological approach

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Background: Obesity poses serious health risks and lowers quality of life. Dietary adjustments are central to achieving weight loss. However, the maintenance process remains underexplored, especially our understanding of its key behavioural phenomena (i.e. lapses, relapse, disengagement). To arrive at a deeper understanding of these phenomena, we adopted a qualitative approach, examining individuals with obesity's experience of trying to maintain their eating behaviour after weight loss.

Methods: The interpretative phenomenological approach was used that allows in-depth insights into people's lived experiences. Two-part semi-structured, narrative interviews were conducted (N = 10, 8 female, 2 male, 26-63 years). Participants had a BMI ≥ 30 before substantial weight loss and reported being in a weight loss maintenance phase while experiencing difficulties in adhering to their diet. The interviews explored participants' lifelong eating behaviour to contextualize their experiences and their recent deviations from their planned diet (e.g., lapses).

Findings: Five themes were identified: (1) coping strategies as buffer against lapses, (2) emotional escape route: When eating becomes a coping mechanism, (3) control as a double-edged sword, (4) finding fulfilment in a balanced diet, and (5) habits are a blessing and a curse.

Discussion: Based on accounts of lived experiences, maintaining dietary changes post-weight loss is shaped by contradictions: While new habits and self-regulation aid adherence, old habits and rigid control mechanisms elevate lapse risks. On the other hand, finding fulfilment in a balanced diet and shedding old beliefs may be key to long-term success. Next, quantitative studies can test whether these factors predict lapses.

Beyond dieting and restriction: A qualitative approach to positive eating and health

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In the Western world, discussions on eating center around dieting and restriction, despite potential negative long-term consequences, including weight regain, stress, and disordered relationships with eating. Given these drawbacks, alternative approaches that promote healthy eating while supporting well-being are needed. A promising but under-researched avenue is shifting the focus towards positive facets of eating, including satisfaction and pleasure. Therefore, this study qualitatively explores factors of positive eating and its compatibility with healthy eating to inform more successful prevention and intervention strategies beyond restriction.
We conducted semi-structured interviews with two relevant target groups (N=30): 1) a demographically diverse non-clinical sample, representing a diverse range of everyday eating behaviors (n=20, 55% women, 25 – 67 years), and 2) expert interviews (n=10) with public health professionals and nutritionists. The interviews were audio-recorded and transcribed verbatim. An inductive thematic analysis was conducted, identifying recurring themes, patterns, and relationships from the interview data.
Several factors that may facilitate or hinder positive eating and its alignment with healthy eating emerged. Main themes included for example taste as a central component of positive eating and potential lever for integrating it with healthy eating; portion size and bodily sensations as interconnected aspects shaping eating experiences; and culinary skills as a potential facilitator for both positive and healthy eating.
Several factors contributing to more satisfaction and pleasure were identified, which could also act as levers for healthy and balanced eating. Future research should design and test more positive health-promoting dietary interventions that move beyond traditional restrictive regimes.

Oral Session: Individual health behaviours

14:00 - 14:15

Supporting COVID-19 vaccination uptake by changing the default: a mixed methodological approach

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Background: In fall 2023 COVID-19 vaccination invitations for selected cohorts of older adults (60+ years) in the Netherlands were adapted from opt-in (self-scheduling) to opt-out (pre-scheduled appointments). Literature indicates that opt-out invitations increase vaccination uptake. Yet, it was unclear if the new invitation system could also lead to reactance.
Methods: Using a mixed methodological approach, we studied vaccination willingness and uptake over the course of implementation of the opt-out system. Prior to implementation, Study 1 examined sources of hesitancy around the proposed invitation letters in 10 interviews. Next, Study 2 experimentally tested the effect of different invitation systems on vaccination willingness in a representative online panel (n=1.886). Once the opt-out system was implemented nationally, a quasi-experimental observational design compared vaccination uptake of cohorts receiving an opt-out invitation with similar cohorts receiving an opt-in invitation nationally (Study 3; n=342.417).
Findings: Interviews report initial practical concerns regarding the opt-out system, while also noting it may usefully nudge vaccination uptake for highly willing individuals. Participants in Study 2 preferred the opt-in system, but this preference did not translate to differences in vaccination willingness. Study 3 shows an increase in vaccination uptake of about 4 percent point for those who received an opt-out invitation.
Discussion: We conclude that opt-out invitations are suited to populations with high vaccination willingness, and increase population level vaccination uptake without clear signs of reactance. A critical discussion point is whether it may augment differences in vaccination uptake between groups.

Opportunistic vaccination uptake amongst people from Gypsy, Roma and Traveller communities: A qualitative interview study

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Background: Uptake of vaccines is lower among people from Gypsy, Roma and Traveller (GRT) communities than that of the general population. To improve uptake, it is recommended that offers of vaccination should be made opportunistically. However, healthcare providers often lack confidence or understanding of how to approach the subject with GRT communities. The aim of this study was to examine the barriers and facilitators affecting the offer and uptake of vaccination.
Methods: A qualitative interview study following the Agile Co-production and Evaluation framework with 30 participants from GRT communities and 10 stakeholders (healthcare providers, public health professionals, and commissioners). Interviews were recorded, transcribed, and analysed using reflexive thematic analysis.
Findings: Participants were generally positive about vaccination, but had questions about the safety and efficacy of specific vaccines. Access to vaccines and information was a barrier to uptake, with many participants not registered with a general practice. Low levels of literacy and digital competency resulted in participants being unable to understand written information or navigate online systems. Long waiting times and the absence of reminder systems hindered completion. Healthcare provider confidence, cultural competency, and prompts from data systems support vaccination offers, but greater efforts are needed to reach those who do not regularly attend healthcare services. Data systems could be enhanced to better capture ethnicity data and track vaccine delivery.
Discussion: This study highlights the factors influencing offers of vaccination and its uptake among GRT communities. Findings will guide behaviour change interventions to optimise vaccine delivery and address health inequalities.

Online vaccination discourse: Analyzing arguments and sentiments from both sides

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Background: Vaccine hesitancy poses an important threat to public health. Effective interventions to counter vaccine hesitancy depend on adequate insight into the arguments and sentiments involved in vaccination discourse. Because an important part of this vaccine discourse takes place online, this study explored pro- and anti- vaccination statements on social media.
Methods: A total of 2,000 Dutch-language vaccination-related Twitter messages spanning 7.5 years were manually coded for type (pro-vaccination, anti-vaccination, unclear, neutral). A lexicon-based sentiment analysis was then performed to determine affectivity and polarity of each tweet. In addition, content of the pro- and anti-vaccination arguments presented in the tweets was categorized using an existing framework, to which categories were added using inductive coding.
Findings: No differences were found between pro- and anti-vaccination tweets in the extent of sentiment expressed; both sides of the debate employed a high level of affectivity and polarity. Pro-vaccination tweets more frequently relied on science-based argumentation (e.g. regarding health risks and vaccine effectiveness) while anti-vaccination tweets more frequently relied on belief- and trust-based argumentation (e.g. regarding trust in government, trust in big pharma, and social experiences). In-group identification played an important role in both pro- and anti-vaccination tweets.
Discussion and conclusion: Both pro- and anti-vaccination statements in online discourse were found to be high in sentiment, but there was substantial difference in types of arguments presented by both sides. The findings shed light on the vaccination discourse taking place online and can be used to shape both further research as well as intervention directions.

A theory-based randomised controlled trial to increase delivery of behaviour change interventions by healthcare professionals

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Background

Public health policies compel healthcare professionals to integrate health behaviour change interventions into routine consultations. This study aimed to test whether an implementation intention intervention could enhance delivery of behaviour change interventions during routine consultations.

Methods

A randomised controlled trial was conducted with 1008 healthcare professionals working in the UKs National Health Service. Participants were allocated to either the intervention group, who formed implementation intentions, or an active control group. Data were collected at four time points (one, two, twelve, and thirteen months). Primary and secondary outcomes included the proportion of patients receiving behaviour change interventions, healthcare professionals' perceptions of patient benefit, time spent delivering interventions, and perceived capabilities, opportunities, and motivations to deliver interventions.

Results

With respect to delivering behaviour change interventions, there was a significant time and group interaction, such that significant increases in intervention delivery were observed in the intervention group between T1 and T2 (mean difference=3.75; $p<.01$), and between T2 and T3 (mean difference=4.45; $p<.001$). In the control group, a significant increase in intervention delivery was observed between T1 and T2 only (mean difference=8.79; $p<.001$). Both groups showed an increase in reflective motivation, automatic motivation, and psychological capability over time, with no significant differences between groups.

Discussion

The implementation-intention-based intervention significantly enhanced the overall delivery of behaviour change interventions compared to the active control group. These findings support the use of implementation intention interventions as a strategy to help healthcare professionals incorporate behaviour change interventions into routine practice more effectively.

Understanding social differences in heat- and sun-protective behaviours with COM-B factors

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Background: Increasing frequency and duration of heat waves make sun- and heat-protective behaviours, such as shade-seeking or sunscreen use, crucial for public health. Socioeconomic disparities persist, with disadvantaged groups exposed to higher risks and less likely to engage in protective behaviours. This study explores whether and how COM-B factors (Capability, Opportunity, Motivation) can explain these differences and examines whether they mediate socioeconomic differences in protective behaviours, or whether COM-B-factor/behaviour associations are moderated by socioeconomic factors.
Methods: In summer 2024, we invited 10,000 adults from the German DigiHero online panel and received 5,027 responses. We assessed socioeconomic status, COM-B factors, and self-reported sun- and heat-protection behaviours. Using general linear models with bootstrapped standard errors, we tested indirect (mediation) and interaction (moderation) effects.
Findings: There were significant socioeconomic differences in protective behaviours. Further, for example, indirect associations between education and sun protection via motivation and opportunity accounted for about 29% of the total association. There also were interactions, e.g., between education and motivation in the association with sun protection (B=-0.19, 95%CI -0.35, -0.04).
Discussion: Socioeconomic differences in protective behaviours may stem from inequities in COM-B factors. However, current health behaviour theories rarely address how socioeconomic status shapes these mechanisms, complicating interpretation. Definitive differentiation between moderation and mediation is impeded by the cross-sectional nature of our data. Better integration of socioeconomic factors into health behaviour theories is needed. To reduce heat- and sun-related health disparities, we need improved theories and targeted interventions providing resources, opportunities, and information to those most at risk.

Sex under the age of 25: The scientific basis for advancing adolescent sexual health

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Background: Sexual behavior can have public health consequences, such as sexually transmitted infections and unplanned pregnancies, and is related to sexual and mental wellbeing. To establish effective prevention activities and policies that address health inequalities, monitoring sexual behavior, health and wellbeing is key. Stakeholder engagement in sexual health research is important to improve the relevance and quality of these studies for prevention, practice and policy.
Methods: Sex under the age of 25 is a nationally representative survey among the Dutch population of adolescents and emerging adults (aged 13-25), using probability sampling. The study was conducted in 2005 (n=4,821), 2012 (n=7,841), 2017 (n=20,500) and 2023 (n=10,620). Stakeholder engagement was used in all stages of these studies, from a needs assessment prior to questionnaire development to priority setting and activity planning based on the research findings.
Findings: Sex under the age of 25 takes a broad perspective on sexual health. Based on the needs assessment among stakeholders, we adapted the questionnaire over time to meet stakeholder needs and societal developments. This provided better insight, for example, into gender differences in sexual pleasure, a decrease in pill and condom use, trends in gender identities and sexual orientation, and the prevalence of non-consensual sex.
Discussion: From the start in 2005, Sex under the age of 25 has been the primary source of evidence for prevention, practice and policy in the Netherlands. Thanks to the use of stakeholder engagement, the results of all four studies have been widely used in policies, prevention, education and healthcare.

Symposium: Developing Inclusive Medical AI: Integrating Multi-Stakeholders' Perspectives

14:15 - 14:30

Public Perceptions of Artificial Intelligence in Mobile Health Applications

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Background:
Artificial Intelligence (AI) is increasingly integrated into mobile health (mHealth) applications, offering opportunities for personalized healthcare and improved accessibility. However, public perceptions of its risks, benefits, and preferred interaction modes remain underexplored. This study examines general attitudes toward AI in mHealth, including concerns about trust, data security, and communication styles, while considering individual factors such as digital literacy and personality traits.
Methods:
A qualitative exploratory study was conducted through two focus groups, involving a total of 15 participants (aged 24-34) with diverse educational and professional backgrounds. Discussions explored general views on AI in mHealth, perceived advantages and concerns, and ideal AI attributes. Transcriptions were analyzed using thematic analysis, with independent coding followed by a consensus-based synthesis.
Findings:
Trust and transparency emerged as primary concerns, particularly regarding privacy and data security. Participants expressed mixed psychological responses, with some finding AI stressful while others saw it as a motivational tool reducing social discomfort. Personalization was highly valued but secondary to human interaction. Cost reduction was identified as a potential benefit. In AI communication, professionalism, trustworthiness, precision, and simplicity were deemed essential.
Discussion:
These findings provide insights into public expectations and concerns regarding AI in mHealth. Addressing trust and security issues will be crucial for user acceptance. Tailoring AI communication styles to individual needs may enhance engagement and satisfaction, representing a promising yet underexplored avenue for digital health solutions.

Public Perspectives on the Use of Artificial Intelligence in Healthcare

***S. Soriano Longarón*[1],** M. Schroevers[2], M. Plantinga[3], A. Ranchor[2]

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Background: Artificial intelligence (AI) is increasingly used in healthcare as it is seen as key for healthcare data analysis. However, it raises concerns among professionals and the public, such as privacy, or lack of transparency. In this study, we aimed to explore the public concerns and how they differed between AI applications.

Methods: We performed a cross-sectional study in which participants were randomly assigned to one out of four AI applications. The AI applications involved assisting with genetic variant interpretation, analyzing patient consultations, monitoring healthcare with personalized advice, and creating synthetic data for surgery. 1205 participants were recruited for an online survey and asked to rate several concerns identified in the literature. ANOVA was used to determine differences between applications. There were no differences in sociodemographic characteristics between the applications.

Findings: The highest overall concern was healthcare professionals becoming over reliant on AI ($\bar{x}$=3.59±1.11), followed by healthcare professionals not being trained to use AI ($\bar{x}$=3.29±1.11). The lowest was the AI possible environmental impact ($\bar{x}$ =2.45±1.25). The monitoring and analyzing applications raised significantly higher concerns than the other applications. The differences were small for all concerns except data misuse, which had medium effect size.

Discussion: Participants were most concerned about the role of healthcare professionals, specifically their possible over-reliance on AI. Furthermore, the applications that raised most concern were those in which the AI provided recommendations or decisions previously made by a healthcare professional. These concerns should be considered when implementing AI in healthcare.

Co-Creating Inclusive Medical AI: Exploring Requirements and Solutions

P. Pita Ferreira[1,2], L. Ballard[3], S. Soriano Longarón[1,2], W. Bouisaghouane[1,2], M. Plantinga[1,2]

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[3]University of Southampton, United Kingdom

Background: Artificial intelligence (AI) advancements can potentially transform healthcare. However, medical AI can also perpetuate existing biases, which have historically disadvantaged underserved patients and resulted in unequal distributions of AI benefits, costs, and health disparities. To enhance the positive benefits of AI for all, we organised a workshop to develop requirements and solutions for realising inclusive medical AI.
Methods: A diverse group of 25 attendees from over sixteen countries with expertise in various fields convened for a five-day workshop. We used a consensus-building tool, POLIS, to identify three challenges to focus on during the workshop: 1-Integrating lived experiences and stakeholder voices across the AI lifecycle; 2-Designing data collection practices that promote fairness and prevent inequalities; and 3-Fostering regulatory frameworks that uphold human rights and promote inclusivity. Based on the design thinking methodology, which explores people's needs to solve complex problems, the participants were divided into the challenges and asked to work towards solutions. Patient advocates actively participated to provide their lived experiences and perspectives on these challenges.
Findings: Similar solutions were found among the different challenges. Examples of solutions include developing a toolbox to provide guidance on current regulations, ensuring patient inclusion, and increasing data and AI literacy.
Discussion: The workshop methods facilitated ethical preparedness by developing solutions that considered stakeholder needs and perspectives to realise inclusive medical AI. The main outputs will include a white paper, a community of practice, and a COM-B analysis of the data generated from the workshop regarding barriers and facilitators for inclusive medical AI.

Realising Inclusive Medical AI: Prioritising Patient and Public Involvement

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[4]UMCG, Netherlands

Background: The increasing use of AI in healthcare presents both opportunities and ethical challenges. Therefore, meaningful patient and public involvement (PPI) is crucial to ensure inclusive medical AI. Whilst convening a workshop to realise inclusive medical AI we aimed to centre PPI while minimising the burden.

Methods: We conducted pre-workshop PPI in the UK to inform workshop activities and identify key challenges. Using the POLIS consensus-building tool, we sampled perspectives from patients, the public, and the 25 workshop attendees. This ensured alignment between public priorities and expert focus areas. We further prioritised inclusivity by inviting three patient experts from underserved groups. Patient experts attended the second day of the five-day workshop where attendees developed patient personas. Workshop attendees were encouraged to consider these personas in subsequent workshop activities.

Findings: Pre-workshop activities highlighted concerns regarding the use of AI in healthcare, however patients could also imagine how AI could increase inclusivity. For example, health information being quickly interpreted by AI applications for different languages. The patient and public perspectives undoubtedly shaped the workshop planning, content, and outputs. However, we still had concerns about the potential burden placed on patient experts. Moving forward, we must work hard to continue working with multiple stakeholders whilst applying careful consideration to the burden on patients and publics.

Discussion: This workshop demonstrated a model for incorporating meaningful PPI in discussions around inclusive medical AI. The POLIS tool proved effective for use with patient and public groups. Outputs will include a paper detailing the methodology described here.

Oral Session: Coping with symptoms: Mapping the needs

14:00 - 14:15

Identifying research priorities for vulvodynia: A modified e-Delphi study

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Background: Vulvodynia is a chronic pain condition affecting the vulva with no identifiable cause, often leading to delayed diagnosis, ineffective treatments, and reduced quality of life. Despite its prevalence, research efforts are fragmented, and critical gaps remain in understanding and managing the condition. This study aimed to establish consensus on the top research priorities for vulvodynia by incorporating insights from patients, clinicians, and researchers.

Methods: A three-phase modified e-Delphi study was conducted, combining survey rounds with online focus groups. In Phase 1, participants generated research topics. Phase 2 involved rating and ranking these topics to produce a preliminary top-10 list. Phase 3 refined and finalised the priorities through re-rating and re-ranking exercises. Participants included individuals with lived experience of vulvodynia, healthcare professionals, and researchers from the UK, USA, Australia, and Europe. Data were analysed using descriptive statistics and consensus measures.

Findings: The final research priorities emphasised systemic healthcare improvements. The top three identified priorities were: (1) developing a person-centred care pathway and increasing clinician awareness, (2) establishing multidisciplinary pain teams for vulvodynia management, and (3) creating accessible, evidence-based patient resources on treatment options and self-care.

Discussion: This study highlights the pressing need for integrated, multidisciplinary approaches to vulvodynia research and care. The findings provide a roadmap for future research efforts, guiding policy, resource allocation, and patient advocacy initiatives to enhance awareness, education, and healthcare services for individuals affected by vulvodynia.

Menstrual Pain in Norwegian Women: The Role of Perimenstrual Symptoms, Sexual Activity and Sociodemographic Factors

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Background: Menstrual pain affects up to 90% of women, significantly impacting health and quality of life. While various factors influence pain intensity, the complex interplay between menstrual characteristics, physical and psychological symptoms, sexual factors, and sociodemographics remains understudied. This research examined how these factors relate to menstrual pain intensity in Norwegian women and whether physical and psychological symptoms mediate the relationship between menstrual bleeding and pain intensity.
Methods: A cross-sectional online survey of 1470 Norwegian women (aged 18-50) assessed menstrual pain intensity, bleeding amount, physical and psychological perimenstrual symptoms, age at menarche, sexual satisfaction, frequency of different sexual activities, and hormonal contraceptive use. Multiple linear regression and mediation analyses were conducted. Sociodemographic variables were included as covariates.
Findings: Higher pain intensity was associated with greater bleeding (β=.378, p<.001), more severe physical (β=.235, p<.001) and psychological (β=.166, p<.001) symptoms, lower education (β=-.067, p=.003), younger age (18-29 vs. 40-50, β=-.082, p<.001), early menarche (vs. average: β=-.066, p=.009; vs. late: β=-.133, p<.001), and higher oral sex frequency (β=.089, p=.003). Other sexual factors, including contraceptive use, showed no significant associations. Physical and psychological symptoms partially mediated the bleeding-pain relationship.
Discussion: Our findings highlight the multifaceted nature of menstrual pain. The mediating role of perimenstrual symptoms suggests the importance of considering the direct effects of bleeding and its indirect effects through symptom experiences in pain management strategies. Effective menstrual pain management may also require addressing multiple factors, including physical symptoms, psychological well-being and sexuality. Future longitudinal studies are needed to examine these relationships over time.

The grateful, the mechanic and the health architect: an idealtype analysis of somatic symptom approaches

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Background: Individuals' perceptions, interpretation, and management of somatic symptoms may affect their health. This study aims to construct a typology of symptom approaches, reflecting one's organized set of ideas, feelings, and management strategies regarding health, illness, and disease.
Methods: We conducted 37 semi-structured interviews with purposively sampled participants from the Lifelines Cohort Study. From a critical realist position we performed an idealtype analysis. This robust method operates via systematic constant comparison of interviews, allowing for grouping of participants into idealtypes based on their common features. The grouping of participants was checked for credibility by 15 independent clinicians. The study was preregistered on OSF (https://osf.io/a4gn2/).
Findings: We constructed 6 distinct symptom approach idealtypes: the mechanic, the grateful, the health architect, the naive, the relativist, and the ruminator. Mechanics interpret and manage somatic symptoms as mechanical issues of the body that require repair, while the grateful compassionately observe their body and adapt to symptoms instead of aiming to immediately resolve these. Health architects proactively shape an environment for optimal health and pride themselves for rarely experiencing somatic symptoms, while naives passively accept their environment and remain indifferent about experiencing symptoms. Relativists analytically analyze their symptoms to achieve adequate coping strategies, while ruminators repeatedly respond emotionally to symptoms and seek acknowledgement and validation of their somatic symptoms from others.
Discussion: Characteristics of idealtypes are not mutually exclusive, which implies that some participants may partially fit into multiple idealtypes. Our typology may be helpful in enhancing person-centered care in medical education and clinical practice.

Met and unmet needs in users of a cancer information service

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Background:
Aging of the population, and improved detection and treatment of cancer, lead to increasing numbers of persons living with and beyond cancer. Cancer as a chronic condition requires comprehensive survivorship care considering survivors' needs according to survivorship phase, clinical and sociodemographic factors.
Methods:
The "Cancer Survivors' Unmet Needs (CASUN)" questionnaire was translated into German and completed by a sample of users of the Cancer Information Service (KID) at the German Cancer Research Center in 2024. Participants and KID consultants provided additional clinical and sociodemographic information. Scores for met, unmet and total needs on 6 scales were transformed to 0-100 scales. Linear regression was employed to explore associations of clinical and sociodemographic characteristics with unmet needs.
Findings:
The sample comprised 1764 survivors (70% female, mean age 62.1 years at survey). On average, participants reported 8.4 (of 35) unmet needs. Highest total needs were reported for oncological care (mean score 66.8), information, and dealing with quality of life issues (both 59.9). Highest unmet needs were reported for dealing with quality of life issues (mean score 36.0) and oncological care (32.0). Women, participants with lower education, without partner, and with statutory health insurance reported most unmet needs. Participants who indicated a recurrence or palliative treatment reported more unmet needs on the scale existential survival.
Discussion:
Cancer survivors miss support in dealing with quality of life issues and oncological care. Personalized cancer care should be aware of the needs of vulnerable subgroups like women, patients living alone or having advanced disease.

Exploring the Dynamic Relationship Between Illness Beliefs and Physical Health in Breast Cancer

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Background: Numerous studies have demonstrated the prospective relationship between illness representations and the well-being of breast cancer patients. However, few have explored their bidirectional relationship over time. This study examined the long-term reciprocal effects between physical well-being and illness representations at the within-person level.
Methods: Female breast cancer patients were recruited 2–5 weeks post-surgery or biopsy (baseline N = 706; M age = 54.93). Illness representations—including perceived illness consequences, timeline, personal control, and emotional responses—along with physical well-being (general physical functioning and specific breast and arm symptoms) were assessed at six, 12, and 18 months post-recruitment. Two Random-Intercept Cross-Lagged Panel Models were used to examine whether intra-individual changes in these variables predicted each other over time.
Findings: Strong associations were observed between illness representations and physical well-being at the between-person level. However, only changes in timeline perceptions and emotional representations predicted subsequent intra-individual changes in physical functioning and arm/breast symptoms, respectively. No other cross-lagged effects were identified.
Discussion: While illness representations are closely linked to physical well-being at the between-person level, their influence varies significantly within individuals over time. These findings highlight the complex interplay between these factors in breast cancer patients and underscore the need for novel theoretical approaches to better capture their long-term intrapersonal dynamics.

Oral Session: Advancing Measurement and Models in Mental Health Research

14:00 - 14:15

Understanding suicide risk from an individual (within their context) perspective

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Background: There has been growing focus on theoretical models to understand an individual's suicide risk within their social context. The Integrated Motivational-Volitional (IMV) model of suicidal behaviour is one such model. In this presentation, I will illustrate the utility of such models to advance our understanding of suicide risk. Across three studies, I will illustrate the roles of ambivalence, entrapment, future thinking, and suicide-related coping.

Methods: Study 1 involved 120 patients who were admitted to hospital following a suicide attempt who completed a range of measures before being randomised in a clinical trial. In Study 2, 53 adults with different suicidal histories completed an experimental measure of future thinking before/after a negative mood induction. In Study 3 fifty inpatients took part in an intensive longitudinal EMA study.

Findings: In Study 1, entrapment mediated the relationship between suicide-related coping and the intensity of suicidal thoughts, in particular, through internal entrapment. In Study 2, participants with a history of suicidal thoughts/behaviours reported significantly fewer positive future thoughts (PFT), with a post-induction decrease more marked in the participants with a history. In Study 3, patients with a history of suicide attempts reported higher wish to die, lower wish to live and more suicidal ambivalence.

Discussion: These findings highlight the importance of considering individual level factors but also recognise that they often have their effect via social and contextual factors. The findings are consistent with the IMV model. Such findings should inform the development of psychological interventions for those at risk of suicide.

A new measure to discriminate illness-related distress (IRD) from a primary mental health disorder

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Background. The transdiagnostic model of adjustment in long-term conditions (LTC) suggests that LTC-related distress stems from unique stressors distinct from risks related to primary mental disorder like low self-esteem. Generic self-report measures do not differentiate LTC distress from primary mental health disorders. This study aimed to develop a transdiagnostic measure specific to LTC distress to inform treatment protocol choices for people with LTCs.

Methods. Items for the Illness-Related Distress (IRD) scale were developed through thematic coding of interviews, systematic literature review, think-aloud interviews with patients and expert-consensus meetings. An internet sample (n=1398) of UK-based individuals with LTCs completed the IRD scale for psychometric analysis. We randomly split the sample (1:1) to conduct: 1) an exploratory factor analysis (EFA; n= 698) for item reduction, and 2) iterative confirmatory factor analysis (CFA; n=700) and exploratory structural equation modelling (ESEM). Measurement invariance, internal consistency, convergent,, divergent, and test-re-test validity, reliability, and clinical cut-points were assessed.

Findings. EFA suggested a 2-factor structure for the IRD scale, subsequently confirmed by iteratively comparing unidimensional, lower order, and bifactor CFAs and ESEMs. A lower order correlated 2-factor CFA model (two 7-item subscales: intrapersonal distress and interpersonal distress) was favoured and was structurally invariant for gender. Subscales demonstrated excellent internal consistency, very good test-retest reliability, and good convergent and discriminant validity. Clinical cut points were identified (intrapersonal=15, interpersonal= 12).

Discussion. The IRD scale is the first measure that captures LTC distress across conditions. It can aid assessment within clinical practice and research related to psychological adjustment in LTCs.

Structuring knowledge about mental health in an ontology: application to evidence synthesis

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Background: Mental health research is often fragmented, with researchers using inconsistent terminology, hindering evidence synthesis and application. The Global Alliance for Living Evidence on Anxiety, Depression, and Psychosis (GALENOS) Project addresses this by producing living systematic reviews on these conditions, employing an ontology to structure and integrate findings. This study develops upper-level classes and relationships for the GALENOS Mental Health Ontology (GMHO) to enhance the organisation of mental health evidence.
Method: The GMHO upper level was initially informed by the Behaviour Change Intervention Ontology, which organises key classes relating to interventions. However, since GMHO's scope includes mental health evidence beyond interventions, its developers selectively imported relevant classes and added new ones and relationships. The first version was reviewed by the ontology's international advisory board (n=17), informing subsequent refinements. A stakeholder consultation (n=8), including domain experts and individuals with lived experience, evaluated the clarity and comprehensiveness of the ontology, leading to further modifications. Additional refinements followed consultations with the Ontology Advisory Board and co-authors.
Results: The upper-level GMHO comprises 24 structured classes capturing mental health intervention content and delivery (e.g., techniques, dose, schedule, style, mode of delivery, and source), engagement with the intervention, mechanisms of action, and context. Beyond interventions, it also captures classes for population and their history and experiences.
Conclusion: By providing a structured framework for mental health evidence, upper-level GMHO supports more precise communication and evidence synthesis. It enhances research integration within the GALENOS Project and beyond, facilitating better translation of evidence into practice and policy.

Change in psychological distress following cardiac rehabilitation: An ehealth intervention study with a one-year follow-up

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Background: Cardiovascular disease (CVD), the leading cause of death in Europe, is often accompanied by significant psychological distress. To promote physical and psychological recovery, the BENEFIT intervention was developed as an addition to standard cardiac rehabilitation (CR) care. This study examines the added value of the lifestyle intervention on psychological distress over one year.
Methods: Seven Dutch CR centres participated in this longitudinal, cluster non-randomized controlled trial (2021-2023). Control group patients (n=361) received standard CR care, while the intervention group (n=656) additionally accessed an advanced eHealth platform for daily goal monitoring, lifestyle interventions, and personal coaching. Psychological outcomes—anxiety (GAD-7), depression (PHQ-9), and overall mental health (SF-20 mental health subscale)—were measured at baseline, post-CR, and one-year follow-up.
Findings: Linear mixed model analyses showed significant improvements in psychological distress across both groups from baseline to one year. PHQ-9 scores decreased by 1.87 points ($p<.001$), GAD-7 by 1.06 points ($p<.001$), and SF-20 mental health scores increased by 5.09 points ($p<.001$). Psychological improvements were comparable between groups, despite the intervention group achieving healthier diets, reduced stress, better sleep, and increased physical activity.
Conclusion: Standard CR care effectively supports recovery, with psychosocial distress levels approaching general population norms after one year. However, a small subset of patients continues to experience moderate to severe psychological distress. To better support these individuals, future e-coaching should incorporate more targeted psychological interventions to enhance mental health outcomes.

Daily Diary Study On Human-Urban Nature Interactions And Mental Health

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Background: Urban life limits opportunities for well-being-promoting activities like nature interactions. While research suggests urban nature benefits mental health, studies often rely on single-timepoint assessments, missing short-term fluctuations. This study uses a daily diary approach to examine within- and between-person variations in urban nature interactions and their associations with mood, considering demographic influences.
Methods: A seven-day diary study was conducted in July–August 2023 with 200 urban residents in Vancouver, Canada (Ethics ID: H23-01858). Participants completed an evening survey reporting time spent in nature detailing activity type (e.g., passive, moderate), environment (urban to wild), social context, and indoor nature exposure. Mood and mood improvement were assessed daily. Daily regression analyses and multi-level modeling examined within- and between-person variations, and cluster analysis identified interaction patterns.
Findings: More frequent and longer nature interactions predicted greater mood improvements, especially of moderate intensity. Nature connectedness was a strong predictor of engagement levels and emotional benefits. While demographics played a minor role, White participants spent more time outside and reported more positive emotions. Interestingly, having a view of nature was sometimes associated with negative mood changes, particularly among individuals with lower nature connectedness. Overall, being outside more frequently—regardless of the specific activity—was the strongest predictor of well-being.
Discussion: Findings reinforce the benefits of physical nature contact over exposure and highlight disparities in access. Policies should address structural barriers to equitable well-being benefits. Psychological factors like nature connectedness play a key role in shaping interaction patterns, emphasizing the need for targeted interventions.

Oral Session: Enhancing inclusivity in health psychology research and practice

14:00 - 14:15

Prevention for everyone: Insights into socioeconomic differences in dementia risk, lifestyle, and determinants of behavior

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Background: Dementia increasingly challenges healthcare systems, and evidence supports lifestyle-based risk reduction. Through interviews (https://doi.org/n8kd) and questionnaires (https://doi.org/gt74n4), we uncovered how socioeconomic position (SEP) influences dementia risk reduction. This prompted further study into SEP-related differences in dementia risk, comorbidity, lifestyle, and behavioral determinants.

Methods: To investigate this, we initiated an extention of Confidence Interval-Based Estimation of Relevance (CIBER; https://doi.org/ghtfz9) to allow visualization of relevant group differences in determinant structures. We demonstrate first use of this to-be-released R function by showing how it supported identification of SEP-related differences in determinants relevant for dementia risk reduction.

Findings: In our Dutch sample (3,341), individuals in low SEP had more frequently health conditions or engaged in behaviors that elevated dementia risk. Compared to those in middle and high SEP, they were more aware of their non-adherence to lifestyle recommendations, had lower self-confidence in engaging in sports, perceived healthy food as more expensive, experienced less pleasure from drinking alcohol, and had lower confidence in their ability to quit smoking. Additionally, they felt their behavior as less influenced by their environment, habits, and social influences.

Discussion: Adults in low SEP have higher risk for dementia and have the most potential for lifestyle-related risk reduction. Addressing SEP-related differences in behavioral determinants is vital to ensure equitable access to and effective preventive efforts. Our findings underscore the necessity for tailored, co-designed individual and environmental strategies that effectively address SEP-related differences in determinants of behavior to reduce dementia risk across all segments of society.

Using creative and social approaches to engage low-income communities in health behaviour change research (CHERISH)

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Background: Traditional behavioural science methods fail to engage in research low-income communities which have a disproportionately high disease burden and could benefit the most from behaviour change interventions. Working with community partners, we explored the feasibility, acceptability, meaningfulness and relevance of creative and social approaches to engage low-income communities in research about healthy eating and physical activity.
Methods: We piloted various approaches (e.g., fishing, zumba, collage, cooking, photowalks), recommended by our lived experience group, in group activities with 11 community groups in areas of high socio-economic deprivation. These aimed to create an informal context in which to hear people's views on support for healthy eating and physical activity. Seventy-five adults aged 27-84 years participated, and seven were interviewed afterwards. We used reflexive thematic analysis to identify major themes.
Findings: Creative and social group activities enabled participants to tell their stories, which focused on wider determinants (e.g., poverty) rather than healthy eating and physical activity. Key themes were poor mental health (especially social isolation), poverty and food insecurity. These greatly reduced participants' capability and opportunity for positive behaviour change, e.g., no cooking facilities or access to healthy foods, and unsafe neighbourhoods.
Discussion: Creative and social approaches embedded in trusted community organisations enabled participants to engage with behaviour change research on their terms and feel heard. Traditional interventions targeting healthy eating and physical activity are unlikely to be effective unless poor mental health and structural issues such as poverty, food insecurity and housing are addressed.

Intersectionality and Cervical Screening: A community participatory action research with Habesha women in the UK

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Introduction
Despite the availability of free cervical screening for all women aged 25-64 in the UK, women from minoritised ethnic groups are among the groups known to have a relatively low uptake of screening, thereby increasing their chances of being affected by cervical cancer disease and death. This research employed the participatory action research approach in exploring the factors influencing cervical screening uptake among women from Ethiopia and Eritrea (Habesha) living in the UK, and co-creating an intervention to promote uptake.

Methods
This was a participatory action research which employed creative qualitative and quantitative data collection methods, to facilitate collaboration between community and academic researchers. The methods included a focus group, storytelling flashcards for needs assessment, scrapbook/mood board for intervention ideas, and questionnaires for evaluating the intervention.

Findings
Six themes emerged: 1. Taboo of female reproductive organ, 2. Language and health literacy 3. FGM- Pain, stigma and legalities 4. Cultural gender roles and expectations, 5. Immigration status and, 6. Community and coffee. Researchers also co-created a revised NHS cervical screening easy-read leaflet which was translated into Amharic and Tigrinya, and organised a community health fair.

Discussion
The factors influencing uptake of cervical screening among Habesha women in the UK, are complex and multifaceted. Issues of intersectionality, cultural barriers such as gender roles, and practical and structural barriers such as language barriers and immigration status and entitlements, exacerbate the health inequalities women from this population face. Interventions to encourage screening uptake must therefore include community members in co-creation to be effective.

Representativeness and inclusivity in Dutch psychosocial-oncology research: A survey on researchers' experiences and perspectives

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Background: Research forms the basis for evidence-based care but is not representative. Little is known about the experiences of psychosocial-oncology researchers in the Netherlands and their efforts to conducting representative research.

Method: Researchers on the mailing list of the Psychosocial Oncology Research Consortium Netherlands (POCON) received an invitation for a survey on representativeness of their research, barriers they experience and their strategies to increase representativeness. Answers to closed questions were analyzed descriptively, answers to open questions were analyzed using a thematic analysis.

Results: Sixty respondents, with various degrees of research experience, completed the questionnaire. Many participants (75%) were in some form engaged with the representativeness of their research, with 15% having aimed at conducting inclusive research. Patient characteristics that deserve more research attention according to the respondents include socioeconomic status (72%), migration background (58%), health skills (55%) and literacy (43%). Barriers were experienced across the research cycle and include difficulties in gaining funding (e.g., justify research with small samples and its feasibility) and reaching the target group. Strategies to improve representativeness include involving stakeholders, building relationships, tailoring recruitment, methods and communication to (potential) participants.

Discussion: Representative research requires commitment from its stakeholders. Funding bodies and ethics committees should be more open to qualitative methods, (financially) support studies among smaller populations and examine possibilities to reduce reliance on written text. Research staff should be more diverse, apply multimodal communication, and have resources to (personally) approach potential participants outside the medical context. Research institutes and societies should facilitate implementation of such strategies.

Unraveling Sex and Gender Dynamics in Spinal Cord Injury: A Comprehensive Research Framework

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Sex- and gender-inclusive research is essential for improving health outcomes for both women and men. Current clinical guidelines and healthcare policies and practices largely rely on studies conducted primarly with male populations, which is particularly problematic for conditions that predominantly affect men, such as spinal cord injury (SCI). Approximately 80% of individuals with SCI of reproductive age are male, highlighting the challenges in addressing the sex and gender gap in this area.
In this state of the art presentation, I will first review existing literature and ongoing research focused on sex and gender dynamics to promote inclusive research in the context of chronic health conditions in general and SCI in particular. I will further emphasize the need for more sex- and gender-sensitive research in the context of SCI. Therefore, I will unveil that current evidence-based guidelines inadequately consider sex and gender differences in physiological and psychological responses to the injury and the new living conditions despite clear evidence of sex and gender differences in SCI causes, health complications, and functional limitations.
Second, I will propose a comprehensive three-step research framework aimed at prioritizing sex- and gender-sensitive research in SCI. This framework will guide future research directions, ensuring that both women and men living with SCI benefit equally from scientific advancements that inform clinical guidelies and healthcare policies and practices.
Third, I will introduce a research project focused on developing a screening tool for psychological distress and a web-based platform to enhance mental health in women and men with SCI. This initiative aims to synthesize evidence regarding sex- and gender-sensitive dynamics in SCI, advancing the field and ensuring that research findings are effectively translated into practice.

Adoption of Transparency and Openness Promotion (TOP) guidelines within health psychology and behavioural medicine journals

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Background: Scientific journals play a crucial role in promoting Open Science practices. The Transparency and Openness Promotion (TOP) guidelines identify a range of standards that journals can adopt to promote the verifiability of the research they publish. We evaluated the adoption of TOP standards within health psychology and behavioural medicine journal policies.

Methods: In a cross-sectional study assessing 19 health psychology and behavioural medicine journals, eight raters evaluated TOP standard adoption by these journals using the Transparency of Research Underpinning Social Intervention Tiers (TRUST) journal policy evaluation tool. TOP Factor guidelines assessed included Data citation, Data-, Analysis code- and Materials-transparency, Design and analysis reporting guidelines, Study and Analysis plan pre-registration, Replication, Registered Reports & Publication Bias and Open Science badges. Rating took place during an in-person ‘hackathon’ event at the European Health Psychology Society Conference 2024. This study was pre-registered on Open Science Framework.

Findings: Journal scores ranged from 1 to 13/29 (median = 6). Reporting guidelines and data transparency were adopted the most, whereas pre-registration and citation of code were adopted the least.

Discussion: TOP guidelines have to-date been poorly adopted within health psychology and behavioural medicine journal policies. There are several relatively straightforward opportunities for improvement, such as expanding policies around research data to also consider code and materials, and reducing ambiguity of wording. However, other improvements may require a collaborative approach involving all research stakeholders.

Spotlight Talks: Tools for (or against) health: how digital tools can promote research and health -or undermine it

16:00 - 16:10

A pilot randomised controlled trial of a mobile app to facilitate sustainable and healthier diets

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Background: Mobile apps have emerged as promising behaviour change tools that could shift diets to meet climate and health goals. There is a need to understand the most engaging and acceptable app components to optimise intervention design and effectiveness. This study will explore the acceptability and feasibility of app-based food education and recipes to promote diets that consist of less meat and more legumes in UK adults.

Methods: This parallel individual randomised controlled trial will evaluate the premium “See Yourself Differently” (syd) app, a general health and wellbeing app, through mixed methods. We will recruit 99 users for eight weeks. There will be three arms: 1) general dietary information (control), 2) original app, and 3) messaged-enhanced app. Outcomes (and measures) include reach (self-reported demographic characteristics), efficacy (repeated 24-hour dietary recalls), and acceptability (app usage analytics). Qualitative data will be collected remotely through six Think Aloud interviews and ethnographic “go-along”s. The study received ethical approval from the LSHTM Ethics Committee (ref: 28317) and is registered on ClinicalTrials.gov (ID: NCT06833736).

Findings: Quantitative outcomes will be compared between groups via t-tests, Wilcoxon, and Mann Whitney tests. The results will indicate the possible magnitude of dietary change for a definitive trial and power calculation. Qualitative data will be analysed through Interpretative Phenomenological Analysis to explore participants’ perceptions and experiences.

Discussion: Our study will highlight the potential role of app-based interventions in making dietary habits healthier and more environmentally friendly. These new insights will contribute to the Special Interest Groups Digital Health, Habit, and Sustainability.

Orchestrating the Gut-Brain Symphony: HRV Biofeedback for FGID Symptoms Relief

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Background: Functional gastrointestinal disorders (FGIDs) are characterized by chronic gastrointestinal symptoms without organic pathology. These disorders are often associated with psychosocial factors and anxiety. Both FGIDs and anxiety have been linked to altered autonomicmodulation, reflected in reduced heart rate variability (HRV). This study investigates the potential of HRV biofeedback training to mitigate FGID symptoms and anxiety in university students by enhancing autonomic balance.
Methods: Twelve university students with elevated FGID symptoms (assessed via the Irritable Bowel Syndrome Symptom Severity Score, IBS-SSS) and high anxiety levels (Depression Anxiety Stress Scales, DASS-21) participated in a two-week intervention comprising five sessions of HRV biofeedback training designed to enhance HRV and promote parasympathetic activity.
Findings: Preliminary data showed that at baseline, more severe FGID symptoms were significantly associated with lower HRV and reduced parasympathetic activity ($R = -0.76$, $p = .004$). After a short period of HRV biofeedback training, participants showed a significant reduction in FGID symptom severity ($p = .014$) and perceived stress ($p = .008$).
Discussion: This pilot study provides evidence for the effectiveness of HRV biofeedback as a non-pharmacological intervention for managing FGID symptoms in university students. By targeting the underlying autonomic imbalance associated with stress and anxiety, this approach may offer a valuable strategy to improve well-being in this vulnerable population. The findings are particularly relevant given the high prevalence of FGIDs and stress-related disorders among university students, highlighting the potential for accessible, non-invasive interventions in academic and clinical settings.

Exploring the role of food within the household: enabling community action and advocacy through photovoice

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Abstract
Background: Adolescence is a period of increasing autonomy in dietary choices, often influenced by peers and an obesogenic environment. While caregivers play a critical role in shaping children's eating habits through food provision, modeling behaviors, and household rules, their influence diminishes over time. This study aimed to explore female caregivers' perceptions of food-related parenting, the challenges they face, and opportunities to support healthy dietary behaviors within their family and neighborhood.
Methods: A triangulation of the photovoice method, participant observations, informal interviews, and a focus group was used to gain insight in the perspectives of female caregivers. Photographs, audio recorded narratives from the photovoice sessions, participant observation notes and notes related to the process of the photovoice study and regarding the reflexivity and intersubjectivity of the researchers were analyzed using grounded theory and ATLAS.ti 8.
Findings: Findings highlight how food practices reflect identity, culture, and social norms, while structural barriers—such as time constraints and economic circumstances—shape dietary decisions. Caregivers displayed resilience, leveraging creative strategies to maintain healthy eating habits despite financial and environmental challenges. However, systemic issues, including food affordability and accessibility, constrain their choices. Addressing these barriers through policy changes and community support could enhance caregivers' ability to promote healthier eating habits within their households.
Discussion: This study highlights the urgent need for community and policy-level interventions to improve food accessibility, affordability, and parental support.

Behavioural and cognitive changes in young adults after exposure to digital food communication: systematic review

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Background: This mixed-methods systematic review evaluates and synthesises how exposure to digital food communication influences young people's behavioural and cognitive responses to food and nutrition.

Methods: This pre-registered systematic review features primary studies about participants aged 18 to 25 exposed to digital food communication and assessed for behavioural or cognitive responses towards food and nutrition. We evaluate consumption and food purchase as behavioural responses; intentions to consume and/or purchase, and attitudes towards food and nutrition as cognitive responses. We used a three-pronged method for analysis. Meta-analyses combined findings from randomised trials for behavioural and cognitive responses, while observational studies were summarised narratively. The thematic synthesis approach informed qualitative synthesis, and a cross-study matrix was used to synthesise qualitative themes and quantitative findings.

Findings: Of the 6132 studies identified, 47 are included in the systematic review, representing 9741 young adults in 17 countries. Our meta-analyses show positive relationships between exposure and behavioural and cognitive responses. Observational studies confirmed the findings of the meta-analyses. Difficulty deciphering what represents good nutrition, critical distinctions when engaging with content viewed as helpful vs misleading and balancing intentions vs actual behaviours were barriers to the effectiveness of digital food communication. Using a cross-study synthesis matrix, we developed ten recommendations to improve digital dietary interventions and assessed their implementation by experimental studies in the review.

Discussion: Our results illustrate the need for researchers and policymakers to approach digital food communication as a digital determinant of dietary health for young adults, shaping behaviours and cognition.

Spotlight Talks: Exploring health-related decision-making and its determinants

16:00 - 16:10

Understanding environmental decision making: the association between stages of decision making and decisional conflict

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Background: As climate change impacts individual and planetary health, people might consider reducing their ecological footprint by acting pro-environmentally. However, their choice might depend on how far along they are in the process of deciding to act pro-environmentally (i.e., different stages of decision making) and on their experienced difficulty in deciding in favor of the environment and which behavior to conduct, (i.e., decisional conflict). This study explored in which stage of decision making participants find themselves (RQ1) (i.e., not yet thinking about choices, showing interest in doing so, actively considering options, approaching a decision, having already decided but remaining open to reconsideration, or being firmly committed to a decision with little chance of change) and whether their respective stages are correlated with their experienced decisional conflict (RQ2).

Methods: An online, cross-sectional questionnaire was distributed among a convenience sample of 418 English-, Dutch-, and Italian-speaking adults to measure participants' demographics, stages of decision making, and extent to which they experience decisional conflict. A descriptive analysis (RQ1) and a logistic regression, with hierarchical linear regression as sensitivity analysis (RQ2), were conducted for the overall sample and for language subsamples.

Findings: Those who were further along in the stages (more than half of participants) experienced less decisional conflict, as stages were negatively associated with decisional conflict.

Discussion: We suggest that interventions (e.g., decision aids) take stages of decision making into account to better meet users' needs and assist people in making environmental decisions.

Barriers and facilitators of university students' physical activity within the education system: A qualitative study.

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Background: Students frequently report that studying and time spent in teaching sessions are among the main barriers to increasing their physical activity. However, there is little understanding of why this might be. Our research objective is to identify the key elements of the university education system that help or hinder physical activity among undergraduate students at UK universities, and to thereby identify optimal intervention opportunities.

Methods: Semi-structured online interviews were conducted with 58 stakeholders across 37 different UK institutions, including 20 undergraduate students, 14 staff directly involved in teaching, and 24 'further removed' university staff (e.g., estates staff and senior university leaders). Interview schedules were tailored to each participant's expertise. Data were thematically analysed to identify facilitators and barriers, informed by the COM-B model (capability, opportunity, motivation), leading to the generation of a behavioural systems map.

Findings: Ongoing analyses suggest the main barriers to student physical activity within education are a) a lack of physical opportunity (e.g., teaching taking place in restrictive classroom environments), and b) a perceived absence of social opportunity. Facilitators include group work in class and breaks during teaching time. Results will be finalised in Apr 2025. The behavioural systems map will map the complexity and relationships between different factors.

Discussion: Findings suggest that interventions should focus on enhancing physical activity opportunities within the university education system, as opposed to increasing motivation or capability. The generation of the systems map and implications for intervention designers are outlined.

Associations between political party preference and usage of preventive measures in older adults in Germany

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Background: With increasingly ageing populations, increasing participation in recommended preventive health measures such as influenza vaccinations, cancer screening, and health check-ups is essential. Previous research revealed that increased participation is associated with more trust in the government, media, and health systems. However, these factors decreased in parts of the German population during the COVID-19 pandemic, depending on political orientation. This study therefore investigates the association between political party preference and participation in preventive health measures among adults ≥ 60 years before and during the COVID-19 pandemic in Germany.

Methods: Data from the 2017 (n=3,769) and 2021 (n=3,262) waves of the German Ageing Survey were analysed. Logistic regression models were used to examine the influence of party preference on the usage of preventive measures, adjusting for socio-demographic factors.
Findings: Lower participation in seasonal influenza vaccination in 2017 was observed in supporters of the Green Party (OR = 0.65; 95%-CI [0.47,0.88]). During the COVID-19 pandemic in 2021, supporters of the far-right AfD (OR = 0.53; 95%-CI [0.33,0.87]), Green Party (OR = 0.62; 95%-CI [0.49,0.78]) and Left Party (OR = 0.64; 95%-CI [0.46,0.87]) were less likely to receive a vaccination than those of the centre-right CDU/CSU. Crucially, there was no apparent effect of party preference for both cancer screening and health check-up examinations.

Discussion: Political party preference appears to influence the uptake of specific preventive health measures among older adults in Germany, highlighting the need for tailored public health strategies. More research is necessary to explore these developments after the COVID-19 pandemic.

Exploring HIV Prevention Choices: Decision-Making Factors Among Men Who Have Sex With Men

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Background
HIV-prevention choices have become more complex with more options available with similar effectiveness. Informed-decision making is important to make a choice that aligns with one's context and needs, requiring individuals to balance various factors including risk and benefits.

Methods
Participants of the Amsterdam Cohort Studies were selected based on their diverse reported HIV-prevention choices during six months in 2023-2024. In-depth interviews were then conducted with nine men who have sex with men (MSM) who reported ≥10 partners during a six months period. Interviews were thematically analyzed to describe HIV-prevention decision-making processes.

Findings
Among 127 MSM, 50 only used PrEP, 45 combined PrEP with other strategies, 4 relied exclusively on condoms, and 5 did not use any prevention strategy. Among non-PrEP users, 12 used condoms occasionally, while others relied on their partner's PrEP (n=6) or HIV medication (n=2) use. Preliminary interviews (n=9) indicate that PrEP use was motivated by high HIV risk perception but low severity of STIs, ease of use, and a sense of control, while non-PrEP users mostly had negative attitudes toward medication. Condom use decisions were influenced by balancing perceived HIV/STIs susceptibility and severity, the impact of condoms on sexual pleasure, and perceived condom norms. Reasons for not relying on partner's HIV medication or PrEP included limited trust in sex partners, unwillingness to discuss prevention, and a preference to be in control.

Discussion
These preliminary results contribute to a better understanding of HIV-prevention decision-making processes. This can inform the development of more effective HIV-prevention counseling.

Spotlight Talks: Stress, Work, and Psychological Well-being

16:00 - 16:10

More than a job: psychological health in institutional environments

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Background: prison officers (POs) face high occupational stress due to job demands and cognitive-emotional challenges. Recent structural changes in the Italian penitentiary administration have shifted many POs from correctional facilities to administrative roles, altering relational and psychological dynamics. Although workplace stressors are well-documented, the psychological mechanisms underlying stress in POs remain unclear. This study investigates the role of hypomentalization, loneliness, and emotional exhaustion in predicting perceived stress, with a specific focus on reflective functioning in stress regulation.
Methods: fifty-eight Italian POs (M_age = 44.3, SD = 9.91) participated. Data collection occurred through an anonymous online survey (Qualtrics). Participants completed self-report measures assessing reflective functioning (RFQ_U), perceived stress (PSS-10), loneliness (UCLA LS3), and emotional exhaustion (MBI_EE). Hierarchical multiple regression analyses were conducted to examine predictors of stress.
Findings: the first regression model [$F(6, 50) = 9.28$, $p < .001$] accounted for 47.0% of the variance in perceived stress (adjusted $R^2 = .470$). Hypomentalization ($\beta = 5.862$, $p < .001$) and loneliness ($\beta = .317$, $p < .001$) were significant predictors, while age, job type, gender, and emotional exhaustion were non-significant. The second regression model identified relational connectedness ($\beta = .418$, $p = .010$) as a key predictor of stress, rather than isolation or trait loneliness.
Discussion: results highlight the relevance of cognitive-emotional processes in stress perception, suggesting that perceived stress is primarily driven by difficulties in mentalization and relational dissatisfaction. Future interventions should enhance reflective functioning, strengthen workplace social support, and address relational stressors to improve well-being.

Work-Related Challenges Among Healthcare Professionals in German Psychiatric-Psychosomatic Clinics: A Theory-Guided Evaluation

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Healthcare professionals in psychiatric-psychosomatic clinics face significant work-related challenges, including high job demands, burnout, and turnover intentions, which threaten service quality and patient care. Guided by the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2007), this study investigates how job demands and resources interrelate with job satisfaction, turnover intention, and subjective service quality among healthcare professionals in Germany.
A cross-sectional online survey was conducted with 600 healthcare professionals (200 nurses, 200 psychologists, and 200 psychiatrists) from psychiatric-psychosomatic clinics. Standardized scales were used to assess job demands, resources, job satisfaction, turnover intention, service quality, and mediating factors such as burnout, engagement, and psychological safety. Data were analyzed using various statistical methods, including structural equation modeling.
The study revealed significant relationships between job demands, resources, and key outcomes such as job satisfaction, turnover intention, and service quality. Additionally, the mediating roles of burnout and engagement were identified.
These findings contribute to health psychology by applying the JD-R model to a high-stress healthcare context. The results will inform interventions aimed at improving well-being and retention among healthcare professionals, ultimately enhancing service quality in psychiatric-psychosomatic care. The study aligns with UN Sustainable Development Goal 3 (Good Health and Well-being).
Keywords: Job Demands-Resources Model (JD-R Model), healthcare professionals, psychiatric-psychosomatic clinics, job satisfaction, burnout, work engagement, service quality

The impact of stress and coping strategies on gut health and dietary behaviors

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Background: The gut-brain axis, a dynamic two-way communication network between the central nervous system and digestive tract, shapes dietary habits and responses to stress. Despite this interconnectedness, limited research has explored how stress and stress-related eating impact gastrointestinal health among the general population. This study, part of the miGut-Health project, investigated whether perceived stress and stress-induced eating are associated with digestion-associated quality of life among Italian adults.
Methods: A cross-sectional survey was conducted with a representative sample of 444 Italian adults assessing Perceived Stress Scale, Salzburg Stress Eating Scale, and Digestion-Associated Quality of Life Questionnaire. Ad hoc items explored the types of comfort foods consumed in stressful situations and the importance placed on consuming these foods when stressed. Pearson correlations were calculated to assess the relationships among the variables, while independent t-tests examined subgroup differences among perceived stress levels.
Findings: Higher perceived stress was significantly correlated with increased stress-eating (0.253, $p<.001$) and poorer digestion-related quality of life (0.474, $p<.001$). Participants with high-stress levels demonstrated significantly lower digestion-associated quality of life (2.6 ± 1.68, $p<.001$) and higher stress eating behaviors (3.2 ± 0.82, $p<.001$) compared to the low-stress group. Additionally, highly stressed individuals reported greater consumption of fast food ($p=0.045$) and placed higher importance on consuming comfort foods during stressful periods ($p <.001$).
Conclusion: These findings underscore the importance of integrating stress-management interventions on adaptive coping strategies into broader health promotion efforts. By addressing the psychological determinants of gastrointestinal health and mitigating stress-induced eating, such programs may help digestion-associated quality of life and overall well-being.

Age enhances the positive effect of psychological needs satisfaction on work engagement and well-being

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Background:
The aging workforce requires workspaces that foster older employees' well-being and encourage prolonged careers. Addressing the psychosocial side of well-being, the Self-Determination Theory (SDT) proposes three crucial psychological basic needs. While SDT postulates universal benefits of experiencing autonomy, belongingness and competence, their relative importance varies across the lifespan. This cross-sectional study investigates whether age also moderates the effect of psychological basic needs satisfaction at the workplace on desirable work-related and personal outcomes.

Methods:
We conducted multiple linear regression analyses on secondary data, originally collected during the baseline screening of 715 Flemish employees for a workplace well-being intervention study. The online questionnaires included the Basic Psychological Need Satisfaction Frustration Scale, the Utrecht Work Engagement Scale, the Positive and Negative Affect Schedule and the Cantril Ladder.

Findings:
Increased satisfaction of autonomy, belongingness and competence was associated with greater work engagement and subjective well-being. Separate models showed that this relationship was (partially) moderated by age for work engagement (autonomy*age: b = 0.004, p =0.092; belongingness*age: b = 0.004, p = 0.109; competence*age: b = 0.01, p = 0.027) and subjective well-being (autonomy*age: b = 0.01, p = 0.018; belongingness*age: b = 0.01, p = 0.007; competence*age: b = 0.01, p = 0.005).

Discussion:
Our results show that although, as SDT predicts, the satisfaction of autonomy, belongingness and competence at the workplace benefits all employees, its importance increases as employees age. Supporting organisations with implementing practices promoting psychological basic needs satisfaction could therefore be a promising approach to fostering the aging workforce's sustainability.

Spotlight Talks: Health inequalities, inclusion and representation

16:00 - 16:10

Development of an intervention strategy promoting management of menopause care, employing the BCW/COM-B model

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Background:
Menopause management is dependent on patient preferences and values, availability of care and guidance in SDM. Utilising the Behaviour Change Wheel (BCW) and Capability-Opportunity-Motivation model of Behaviour (COM-B) we identified barriers and facilitators to healthcare providers (HCPs) and women's behaviour towards menopause management. These factors underpinned the development of design principles for a theory based intervention to enable effective behaviour change in the promotion of certainty in information, utilisation and provision of support, and shared decision-making (SDM), in menopause care.
Methods: Based on the COM-B and Theoretical Domains Framework (TDF), data from mixed qualitative and quantitative approaches, across three studies with women experiencing menopausal symptoms (n=37) and with HCPs (n=74), were analysed using descriptive statistics, reflective and thematic analysis and behavioural diagnosis.
Findings:
Behaviour change techniques (BCTs), indicated a multi-layered intervention strategy targeting, social support, resources and materials and knowledge to promote information seeking, support utilisation and SDM among women. Knowledge, skills, intention, support and beliefs about capabilities were selected to target HCPs provision of information and support and facilitation of SDM.
Discussion:
The rigid systematic approach and limited selection of BCTs from a particular taxonomy may limit effectiveness of potential interventions by reducing patient variability, downgrading social contexts and excluding factors with potential to become novel in behaviour change interventions. For complex, comprehensive change, the BCW may be optimised by collaborative development with stakeholders, encouraging adoption and with emphasis on implementation and evaluation of interventions, supported by experts and underpinned by theory in delivering better menopause management.

Addressing loneliness across diverse populations: an umbrella review

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Loneliness, defined as the distressing gap between desired and existing social connections, is a pressing public health concern. Evidence linking loneliness to adverse health outcomes is growing. While psychological interventions have shown promise, their effectiveness remains uncertain. Diverse populations, who have been historically excluded from social and health resources, are disproportionately affected by loneliness but have not been centered in research aiming to address loneliness. This umbrella review aims to (1) identify suitable interventions in addressing loneliness across diverse populations, (2) classify them into emerging categories, and (3) identify the key features that contribute to their success.
This umbrella review was prospectively registered with PROSPERO (CRD: 42024600184) and is being conducted in accordance with the Joanna Brigg's Institute's recommendations for umbrella reviews. Five databases were systematically searched for systematic reviews synthesizing evidence on loneliness interventions for historically marginalized groups. Title, abstract and full-text screening was conducted by two independent reviewers, along with quality assessment. The results will be synthesized narratively, highlighting key themes, patterns and variations in effectiveness across interventions.
Preliminary analyses suggest that across diverse population groups, interventions addressing loneliness at the individual level are frequently insufficient. This umbrella review will address the critical gap in understanding how loneliness affects people that have been historically excluded from social and health resources by synthesizing evidence on the effectiveness of intervention addressing loneliness across diverse populations. The knowledge gained will aid the development of precise, effective interventions to address loneliness, with significant implications for public health policy and practice.

Riding the waves of (behaviour) change: the first wave of the MAI-HOME kitchen table interviews

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[3]Open University of the Netherlands, Netherlands

Background:
Climate change and energy poverty are two critical challenges our society is facing. MAI-HOME is an interdisciplinary project aiming to reduce energy poverty and CO2-emissions among social housing tenants through an intervention that integrates behaviour change, artificial intelligence (AI) and gamification. To design an effective intervention, we need to collect data on relevant behaviour change determinants of energy-saving behaviours.

Methods:
We will conduct qualitative interviews (n=100) using a kitchen table conversation approach to identify behavioural (sub) determinants of energy-saving behaviours. By using a kitchen table approach, where interviews are held at homes of participants, we aim to make the interviews more accessible and comfortable to the participants. Social housing corporation employees will conduct the interviews, after receiving training from our team. Due to privacy concerns, the interviews will not be recorded, instead the interviewers will summarize the answers using the participants' exact words as closely as possible. This is a unique approach and could lead to collection of unique data. Thematic analysis will be used to analyse the data.

Expected results:
Insights into relevant (sub) determinants underlying energy-saving behaviours among social housing tenants.

Current stage of work:
Currently we have designed the methodology and have planned a date to train the interviewers to conduct the interviews. We expect the interviews to start in April.

Discussion:
This study is the first of three waves. In the following waves we will design an intervention based on the behaviour change determinants and evaluate the effectiveness of the intervention.

The Social Health Gap: Psychosocial Differences in Lifestyle Behaviours in Type 2 Diabetes

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Background: A healthy lifestyle could revert type 2 diabetes (T2DM) and therewith address its rising societal and economic burden. However, creating lasting change is difficult, possibly due to psychological barriers. Better characterization of these factors and their relation to lifestyle-related health is necessary, specifically in people with a low socioeconomic position (SEP), who are disproportionally affected by T2DM and are understudied.

Methods: Data was collected via online questionnaires (n= 740, mean age 67.0 years, 58.1% men). SEP was defined by education or income. We quantified associations of psychosocial factors including coping styles, relationship quality, and goal engagement with lifestyle-related factors (sleep quality, dietary intake, BMI) using multivariate linear regression analyses, adjusting for sex and age. We tested for effect modification of SEP with multiplicative interaction terms.

Findings: Preliminary results show people with a low compared to a high SEP had a worse diet and higher BMI, but better sleep quality (beta estimate (β) = -9.00, $p<0.001$; β= 1.88, $p=0.002$, β = 1.95, $p<0.001$, respectively). A higher relationship quality and given social support was (borderline) significantly associated with a higher BMI in the low SEP group, but not the high one (low SEP: β = 0.12, $p=0.021$, β = 0.82, $p=0.054$; high SEP: β = -0.10, $p=0.219$, β = -0.46, $p=0.210$).

Discussion: In people with T2DM and a low SEP compared to a high SEP, psychosocial factors and lifestyle-related health were differently associated. Social support and relationship quality were inversely associated, suggesting a different role of social contacts in this group.

Universal near-peer education to raise awareness of smoking risks among adolescents from different school types

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Universal school health education programs seek to provide all pupils with the skills needed for a healthy life. We aimed to assess the effectiveness of the Balassagyarmat Health Education Program (BEP) on smoking-related knowledge, and its differences by school type.
In this study, after the baseline (T0) survey, all 9th-graders of 2018-19 (intervention group, n=1021) from a town in a deprived Hungarian region participated in the BEP (one-year near-peer health education). Regarding smoking, pupils were engaged in creating posters by applying the knowledge provided. Post-testing was in 10th grade (T1, n=664). Controls were 10th-graders from the same 5 schools (n=317) from before the start of BEP.
A multiple-choice question tested awareness of smoking causing lung disease, tumor, and infarction. Generalized estimation of equations models adjusted for gender and school type (providing school leaving exam [SLE] or not) were used to compare change in rates of correct answers between study groups (MDΔ in percentage points[pps]). The interaction of school type and group was also tested.
Significant increases in intervention pupils' knowledge compared to controls were detected for smoking as a cause of tumor (T0=62%, MDΔ=9pps [CI95%:2-16]), and infarction (T0=42%, MDΔ=10pps [3-17]), while no change was detected for lung disease (T0=89%, MDΔ=3pps [-1-8]). Higher awareness was detected among SLE pupils for all outcomes, and no significant interaction was shown between school type and group.
Universal school-based peer health education interventions using experiential learning have the potential to increase knowledge. However, further efforts are needed to reduce existing differences by school type.
ShortDOI:10/n8v7

Roundtable: Youth-centred co-creation in European projects - challenges and successes

16:00 - 17:00

Youth-centred co-creation in European projects - challenges and successes

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Purpose: This roundtable focuses on how co-creation with youth as actual co-researchers has been implemented in three different European projects, sharing challenges and successes.

Rationale: Current youth are growing up in in a society in which increasing diversity goes hand in hand with growing inequalities. Our society – including public spaces, school environments and heath care - is generally designed by adults from highly privileged backgrounds. This results in societies that poorly fit the lives and perspectives of youth, especially those growing up in underserved neighbourhoods.
To reduce health inequalities and promote social justice, we propose participation of youth in research to co-create actions contributing to better health and wellbeing, tailored to their local context.

Objectives: Discuss challenges and successes of youth-centred co-creation in diverse, international settings.

Summary: Mai Chin A Paw will set the scene with an introduction to the topic. This will be followed by three 5 min pitches that end with a statement for discussion among the presenters and wider audience. Teatske Altenburg will reflect on the three presentations, developments in the field and actively engage the speakers as well as the audience in a lively discussion on current and future research priorities and actions.

Spotlight Talks: Qualitative insights into the Experience of Enduring Conditions and Life Transitions

16:00 - 16:10

Support for autistic people across the perinatal period in the UK: A co-produced document analysis

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Background:
Limited maternity-specific autism training or guidance exists for supporting autistic pregnant people. This is concerning, given that autistic people are at higher risk of adverse birth and pregnancy outcomes and mental ill health and face barriers to obtaining appropriate and suitable care during the perinatal period.
Methods:
The study uses a document analysis following the READ approach, which consists of: (1) readying materials, (2) extracting data, (3) analysing data, and (4) distilling findings. A strategic online search was conducted to identify documents supporting autistic people across the perinatal period. Documents were limited to those published in the UK between January 2019 and December 2024. Relevant data was extracted from 26 documents and narratively summarised. Summarised documents were analysed using thematic analysis by researchers with lived experience of autism and/or maternity. Broader community engagement members have also informed project development and will be involved in data interpretation.
Findings:
Documents primarily consisted of personal accounts from blogs, offering learnings from experiences of accessing maternity care as an autistic person. Relevant policies identified consisted of no formal guidance on delivering care to autistic people within a maternity setting. Three themes were identified across documents: Differences/ challenges faced by autistic people, Barriers affecting appropriate care, and Suggestions to improve care access and experiences.
Conclusion:
Findings from this document analysis plan to shine a light on the stark gaps in service provision for supporting autistic people throughout the perinatal period in the UK, a critical time for addressing health inequalities and improving healthcare outcomes.

"We have to do things together": Understanding partners' influences in supporting women with gestational diabetes.

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Background: Living with and managing gestational diabetes (GDM) is a significant burden for pregnant people. Previous research suggests that family support, particularly from partners, can significantly influence the lived experience of GDM. This review aimed to synthesise qualitative research evidence on the influence of partners on women's experiences of living with and managing GDM.

Methods: MEDLINE, EMBASE, PsychINFO, CINAHL, Cochrane and ProQuest (grey literature) were searched to identify relevant qualitative data. In the review, 58 articles were included. Themes were identified using Thomas and Harden's (2008) thematic synthesis approach. Study methodological limitations and confidence in findings were assessed using an adapted Critical Appraisal Skills Programme (CASP) tool and the GRADE-CERQual approach respectively.

Findings: Three main themes were identified. 'The spectrum of dyadic experiences in GDM' captured the varying forms of partner support, including practical, emotional, and indirect support. 'Aligning partner support with women's needs' highlighted individual differences in support preferences and the impact of matching versus misfitting support systems. 'The influence of culture on support processes' explored how culture can shape partner involvement, affecting how support is perceived, provided, and received.

Discussion: Findings highlight the dynamic and multifaceted role of partner support in GDM management. While supportive partners can positively influence coping and management adherence, mismatched or inadequate support may lead to increased burden and impact management negatively. The role of cultural norms and expectations further complicates partner support. Future research should examine how partner support can be effectively integrated into GDM care.

Exploring Adults with Neuromuscular Conditions Lived Experiences of Health-Related Quality of Life: A Qualitative Study

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Background: Neuromuscular Disorders (NMDs) are rare genetic conditions characterised by progressive muscle deterioration, significantly impacting health-related quality of life (HRQoL). However, evidence on the lived experience of HRQoL across the various NMDs is limited. This qualitative study aims to explore HRQoL in individuals with NMDs in the Irish context.
Methods: Fourteen semi-structured online interviews were conducted with a purposive sample of adults (female n=10, male n=4) aged between 34 and 76 living with NMDs in Ireland. Transcribed interviews were analysed using reflexive thematic analysis. A public and patient involvement (PPI) panel guided the research focus, helped develop interview materials, and supported data analysis.
Findings: Three main themes were developed that describe the impact of NMDs on HRQoL: i) Contours of Constraints, highlighting significant mobility limitations and information deficits affecting quality of life; ii) Ebb and Flow: Personal and Professional Realities, illustrating the complex impact of NMDs on relationships and work; and iii) Limitless Narratives: Journeys of Adaptation and Connection, emphasising the importance of strong social support and resilience in maintaining independence and positivity.
Discussion: The findings of this study underscore the significance of both psychosocial and physical impacts on HRQoL for adults with NMDs and provide valuable insights into the role of resilience. Findings also reveal a significant deficit in information and resources, likely attributable to the rarity of NMDs. These results highlight the urgent need for clinical interventions, policy development, improved support services, and tailored healthcare strategies to better support the well-being of people with NMDs.

Life-Course Trajectories and Coping Strategies for Sleep Problems: A Qualitative Study of Recently Retired Finns

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Sleep problems are prevalent among the working-age population, but qualitative research on their development during the life course is scarce. This qualitative interview study explored how 30 recently retired Finns retrospectively perceived their sleep problems in their life course. We focused on the onset, development, and causes of sleep problems, as well as the resources that helped individuals maintain work ability until retirement despite these challenges. Through thematic analysis combined with qualitative trajectory analysis, we identified four trajectories of sleep problems: “childhood-onset”, “adult-onset”, “middle-aged-onset”, and “intermittent lifelong”. These trajectories differed in their causes. “Childhood-onset” sleep problems were frequently attributed to adverse childhood experiences, personal characteristics, and biological factors. “Adult-onset” and “middle-aged-onset” sleep problems were often associated with work stressors, with the latter also linked to physical health concerns and aging. The “intermittent lifelong” trajectory involved the broadest range of causes. Participants used various internal and external resources to manage sleep problems, resulting in five thematic categories. Although work stressors were the most common cause of sleep problems, work also provided significant resources. A similar dual role was noted for physical health, social relationships, personal characteristics, and biological factors. Additionally, participants emphasized perseverance and family examples as coping resources. The findings suggest that sleep problems manifest at different points across the life course, with varying causes. Resources to manage sleep problems during working life are diverse, highlighting the importance of both individual approaches and external support from personal life, healthcare services, and workplaces in sustaining work ability until retirement.

Oral Session: Equity in access to care: Inclusive interventions for marginalized populations

16:00 - 16:10

Working in partnership with ethnic minority groups to encourage informed cancer screening: developing culturally-relevant interventions

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Background: Engagement with cancer screening tends to be lower among ethnic minority groups. Participatory and asset-based approaches are key strategies for addressing health inequalities, leading to culturally relevant methods for overcoming screening barriers and developing targeted interventions. We aimed to guide future culturally relevant intervention development by identifying commonalities in the evaluation of two studies with ethnic minority groups from different cultural and religious backgrounds. These studies focused on promoting cancer screening and informed decision-making about prostate-specific antigen testing.

Methods: The PROCAN-B study (early diagnosis of PROstate Cancer for Black men, n=62) and IMCAN study (Improving Muslim women's CANcer screening uptake, n=235) in North East England and Scotland used participatory and asset-based approaches to co-design culturally-relevant interventions. Both studies developed a two-hour peer-led educational workshop with similar components. Qualitative data from participant interviews and focus groups (n=57), were analysed using thematic analysis.

Results: The interventions were highly acceptable. Participants appreciated the peer-led delivery which created a comfortable environment, conducive to trust-building. Faith elements and inclusion of religious leaders provided a culturally appropriate platform, allowing the doctors' health messages to be received. Members of each community sharing lived-experiences of cancer screening further enhanced the intervention's impact, as did survivor testimonials and collectivist community values highlighting the importance of being healthy for one's family.

Conclusion: Participatory approaches to create culturally relevant interventions can encourage screening uptake. Despite differences in culture and faith, similar components emerged as important: peer-led delivery, doctor-led health advice/education, and a faith-based approach. These components could inform intervention development.

Improving access to cancer screening among people with intellectual disabilities: development of a complex intervention

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Background: Cancer screening can prevent cancer deaths if people participate. People with intellectual disabilities participate in screening less often than other people. The aim was to improve access to bowel, breast and cervical cancer screening among people with intellectual disability.
Method: This project had four stages: 1) mixed-methods systematic review of interventions to improve screening access for people with intellectual disability; 2) interviews on screening experiences from across the UK; 3) workshops to develop recommendations to improve screening access; and 4) focus groups on the acceptability of interventions to increase bowel screening uptake. Framework Analysis was used for the qualitative data.
Results: Stage 1: The systematic review included 30 interventions. Multi-strategy interventions were most effective in improving access.
Stage 2: Twenty-nine people with intellectual disability, nine carers/supporters, and 55 people in relevant professional roles were interviewed. Barriers and facilitators to screening were mapped to the COM-B Model.
Stage 3: Seven people with intellectual disability, six carers/supporters, and 12 professionals attended workshops. Four key recommendations were identified: 1) development of accessible invitation and results letters; 2) educational resources for healthcare providers; 3) patient navigation; and 4) systems to identify people with intellectual disability.
Stage 4: The identified interventions were refined to improve bowel screening access among people with intellectual disability in focus groups.
Conclusions: People with intellectual disability experience unique cancer screening barriers in addition to barriers found in the general population. Our findings will inform the development of interventions to improve access to cancer screening among people with intellectual disability.

Transgender and non-binary people with endometriosis experience of a lack of gender affirming endometriosis treatment

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Background: Endometriosis is a gynaecological disease that has been shown to negatively impact on QoL. Cisgender women with endometriosis have reported struggles with receiving healthcare for their endometriosis. Although there is limited research on transgender and non-binary people with endometriosis we have reported transgender and non-binary individuals' perception of their healthcare for their endometriosis. We previously found that our participants experienced medical gaslighting, misgendering, gendered language and experiences of discrimination from healthcare providers (HCPs). In a follow up study we explored transgender and non-binary people with endometriosis experience of their endometriosis treatment. We discuss our findings with the application of Svenaeus' Phenomenology of Medicine.
Methods: This was a qualitative hermeneutic follow-up study in which we interviewed 8 transgender and non-binary people with endometriosis.
Findings: We discuss our findings in relation to participants' experiences of lack of gender affirming healthcare treatment for endometriosis.
Discussion: HCPs had different priorities for participants' endometriosis healthcare that did not include participants' gender identity. Participants reported that they needed to advocate for their own healthcare to include their gender identity. According to Phenomenology of Medicine, HCPs play a significant role in helping a patient reach a more homelike state in living with a chronic disease, such as that with endometriosis. Participants reported that they needed to manage and advocate for their healthcare to feel more homelike in living with endometriosis. This study adds to current limited research on transgender and non-binary people with endometriosis and has implications for the importance of gender affirming healthcare.

The impact of community-interventions on the health and wellbeing of disadvantaged men: a Scoping Review

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Background: Systematic reviews have shown community-interventions can have a positive impact on health behaviours, however, robust evidence on interventions targeting disadvantaged men is lacking. This review aimed to discover if and how community-interventions can support health and wellbeing of men living in disadvantaged areas.

Methods: A scoping review was conducted and process and outcome data mapped to the Consolidated Framework for Implementation Research(CFIR). Behaviour Change Techniques(BCTs) and application of social and behavioural theories were recorded. Data were synthesised to identify intervention components that led to positive health and wellbeing outcomes in disadvantaged men.

Findings: 8273 records were screened, with 23 studies(7926 participants) meeting inclusion criteria. The majority of studies were conducted in Australia(10) and the UK(9). None of the studies were randomised trials. Four studies reported use of BCTs. Findings show interventions that delivered healthcare and education in non-clinical settings led to increased health-literacy and preventative health-behaviours. Provision of meaningful structure led to a decrease in negative/risk-taking behaviours. Opportunities for social-connection and peer-support promoted conversations around health-related challenges and seeking advice.

Discussion: Findings show community-interventions can impact the health and wellbeing of disadvantaged men through health-education, structure and social support. However, our review revealed a lack of well-reported studies, small sample sizes and poorly reported BCTs. The review findings are being synthesised with stakeholder input from community-cafes(10) to develop realist programme theories of ‘what works, for whom, in what circumstances and how’, furthering understanding of key mechanisms that contribute to positive health behaviour change of disadvantaged men.

Perceived discrimination in healthcare is associated with medication side-effects and adherence: A UK cross-sectional survey

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Background: Many medication side-effects are due to negative expectations rather than pharmacological action, triggering a “nocebo effect.” Negative expectations can arise through contextual factors contributing to the perceived quality of care. Research shows that perceived discrimination in healthcare settings among Black, Asian, and other Minority Ethnic (BAME) groups is associated with lower perceived quality of care. Yet no work has considered whether perceived discrimination contributes to nocebo effects among BAME groups, leading to potentially poorer medication adherence and health outcomes.
Methods: We conducted an online cross-sectional survey of 801 participants representing the four largest UK racial/ethnic groups (Asian, Black, Mixed and White) who had been prescribed new medication in a GP consultation in the previous 6 months. Participants completed the Discrimination in Medical settings scale to form the independent variable and the Side-effect Attribution and Medication Adherence Report Scales to the form the two dependent variables. Negative binomial and linear regressions were carried out to assess associations between independent and dependent variables, and interactions with racial/ethnic group.
Findings: Participants’ perceived discrimination during their GP consultation was significantly positively associated with side-effect experience (OR =1.02, p<.001), and significantly negatively associated with adherence (B=-0.17, p<.001). Mixed race participants were less likely to report side-effects than White participants who experienced the same level of discrimination .
Discussion: Future longitudinal studies are needed to confirm the identified causal relationships and to explore the types of perceived discrimination BAME individuals are experiencing in healthcare in order to help develop interventions to reduce nocebo effects.

Oral Session: From screening to selfcare

16:00 - 16:10

Acceptability of a behaviour change intervention to improve care of deteriorating patients in acute hospitals

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Background: Patients who deteriorate in hospitals are at risk of serious adverse events. In the UK, the National Early Warning Score (NEWS2) is used to promote recognition and response to patients at risk of deteriorating, however gaps in practice remain. To improve the use of NEWS2, OPTIMISE-NEWS—a theoretically-informed, behaviour change intervention targeting nursing staff was developed. This study aimed to assess prospective acceptability of OPTIMISE-NEWS.

Methods: Nursing staff from three London hospitals participated in focus groups involving a: 1) presentation describing OPTIMISE-NEWS; 2) live poll using questions informed by Theoretical Framework of Acceptability (TFA) constructs; 3) group discussion of TFA constructs rated as least acceptable. Focus groups were analysed using the Framework method.

Findings: Twenty staff (critical care outreach nurses, registered nurses, healthcare assistants) participated. Poll findings indicated broad acceptability of OPTIMISE-NEWS, with some constructs rated less acceptable. From the framework analysis, 16 themes were developed. Staff viewed OPTIMISE-NEWS positively and responded well to its alignment with existing practice. Concerns discussed included: how raising staff awareness of appropriate care may lead them to reflect on their care negatively (Ethicality), the effort to attend the workshop and restructure ward activities (Burden), and the risk of specific components (e.g., reflecting on adverse events) causing psychological harm (Perceived Safety & Risk).

Discussion: OPTIMISE-NEWS was considered broadly acceptable. Suggestions for improving acceptability focused on ensuring psychological safety and that the intervention is prioritised to ensure successful implementation. Findings provide a baseline for future longitudinal assessment of acceptability during piloting of OPTIMISE-NEWS on acute wards.

Barriers and Facilitators of Healthy Lifestyles in Type 2 Diabetes with Low SES: Qualitative Study

D. van Schalkwijk[1], E. Landstra[1], A. Hoekstra[1], R. Mark[1], ***S. Soedamah-Muthu***[1]

[1]Tilburg University, Netherlands

Background
Type 2 diabetes (T2D) is on the rise, creating challenges for individuals and healthcare systems. Lifestyle changes, such as a balanced diet and regular exercise, can help reverse the condition. However, many patients face barriers, particularly those from low socioeconomic status (SES) backgrounds, whose challenges are underexplored in existing literature. This study examines barriers and facilitators for lifestyle changes in T2D management, with attention to SES differences.

Method
Thirty-eight T2D patients participated in 30–75-minute online interviews. A grounded theory approach structured the analysis through open coding to identify concepts, axial coding to examine relationships, and selective coding to develop overarching themes. Analysis was conducted using Atlas.ti24 software

Results
Key themes aligned with the socio-ecological and socio-cognitive models. Individual facilitators included health goals, awareness of lifestyle-disease connections, and observable improvements, such as reduced medication. Barriers encompassed fixed identity beliefs (e.g., “I’m just a sweet-tooth person”) and practical issues like cooking challenges. Social support varied, with some networks fostering motivation and others undermining it. Contextually, low-SES participants faced disproportionate barriers, such as limited resources, more comorbidities, caregiving stress, and higher stress levels.

Conclusion
The results will inform the development of a customized online lifestyle intervention based on cognitive behavioral therapy. The app will address the unique barriers faced by mid- and low-SES patients to support sustainable lifestyle changes. It will target physical activity, nutrition, sleep, and stress management. The app aligns with health psychology principles by addressing SES-specific barriers, offering scalable, real-world interventions to improve T2D management, adherence, and patient well-being.

Simple letter intervention, co-designed to address screening determinants, increased lung cancer screening uptake

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Background
Lung cancer is the most common cause of UK cancer deaths. Screening improves survival through earlier detection. The Targeted Lung Health Check (TLHC) is a lung cancer screening pilot for smokers or ex-smokers aged 55-74 in parts of England. However, uptake is very low. This study tested the impact on TLHC uptake in West London of adding messaging to the invitation letter, co-designed using the Behaviour Change Wheel approach.

Methods
Suggested messages were informed by a systematic review of lung screening determinants using the Theoretical Domains Framework (TDF). The Theory and Techniques Tool suggested promising Behaviour Change Techniques which were developed into potential messages. Messages were refined and selected during two co-design workshops with current/ex-smokers. The co-designed intervention was a box added to the standard invitation letter, with a two-sentence message designed to mitigate fatalistic beliefs and low risk perception, and promote clinician endorsement and the value of early detection.

Allocation to usual-care (N=4842) or intervention (N=4622) letter was at GP practice level (20 practices, matched across group allocation). A chi-squared test compared uptake rates 4-months post-invitation, and mixed-effects logistic regression controlled for demographic covariates.

Findings
Uptake was significantly higher in the intervention (25.8%) than the control group (20.4%), ($\chi^2(1)=38.762$, $p=<0.001$).
Likelihood of attendance increased with decreasing deprivation ($b=0.060$, $p<.001$), female gender ($b=0.154$, $p=.002$) ex-smokers compared to smokers ($p=0.004$), and older age categories ($p<.001$).

Discussion
This simple, no-cost intervention, created through rapid co-design informed by TDF determinants, significantly improved screening uptake, and is recommended for wider roll-out.

Fostering expectant mothers' breastfeeding intentions and behavior: A longitudinal randomized control trial

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[2]University Hospital Modena, Italy

Background. WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of babies' lives. Notwithstanding the improvement observed in the last few years, the current low prevalence of exclusive breastfeeding for up to 6 months requires a deeper understanding of the most effective communication strategies to promote this practice. This pre-registered experimental study aimed to test the effectiveness of two communication interventions.
Methods. Women at the 36th week of pregnancy (N=457) were randomly assigned to six conditions in a 2x3 between-participants design. The first intervention included informative messages designed to foster the components of the extended TPB. The second intervention was a dripping communication campaign administered via mobile phone text messages: the "tips" group received informative messages aimed at increasing breastfeeding practical knowledge and skills, while the "implementation intentions" group was also asked to use the information to formulate specific "if-then" plans. For both interventions, the control group received messages related to healthy eating and exercise. The participants were followed up until their babies were 5 months old.
Findings. Most participants intended to breastfeed exclusively and did it. The first intervention increased breastfeeding and exclusive breastfeeding duration through perceived behavioral control, self-efficacy, and intentions. As for the second intervention, receiving tips strengthened the effect of breastfeeding intentions on breastfeeding duration, while formulating implementation intentions fostered breastfeeding duration irrespective of initial intentions.
Discussion. Administering simple and cost-saving messages in hospital waiting rooms and via mobile phone allows to reach a large number of women and can increase exclusive breastfeeding rates.

The third half: Testing an intervention to reduce alcohol consumption in Dutch amateur sports clubs

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[2]Radboud University, Netherlands

The third half is a well-known phenomenon for most adults playing team sports. Coming together to have some beers after the match is common practice. Based on the value-based choice model (Berkman et al., 2017) an intervention was set up that targeted social and health beliefs regarding non-alcoholic drinks, to increase the consumption of non-alcoholic beers, sodas and water. Nine sports clubs (korfball, tennis, hockey, football) were either assigned to the experimental group (n=5) or no intervention control group (n=4). The intervention stressed social and health benefits of consuming non-alcoholic drinks, through activities, posters and social media messages. Data were collected during eight weeks (via cash register). A multinomial-mixed-effects model analysing the quantity of beverages sold (n = 165,115) revealed small non-significant changes in beverage consumption across sports clubs during the intervention ($F = 0.052$, $p = 0.81$). Sales of low-alcohol and non-alcoholic beverages increased, particularly for Korfball and Tennis ($p = 0.08$). A high residual variance ($\sigma = 2.47$) suggested considerable individual variability in consumption patterns. The variation in baseline consumption was also evident across the four sports, as shown by the standard deviation of the random intercept for sports type (0.21). It can be concluded that reducing alcohol sales at sports clubs is very challenging and might require other additional measures such as policy interventions.

Preventing return to smoking postpartum – process evaluation findings from the Babybreathe trial

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Background:
The BabyBreathe RCT tested a theory based complex intervention for the prevention of postpartum smoking relapse, including behavioural, digital, remote and pharmacological support. The intervention included support from a health visitor, tailored online, app based and text message support, support to use alternatives to smoking and self-rewards to remain smoke free.

Methods:
Mixed methods process evaluation, incorporating interviews with 40 participants and 10 healthcare practitioners, audio recordings of intervention sessions, intervention feedback forms and evaluation of engagement with intervention components.

Findings:
The intervention was generally well received, with participants particularly valuing the multi-component approach which offered choice. Elements perceived as most helpful were: a) Welcome box – viewed as a tangible acknowledgment of effort and a sharable resource which enhanced social support; b) Text support programme – as reinforcing motivation through ongoing encouragement and prompts to stay on track with quitting; c) Interpersonal support sessions - viewed as non-judgmental, credible source of advice and information; d) Personal carbon monoxide breath monitors (iCO) providing biofeedback, felt to enhance accountability and facilitate social comparison. Barriers to impact included: a) Fidelity: approximately 20% of intervention participants received no interpersonal support, partly due to competing pressures on health visiting services. There was also low awareness, uptake of and engagement with the website, mobile app and online peer support forum; b) Contamination: provision of the iCO monitor to control participants to collect baseline and follow up readings.

Conclusion:
Process evaluation findings contextualise Babybreathe trial outcomes, where no difference was detected across groups.

Oral Session: New Frontiers in Data Collection

16:00 - 16:10

Objective and Subjective Reactivity to the Sensor-Based Measurement of Physical Activity

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Background: Wearable sensors (i.e., accelerometers) are considered gold-standard for assessing physical activity (PA) under free-living conditions. While they are free of recall bias present in self-reports, research suggests that they are equally prone to measurement reactivity (MR), i.e. changes in people's cognitions, emotions, or behaviour due to taking part in a study. Little is known about whether participants are aware of these changes. This study thus aimed to investigate whether participants self-report to have consciously changed their PA (i.e., subjective MR) and whether this relates to actual changes in PA (i.e., objective MR).
Methods: Analysis was performed using two existing datasets, comprising 351 participants (64.10% female; Mage = 35.70, SDage = 14.01; MBMI = 26.30, SDBMI = 5.86) who wore an accelerometer for 7 consecutive days and self-reported if they consciously changed their PA. Objective MR was defined as decreases in PA over the study period.
Findings: Multilevel models with days nested in participants indicated that with each study day, participants walked on average 111.82 steps less ($p = .043$). Yet, 85.19% of participants indicated to have not or rather not changed their PA. Subjective MR did not moderate the association between study day and steps, as indicated by a non-significant cross-level interaction ($p = .641$).
Discussion: Steps systematically changed over the study period in line with common definitions of MR. Yet, most participants were unaware of these changes, potentially because changes were relatively minor. These results highlight that MR may be predominantly driven by unconscious mechanisms.

Appetite for Innovation: The Potential of Sensing Meals to Better Understand Eating in Social Contexts

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Background: Social eating behaviors are central to food decisions, yet their study has largely been confined to laboratory settings or self-reports. Digital technologies, particularly smartphone sensors, offer new opportunities to objectively and unobtrusively assess eating-related behaviors in real-world contexts. This feasibility study explores how smartphone sensors can be used to understand social meal processes based on the Dyadic Health Influence Model.

Methods: Smartphone-based audio recordings of meals are used to evaluate the feasibility of passive sensing methods for measuring social processes of joint eating, particularly joint mealtime duration and speaker shares during meals. A total of 45 meal recordings are processed to extract features related to meal duration and speaking shares. These variables provide indicators of social engagement and influence patterns during meals.

Results: Preliminary findings indicate a 75.5% accuracy in detecting meal start and end times. Errors occurred in 11 of 45 recordings, with three missing the meal start (average error: 44.45 seconds) and eight missing the meal end (average error: -18.27 seconds). Given an average meal duration of 934.98 seconds, these errors represent 4.75% and -1.95% deviations. Despite minor inaccuracies, smartphone sensors show promise in capturing meal characteristics and social influences on eating behavior.

Discussion: Studying social meal processes in real life is key to understanding how eating behaviors are shaped in everyday contexts. By using smartphone sensors to track meals naturally, this research advances non-intrusive monitoring and provides new insights into the role of social dynamics in eating behavior.

Using reflective diaries to explore decision-making about sharing genetic information with relatives

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Background: Sharing genetic information within the family is crucial, enabling relatives informed choices regarding life-planning and health management. However, research in this area is mostly retrospective, with limited exploration of the decision-making process involved. Diary studies could provide a valuable perspective for clarifying family communication and decisions surrounding it. We aimed at exploring the experiences, perspectives and decision-making on family communication of genetic information, of those undergoing genetic counselling (GC).

Methods: Within a prospective, multicentre, multi-method qualitative study, we used unstructured written diaries to examine decision-making related to family communication of genetic information. Participants included persons undergoing predictive genetic testing for late-onset neurological, cardiogenetic and oncogenetic conditions. From the first consultation until four weeks after disclosure of test results, participants recorded (handwritten or email) their thoughts and deliberations regarding sharing genetic information with relatives. Diaries were transcribed and analysed using phenomenological hermeneutic thematic analysis.

Findings: Twenty-four of 56 participants returned diaries, totalling 57 entries (M=2.38; R=[1-14]). Participants reflected on: (a) the decision-making process surrounding family disclosure; (b) family communication patterns of genetic information; (c) knowledge of the condition and family history; (d) living with genetic risk; and (e) experience of diary writing.

Conclusion: To our knowledge, this is the first study using diaries to prospectively explore decision-making on family communication of genetic information. Diaries can offer a flexible research tool, providing real-time insight into participants' reflections and experiences. This method therefore clarifies what influences decision-making regarding family communication and can inform the development of resources to facilitate communication during GC.

Qualitative data sharing and the challenges of informed consent

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Background. Qualitative research is essential in health psychology, providing deep insights into complex health-related issues. However, the unique nature of qualitative data presents challenges for data sharing, a growing priority in the open science movement. Obtaining informed consent for qualitative data sharing can be difficult for the beginners and experienced researchers alike. This study explores the challenges in implementing specific data-sharing practices, drawing from participants' concerns and researchers' ethical considerations.
Methods. This study is based on in-depth, semi-structured interviews with 40 individuals (women and men aged 50–64), supplemented by interviewers' field notes during data collection. A thematic analysis methodology applied to the data led to four key themes.
Findings. The primary challenges in obtaining informed consent for responsible qualitative data sharing in health-related research include: 1) Defining what constitutes truly informed consent; 2) Managing time constraints when working with vulnerable populations or individuals unfamiliar with the research process; 3) Addressing participants' varying levels of internet and technology literacy; 4) Responding to participants' legitimate concerns about future access to their data (data misuse).
Discussion. While qualitative data sharing offers potential benefits, it must be carefully balanced against the ethical and practical challenges of securing fully informed consent. Researchers must acknowledge participants' concerns while considering pragmatic research needs and ethical decision-making. In some cases, open qualitative data in health psychology may not be the most suitable approach.

Keynote Speech: Professor Theresa Marteau

17:00 - 18:00

Changing Behaviour at Scale to Protect our Health and Planet: What Stops Us?

Changing five sets of behaviour - smoking, eating unhealthy diets, drinking alcohol, physical inactivity and travel powered by fossil fuels - could prevent about 40 % of cancers, 75 % of type 2 diabetes and heart diseases, avoid about a third of premature deaths globally each year, and cut greenhouse gas emissions by around a quarter.
We have good-enough evidence on the most effective interventions to achieve change at the scale needed to realise these benefits. What stops us?
Misleading ideas dominate citizens and policymakers thinking about changing behaviour including the beguiling quick fixes of information, nudges without regulation and technologies that circumvent the need for us to change our behaviour at all.
Powerful minority interests are well-served by these ideas to the neglect of citizens' interests.
Weak policy-making institutions provide insufficient checks on these ideas and interests, resulting in ineffective policies.
How can we reverse this?
Four changes to our weak systems of policymaking will be outlined that could prioritise evidence and citizens interests by default, resulting in policies that change our behaviour at the scale needed so all life thrives.

EHPS 2025

Thursday, 28 August 2025

Symposium: Getting (digitally) active: new perspectives for embedding physical activity into daily life

9:00 - 9:15

Within-person predictors of moderate-to-vigorous physical activity: Meta-analysis of Ecological Momentary Assessment studies

J. Keller[1], V. Dowsett[2], D. Kwasnicka[3], G. ten Hoor[4], N. Lorbeer[1], D. Kale[2], D. Powell[5], B. Asiamah-Asare[6], F. Naughton[7], S. Di Maio[8], P. Gellert[9], P. Verboon[10], O. Perski[11, 12]

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[12]Tampere University, Finland

Background: Moderate-to-vigorous physical activity (MVPA) is an everyday health behaviour which fluctuates within persons. Ecological Momentary Assessment (EMA) studies allow the examination of within-person associations between MVPA and corresponding psychological (e.g., intentions) and contextual (e.g., precipitation) factors. However, no study has yet pooled those MVPA predictors at the within-person level. We conducted a systematic review and meta-analysed such within-person associations from EMA studies.
Methods: Several databases were searched with search terms related to EMA methods and MVPA. We included studies that reported ≥1 within-person association(s) of psychological or contextual EMA-measured predictor(s) with an EMA-measured continuous MVPA outcome (e.g., min/day) in adults from non-clinical populations. Predictors describing similar constructs were categorised into higher-order categories. Data were analysed with multilevel random-effects meta-analyses.
Findings: Thirty EMA studies (reported across 29 articles; N=3,585 participants) reporting 94 within-person predictor-MVPA associations were included. The most frequently reported predictor category was negative affect (22 within-person associations), followed by cognitive factors (e.g., intentions; 13x), positive affect (12x), and positive social influences (e.g., social support; 12x). For the predictor category contextual factors, only five within-person MVPA associations were reported. Positive within-person associations between positive social influences and MVPA were identified (b=2.16, 95% CI=0.12, 4.20, p=.038), whereas other associations were non-significant.
Discussion: Positive social influences were found to be key within-person predictors of MVPA. Although proposed by behaviour change theories and often found as significant between-person factors, cognitive factors did not show significant within-level MVPA associations. To identify opportune situations to promote MVPA, more research on contextual factors is needed.

BackUp: Feasibility of an ecological momentary intervention targeting exercise and back health in sedentary workers

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Background: Recent research suggests that modifiable risk factors like physical activity at work and sedentary behaviour are promising intervention targets to prevent low back pain. Based on the Intervention Mapping Approach, this feasibility study piloted the ecological momentary intervention “BackUp”, aiming to increase the number of interruptions during prolonged sitting with back exercises in everyday life.

Methods: N=5 participants (age M=31.40, SD=7.02) with sedentary jobs were examined over three weeks using accelerometers and daily app-based surveys. A one-week baseline phase was followed by a face-to-face intervention session with personalized feedback on spinal posture and mobility, teaching of individualized back exercises and behavior change support. For the following two weeks, one of three conditions were randomized within individuals on a daily basis, (a) real-time, accelerometer-triggered feedback, (b) a planning intervention, or (c) no intervention. Participants provided feedback in a data-prompted exit interview. Quantitative analyses were conducted separately for each individual using piecewise modelling.

Findings: Quantitative analyses showed an increase in sitting time interruptions with daily back exercises in the intervention phase compared to the baseline phase for three participants. Qualitative feedback indicated that the back exercises were easy to implement, motivating and positively impacted mood and body awareness.

Discussion: The findings showed that the content of the intervention, such as real-time feedback and personalized back exercises, as well as the technical implementation (i.e. smartphone app, accelerometry) were both acceptable and feasible. This promising evidence supports “BackUp” as a potentially scalable, theory-based approach for primary prevention of back pain in sedentary workers.

Streaking as a technique to change behaviour: a systematic scoping review

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Background: Behavioural streaking is performing a pre-specified behaviour consecutively in regular intervals, usually daily, without taking a break whilst monitoring units of engagement. This systematic scoping review examines the extent and type of evidence in relation to streaking as a behaviour change technique.
Methods: Systematic literature search conducted in CINAHL, Embase, MEDLINE, PsycINFO, Scopus, SportDiscus and PQDT. Reports with the primary aim of examined streaking as a technique for engagement in volitional behaviour change or maintenance in adults were included. Observational, intervention and conceptual reports were eligible.
Findings: Out of 3832 unique records, 7 reports met inclusion criteria. Reports were published between 2022 and 2025. Four reports were multi-study publications including 26 individual studies. Reports investigated streaking in relation to electronic communication (n=2), physical activity (n=2), various behaviours including physical activity (n=2), and organisational work task completion (n=1). Streaking as a technique is used organically (e.g. run streaking) or strategically (e.g. marketing) to successfully influence behaviour. Emerging evidence started to explore mechanisms of streaking (e.g. habit, motivation, commitment, identity) and conditions under which streaking is related to behaviour (e.g. individual differences, streak framing, streak feedback).
Conclusion: Streaking as a behaviour change technique is readily used in health and electronic communication contexts to maintain engagement in target behaviours. Recent research started to understand how and when streaking may influence behaviour. Most streaking research is conducted from a marketing perspective. More research on streaking in the context of health behaviours informed by health psychology and behavioural medicine is urgently needed.

Two online RCTs on possible selves interventions for leisure time physical activity with mixed effects

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Background: Possible selves can induce behaviour change by providing visions of self-images to strive for or avoid. Such imaginative exercises with best/worst possible selves have been found to increase physical activity. Social cognitive theory suggests that not only future-oriented self-images, but also past successful selves (mastery experiences) may be key to behaviour change.
Methods: In two online RCTs we compared future-best-possible-self, future-worst-possible-self, past-successful-self (study 1) and – only Study 2 – a momentary- physical-activity-self as control. Study 1: German adults (N=193; aged 18-58, 80% female), 3 conditions (n=76 best, n=64 worst, n=54 past). Study 2: German adults (N=396; aged 18-76, 77% female), 4 conditions (n=98 best, n=110 worst, n=90 past, n=98 momentary as control). Primary outcome: self-reported moderate-to-vigorous physical activity minutes/week assessed at pre-intervention, two-week post, 6-week follow-up only in Study 2. Secondary outcomes: intentions, planning, self-efficacy, outcome expectancies, only study 2 goal clarity, sport identity.
Findings: In Study 1, all groups showed significantly higher physical activity minutes over time; in particular, past-possible-selves predicted physical activity change. Study 2 found no significant time*condition effects on physical activity minutes, but significant increases in intention, self-efficacy, planning, goal-clarity, sports-identity, although not associated with any particular condition.
Discussion: Although physical activity minutes increased in the past-possible-selves condition in Study 1, this was not replicated in Study 2. Study 2 showed effects on social cognitions. This mixed evidence for possible selves as online imagery physical activity prompts suggests a possible motivational rather than volitional effect of imagining possible physical activity selves.

A Web-Based Physical Activity Promotion Intervention for Inactive Parent-Child Dyads

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Background: One potentially valuable but relatively under-researched area for improving activity levels is the use of family-based intervention strategies, particularly in light of the steep drop off in activity levels as children grow into adolescents and the low activity levels often observed in parents.
Methods: A sample of 88 inactive parent-child dyads were recruited from the general Finnish public, and randomly assigned to either receive the intervention after sign-up or to join a wait list control group. The intervention program included a series of four online workshops, online tasks, and help resources. Data was collected at baseline, 3-months, and 6-months post baseline through self-reported surveys (physical activity, autonomous motivation, attitude, norms, perceived behavioural control, intention, self-monitoring, a habit) and accelerometer measurements and analysed as linear mixed models.
Findings: We observed small changes in physical activity at 3-months that did not remain at the 6-month follow-up. However, the intervention had only small effects on most of the psychological determinants, with the exception of perceived behavioural control where a modest effect was observed. Unfortunately, the intervention program included problematic levels of dropout and session engagement, with remaining and engaging in the intervention highest in those who were already autonomously motivated at baseline and those with more education.
Discussion: Overall, the intervention program showed some promise in encouraging active lifestyles for otherwise inactive families. However, the effect appeared short-lived and mainly present in those already motivated to be active. Thus, results highlight some potential difficulties in engaging unmotivated samples in online programs.

Symposium: Dyadic data in daily life: inter- and intrapersonal perspectives on health and well-being in couples

9:00 - 9:15

The interpersonal benefits of self-compassion in romantic couples: a dyadic approach

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[3]UMCG, Netherlands

Background:
Self-compassion refers to being kind and friendly toward yourself in times of difficulty and stress. Previous research overlooked the interpersonal effects of self-compassion (e.g., whether its benefits extend beyond the individual). This study aims to investigate how self-compassion is related to relationship outcomes (i.e., relationship satisfaction and (un)supportive behavior) in romantic couples.

Methods:
One-hundred and fifty-two young heterosexual couples completed questionnaires including self-compassion, relationship satisfaction and (un)supportive behavior independently. Multilevel modelling was used to explore the actor- and partner-effects between self-compassion and relational outcomes.

Results:
Preliminary results showed that higher self-compassion was related with higher relationship satisfaction (actor effects) in both partners. For women, their self-compassion was associated with higher supportive behavior towards their male partner (actor effect). For men, their self-compassion was associated with less unsupportive behavior towards their female partners. No partner effects were found.

Conclusions:
While preliminary results suggests that self-compassion is related to relationship satisfaction, further analyses will be performed to examine whether (un)supportive behavior mediates this relation. Furthermore, it will be examined whether associations are moderated by couple characteristics such as time spent together. These results will be presented to provide more insight into the associations between self-compassion and well-being in couples.

The Inter- and Intraindividual Associations of Given Support with Closeness and Conflict in Romantic Relationships

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People are not only affected by the support they receive from their romantic partner – the support they give to their partner also has an impact on their feelings concerning the relationship, for example individual experience of closeness to and conflict with their partner. How giving support is reflected in relationship functioning might depend on personal resources like the ability for self-control. On days when one's own self-control is high, supporting a partner might be a positive experience and therefore lead to more feelings of closeness and less conflict. However, when a person experiences a lack of self-control, supporting a partner might be considered as an additional burden, reducing feelings of closeness and enhancing conflict. In the present study, we investigated this moderation hypothesis by conducting a dyadic ambulatory assessment study with 108 young adults (aged 18 – 30 years) in heterosexual romantic relationships who individually reported given support, closeness to and conflict with their partner as well as their self-control each evening for 21 consecutive days. We found that closeness was positively associated with given support on the inter- as well as on the intraindividual level and that the intraindividual association was moderated by their daily self-control. In turn, conflict was negatively associated with given support on the interindividual level but there was no intraindividual association and no moderating effect of self-control.

Couples Coping with Type 2 Diabetes: Using ILMs to Study Partners' Role in Glucose Regulation

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The use of Intensive Longitudinal Methods (ILMs) has grown exponentially in the behavioral, social, and biomedical sciences over the past 30 years. This class of research paradigms is used to study daily psychological experience in its natural context (a.k.a. "studying life as it is lived"). In this talk, I will review some of the work our team has done using ILMs to study how health-related dyadic processes unfold in everyday life. More specifically, I will provide an overview of a project we have completed focusing on the role of partner influence on glucose regulation (assessed via continuous glucose monitoring) in patient-partner couples coping with type 2 diabetes. I will identify aspects of the study design that has allowed our team to uncover evidence that partner influence in daily diabetes management predicts short-term glucose control and that invisible social control (i.e., attempts at influencing health behavior by an intimate partner that goes unnoticed by the patient) may beneficially impact objective health outcomes. I will also report on a new finding involving how patient and partner diabetes distress interact in their links with glucose regulation. I will conclude by touching on potential future directions consisting of daily dyadic interventions to improve glucose regulation in the context of ILMs.

All about me, all about you, or all about about us? Choices for Dyadic Designs

G.(T). Stadler[1], L. Buhr[2], T. Moschko[3], C. Gawrilow[4], U. Scholz[5], J. Lüscher[6]

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Researchers face a number of consequential choices for studying dyads: Do they want to focus on specific individuals or dyads in theory building, study design, analysis and interpretation? We illustrate these choices with three studies of dyads. In three intensive longitudinal studies (Study 1: 70 child-parent dyads; Study 2: 99 smoker–nonsmoker couples; Study 3: 83 dual-smoker couples), participants provided daily self-reports. In Study 1, children (aged 9 to 11 years) reported self-regulation, and children and parents on their interaction quality. In Study 2 and 3, both partners reported companionship, affect, relationship satisfaction, and health behavior (smoking). We used designs and analytic models in line with the study focus: classic models focusing on individuals in Study 1 and dyadic score models focusing on dyads in Study 2 and 3. In Study 1 we found higher interaction quality in dyads in which children showed higher self-regulation levels as well as on days when children showed higher self-regulation. In Study 2 and 3, couples reported better affect and relationship satisfaction on days with higher companionship. Researchers should carefully consider if their research questions focus on individuals vs. dyads and align their study design, analytic model and interpretation accordingly. When the research focus is on individuals within dyads, classic approaches are suitable. When the research focus is on dyads, using a dyadic score model acknowledges both partners' perspectives, tests for effects of partner differences and yields higher precision for detecting effects of partner averages in a dyadic predictor, compared with classic approaches.

Symposium: Causal Inference in Health Psychology: Guidelines for Conceptualization, Measurement and Design

9:05 - 9:20

DAGs are all the rage: where can I get one? Guide for building causal DAGs

J. van Beek[1], G. Peters[1]

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Background: A major aim in health psychology is to unravel causal relationships. When randomized experiments are not feasible, the construction of causal directed acyclic graphs (DAGs) can help to determine which variables should be controlled for during statistical analysis to identify the causal effect. Few guidelines exist on how to develop causal DAGs.

Methods: This contribution uses the relation between affect and alcohol use as an exemplary case to illustrate a stepped guide on how to build causal DAGs for health psychology in a systematic way.

Findings: Steps include: 1) Identify and refine causal question; 2) Draw tentative causal DAG including nodes for exposure, outcome, other measured variables (if applicable), variables potentially relevant for selection bias and (measured and unmeasured) confounding; 3) Elaborate comprehensive and non-overlapping construct definitions for nodes; 4) Attain criteria for evidence for causal relationship between nodes; 5) Link evidence for implied causal relationships to criteria for evidence and adjust DAG; 6) Link evidence for implied independence relationships to criteria for evidence and finalize DAG; 7) Yield minimal adjustment set(s) and decide on approach for controlling variables.

Discussion: Systematically built causal DAGs explicate assumptions about subject-matter knowledge and will improve causal inference in health psychology. Slides available at https://doi.org/n8sg

Into the Multiverse: Being Open and FAIR About the Decisions Forming Your Causal Inference Foundation

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[2]Maastricht University, Netherlands

Background: Health psychology exhibits considerable ontological, epistemological, theoretical, and methodological pluriformity, as well as substantial hidden heterogeneity in the construct definitions that are used in the literature. On the one hand, this heterogeneity arguably facilitates scientific progress. On the other hand, even if one assumes that uniformization is desirable, achieving that likely takes years if not decades. In addition, this diversity also means that many criteria may be used to decide whether an evidence base constitutes evidence of a causal link. This means that developing a DAG that harnesses the available evidence inevitably requires handling this pluriformity in a transparent and FAIR manner.

Methods: A procedure will be presented that scaffolds the required process of conceptual clarification, transparent publication of the results, and derivation of evidence from the literature to inform DAG building activities.

Findings: The proposed procedure consists of eight steps: 1) Preliminary node identification, 2) Rigorous construct delineation, 3) Evidence-edge decision rule determination, 4) Source collection, 5) Evidence extraction, 6) Navigating anomalies and pluriformity, 7) Combining the evidence base, and 8) Evaluating and integrating. This procedure facilitates consolidating views on how constructs should be delineated as well as what should be considered evidence for or against a given causal link.

Discussion: Engaging with the preliminary work to DAG development in a transparent manner holds the potential to simultaneously foster efficiency through re-use and critical reflection through dialogue. Slides available at https://doi.org/n8sg

From constructs to causal models: advancing causal thinking in health psychology

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Background: The advent of extensive datasets presents a unique opportunity to investigate variations in risk factors on a large scale. However, these datasets also pose significant risks, such as bias (e.g., confounding) and the potential for over-interpretation. To mitigate these risks, it is crucial to be transparent about our causal assumptions and to develop causal models that guide analysis. A fundamental requirement for constructing robust causal models is the precise definition of constructs. This presentation aims to demonstrate the process of developing precise construct definitions and creating a causal model, specifically a causal directed acyclic graph (DAG), to inform analysis.
Methods: First, a procedure developed by Podsakoff et al. (doi.org/f8fqdb) for creating precise construct definitions was refined for application within health psychology and will be demonstrated for several of the constructs of the Health Action Process Approach. Next, a procedure to create DAGs, based on three key sources of information: expert knowledge, existing literature, and insights from individuals with lived experience will be demonstrated.
Findings: Definitions of the HAPA constructs will be disseminated via the Decentralized Construct Taxonomy (doi.org/mr4n). The developed DAG will be used to inform the analysis of UK BioBank data. Lessons learned in constructing the DAG and challenges to translate the ‘conceptual DAG’ to an ‘empirical DAG’ will be discussed.
Discussion: By emphasizing the need for well-defined constructs and the integration of multiple information sources to identify confounders, this presentation aims to advance the methodological rigor and practical impact of causal inference in health psychology research.

Using dynamic, causal models to inform the design of within-person experimental studies

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Background: Popular addiction theories do not articulate temporal information about how empirical phenomena of interest (e.g., 'relapse') are dynamically caused, over time and within individuals. Leveraging domain knowledge and formal and computational modelling, we developed a dynamic, causal model of smoking lapse and relapse ('COMPLAPSE'). This talk aims to illustrate how COMPLAPSE was used to inform the design of a within-person experimental study, building towards a 'just-in-time adaptive intervention' (JITAI) for smoking cessation.
Methods: The well-known experimental medicine approach, extensively applied at the between-person level, involves engaging a target mechanism through experimental manipulation and examining the degree to which expected change occurs. At the within-person level, a related design called 'system identification' has been developed by control systems engineers. System identification experiments require dynamic models as starting points and involve the delivery of theoretically informed intervention options under varying conditions of the system (i.e., a person).
Findings: Drawing on COMPLAPSE, an informative system identification experiment was designed, in which 15-20 adult smokers who are motivated to quit will receive two theoretically informed intervention options (i.e., regulatory strategy suggestions and self-affirmation suggestions), which will be randomly assigned four times per day at the within-person level for a period of 28 days.
Discussion: Dynamic, causal models can help design informative within-person experiments. This talk will illustrate how key design decisions were made in addition to how the study results will be used to iteratively refine the dynamic, causal model itself and, at the same time, build towards a smoking cessation JITAI.

SOTA: Physical Health in Children and Adolescents

9:00 - 9:45

Somatic symptoms in children and adolescents: a transgenerational perspective

J. Rosmalen[1]

[1]UMCG, Netherlands

Somatic symptoms, such as pain, fatigue and gastrointestinal problems, are prevalent in children and adolescents. These symptoms often occur in the absence of a disease. They are thought to develop under the influence of interacting biological, psychological and social factors. Risk factors are categorized as predisposing factors increasing vulnerability for somatic symptom development, precipitating factors triggering symptom onset, and perpetuating factors that negatively influence natural recovery.

The development for somatic symptoms throughout adolescence has been studied in the population cohort TRAILS (TRacking Adolescents' Individual Lives Survey). TRAILS is a longitudinal multidisciplinary cohort study that focuses on the psychological, social and physical development of adolescents and young adults. TRAILS started in 2001 with 2230 10 to 12 year old children, and is currently in its 8th assessment wave.

Studies in TRAILS have identified several risk factors for the development of somatic symptoms. Predisposing factors include sexual abuse, high parental expectations and perfectionism. Precipitating factors identified in TRAILS include life events, such as divorce of the parents. In early adolescence overprotection and school absence were identified as perpetuating factors, and in late adolescence an inactive lifestyle.

TRAILS studies also showed that at baseline, children already differed in symptom burden. This suggests that risk factors early in life contribute to somatic symptom development. Studies of such early life processes were performed in the offspring cohort TRAILS Next, including the children of the original TRAILS participants. In TRAILS Next, parent-child interactions are studied from birth onward, using questionnaires and interviews but also using observations. Specifically, video recordings are made from parent-child interactions during regular childhood vaccinations at ages 3 months, 11 months and 4 years. The behaviors of parents are related to their own childhood symptom experiences, and to the development of the reactions of their child to vaccination pain over time.

Physical symptoms in preschoolers, a multi-informant approach

S. van der Ziel[1], C. Hartman[2], M. van Vliet[3], J. Rosmalen[2]

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Background: Early experiences with physical symptoms may play a crucial role in the development of children's responses to these symptoms, with children learning these responses from their caregivers through social learning. The current study aims to develop age-appropriate measures to gain better insight into preschoolers' physical symptoms using a multi-informant approach.
Methods: Data are used from 54-60 month-old participants (N=130), their mothers (N=170), fathers (N=90), and teachers (N=50) collected within the TRAILS next cohort. Preschoolers were interviewed using the TRAILS next version of the Berkeley Puppet Interview, including a new physical symptom subscale with 5 questions. Parents were interviewed using an adjusted version of the Adult Responses to Child's Symptoms (ARCS) questionnaire. Psychometric properties of both instruments will be analyzed for feasibility, reliability, and validity. Parent data from the adjusted ARCS will be used for a principal component analysis.
Preliminary Findings: Initial analyses show individual differences between preschoolers on the physical symptom subscale in the puppet interview. Further validation will involve analyzing cross-informant correlations with data from other informants. Principal component analysis of parent data may reveal a three-factor model. Additional analyses will investigate the validity of the adjusted ARCS and the influence of parental ARCS outcomes on children's outcomes on the physical symptom subscale.
Discussion: The findings of this study show more insights into the experience of physical symptoms in preschoolers and contribute to existing instruments to measure those experiences in developmentally appropriate manner. These insights may help to better identify children at risk for suboptimal symptom behaviors.

Barriers and enablers of optimal healthcare transition from the perspectives of young people and parents

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The transition to adult services occurs at a time in a young person's life that is marked by significant change. For those living with Cystic Fibrosis, the availability of modulator therapies has brought numerous clinical benefits, but the impact on self-management as young people move through adolescence is largely unknown. This researach aims to explore the needs of young people living with Cystic Fibrosis (CF) and parents as they prepare to transition to adult services.
Methods: Adolescents/young people (aged 13-25 years) living with CF (N=27) and parents (N= 21) participated in one-off, semi-structured interviews focused on their experience and needs associated with transition to adult services. Participants were recruited from three paediatric services and one adult service. Data were analysed using modified framework analysis.
Findings: Barriers to a positive healthcare transition include (i) younger age (ii) parental need for guidance on how/when to pass on self-management responsibility, (iii) loss of relationship with paediatric providers (iv) worries about the consistency of service (v) an overwhelming experience of being introduced to the adult service and team all at once. Enablers of a positive transition include (i) trust in paediatric providers and their transition process, (ii) a transition crossover with a trusted clinician, (iii) older age at the point of transfer (iv) CFTR modulator improved health.

The findings have implications for supporting not only adolescents, but also caregivers as they prepare to move to adult services. The timing of transition was a key issue with implications for service configuration and models of care.

A Structural Model of Self-Concept in Children with Epilepsy: Impact of Social and Epilepsy-Related Factors

***D. Buršíková*[1]**

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Background:

Epilepsy is a prevalent neurological disorder that significantly affects children's psychological and social well-being. Previous research highlights the influence of stigma, cognitive difficulties, and family dynamics on self-concept in children with epilepsy (CWE). However, a comprehensive structural model integrating epilepsy-related and social influences on self-concept in CWE has not been developed. This study aims to construct and evaluate such a model within the school context.

Methods:

The study involved 104 CWE (aged 8–15), their parents, homeroom teachers, and 1,829 classmates from Czech elementary schools. Measures assessed epilepsy characteristics, cognitive abilities, depressive symptoms, anxiety, academic self-concept, quality of life, teacher support, parental depression, teacher attitudes, stigma among classmates, and sociometric status. Structural equation modeling (SEM) was used to test relationships between epilepsy-related factors, social influences, and self-concept in CWE.

Findings:

The final model demonstrated an acceptable fit: $\chi^2(87, n = 98) = 134.26$, RMSEA = 0.075, CFI = 0.90, PGFI = 0.61. Both epilepsy-related factors (e.g., seizure control, comorbidities) and social influences (e.g., stigma, teacher support) significantly predicted self-concept in CWE. Notably, teacher support and parental empathy had the strongest positive associations, while stigma among classmates had a detrimental effect.

Discussion:

Findings emphasize the interplay between medical and social factors in shaping self-concept in CWE. The study highlights the importance of school-based interventions targeting teacher support and peer awareness to enhance the well-being of CWE. Future research should refine structural models to further explore epilepsy’s impact on children's lives.

Oral Session: Psychosocial Resources and Resilience Across the Lifespan

9:00 - 9:15

A meta-analysis of fear of cancer recurrence and mental health in cancer survivor-cancer caregiver dyads

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Background: This meta-analysis is the first to examine the interdependent nature of the relationship between FCR and mental health within survivor-caregiver dyads, through a multilevel approach to the data. Aims: This study aims to: (1) examine the associations between FCR and mental health in survivor-caregiver dyads; (2) assess dyadic interdependence by applying Actor-Partner Interdependence Model-based meta-analytic techniques; (3) identify potential moderators. Methods: After performing a systematic search in Scopus, PubMed, ProQuest, Web of Science, APA PsycInfo and Google Scholar, 8 studies, encompassing 48 relevant comparisons and reporting on the association between FCR and mental health-related indices of anxiety, depression and distress in survivor-caregiver dyads were included. Data-Analytic Strategy: Our study is still work in progress. We will compute pooled effect sizes, through a random effects model, for the spillover and crossover effects of mental health and FCR within dyads. Additionally, we will employ a model of meta-analytic path analysis in order to accurately assess interdependence of the data within the Actor-Partner Interdependence Model (or the multilevel approach). Finally, we intend to perform meta-regressions and subgroup analyses for the envisioned moderator variables. Discussion: In terms of expected implications, our research is prone to highlight the necessity of taking into account the interdependent nature of fear of cancer recurrence between survivors and caregivers. Thus, we expect that our study will inform potential interventions and future studies, as it draws attention to an often overlooked category: the survivor-caregiver dyad, which is portrayed as one singular unit of care, with shared characteristics.

Nature relatedness and well-being: A mediation study among university students

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Nature relatedness has been associated with psychological and physical health benefits, yet the mechanisms underlying this relationship remain underexplored. This study aims to examine the mediating roles of nature-related health and self-care behaviours in the relationship between nature relatedness and well-being among university students.

A cross-sectional online survey was conducted among students (N=1348; aged 18 to 65 years (M=23.67; SD=7.48), 69% female) representing Cyprus (32.3%), Slovenia (31.5%), Latvia (29.1%), and other countries (7.1%), utilizing the World Health Organization's Well-being Index (WHO-5), single-item indicators of outdoor physical activity, eco-friendly nutrition, and gardening, and the Nature Relatedness Scale (NR-6). Mediation analyses using bootstrapping examined the indirect effects.

Nature relatedness significantly predicted outdoor physical activities (B=.275, SE=.043, p<.001), eco-friendly nutrition (B=.509, SE=.046, p<.001), and gardening (B=.390, SE=.043, p<.001). In turn, each behaviour was significantly associated with well-being. The total effect of nature relatedness on well-being was significant (B=1.442, SE=0.161, p<.001, B=1.491, SE=.169, p<.001, and B=1.505, SE =.167, p<.001, respectively). Mediation analyses using 5,000 bootstrapped resamples confirmed significant indirect effects of nature relatedness on well-being through outdoor physical activity (B=.219, 95% CI [.136, .319]), eco-friendly nutrition (B=.166, 95% CI [.089, .248]), and gardening (B=.154, 95% CI [.074, .231]).

These findings suggest that engaging in nature-related behaviours partially explains the link between nature relatedness and well-being. Given the positive effects on health, universities should promote access to nature-based interventions to enhance student well-being. Future research should explore long-term implementation strategies for nature-based health promotion programs.

Keywords: health behaviour, health promotion, nature relatedness, university students, well-being.

Unpacking the Interplay between Internet Usage and Well-being among Older Adults: A Socioemotional Selectivity Perspective

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The internet has become ubiquitous in daily life, and its relationship with well-being is a crucial contemporary issue. Based on a lifespan perspective and the socioemotional selectivity theory, the current studies aimed to understand how older adults can benefit from internet usage. Study 1a (N = 1725) and Study 1b (N = 1715) leveraged two large, independent, cross-sectional, and nationally representative datasets from the Taiwan Social Change Survey. We found a consistent moderating effect of age: increased internet usage time negatively correlated with well-being among younger adults, whereas it positively correlated with well-being among older adults. These findings remained robust even after controlling for participants' socioeconomic status and were observed both before and during the COVID-19 pandemic. Study 2 examined the underlying motivational mechanisms (i.e., socioemotional and instrumental goals) of the relationship between internet usage time and well-being using a new sample consisting solely of older adults (N = 795; mean age = 69.58). Results indicated that older adults had a stronger preference for socioemotional goals than for instrumental goals of internet usage. Mediation analysis revealed that both types of motivations mediated the relationship between internet use time and well-being, with the mediating effect of socioemotional (vs. instrumental) goals being significantly stronger. Overall, our studies (total N > 4,000) highlight the potential for internet usage to serve as a valuable tool in promoting social integration and well-being among aging populations. The implications of these findings, along with their limitations, are discussed.

Oral Session: Mitigation and adaptation strategies: Individual, structural and environmental factors

9:00 - 9:15

Environmental influences on daily step counts: the case of temperature alerts

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Background:

Environmental factors, including weather and air pollution (AP), influence physical activity (PA) alongside psychosocial determinants. Additionally, official weather alerts may further impact behavior. This study aimed to map weather, AP, and official alert data on daily step counts and evaluate the effect of heat alerts on PA.

Methods:

Data comes from the 4HAIE study, a 12-month monitoring of 1,314 participants aged 18-65 in Czechia between 2019 and 2022. Daily step counts, collected via Fitbits, were combined with weather, AP, and official alert data based on participants' approximate locations. A mixed-effects model was used to assess the influence of weather and heat alerts on step counts during summer months (June–August).

Findings:

The most prevalent weather alerts (by affected person-days) among the 288,129 person-days with sufficient location data quality were thunderstorms (5.30%, 15,277 person-days), snow and ice (4.63%, 13,349 person-days), and wind (4.12%, 11,859 person-days). As for the temperature alerts, low temperature alerts (2.81%, 8,086 person-days) were more frequent than heat alerts (1.49%, 4,280 person-days).

During summer, higher temperatures were generally associated with increased step counts based on 57,749 person-days. However, when a heat alert was issued, this positive effect was significantly reduced (i.e., a significant negative interaction term). Additionally, higher humidity, precipitation, and AP levels were negatively associated with step counts.

Discussion:

Our results indicate potential behavioral adaptation to heat alerts, as people reduce their activity despite higher temperatures generally promoting PA. Future research should explore individual responses to alerts and strategies to promote safe PA during extreme weather.

Perceived Health and Responses to Heatwaves: Emergency Preparedness and Policy Support in Climate Crisis

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Climate change poses significant health risks, with extreme heat events becoming more frequent and severe. Perceived health may shape emotional responses (e.g., feelings of helplessness and concern) and influence adaptive behaviors. This study examines whether perceived health differentiates psychosocial responses over time and predicts emergency preparedness for heatwaves and support for public healthcare policies.

In a 13-week longitudinal study, repeated self-report measures were collected from participants during the summer. Participants were categorized into two health groups based on their self-evaluation. Health group differences during heatwaves were assessed using Cohen's d. Regression models evaluated the predictive value of perceived health, along with other psychosocial factors (risk perception, emotional responses, etc.), on emergency preparedness and policy support.

Individuals with poorer perceived health were less prepared for heatwaves (d = .43) yet more supportive of enhanced public healthcare measures (d = -.29). Moderate effect sizes for the perceived health were observed for emotional helplessness (d = -.27) and health-related concern (d = -.40).
Regression analyses revealed that self-reported health was the strongest predictor of emergency preparedness (b = 0.24, 95% CI [0.19, 0.30]), even after controlling for other factors. For policy support, perceived health also emerged as a significant predictor (b = -0.08, 95% CI [-0.14, -0.01]).

These findings highlight perceived health and its related emotional responses as important psychosocial mechanisms linking climate risks to adaptive behavior. Targeted risk communication and interventions that enhance health perceptions may improve emergency preparedness and policy support, fostering resilient communities amid the climate crisis.

Hungry for knowledge: using Protection Motivation Theory for intervention design to promote climate-friendly eating

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Introduction. To optimise human health and environmental sustainability, a fundamental shift in diet is required.

Objectives. We applied Protection Motivation Theory to design a three-hour interactive intervention, called “Knowledge Buffet”, to promote healthy and climate-friendly eating. Our aim was to assess the effects of the intervention on threat and coping appraisals, knowledge, and intention with a pre-registered mixed-methods study.

Methods. N = 39 participants completed a questionnaire before, immediately after, and two months following the intervention. In addition to items assessing Protection Motivation Theory constructs, we measured knowledge about climate, health, and nutrition using pretested parallel items. Qualitative data included field observations, feedback cards, and open answer questions.

Results. The intention to eat in a healthy and climate-friendly way was connected to all constructs of the Protection Motivation Theory (rs > .5, ps > .001), with perceived response efficacy being strongest related to the intention. Participants reported higher knowledge, higher risk perceptions, higher response efficacy, higher self-efficacy, less maladaptive response rewards, and a higher intention after the intervention. While risk appraisals decreased after two months, intention and coping appraisals did not significantly decrease over time. Qualitative content analysis revealed insights into why and how participants changed their dietary habits after the intervention, what difficulties they perceived, or why they did not adapt a climate-friendly diet.

Conclusion. The intervention is an effective way to inform about climate and nutrition. To overcome implementation barriers, follow-up interventions and different approaches are needed.

Exploring Family Food Systems: Meat Intake, Conflicts and Meal Frequency

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Background: Reducing meat consumption is crucial for both human and planetary health. Adolescents can drive this change when eating together with their families. However, shared meals may be less frequent when dietary styles differ, potentially leading to meat-related conflicts. This study investigates how parent and child characteristics influence family meal frequency and meat consumption similarity, and how similarity, shared meal frequency and meat-related conflicts are linked.
Methods: In a pilot study, 57 parent-child dyads (Mage_child=15.9) were surveyed on meal frequency, conflicts, and dietary styles. Adapted items were incorporated into the FReDA-Panel, a nationally representative family panel with approximately 22,000 participants who also report on their children.
Results: In the pilot study, 79% of participants reported having family meals almost daily. Parents and children showed on average a similar meat consumption. Importantly, 14% of children were vegetarian, but 0% of the parents. Around 30% of participants reported meat-related conflicts. A small correlation (rpb=0.17) was observed between having conflicts and lower dietary similarity, while meal frequency was not related to diet similarity (ρ=0.01). Overcoming the small sample size and power of the pilot study we present a re-analysis of these research questions in the FReDA dataset.
Discussion: The pilot study results provide a promising foundation for further exploration in a representative panel dataset. The refined items should increase variance, and a larger sample will allow analyzing predictors like gender, age, and family composition, as well as the role of conflicts as a mediator between similarity in meat consumption and meal frequency.

Determinants of Alternative Protein Choices: European Stakeholders' Perspective

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Background: This study presents findings of a system mapping study, analyzing the food system characteristics (henceforth: determinants), associations between the determinants, and the leverage points which explain choices of alternative protein foods (APF) across Europe. The complex system approach was chosen as the theoretical framework for data synthesis.
Methods: During tasks undertaken in LIKE-A-PRO Horizon Europe project, 166 food system stakeholders (including policy makers, food producers, food processors, retailers, clinical nutritionists, and consumer representatives) from 13 European countries, were enrolled to develop 17 systems maps. Network analysis was conducted to identify leverage points, that is the determinants best connected with other well-connected determinants.
Findings: The analyses indicated that several leverage points were consistently included across the maps developed by European stakeholders. These determinants were: (1) formal and experiential knowledge about APF and efforts to educate consumers; (2) social encouragement of APF intake and social norms indicating approval and popularity of APF among people important to a consumer; (3) advertising, promotion, and influencers' actions; (4) food safety regulations and perceptions of APF' as healthy and safe products; (5) emotions, in particular fear of novelty or curiosity; (6) food culture in the respective country; (7) perceiving APF as ultra-processed food; (8) environmental and sustainability issues, and (9) animal welfare issues.
Discussion: This study offers new insights into the complex systems of the determinants of APF choices. In line with the complex system approach, a change in these determinants may be assumed to trigger a reverberating effect, occurring throughout the system.

Oral Session: Health Messaging, Misinformation, and Public Response

9:00 - 9:15

Segmentation of the Slovak Population Based on Their Responses to COVID-19 Vaccination

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Vaccination has become a socially polarizing topic. During the COVID-19 pandemic, up to 48.3% of Slovakia's population refused vaccination against COVID-19. However, little is known about the nuanced segmentation of individuals based on their attitudes toward vaccination.

In this study, we segmented the Slovak population sample (N = 505) according to their attitudes toward the SARS-CoV-2 vaccine and related safety measures using Latent Class Analysis. Our findings identified four distinct groups: Enthusiasts (28.5%), Supporters (28.7%), Hesitants (22%), and Sceptics (20.8%). Additionally, we conducted interviews with selected Hesitants and Sceptics to explore their reasons for vaccine hesitancy or refusal.

Hesitants who ultimately accepted vaccination were primarily motivated by compliance with state regulations and concerns for their family members. Their initial reluctance stemmed from a lack of trust, fear of side effects, and an overreliance on natural immunity. Similarly, Sceptics cited these factors but additionally also exhibited a greater tendency to trust alternative medicine.

Our results suggest that different groups require tailored information and communication strategies to address their specific concerns. These findings highlight the need for public health authorities to adopt more targeted approaches when engaging with citizens on vaccination issues in the future.

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Effective risk communication for citizens in future pandemics

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Introduction: During the COVID 19 pandemic, many citizens were under- or misinformed. Government communication was not always accepted, preventive measures not always followed. One reason was that the information based on expert views, was not always aligned with peoples' beliefs or mental models, which shape how new information is processed and understood. Therefore, we studied citizens' risk beliefs about infectious diseases and how these differ from experts' perspectives.
Methods: We used the mental model approach: (1) structured interviews with experts (i.e. virologists, microbiologists, epidemiologists, PH physicians; N=11) to construct an expert model; (2) Interviews with citizens (N=20) to establish the differences with experts; (3) a representative survey (N=1035) to generalize the findings. The expert model was used to analyse citizens' interviews.
Results: Discrepancies between citizens' and experts' mental models were: Citizens do not clearly distinguish between risk factors (contamination, spreading etc), and believe in a healthy lifestyle as a major factor for preventing contamination and severe illness. Citizens do not have a clear understanding of timeline, e.g. duration of contact & probability of contamination. Although citizens seem to have a good general knowledge about preventive measures, situational awareness seems limited. They have difficulties in translating risk information into their daily life and specific scenarios (public transport, open space such as restaurant terrace and park). Most findings were confirmed in the survey data.
Conclusions: For effective risk communication, it is necessary to take account of citizens' risk beliefs, especially beliefs discrepant with experts' views and misunderstandings (e.g., risk factors, timeline).

Strategies of information intermediaries to address health misinformation among underserved groups during a pandemic

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This study examines the role of information intermediaries in the Netherlands in addressing health misinformation among underserved populations during the COVID-19 pandemic. These communities—characterized by low literacy, low socio-economic status, and migration backgrounds—often encounter barriers in accessing reliable health information, increasing their vulnerability to misinformation. Intermediaries, including community leaders, NGOs, or health services, play a vital role in bridging this gap. However, their strategies and challenges remain underexplored. Thus, we pose two research questions: (1) How did information intermediaries for underserved groups decide on their strategies to counter misinformation during the COVID-19 pandemic? and (2) What were the primary challenges and areas for improvement these intermediaries identified?

Using Lazarsfeld et al.'s (1948) two-step flow of communication theory, this qualitative study conducted reconstruction interviews with 15 intermediaries from diverse sectors who had dealt with misinformation during the pandemic. After a thematic analysis of the transcriptions, our findings reveal that intermediaries relied on non-confrontational, trust-based strategies. Intermediaries prioritized providing clear information over directly correcting misconceptions. Strategies included community events, market visits, and small gatherings to foster dialogue. Messages had to be tailored to cultural and linguistic needs, and collaboration with respected community figures was deemed relevant. Challenges included limited resources, a lack of centralized support for adapting official health communications, and shifting public health guidelines, which complicated messaging and trust-building.

The grassroots, trust-based approaches, and knowledge of the needs of the target groups by the intermediaries proved useful in countering misinformation, and should inform future crisis communication strategies.

The role of the information source in debunking health myths using the Truth Sandwich format

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Background: Health-related myths are widespread and can have a negative impact on both individuals and public health. Research suggests that the Truth Sandwich format is an effective debunking strategy in health communication. However, it is also important to consider which source is best suited to address misinformation. In the present research, we investigate whether the effectiveness of debunking health misinformation depends on the source providing the correction. Additionally, we examine whether source trustworthiness and psychological reactance mediate this effect. Methods: In two experimental studies with representative samples of the German population (total N = 2,684), we varied the source (general practitioner vs. health institution vs. company) of the corrective information between subjects for different myths. A truth sandwich text was presented in the context of a hypothetical online information search on vaccines (Study 1) or nutrition (Study 2). The main dependent variable was health myth agreement after debunking. Results: Nutrition myths were successfully debunked, but this was not the case for vaccine myths, as they were found to be less prevalent. In both studies, information source did not impact debunking effectiveness. However, there was a significant indirect effect of source on myth agreement after debunking mediated sequentially by source trustworthiness and psychological reactance. Discussion: The influence of source information appears to be less important when the debunking message is carefully formulated. However, the characteristics of the source can still exert an indirect influence on the recipients' response, highlighting the need for further research on the underlying mechanisms of misinformation interventions.

Developing a Sexual Health Counseling Training Intervention for HIV Care Providers Using Intervention Mapping

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Background: Sexual health is vital for well-being but is often overlooked in nursing care. HCPs, especially in HIV care, face challenges addressing it, missing key counseling opportunities. Despite training efforts, structured interventions remain scarce. This study applies Intervention Mapping to develop a systematic approach for integrating sexual health discussions into HIV consultations.
Methods: We followed the six steps of Intervention Mapping (IM): (1) conducting a needs assessment through focus groups and online surveys of previous studies to understand the problem; (2) formulating specific program objectives; (3) identifying key behavioral determinants to guide intervention development; (4) selecting theory-based methods and strategies; (5) planning program implementation of 1.5-day pilot training program; and (6) evaluating the intervention through four consecutive online surveys.
Findings: Thirty-seven participants attended day 1 (16 online), and 20 nurses completed day 2. Although we integrated all steps of Intervention Mapping and aligned determinants with behavior change strategies, the training program we developed, which emerged after completing all stages—including matrices and performance objectives—did not achieve our primary performance objectives of improving the frequency and quality of sexual health counselling. However, strong nurse involvement in the linkage group shaped a tailored intervention, positively impacting attitudes, norms, knowledge, and skills.
Discussion: The IM approach structured a training program that improved HIV care providers' confidence and competence in sexual health discussions. Future training should include real-life case studies with professional actors. Further development should focus on deepening discussions, refining communication techniques, and evaluating behavior to fully achieve all performance objectives.

Healthcare professionals' perspectives on managing multimorbidity: multiple clinical behaviours, behaviour change, role of digital solutions

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Background: Healthcare professionals (HCPs) managing patients with multimorbidity face challenges in addressing multiple clinical goals due to competing demands. This study aims to explore their perspectives regarding their experiences i) managing multiple clinical goals and behaviours in multimorbidity care, ii) providing behaviour change advice, and iii) using digital tools to support these processes.
Methods: A qualitative study was conducted using semi-structured interviews with 32 HCPs (16 nurses, 16 medical doctors) from Ireland and Portugal. Reflexive thematic analysis was used to explore the HCPs' experiences. The topic guide addressed challenges and facilitators related to each objective.
Results: Themes were organised into three overarching categories: 1-Management of Multiple Goals and Behaviours for Consultations, highlighting challenges such as goal conflict and competing demands; 2-Provision of Behaviour Change Advice, which reflected the perceived importance of aspects such as communication skills, training, and patient engagement; and 3-Use of Digital Technologies, identifying both benefits and barriers. HCPs highlighted factors influencing multimorbidity care, including goal prioritisation (n=16), HCPs' experience (n=10), patients' motivation (n=7), and time constrains (n=25). Factors related to HCPs' training (n=12), patients' social support (n=11), existence of multidisciplinary teams (n=15), and staffing challenges (n=8) influenced provision of behaviour change advice. Digital technologies were identified as beneficial in supporting clinical practice (e.g. overview of patients n=7) but were often hindered by usability and interoperability issues.
Conclusion: This study highlights the complexity of multimorbidity management and the barriers HCPs face. Findings may inform the development of digital interventions to support HCPs in providing efficient and patient-centred care.

Symposium: Women's reproductive health: Social and psychological aspects

9:00 - 9:15

The Role of Precarious Manhood in Reactions to the Male Contraceptive Pill

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Background: Contraception has traditionally been women's responsibility, placing a disproportionate burden on them. However, clinical trials on the male birth control pill suggest that it could soon be a viable option, shifting some responsibility to them. We examined whether and which men would perceive a message about such pills as threatening. Based on research on health-related defense mechanisms and precarious manhood, we hypothesized that men who hold higher levels of precarious manhood beliefs would react more defensively to the message—with greater message derogation, avoidance, reduced perceived efficacy, and increased concerns about side effects—especially if the pill was framed as being released soon. We further explored whether these defensive evaluations mediated the relationship between precarious manhood and behavioral intentions, moderated by temporal framing

Methods: 398 men read an article describing a male birth control pill framed as coming soon or in the distant future. Participants responded to questions about the article, the pill, and precarious manhood.

Results: Precarious manhood predicted greater avoidance and higher perceptions of side effects. Moreover, higher perceived side effects mediated the association between precarious manhood and intentions to purchase the pill when it was framed as being released soon, but not when framed as being released in the future.

Conclusions: Findings highlight defensiveness' role in shaping how men with strong precarious manhood beliefs respond to masculinity-threatening health messages. Understanding these barriers is crucial, as men's willingness to use the pill could alleviate the physical and psychological burdens of birth control that disproportionately affect women.

Persevering in fertility treatment despite repeated failures – a qualitative investigation

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[2]Hillel Yafe Medical Center, Israel

Background: Fertility treatments foster hope of fulfilling the desire for parenthood. However, the difficulties they entail and the decreasing success rates over time raise questions regarding discontinuing treatment, which are often influenced by financial constraints. Israel is a highly pronatalist country, where fertility treatments are mostly covered by the State. Thus, it serves as a living laboratory to study the psychological processes involved in decisions about treatment continuation after repeated failures, setting aside financial considerations. We aimed to examine the decision-making process women undergo when choosing to continue in-vitro-fertilization (IVF) despite low odds of success, and the strategies they implement in carrying out the decision to continue.
Methods: We conducted in-depth interviews with fourteen women, ages 33-45, who had undergone between 4-28 IVF cycles. The interviews were analyzed using thematic analysis.
Findings: The findings showed no evidence of deliberation or hesitation in the decision process, as informants raised no doubts concerning treatment continuation. This confident stance was rooted in three themes: (a) personal, interpersonal, and social motivations; (b) inability to identify alternatives; and (c) strategies for keeping motivation and optimism, even when the odds of success were low.
Discussion: Interpreting the findings from decision-making, self-regulation and self-identity perspectives, suggests that the seemingly irrational perseverance in treatment may be rational, given the social context in which the women are operating. The study raises the need for support in decision-making along the treatment process and for promoting social discourse that legitimizes broader acceptance of diverse family structures and attitudes towards parenthood.

Women’s experiences of posttraumatic stress symptoms/disorder following a medically complicated pregnancy: A systematic review

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Background
While recent studies highlighted the prevalence of PTSS/PTSD in women following a medically complicated pregnancy, very few studies focused on women’s subjective experiences of PTSS/PTSD. Thus, the objective of this study was to explore women’s subjective experiences of PTSS/PTSD, identify the various risk factors and consequences of developing PTSS/PTSD following a medically complicated pregnancy.
Methods:
A qualitative systematic review was conducted utilising various databases to access both qualitative and mixed methods studies published between 2000 and 2020. The literature accessed evaluated the methodological quality of studies, by using three stages of review (i.e. abstract reading, title reading, and full-text reading) and applying a meta-synthesis to the current evidence on the research topic.
Findings
The findings demonstrate that a combination of risk factors like obstetrics (pain, type of delivery, and birth complications), healthcare professional (lack of inclusion and information, lack of compassion, and negative interactions with care providers), psychological and emotional (anxiety, negative emotions, dissociation, thoughts of death and mental defeat) and lack of support are associated with the subsequent development of postpartum PTSS/PTSD in women. Consequently, their experiences of PTSS/PTSD include impaired mother-infant bond, emotional distress, chronic physical issues, isolation, and recovery.

Women’s understanding of and attitudes towards decision-making in birth in Switzerland

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[2]Nordhausen University of Applied Sciences, Germany

Background: Increasing attention has been given to birthing peoples‘ experiences of maternity care, with growing recognition of the need for a person-centered approach. Central to this approach is the relationship between birthing people and healthcare providers, particularly in the context of intrapartum decision-making. However, the complex interplay of factors that shape decision-making in childbirth remains insufficiently understood. This study explores how birthing people experience and navigate decision-making during labor and birth.
Methods: We conducted a qualitative study using semi-structured interviews with 16 pregnant or postpartum women in Switzerland.The interviews covered four main areas of interest: individual understanding of a good birth, preferences regarding decision-making and intrapartum care, attitudes towards decisional capacity and coercion in birth. The transcribed interviews were analyzed using thematic analysis.
Findings: Three main themes with eight subthemes emerged. First, birthing people experience a fundamental dependency shaped by factors such as acuity, birth setting, and interactions with providers and companions. Second, they simultaneously strive for agency, which is influenced by their sense of control, knowledge, and openness to adapting to unforeseen circumstances. Both themes need to be constantly balanced during birth, marking the unique challenge of decision-making in birth. This balancing act can be facilitated or hampered by respectful care, as comprised in the third theme.
Conclusion: Decision-making in childbirth is a dynamic process that requires balancing dependency and agency, with respect serving as a critical mediator. Person-centered care should prioritize fostering respectful, supportive environments, ultimately enhancing birthing people’s autonomy and well-being.

Women’s support needs converge across birth modalities

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[1]Ono Academic College, Israel

Background
Supportive interactions with healthcare providers in childbirth correlate positively with postpartum emotional well-being. We aimed to determine what support women in unplanned cesarean deliveries (UPCD), vaginal deliveries (VD), and planned cesarean deliveries (PCD) cherish and lack the most.
Methods
Based on a framework developed from a pilot of 227 primiparous UPCD women describing their moments of feeling most and least supported during delivery, we surveyed a sample of primiparous women (206 UPCD, 61 PCD, and 161 VD) using multiple-choice questions, regarding support given by healthcare providers.
Findings

Across all participant groups, the most supported moment primarily involved informational (VD = 52.1%, PCD = 50.0% and UPCD = 41.0%). This was followed by emotional support for VD (34.7%) and PCD (34.8%) women, and by decisional inclusion for UPCD women.
For 34.1% of VD women and 30.4% of PCD women their most supported moment involved feeling included in a decision, whereas 25.7% of UPCD women mentioned receiving emotional support.
Women, regardless of delivery mode, characterized their most supported moments similarly: involving adequate provision of information, decisional inclusion, and emotional support. Lack of support was experienced more by UPCD women. Those moments were mostly characterized by being excluded from decision making about their care and lacking emotional support.
Discussion:
Women in three childbirth delivery modes appreciate useful information, decisional inclusion, and emotional support from a healthcare provider. Emotional support is especially lacking for UPCDs women. By providing these supports, healthcare professionals can help prevent women from enduring negative birth experiences.

Symposium: Self-compassion: why beneficial for us and can it be cultivated by interventions?

9:00 - 9:15

The relationship between compassion for self and compassion for others: a systematic review and meta-analysis

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Background:
Compassion refers to the intention to relieve suffering with kindness. Researchers and practitioners often intuitively believe that compassion for self and for others are closely correlated. The purpose of this systematic review is to summarize current evidence on how compassion for self and others relate with each other.
Methods:
A systematic review of published peer-reviewed articles was conducted in six databases including Web of Science, PubMed, PsycINFO, Embase, CINAHL, and Scopus. All articles including “compassion*” in combination with “self” and “other*” in either title or abstract were identified. Reference list of relevant reviews were searched for any additional eligible papers. We conducted a meta-analysis to quantify the relationship between compassion for self and others and explored potential moderators.
Findings: A total of 69 studies met inclusion criteria: mostly cross-sectional, with a medium methodological quality rating. Measures of compassion for self and compassion for others varied across studies. Most studies reported a weak correlation between compassion for self and compassion for others. We found an overall small-to-medium, significantly positive association (r = .27, 95% CI [.22, .31]) based on 79 effect sizes from 72 samples. This relationship was moderated by sample type and use of parallel measures of compassion for self and others.
Discussion: Heterogeneity and methodological limitations of the included studies is discussed. To enhance the field, recommendations are given for the assessment of compassion for self and compassion for others for future research on compassion for self and others and underlying mechanisms.

Self-Compassion, Interpersonal Emotion Regulation, and Psychological Symptoms in College Students: A Moderated Mediation

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Background: Self-compassion has been linked to improved psychological well-being, yet the mechanisms underlying this relationship remain unclear. Interpersonal emotion regulation (IER)—strategies individuals use to regulate emotions through social interactions—may play a key mediating role. However, individual emotion regulation (expressive suppression) may influence the extent to which self-compassion facilitates IER. This study investigates whether IER mediates the relationship between self-compassion and psychological symptoms, while expressive suppression moderates the effect of self-compassion on IER.

Methods: A cross-sectional study was conducted with 433 Chinese college students, who completed validated measures of self-compassion (self-warmth and self-coldness), IER strategies (enhancing positive affect, perspective taking, soothing, and social modeling), expressive suppression, and depression and anxiety symptoms. Moderated mediation models were used to examine whether IER mediated the relationship between self-compassion and psychological symptoms, while expressive suppression moderated the association between self-compassion and IER.

Findings: Results indicated that self-compassion was positively associated with IER strategies and negatively related to psychological symptoms. IER mediated the relationship between self-compassion and depression/anxiety. Expressive suppression moderated this mediation, weakening the positive effect of self-compassion on interpersonal emotion regulation, particularly in enhancing positive affect and perspective taking.

Discussion: These findings highlight the differential roles of interpersonal and individual emotion regulation in the link between self-compassion and psychological symptoms. Specifically, expressive suppression weakens the use of IER, potentially reducing its protective effects against depression and anxiety. Interventions that reduce expressive suppression and enhance IER strategies may improve the psychological well-being of individuals with lower self-compassion.

Self-Compassion, Sexual Quality of Life and Skin-Shame in Females with Skin-Conditions: The Role of Coping

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Background: Skin conditions can have a negative impact on sexual quality of life, yet little is known about the mechanisms through which psychological variables, such as self-compassion, are associated with sexual wellbeing. The present study examined the relationships between self-compassion, sexual quality of life and skin shame in relation to the role of coping style and coping efficacy as mediators.
Methods: Two hundred and seventy-seven females aged over 18, with skin conditions such as eczema and acne, completed a cross-sectional online survey. Two parallel mediation models examined the relationships between firstly self-compassion and sexual quality of life, and secondly self-compassion and skin shame.
Findings: Pearson correlation analyses revealed that self-compassion was positively associated with sexual quality of life and negatively associated with skin shame. Mediation analyses, using the PROCESS macro, revealed an indirect effect of self-compassion on sexual quality of life and skin shame through defeatist coping and coping efficacy.
Discussion: The results suggest that self-compassion may protect against the impact that skin conditions have on sexual quality of life, partially through coping style and appraisals of coping, providing support for the use of compassion-focused interventions. There is a need to develop and test novel self-compassion-based interventions aimed specifically at improving sexual wellbeing.

Effectiveness of a Self-Compassion Programme to Reduce Self-Stigma in Chronic Skin Diseases: the HautKompass RCT

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Background: Many people living with chronic skin disease experience self-stigma, which can substantially diminish psychosocial wellbeing and quality of life. To address this problem, we developed the online programme HautKompass based on cognitive behavioural therapy and self-compassion approaches. This parallel group-randomized controlled trial (registration: NCT06324695) examined the programme's effectiveness in reducing self-stigma, and enhancing acceptance coping and self-compassion.
Methods: German-speaking adults with alopecia areata, atopic dermatitis, hidradenitis suppurativa, psoriasis, and vitiligo (n = 298) were randomized into an intervention group, which worked through the eight self-guided programme modules, or a waitlist control group. Self-stigma, self-compassion, acceptance, and other psychosocial variables were assessed by self-report questionnaires before (T0) and after the programme (T1), and at 6-months follow-up (T2). Repeated measures ANOVAs were conducted.
Findings: Recruitment was completed in October 2024; follow-up data collection is ongoing. Compared to the control group (n = 124), the intervention group (n = 62) reported significantly reduced self-stigma from pre- to post-test ($F(1,185) = 11.58$, $p < .001$, $\eta p^2 = .059$) and a significant increase in acceptance coping ($F(1,184) = 8.06$, $p = .005$, $\eta p^2 = .042$). Furthermore, self-compassion increased significantly in the intervention group, but it did not differ from the control group ($F(1,184) = 3.61$, $p = .059$, $\eta p^2 = .019$). Notably, dropout was higher in the intervention group.
Discussion: HautKompass was effective in reducing self-stigma and improving acceptance among people living with chronic skin diseases. The programme offers a promising advancement of psychosocial care in dermatology by improving patients' psychosocial wellbeing.

A multiple baseline study on the effects of a compassion-based app for patients with cancer

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Background: Patients with cancer often experience psychological distress. Despite the availability of evidence-based interventions, many patients are unable or unwilling to seek psychological therapy. We therefore developed an app aiming to support patients by cultivating self-compassion: Compas-Y. This longitudinal study in patients with cancer tested whether using the app is related to reduced self-criticism and improved mindfulness, self-compassion, coping, and positive and negative affect.
Methods: A total of 27 patients with cancer with elevated distress (WHO-5 ≤ 60) were recruited through hospitals, online platforms, and patient organizations in the Netherlands. The study employed an intensive longitudinal multiple-baseline design, assessing participants' outcomes over a two-week baseline and six-week intervention period. Throughout these eight-weeks, self-compassion, self-criticism, mindfulness, positive and negative affect, and coping strategies (i.e., rumination, experiential avoidance, acceptance, positive reappraisal) were measured through ecological momentary assessments, three times per week. Permutation-based randomization analyses were applied to evaluate the intervention's impact.
Findings: Patients reported significant improvements in self-compassion, mindfulness, positive affect, and acceptance and significant reductions in self-criticism, negative affect, rumination, and experiential avoidance. No significant improvement was found in positive reappraisal.
Discussion: Results confirm the effectiveness of the Compas-Y app to improve the psychological well-being of patients with cancer and support this digital alternative to traditional compassion-based interventions. Future research is needed to evaluate the long-term effects, which types of patients are more or less likely to benefit from the app and mechanisms that may explain why patients benefit from the app.

Symposium: Climate (in)action and inequalities

11:00 - 11:15

Privileged individuals in the UK show little willingness to change high-carbon lifestyles

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Background: Addressing climate change requires significant individual behaviour change, as well as deep societal transformations to dramatically reduce greenhouse gas emissions. Individuals with high socioeconomic status (SES; i. e., with relatively higher levels of wealth, income, and/or education) typically have much more carbon-intense consumer lifestyles than individuals with lower SES. Changing behaviour among this demographic could unlock significant emissions savings without touching on human needs.
Methods: In a pre-registered study (N = 511, mixed methods), we examined how high SES individuals in the UK viewed the potential for reducing emissions from their lifestyles, either through voluntary behaviour change or through policy. Specifically, we assessed this with regard to car travel, air travel, clothing consumption, diet, consumer goods, and “system nudges” (e.g., changing to a fossil-free bank; see www.takethejump.org). Because many of these carbon-intense consumer behaviours are perceived as signaling status within social networks, we predicted that high SES individuals would prefer a policy limiting these behaviours for everyone over individual behaviour change.
Findings: However, we found the opposite pattern, with qualitative analyses additionally suggesting low support for any lifestyle changes, little awareness of the need to reduce greenhouse gas emissions from one’s own behaviour, and a strong desire for personal choice, which includes the the option of not changing one’s behaviour.
Discussion: Findings suggest the need for targeted policy, for tailored education (e.g., on local and health impacts of climate change), and for a discourse on sufficiency-focused lower-carbon lifestyles that can be healthy, desirable and fulfilling.

Perceived plasticity of climate-relevant behaviors and policy support among high- and lower-income individuals

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Widespread behavior changes are essential to mitigate climate change, including adopting improved technologies and reducing energy-intensive activities. This study explores how the perceived plasticity (likelihood of performing these behaviors) varies by country and income level and how it relates to climate policy support. Data were collected via an online survey in Denmark, India, Nigeria, and the United States, representing a total of 4,003 participants. In each country, half of the sample consisted of individuals whose personal income placed them in the top 10% bracket—an under-represented group in previous research, yet pivotal due to their outsized carbon footprint and disproportionate political influence. Our findings reveal substantial heterogeneity in the perceived plasticity of investment and curtailment behaviors, with higher plasticity observed in India and Nigeria. We also identify varying relationships between income and perceptions of behavioral plasticity across different behaviors and countries. Consistent with previous studies, we find positive correlations between perceived behavioral plasticity and support for domain-matched climate policies. These results underscore the intricate relationships between income, perceptions of behavioral plasticity, and support for climate policies.

Preliminary results on psychological and professional levers and obstacles to reducing air travel in Academia

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Background: Academic air travel, particularly for international conferences, is a major contributor to greenhouse gas emissions. While efforts to reduce conference-related travel impacts have emerged, broader initiatives are needed to minimize academia's overall carbon footprint.
Methods: This quantitative study employed a multiple linear regression design to examine factors influencing the number of round-trip flights among academics. The sample consisted of 100 participants (56% women, 43% men; Mage = 40.61, SD = 10.4), with data collected on demographic and, professional, and psychological variables.
Findings: A multiple linear regression analysis was conducted to examine the relationship between the number of flights and various predictors (e.g., gender, age, number of children, income, contract type, perceived research quality, self-efficacy and intention towards reducing flying). The model , $F(10, 79) = 3.20$, $p=.002$, explained 19.83% of the variance in flight frequency (Adjusted $R^2 = .198$), with significant effects observed for flight intention towards reducing flying ($\beta = -0.368$, $p < .001$), perceived research quality ($\beta = 0.210$, $p = .076$), and having a temporary contract ($\beta = -0.727$, $p = .058$)
Discussion: Results indicate that the intention to reduce air travel influences flight frequency more than academic visibility, suggesting that awareness and commitment to sustainability may drive behavioral change. Future research aims to expand the sample diversity and conduct an international study to explore how structural inequalities—such as visa requirements—affect researchers' mobility.

Contribute less, suffer more? Inequalities in protective behaviors against ambient air pollution

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Background: Air pollutants directly impact human health while also adversely affecting natural systems our health depends on. However, while more advantaged populations contribute more to overall emissions, less advantaged populations are more likely exposed to them. Thus, individual protective behaviors (eg altering commute routes, wearing a mask) are key to further reduce such existing inequalities and those resulting from unintended consequences of regulatory efforts. Still, drivers and facilitators of individual protective behaviors are not yet systematically understood.

Methods: We conducted a preregistered umbrella review on published reviews aiming at understanding drivers of individual protective behaviors and interventions targeting them. Barriers and facilitators of protective behaviors were grouped along the domains of the Theoretical Domains Framework (TDF) and then subsumed under the more general COM-B.

Findings: Across 13 included reviews, we find a range of interrelated facilitators and barriers such as knowledge, skills, and beliefs about consequences. Most interventions aimed at increasing knowledge about and awareness of air pollution risks through alerts or continuous provision of information to initiate protective behaviors. Effects of such interventions remain mostly limited. Interventions that also supported participants through changes to their environment, social context, or individual beliefs about capabilities showed stronger effects on behavior. However, most facilitators of protective behaviors were unequally distributed across social dimensions and interventions were mostly available to more advantaged populations.

Discussion: These strong imbalances likely further increase existing inequalities in exposure to pollutants. Our findings have strong implications for re-shifting the focus of regulatory policy efforts and intervention development.

The Resilience Project: the impact of peer support on climate anxiety and resilience for youth

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[7]SustyVibes, Nigeria
[8]Stanford University, United States

Background:
Young people are the most affected by climate change and the most vocal advocates for climate action. The Resilience Project (TRP) is an independent youth-led organisation that created a 10 week peer-support programme, “Resilience Circles”, that provides young people with a space to discuss the climate crisis, practice resilience techniques, and build lasting communities of care.

Methods:
TRP, in collaboration with TRP’s International Board of Youth, and a group of researchers, used a mixed-methods approach to evaluate the effectiveness and impact of the Resilience Circles on key outcomes. These included: climate anxiety, risk of burnout, mental health and well-being, resilience, leadership capabilities, climate agency and climate-related emotions among young people. Qualitative methods (group discussions, audio diaries and guided journals) and surveys were conducted to understand the experiences of 20 co-hosts facilitating and the 150 participants attending the Resilience Circles.

Finding:
Preliminary qualitative findings indicate that participants appreciated the supportive community and safe environment of the Resilience Circles, which fostered belonging and emotional support. Resilience Circles helped manage climate-related emotions, resilience, and well-being. Co-hosts called for more tailored resources to ensure inclusivity for young people with diverse needs, including disabilities. Survey data will provide evidence on changes to mental health and wellbeing before and after the Resilience Circles.

Discussion:
The Resilience Project's peer support approach addresses youth climate anxiety and burnout and could be enhanced to better accommodate diverse needs. Health psychologists should partner with youth-led organisations working directly with young people, to evaluate ‘real world’’ climate mental health interventions.

Symposium: Depression and (un)healthy behaviour: new insights in a relevant public health problem

11:00 - 11:15

Time spent outdoors in daylight and depression risk after 2.5 years: Insights from Lifelines cohort

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Background: Daylight exposure is crucial to synchronize our circadian system, which is essential for physical and mental health. This study prospectively examined the association between time spent outdoors in daylight and depression, including potentially moderating effects of age, sex, and chronotype.
Methods: A prospective, population-based cohort study embedded in Lifelines, in which 70,827 people aged 18-89 years were followed-up for 2.5 years. Time spent outdoors in daylight was assessed with the Munich Chronotype Questionnaire (MCTQ). Major Depressive Episodes were assessed at follow-up with the Mini International Psychiatric Interview (MINI). Generalized Additive Models (GAM) were used to assess the potentially non-linear association, adjusting for relevant confounders. Moderation was tested via interaction terms for age, sex, and chronotype, and if significant, subgroup analyses were performed. If GAM indicated a (close to) linear association, logistic regression was done.
Results: No significant association was found between the amount of hours of daylight exposure and future depression status, nor any interaction with age or sex. However, there was a significant interaction with chronotype, and increased daylight exposure was linearly associated with lower odds of depression 2.5 years later in late chronotype individuals (OR 0.93, 95% CI: 0.87 - 0.99).
Conclusions: Time spent outdoors was not associated with depression after 2.5 years in the whole group, but the odds for late chronotypes were 7% lower for each additional hour of daylight. Tailored daylight exposure recommendations based on chronotype may support mental health. Further studies are needed to explore the role of the timing of daylight exposure.

Age-specific nonlinear association of BMI and depressive disorders in the general population

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Background: Information on the association of BMI and depression covering a broad age range, and whether this association is nonlinearly moderated by age remains unknown. This study investigated age differences in the nonlinear association between BMI and depressive disorders.

Methods: We used cross-sectional data on 145 790 subjects, aged 18-80 years, from the Lifelines Cohort Study, a Dutch general population sample. Between 2006 and 2013, depressive disorders - major depression and/or dysthymia according to DSM-IV criteria as well as BMI were assessed. Generalized additive models were used to identify nonlinear patterns between BMI and depressive disorders across age.

Findings: The probability of a depressive disorder generally decreased between the BMI of 14 and 23, and increased after BMI of 23 (edf=5.20, $p<0.001$). The probability of depressive disorder generally increased between 18 and 30 years, decreased between 30 and 40, stabilized between 40 and 50, and decreased after 50 (edf=6.83, $p<0.001$). The association between BMI and depressive disorders was significantly moderated by age (edf=27.73, $p<0.001$). Which BMI range is associated with less risk of depressive disorder differed between age-groups and also differed from what the WHO considers to be a healthy BMI range.

Discussion: The associations of BMI and age with depressive disorders are both nonlinear. Also, the pattern and strength of the association between BMI and depressive disorders vary depending on age. Furthermore, the optimal BMI-range within age groups deviates from what the WHO considers to be a healthy BMI.

Exercise therapy adjunct to guideline-concordant care for depression: A pragmatic randomised controlled trial

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Background: Many patients with major depressive disorder (MDD) do not respond sufficiently to first-line treatments. Due to its biological and psychological mechanisms of change, exercise therapy may enhance the effectiveness of other treatments in depression. We evaluated the clinical and cost-effectiveness of exercise therapy adjunct to guideline-concordant care as usual (CAU) for MDD in specialised mental health care.
Methods: Outpatients with MDD (N = 112; Mage = 37 years; 51% female) were randomised to CAU, consisting primarily of psychotherapy (96.9%) and pharmacotherapy (59%), or CAU augmented with 12 weeks of evidence-based exercise therapy (CAU+EX). Exercise therapy entailed one 45-minute supervised and two home-based moderate-intensity (i.e., 64–76% of HRmax) aerobic exercise sessions per week. Depressive symptoms were assessed every three weeks during the 12-week intervention and quarterly during the 12-month follow-up. The economic evaluation was conducted from a societal perspective.
Findings: Patients in the CAU+EX condition were significantly more likely than CAU to meet the exercise prescription, but still only 22% of patients adhered to the prescription. Depressive symptoms decreased from severe to moderate in both conditions. Evidence for cost-effectiveness was found in the per-protocol (≥ six supervised exercise sessions) but not in the intention-to-treat sample.
Discussion: Adjunct exercise therapy does not provide additional clinical benefits for MDD patients in specialized mental health care, who typically receive pharmacotherapy and psychotherapy. Low adherence to the exercise prescription limits its potential. Cost-effectiveness may be achievable with higher adherence, warranting emphasis on strategies to improve adherence, e.g. exploring how to personalize exercise protocols.

Behavioural mediators of the association between distress and mortality in people affected by cancer

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Background
This multi-cohort study examined associations between psychological distress and mortality in people living with and beyond cancer (LWBC) and the mediating effect of health behaviours.

Methods
The primary analysis was conducted in UK Biobank (2006-2021), with replication in Finnish Public Sector study (2000-2018). Participants diagnosed with cancer within four years prior to baseline assessments were included. Distress and behavioural mediators (diet, physical activity, alcohol, smoking, sleep quality/duration) were assessed at baseline. Mortality data were obtained from national registries. Cox regression for the outcome of all-cause mortality and competing risk regression for cancer mortality were conducted. Effect estimates were adjusted for sociodemographic and health-related factors, and attenuation of excess risk after additional adjustment for mediators calculated. Study-specific estimates were pooled using fixed-effects meta-analysis.

Findings
Participants were 13,349 adults from UK Biobank (mean age: 60 years) and 5,739 individuals from the Finnish Public Sector study (mean age: 57.5 years). Distress was associated with increased risk for all-cause mortality (pooled RR = 1.54, 95% CI: 1.37-1.74; primary cohort 95% CI = 1.22-1.67; replication cohort 95% CI: 1.21-1.74), and increased risk for cancer mortality (pooled RR = 1.57; 95% CI 1.37-1.79; primary cohort 95% CI: 1.21-1.74; replication cohort 95% CI: 1.41-2.10). Physical activity contributed 5.6-7% of these associations, sleep quality 2.2-8.3%, smoking 0-16.3%, and sleep duration 0-11.1%.

Discussion
Smoking, poor sleep and physical inactivity may partially explain why distress is associated with increased risk for all-cause and cancer mortality in people LWBC. Behavioural interventions may help improve outcomes among people LWBC experiencing distress.

SOTA Session: From Stress to Prevention - Sociocultural Perspectives on Health

11:00 - 11:45

When Cancer is Sexually Transmitted: Health Psychology's Role in Prevention of HPV Cancer Inequities

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When cancer is caused by a virus which is mainly sexually transmitted, it faces specific barriers to prevention such as stigma and blame. This is the case for cancers caused by the Human Papilloma virus (HPV) - a widely prevalent virus, which can lead to several HPV types of cancers in all genders, such as cervical, genital, oropharyngeal. Inequities in prevention of cervical cancer, for example, are prevalent, yet it is highly preventable. Thus, WHO has recently announced a global strategy for the elimination of cervical cancer, with implications for all HPV cancers. This is an issue of health and reproductive justice – the inequities in prevention, treatment and mortality are avoidable since they are situated at the intersection of sexual behavior, gender, culture and healthcare access. It offers a window into broader local and global dynamics and barriers to health for all genders. This State-of-the-Art presentation will discuss key insights from a program of study we initiated 2 decades ago with the aim of critically interrogating the significant cervical cancer inequities in Eastern Europe. The program includes several multicomponent studies conducted during this period, including a nationally representative study on cervical cancer screening in Bulgaria and Romania, studies on attitudes toward HPV vaccination for girls and boys, a five - year EU Horizons 2020 project with 10 participating countries, which aims to reduce inequality in cervical cancer incidence among underserved groups. The program of study is informed by participatory epistemology and methodology of co-creation, employing qualitative (reflective thematic, narrative analysis and digital stories) and quantitative methods in concurrent and sequential designs. The presentation will conclude with a description of the current state of prevention and its future trajectory. It will discuss the role of health psychology in reducing HPV-based cancer incidence for all genders in the trajectory towards elimination.

Views and experiences of HPV self-sampling for cervical screening in high-income countries: a systematic review

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Background: Worldwide, cervical cancer is the fourth most common cancer in women. Screening can reduce mortality from cervical cancer through early detection and treatment. HPV self-sampling is a new alternative method to clinician-collected sampling for cervical screening that could help to increase screening uptake. This systematic review aimed to assess the views and experiences of HPV self-sampling in high-income countries at varying stages of self-sampling implementation.
Methods: Systematic searches were conducted in PubMed, PsycINFO, EMBASE, and CINAHL in April 2024. Qualitative and mixed-methods studies were included. The findings were mapped to specific domains of the Theoretical Domains Framework (TDF). Study quality was assessed using the qualitative CASP checklist.
Findings: Thirty-six studies were included. The most common identified themes, including positive or negative views and experiences of self-sampling, were related to the following TDF categories: knowledge; beliefs about capabilities (concerns about the ability to perform the self-test properly); beliefs about consequences (reliability of the self-test); social influences (religion, cultural beliefs); emotions (fear, embarrassment) and environmental context and resources (autonomy, privacy, convenience). In the latter, previous negative experiences with procedures performed by providers were often reported, enhancing the interest for self-sampling.
Discussion: The findings will inform the implementation of HPV self-sampling by anticipating the needs of and challenges faced by the eligible populations. Clear instructions on how to perform the test should be provided. While the findings suggest offering several options to access the kits would be optimal (e.g. mail, clinic), further research is required to determine the feasibility of such options.

Development of the Socioeconomic Stress Inventory (SESI) for U.S.-Mexican and German-Turkish adults

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Background: Socioeconomic disadvantage can be a significant source of chronic stress, particularly for racial/ethnic minority groups. Yet, culturally-relevant scales specifically designed to measure stress related to socioeconomic factors in relevant target groups are missing. To address this gap, we developed the Socioeconomic Stress Inventory (SESI) for adults of Mexican origin in the U.S. and adults of Turkish origin in Germany.
Methods: We developed an item pool of 84 items that capture stress experiences in three socioeconomic domains (finances, education, and occupation) over the past 12 months. Mexican-origin adults (n = 195) in the U.S. and Turkish-origin adults (n = 201) in Germany participated in an online survey and completed the SESI 84-item pool together with other measures of general stress experiences, depression, anxiety, subjective health, and subjective and objective social status.
Findings: Exploratory factor analyses in each sample yielded a three-factor structure of the SESI item pool in each of the two samples (Factor 1: Stress due to Financial Disadvantage; Factor 2: Stress due to Occupational Disadvantage; Factor 3: Stress due to Family Issues related to Education and Occupation).
Discussion: Financial and occupational disadvantage, as well as family issues related to education and occupation are relevant stressors in our target groups. The SESI is a culturally-relevant tool that may help inform tailored interventions to reduce stress-related ethnic health disparities.

How Physiological Stress from Threat and Challenge Shapes Migration Attitudes and Cognition

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Social change can be stressful for members of the host country—but how does this stress shape the way people think and talk about migration? We conducted two studies examining how two types of physiological stress profiles—threat (a maladaptive, unhealthy response) and challenge (an adaptive, healthier response)—affect cognitive processing and attitudes toward migration.
Study 1 used a correlational design to examine Native Dutch participants' cognitive processing and physiological responses (e.g., engagement, threat, and challenge) while delivering a speech on migration in their country. Study 2 aimed to replicate these findings experimentally by directly manipulating participants' stress states (threat or challenge). In this study, stress was induced using an ergometer and the cold pressor test (CPT), with participants assigned to either a threat condition (ice water) or a challenge condition (lukewarm water). Results indicate that these different stress reactions were successfully manipulated: participants in the threat condition exhibited stronger threat responses, while those in the challenge condition displayed greater challenge responses. More broadly, results showed that cardiovascular markers of engagement were linked to self-reported threat and more negative attitudes, as expressed during the speech. Additionally, abstract thinking slightly reduced positive attitudes toward migration, while greater cognitive flexibility was associated with higher cardiac output—an indicator of the physiological challenge pattern. These findings highlight the importance of considering different types of stress responses when designing interventions to foster constructive public discourse and reduce polarization on migration-related issues.

Symposium: Making ontologies useful and usable for behaviour change research

11:00 - 11:15

Advancing behavioural sciences for disease prevention through ontology tools – the APRICOT Project

M. Marques[1], M. Braun[2], J. Hastings[3], W. Hogan[4], M. Johnston[5], C. Reed[4], A. Rothman[6], P. Schenk[7], C.C. Silva[1], R. West[7], S. Michie[7]

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[2]Ghent University, Belgium
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[5]University of Aberdeen, United Kingdom
[6]University of Minnesota, United States
[7]University College London, United Kingdom

Background: Developing effective interventions to change human behaviours requires efficient generation and use of scientific evidence. To this end, we have developed an ontology classifying components of behaviour change interventions, including human behaviours, behaviour change techniques and their delivery, and mechanisms of action (BCIO). The Advancing Prevention Research in Cancer through Ontology Tools project (APRICOT) aims to extend the BCIO and develop tools to make ontologies more useable and useful.
Methods: The development and validation of ontology classes, interoperability with other ontologies, and creation of tools for mapping and visualising ontologies, follows a rigorous and iterative method, consisting of expert input, annotations of intervention report annotations, applications to use cases, and evaluation. A key component is the creation of a global, cross-domain Community of Practice of ontology experts and users, for the co-creation of these tools, to ensure that ontology tools become embedded in behavioural scientific practices and their applications.
Results: APRICOT will deliver: i. an extended BCIO with a focus on smoking and physical (in)activity behaviours, methodological features of interventions, as well as integration and interoperability with the Addiction Ontology and the Ontology for Modelling and Representation of Social Entities; ii. Established causal relationships between mechanisms of action and intervention components, iii. Updated and extended resources (e.g. theories and techniques tool); and iv. Updated tools and new toolkits for creating, maintaining and searching and visualising ontologies.
Discussion: APRICOT will update and extend ontology related tools to promote the effective and efficient use of ontologies in the behavioural sciences.

Experiences of characterising digital behavioural interventions for smoking cessation using the Behaviour Change Intervention Ontology

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Background: Digital behavioural interventions are promising for smoking cessation in pregnancy, but vary greatly in content, delivery mode, and behaviour change techniques (BCTs). As part of a systematic effectiveness review, we used the Behaviour Change Intervention Ontology (BCIO) to help characterise these interventions.

Methods: A systematic literature search identified 20 eligible randomised control trials (until Nov 2024). We searched supplementary materials, reference lists and contacted authors to identify further information about the interventions. Two reviewers coded interventions using the 'BCIO data extraction template v1' focusing on 1) BCTs, 2) mode of delivery, 3) setting, 4) source, and 5) mechanisms of action. Consensus methods facilitated final coding agreement.

Results: Full access to intervention materials was granted for five of 20 studies (three interventions). Author BCT coding was available for seven studies (five interventions). Five studies (all pre-2005) gave minimal intervention information. No study had used the BCIO or component ontologies to describe their intervention. We encountered several coding challenges, including inconsistent information, lack of clarity in entity definitions, the need for a more nuanced specification for important digital features, more time than anticipated to reliably apply coding, and uncertainty on how to present findings to improve clarity of intervention description reporting.

Discussion: This talk will outline our experiences using the BCIO. While we believe the BCIO is an important method to help systematically report behaviour change interventions, additional guidance and support may be required for coding digital interventions, along with further development of existing ontologies to encompass their unique features.

Applying Artificial Intelligence to integrate behaviour change theories

S. Michie[1], R. West[1], J. Hastings[2], P. Schenk[1], M. Braun[3], L. Zhang[1]

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[3]Ghent University, Belgium

Background: Health psychology has generated a plethora of behaviour-change theories. Many are overlapping, partial and underspecified, and use ambiguous terms (e.g. the same term for different constructs and vice versa). Integration of these theories through a shared language to specify constructs and a coherent structure to organise them would accelerate knowledge accumulation. This can be achieved by mapping constructs and relationships to a computer-readable way of representing knowledge (an 'ontology'), enabling AI-based analysis.

Methods: 1309 constructs from 76 behaviour-change have been represented in precise, ontological terms, with constructs and relationships mapped to unique identifiers. Using this 'ontological behavioural modelling system', we used graph-based reasoning and machine learning to identify common, repeated themes and group related theories to produce an integrated knowledge graph. We applied a language model and knowledge graph embedding approach to derive a latent representation of theories and constructs that enables data-driven clustering of similar theories.

Findings: This approach generated a compact integrated theory in which cognitive and affective processes, decision-making, motivation and social influences act through environments to influence behaviour. Mapping to the Theoretical Domains Framework revealed that important behavioural influences such as reinforcement were missing.

Discussion: A comprehensive integrated model of behaviour change will need to go beyond considering frequency of constructs and their relationships. The next stage of this work is to map >500 mechanisms of action represented in the Behaviour Change Intervention Ontology to the higher-order entities of Capability, Opportunity and Motivation, and to behaviour.

Enhancing Behaviour Change Intervention Ontology usability: Barriers and enablers for its application in intervention development

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Background: The Behaviour Change Intervention Ontology (BCIO) is a classification framework for precisely specifying and synthesizing evidence about interventions. For it to be effective, researchers and practitioners need to be able to apply the ontology in research. This study explored enablers and barriers to applying the BCIO and its web-based tools for specifying interventions' behaviour change techniques (BCTs) and delivery.

Method: A qualitative study was conducted using a think-aloud task and interviews structured around the Capability-Opportunity-Motivation Behaviour (COM-B) Model. Fourteen intervention development experts were presented with a voting-related intervention development scenario. Participants identified BCTs and intervention delivery using the BCIO's tools during the think-aloud task, and then were interviewed about enablers and barriers to applying these tools. Transcripts were analysed using inductive thematic analysis, and barriers and enablers were mapped to COM-B components.

Results: We identified four inductive usability and acceptability themes: "Information and presentation clarity" (e.g., need for BCT examples); "Integration across tools" (e.g., difficult transition between websites); "Navigational ease within tools" (e.g., limited guidance); and "Site performance" (e.g., site crashes). Five COM-B components were identified as enablers and barriers for applying the tools: Psychological capability (e.g., limited term knowledge), Physical opportunity (e.g., lack of real-time guidance), Social opportunity (e.g., mixed views on BCIO acceptance), Automatic motivation (e.g., cognitive overload) and Reflective motivation (e.g., perceived tool value).

Discussion: The findings will inform guidance to support the BCIO's usability in research. Ongoing improvements to the BCIO and its tools can be driven through wider use and diverse user feedback.

OntoSpreadEd: a tool to make ontology management more manageable

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Background: Ontologies are powerful tools for formalizing knowledge and enabling computer-driven research methods, but their adoption in behavioral and social sciences is limited by the technical complexity of existing development and management tools. This study aimed to develop and evaluate a more accessible approach to ontology development that maintains professional standards while reducing technical barriers.

Methods: We developed OntoSpreadEd, a web-based ontology editor integrating spreadsheet interfaces with version control software. Key features implemented include automated ID generation, autocomplete, automatic validation, visualisation, dependency management, and integration with external ontology browsers. Three use cases are demonstrated, showing different aspects of ontology development workflows.

Findings: OntoSpreadEd successfully provided accessible ontology development capabilities. The system effectively supported multiple user roles, from community members contributing individual terms to administrators managing complete ontology releases. The familiar spreadsheet interface, combined with enhanced features, enabled non-technical users to participate in ontology development. OntoSpreadEd has successfully been tested internally, with 20 users – primarily with backgrounds in behavioural sciences – using the tool and continuously providing feedback.

Discussion: OntoSpreadEd represents a significant advance in democratizing ontology development by making it accessible to non-technical domain experts. This approach has the potential to accelerate ontology adoption across disciplines, particularly in fields where technical barriers have historically limited engagement. Future work should focus on developing comprehensive user guides for OntoSpreadEd and similar tools, as well as developing complementary resources for conceptual and content aspects of ontology development.

Oral Session: Growing old and staying healthy

11:00 - 11:15

Audiologists' perceptions of the barriers and facilitators to conducting hearing assessments with people with dementia.

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Background: Unidentified and unaddressed hearing loss is prevalent among people with dementia, leading to communication difficulties, increased social isolation, and worsening of dementia symptoms. This study used the Capabilities, Opportunities and Motivations theory of Behaviour change to explore the barriers and facilitators experienced by audiologists when conducting hearing assessments with people with dementia.

Methods: Semi-structured interviews were conducted with 12 audiologists with a range of professional experience. Transcripts were analysed using directed content analysis, categorizing instances of participants' behaviour related to physical and psychological Capabilities, social and physical Opportunities and reflective and automatic Motivations for conducting hearing assessments with people with dementia. Reflective thematic analysis will also be undertaken to provide further insight into the barriers and facilitators.

Findings: Despite difficulties conducting assessments, audiologists were motivated to assess hearing in people with dementia, recognising the benefits for patient wellbeing (reflective motivation). Successful assessments depended on knowing the patients' unique needs, health status and abilities well (psychological capability). Having supportive family members or caregivers present at appointments facilitated assessments and improved patient comfort (social opportunity). Having the confidence to adapt hearing assessments for people with dementia (reflective motivation) and having longer appointment durations (physical opportunity), contributed to success.

Discussion: Although there are difficulties during hearing assessments with people with dementia, adopting a flexible approach, incorporating family/caregivers who know the patient well can facilitate the process. Using the behaviour change wheel, relevant intervention functions will be identified, and recommendations on how to optimise hearing assessments for people with dementia will be proposed.

Understanding engagement and adherence in a multidomain lifestyle intervention: insights from FINGER-NL's intervention groups.

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This qualitative study, embedded within the FINGER-NL trial, explores engagement and adherence in a multidomain lifestyle intervention aimed at preventing cognitive decline. It examines experiences from high-intensity (HI) and low-intensity (LI) participant groups to identify influencing factors, including facilitators and barriers.

Semi-structured interviews were conducted with 41 participants (25 HI, 16 LI) about one year into the intervention. . Three key themes emerged: (1) Engagement, discussing differences in group allocation, involvement levels, and the role of technology; (2) Adherence, exploring motivations, selective adherence choices, facilitators, barriers, and reasons for non-adherence; and (3) Perseverance, reflecting sustained commitment and expectations for the future.

HI participants showed varying motivation levels, shaped by barriers (e.g., time constraints, life events) and positive effects from lifestyle changes. They often made selective adherence choices, deciding which recommendations to follow or activities to engage in, supported by lifestyle coaches. Overall, the ability and freedom to make these choices, allowing them to tailor the intervention to their own needs and preferences, fostered a sense of autonomy.

LI participants frequently expressed disappointment with their allocation but took self-guided action, such as joining sports clubs or cognitively engaging activities (e.g., a choir). This motivation may have been influenced by the reasons many of them joined the trial, such as the experiences of a loved one with dementia or their own subjective cognitive decline (as part of the inclusion criteria for FINGER-NL). Including both groups provided valuable insights into factors shaping engagement and adherence.

Well-Being and Proactive Adaptation in Aging: The Role of Social Support, Stress Coping, and Loneliness

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As the elderly population is gradually increasing all over the world, it is likely that there will be more need for studies to increase the quality of life of elderly individuals in the coming years. Theoretical models for older individuals suggest that proactive skills, which are actions taken by individuals to improve their quality of life, help to cope with the difficulties that arise with aging. In this scope, the relationship between loneliness, stress coping skills, and social support and the individual's physical and psychological well-being (perceived physical health, psychological well-being, and life satisfaction) was examined, and the mediating role of proactive adaptation skills (healthy lifestyle habits, participation in leisure activities, and technology use) in this relationship was explored. In addition, education and income were included as control variables. The study was conducted with 360 participants (57% female) aged 60-85 years. Path analyses revealed that proactive adaptation skills, provided social support and educational level predicted perceived physical health; proactive adaptation skills, received and provided social support and educational level predicted life satisfaction; proactive adaptation skills, positive and negative coping with stress, received social support and educational level predicted psychological well-being. In addition, proactive adaptation skills were found to play a mediating role between social support, coping with stress, loneliness, income, education and perceived physical health, psychological well-being and life satisfaction. The findings suggest that various individual and environmental resources contribute to physical and psychological well-being and that individuals who lead active and vigorous lives tend to adapt more effectively.

Feasibility of VR Exergaming to Improve Mood and Blood Pressure in Middle-Aged and Older Adults

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Background: Immersive Virtual Reality (VR) exergaming presents a promising strategy to promote physical activity among middle-aged and older adults, especially those with chronic diseases. However, unlike in younger populations, its effects on affect, enjoyment, and blood pressure (BP) in this demographic remain largely unexplored.

Methods: From January to November 2024, 41 adults (55–79 years, M=62, SD=2.5; 51% women; 51% with chronic disease) completed a VR exercise session following a predetermined intensity curve. They performed two sets of three exercise units in a commercial exergame. Changes in positive and negative affect (PANAS) and BP assessed pre- and post-exergaming were analyzed via a repeated-measures ANOVA. The Fast Motion Sickness Scale, enjoyment, perceived effort, worry, and mastery experience were evaluated in VR before and between exercise units (1 not at all, 7 very much).

Results: All participants completed the session with negligible motion sickness. Positive affect (n=37) increased significantly [$F(1,36) = 25.09$, $p < .001$, $\eta^2 = .41$], particularly with higher age [$F(1;35) = 4.9$, $p = .033$]. Negative affect and systolic BP decreased [$F(1,31) = 6.19$, $p = .018$, $\eta^2 = .167$], but the latter was dependent on age. Of 39 participants with complete data, 94.7% reported an average value of ≥6 in enjoyment. Perceived effort, mastery experience, and enjoyment followed the predetermined intensity curve. Worry was low. Results were consistent across genders and health conditions.

Conclusion: VR exergaming proved safe, feasible, and enjoyable for middle-aged and older adults. Our findings support its potential for effectively engaging older populations in physical activity.

Symposium: Health Literacy - an important concept for health prevention

11:00 - 11:15

Health literacy and health behavior in students in Germany

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Background: Health literacy addresses knowledge, motivation and the ability to identify, understand and classify health-related information and to apply health-related decisions. 56% of students have high health literacy, which is associated with better health and a healthier lifestyle. Little research has been done on the relationships with constructs such as social support and general self-efficacy expectation among students. This could support the development of target group-specific interventions to promote health literacy.

Objective and Methods: Aim of the internet study was to analyze health literacy (HLS-Q12; Health Literacy Survey Questionnaire), self-efficacy expectation (General Self-Efficacy Short Scale-3) and social support (Oslo Social Support Scale-3) in students. Furthermore, questions on socio-demographics and health behavior were asked at various German universities in summer 2023.

Results:
There were 355 students (17.2% male) with an average age of 24.9 years (±6.2, 18-59) and an average duration of study of 4 semesters (±2.5 1-17) in predominantly health science subjects (60.3%). Based on the answers in the HLS-Q12, the groups good (>=66.6%; n=184, 52%) and poor (<66.6%; n=171, 48%) health literacy were formed and tested for differences. The group with good health literacy reported a better general, mental and physical health and more active health behavior as well as higher total scores in self-efficacy expectations and social support.

Discussion: Every second student had poor health literacy; this was associated with lower health status and behavior. Offers to promote health literacy should take place in groups and actively strengthen self-efficacy expectations and social support.

Digital Health Literacy in German students

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Background & Aim: Digital health literacy (eHL) is the specific form of HL that includes the ability to find, understand, assess and apply health-relevant information in relation to digital applications and digital information offerings. 75% of the German population has weak eHL, especially people with less education, older age and lower social status. Aim of the study was to look deeper into eHL of students since they have an average to high level of education and a younger age.

Methods: The online study was conducted in summer 2024 and used the HLS19-Digi to assess eHL as well as the General Self-Efficacy Short Scale-3, the Oslo Social Support Scale-3, the UCLA Loneliness Scale, the Symptom Checklist in German students.

Results: 243 students with a mean age of 23.9 years (±5.7, 18-60; 21.4% male) took part. An inadequate eHL described 32.1%, while 38,7% showed an adequate eHL and 29.2% described an excellent eHL. Within the three groups there were statistically significant differences in the HL-areas of finding (n^2=.34), understanding (n^2=.52), assessing (n^2=.38) and applying information (n^2=.42). Examining whether there were differences in psychological variables between the three groups showed that the group with excellent eHL had higher self-efficacy (n^2=.10) and lower psychological distress (n^2=.03) and was older (n^2=.04).

Discussion: 32% of the students had a poor eHL which was associated with lower age, self-efficacy and distress. Support to promote eHL is necessary and should take these findings into account, if it was just a small sample of German students.

Health literacy, HPV-literacy and preventive behaviour of participants at cervical cancer screening in Romania

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Background: The health outcomes of Romania's adult population are rather unfavorable, marked by Europe's highest rates of cervical cancer prevalence and mortality in women. This study aims at describing preventive health behaviours in women aged 25-64 in Romania's Central Region with respect to the HPV-infection, and at identifying the relationship between health literacy (HL), HPV-literacy and preventive behaviours.

Methods: Questionnaires were administered to participants at an organized mobile screening campaign in 2022 in Central Romania. Data collection was carried out with the assistance of health professionals in the neighborhood of the mobile screening unit. Subjective HL was measured with the HLS-EU-16, eight questions were assessing HPV-literacy.

Findings: 818 women from Central Romania with a mean age of 44.6 (± 11.2) years had a HL mean score of 12.8 (on a scale of 0-16 points). 13% of respondents had inadequate, 27% problematic and 60% adequate HL. Surprisingly enough, subjective HL was not significantly correlated with HPV-literacy. HL was highest (13.9 points) for those participants who engaged in the screening program due to HPV-antecedents of their own or within the family, and it was lowest (11.3 points) in those women who arrived at the recommendation of family members, friends or healthcare professionals. Knowing someone with cervical cancer antecedents increases the likelihood of engaging in preventive behaviour, and it also enhances the willingness for the vaccine uptake of the (to be born) daughter against HPV infection.

Discussion: The results are a suitable starting point to design targeted interventions to prevent cervical cancer.

Health Literacy and Cardiovascular Perception Gap: The Role of HL in Cardiovascular Diseases

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Cardiovascular diseases (CVD) are a significant health burden worldwide, with 11 million new cases registered globally. Health literacy (HL) has a pivotal role in facing, recognizing and managing an illness. It covers specific areas of understanding the disease and its treatment, illness perception, and navigating in the healthcare system.

To evaluate the level of HL in relation to CVD risk perception, objective risk and psychological factors, 376 non-clinical participants (mean age 54.36 ± 6.34 years, 64.8% male) were examined.

The Framingham risk score was calculated, and a questionnaire with the Chew HL and psychological items (depression, perceived stress, Attitudes and Beliefs of Cardiovascular Disease (ABDC) was administered. In Chew, a lower score indicates better HL. Three groups were created based on the discrepancies between objective and subjective CVD risk: "realistic", "optimistic" and "pessimistic".

Chew showed no differences (ANOVA) between the level of CVD risk (F 1.091, p=.337), nor the CVD perception groups (F .338, p=.713). HL showed a negative correlation with Perceived Benefits (ABCD) in health behaviour (rho -1.06, p= .039) and a positive correlation with depression score (rho 0.203, p< 0.001) and perceived stress level (rho 0.125, p< 0.001). Further, among the sample, 39% were “realistic”, 18% “optimistic”, and 43% “pessimistic” in their cardiovascular self-assessments.

The higher the level of LH was the better the psychological status and the higher the level of willingness to change in health behaviour. There is a need to strengthen HL, which includes risk perception for better self-prevention in lowering cardiovascular risk.

Complex model of health literacy in an IBD patient sample

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Irritable bowel syndrome (IBD) is an immune-mediated chronic disease of the gastrointestinal tract. IBD patients need constant information on the availability of medications, their side-effects, nutrition and IBD-specialists. This requires adequate health information acquisition and processing and orientation in the health care system, i.e. health literacy (HL). And also the belief that they can cope with their disease-related events, which is a domain-specific form of self-efficacy (SE). In the case of IBD the relationship between HL and SE in predicting health outcomes is understudied and the role of other mediating variables is unclear. The aim of the present research is to build a complex model of HL in IBD patients.
In our cross-sectional study, 393 IBD patients (220 female, mean age=40.75 +/-12.06 years) completed a questionnaire at the Gastroenterology Outpatient Clinic in Szeged. We used the Functional, Communicative and Critical Health Literacy Scale, the 4-item Self-efficacy Scale, the Depression subscale of the DASS, the Satisfaction with Life Scale and the prevalence of physical symptoms.
In a structural equation modelling we tested the following pathway, which model fit was acceptable (Khi2=271.4, df=114, p<0.001; CFI=0.913, TLI=0.902, RMSEA=0.054): SE was positively predicted by critical HL (st. est=0.168, p=0.003), whereas depression was its negative predictor (st.est=-0.441, p<0.001). SE predicted symptom prevalence (st.est=-0.268, p<0.001) and symptom prevalence was a predictor of life satisfaction (st.est=-0.207, p<0.001).
Our constructed model provides a complex description of the place of HL and the mediating role of SE in predicting patient reported health outcomes.

Symposium: Integrating health psychology into behaviour change interventions to improve child oral health across Europe

11:00 - 11:15

Oral health in children: behavioural foundations for lifelong health

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Background
Oral health is an essential component of overall health. Dental caries is the most common chronic condition in children worldwide, yet it is preventable through evidence-based practices. However, adherence to these practices is strongly influenced by behavioural, social, and environmental factors. This talk highlights the role of behaviour in children's oral health and emphasizes the need to connect the fields of health psychology and dentistry to develop sustainable prevention strategies.
Methods
A review of existing literature is presented to summarize what is currently known about risk behaviours associated with dental caries in children and behaviour change techniques used in dentistry to address these behaviours. The review synthesizes evidence from health psychology, public health, and oral health research, with a focus on prevention strategies for children.
Findings
Evidence demonstrates that brushing twice daily with fluoride toothpaste, reducing the frequency of sugar consumption, and avoiding night bottle feeding are critical measures to prevent dental caries However, most parents experience barriers in implementing these measures, particularly those in vulnerable populations. Interventions, such as supervised toothbrushing programs in nurseries and schools, motivational interviewing, and parental engagement strategies have been shown to improve self-efficacy and create supportive environments for better oral health behaviours in children.
Discussion
These findings underscore the importance of oral health in children as a public health priority. By integrating behavioural science into oral health interventions, we can develop more effective and sustainable prevention strategies to enhance children's oral health.

Examining Children's Toothbrushing Performance: Observational Findings from Preschool to Adolescence

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Background
Teaching effective oral hygiene is a core aspect of the prevention of oral disease and should start early in life. German group prevention programs, available to all children from kindergarten onward, address brushing systematics and specific movements for different tooth surfaces—circular for outer surfaces and vertical for inner surfaces. Understanding how toothbrushing behaviours develop from pre-school to adolescence and whether practices taught are followed can help refine prevention strategies.
Methods
Three studies examined toothbrushing behaviour in different age groups under laboratory and field conditions: S1 (N=174, 12-year-olds), S2 (N=66, 10- and 15-year-olds), and S3 (N=60, 6- to 7-year-olds). Participants were instructed to brush "as thoroughly as possible" and were videotaped while brushing. Recordings were analysed for brushing duration, tooth surfaces covered, and brushing movements. Additionally, in S1 and S2, post-brushing plaque levels, self-efficacy, and parenting style were assessed.
Results
All age groups primarily used horizontal scrubbing movements (39.0% ≤ brushing duration ≥ 86.7%) and neglected the inner tooth surfaces (3.3% ≤ brushing duration ≥ 15.8%). Despite brushing for more than three minutes, the 10-, 12- and 15-year-olds showed average plaque levels of 82%, 50% and 73%, respectively, at the gingival margin. Higher self-efficacy and positive parenting in 12- and 15-year-olds are associated with lower plaque levels ($-.159 \leq r \geq -.335$, $p<.05$).
Conclusion
Despite preventive measures and parental support, children's toothbrushing performance remains inadequate. High plaque levels highlight the need for stronger tailored interventions that incorporate health psychological principles to effectively address deficiencies in children's brushing habits.

Optimising Childsmile's nursery supervised toothbrushing programme using implementation science methods - a mixed methods study

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Background
Supervised toothbrushing in Scottish nurseries (kindergartens) can reduce caries among five-year-olds, although process evaluation data indicate sub-optimal delivery. This research identified implementation barriers to nursery supervised toothbrushing and strategies to overcome such barriers.

Methods
This research combined a national survey of nurseries (n=2610) with 44 qualitative interviews with programme staff selected purposively for their planning and delivery roles, and secondary analysis of longitudinal process evaluation data from 146 qualitative interviews and 46 focus groups with programme stakeholders. Nursery characteristics associated with brushing were analysed using Chi-square tests of independence. Qualitative data were analysed using Thematic Analysis. Findings were triangulated and categorised using the Consolidated Framework for Implementation Research then mapped to identify appropriate strategies to overcome barriers.

Findings
Findings highlighted the extent that nursery staff prioritised other activities, including outdoor learning and physical activity, over toothbrushing as a key barrier, alongside lack of routine, and children's capabilities to perform toothbrushing and reluctance to participate. The survey found nurseries with fewer children and fewer age groups attending were more likely to brush. Recommendations to improve implementation include tailored communications for stakeholders on how the programme fits into the curriculum, its contribution to health, and clarifying individual delivery roles. Knowledge exchange and peer support among nurseries (championed by nursery staff) are recommended to overcome delivery challenges.

Discussion
Oral health programmes delivered in complex contexts, with competing demands on staff's time, require implementation strategies that support fitting toothbrushing alongside other priorities. Optimising programme delivery requires a shared vision to enhance staff engagement.

Oral healthcare professionals' characteristics and competences in delivering a family-based behavior change intervention ('Uitblinkers')

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Background.
The Uitblinkers-intervention is a conversation tool designed to support dental professionals in promoting parenting strategies to improve behaviors in children, particularly targeting children from lower socioeconomic backgrounds. This study aimed to explore oral healthcare professionals' characteristics, self-efficacy, attitudes, motivation and competence in delivering the Uitblinkers intervention. This research is part of a broader non-randomized controlled trial evaluating the intervention's effectiveness to improve toothbrushing and prevent dental caries, comparing 20 oral healthcare professionals trained in Uitblinkers to 20 providing care-as-usual.

Methods.
A multi-methods approach was employed. Semi-structured interviews were conducted with 20 trained oral healthcare professionals participating in the effectiveness study. To address potential social desirability bias, participants also completed an online survey. Topics included work experiences and position, motivation, self-determination, attitudes, self-efficacy, and locus of control. Additionally, the quality of delivery of the Uitblinkers intervention was assessed by the trainers, who filled out a scoring form based on a video provided by the professional at the end of the training.

Findings.
Results will be available by April 2025. The results will be a qualitative description of the level of competency and the characteristics in oral healthcare professionals.

Discussion.
It should be acknowledged that training could be beneficial for all (oral) healthcare professionals if there is special attention to their specific characteristics and needs.

Oral Session: Occupational Health

11:00 - 11:15

Cognitive Job Demands and Leisure-Time Physical Activity: Reciprocal Longitudinal Associations Using a Continuous-Time Approach

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Despite its benefits for sustainable employee well-being, many employees struggle to consistently engage in sufficient leisure-time physical activity (LTPA). The recovery paradox describes a pattern of low participation in LTPA when employees face high job demands. This pattern is not consistently found, which may be due to varying study timeframes (i.e., from minutes to years) and the overlooked potential of LTPA in effectively coping with job demands (e.g., through improved cognitive functioning). This study therefore examined the existence and timing of negative reciprocal associations between cognitive job demands and LTPA. A 15-wave full panel design using self-reported data from the Longitudinal Internet Studies for the Social Sciences (LISS) was utilized. The sample (N = 24,747) consisted of Dutch employees who reported annually on cognitive job demands and sports and exercise participation as an indicator of LTPA. Measurement time lags ranged from 1 month to 14 years. Continuous Time Structural Equation Modelling (CT-SEM) revealed reciprocal associations: increases in cognitive job demands were associated with reductions in LTPA, and vice versa. These associations were strongest after one month (i.e., within the same year of measuring) and consistent across various age groups, sexes, educational backgrounds, and work hours. The negative association from LTPA to cognitive job demands was more pronounced for employees with shiftwork. This study provides evidence for the recovery paradox, indicating that high cognitive job demands hinder LTPA engagement. It highlights the importance of designing psychosocial healthy work environments to optimize employee health and well-being.

A qualitative study exploring the impact of the COVID-19 pandemic on healthcare workers workplace absence

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Background: Workplace transmission was identified as a significant contributor to the SARS-CoV-2 pandemic with many workplaces enforcing testing, isolation and stay at home policies. Understanding the factors that drove absenteeism and presenteeism during the pandemic can offer learning for healthcare organisations in preparedness for current and future periods of high-pressure including winter pressures faced by NHS organisations. The aim of this study was to explore HCWs experience of workplace absence during the pandemic in UK healthcare settings.

Methods: HCWs were recruited via SIREN, a prospective multicentre cohort study established to investigate COVID-19 incidence, duration of immunity and vaccine effectiveness, which followed HCWs for 24 months. Five focus groups (n=21) and three one-to-one semi-structured interviews (n=3) were conducted via MS Teams. An interview guide explored experiences of COVID-19 testing, presenteeism and workplace absence during and after the COVID-19 pandemic. Interviews were analysed using Thematic Analysis.

Findings: Three themes were identified: 1) The impact of testing was initially positive as it provided reassurance but over time requirements to take time off following a positive result outweighed this benefit; 2) Organisational policies including clear guidelines for HCWs to take time off challenged presenteeism during the pandemic; and 3) Changes in the threshold for taking time off work included an increase in symptom recognition.

Discussion: Organisational support is essential to minimise presenteeism during winter pressures. Future work on clear communication about symptom recognition, information about the risks and costs of presenteeism, and workplace testing will support the HCW workforce in decision-making about sickness absence.

Effectiveness of Yoga-Interventions in Improving the Well-being and Productivity of Desk-based Workers: Systematic-Review and Meta-Analysis

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Extended sitting at work for desk-based employees is linked to various physical and mental health issues, contributing to work disability, absenteeism, and significant economic and psychosocial burdens. This systematic review and meta-analysis aimed to evaluate the effectiveness of yoga interventions on the well-being and productivity of desk-based workers. 10 electronic databases and two trial registers were searched from inception until August 2024. Fifteen studies met the inclusion criteria, and ten studies (nine RCTs and one NRCT), comprising 1046 participants, were eligible for the meta-analyses. The inverse variance random-effects method was used to analyse eligible outcomes and comparisons, and the remaining outcomes were summarised narratively. Compared with passive controls, yoga was associated with improvements in psychological and physical well-being, perceived stress, sleep quality, and musculoskeletal discomfort. Compared with an active comparator, yoga was associated with improvements in psychological well-being. When used as an adjunct to conventional therapies, yoga effectively improves musculoskeletal discomfort. The narrative summary of other outcomes revealed general improvements in most physical and mental health parameters. Our review provides evidence of yoga's positive impact on the well-being of desk-based workers, reinforcing a key aspect of health psychology—the interconnectedness of mental and physical health in fostering workplace well-being. However, heterogeneity and risk of bias warrant robust studies addressing these shortcomings to enable firmer conclusions.

Vocal Health Challenges Among Teachers: A Systematic Review of Risk Factors and Assessment Methods

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Teachers face elevated risks of developing voice disorders due to the extensive vocal. These voice-related impairments extend beyond pedagogical effectiveness, associating with multidimensional health consequences including psychological distress, sleep disruption, and respiratory dysfunction. While previous literature reviews have identified contributing factors, they consistently acknowledged methodological limitations, and highlighted research gaps several years ago.

This systematic review takes an updated look into empirical studies on teacher voice problems published between 2013 and 2025 Through systematic searches in PubMed/MEDLINE and Web of Science databases, we identified 89 relevant peer-reviewed articles.

Despite the availability of advanced instrumental assessment methods, their implementation remains limited, hindering comprehensive evaluation of educators' vocal status. Additionally, longitudinal investigations examining extended risk trajectories remain absent. The preliminary findings corroborate previously established risk factors, particularly occupational stressors, elevated classroom acoustic parameters, demographic variables including gender, and professional tenure. Psychological factors and environmental noise demonstrate consistent correlation with vocal dysfunction. The association between teaching experience and voice disorders exhibits a curvilinear relationship, with mid-career practitioners showing heightened vulnerability. Sex-based distinctions reveal greater susceptibility among females; however, self-reported symptoms and objective physiological measurements yield divergent outcomes, with instrumental assessments frequently presenting contrasting conclusions.

Despite advancements in research methodology, substantial inconsistencies in assessment instruments and study protocols persist, complicating cross-study comparisons. The limited application of objective measurement techniques undermines validity, while the paucity of longitudinal studies constrains causal inference. Addressing these research deficiencies remains crucial for developing effective preventive interventions and occupational health policies aimed at mitigating voice disorders within the educational workforce.

The InCharge group intervention for employees on basic psychological need crafting and work motivation self-management

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[1]Tampere University, Finland
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Background: Quality of motivation and satisfaction of basic psychological needs is associated with work well-being and productivity. Self-determination theory (SDT) based interventions have mostly focused on developing need supportive environments, e.g. via training managers. While supportive environments are crucial, surprisingly few studies have examined the additional potential to improve employees' skills to self-manage their motivation within their social environments, although also employees have agency to influence themselves and the system. We investigate acceptability of an SDT-based training, InCharge, that aimed to teach white-collar employees about quality of motivation and self-enactable techniques with which they could foster their basic psychological need satisfaction and thus their work motivation.
Methods: A cluster-randomized feasibility trial, with intervention (n=65) and wait-list control (n=35) arms. Four two-hour sessions were delivered online, teaching SDT's framework of motivational dynamics and several self-enactable techniques to self-manage one's motivation and behaviour. Daily self-monitoring was carried out with an app. Follow-up questionnaires at 8 and 12 weeks measured acceptability as well as work-related psychological factors. A content analysis was used for longitudinal qualitative interviews (n=13).
Findings: The intervention as a whole was well received by participants, with moderate to high acceptability scores. Interviews indicated ambivalent understanding of the self-enactable techniques and perceived significance of self-monitoring. Exploratory analyses provided no evidence of significant differences in outcomes between intervention and control arms.
Discussion: Timing of the COVID19 pandemic may have interfered with intervention reception. We discuss the reception and uptake of both intraindividual and interindividual self-enactable techniques for work motivation.

Experienced pressure, self-regulation, and leadership behaviour in the operating room: A diary study

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The operating room is a high pressure working environment. To better understand how surgical staff perform under pressure, we explored experienced pressures, self-regulation strategies, leadership behaviours, and performance and resilience of surgical teams during the three different phases (briefing, surgery, debriefing) of the surgery procedure.
N = 41 surgical professionals participated in a repeated-measures questionnaire study Participants retrospectively reported on their most recently completed surgery 5 times on separate days. For each phase of the surgery, they reported experienced pressures (related to work, the team, and working conditions), employed self-regulation strategies (anticipation, proactive coping, and emotion regulation strategies) and experienced leadership (task oriented, relation oriented, and empowering). As outcomes, we assessed satisfaction with the surgery and vigor.
Participants generally reported high satisfaction and vigor, but occasional decreases in satisfaction and mostly vigor were observed. Experienced pressure was relatively low in most surgeries, but occasionally high pressures predicted lower satisfaction and vigor. Participants sometimes used anticipation and proactive coping, especially during the briefing and surgery phase, and preferred reappraisal and suppression over distraction as emotion regulation strategies, but this was unrelated to satisfaction and vigor. Experienced task-oriented, relation-oriented and empowering leadership from the surgeon was occasionally low, but generally high, which predicted higher satisfaction and vigor.
Our findings illustrate the high performance and resilience of surgical staff in the operating room. Moreover, we provide preliminary evidence for the importance of task oriented, relation oriented and empowering leadership behaviours in maintaining quality of care and surgical professional’s employability.

Symposium: Quantitative and qualitative perspectives on pandemic preparedness: insights from five studies focusing on COVID-19

11:00 - 11:15

A Multidimensional Approach to Loneliness: Development of a New Loneliness Scale

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Background: The COVID-19 crisis brought widespread social isolation, emphasizing its significant effects on mental health and the necessity of a deeper exploration of loneliness. Conventional loneliness measures tend to assess only a narrow set of factors, potentially overlooking the full scope of the experience. To bridge this gap, we present a new loneliness scale designed to reflect its diverse dimensions, including intellectual, existential, social, emotional, and physical aspects, among others.

Methods: The scale was created through a step-by-step process, combining theoretical foundations with empirical testing. Using complementary statistical techniques, we assessed its structural psychometric qualities. We also evaluated its links to existing loneliness measures, psychological distress, and well-being indicators to make sure it accurately captures different aspects of loneliness.

Findings: Early findings suggest that the scale clearly differentiates between various aspects of loneliness, at the conceptual level. This multidimensional approach allows for a more precise identification of loneliness profiles, providing a richer understanding of how people experience isolation. Additional data will be gathered to strengthen these results and refine the scale further.

Discussion: Recognizing the distinct forms and natures of loneliness can improve theoretical frameworks on social and emotional well-being while guiding the development of more precise and impactful interventions. By distinguishing between different types of loneliness, researchers and practitioners can design strategies better suited to addressing its harmful effects.

Coping with COVID-19 health messages on social media: Interviews with students with varying depressive symptoms

S. Dolinsek[1], C. Scholz[1], Q. Wang[1], J. van Weert[1], B. van den Putte[1], C. Meppelink[1]

[1]University of Amsterdam, Netherlands

Abstract

Background

The COVID-19 pandemic intensified reliance on social media (SM) for health information and emotional coping. Increased SM exposure to COVID-19 information correlated with lower mental well-being (MWB), potentially due to exposure to specific official health message characteristics (e.g., fear appeals). Individuals with elevated depressive symptoms may be disproportionately affected. In contrast to passive consumption, active engagement (e.g., reacting to posts) may yield positive MWB outcomes. This study explores how individuals with varying depressive symptoms used SM to cope with COVID-19 health messages, shedding light on the uncharted nuances of SM as a coping mechanism during health crises in the SM era.

Methods

In December 2023, semi-structured interviews were conducted with 30 students (aged 18-25), divided evenly by depressive symptomatology (normal vs. higher). Thematic analysis was used.

Results

During the COVID-19 pandemic, participants spent more time on SM to improve their MWB, but this effect was often contradictory, especially with passive use. They actively controlled exposure to official health messages, avoiding and privately discussing distressing messages for social support. Conversely, they engaged with positive health messages publicly to shape content algorithms and cultivate their social media persona.

Current stage of work

We collected data in December 2023 and are currently writing the manuscript.

Discussion

Insights highlight SM's potential in health psychology for enhancing digital resilience during public health crises, especially for those with depressive symptoms.

Assessing the scope of mental health (non)-recovery in the aftermath of the COVID-19 pandemic

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[2]Utrecht University, Netherlands
[3]University of Groningen, Netherlands

Background: The COVID-19 pandemic had profound impacts on mental health with individual experiences varying widely. While research highlights mental health resilience in the general population, assuming unanimous recovery after the pandemic risks ignoring persistent impairments. This study aims to define, characterize and predict mental health (non-)recovery post-pandemic.

Methods: Longitudinal data was used from 3583 individuals of the LISS panel spanning pre-, during, and post-pandemic. (Non)-recovery of mental health was operationalized as an individual construct by establishing baseline (mean) and normal variation (SD) for each individual's Mental Health Inventory-5 (MHI-5) scores. Meaningful declines indicated exceeding a degree of one's norm and recovery indicated returning to norm post-pandemic. The presence and extent of mental health (non)-recovery were evaluated through exploratory Explainable Boosting Machine models applied using a data processing pipeline including 96-445 socio-demographics and health-related variables. Models simulated prospective predictions without knowledge of pandemic impacts and retrospective predictions by additionally incorporating during-COVID changes.

Findings: Preliminary results show mental health declined in 1204 individuals during-COVID, of which 821 recovered post-pandemic, while 383 did not. Smoking, medication usage, and interactions between smoking and income loss emerged as the most important contributors to mental health (non-)recovery.

Discussion: Data-driven exploratory analyses reveal the complex and unexpected dynamics driving persistent impacts to mental health. Forging pathways for nuanced impact assessment is critical to identify patterns may be masked by broader population trends. Through addressing a broad range of factors, we have developed the foundation for a reusable pipeline and predictive model identifying mental health (non-)recovery in crises.

New insights into the relationship between trust in government and COVID-19 vaccination

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To tackle the COVID-19 pandemic, widespread vaccination was crucial. Trust in government has been widely identified as a key predictor of COVID-19 vaccine hesitancy and uptake. This study aims to provide a more fine-grained understanding of this relationship.
We analyzed data from the Motivation Barometer, a consortium of Belgian researchers that collected extensive survey data during the pandemic through online surveys distributed via social media, societal organizations, and the press. We relied on two samples: Study 1 (N = 22,028), conducted between March and May 2021, examined trust in government and vaccination intention. Study 2 (N = 10,148), conducted in January 2022, explored trust in government and the number of vaccine doses received.
In both studies, we applied an innovative data analysis approach, ReSIN, which identifies and visualizes networks of attitudes, showing how different responses are interconnected and may influence each other.
Our findings reveal that individuals with the lowest levels of trust formed the most isolated clusters in both studies, whereas other trust clusters were more interconnected. Additionally, the relationship between trust in government and vaccination was more complex than a simple linear pattern. While individuals with moderate to high trust consistently reported strong vaccine intention and uptake, those with very low trust exhibited diverse responses—ranging from hesitancy to refusal (Study 1) and from receiving two doses to none (Study 2). This suggests that even strong distrust in government does not translate into a single, unified stance on vaccination.

Polarisation and depolarisation in governmental press conferences during COVID-19

A. Solovei[1], T. van der Meer[1], E. Smit[2], J. van Weert[1], B. van den Putte[1]

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Background: The COVID-19 pandemic revealed significant societal polarisation in various countries, challenging adherence to protective health behaviours. Governmental press conferences during pandemics can play a crucial role in fostering societal cohesion through depolarization or intensifying conflicts with (unintended) polarizing messages. This study analyses the prevalence, topics, and evolution of (de)polarizing messages in Dutch COVID-19 press conferences.
Method: A manual content analysis was conducted of 42 press conferences, held between March 2020–February 2022, comprising 5,940 sentences. Four trained coders categorized each sentence by topic(19 categories), target group(21 categories), depolarization messages(7 categories, e.g., solidarity, empathy), and polarizing messages(2 categories: implicit criticism, explicit criticism). Krippendorf's Alpha was good(.70-1).
Results: Preliminary findings revealed that, in over 30 polarizing sentences, specific groups were criticised. These included protesters, unvaccinated people, and those disregarding pandemic regulations. The criticisms peaked in November 2021. Throughout the pandemic, the usage of depolarization strategies increased, including appealing to shared goals, empathy, and trustworthy information-seeking. These strategies were particularly aimed at addressing vaccine hesitancy. Significant associations were found between message types and naming of specific groups, such as using empathy towards health-vulnerable individuals. During the symposium we will present exact statistical associations between topics, groups, and depolarizing/polarizing messages used in the press conferences.
Conclusion: This study highlights messages in governmental communication that can possibly induce or reduce polarization during public health crises, thereby offering insights for improving crisis communication strategies and strengthening societal cohesion in future pandemics.

SOTA Session: Participatory intervention development and evaluation

14:00 - 14:45

Developmental Evaluation of a serious game for health promotion and interdisciplinary collaboration

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[3]Radboud University, Netherlands

Healthcare systems worldwide seek to reduce costs and improve population health, patient experience, and provider experience. To this end, health promotion and interdisciplinary collaboration are key strategies that are increasingly integrated in healthcare education through lectures and assignments. While serious gaming improves knowledge gains and learner satisfaction in healthcare education, reports on development processes are few and far between. This presentation discusses the Developmental Evaluation of a serious game for primary and community care providers (PCCPs).

A serious game was systematically developed using the Intervention Mapping protocol and Developmental Evaluation principles, incorporating input from 18 interviews with PCCPs, co-creation sessions with 16 planning group members, and pilot game sessions with 22 PCCPs. Evaluation objectives were knowledge exchange and learning (observations, group discussions) and user experience (questionnaires, group discussions).

The development process resulted in Game2Connect, a board game in which interdisciplinary teams discuss health promotion and collaboration through questions and assignments. Interviews identified outcome expectations, supporting tools, and knowledge of collaboration partners as key determinants for integrating health promotion and interdisciplinary collaboration. These determinants guided Developmental Evaluation of the game and iterative revisions of its components (e.g. cases, questions) through co-creation sessions and pilot game sessions. During gameplay, PCCPs exchanged knowledge and experiences on collaboration partners, supporting tools (e.g. Positive Health), and alignment of roles and responsibilities, with positive user experience evaluations for challenge, content relevance, and positive affect (3.3-3.6 on a 4-point scale).

In conclusion, the systematic and iterative development of a serious game in collaboration with PCCPs and other stakeholders resulted in a serious game with promising outcomes for knowledge gains and learner satisfaction. Developmental evaluation played a crucial role in shaping game content, ensuring alignment with PCCPs needs and healthcare practice. Further research is needed to explore long-term impact and adaptability of Game2Connect within the complex healthcare system.

Public acceptance of AI in healthcare: Insights from Digital Pathology

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[1]University of Galway, Ireland
[2]Queen's University Belfast, United Kingdom

Background:
Artificial intelligence (AI) can transform pathology practice by enhancing the accuracy and efficiency of cancer diagnosis and management. Training AI requires large datasets, including deidentified tissue images and health records. Public acceptance is critical for development and deployment of AI in healthcare.
Methods:
A cross-sectional online survey of a nationally-representative UK sample (N = 1518) investigated public attitudes toward AI development and use in cancer diagnosis and management using descriptive statistics, Chi-square tests, and logistic regression analyses.
Findings:
Awareness of development of AI for pathology was low (43% not at all aware). However, 97% supported AI-assisted cancer diagnosis when combined with human oversight, while only 40% supported AI-only diagnosis. Men were more likely to support AI in clinical practice (OR: 1.34), and greater awareness (OR: 1.25), positive beliefs (OR: 1.27), trust in data security (OR: 1.04), and identifying fewer risks (OR: 0.80) increased support. There was significantly greater trust in public bodies compared to private organisations for using data to develop AI tools (70% vs. 45%; ?2 = 413.33, p < .001). Trust in data security significantly predicted support for AI development (OR: 1.42), as did identifying more benefits (OR: 1.32). However, individuals of Asian ethnicity (OR: 0.41) and other non-White ethnic groups (OR: 0.14) were less likely to support development.
Discussion:
Awareness and trust in data security drive public support for the development and implementation of AI in cancer diagnosis. Transparent privacy frameworks and inclusive public engagement are needed to address concerns and reduce disparities in support.

Singaporean older adults' views, experience and recommendations for digital mental health tools: a qualitative study

R. Yin[1], F. Chan[1], P. Lim[1], H. Smith[2], M. Subramaniam[3], L. Tudor Car[4], K. Griva[1]

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[2]Keele University, United Kingdom
[3]Institute of Mental Health, Singapore, Singapore
[4]Imperial College London, United Kingdom

Digital mental health tools (DMHTs) have the potential to assist in addressing the rising mental health needs of older adults. However, older adults face challenges in using existing DMHTs and most studies in this field focus on younger or general adult populations in western countries. This study qualitatively explores the views, experience and recommendations for DMHT use by older Asian adults in Singapore.
We conducted semi-structured interviews and focus group discussions with 38 older adults aged ≥65 years. The interviews were conducted in English or Chinese (Mandarin) and transcribed verbatim. We used deductive and inductive thematic analysis of the interview transcripts.
Participants were between 65 to 84 years old. Majority of participants (n=32) had experience with digital health tools, such as Healthy 365, a mobile lifestyle app by the Singapore government, but the awareness of DMHTs was low. One participant used a mindfulness app. Negative experiences with current digital tools with an age-unfriendly design appeared to discourage older adults from using DMHTs. Participants were concerned about stigma of mental disorders, the lack of human contact, and uncertainty of the benefits of DMHTs. They recommended DMHTs adopt a simple design, present information in a multimedia multilingual format, be implemented with sufficient technical support, and be incentivized with vouchers. Additionally, participants still wished to maintain social interactions through face-to-face activities.
In conclusion, DMHT awareness in Singaporean older adults was low. Our study highlights important concerns that need to be addressed and recommends ways to increase DMHI's usability and appeal for older adults.

Preferences of cancer survivors and healthcare providers for a physical activity intervention: group concept mapping

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[4]Gent University, Belgium

Background: Mobile health (mHealth) interventions may help increase physical activity (PA) in diverse groups, including cancer survivors (CSs). Developing an intervention requires a needs assessment of stakeholders, focusing on the preferred features of the application from the perspectives of both CSs and healthcare providers (HCPs).
Methods: Group concept mapping was used for this assessment. A first group of stakeholders (CSs: n = 14; HCPs: n = 12) brainstormed and generated statements about preferred app features. A second group (CSs: n = 16; HCPs: n = 23) sorted these statements into thematic clusters and rated their importance. The sorting data was combined, and (dis)similarity matrices were generated through multidimensional scaling. Rating data was aggregated for the overall group and the subgroups (CSs and HCPs) at both the cluster and the statement level.
Findings: The first phase resulted in 133 statements, which were reduced into 77 distinct features. Analyses of the sorting data resulted in six clusters, which were labelled: (1)‘Information & Social Support’, (2)‘Encouragement’, (3)‘Practical Use’, (4)‘Self-Monitoring & Feedback’, (5)‘Planning & Goals’, and (6)‘Personalization’. Both groups rated ‘Planning & Goals’ and ‘Personalization’ as most important. CSs considered the ‘Encouragement’ cluster as least important, whereas HCPs rated ‘Information & Social Support’ the lowest.
Discussion: These insights can guide the development of interventions to promote a physically active lifestyle among CSs. Applications should prioritize goal setting, planning, and personalization to enhance user engagement. Diverse functionalities with user-friendly navigation are essential. Both stakeholder groups showed similar preferences, reflecting a shared vision for intervention development.

Symposium: Applied Psychology with Digital and Personalized Interventions for Mental Health and Well-Being

14:00 - 14:15

The Potential of m-Health Interventions in Reducing Stress and Promoting Mental Health Equality

Y. Gan[1], H. Zhu[1], J. Liu[1]

[1]Peking University, China

Background: The growing prevalence of stress highlights the significant potential of mobile health (m-Health) interventions in promoting mental health and reducing stress. However, some psychology professionals and psychotherapists argue that even m-Health interventions require the involvement of human support, that is, the intervention of professional mental health personnel, to fully leverage their power. In fact, we believe that m-Health interventions are a shortcut and a powerful tool to achieve mental health equality. With just a terminal device, we can access what were previously expensive mental health services.
Methods: This study, focusing on the goal of reducing stress, reviewed 62 articles to examine the role of human involvement, specifically that of therapists, in m-Health interventions. We conducted Bayesian network meta-analyses and Bayesian meta-regressions.
Results: Stress management programs, problem-solving therapy, and mindfulness meditation ranked the top. The results showed that there was no significant effect of human support on the efficacy of m-Health interventions.
Discussion: This finding supports the development of m-Health interventions as a means to bridge the gap in mental health service resources, particularly in underprivileged areas and middle-and-low-income countries. Our study suggests that human assistance is not necessarily crucial in m-Health interventions, thus emphasizing their potential to promote mental health equality and reduce stress effectively.

A Single-Session Online Intervention on Reducing Anxiety and Depression and improving Well-being Among Chinese Adolescents

H. Huang[1], Y. Qi[1], Y. Gan[1]

[1]Peking University, China

Background: In the digital era, Single-Session Interventions (SSIs) present a promising approach to addressing adolescent mental health challenges. However, a substantial gap persists between the demand for mental health services and available resources, particularly in developing countries. This study investigates the efficacy of SSIs in reducing anxiety and depressive symptoms among Chinese adolescents, with a particular focus on the mediating roles of growth mindset and coping strategies.
Methods: A randomized controlled trial was conducted with 68 Chinese adolescents (aged 13–17; M = 15, SD = 0.85), who were randomly assigned to either an intervention or control group. The intervention group received a single-session online intervention, and assessments were conducted at four time points: baseline, immediate post-intervention, 15-day follow-up, and 6-month follow-up.
Results: MANOVA analyses indicated significant improvements in anxiety, depressive symptoms, and well-being among participants in the intervention group. Additionally, growth mindset, approach coping, and avoidance coping showed significant enhancements. Mediation analyses revealed that growth mindset significantly mediated the reduction in depressive symptoms in both the short-term (15-day follow-up) and long-term (6-month follow-up). Avoidance coping significantly mediated reductions in anxiety in the short-term and improvements in well-being across both short- and long-term follow-ups.
Conclusion: These findings provide empirical support for the effectiveness of SSIs in promoting adolescent mental health by alleviating anxiety and depressive symptoms, enhancing well-being, and fostering adaptive psychological mechanisms such as growth mindset and coping strategies. The results underscore the potential of scalable, digital SSIs in bridging mental health service gaps in resource-limited settings.

Personalized stress optimization intervention for adolescent mental health: A randomized controlled trial leveraging machine learning

J. Liu[1], Y. Gan[1]

[1]Peking University, China

Background: Depression and anxiety are highly prevalent among adolescents, underscoring the need for accessible interventions. As mental health issues often co-occur with perceived stress during adolescence, stress interventions may offer a promising approach to reducing anxiety. Previous stress interventions have largely focused on the view that stress is harmful, aiming to manage and mitigate its negative effects. Stress optimization, a novel intervention perspective, promotes the idea that stress can also lead to positive outcomes.
Methods: We developed and tested a single-session stress optimization intervention in a randomized controlled trial with 1,779 adolescents (47.5% girls), measuring perceived stress, stress mindset, anxiety, and depression over six months. Machine learning is a promising approach for assessing personalized intervention effects to investigated the conditions under which it was most effective. Conservative Bayesian causal forest analysis was employed to detect both average treatment effects (ATE) and heterogeneous treatment effects.
Findings: The intervention reduced anxiety symptoms in school over two months (0.87 posterior probability) but showed no significant effect by six months (ATE = −0.02, 95% CI [−0.07, 0.03]). Depression effects remained non-significant throughout. Notably, adolescents reporting higher baseline anxiety or perceived stress benefited the most from the intervention, experiencing the largest reductions in anxiety (−0.18 and −0.11 standard deviations, respectively).
Discussion: Stress optimization effectively reduced anxiety symptoms in adolescents within two months post-intervention, particularly among those with higher levels of perceived stress or anxiety. This finding suggests that the single-session stress optimization intervention holds promise for cost-effective scalability and broader implementation in the short-term.

eHealth for safe communication: Evaluating the impact of collaboration on end user engagement

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[3]Constructor University, Germany
[4]Charite Berlin, Germany
[5]Queen Mary University of London, United Kingdom

Background: Patient safety in obstetrics and gynecology can be significantly enhanced through communication interventions designed to mitigate the risk of preventable adverse effects. The aim of this research was to design and evaluate a communication intervention in form of an app.
Methods: Building on the HAPA model and previous evidence, an app to improve safe communication from the patient side was initially designed (version 1, V1, NV1=482) and further developed (version 2, V2, NV2=394) by means of co-creative methodology. Utilizing a quasi-experimental design, the two versions were compared to determine if incorporating end users and stakeholders resulted in changes to frequency, intensity and duration of engagement with the digital health tool.
Findings: Results revealed no differences in the frequency of engagement between V1 and V2. However, there was evidence that users of V2 engaged with the app content more intensely compared to V1: completed lessons ($d = .46$), open-ended items ($d = .60$), and action plan ($V = .15$). Moreover, there were no differences in time spent per visit between versions, $t(1479) = -0.57$, $p>.05$, $d = .03$, but the duration of use from first to last log-in was significantly shorter for V2 ($M = 4.82$ days) compared to V1 ($M = 7.92$ days), $t(875) = 2.02$, $p<.05$, $d = .14$.
Discussion: V2 was streamlined based on end-user and stakeholder feedback, which contributed to shorter duration of use. Less content and shorter lessons may have contributed to end users completing the intervention within a shorter period of time.

Symposium: Empowering young people towards healthy and sustainable eating

14:00 - 14:15

Food literacy among Dutch adolescents aged 12-18 years: the current status and subgroup differences

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[1]Louis Bolk Institute, Netherlands
[2]Wageningen University & Research, Netherlands
[3]Wageningen University, Netherlands

Adolescents' dietary behaviors impact their current and future health and the environment. Food literacy, the capabilities of an individual to make informed choices in the food environment, is key to healthy and sustainable eating. However, data on its status and subgroup differences among Dutch adolescents remain limited.

In this cross-sectional study, data from the validation of a Dutch food literacy questionnaire for adolescents was used. A total of 1,041 adolescents (aged 12-18) from 17 secondary schools completed the questionnaire. Percentage of correct knowledge questions and means + standard deviations for items on 5-point Likert scales were used to describe food literacy. Subgroup differences were analyzed using t-tests (gender and school phase) and ANOVA (educational level).

On average, adolescents answered 55% of the food knowledge questions correctly. Senior-level students scored higher than junior-level students ($p<.001$), and pre-university students scored highest, followed by general secondary and pre-vocational students (all $p<.001$). No gender differences were found in knowledge. Overall, the average score on the concept skills was 3.8±0.7, with sub-concept scores: planning 3.6±0.8, selection 3.8±0.8, preparation 4.0±0.9, and storage 3.8±0.9. Adolescents scored 3.8±0.7 on the concept self-control and 3.5±0.8 on handling socio-cultural influences. Girls scored higher on skills ($p<.001$) than boys, while boys scored higher on handling socio-cultural influences ($p<.001$). Senior-level students outperformed junior-level students across all (sub-)concepts ($p<.001$), and pre-university students consistently scored highest, followed by higher general secondary and pre-vocational students (all $p<.001$).

This study provides insights into Dutch adolescents' food literacy status, highlighting subgroup differences that may inform tailored interventions.

SWITCH: Combined perspectives of adolescents and professionals regarding stimulating healthy and sustainable food in adolescence

A. Mesch[1], S. Raghoebar[2], J. Gulikers[1], L. Winkens[1], R. Wesselink[1], A. Haveman-Nies[2, 3]

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[2]Wageningen University, Netherlands
[3]GGD Noord- en Oost-Gelderland, Academic Collaborative Center AGORA, Netherlands

Introduction: The 5-year SWITCH-project explored how (Dutch) secondary school students can be supported in adopting healthy and sustainable diets, from the perspective of professionals and adolescents. The project had two main objectives: (1) identifying determinants of healthy and sustainable diets among adolescents and (2) exploring the current landscape of school food interventions, including adolescents' ideas regarding future interventions.

Methods: Firstly, we conducted focus groups and a questionnaire with 32 experts in order to identify key determinants. Additionally, 305 adolescents of four schools shared their perspective on determinants through food mapping assignments and focus groups. Secondly, 18 professionals were interviewed to assess the landscape of food interventions in the Netherlands. Adolescents shared their ideas regarding future interventions through posters.

Findings:
Regarding determinants, professionals and adolescents primarily referred to the food environment, social influences and adolescents' desire for autonomy. Nevertheless, current food programs in Dutch secondary schools are mainly focused on increasing knowledge, skills and awareness. Regarding future strategies, adolescents proposed changes in the food environment, such as price changes and expanding the offer of healthy and sustainable food. Additionally, adolescents proposed changes in the food system (e.g., more sustainable food transport) and strategies for communication and social support (e.g., advertisements and role models).

Discussion:
These findings show a gap between key determinants of healthy and sustainable diets in adolescence and the focus of current school-based food interventions. Engaging adolescents in co-creating future food strategies, together with professionals, can help to bridge this gap and align future strategies with adolescents' own ideas.

Co-created school-based intervention: effects on food literacy and eating behaviors

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Promoting healthier and more sustainable eating behavior in adolescents is a public health priority and a shared global challenge to foster their health and well-being. In the framework of the European project FEAST, the Tuscany Living Lab designed a co-created intervention with middle and high school students to promote a healthier approach towards food and nutrition.
Students from two secondary schools (N=110) were recruited in a longitudinal observational study. A baseline questionnaire was administered to explore the students' food habits, their informative needs and factors influencing eating behaviors. Consequently, a co-created series of seven thematic modules consisting of theoretical and practical lessons was carried out from April to November 2024 according to students' needs. In particular, we focused on increasing food literacy and specific eating behaviors, such as consumption of breakfast, legumes, fruit and vegetables. A follow-up questionnaire was administered 10-months later. Early descriptive and pre-post analyses have taken place. Structural equation modelling analyses will be conducted to explore how the intervention acted on the previous dimensions and how they are related to each other. Analyses are currently in progress. However, early descriptive results show an improvement in levels of food literacy, an increase in consumption of breakfast, legumes, fruit and vegetables and in the level of adherence to Mediterranean diet.
Co-created intervention can contribute to the proposal of effective and tailored interventions to improve eating behaviors. Moreover, as adolescents spend a considerable time at school, school-based interventions can facilitate the students' engagement in activities related to their health.

Co-Constructing Just and Sustainable Food futures with Youth: Insights from SESAM2030 School-Based Living Labs, Denmark

S. Rana[1], B.E. Mikkelsen[1]

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More just and sustainable food environments are urgently needed if we are to reach the SDGs related to food security and sustainable consumption. The involvement of young people emerges as a key factor and potential catalyst for innovations. Concurrently, there is an increased emphasis on the importance of participatory processes as part of urban food strategy thinking, highlighting the crucial role that citizens, young people, and the educational system can play in this endeavor.

The study evaluates the effectiveness of the SESAM2030 program in implementing participatory approaches based on the ideas of co-creation and Living Labs, in fostering a sustainable mindset among young pupils. The evaluation used mixed methods, with 28 qualitative interviews as the primary component, and was supplemented by quantitative data collected from 171 respondents from the same eight Danish primary schools.

The results showed that there were significant changes in the pupils' attitudes and understanding of sustainability and climate change. Furthermore, the combination of project-based learning approaches with community engagement and hands-on science education is effective in cultivating a sustainable mindset among young learners under appropriate conditions. It also indicated that the multifaceted learning opportunities presented through innovative technological applications, design thinking, and collaboration with external food system actors (mentors) empowered students to broaden and rethink their approach to understanding food systems.

The study contributes to the growing discourse on participatory action research (PAR) in urban food strategy making from the perspective of young people towards more just and sustainable food environments.

Ingredients for change: co-created school-based approaches for real-world impact on healthy, sustainable eating

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Background: Adolescence is a crucial period for developing lifelong dietary habits and marked by creative capacity. Secondary schools offer structured environments for co-created interventions that empower students to improve their own and their peers' eating habits. This study identifies key ingredients for successful implementation of adaptable school-based approaches to support healthy and sustainable eating.

Methods: Two curriculum-integrated approaches were implemented and evaluated in secondary schools.
1. A one-week program featuring a two-morning design sprint, including an interactive lesson on healthy eating. Students selected the most appealing concept, which was subsequently introduced in the school canteen.
2. A six-week Food Boost Challenge, where students engaged in a structured co-creation process with external partners to develop innovative solutions for making healthy food choices more accessible and appealing.
Through a comparative analysis of these approaches—guided by literature on co-creation, participatory action research, design thinking, adolescent empowerment, and innovation—we identified key ingredients for impactful school-based approaches providing interventions stimulating healthy and sustainable eating.

Results: Five key ingredients for impactful school-based approaches were identified:
• Youth empowerment–Actively involving adolescents in shaping their food environment.
• Flexible implementation–Adapting to school contexts and collaborating with teachers.
• Iterative design–Refining ideas through continuous feedback.
• Peer and expert engagement–Bridging theory and practice.
• Tangible outcomes–Focusing on feasible solutions that drive real change.

Discussion: These ingredients provide a foundation for effective, school-based interventions that amplify adolescents' voices. Future research should further validate their applicability, effectiveness, and scalability across diverse school settings.

Symposium: EHP Special Issue Symposium: Intervention Development for Health Psychology Scholars

14:00 - 14:15

The use of Core Processes when applying Intervention Mapping

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Background: Core Processes are a helpful and systematic way to address questions that need to be answered to find evidence-based solutions in a problem-driven context. A valuable planning framework, such as Intervention Mapping, poses the right questions.

Methods: This contribution explains Core Processes and how they align with Intervention Mapping and its foundational perspectives (i.e., (1) embracing a participatory approach, (2) using theory and evidence, and (3) adopting an ecological approach).

Findings: (1) Multiple rationales for participatory research in health promotion are identified, reflecting both idealistic and utilitarian reasons to embrace a participatory approach. Embracing such an approach is not without challenges. (2) When there is tension between generalizability and utility of theories, preference should be given to utility, especially given the applied nature of a problem-driven context. (3) When adopting an ecological approach, all levels (e.g., individual, interpersonal, community, organisational) might be of importance as are the interactions between (agents at) those levels. Real-life examples on all these aspects are provided in this contribution.

Discussion: Core Processes align with Intervention Mapping and its foundational perspectives. While Intervention Mapping poses the right question, answering them is not helped by black-and-white thinking. There is room to advance by developing further tools to incorporate the many shades of grey into decision-making concerning various aspects of intervention planning.

Working with a planning group in Intervention Mapping: reflecting on challenges

F. Schneider[1]

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Background: Meaningful participation of a wide and diverse range of stakeholders is fundamental for successful development, implementation and evaluation of health promoting programmes. The first task in Intervention Mapping (Step 1, task 1) is therefore to establish (and work with) a diverse and inclusive planning group ensuring meaningful and respectful involvement of all members.

Methods: This contribution will discuss challenges in 1) the composition of the planning group, 2) the engagement of the planning group in the Core Processes and 3) the impact of working with a planning group.

Findings: (1) The planning group should consist of stakeholders from the at-risk or priority population, stakeholders with expertise (on behaviour change), with authority and responsibility and with commitment to the issue. Its composition should be regarded as dynamic, rather than static. (2) Participatory (research) methods should be used to enhance both the output, as well as the process. (3) It is important to reflect and report on the impact of working with a planning group, both on the planning outcomes and on the process.

Discussion: Working with a planning group is an essential part of Intervention Mapping. Reflecting on challenges is important to further improve stakeholder engagement and assess the impact of using participatory (research) methods.

Co-creating behavior change interventions to reduce child wasting and stunting in Afghanistan

T. Varol[1], S. Stutterheim[1]

[1]Maastricht University, Netherlands

Background: Child malnutrition in Afghanistan poses serious threats to health, society, and economy. Despite ongoing efforts, malnutrition rates remain among the highest globally, highlighting the need for systematic approaches. This project collaborates with UNICEF Afghanistan to develop and evaluate behavior change interventions to prevent child wasting and stunting through co-creation sessions.

Methods: This project uses the Intervention Mapping (IM) framework to: 1) conduct a needs assessment, 2) assist UNICEF in designing a behavior change program, 3) support the drafting of an implementation plan, and 4) develop and conduct a collaborative evaluation. The primary focus will be on the first three steps of IM.

Findings: The first step involved a needs assessment conducted through semi-structured interviews with UNICEF teams in Afghanistan. It highlighted key influences on caregivers' feeding, hygiene, and healthcare-seeking behaviors (e.g., awareness, social norms). Broader issues like food insecurity, limited healthcare, and socio-political constraints further worsen child malnutrition. In the next steps, IM Step 2 (Program Outcomes and Objectives) and Step 3 (Theory-Based Methods and Practical Applications), we support UNICEF Afghanistan in designing a social and behavior change program for child wasting and stunting. Through co-creation sessions and feedback, we help define behavioral and environmental outcomes, performance objectives, select determinants, construct change objectives, and select behavior change methods and translate them into practical applications.

Discussion: Child malnutrition in Afghanistan is a complex issue shaped by social, economic, and environmental factors. This project highlights the co-creation of behavior change interventions with UNICEF and offers insights from this collaborative process.

Intervention Mapping and Intervention-Context Fit

L. Harms[1]

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Background: Contextual factors play a crucial role in the successful and sustainable implementation of interventions. These factors are initially considered during problem assessment (Intervention Mapping Step 1) and revisited during program production (Intervention Mapping Step 4). Adaptations are inevitable and are regularly made in response to unanticipated challenges in practice. A systematic and proactive focus on adaptation is needed to increase intervention-context fit right from the start.

Methods: This contribution will discuss the adaptation literature in the light of the Intervention Mapping framework.

Findings: To increase intervention-context fit one should 1) understand and map the context (i.e., target group needs, stakeholders, and external circumstances), 2) understand and map the intervention rationale, and 3) adapt the intervention accordingly. Case studies (e.g., Up for Cooking) showed how action-oriented approaches involving co-creation, observations and trial and error enabled researchers to fully understand the context. Logic models of change, Acyclic Behavior Change Diagrams and choice of behavior change methods can add to this, providing information about the intervention rationale and insight into the causal relationships. Together they provide a starting point for adaptation that increases contextual fit. Examples will illustrate that different versions of a logic model can emerge in light of intervention-context fit, without compromising the purpose and components that play a role in the behavior change process.

Discussion: A shift towards a more systemic and proactive view of adaptation is needed. This will ultimately help to solve the puzzle of designing and implementing interventions in complex contexts.

Symposium: Ensuring access to safe water: Research from environmental health psychology on mitigation and adaptation factors

14:00 - 14:15

Motivations for rain water collection of Dutch and Belgian consumers

S. Salmon[1]

[1]The Hague University of Applied Sciences, Netherlands

Background: Due to warmer temperatures, population growth and rising living standards, household water use is increasingly becoming a problem. Use of rain water may significantly reduce household water use. In Belgium, collection of rain water is obliged since 2004. The current study investigates how many people possess a rain water collection system (RWCS), and which (psychological) factors predict possession of RWCS.

Methods: A sample of 2018 respondents (50% Dutch and 50% Belgian) filled out a questionnaire on RWCS, motivations and other psychological factors. A multiple linear regression analysis demonstrated which factors predict possession of RWCS. Furthermore, 25 additional interviews focused on motivations, risk perception and social norms.

Findings: 44% of the respondents possess one (or more) RWCS, of which more in Belgium (59%) than in the Netherlands (28%). Furthermore, 20% of the (Dutch and Belgian) respondents are interested in purchasing RWCS. Possession of RWCS is predicted by having a garden and diverse network. Moreover, knowledge, social norms and biosferic values predict possession of RWCS. The interviews further emphasize financial motivations for Belgian respondents. Concerns about water quality play a role for Belgian respondents with ambitions to extend the use of rainwater inside the house.

Discussion: Differences between Dutch and Belgian respondents can largely be explained by the obligation in Belgium to collect rainwater. Follow up research on stimulating rainwater collection by tapping into knowledge gaps, risk perception, financial motives or social norms may be useful. Risks of rainwater use in households should be carefully considered when upscaling rainwater use applications.

Maximising user acceptance of wastewater reuse through optimised socio-technical configurations: An experimental study in Bengaluru

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[2]University of Groningen, Netherlands

In Bengaluru, as in many places worldwide, rapid urban population growth and increasing water scarcity raise the need for reducing potable water consumption and for increasing the city's wastewater treatment capacity. One solution is to treat wastewater close to its source of generation with so-called on-site wastewater treatment systems and to directly reuse it either on- or off-site. To increase the use of such systems, the local government of Bengaluru has issued a policy mandating their adoption for part of the population. However, despite this policy, many of the installed systems are not maintained well, indicating a lack of user acceptance. As user acceptance is crucial for a successful and sustainable implementation of technologies, we aim to investigate how different socio-technical configurations of the on-site treatment of wastewater and its reuse are perceived and accepted by (potential) users, and for which configuration acceptance is highest. In an online experiment to be conducted with residents of Bengaluru (planned N ≈ 300), a set of different configurations will be presented to participants. These configurations vary in terms of: the quality of the technology and hence of the treated water, the investment and maintenance costs, the reuse purposes (e.g. potable vs. non-potable, on-site vs. off-site), the amount of freshwater saved through reuse (environmental benefit), and the increased water security for users (reduced dependence on other freshwater sources). By statistically analysing the influence of the different configuration options on user acceptance, we aim to define an 'optimal' configuration that has the highest user acceptance.

Framing messages to mitigate disgust: promoting Direct Potable Reuse

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Amidst growing global water scarcity, Direct Potable Reuse (DPR) offers a sustainable solution, yet public acceptance remains low due to the "yuck" factor—an emotional response rooted in cognitive biases like magical contagion. This study explores how strategic message framing can reduce disgust and enhance acceptance of DPR.

We examined whether one-sided or two-sided messages and type of refutation strategies are more effective at reducing disgust and increasing DPR acceptance in an online experimental design. Refutational strategies focused on high purification standards, benefits of DPR, analogy to natural processes, or emphasizing social norms. Data (N=1010) was collected via a self-administered questionnaire presenting information about DPR with either a neutral, one-sided message or a two-sided message acknowledging and refuting concerns.

Preliminary findings suggest that the type of refutation message affects DPR acceptance. Combining two-sided messages with strategies that normalize DPR through social acceptance or analogy to natural processes significantly increased acceptance. Acceptance also varied by perceived human contact, with higher acceptance for indirect uses (e.g., toilet flushing) than for direct uses (e.g., drinking).

The results provide implications for further research on disgust and cognitive biases in water reuse acceptance. By tailoring messages to address emotional reactions, the findings inform strategies to enhance public acceptance of DPR, contributing to sustainable water management. This research supports SDG 6 by promoting DPR as a safe alternative water source and SDG 12 by encouraging efficient water use and reducing dependency on freshwater supplies.

Public Acceptance of Decentralized Wastewater Systems and Their By-Products: A Multi-Study Approach

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[4]CRETUS (Cross Research in Environmental Technologies), Spain

Background
Decentralized wastewater treatment systems (DWTS) offer sustainable solutions for water reuse and resource recovery. However, public resistance remains a significant barrier to their implementation. This study synthesizes findings from a systematic review, a field intervention, and an experimental study to examine the socio-psychological factors influencing public acceptance of DWTS.
Methods
(1) A systematic review analyzed global literature on DWTS acceptance, identifying key barriers and facilitators, with a focus on regions without perceived water scarcity. (2) A field intervention in Porto do Molle (Spain) tested a three-phase strategy—focus groups (n = 6), environmental priming (n = 46), and expert-led discussions (n = 25)—to improve acceptance among workers in a business center hosting a DWTS. (3) An experimental study in Groningen (n = 92) and Santiago de Compostela (n = 208) assessed the impact of pro-environmental social identity framing on DWTS acceptance.
Findings
The review highlighted that lack of problem awareness reduces acceptance, but reframing DWTS as a sustainability initiative can enhance support. The field intervention showed that participatory and informative strategies improve attitudes toward DWTS. The experimental study found that linking DWTS to pro-environmental social identity significantly increased positive perceptions and behavioral support.
Discussion
These findings suggest that effective communication strategies should emphasize environmental benefits, engage stakeholders through participation, and activate social identity to foster acceptance of decentralized wastewater treatment technologies.

Mandated on-site water reuse in San Francisco: The role of distributive fairness for policy acceptance

J. Kollmann[1], ***N. Contzen***[1, 2]

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[2]University of Groningen, Netherlands

In San Francisco, water scarcity poses a critical challenge and raises the need for reducing potable water consumption. One solution are on-site systems that treat a building's wastewater on-site for non-potable reuse. To increase the use of on-site systems, San Francisco issued a policy mandating their adoption for part of the population. The rest of the population continues using the centralised treatment system without reuse. This disparity might impair the distributive fairness of the policy and of water services, potentially reducing public acceptance of the policy and consequently the chances of a successful implementation. Yet, research indicates that not all groups of society are equally considered in peoples' fairness and acceptance ratings of policies, but it has not yet been investigated which groups are considered in the context of wastewater reuse. To examine this question, we conducted an online survey with residents of San Francisco who were not covered by the policy (N=176). We assessed perceived fairness of the policy for six different groups of society as well as policy acceptance. Regression analyses showed that higher fairness for future generations, the population as whole, and owners of buildings mandated to install on-site systems explained acceptance. The fairness for people with low incomes, the environment, and residents of buildings with on-site systems did not explain acceptance. We further investigated which specific implications of the policy explained its perceived (un)fairness for each group. The findings implicate that particularly collective outcomes should be considered to increase acceptance of future policies mandating on-site systems.

Symposium: Menstrual health in context: Societal, interpersonal, and individual perspectives

14:00 - 14:15

Cross-cultural differences in menstrual health, literacy and stigma between White British and South Asian women

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Background:
Attitudes towards menstruation are shaped by cultural and social norms and can result in misperceptions, impacting women's health. Yet, research on cultural differences in menstrual experiences remains limited. The aim of this study was to examine whether White British and South Asian women living in the UK differ in menstrual experiences, with a focus on menstrual health, menstrual literacy, stigma-related factors, and ethnic microaggressions in the healthcare context.
Methods:
White British (n = 153) and South Asian (n = 153) menstruating women living in the UK participated in an online survey. Menstrual health was assessed via menstrual distress, symptom management, and hygiene behaviors. Menstrual stigma was measured through internalized stigma, self-stigma of seeking help, secrecy, and avoidance behaviors.
Findings:
In addition to differences in menstrual health (menstrual pain, symptom management, hygiene behaviors), South Asian women reported lower menstrual literacy than White British women. South Asians also reported greater secrecy as well as stronger avoidance behaviors related to discussing menstruation and engaging in daily activities while menstruating, but also more positive emotions towards menstruation. Additionally, they experienced more ethnic microaggressions in healthcare. Mediation analysis revealed an indirect effect between ethnic group and self-stigma of seeking help via secrecy and microaggressions.
Discussion:
Our findings suggest cultural differences in menstrual health and stigma, emphasizing the need for inclusive health education and stigma-reduction interventions. Addressing menstrual literacy gaps and tackling stigma in family and healthcare settings may improve support for South Asian women in the UK.

Bidirectional relationships between menstrual symptoms and social disadvantage in adolescents

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Background
A large proportion of young people who menstruate report problematic menstrual symptoms, which may adversely impact health and wellbeing. However, population-based research investigating the complex, possibly bidirectional, relationship between social disadvantage and menstrual symptoms is scarce.

Methods
Female offspring from the Avon Longitudinal Study of Parents and Children self-reported menstrual symptoms (pain and heavy bleeding) throughout adolescence. Multivariable logistic regression was used to estimate the associations between socioeconomic position (SEP: mother-reported parental education, occupation, and financial difficulties during pregnancy) and menstrual symptoms, adjusting for ethnicity (N=2,757). Multivariable linear regression was also used to estimate the associations between menstrual symptoms and school absences and attainment (through linked administrative data), adjusting for SEP and other confounders (N=2,698).

Findings
Lower parental education and experiencing financial difficulties was associated with increased odds of pain (CSE/vocational vs. degree OR 1.7; 95% CI 1.3, 2.2: financial difficulties OR 1.4; 95% CI 1.1, 1.9) and heavy bleeding (A level OR 1.5; 95% CI 1.1, 2.0: O level OR 1.6; 95% CI 1.2, 2.1: CSE/vocational OR 2.2; 95% CI 1.6, 2.8: financial difficulties OR 1.4; 95% CI 1.0, 1.8). Moreover, pain and heavy bleeding were associated with greater school absences (pain effect 12.8%; 95% CI 9.4, 23.6: heavy bleeding effect 16.6%; 95% CI 9.4, 24.2), and heavy bleeding with lower educational attainment (-5.7 points; 95% CI -10.1, -1.2).

Discussion
There was evidence for a bidirectional relationship between social disadvantage and menstrual symptoms. Further research is needed to identify causality, mechanisms, and interventions to mitigate adverse consequences.

Between love and pain: A qualitative analysis of menstrual distress and romantic relationships

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[1]University of Vienna, Austria
[2]University of Konstanz, Germany

Background: Romantic partners can support dealing with emotional and physical stress, yet their role in dealing with menstrual distress remains underexplored. This qualitative study sheds light on the experience of menstrual distress within romantic relationships, aiming at identifying involved straining and supporting psychosocial factors to ultimately promote individuals' and couples' well-being.
Methods: Semi-structured interviews were conducted with 26 individuals (aged 19-45) who experienced menstrual distress (e.g., abdominal pain, emotional distress; gynaecological disorders like endometriosis) and were in romantic relationships (e.g., monogamous/open; heterosexual/homosexual/queer) for at least six months. Participants also completed a questionnaire on socio-demographics, menstrual distress symptoms, and relationship satisfaction. Interview data was analysed using qualitative content analysis.
Findings: The interplay of menstrual distress and romantic relationship was complex, especially regarding straining factors. Straining factors involved, amongst others, categories such as adverse communication patterns and emotions (e.g., guilt, shame), which were often linked to categories regarding (a lack of) partners' supportive behaviours. Supporting factors were mostly unilateral, with categories such as partners supporting symptom management (e.g., by showing interest, taking over chores). Homosexual relationships additionally offered unique insights due to shared experiences.
Discussion: The interplay of menstrual distress and romantic relationships can create upward and downward spirals. Partners' support was perceived as helpful but also triggered negative emotions, thereby straining both the relationship and dealing with menstrual distress. To enhance individuals' and couples' well-being, menstrual health awareness should be raised in all genders (e.g., educational campaigns), and couples may benefit from guidance in managing the challenges effectively.

The longitudinal associations between psychosocial-behavioural risk factors and PMDD: A systematic review

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Background: Premenstrual Dysphoric Disorder (PMDD) is a chronic health condition that affects roughly 5% of menstruators, characterised by severe mood disturbances during the luteal phase of the menstrual cycle. Commonly considered a severe form of premenstrual syndrome (PMS), PMDD is recognised within the DSM-5 as a full disorder with emotional, behavioural, and cognitive symptoms.

While extensive research has examined risk factors for PMS, less attention has been given to PMDD. Therefore, the current study aims to answer the question: What psychosocial risk factors and health behaviours are associated with PMDD symptom severity?

Methods: This study is a systematic review of quantitative observational longitudinal research. Searches were run in Pubmed/Medline, Web of Science, Embase, CINAHL, and PsychINFO, retrieving 4765 studies. Two reviewers independently screened titles, abstracts, and full texts for inclusion. Both reviewers will conduct data extraction. The review protocol is published in Prospero, registration number: CRD42023410126.

Findings: Studies included in the final phase cover a wide range of psychosocial risk factors such as personality, psychiatric comorbidities, and physical health. Health behaviours investigated include exercise and alcohol intake. The included studies represent multiple countries including Pakistan, Poland and Italy.

Discussion: The results of this study provide valuable insights into the psychosocial and behavioural factors contributing to PMDD symptom severity. Furthermore, it will inform future research on PMDD and the health behaviours and psychosocial risk factors which should be targeted.

Menstrual cycle effects on psychological predictors of nutrition and physical activity: a scoping review

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Background:
Physical activity (PA) and diet fluctuate throughout the menstrual cycle. Yet, the psychological mechanisms underpinning these effects remain unknown. This scoping review aimed to (1) identify relevant psychological predictors of PA and diet based on the Theoretical Domains Framework (TDF) that may be relevant in this context and to (2) provide a critical assessment of the methodologies employed in this field and their quality.
Methods:
PubMed, PsycINFO, and Web of Science were searched from inception until September 2024. Peer-reviewed English publications were eligible for inclusion if they reported on PA or diet and related TDF constructs in biologically female populations of reproductive age currently not suffering from conditions impairing PA or diet.
Findings:
Of 7,197 screened records, 24 were included (14 PA, 8 diet, 2 both), comprising 14 primary studies and 10 reviews. Most examined menstrual cycle phase effects, with only two focusing solely on symptoms, primarily abdominal pain. Nineteen studies reported menstrual cycle related effects in lowering PA or increased food intake. Mood was the most explored TDF construct, with diet studies focusing only on mood and craving, while PA studies covered a broader range of constructs (e.g., motivation, ability, attention). Small samples, cross-sectional designs, and a lack of explicit sex-based recruitment limit generalizability.
Discussion:
The menstrual cycle is an important yet mostly overlooked factor in health behaviour research and interventions. More rigorous longitudinal sex-based research designs are needed to further explore the complex interactions between the menstrual cycle, psychological processes and health behaviours.

Oral Session: Biological and Psychological Factors in Food Intake

14:00 - 14:15

Is Hunger the Best Sauce? How It Affects Children's Intake of Familiar and Unfamiliar Fruits

B. Fleischeuer[1], R. Mourmans[1], P. Dibbets[1], K. Houben[1], A. Hendriks-Hartensveld[1], A. Van den Brand[1], C. Nederkoorn[1]

[1]Maastricht University, Netherlands

Sufficient fruit and vegetable (F/V) intake is crucial for healthy development, yet many children fail to meet the recommended levels, partly due to food rejection. This study aimed to identify an effective, easy-to-implement strategy to increase fruit intake in children by examining the impact of hunger on the consumption of a familiar and unfamiliar fruit. Additionally, it explored the moderating role of picky eating within this relationship. 177 children aged 4-6 were assigned to a hungry condition (food-deprived for 3-4 hours) or a non-hungry condition (food-deprived for less than 30 minutes). The children were then asked to taste a familiar fruit (apple) or an unfamiliar fruit (lychee), with up to 9 pieces available for tasting. It was hypothesized that children in the hungry condition would consume more fruit compared to those in the non-hungry condition and that intake would be higher for the familiar fruit than the unfamiliar fruit. Additionally, the effect of hunger on intake was expected to be moderated by picky eating, with a weaker effect in children who were more picky eaters. Results from a 2x2 ANOVA showed that hunger significantly increased fruit consumption, regardless of familiarity, and the familiar fruit was consumed more than the unfamiliar fruit. No interaction between hunger and fruit familiarity was found, and picky eating did not moderate the relationship between hunger, familiarity, and intake. These findings suggest that mild hunger can be an effective strategy to increase children's fruit intake, and offering fruits when children are hungry may promote healthier eating.

The role of risk taking and reward and punishment sensitivity in preschoolers' food rejection

A. van den Brand[1], A. Hendriks-Hartensveld[1], R. Havermans[2], R. Mourmans[1], B. Fleischeuer[1], I. van Lier[1], C. Nederkoorn[1]

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Background: Young children's fruit and vegetable intake is low, largely due to the high prevalence of food rejection behavior in early childhood. Food rejection may be influenced by children's (un)willingness to take risks and sensitivity to rewards and punishment. This ongoing longitudinal study examined the role of these traits in relation to food rejection in 311 children at ages 3 and 4 years.

Methods: Parents completed the BIS/BAS scale, Child Food Rejection Scale, and Liking of Foods Scale. Children participated in a taste test assessing their willingness to taste two familiar and two unfamiliar vegetables. They further completed a risk taking task (age 4 only), in which they could win and lose coins by choosing between a risky (win/lose 2 or 0 coins) or a safe (always win/lose 1 coin) option.

Findings: Preliminary results show that children high in food rejection are more sensitive to punishment and reward on the BIS/BAS scales than children low in food rejection at both ages. Willingness to taste was negatively related to risk taking in the lose trials at age 4, suggesting that picky children take more risk, but only when faced with potential losses.

Discussion: Decreasing sources of punishment in healthy foods (e.g., bad tastes), rewarding healthy food choices, and framing food acceptance as avoiding losses (e.g., missing out on yummy flavors) may thus be effective strategies to increase healthy food intake in picky eaters.

Parents' knowledge about dietary guidelines for children and barriers in their implementation: a mixed-methods study

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Background: Parents act as important nutritional gatekeepers for implementing and promoting a healthy diet in their children. However, little is known about German parents' awareness and knowledge of food-based dietary guidelines (FBDG) for children and adolescents, including the Optimized Mixed Diet (OMD), and which barriers might hinder daily FBDG implementation.

Methods: A cross-sectional survey with N = 261 German parents was conducted to (1a-b) examine FBDG awareness and knowledge. N = 20 purposefully sampled parents additionally participated in problem-centered interviews to (2) examine implementation barriers. Data was analyzed with descriptive statistics and regression models (survey) and qualitative content analysis (interviews). Identified barriers were categorized into the three sources of behavior from the COM-B model.

Findings: Only 11% of parents were aware of the OMD. In contrast, FBDG knowledge, i.e. knowledge about recommendations within the OMD, was medium to "high" (mean ± SD: 65 ± 10% correct answers to OMD questions). In preliminary analyses, barriers emerged at the level of the parents (e.g. social modeling), the child (e.g. individual preferences) and the living environment (e.g. school meals). For all COM-B sources of behavior, barriers were identified, whereby most barriers (predominantly structural conditions, e.g. food availability in out-of-home settings) were categorized into 'opportunities'.

Discussion: As parents' FBDG awareness is low, effective communication campaigns are highly needed. The expected overall results will allow to derive potential interventions to improve the implementation of FBDG for children and adolescents in Germany, such as policy measures aimed at improving the structural conditions for healthy child nutrition.

Development and validation of a comprehensive food literacy scale among adolescents

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Background
Food literacy refers to the individual capabilities to make informed food choices. While there are several conceptual frameworks for defining food literacy, food literacy questionnaires specifically designed for adolescents are scarce. The aim of this study was to develop and validate a comprehensive food literacy questionnaire for adolescents.

Methods
A concept questionnaire was developed based on literature, expert sessions and existing food literacy questionnaires. In a validation study, 673 Dutch adolescents aged 12-18 years completed this questionnaire. This version was evaluated and optimized based on the facility index, factor analyses, Cronbach's alpha and process evaluation questions. In a second study, the optimized food literacy questionnaire was completed by 540 Dutch adolescents.

Findings
The concept questionnaire consisted of 63 items covering four main concepts: knowledge, skills, social environment, and physical environment. Based on the factor analyses results, the latter two concepts were reclassified into the concepts self-control and handling socio-cultural influences. With this change, all (sub)concepts showed sufficient reliability with Cronbach's alpha varying between 0,68-0,83. After removing knowledge questions that were too easy or too difficult and statements with insufficient potential for improvement, the final questionnaire consisted of 47 items. The results from the second study showed that this questionnaire was sufficiently reliable and no longer contained knowledge questions that were too difficult or too easy.

Discussion
A comprehensive food literacy questionnaire was developed that is suitable for adolescents and pays attention to both healthy and sustainable eating aspects. Future research should explore its application in other European contexts.

How distracted eating interferes with homeostatic regulation of food approach dynamics: Insights from experience sampling

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While food intake is primarily regulated by physiological signals, psychological factors can interfere with this regulation. For example, our previous experience sampling study showed that distracted eating (e.g. watching TV, commuting) reduces meal gratification and shortens the time until the next eating occasion. Additionally, using a smartphone-based approach-avoidance task, we found that while people generally exhibit reduced food approach tendencies after meals, a weaker 'homeostatic adjustment' was linked to having a higher Body Mass Index (BMI). Building on these findings, the present research examined how eating context affects the homeostatic regulation of food approach dynamics. In a pre-registered experience sampling study (N = 134) executed through Prolific, adults from the United Kingdom used their smartphones to complete the approach-avoidance task before and after lunch and dinner for three consecutive days and reported distractions during these meals. Consistent with previous findings, linear mixed model analyses showed that food approach motivation declines from before to after meals, though less so in individuals with a higher BMI. Primarily, results indicate that distractions during meals disrupt this homeostatic regulation: individuals who reported higher distraction exhibited less reduction in food approach motivation after eating. These findings provide health psychologists with new insights to define and examine healthy eating practices, paving the way for more effective interventions. Furthermore, by assessing eating behavior in real-life contexts outside the lab, this research deepens our understanding of the mechanisms contributing to overeating and obesity, particularly in environments characterized by easy food access.

Oral Session: Communication and Decision-Making in Clinical Encounters

14:00 - 14:15

Strategies for communicating diagnostic uncertainty regarding post-viral syndromes

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Background
Post-viral syndromes (PVS), such as post-COVID syndrome, are characterised by heterogeneous and fluctuating symptoms that create significant diagnostic uncertainty for patients and doctors alike. This study investigates how different approaches to communicating diagnostic uncertainty affect trust and satisfaction among patients who experience PVS in a hypothetical scenario.
Methods
In an experimental online study (n = 417 UK participants), participants were presented with a vignette describing persistent symptoms following a viral infection and were randomly assigned to one of four communication conditions in a between-participants design: i) diagnostic certainty (symptoms were attributed to the prior infection), ii) diagnostic uncertainty (symptoms might be related but could not be definitely diagnosed), and diagnostic uncertainty alongside iii) a normalisation of uncertainty or iv) a hopeful outlook.
Findings
Overall, communicating diagnostic uncertainty (vs. certainty) did not reduce trust in the doctor ($\eta 2 = .01$) or patients' satisfaction ($\eta 2 = .002$). However, pairing uncertainty with normalising or hope-promoting language significantly increased trust compared to uncertainty without additional context ($d = 0.39$, 95% CI [0.10, 0.67] and $d = 0.41$, 95% CI [0.14, 0.69]). A hopeful outlook also improved satisfaction compared to non-contextualised uncertainty ($d = 0.40$, 95% CI [0.13, 0.67]).
Discussion
These findings highlight that diagnostic uncertainty, when paired with normalisation or hopeful communication, can preserve or enhance trust and satisfaction among PVS patients. This underscores the importance of empathetic communication strategies in managing uncertainty, particularly in conditions like PVS where definitive diagnoses may not be possible or take time.

How healthcare professionals speak affects patients' wellbeing and treatment satisfaction

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Background: Past work suggests that an autonomy-supportive healthcare environment is important for patient wellbeing and treatment outcomes. However, the role that healthcare professionals' communication plays in creating such environments has not yet been fully explored. Thus, the aim of this study was to explore how autonomy-supportive communications could affect patients' wellbeing and treatment satisfaction.

Methods: After obtaining ethical approval, 250 UK residents participated in an online survey. Participants listened to recordings of healthcare professionals explaining the best treatment in three hypothetical scenarios (e.g., "Your tooth requires a filling"). Healthcare professionals used either an autonomy-supportive, controlling, or neutral sounding voice when addressing patients. In a within-subjects design, participants were asked to indicate how their basic psychological needs, emotional and problem-focused coping, state anxiety, ratings of the healthcare professional (trust and confidence, satisfaction, intention to adhere to instructions, competence and confidentiality), certainty in what decision to make, and congruence between the heard voice and how they would like to be spoken to were affected by the way their healthcare professional spoke to them.

Findings: Repeated-measures ANOVAs (voice tone: autonomy supportive, controlling, neutral) were used to analyse the data. Results suggest that voice condition affected all outcome variables tested ($Fs\ (2,492) > 15.68$, $p < .001$), with autonomy-supportive tones being more beneficial for wellbeing and patient outcomes than either neutral or controlling tones.

Discussion: Overall, findings suggests that an autonomy-supportive voice in healthcare is important for patient wellbeing and outcomes, and may contribute to evidence-based communication training for healthcare professionals.

Informed choices: patients' and healthcare professionals' perspectives on high-risk prostate cancer treatment decision-making

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Background

Patients with localized high-risk prostate cancer (HRPCa) are often eligible for both radical prostatectomy (RP) and radiation therapy (ERBT) with hormonal therapy (ADT). This study explored how treatment information for HRPCa patients is organized in Dutch hospitals, experiences of patients and healthcare professionals (HCPs) with information provision, and treatment considerations of these patients.

Methods

We conducted semi-structured interviews with HRPCa patients eligible for both RP and ERBT with ADT (n=18), and with HCPs involved in their care (n=17). Two topic-lists were developed to guide the interviews, which were transcribed verbatim and analyzed thematically.

Findings

Three themes emerged from the data: (1) ‘Large hospital variation in information provision’. Urologists and nurses most often provided treatment information, while radiotherapists were involved in information provision in only few hospitals. The nurse's role varied, from treatment information provision to ensuring patient understanding, and/or offering emotional support; (2) ‘Personalization is needed despite general satisfaction’. Although both patients and HCPs expressed satisfaction with information provision, both indicated a need for more personalized information. HCPs suggested that earlier involvement of radiotherapists could enhance objectivity of the information provision; and (3) ‘Patient’s treatment decision reflects HCP’s preference’. Patients’ treatment decisions consistently aligned with HCPs’ recommendations, although patients reported feeling a sense of autonomy in their choices. Other aspects influencing treatment decisions included the perception of treatment-related side-effects and psychological considerations.

Discussion

Future efforts should focus on promoting multidisciplinary involvement, further standardization of information provision, and ensuring patients receive comprehensive, balanced and personalized information to facilitate informed decision-making.

Time to decide: Use of time in treatment decision-making consultations

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Background:
Cancer patients often face treatment decisions where shared decision-making (SDM) is appropriate. Time is often reported as barrier to SDM. Cancer patients and physicians report time can best be used during consultations by getting to know each other and ask or answer questions. We investigated how time is used and talked about in decision consultations.
Methods:
We audio-recorded first consultations between one of four ocular oncologists and 86 patients at the LUMC, the Dutch national referral center for eye melanoma. In this consultation, the ocular oncologists tell the definitive diagnosis and explain the two possible treatment options (eye removal or radiation) with comparable oncological outcomes. Audio-recordings were transcribed verbatim and coded. Descriptive analyses were performed using SPSS statistics version 29.0.
Preliminary findings:
Thus far, we coded 66 transcripts. 20/66 patients prepared for the consultation by reading information. The physician asked 12/66 patient questions to get to know them. 32/66 patients asked questions regarding both diagnosis and treatment options, 7/66 patients asked no questions. Ocular oncologists offered 47/66 patients time to think.
Discussion:
32/66 patients used time before and/or during the consultation to understand their diagnosis and/or treatment options better. This should facilitate their involvement in treatment decision-making, especially as eye melanoma is rare and the treatment options so markedly different. Physicians asked one-fifth questions to learn more about what is important to the patient, which seems essential to determine the best-suited option. Most patients were offered additional time to consider their options, which should help minimize experienced time pressure.

“Two options: a bad one or a really bad one”: shared decision-making in radiotherapy.

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Background:
Few shared decision-making (SDM) interventions have been underpinned with health psychology insights. Theory-informed interventions are often more effective, and are needed to successfully stimulate SDM. This study aims to identify which aspects influences SDM in radiotherapy (RT) to inform intervention development.
Methods:
For this instrumental case study, we conducted 15 semi-structured interviews with patients and companions, and 9 with radiation oncologists and physician assistants (April 4th-October 10th 2024), sampled for maximum variation. Topics included how participants experienced SDM, and challenges and solutions regarding SDM in RT. Transcripts were analysed using critical realist thematic analysis.
Findings:
Paternalistic decision-making generally prevails in RT. Our themes indicate that patients were frequently unaware of SDM opportunities in RT, in part due to transmural communication challenges. If presented with options, patients often felt unprepared, unempowered and overwhelmed, for which companions were valued. While familiar with SDM, several radiation oncologists reported rarely using SDM, believing there was often only one appropriate option. They also perceived that patients were less interested in treatments with lower chances of survival or were swayed by their treating physician.
Discussion:
Most cancer patients are unaware of SDM opportunities in RT, possibly because radiation oncologists perceive SDM as something often not applicable. Interventions should focus on a) empowering patients to communicate their goals and needs, b) optimising communication throughout care paths and c) widening radiation oncologists’ perception of “SDM consultations”. Our study informs systematic intervention development, and is novel in applying health behaviour perspectives to SDM.

An interprofessional tool assessing person-centered communication of bad news : Integrating patients and professionals perspectives

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Background. The importance of person-centered communication when breaking bad news (BBN) has been emphasized in various healthcare fields. However, existing BBN assessment tools have been developed without considering the patient's perspective or the interprofessional practice of healthcare providers. Based on two validated tools, this study aims to develop an interprofessional, person-centered BBN tool that integrates both patients' and professionals' perspectives and to test its psychometric validity.
Methods. First, a Delphi methodology was used with a panel of 19 experts (patient partners, healthcare providers, and communication researchers) to develop the items. Second, the new tool was applied to analyze 105 videos of nursing and psychology students in BBN situations. Exploratory and confirmatory factor analyses were conducted to test the tool's validity.
Findings. The Delphi method resulted in 41 items, achieving over 70% consensus. The model, based on exploratory and confirmatory analyses, included 40 items allocated to three factors and demonstrated an acceptable fit according to several indices (e.g. RMSEA = 0.054). The three identified factors were (1) empathic communication, (2) building a shared understanding, and (3) shared decision-making.
Discussion. To our knowledge, this is the first study to give patients an equal voice alongside other experts categories in defining an interprofessional, person-centered BBN assessment tool. This tool is relevant for research, education, and clinical practice. Further studies should confirm its acceptability among other populations.

Oral Sessions: Policy and systems

14:00 - 14:15

Quality of behavioral and social science policy briefs during COVID-19: a multi-country analysis

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Background: Insights from the social and behavioural sciences (SBS), including health psychology, are important to help increase support for and compliance with crisis measures and inform communication. However, government uptake of SBS policy advice during the COVID-19 pandemic was not readily apparent. Our aim was to study whether policy briefs written by SBS advisory bodies during the COVID-19 pandemic in Europe adhere to established aspects of effective policy briefs and whether this differed between briefs written with high urgency and low urgency.

Methods: 100 SBS policy briefs from four countries were included and scored on the 27-item Policy Brief Checklist (PBC) which was developed from the literature. Descriptive statistics were used to describe the results.

Findings: 59% of policy briefs contained a summary. The aim of the brief was made explicit in 46% and the policy problem in 45% of briefs. In 42% of briefs the recommendations were clearly indicated; in 34% they were fully actionable. Non-urgent briefs were more likely than urgent briefs to contain a summary, a clear focus, an explication of the policy problem and a layout that helped navigate the document. They were also more likely to describe the policy problem and to support recommendations.

Discussion: While good examples of SBS policy briefs can be found, in general the briefs did not optimally adhere to the characteristics of effective policy briefs. The use of well-considered templates containing all important brief aspects could improve briefs and increase uptake of advice during pandemics.

Uncertainty management during COVID-19: experiences of scientists, policy makers and communication professionals

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Introduction: Policy decisions during COVID-19 had to be made under high time pressure and under high scientific uncertainty, with suboptimal evidence and potential disagreements among experts and models. This study focuses on how scientific uncertainty was communicated, received and used for policy decision making and communication to the general public.
Methods: From January 2024- March 2024, we conducted 22 semi-structured interviews with scientific experts, policy makers and communication professionals involved in the public health response to COVID-19 in the Netherlands. The interviews focused on the meaning of scientific uncertainty, how uncertain scientific evidence was addressed in advice, during policy decision making and in public communication. Data were analysed thematically, using inductive thematic analysis and a categorization of uncertainty to generate analytic insights across stakeholder groups.
Results: Although all stakeholder groups were confronted with a lot of scientific uncertainty during COVID-19, they viewed scientific uncertainty differently, each from their own role and perspective. Regarding epistemic uncertainty, biomedical researchers reported to not have difficulties with uncertain evidence, and communicated this uncertainty in a technical way to policy makers. Policy-makers, however, had difficulty understanding and using epistemic uncertainty in policymaking. For communication professionals, epistemic uncertainty was not relevant as the public communication focused on consistent and actionable messages. Consensus uncertainty due to disagreements between experts later in the pandemic became a problem.
Conclusion: More awareness about uncertainty in scientific evidence and a better communication between experts, policy makers and the public would improve policymaking and public support.

Enforced versus voluntary behaviour change: using the Covid-19 pandemic to understand the impact of policies

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Background
During public health crises, governments often rely on restrictive policies such as sector closures to enforce behaviour change. However, studies evaluating the effectiveness of these policies often failed to include factors that motivated people to change their behaviour voluntary, such as governments' behavioural advice or increased risk. As a result, the impact of enforcement could have been overestimated. The current study aims to disentangle these influences to contribute to a more accurate evaluation of different possible government responses during health crises.

Methods
We employed time series and hierarchical modelling to disentangle the influences of restrictive policies, behavioural advice and pandemic severity on protective behaviour over the course of the Covid-19 pandemic in the Netherlands. We combined data from various sources, including google mobility data as well as large-scale surveys. We studied a comprehensive set of protective behaviours: testing behaviour, working from home, distancing and hygienic behaviours.

Findings
Both restrictive policies as well as behavioural advice and pandemic severity contributed to protective behaviour change. For many behaviours, the magnitude of the effects of enforcement were comparable to voluntary responses to behavioural advice and pandemic severity. Only for hospitality sector visits (e.g., bars, restaurants or cinemas), behaviour change was largely driven by sector closures.

Discussion and conclusion
Our study demonstrates that changes in prevention behaviours during the COVID-19 pandemic can partially be attributed to restrictive policies, but there was also considerable voluntary behaviour change. Studies reporting on the effectiveness of public health policies risk overestimating effectiveness when ignoring voluntary responses.

A systems approach to behavior: Fuzzy Cognitive Mapping for vaccination uptake

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Background
Vaccination uptake has declined for years. The effects of environmental factors are often overlooked and underestimated when studying behavior, as we tend to focus on the individual. In addition, the interactions within and between groups of determinants are not studied in conventional, linear models. Therefore, we believe a systems approach is needed to understand vaccination behavior. The aim of the study was to design a Fuzzy Cognitive Map for vaccination uptake in a pandemic, to inform policymaking.

Methods
We conducted interviews with experts (n=12), who designed fuzzy cognitive maps representing vaccination uptake behavior and factors associated with it, and their causal (inter-)relations. These maps were combined through thematic analysis, using theoretical constraints. We used a survey (n=12) to assess consensus on the structure of the model. Next, we verified the model with available data from an existing, longitudinal dataset. Finally, we presented the model to policy-makers and co-created system-based policy solutions.

Findings
Factors central to the resulting map were e.g. risk perceptions, emotions (e.g. fear), social norms and trust in governmental and healthcare institutions (individual level), community values, (social) media use and barriers to uptake (environmental level), and policies that encourage vaccination (societal level). Reinforcing feedback loops between the individual and environmental levels existed, such as through attitudes and exposure to information. Model validity and suggested policy outcomes will be presented.

Discussion
A systems approach to vaccination behavior has given insight into effects over time and reinforcing feedback loops within the behavioral system, feeding into better informed policy interventions.

Translating behavioural science advice into policy during a public health emergency; a behavioural perspective

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Background: During 2020-22, the Scientific Pandemic Insights group on Behaviour provided behavioural and social science advice to the UK government on COVID-19. Concerns were raised about the dissemination and use of this advice in decision-making. This study explores the barriers and enablers to translating behavioural science advice into policy, using the COVID-19 crisis period (2020-22) as an exemplar.
Methods: The perspectives of those who worked with national or local government in England, Scotland and Wales during 2020-22 were explored using 28 transcripts from the UK COVID-19 Public Inquiry, and 25 semi-structured interviews with behavioural advisors and intended advice users. Inductive thematic analysis was followed by deductive mapping of barriers and enablers to the use of advice in decision-making, using the Capability-Opportunity-Motivation-Behaviour (COM-B) model.
Results: Enablers included strong relationships with behavioural advisors (Opportunity) and a high regard for behavioural science (Motivation), which were especially observed within Scotland and Wales. Capability barriers included a lack of scientific literacy across government, leading to poorly framed advice commissions and misinterpretations of advice. Opportunity barriers stemmed from disjointed advice dissemination processes and limited opportunities for interaction between behavioural advisors and decision-makers. Motivation barriers included low trust and low perceived value of behavioural science, a preference for advice from within one's own profession (e.g., communications specialists), and a general reluctance to engage with scientific evidence.
Discussion: These findings can inform behaviour change interventions targeting different actors across the evidence-to-policy translation process, to enhance the uptake of behavioural science evidence in policymaking in future public health responses.

Why do the public and experts differ in beliefs about obesity policy?

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Background
Health psychology informs health policies, but these can face opposition. Research highlights differences between public and expert beliefs about obesity and how these impact policy support. This study examines three psychological mechanisms - correspondence bias, empathy and awareness of the obesogenic environment – that may explain these differences.
Methods
A nationally representative survey (N=1,800) was conducted with public samples in Ireland, the UK and the US, and with obesity experts in clinical, policy and research fields. Correspondence bias and empathy were tested using vignettes, while awareness of the obesogenic environment was measured through a custom video and recall tasks. Perceptions of fairness, efficacy and support for 12 obesity-related policies were evaluated, categorised by the Nuffield Ladder of intrusiveness. Hypotheses and analyses were pre-registered on OSF.
Results
The public and experts did not differ in correspondence bias (M=3.98, SD=1.68 vs. M=3.87, SD=1.50). Experts were more aware of the obesogenic environment (M=2.15, SD=1.05 vs. M=2.95, SD=1.09) and had higher empathy for those at risk of obesity (M=4.57, SD=1.15 vs M=5.10, SD=0.99). Multi-level ordinal logistic regression found that empathy was linked to policy support, while correspondence bias and awareness were not. Pre-registered exploratory analyses suggested that awareness might influence perceived efficacy, which dampens support.
Discussion
Misperceptions contribute to public opposition of health policies. Health psychology can play a crucial role, not only in designing effective behaviour change interventions, but in aiding implementation. This study informs strategies to bridge the gap between experts and the public, enhancing policy acceptance and systemic health improvements.

Poster Session: Consequences of the climate crisis and how we deal with them

16:00 - 17:00

Effects of expressive writing and planning on young individuals' climate anxiety, worry, and pro-environmental behavior

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Background: Climate worry and climate anxiety are intricate phenomena; they may drive pro-environmental behavior but may also harm individuals' well-being. As such, effective interventions must address these emotions without detrimental effects on social and environmental outcomes. The present study evaluated two coping-based interventions, specifically expressive writing, which may decrease anxiety and worry by alleviating rumination, and behavior planning, which may, when used together with expressive writing, increase pro-environmental behavior despite decreased anxiety and worry.
Methods: 89 young individuals experiencing at least occasional climate anxiety or worry were block-randomized into three groups: 1) control, 2) expressive writing, and 3) expressive writing + behavior planning. The online intervention lasted three days (15 minutes daily), with a booster session a week later. The main outcomes were assessed before, immediately after, and one week after the intervention. Climate anxiety (measured before and after the assigned exercise) and pro-environmental behavior (after) were also assessed daily.
Findings: The main analyses comparing changes in climate anxiety, worry, and pro-environmental behavior between groups were not statistically significant. Furthermore, daily assessments did not reveal distinct patterns of change. Lastly, comparisons of climate anxiety before and after performing the exercises revealed that both interventions, particularly expressive writing, momentarily increased individuals' climate anxiety compared to the control group.
Discussion: Brief interventions, particularly those addressing only individual needs, may not be able to positively impact individuals' climate anxiety, worry, and pro-environmental behavior. These findings should be interpreted in light of limitations, including participants' relatively low baseline levels of anxiety and worry.

Effects of outdoor education activities on eco-anxiety: A double-edged path to environmental conservation

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Outdoor education is a promising method for encouraging higher environmental consciousness. However, close interaction with nature can contribute to developing eco-anxiety owing to the increasing prediction of environmental degradation and its associated risks. This study investigated how experiences with outdoor education influence damage prediction and eco-anxiety, including its connection to fostering pro-environmental behaviors. The study participants were 203 individuals (65 men, 137 women, other 1, M:32.00, SD: 15.75) in Japan aged 18 years and above. The participants were asked to answer a questionnaire about outdoor education experience, environmental protection behaviors, eco-anxiety emotions, and environmental damage prediction were examined. The multiple regression analysis results show that outdoor educational experiences can contribute to an increased perception of damage prediction and foster pro-environmental behaviors. Nevertheless, when experiencing eco-anxiety emotions, “feelings of despair,” a subscale of eco-anxiety, negatively predict “environmental protection behaviors.”However, feelings of “affliction” and “worry” positively predicted them. Additionally, school-based outdoor education experiences had a more significant effect on experiencing eco-anxiety than experiences with friends and family. This suggests that the academic and scientific framing of nature and environmental issues through school-based outdoor education programs may have a more significant impact on raising awareness of environmental issues but may also intensify eco-anxiety. This study highlights the need to address the potential psychological distress caused by outdoor education experiences, especially in academic settings. Managing this distress can help ensure that eco-anxiety fosters proactive responses to the threats of climate change instead of becoming a hindering barrier to action.

Adapting the Inventory of Climate Emotions in the Netherlands: Links between Eco-emotions, Health, and Environment

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[4]UMCG, Netherlands

The climate crisis has profound mental health implications, affecting individuals in diverse ways. To understand the emotional impacts, the Inventory of Climate Emotions (ICE) systematically captures emotions (anger, contempt, enthusiasm, powerlessness, guilt, isolation, anxiety, sorrow) related to climate change. The primary aim of this study was to adapt the ICE into Dutch, offering a reliable and valid instrument for measuring climate-related emotions in the Netherlands. The secondary objective was to explore the relationships between eco-emotions, positive and negative affect, as well as individual adaptation behaviors and policy support for climate adaptation. A total of 320 participants (Nwomen = 131) took part in the study. Confirmatory factor analysis revealed an acceptable model fit ($\chi 2(436) = 932.92$, $p < 0.001$, RMSEA = 0.060, CFI = 0.92). Reliability and convergent validity of the tool were confirmed. Affective symptoms, anxiety about one's impact on the planet, and environmental concern were significantly linked to eco-emotions as expected. Positive affect correlated with powerlessness (r = - .213), sorrow (r = - .156), while negative affect correlated with anger (r = .199), powerlessness (r = .231), guilt (r = .325), isolation (r = .239), anxiety (r = .263), and sorrow (r = .296, p's < .001). All emotions except powerlessness were correlated with adaptation behaviors and policy support, with contempt negatively and others positively, ranging from weak to strong in magnitude. These findings highlight the importance of eco-emotions in promoting climate adaptation and their implications for health psychology, particularly in understanding how climate-related emotions impact mental well-being.

A qualitative evaluation of Active Hope: An intervention for coping with ecological distress

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Ecological distress (eco-distress) is a pressing issue arising from fear, anger and sadness about climate change and ecological injustice, in combination with inadequate coping resources.

Active Hope (AH) is a programme of eco-spiritual work aimed at individuals who have concerns about global problems such as climate change or other social injustices. AH workshops are run by trained facilitators using storytelling, group discussion, role-playing, ritual and meditation. The objective of AH is and to transform distress about world issues that are difficult to solve, into resilience, empowerment and ultimately person-specific actions for each participant aimed at coping with the global concerns each individual has.

There is a lack of research examining interventions, such as AH, that specifically aim to address eco-distress. The current study aimed to understand participant perceptions of the impacts of taking part in AH on eco-distress and coping.

In person and online semi-structured interviews were conducted with nine participants (aged 36-77) who were recruited from a AH mailing list hosted by a trained AH facilitator. Inductive and deductive reflexive thematic analysis generated four themes, each with two subthemes, representing four phases of the AH “spiral”. The analysis described how each of the spiral’s phases were perceived to support coping through cultivating a sense of belonging, social support and meaning-making within the context of difficult global problems.

The study concluded that more qualitative and quantitative research is needed about AH and other interventions for climate-related mental health, including in younger populations who appear to be particularly impacted by eco-distress.

Mitigating Urban Heat Stress with Smartwatch-Driven Interventions: Enhancing Sleep Quality and Productivity (Project Well-fit)

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Background: Urban areas are increasingly exposed to elevated heat conditions as a consequence of climate change, leading to greater energy demands, adverse health outcomes, and reduced productivity. Existing thermal comfort models based on laboratory-derived assumptions fail to capture individual differences. This study aims to examine how elevated heat impacts sleep quality and productivity, and whether low-level behavioral interventions can promote heat-mitigating behaviors and improve overall well-being.

Methods: Data will be collected using ecological momentary assessment over a three-week summer period. During the first week, baseline measurements will be established. In the second week, participants will receive behavioral prompts via Apple Smart Watches to encourage heat-mitigating behaviors. The third week will assess transfer effects. A total of 50 participants will be monitored in both work and private settings. Physiological parameters – including heart rate variability, movement, sleep and body temperature – will be continuously tracked using Apple Watches and Oura Rings, while environmental conditions (temperature, humidity, and CO2) will be recorded with the AirCo2ntrol5000. Behavioral interventions will be delivered during work hours and before sleep to optimize both productivity and sleep quality.

Analysis and Discussion: Multilevel models will be used to assess whether behavioral prompts improve sleep quality, productivity and overall well-being. Expected implications include advances in personalized comfort models and energy-efficient building practices, offering valuable insights for health psychology and urban climate mitigation strategies.

Evaluating a framework for inclusive, co-produced, sustainable practices for environment-health research: Examining synergies and tensions

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The climate and ecological crises pose profound threats to human and more-than-human health. Within this context, academic practices must continually evolve to ensure environment-health research is equitable, co-produced, and of minimal environmental impact. Integrated approaches to issues of Equity, Diversity and Inclusion (EDI), Knowledge Co-Production (KCP), and Environmental Sustainability (ES) are therefore needed. The ACCESS project (Advancing Capacity for Climate and Environment Social Science) has developed and evaluated such an integrated framework – the ACCESS Guiding Principles.

We co-produced the Guiding Principles through an iterative process, involving various knowledge-holders. We engaged in reflexive discussions with researchers and practitioners of EDI, KCP and ES, reviewed academic and practitioner literature, and facilitated input from attendees at project events. We shared the framework on our project website in March 2023 and have evaluated implementation through a process of ongoing reflection, dialogue, and case study review.

Key findings from reflexive discussions and case studies highlight that people value the non-prescriptive approach advocated through the Guiding Principles framework. Evaluation also highlights various synergies and tensions between EDI, KCP and ES when using this integrated approach to inform design and delivery of research-related activities.

Health psychologists can play a vital role in ensuring environment-health research and practice is more equitable, inclusive, co-produced and sustainable. Frameworks such as the ACCESS Guiding Principles that advocate for integrated consideration of EDI, KCP, and ES issues can support these efforts. We recommend co-producing policies and processes that enable reflexive, dynamic, and contextual decision-making in relation to EDI, KCP and ES.

Assessing online tools for sustainable behaviours: a mixed-method approach combining content analysis and user experience

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Background: Climate change requires urgent multi-level action, including policy changes, industry transformation, and individual sustainable behaviours. Online tools offer a scalable approach to promote such behaviours, but their acceptability and user experience remain understudied. This study aimed to: (1) identify and assess online sustainability tools based on behaviour change techniques (BCTs), and (2) explore users' experiences when engaging with these tools.
Methods: Part 1 systematically identified sustainability websites through Google searches and literature. Eleven websites were evaluated using the BCT Taxonomy (v1), Persuasive Systems Design (PSD) principles, and the Health-Related Website Evaluation Form. Part 2 employed a qualitative, longitudinal design with 20 participants using think-aloud methodology to explore experiences with two high-ranking tools (Get-Greener and ClimateHero) over two weeks. Ethical approval was obtained.
Findings: The 11 websites incorporated 22 BCTs, with "information about social and environmental consequences" (100%), "instruction on how to perform behaviour" (81.82%), and "credible source" (72.73%) being most common. ClimateHero, Get-Greener, and WWF Footprint Calculator demonstrated the most PSD principles (n=14). Participants valued customised recommendations considering personal circumstances and ongoing support. Eight participants made small behavioural changes during the two-week period. Barriers included cost, limited access to alternatives, logistical issues, and competing motivations like convenience and finances.
Discussion: Online sustainability tools should incorporate personalised footprint calculations, tailored recommendations, and ongoing support while acknowledging barriers to change. Users prefer easily implementable changes and desire clearer guidance alongside collective societal support. Future tool development should address both practical and motivational barriers to sustainable behaviour adoption.

What drives adolescents' susceptibility to planetary health mis- and disinformation?

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Background: There is little research on what makes adolescents susceptible to misinformation, especially concerning planetary health. Adolescents do seem particularly vulnerable, as only few seem able to identify misinformation. Therefore, we will investigate the role of commonly found drivers of misinformation susceptibility among adults (e.g., cognitive, affective, social) and the role of potential developmental drivers (e.g., evolving identity, peer influences, inclination for risk behaviour) in adolescents' susceptibility to mis- and disinformation.

Methods: Eight focus groups with six adolescents each will be completed in April 2025. To detect social processes that might not be observable in individual interviews while providing a safe environment, we interview groups of adolescents in the same age range (12 and 13 or 14 and 15) and with a similar educational background together. Simultaneously, we aim for a diversity in adolescents' characteristics across focus groups to gather a range of perspectives.

Planned Analysis: According to reflexive thematic analysis, the qualitative data will be transcribed, and codes will be generated and clustered under potential themes by the first author. The themes will be evaluated, reviewed and finalized by all authors. These findings will be reported in comparison to the current literature.

Discussion: The findings will provide an in-depth understanding of what drives adolescents' susceptibility to planetary health mis- and disinformation. We plan to use these findings to develop evidence-based interventions aimed at building resilience among adolescents against planetary health mis- and disinformation. The findings can be potentially informative for research studying adolescents and misinformation in other fields too.

Poster Session: Health in every phase: Digital health across the lifespan

16:00 - 17:00

Emergent study: Evaluating embers digitally supporting children's mental health

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Background: Early childhood is crucial for emotional and social development, and there is growing demand for accessible mental health resources to support families, as traditional interventions often face financial and logistical barriers. Embers the Dragon is a digital self-help intervention aimed at improving emotional skills in children (ages 4-7) and parenting efficacy. The intervention uses animated stories, psychoeducation videos, and school-based resources to foster social-emotional learning. The current study aims to investigates the impact of Embers on parent and child mental health outcomes in home and school settings.

Methods: A waitlist-controlled, three-arm mixed method trial was conducted with 733 participants, as part of a larger mixed methods study. Participants were assigned randomly to either the control arm or the home-based Embers arm. The third non-randomised arm consisted of school classes instructed to implement Embers in the classroom setting with lesson. Data were collected at baseline, 8 weeks, 16 weeks, and 24 weeks. Primary outcomes included the Parenting Self-Efficacy Scale, Parenting Scale, and Strengths and Difficulties Questionnaire.

Findings: Interim results of the trial will be reported.

Discussion: The results will contribute to understanding the scalability of digital interventions in real-world settings and the role of parental involvement in children's mental health. These findings have implications for health psychology, particularly in optimising accessible interventions to enhance child and family well-being and addressing the increasing burden on traditional mental health services.

Adolescent Mental Health in the Digital Era: Social Media, Screen Time, and Digital Literacy

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Abstract

Background: The increasing exposure of adolescents to digital technologies has raised significant concerns regarding its psychological implications. This narrative review aims to examine the impact of social media use on adolescent mental health, the psychological consequences associated with excessive screen time, and the critical role of digital literacy in promoting online safety and well-being.

Methods: A narrative review was carried out, integrating quantitative and qualitative research studies focused on social media use, screen time, and digital literacy. The analysis emphasized key themes and patterns identified in studies conducted over the past two decades, with adolescents serving as the primary participants.

Findings: Prolonged use of social media has been consistently linked to increased levels of anxiety, depression, and low self-esteem, primarily due to mechanisms such as social comparison and the pursuit of external approval. Moreover, excessive screen time is strongly associated with social isolation and a noticeable decline in essential social skills, as digital interactions increasingly replace traditional face-to-face contact. The concept of digital literacy emerges as a crucial preventive approach, equipping adolescents with the necessary skills to engage with technology in a responsible manner while mitigating potential psychological risks.

Discussion: Overall, these findings emphasize the importance of balanced technology use and targeted interventions, such as fostering digital literacy, to effectively address the psychological challenges posed by the pervasive and ever-evolving use of digital technologies among adolescents.

Keywords: adolescents, mental health, social media, screen time, digital literacy

Motivation And Mobility Insights: Development And Evaluation Of A Monitoring App For Older Adults

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Background: Out-of-home mobility is crucial to older adults' autonomy, maintenance of functional capabilities and life satisfaction. Various barriers hinder older adults from engaging in out-of-home mobility including lack of motivation. To overcome reduced mobility in older adults, we developed an iOS mobility monitoring app for mobile phones to facilitate awareness and motivation.

Methods: A smartphone-based interface provided six participants between 62 and 72 years of age with real-time access to their daily step count, GPS-based data on time at home, time out-of-home, visited locations, daily routes, and route duration. Usability and perceived mobility were assessed using the System Usability Scale (SUS) and the Mobility Assessment Tool Short Form (MAT-sf). Additionally, participants' feedback on motivation and autonomy semi-structured interviews were conducted at baseline and after 14 days. Interviews were analyzed with thematic theme analysis.

Findings: Three participants reported low to moderate and three participants reported high out-of-home mobility using the MAT-sf. All participants remained stable or improved their MAT-sf score at follow-up. Usability was rated "excellent" by 5 and average by one participant on the SUS. Participants described the importance of out-of-home mobility for their daily life, health, and autonomy and the app as an important tool providing hints and motivation for out-of-home mobility.

Discussion: Usability and a self-perceived effect on motivation to engage in out-of-home mobility was found for a mobility monitoring app, demonstrating the role of visualization for motivation. The results of this pilot study need further confirmation but indicates the usefulness of mobility monitoring apps in motivational counseling.

Listen Up: Parental Needs Shaping the Digital Future of Self-Management Interventions for Neurodiverse Children

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Children with neurodevelopmental conditions often struggle with developing self-management skills essential for daily activities, such as maintaining routines, emotional regulation, and time management. Traditional intervention methods may lack engagement or adaptability to individual needs. Digital tools such as Virtual Reality (VR)-based interventions offer immersive, interactive environments. This study investigates the barriers parents of children with neurodevelopmental conditions face in supporting their children's self-management and how digital interventions, particularly VR, can address these challenges.

This ongoing mixed-methods study combines qualitative (in-depth interviews, expected N=30) and quantitative (survey, expected N=80) approaches. The survey includes measures on parental stress, child psychosocial functioning, and technology acceptance, alongside a custom questionnaire assessing parental challenges, strategies, and attitudes towards digital interventions. The interviews provide deeper insights into these themes, exploring lived experiences and specific needs. Thematic analysis through Atlas.ti, guided by the Technology Acceptance Model (TAM) and Self-Determination Theory (SDT), will identify recurring themes. Survey data will be analyzed using descriptive and inferential statistics to examine trends and relationships among parental attitudes, technology usage, and perceived effectiveness of digital interventions. Quantitative data will be analyzed using Structural Equation Modeling. Both qualitative and quantitative findings will be integrated for a comprehensive understanding.

This study contributes to the development of patient-centered VR-based interventions that align with psychological theories of behavior change and self-regulation. It demonstrates how needs assessment can guide digital intervention development and provides actionable insights for future research, ensuring that interventions are better tailored to the needs of neurodiverse children.

Designing and disseminating digital lifestyle interventions for vulnerable young families: an interview study

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The young family phase, from preconception to early childhood, offers a window of opportunity for promoting health through lifestyle changes. eHealth lifestyle interventions can support young families in improving their lifestyle. However, financial hardship and limited health literacy can hinder their use and adherence. This study aims to understand the facilitators and barriers to eHealth use in vulnerable young families to design tailored interventions that align with their skills, preferences, and needs.

We conducted interviews with young families in a socioeconomically disadvantaged neighbourhood in Rotterdam, the Netherlands. Semi-structured interviews explored current eHealth use, desired functionalities, and dissemination methods.

We interviewed 13 women (average age 33), including one with an active childwish, 6 pregnant, and 7 with a child aged four or younger. Additionally, we interviewed 2 men (average age 32) with pregnant partners. Participants faced vulnerabilities such as language difficulties (67), not living with a partner (33%), and lower education levels (14%). They experienced loneliness (43%), financial stress (50%), and stress from their living situation (36%). Six participants (43%) were not satisfied with their lifestyle. Preliminary analysis suggests diverse needs, with functionalities like goal setting and personalized advice being appealing. Mixed responses were found for chatbots and peer chatrooms. Social media and recommendations by trusted individuals were suggested for dissemination.

Valuable insights for developing eHealth interventions for vulnerable young families were found. Future interventions should offer more than lifestyle information to be found relevant. Social media and healthcare provider involvement can enhance dissemination, increasing usage and adherence, ultimately improving lifestyles.

Social media and self-objectification in the prediction of eating disorder symptoms in adolescents

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Background: Adolescence is a critical period for self-objectification due to heightened body awareness, self-consciousness, and preoccupation with appearance. Body surveillance, the habitual monitoring of one's appearance, is a key aspect of self-objectification and is closely related to body shame. Social media reinforces objectification through the sharing of images and feedback. This study examines the relationship between social media use, body surveillance, body shame and eating disorder symptoms in adolescents.
Methods: A total of 1834 high school students (70% female) aged 14–19 years (M = 16.19, SD = 1.08) took part in the study. They completed self-report questionnaires on daily social media use, the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996) and the Eating Attitudes Test (EAT-26; Garner & Garfinkel, 1979).
Findings: Participants spent an average of five hours per day on social media (M = 5.04, SD = 2.61). Body surveillance and body shame were significantly correlated and associated with social media use ($r_{surveillance}$ = .13, r_{shame} = .12, $p < .05$). Adolescents who felt more body surveillance (r = .47) and more body shame (r = .67) showed more eating disorder symptoms. Regression analysis showed that female gender, higher BMI, body surveillance, and body shame predicted disordered eating symptoms, with body shame being the strongest predictor (β = .60).
Discussion: The results of this study have important implications for professionals working with adolescent girls and for the development of health promotion programs that address social media use and body image issues such as body surveillance and shame.

Exploring the impact of group interactions in a web-based cognitive training for older adults

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Background: Maintaining problem-solving abilities is crucial for successful aging, yet cognitive decline can hinder these skills, highlighting the need for targeted interventions. This study explores how group interactions influence learning in a collaborative web-based training program for older adults. We hypothesize that effective collaboration improves performance and training satisfaction.

Methods: Forty-two participants (aged 65+) are divided into 14 groups of three to complete Shared, Web-based, Intelligent Thinking Training (SWIFT), a 10-session cognitive training program. In each session, participants collaboratively plan a two-day trip to Rome, where one acts as a “player” making decisions, while two “co-players” contribute collaboratively. Conducted at the University of Padua (Italy), the study analyzes group interactions and communications patterns using Interaction Process Analysis and Atlas.ti. Video-recorded sessions are transcribed and double-coded for inter-rater reliability.

Findings: At the moment, two groups have completed the training, and coding of group interactions is in progress. Network analysis will measure centrality, identifying key roles and their influence on performance. To assess changes in interaction and performance over time, repeated measures ANOVA and paired-samples t-tests will be conducted. Participants' interactions are expected to improve across sessions, leading to enhanced performance. Task-oriented groups demonstrating positive socio-emotional behaviors are anticipated to achieve the best outcomes, with socially engaged individuals outperforming less participatory ones.

Discussion: This study contributes to health psychology by highlighting the impact of social interactions on cognitive training to support active aging. By leveraging group-based learning, the project capitalizes on shared experiences, motivating individuals through collective successes and healthy competition.

Poster Session: Innovative methodologies in digital health studies

16:00 - 17:00

Measuring stress using WhatsApp voice messages – a feasibility and usability study

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[1]TNO, Netherlands

Background: Stress is an important health signal across health and occupational domains. Questionnaire-based stress assessments are often retrospective and unpopular among participants. Ecological Momentary Assessment (EMA) via smartphones offers more granular, real-time data collection but suffers from adherence issues. This study explores the feasibility and usability of WhatsApp voice- and text-messages as a method for daily stress measurements.

Methods: A convenience sample of 172 workers took part in a 14-day diary study employing automated WhatsApp messages to collect a stress rating, main stressors and energy sources in 4 groups: A) week 1 voice-, week 2 text-messages with emojis; B) week 1 voice-, week 2 text-messages without emojis; C) week 1 text-, week 2 voice-messages with emojis; D) week 1 text-, week 2 voice-messages without emojis. Demographics and usability rating (incl. preference) were assessed online pre- and post-study respectively.

Results: We will present demographics, overall and per group adherence rates, and comparison of adherence depending on preference and emoji use. For the user evaluation, we will provide descriptive statistics regarding usability. To evaluate the quality of the data, all open answers will be coded to represent types of stressors and energy sources. The number of stressors/energy sources identified across methods (voice vs. text) within and between participants will be compared and correlated with stress ratings.

Discussion: We will discuss to what extend stress diary studies via WhatsApp are feasible, well perceived and create useful data for research. We will discuss implication for real-world, digital stress measurements by leveraging widely-used communication platforms.

Exploring ECG and Eye-Tracking Biomarkers for Emotion Recognition: A Pilot Study

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Background: Recent research suggests that Electrocardiogram (ECG) features, particularly heart rate variability (HRV), may serve as reliable markers for detecting human emotional states. This pilot study investigates whether, and which, ECG features can effectively differentiate between the valence-arousal quadrants of Russell's circumplex model of emotions.
Method: We designed an experiment with 15 participants, each exposed to 100 affective image trials while recording ECG data and subjective emotional ratings. Additionally, eye-tracking was incorporated to explore potential complementary markers. Data will be analyzed using multivariate multiple regression, with various ECG features and pupil dilation (eye-tracking) as predictors of valence and arousal.
Expected Findings: We anticipate replicating prior findings that ECG features, such as the low-frequency/high-frequency (LF/HF) ratio of HRV, can distinguish between different valence-arousal states. Furthermore, we explore whether combining HRV measures with pupil dilation enhances the accuracy of emotion classification within the circumplex model.
Discussion: As a pilot study, our findings will inform the design of a subsequent experiment with larger sample sizes and machine-learning approaches for automated emotion classification. This research contributes to the development of an emotion recognition system, which could be valuable for assistive technologies by enabling real-time emotional monitoring, personalized biofeedback, and early detection of stress, anxiety, and mood disorders. By bridging experimental psychology with digital health, our research fosters interdisciplinary collaboration and advances mental health interventions.

Beyond alerts: Evaluating the efficacy of a mobile health application for cardiovascular disease risk communication

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Background: Mobile health (mHealth) has shown great potential in disease prevention and management, offering innovative approaches to healthcare delivery. However, despite their growing adoption, research on how these applications effectively communicate health risks to users remains limited. The study aims to evaluate the efficacy of the mHealth application HerzFit in cardiovascular disease (CVD) risk communication, focusing on its psychological impact, knowledge enhancement, and influence on behavior. It also aims to identify the underlying mechanisms by how HerzFit features and functionalities drive risk communication efficacy.

Methods: A mixed-method approach is used, including a pre-and-post-intervention study and semi-structured interviews. 70 participants with a risk of developing CVD exceeding 10% within the next decade will be involved, with 12 of them attending later interviews. The study measures psychological outcomes (risk perception, emotional response, risk recall, and perceived credibility), heart disease knowledge, and behavioral outcomes (diet, physical activity, stress, smoking assumptions, self-care, and self-efficacy). Quantitative and qualitative data will be analyzed using paired-sample t-tests and thematic analysis, respectively.

Findings: Paired sample t-tests will reveal whether participants' cardiac health awareness, knowledge, and behaviors have improved or changed after using HerzFit for 12 weeks, thereby testing its risk communication efficacy. Thematic analysis of interviews will provide insights into if HerzFit's risk communication strategies and functions influence and transform participants' lived experiences.

Discussion: The study explores the feasibility of risk communication in mHealth applications, providing insights into designing risk communication strategies for such platforms. It also contributes to advancements in CVD risk communication and primarily prevention approaches.

Perceptions of AI-generated nutrition information texts: An online experiment

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Background: Artificial intelligence (AI) is becoming increasingly popular to obtain health-related information. At the same time, many people are still skeptical of the performance of AI. The present study tested whether written nutrition information is rated differently depending on whether individuals are aware that the text was produced by an AI chatbot (ChatGPT).

Methods: For this 2 Source (AI/ no source) x Topic (diet/ supplements/ snacks) between-subjects online experiment, 774 participants aged 18-64 years (51% women) and representative of the German population were recruited and randomly assigned to reading one of six brief texts and rated trustworthiness, interest and perceived understanding of the presented information as well as intention to act upon the received information and willingness to share the information with others.

Findings: Texts with an AI source were rated as less trustworthy than texts without source information, $F(1, 768) = 4.76$, $p = .029$, $\eta^2p = .01$. However, only 41.5% of participants in the AI source condition noticed that source information was provided. If source awareness was considered, the effect on trustworthiness was no longer statistically significant. Instead, there was a statistically significant main effect of source for willingness to share, $F(2, 765) = 4.05$, $p = .018$, $\eta^2p = .01$. Participants in the AI source condition being aware of the source indicated a lower willingness to share compared to source-unaware participants in the AI source condition ($p = .014$).

Conclusions: Source information is often ignored and may only have negligible influence on the perception of nutrition-related information.

Artificial intelligence in critical care: Perspectives of Australian critical care nurses

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Background: Artificial intelligence (AI) is becoming increasingly ubiquitous. Nursing is not immune from this rise. AI could have a disruptive impact on nursing, especially in critical care. Thus, this study aimed to understand views of Australian critical care nurses towards AI use in practice.
Methods: After ethical approval, semi-structured interviews were conducted with members of the Australian College of Critical Care Nursing. These interviews explored perceived benefits, limitations, and threats of AI implementation in relation to critical care nursing. To identify key themes Thematic Analysis was used.
Findings: Ten nurses were recruited and interviewed. Participants tended to view AI as a potentially useful tool in a range of areas, including clinical decision making. There was a strong theme around a need for human oversight, linked to themes of inherent AI limitations, importance of 'seeing' the patient, nursing requiring a 'big picture' or 'Gestalt' understanding, as well as empathy and 'human touch'. Concerns included de-skilling, over-reliance, lack of regulation, data privacy and quality, and medical liability.
Discussion: This study highlights that critical care nurses view AI as a potentially useful tool. However, it cannot replace human nurses due to nursing requiring clinical intuition and human interaction. AI implementation will need to include clear governance and quality controls, and guard against de-skilling and over-reliance on AI, particularly amongst junior nurses.

Understanding and Promoting AI Adoption in Healthcare: A Behavioural Science Perspective

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Background: Understanding the drivers of the use of Artificial Intelligence (AI) is crucial for its adoption and use. This research has three main research objectives: i. Identify barriers and facilitators to the use of AI in healthcare settings; ii. Examine how perceptions of AI by healthcare stakeholders in Portugal influence their adoption of digital health tools; iii. Develop and test evidence and theory-based strategies to promote the ethical and equitable use of digital AI-based tools in healthcare. Methods: These three objectives will be achieved through four research studies. Study 1 is an ongoing scoping review of the literature on barriers and facilitators to the adoption of AI-based digital tools in healthcare. Informed by this study, study 2 uses a mixed-methods approach (survey + focus groups) to collect data on healthcare stakeholders' perspectives on AI use and adoption in the Portuguese context - healthcare professionals, managers and patients (N=300 + 30). Findings from the first two studies will be triangulated to inform the development of evidence and theory-based strategies to promote the ethical and equitable integration of AI tools in healthcare, using a co-creation approach. These strategies will be pilot tested in selected Portuguese healthcare settings, using an optimization approach, and refined based on stakeholder feedback and real-world implementation. Discussion: Findings from the studies will inform the development of actionable recommendations for promoting responsible AI adoption and use in Portuguese healthcare contexts, and contribute to improve the current scientific models explaining the factors associated with the use of AI.

Inferring Mobility Patterns Using Environmental Sensing with a Mobile Air Quality Device

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Background
Understanding how environmental factors influence individuals requires reliable contextual data. However, self-reported mobility diaries are often incomplete or inaccurate. In the AMBER Citizen Science project, we investigate whether environmental data collected by the AtmoTube sensor can reliably detect indoor-outdoor transitions. This capability would enable insights into daily routines without extensive self-reporting.

Methods
We developed a mobile app for users to log indoor/outdoor transitions. We collected 406 annotations across 24 days during winter in a Central European city. Simultaneously, we recorded environmental parameters (temperature, humidity, fine particles [PM1, PM2.5, PM10], volatile organic compounds [VOCs]) using the AtmoTube. To predict indoor/outdoor status from particle and VOC data, we trained an XGBoost classifier.

Findings
Sensor response times differed notably after environmental transitions; VOC stabilized slowest (55 min), temperature intermediate (38 min), and particulate matter fastest (~12 min). Our classifier achieved 93% accuracy (precision 0.93, recall 1.00, F1 0.96, ROC AUC 0.83) using particulate matter alone, improving to 96% accuracy (precision 0.96, recall 0.99, F1 0.98, ROC AUC 0.94) when VOC was included. VOC emerged as the strongest predictor, approximately three times more influential than the next-best feature (PM1). PM measures (PM1, PM2.5, PM10) were highly inter-correlated ($r = 0.98–0.99$).

Discussion
Environmental sensing can accurately infer mobility patterns without extensive self-reporting, providing a scalable alternative for health psychology and Citizen Science research. However, data collection occurred only during winter, when indoor-outdoor air quality differences are pronounced. Future studies should assess generalizability across seasons.

Scroll and Snack: An EMA-study into the effects of exposure to food-related social media content

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Background: Our environment heavily promotes the consumption of high-calorie food, thereby being an important factor driving poor diet quality and weight gain. This study aimed to understand the impact of the digital environment, more specifically, exposure to food-related social media content, on daily life snacking using ecological momentary assessment (EMA).

Methods: The experiment employs a 3 (Instagram content: high-calorie vs. low-calorie vs. control) x 2 (time: pre- vs. post manipulation) mixed design. Participants (16-30 y/o Instagram users, N=150) respond to five EMA prompts per day (delivered at equidistant intervals) for two weeks on their own smartphones. At each prompt, we assess Instagram use, craving, and snack intake since the last prompt, and snacking intentions until the next prompt. After seven days of pre-manipulation measurement, participants are instructed to follow 5% additional, pre-selected Instagram accounts with either high-calorie food content, low-calorie food content, or control content. Participants then respond to another seven days of prompts (post-manipulation measurement).

Findings: Ethics have been approved. Data collection will take place in April/May 2025. Multilevel modelling will be used to test our hypotheses on the effects of exposure to food-related Instagram content on craving and snack intake. Additionally, time-series analyses will be performed to test relationships between Instagram use and craving, snacking, and intentions within and between timepoints. Study findings will be presented at the conference.

Discussion: This study demonstrates the impact of the digital food environment on daily life snacking. Findings may inform the development of interventions and policies aimed at promoting healthier diets.

Poster Session: Living with Chronic Conditions: Psychological and Behavioral Perspectives

16:00 - 17:00

Experiences and needs of Dutch cancer survivors regarding health behaviour counselling

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Background
Cancer survivors face physical and psychosocial problems such as fatigue, impaired condition or fear of recurrence, which may negatively impact their quality of life. Health behaviour change can have a positive effect on these problems but current counselling does not sufficiently meet their needs. This study explores the experiences and needs of cancer survivors regarding health behaviour counselling.

Methods
We employed a qualitative study design using semi-structured interviews. Cancer survivors, including people with limited health literacy, were invited for an interview via healthcare professionals and flyers. We conducted 18 interviews with Dutch adult cancer survivors with various types of cancer. The data were analysed using reflexive thematic analysis. This study is part of the GLINK project, which aims to develop and evaluate an integrated health behaviour intervention for cancer survivors.

Findings
Participants indicated that receiving health behaviour counselling around cancer treatment currently requires cancer survivors to proactively seek out counselling that align with their needs. Participants expressed a desire for stronger integration of health behaviour counselling within oncological (after)care, with access to visible, accessible, and low-threshold options. They mentioned that health behaviour counselling should be tailored and provided by professionals specialized in oncology, focusing on individual needs to ensure that patients feel seen and heard.

Discussion
This study provides insights into how health behaviour counselling for cancer survivors can be improved from the patient's perspective. These insights contribute to the development of a tailored health behaviour intervention for cancer survivors, aiming to improve their quality of life.

Cancer and Well-being: A Model for Understanding and Strengthening Patients' Psychological Resources

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Major public health issues, cancers have adverse biopsychosocial impacts on patients' functioning and quality of life. To limit the harmful effects of cancer on their physical, emotional, and interpersonal well-being, patients develop different coping strategies based on biopsychosocial determinants, including psychological resources. This project aims to identify the resources involved and to model their direct and indirect roles and mechanisms on the patients' physical, emotional, and interpersonal well-being.
A Cochrane systematic review of literature was conducted using three databases, Science Direct, Pubmed, and PsycINFO. Two authors, familiar with positive health psychology, looked for all research published over the last 13 years (from 2010 to 2023) by intersecting the term "cancer" with psychological resources terms (i.e. "hope") in the full text of articles. The PRISMA statement were used to reduce methodological bias and to offer a relevant data-trail. Risk of bias was evaluated with a quality assessment template.
The search identified 95 studies with 21 683 patients that examined psychological resources in cancer. Based on results of systematic review, the theoretical model of psychological resources to cope with cancer (MPRCC) will be introduced. The MPRCC model provides a clear classification by distinguishing psychological resources' role in the coping process, differentiating between evaluative, adjustment, and dispositional resources.
This theoretical research will encourage interdisciplinary collaborations on psychological resources in cancer, symbolized by the creation of a European scientific committee dedicated to studies in the field of Positive health and to test the MPRCC in future research and well-being interventions.

To live with a Left Ventricular Assist Device (LVAD)

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For heart failure patients with an LVAD, self-care is an important topic. This study examines the relationship between self-care and the incidence of driveline infections, which is one of the most common complications for LVAD patients. Nothing is yet known about a possible relationship between human behaviour and driveline infections. Additionally, the study explores whether this relationship is influenced by psychological factors such as acceptance, psychological well-being, dyadic coping, and the level of burden experienced by the partner.
If there is sufficient response, a comparison can also be made between men and women, as well as between patients who have an LVAD as a 'bridge to transplant' or as 'destination therapy.'
Various questionnaires were used, including the HADS, Self-Care Scale, ABO, EDIZ, Florida Survey, and a self-constructed questionnaire for various contextual variables.
Patients and their partners were invited to participate in the study via a letter. Participation was possible either through a digital platform or on paper.
Recruitment took place among patients from UMC Groningen and UMC Utrecht.
To date, 90 patients and 38 partners have participated in the study. Results will follow in a few months.

Psychological distress, fatigue and sleep problems in people with multiple sclerosis: A 9-year follow-up

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Background
Multiple sclerosis (MS) is a neurodegenerative chronic disease that affects physical and mental health of patients. Depression, anxiety, and fatigue are among the most prevalent symptoms that may affect daily functioning and disease management of MS. The aim of this study is to assess changes in psychological distress, fatigue, and quality of sleep in people with MS in 9-year follow-up period.
Methods
Data were collected in two waves (T1 in 2012-2014, T2 in 2021-2023). The sample consisted of 59 people with MS (84.7% female, mean age T1:38.8±10.5 years; T2:47.1±10.7 years). Questionnaires included Hospital Anxiety and Depression Scale, Multidimensional Fatigue Inventory, and Pittsburgh Sleep Quality Index. Functional disability was assessed by Expanded Disability Status Scale (EDSS). Data were analysed by paired sample t-tests in SPSS 26.
Findings
Analyses showed following statistically significant changes: decrease in depression ($p \leq 0.01$), and anxiety ($p \leq 0.01$); and increase in general fatigue ($p \leq 0.05$), physical fatigue ($p \leq 0.05$), reduced activity ($p \leq 0.01$), poor sleep quality ($p \leq 0.01$), and EDSS ($p \leq 0.01$). Other dimensions of fatigue did not show statistically significant changes between T1 and T2.
Discussion
Prevalence of anxiety and depressive symptomatology in people with MS decreased in 9-year period, while fatigue increased, and quality of sleep deteriorated. Positive changes to psychological distress could be possibly attributed to the long-term adjustment to chronic disease. Our results suggest that higher acceptance of life changes could provide a protective buffer for mental health. Patients and healthcare providers may benefit from adapting various clinical and behavioural interventions throughout the course of the disease.
[Grant: VEGA1/0608/23].

Polish adaptation of the Lung Transplant Quality of Life Questionnaire (LT-QOL)

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Despite the fact that lung transplantation aims to improve health-related quality of life (HRQoL), existing tools do not address many aspects considered important in this population.

The aim of this study was to develop a Polish adaptation of the Lung Transplant Quality of Life Questionnaire (LT-QOL). The instrument was prepared according to the current rules of linguistic adaptation of tests and questionnaires, including forward and backward translation. The LT-QOL is a multidimensional self-report instrument that takes into account ten dimensions, i.e. psychological well-being (anxiety and depression symptoms), self-perceived health, sexual functioning, and overall quality of life.

The study included 80 patients from the Department of Cardiac Surgery at the University Clinical Center in Gdansk who underwent lung transplantation between 2018 and 2023. The tool achieved satisfactory psychometric properties which means that it can be used in both clinical evaluation and research.

Thus, the LT-QOL is a new multidimensional questionnaire that characterizes and quantifies quality of life in lung transplant recipients.

Beyond the Wound: A Scoping Review of the Psychosocial Impact of Diabetes-Related Foot Ulcers

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Background: While significant progress has been made in understanding the biology of diabetic foot ulcers (DFUs), psychosocial aspects and their impact on patients' experiences and outcomes remains a relatively underexplored area.

Objectives: 1) To investigate the emotional consequences and burdens associated with living with DFU, and 2) Examine the influence of psychosocial factors on the progression and management of DFUs.

Methods: An initial search was conducted in PubMed and PsycINFO, analyzing text words in titles and abstracts of retrieved papers. Using the PCC framework, these ideas were expanded on with relevant search terms, synonyms, and thesaurus terms. A comprehensive search was then conducted across OVID, EMBASE, CINAHL, SCOPUS, the Cochrane Library, and Web of Science Core Collection, using all identified keywords and index terms. Finally, grey literature was sourced from the ProQuest E-Thesis Portal and Lenus, and reference lists of included articles were reviewed for additional sources.

Findings: 614 articles were identified, with 49 ultimately included for extraction. A consistent finding was that DFU patients experience significantly lower QoL than both diabetics without ulcers and the general population, particularly in physical functioning and emotional well-being. Consequences of this decline include elevated levels of depression and anxiety, social isolation, feelings of guilt, fear, and powerlessness, poor self-care practices and deteriorating health outcomes.

Interpretation: Physical health, emotional well-being, and social support interact to influence QoL and foot outcomes in individuals with DFU. Integrated care approaches that consider both physical and psychosocial aspects are critical to effectively manage this complex condition.

More than Survival: A Meta-Analyis of Resilience and Mental Health in Cancer Survivorship

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Cancer remains a major public health challenge, as cancer burden is expected to further increase. Although associated with negative psychological consequences, many people regain their mental health after diagnosis. Moreover, resilient cancer survivors show lower levels of depression, anxiety and distress. The current meta-analysis is the first to our knowledge to synthesize existing empirical findings on the relationships between resilience and mental health outcomes, including any individual diagnosed with cancer, irrespective of the time since diagnosis or treatment stage. Work on the given study is currently in progress.

The PRISMA guidelines will be followed for conducting this meta-analysis. Research databases (Scopus, PubMed/MEDLINE, PsycINFO, PubPsych, Web of Science, Cochrane Central Register of Controlled Trials) will be searched for following key terms: cancer, resilience, mental health, depression, anxiety, distress, emotion, post-traumatic stress. A total of 5680 studies have been collected and selection is ongoing, with a minimum of 40 studies expected to be included in the analysis. Main outcomes and moderators (e.g. study characteristics, measures properties, cancer-specific variables) will be extracted and the meta-analysis will be conducted using a random-effects model. Study quality will be assessed using a 6-item adaptation of the Joanna Briggs (JBI) checklist for critical appraisals of cross-sectional analytic studies.

Taken together, we anticipate that findings will aid in better understanding positive adaptation to the experience of cancer survivorship, providing insights to improve future resilience-promoting interventions.

Poster Session: Digital Tools, AI, and Innovative Mental Health Methods

16:00 - 17:00

Does Chatting with AI Enhance Well-being? A Linguistic and Emotional Analysis

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The rapid integration of artificial intelligence (AI) into daily communication raises questions about its impact on well-being. Large language models (LLMs), such as ChatGPT, offer 24/7 companionship, but does their interaction quality match that of human friends? This study investigates differences in language patterns between AI and human interactions and examines their effects on interaction quality and emotional experiences.

Fifty-four participants provided two text-based conversations with a human friend—one discussing a positive event and the other a negative event. Participants then reviewed these interactions in the lab, reporting perceived interaction quality and emotional responses. Subsequently, they shared similar positive and negative events with ChatGPT and evaluated their experience.

Findings revealed that ChatGPT produced longer responses than human friends, yet interaction quality was lower. Participants' emotional responses varied more in human-human conversations, reporting greater positive emotions when discussing positive events and greater negative emotions when discussing negative events. Linguistic analysis indicated that human friends' use of emotion words aligned more closely with conversation topics, whereas ChatGPT exhibited a tendency to minimize negative emotion words regardless of context. Notably, greater emotional language similarity between the speaker and responder was associated with higher interaction quality, particularly in AI-mediated interactions.

These findings highlight fundamental differences between human-human and AI-mediated interactions, emphasizing the importance of emotional alignment in fostering high-quality interactions and well-being.

The Latent Structure of Insomnia in the Japanese Population: A Taxometric Analysis

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Background: Given the significant impact of both sleep quality and quantity on health, psychological interventions for insomnia are crucial. The approach to preventing and managing insomnia depends on whether its underlying structure is dimensional or categorical. However, few studies have systematically investigated the latent structure of insomnia. Therefore, this study aimed to explore this structure using taxometric analysis.
Methods: In total, 1,438 adults (617 women, 811 men, and 10 identifying as non-binary or other) participated in this study. Informed consent was obtained from all participants before completing an online survey. The consent process covered the purpose of the research, privacy protection, data storage, and participants' right to withdraw at any time. This study adhered to the ethical principles of the Declaration of Helsinki and was approved by the Institutional Review Board of Konan University (Approval Number: 24-06).
Findings: Taxometric analysis was performed on eight items assessing insomnia symptoms. The results indicated that the Comparative Curve Fit Index (CCFI) values for MAMBAC (= 0.407), MAXEIG (= 0.297), and LMode (= 0.274) were all below 0.500, with an average CCFI of 0.326. These findings suggest that the latent structure of insomnia is best characterized as continuous.
Discussion: The results support the conceptualization of insomnia as a continuous phenomenon, spanning a spectrum from mild to severe, rather than as a categorical model. The findings underscore the importance of preventive strategies and early interventions to address insomnia across its severity spectrum.

Take a break or push through? Development of a self-report scale assessing beliefs about exhaustion

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Beliefs play a central role in shaping health outcomes by guiding the initiation and maintenance of health-related behaviors. Thus, beliefs about exhaustion likely influence how people manage exhaustion: if they believe that exhaustion signals a state of depletion, they probably also believe that they should take a break to recover. In contrast, if they believe that exhaustion is a sign to invest more effort to gain skills and improve performance, they probably also believe that they should continue with a given activity. As a first step in testing these hypotheses, we developed a self-report scale in a study with a US sample of N = 492 adults (18 – 80 years).

The 16-item Exhaustion Beliefs Scale (EBS-16) was derived from an initial pool of 80 items assessing beliefs about causes of exhaustion (depletion of goal-relevant resources, impending improvement of goal-relevant skills) and the related behavioral consequences (rest to recharge, push-through to gain skills). The items best fitting a 4-factor structure were identified using Confirmatory Factor Analyses (CFA). These demonstrated convergent and discriminant validity with self-efficacy, willpower beliefs, and resilience. Multi-group CFA further established measurement invariance across the three age groups of young (18 - 30 yrs), middle-aged (31-59 yrs) and older adults (60-80 yrs.).

This study provides insights into how lay people think about exhaustion, and offers a short self-report instrument for future research on how people manage exhaustion, which, in turn, can help to develop interventions targeting these beliefs to improve people’s continued engagement or disengagement of health-related behaviors.

A systematic review into the psychosocial outcomes following cosmetic surgery

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Background: Cosmetic surgery is commonly advertised as a positive life-changing event that can transform confidence, self-esteem, and relationships. The aim of this study was to critically examine these claims by reviewing the academic evidence on the psychosocial outcomes following cosmetic surgery.

Methods: A systematic review was conducted, applying stringent inclusion criteria to summarise only the highest quality of evidence. Databases (EBSCO; Cochrane Library; Scopus; ProQuest) were systematically searched. Screening was completed by two independent reviewers. Prospective studies that utilised a control cohort to examine at least one psychosocial outcome using a validated measure following cosmetic surgery were included. Risk of bias was double assessed using the Effective Public Health Practice Project Quality Assessment Tool.

Findings: Seventeen studies met inclusion criteria. Heterogeneity across research designs, control groups, measures, and statistical analyses was evident. Overall, the quality of studies was poor. Results suggest short-term improvements in some psychosocial outcomes following cosmetic surgery (particularly in relation to body-area-specific satisfaction and self-esteem), with little and mixed evidence for outcomes such as mental health, physical well-being, quality of life, sexual well-being and social functioning. Very few studies explore psychosocial outcome beyond 6-months post-surgery.

Conclusions: Current evidence regarding psychosocial outcomes following cosmetic surgery is weak. There is an urgent need to conduct high-quality research requiring collaboration between surgeons, research psychologists and methodologists. Recommendations include pre-registration, larger sample sizes, longer-term follow-up and appropriate control group recruitment. Given the increasing uptake in cosmetic procedures globally, this should be a priority for the field.

Relationship between Mindful Eating Tendencies and Well-being among College Students

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Background: This study aimed to clarify the relationship between college students' characteristics and their tendencies toward mindful eating (ME), and to examine whether ME tendencies are associated with well-being.
Methods: A total of 160 college students (36.2% male) participated in this study. Participants completed a questionnaire consisting of the Expanded Mindful Eating Scale, Satisfaction with Life Scale, and a subjective health evaluation. Data were analyzed using t-tests and analysis of variance.
Findings: (1) ME tendencies among university students differed according to sex and residential status. In particular, the tendency for "awareness of hunger and satiety" was higher among students living at home than those living alone. (2) ME tendencies were positively associated with health and well-being. Specifically, higher tendencies in "appreciation and awareness of food" and "awareness of hunger and satiety" were linked to greater well-being.
Discussion: The ME tendencies of college students were influenced by sex and residential status, with those living alone being particularly prone to lower ME tendencies. Previously, we developed an ME program for adults and reported that the intervention improved mental health. Since high ME tendencies among college students are linked to well-being and health, it is necessary to expand ME program interventions to include college students who live alone.

Dimensions And Challenges Associated With Mental Health Support Groups In Zambia: A Service Provider Perspective

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Introduction: The burgeoning impact of mental illness over the last two decades underscores a global health crisis, exacerbated by disparities faced by ethnic minorities in accessing quality care. Mental health challenges pose a significant burden on individuals, families, and the Zambian healthcare system. While significant advances have been made around mental health, there is still a significant bias towards pharmacological and counselling interventions while hardly prescribing support groups.

Methods: This was a mixed methodology study employing an explanatory sequential design in which quantitative data will be sought first and supported by qualitative findings. The study involved 23 support group facilitators, the majority (12 respondents), of whom were males.

Results: The study found that support groups for mental health operate in private premises and institutions, while other groups operate a hybrid of physical and virtual, and others are completely virtual. The majority of the groups are organised by psychologists, followed by non-medical facilitators who previously had mental disorders and felt the need to support others. Further, all facilitators had no competency specific for facilitating mental health support groups. Lack of financial support, general infrastructure and space for meetings, and network connectivity were challenges faced by facilitators while noting awareness and stigma reduction, recovery prognosis, and improved service uptake as opportunities.

Conclusion: The study concludes that existing mental health support groups operating in community-based settings as well as hospitals are a resource for patients, facilitators, and health systems, provided they are supported and staff are trained on facilitation.

Poster Session: Social support in adversity and challenges

16:00 - 17:00

The Impact of the Stamps App on Mental Well-being and Social Support During Difficult Times

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Background:
In today's society, people increasingly face challenges such as chronic illness, loss, and grief, which affect individuals and their loved ones emotionally, socially, and physically. Ongoing challenges can strain the ability to give and receive social support, leading to lower perceived support and poorer mental well-being. Social support is linked to reduced anxiety and loneliness, and improved psychological and physical health. Sharing personal experiences online can also enhance mental well-being by fostering connections. This study explores how sharing experiences and receiving social support via the Stamps App, a private digital platform, affects users' mental well-being during difficult times.

Methods:
This research uses a phenomenological approach to explore individuals' subjective experiences, aiming to understand their perspectives on the Stamps App's impact on mental well-being and social support. Interpretative Phenomenological Analysis is used to analyze the interviews, ensuring diversity in participants' experiences.

Findings:
This study is a work-in-progress. Transcripts are coded using an a-priori codebook to identify themes like self-disclosure, social support, and their effects on well-being. The analysis is flexible, allowing new themes to emerge. Thematic clusters are formed, and an overview is created, summarizing participants' narratives and linking themes to offer a deeper understanding of their experiences with the Stamps App. Initial results show a positive impact on receiving more social support and enhanced well-being.

Discussion: We expect that using the Stamps App will enhance social support and well-being. This could provide valuable insights into how digital platforms can improve well-being and guide the development of effective support strategies.

A biopsychosocial approach to enhance perceived social support in biologics-treated rheumatoid arthritis patients

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Background: Poor social support leads to social isolation and loneliness, posing major health risks and mortality. Lower perceived social support (PSS) has been associated with worsening symptoms and negative impacts on mental and physical health in rheumatoid arthritis (RA). Thus, to improve PSS in RA through targeted intervention, we aimed to assess which biopsychosocial factors may affect PSS.
Methods: Our study included 154 biologic-treated RA patients (84.4% female; mean age 56.3±13.9 years; mean disease duration 19.5±9.2 years). Participants completed the Multidimensional Scale of Perceived Social Support, Participation Scale, Multidimensional Fatigue Inventory, General Anxiety Disorder-7, Patient Health Questionnaire-9, and Rosenberg Self-Esteem Scale. The data were analysed using correlations and multiple linear regressions.
Findings: Bivariate analyses showed that higher social participation and self-esteem, along with lower mental fatigue, anxiety, and depression, were significantly associated with higher PSS. No significant associations were found between sociodemographic and clinical variables, pain, and physical fatigue with PSS. The regression analysis revealed that anxiety (β=-0.28; $p \leq 0.01$) and self-esteem (β=0.29; $p \leq 0.01$) were significantly associated with PSS in the final model, which explained 24.6% of the total variance in PSS.
Discussion: Our findings suggest that psychological factors, particularly anxiety and self-esteem, play a greater role in PSS in RA than physical symptoms, such as pain or clinical status. Since RA treatment primarily targets physical health, integrating psychosocial interventions could enhance PSS and overall well-being. Addressing anxiety and fostering self-esteem may be key to reducing social isolation, highlighting the need for holistic, patient-centered care approaches in RA management. [Grant: APVV-22-0587]

Sexual well-being in older adults with chronic obstructive pulmonary disease (COPD)

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Background: Chronic obstructive pulmonary disease (COPD) affects patients' physical, psychological and relational well-being. Changes in sexual activity and well-being are often indirectly linked to disease symptoms, such as fear of breathlessness or concerns about excessive sputum production. Despite its impact, sexual well-being remains an overlooked aspect of COPD care.
Objective: This presentation examines the impact of sexual well-being and dysfunction in COPD. It also highlights recent research on communication strategies and targeted interventions in the area.
Methods: A review of recent literature on COPD and sexual well-being will be presented. The scope of the problem, as well as gender-related differences, will be summarised. Key psychosocial mechanisms and potential intervention strategies will be proposed.
Findings: Findings indicate that COPD affects sexual well-being through physical symptoms such as breathlessness, as well as psychological factors like anxiety, depression and self-stigma. Many patients and partners experience difficulties discussing sexual health concerns, leading to unmet needs and relational distress. Moreover, healthcare professionals are reluctant to address this issue, and targeted information material may be a promising tool for starting the conversation in the clinic.
Discussion: Addressing sexual well-being in COPD requires an approach that integrates both medical and psychosocial perspectives. Healthcare professionals should facilitate open conversations about intimacy and encourage adaptive coping strategies for couples navigating the complexities of chronic disease. Future research should further explore gender differences, the role of cultural factors and the effectiveness of specific interventions for improving sexual well-being in COPD.

Social support trajectories following bariatric surgery and their impact on health behavior and health outcomes

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Background: As of today, bariatric surgery is the most effective obesity treatment, but suboptimal weight loss or weight regain is frequently observed. This is partly due to the inability of patients to change or maintain health behaviors and low social support. A patient's social network plays an important role in adopting health behaviors. It can facilitate (e.g., exercise together) or impede implementation (e.g., reinforce old eating habits). Therefore, this project investigates how social support develops over time post-bariatric surgery with the aim of identifying distinct trajectories.
Methods: This project is part of the BARIA Study, a cohort of bariatric surgery patients. The current study utilizes data collected pre-surgery to two years post-surgery (N = 471). Latent class growth analysis will be used to model social support for eating habits and physical activity as a function of time since surgery and identify distinct trajectories. Next, we will examine whether trajectory membership is associated with adherence to dietary recommendations, exercise behavior, quality of life, and weight.
Results: Expected results will show how social support develops pre-surgery to two years post-surgery and identify different trajectories (e.g., increasing and decreasing). The analysis will explore how members of these trajectories differ from or resemble each other demographically. Lastly, results will show how trajectory membership is associated with health behavior and health outcomes.
Implications: Identifying different social support trajectories offers insight into the possibility that certain subgroups of patients might benefit from tailored interventions targeting social support.

Behind closed emotions: perceived partner suppression's impact on support and pain in chronic illness

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Receiving support from a romantic partner is crucial for well-being, especially when managing chronic illness. For instance, individuals with chronic pain who receive greater support report lower pain, better coping, and improved well-being. Yet, providing support can be complex; support providers must balance their own needs against those of their loved ones and may suppress and conceal their distress and concern when helping a loved one in pain. However, such emotional suppression is linked to negative outcomes such as relationship dissatisfaction. Thus, despite a support provider's best intentions, it remains untested whether their emotional suppression undermine the efficacy of the support they are attempting to provide. This study investigates whether receiving emotionally suppressed support—where a partner conceals their emotions—mitigates the typically observed positive association between social support and pain symptomology. 238 participants in relationships and experiencing chronic pain completed a 9-day experience sampling study. Following the preliminary background questionnaire on Day 1, participants received surveys every 2 hours from 10 am to 8 pm for 8 days. Each survey assessed: a) support received/not received; b) perceptions of the partner's emotional suppression during support; and c) pain intensity since the last prompt. Multilevel modelling will test our pre-registered hypothesis that emotional suppression moderates the lagged association between support and subsequent pain intensity. This study provides real-time insights into the emotional dynamics of social support in chronic illness, emphasizing the role of social factors in shaping experiences with chronic illness and informing tailored therapeutic and psychological support strategies.

Satisfaction with helping among Poles supporting Ukrainian refugees

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Background: In 2022 more than 2/3 Poles were involved in helping Ukrainians refuges in various forms. Satisfaction from helping others can be key to continuing to support others.We aimed to evaluate satisfaction with help trajectories and their covariates, including valuing (progress in/obstruction to valued living) and sociodemographic variables, through Q2, Q3 and Q4 2022.
Methods: Satisfaction with help was assessed in 391 Poles (56.7% of women; mean age=43.06; SD=13.57). 50% of them participated in the third measurement 6 months later.
Findings: Only two latent satisfaction trajectories were identified: (1) a group with high satisfaction levels and increasing trajectory (n = 24), (2) a group with medium satisfaction levels but stable trajectory (n=367). Being single and progress in valued living characterized the group with high satisfaction trajectory.
Discussion: The findings suggest that there were two trajectories of satisfaction with helping which could be predicted by individual characteristics. Despite being relatively stable over time, satisfaction increased and strengthened among those who pursued valued living.

Life After Childhood Leukaemia: Parents experiences of social support, resilience and quality of life

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Background: The successful completion of treatment for childhood leukaemia marks a significant milestone but it is not necessarily the end of challenges for parents. Adjusting to post-treatment life requires resilience, with social support playing a critical role in shaping parents' quality of life, yet little research explores parents' lived experience in this context. Therefore, this study explores parents' experiences of social support, resilience, and quality of life following their child's successful treatment for leukaemia.

Methods: Semi-structured interviews were conducted with 19 parents of childhood leukaemia survivors less than 18 years old who had successfully completed treatment for any type of leukaemia within the past 5 years. Thematic analysis was used to identify key patterns in their experiences.

Findings: Four main themes were identified - "The Past Tugs, the Future Pulls", highlighting the emotional tug-of-war between past trauma and future hopes; "Cast Adrift, Yet Anchored", highlighting the sense of being adrift yet finding stability; "Finding the Play Button Again", reflecting the journey to restore a sense of normalcy; and "Self-Discovery through Adversity", illustrating personal growth, empowerment and transformation. Each theme highlights distinct yet interwoven aspects of the post-treatment experience.

Discussion: The findings illustrate the emotional, psychological, and social complexities parents navigate during the post-treatment phase and emphasise the ongoing need for structured psychosocial support beyond the end of treatment. While social support contributes to resilience, structured and targeted interventions are essential to address lingering challenges and improve long-term quality of life for parents.

COVID-19 and Childbirth Experiences in Slovakia: Insights from the Babies Born Better Survey

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Background: Since the COVID-19 outbreak, maternity care has undergone significant changes, which may have affected the childbirth experience. This study investigates the impact of the COVID-19 pandemic on childbirth experiences in Slovak hospitals, focusing on women's perspectives. Understanding these changes can contribute to improving maternal healthcare practices and ensuring that women's needs during childbirth are met.

Methods: Using data from the Babies Born Better survey, we analyzed the responses of 810 women who gave birth in Slovakia between March 2020 and June 2022. Inductive content analysis was employed to identify recurring themes in women's childbirth experiences.

Findings: Four main themes were identified: Compassionate and Supportive Care, emphasizing the importance of emotional support and respectful communication from healthcare providers; Medical Expertise and Care, reflecting the perceived quality and professionalism of medical staff; Autonomy and Empowerment, referring to women's ability to make informed decisions about their care and feel in control of their childbirth experience; and External Conditions, which include the influence of hospital policies, pandemic-related restrictions, and the overall birthing environment.

Discussion: This research highlights the multifaceted nature of childbirth experiences during a period of general adversity. Despite the pandemic, the core needs of women remained unchanged: compassionate and supportive care from healthcare providers. Based on these findings, we propose improvements in maternity care aimed at enhancing the childbirth experience and fostering better healthcare outcomes for both women and medical professionals.

Keywords: childbirth, maternity care, COVID-19, women's experiences, qualitative research, Babies Born Better survey, healthcare policies

Poster Session: Health behaviour research

16:00 - 17:00

Diet in prevention of cancer and cardiovascular diseases – a comparison of the EPPM groups

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Background: The implementation of a healthy diet as a preventive behavior for some types of cancer and cardiovascular diseases (CVD) is important among men, who have a higher incidence of these diseases than women. The Extended Parallel Process Model (EPPM) was used to explore the perception of diet.
Objectives: To determine whether the perception of a diet as a preventive behavior and allocation to EPPM groups differ depending on whether the diet concerns cancer or CVD.
Methods: This cross-sectional study was conducted on a representative sample of 1,000 Polish men aged 18-65, using an online survey with EPPM-specific question design methodology.
Findings: The diet was perceived as slightly more effective in preventing CVD that cancer (49.7 and 44.4%), but similarly implementable (53 and 52.35%). In both diseases, the Responsive and Indifferent groups were the most numerous (36.3 and 28.5% respectively for CVD and 33.3 and 29.9% respectively for cancer), followed by the Proactive and Avoidant groups with similar numbers. In both diseases, the Proactive and Responsive groups most often declared a healthy diet. The analysis of “migration” between groups by disease showed that 65% of the sample maintained the same allocation to the EPPM groups.
Conclusions: The allocation to the EPPM groups regarding a healthy diet seems to be independent of the disease for the majority of the population. Greater efforts should be made to reduce the number of indifferent and avoiding men. According to the EPPM this could be achieved by strengthening behavior efficacy and self-efficacy.

Use of the Transtheoretical Model, Health-Action-Process-Approach and COM-B Model to structure food-safety improvement initiatives

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Implementation of food-safety behaviours are critical for foodborne illness prevention throughout the food chain. Understanding psychological/social factors that influence such behaviours is essential for informing development of effective interventions/behavioural change strategies. The Transtheoretical Model(TTM), Health-Action-Process-Approach(HAPA), and COM-B Model provide frameworks for analysing/promoting behaviour change; this study explores application of such models to food-safety in domestic and food-industry sectors.

Studies that incorporated TTM and HAPA focused on specific consumer food-safety behavioural improvement and used the models for (a) obtaining qualitative, in-depth insight (n=3focus groups) into target behaviours to inform co-creation of social-marketing food-safety interventions (b) segmentation of a target-audience(TA) and (c) during behavioural evaluation of initiative effectiveness (n=117observations). COM-B was applied to food-service and food-manufacturing food-safety case studies to structure understanding of food microbiological/quality non-compliances.

Due to its linear structure, challenges occurred during TTM application to food-safety; however, HAPA facilitated application of stage theory as well as self-efficacy, risk perceptions and outcome expectancies. HAPA motivational stage was used for TA segmentation; implementation of co-created interventions resulted in a ‘moderate’ effect-size (0.65). COM-B application was successful in exploring food-handers/management capability, motivation and opportunity of (a) specific cross-contamination food-service actions where low motivation to change was identified due to habitual practices (b) factors that influence food-safety-culture in food-manufacturing during a 12month initiative that decreased food-safety/quality non-compliances.

Consideration of strengths, limitations and lessons learned from TTM, HAPA and COM-B application can be used to inform a broader application to food safety behavioural change among different populations and ultimately reduce the risk of foodborne illness.

Understanding how confidence in value-based decisions is constructed: examining variability- and value extremity of experiences

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Changing value-based decisions durably is both hard and important for improved health outcomes. Value-based decisions are based on evaluations of attractiveness of choice options, shaped by prior experiences. This study investigated how experienced “variability” and “value-extremity” of prior experiences influence confidence in value-based decisions. Some studies suggest that both factors influence confidence independently, although they are typically confounded and have not been studied systematically at the same time before.

We conducted a preregistered 2x2 within-subjects experiment (N = 190) where value-extremity (Extreme/Non-Extreme) and variability (High/Low) were manipulated independently. In a computerized task, participants learned- and estimated the values of six value-distributions represented by fractal images. They reported their confidence in their estimation, reconstructed the value-distributions, and chose between fractals. The main dependent variable were the self-reported confidence levels in value-evaluations of the images. A LMM was used to analyze the results.

Higher experienced variability reduced confidence ($\beta = 7.93$, $SE = 0.87$, $t(194.08) = 9.11$, $p < .001$), indicating that higher variability leads to lower confidence in value-based decisions. Contrary to expectations, value-extremity also reduced confidence ($\beta = -2.06$, $SE = 0.73$, $t(186.96) = -2.83$, $p = .005$). This effect was driven by extremely low values, with no effect for extremely high values.

Confidence in value-based decisions relates to consistency of decisions. By demonstrating that both value-extremity and experienced variability influence confidence in evaluations, we contribute to deeper understanding of confidence construction in value-based decisions. Better understanding of how confidence is constructed may aid development of more effective lifestyle interventions.

Relationship-Specific Daily Associations of Health-Related Social Support and Control: An Individual Participant Data Meta-Analysis

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Physical activity is essential for health and well-being, yet many individuals do not meet recommended activity levels. Social exchange processes such as health-related social support and social control (i.e., attempts to influence or regulate another's behavior) within close relationships play a critical role in shaping health-behaviors. However, most research focuses on support or control from romantic partners and on cross-sectional designs. It remains unclear how these processes vary across different relationship types and within individuals' everyday life.
This work in progress aims to examine how social support and control received from close others across different relationship types (e.g., from romantic partners, friends, etc.) relate to daily physical activity. Our research questions are: How does (1) the frequency of social support and control and (2) the strength of their same-day associations with physical activity vary across relationship types?
We plan to integrate several existing intensive longitudinal datasets with individuals from the general population that include daily measures of social support or social control targeting a specific relationship partner. The poster will outline our ongoing search for additional datasets and our planned analysis using an individual participant data (IPD) meta-analysis with mixed-effects models to capture both within-person and between-person dynamics. We aim to include at least four studies per relationship-type to adequately account for between-study heterogeneity.
The expected insights will enhance our understanding of interpersonal mechanisms underlying health-behavior change, particularly how associations of support and control may depend on the type of relationship. This could inform future interventions involving various close relationships.

Socio-cognitive and structural predictors of the use of complementary and alternative medicine

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Background: The use of complementary and alternative medicine (CAM) is increasing in the population, despite limited evidence of its efficacy. While socio-demographic predictors are well-studied, socio-cognitive and structural factors receive less attention. This study aimed to specifically explore these predictors. Based on the theory of planned behaviour, we tested a modified model focusing on actual CAM use.
Methods: A representative sample of 944 Slovaks (Mage = 48.83, SDage = 15.44) participated in a pre-registered cross-sectional study. The questionnaires assessed attitudes towards CAM, medical beliefs, social influences (perceived social norms and social support), health self-efficacy, with socio-demographic variables and spirituality as controls. A single-item question was used to assess structural barriers to accessing conventional treatment. A robust multiple regression analysis was performed.
Findings: The strongest positive predictors of CAM use were positive attitudes towards CAM ($\beta = .15$, $p < .001$), beliefs about overuse of conventional medicine ($\beta = .12$, $p < .01$), injunctive social norms ($\beta = .16$, $p < .01$), female gender ($\beta = .14$, $p < .001$), unmet healthcare needs ($\beta = .10$, $p < .001$) and perceived social pressure to avoid depression ($\beta = .08$, $p < .05$). Health self-efficacy negatively predicted CAM use ($\beta = -.12$, $p < .001$). The model explained 22% of the variance in CAM use.
Discussion: These findings provide insights into the role of socio-cognitive and structural factors in CAM use. Promoting accurate beliefs about conventional medicine, addressing social influences, and reducing structural barriers could help individuals make better-informed health decisions.

The use of ice in sport traumatology: An investigation of sociocognitive determinants

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The use of ice in sport traumatology is frequent in patients, however systematic reviews and meta-analyses failed to show its effectiveness on recovery/rehabilitation outcomes such as symptoms or time loss. Additional studies demonstrated that the use of ice was effective for decreasing patients' perceived pain. Hence, the aim of this study was to estimate the associations between the use of ice in sport traumatology and individuals' beliefs.
A total of 540 adults practicing sport provided informed consent and complete data (52% women; mean age: 28.6±9.72). Participants were asked to fill in self-report measures of their frequency of using ice in sport traumatology (from 1 "never" to 7 "always") and their sociocognitive determinants (from 1 to 7): intentions, attitudes (instrumental and experiential), subjective norms (descriptive and injunctive), and perceived control (capacity and autonomy). CIBER plots analyses were conducted.
In our sample, 90.70% of the participants reported using ice in sport traumatology. CIBER plots showed that attitudes and subjective norms were significantly positively associated with both the frequency to use ice (R^2 = [0.45; 0.57]) and intentions (R^2 = [0.73; 0.80]). Results also showed that beliefs on perceived control capacity and autonomy are non-significantly associated with frequency to use ice and intentions.
When it comes to the use of ice in sport traumatology, it appears that attitudinal and normative beliefs are the main determinants of intentions. Further investigations are needed to better estimate the effectiveness of using ice in sport traumatology in order to develop interventions aiming at changing athletes' beliefs.

Testing a social cognitive process model for re-donation behavior among blood donors: A longitudinal study

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Background: Globally, it is projected that demand for blood demand will increase while the blood supply will decrease in the future decade. For a safe and abundant blood supply, it is crucial to identify factors associated with repeated blood donation (RBD) behavior so to inform design of effective interventions. Based on the Social Cognitive Theory (SCT) and Protection Motivation Theory (PMT), the present study tested a three-stage social cognitive process model for RBD behavior among Chinese blood donors.
Methods: A total of 850 blood donors were recruited from blood donation centre in Zhejiang, China. They were invited to fill in an online survey at baseline, and their RBD behavior was measured by checking the blood donation record from the blood donation centre 6 months later. Structural equation modeling (SEM) was used to test the three-stage social cognitive process model.
Findings: The prevalence of RBD behavior at 6-month follow up was 22% (185/850). Results from SEM supported a three-stage social cognitive process model which, in the first stage, three sources of information (observational learning, positive and negative self-reinforcement) were associated with outcome expectation. In the second stage, outcome expectation and maintenance self-efficacy serially mediated the relationship between sources of information and RBD intention/behavior. In the third stage, RBD intention fully mediated the influence of negative self-reinforcement, outcome expectation, and maintenance self-efficacy on RBD behavior.
Discussion: The prevalence of RBD behavior is low in China. Interventions to promote RBD behavior should promote positive outcome expectations and maintenance self-efficacy, and reduce negative self-reinforcement.

Neurodivergent consumer perceptions of food-safety risk, control and responsibility: implications for tailored food-safety education

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Consumers' food-safety cognitions are associated with behavioural practice and provide important data to inform development of effective food-safety education strategies to reduce the risk/incidence of foodborne disease (FBD). Under-estimation of personal risk may prevent implementation of food-safety behaviours. Neurodivergent-traits have been associated with food-related challenges, however, little is known about the potential impact upon home food-safety. This study aims to understand neurodiverse consumer perceptions of food-safety risk, control and responsibility (RCR) and consider implications for food safety education.

An online food-safety survey to determine quantitative perceptions of RCR, as well as perceptions of the home as a location for FBD, was distributed to neurodivergent consumers (NC) using call-to-action posters on social media/in consumer-groups. Statistical analysis of survey responses (n=192) occurred using IBM-SPSS Statistics software (Version-29).

Findings indicated perceptions of personal-invulnerability, whereby the home was considered to be an unlikely location to acquire FBD by 74% NCs. NCs perceived their personal FBD risk after food-preparation to be low (77%), compared with risk after food-preparation of 'other-people without a neurodivergence' (72%). NCs perceived 'other-people without a neurodivergence' to have more control for food-safety (70%) than 'themselves' (66%) and 77% believed they had complete responsibility for food-safety, compared with 'other-people' (63%).

Concurring with previous risk/responsibility food-safety research with 'general' consumer-groups, findings indicated NC perceptions of 'optimistic-bias'; this may impede effectiveness of public-health food-safety communication initiatives intended to increase implementation of risk-reducing behaviours. Perceptions of the 'illusion-of-control' differed from previous research with 'general' consumers, indicating the need for tailored food-safety information for neurodivergent consumers.

Understanding Eating and Buying Behavior through Unified Theory of Behavior: Insight from Indian Urban Women

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With the increasing availability of processed foods and dining options, understanding factors influencing healthy eating behaviors is crucial. The Unified Theory of Behavior (UTB) provides a comprehensive framework to examine the role of socio-demographic and psychological factors in food-related decision-making. This study applied UTB to explore the relationship between eating out, ordering food, and socio-demographic factors among 203 urban middle-class women (aged 30-60) from a southern state of India.
A UTB-based questionnaire and demographic measures were administered using convenience and snowball sampling. Data analysis (SPSS V22) included descriptive statistics, count data modeling, linear regression, and Pearson correlation. Significant predictors of healthy eating included income, education, attitude, norms, self-efficacy, nutrition knowledge, and environmental constraints. Regression analysis indicated that income, education, salience, and environmental constraints predicted processed food purchasing. Correlation analysis revealed a negative association between age and eating out/ordering food, a positive association between income and eating out, education and ordering food, and a negative association between joint family living and eating out.
These findings highlight the role of socio-demographic and behavioral factors in dietary choices. The study emphasizes the need for targeted nutrition awareness programs that consider socio-economic differences and environmental constraints. Policies promoting accessible and affordable healthy food options, along with interventions to enhance self-efficacy and positive social norms around healthy eating, could improve dietary behaviors. Future research should explore longitudinal trends in food consumption, the impact of digital food delivery platforms, and culturally relevant strategies to promote healthier eating habits.

Poster Session: Health communication: Empathy, narratives and beliefs

16:00 - 17:00

Transparency and persuasiveness in vaccine communication and its effects on trust and vaccine intention

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Background: Vaccine hesitancy is often fueled by mistrust and vague information, issues exacerbated by conspiratorial beliefs. This study examines whether providing transparent, detailed vaccine information (versus vague content) and using a persuasive (versus neutral) message framing influence trust and willingness to vaccinate.

Methods: We will conduct a 2 (transparent vs. vague) × 2 (persuasive vs. non-persuasive) between-subjects experiment. A nationally representative sample of U.S. adults (target N=1000) will read a hypothetical public health message about a new vaccine (for COVID-19, flu, and HPV). Participants will then rate perceived transparency, persuasiveness, trust in the information and health authorities, emotional responses, side-effect concerns, and vaccination intentions. General and vaccine-specific conspiracist beliefs, and scientific reasoning will also be measured. Factorial ANOVA will test the main effects and interactions, while regression analyses will examine moderation by conspiracist beliefs.

Planned analyses and expected contributions: We expect that transparent information will lead to higher perceived transparency, greater trust, and higher vaccination intention compared to vague information. Persuasive framing is hypothesized to increase motivation but may have mixed effects on trust. Conspiracist beliefs and scientific reasoning are expected to moderate these relationships. These findings will contribute to understanding how public health communication can be optimized to improve vaccine confidence and uptake, particularly among skeptical individuals.

Discussion: This research will provide insights into effective vaccine communication strategies. By clarifying the role of transparency and persuasion, we aim to inform public health messaging that fosters trust and counteracts misinformation.

The effect of narratives on perceived antibacterial resistance susceptibility: A randomized trial among medicine students

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Background: Antibiotic resistance (ABR) is one of the greatest threats to global health today. Healthcare professionals are gatekeepers to antibiotics and thus play a key role in curbing ABR. Despite recognizing the seriousness of ABR, healthcare professionals often question their susceptibility to ABR. To increase perceived susceptibility, risk communication through narratives is recommended. In general, especially self-constructed narratives ensure imaginability and thus effectiveness. This study applies an experimental design to investigate the effect of pre-constructed and self-constructed narratives on perceived ABR susceptibility of medicine students, the healthcare professionals of the future.
Methods: Participants are medicine students at Maastricht University (required n=168, based on G*power analysis), randomly allocated (ratio 1:1:1) to one of three conditions: (1) writing a risk scenario, (2) reading a pre-constructed risk scenario, or (3) reading non-narrative information (control). Baseline data (background variables and perceived susceptibility) and post-manipulation data (evaluation of the condition and perceived susceptibility) are collected. The differences in susceptibility between the three groups post-manipulation are examined in linear regression analyses, correcting for differences in baseline susceptibility and awareness. Moreover, in the experimental groups, a mediating effect of imaginability is investigated with a joint significance test. Content analysis is applied to the narratives. The study protocol was preregistered on the Open Science Framework: https://osf.io/dkty3/.
Discussion: Data collection will be concluded in March 2025. This study will show whether narratives can effectively be applied to a complex and abstract problem like ABR.

Let's talk about opioids: enjoyment, credibility and attention in health communication through empathy and narratives

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Background: The need for effective health and science communication is growing, especially in the face of public health challenges such as COVID-19 and the opioid crisis. Although emotionality and narrative play a role in health communication, their effects are controversial. This study investigated whether health communication about opioid use disorder (OUD) benefits from the addition of a narrative designed to evoke empathic feelings for the protagonist.

Methods: This pre-registered study (https://doi.org/10.17605/OSF.IO/S3E8D) used an online experiment comparing different formats of health communication videos. Group A (n = 166) viewed a factual-descriptive video about OUD, while group B (n = 179) viewed a comparable video with an empathic narrative about a nurse who developed an OUD. For both stimuli, we measured perceived enjoyment, credibility, and attention regarding the videos.

Findings: In Mann-Whitney-tests, enjoyment ($p < .001$; $r = .28$), credibility ($p = .008$; $r = .17$), and attention ($p = .002$; $r = .19$) were significantly higher in group B (empathic narrative) compared to group A (factual-descriptive). Significant correlations were found between enjoyment and attention ($r = .43$; $p < .001$), credibility and attention ($r = .36$; $p < .001$), and enjoyment and credibility ($r = .70$; $p < .001$) regarding the material.

Discussion: The findings show that adding emotional elements – like empathy through a narrative format – can increase engagement with health education and educate effectively about health risks. Health communicators should therefore use emotional elements to improve the impact of public health communication on OUD.

Focus on Emotional Processes: How Lifestyle Recommendations Work in Doctor-Patient Communication

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Background: The rise in chronic illnesses highlights the need for promoting healthier lifestyles. However, lifestyle advice often triggers emotional defenses in patients, such as shame, anxiety, or stigma, affecting acceptance and long-term behavior change (Bartsch & Kloß, 2019; Dolezal, 2022; Guassora et al., 2014). Emotional processes (Baker, 2012) play a key role in how patients process medical advice, shaping their willingness to implement lifestyle changes. (Ferrer & Mendes, 2018; Tomljenovic & Bubic, 2021). This study examines patients' emotional responses to lifestyle recommendations in doctor-patient communication to provide practice-oriented strategies for improving communication and fostering healthier outcomes.

Method: To fill this research gap, an open-ended survey (Schreier, 2023) was conducted with 10 patients and analyzed using qualitative content analysis (Kuckartz & Rdiker, 2022).

Findings: The results indicate that patients tend to conceal their emotional reactions during the described doctor-patient interactions. Many patients exhibit a passive response to lifestyle recommendations during consultations, despite expressing a desire for more specific guidance on implementation. Notably, while the recommendations often triggered unpleasant memories for most patients, their cognitive evaluations varied, particularly in their focus on solutions versus problems.

Discussion: These findings imply that lifestyle recommendations should be as appreciative and specific as possible, and geared towards the patient's individual life situation. A special role seems to be played by the personal evaluation (Baker, 2012) of the content and the way in which lifestyle recommendations are made against the background of individual experiences.

Developing a conceptual model to identify entry points for social inequality in digital health misinformation

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Background
Online misinformation is a crucial public health issue, with wide-ranging consequences, from harming individual psychological wellbeing to straining healthcare systems. While digital health has the potential to bridge gaps and reduce health inequalities, digitalization has also accelerated the spread of misinformation. However, it is unclear so far to what extent social inequalities in exposure, evaluation, and response to health misinformation can widen existing health divides. Understanding the entry points for social inequality in the misinformation process is essential to address these challenges.
Methods
A scoping review of the published literature will be conducted to identify key demographic factors influencing digital health misinformation, the processes underlying these inequalities, and potential strategies to mitigate them. Searches will be performed on PubMed, Scopus, Cochrane, and IEEE for peer-reviewed literature published in 2007 or later. The review will include quantitative, qualitative, and review articles that examine demographic differences in exposure, attention, evaluation, or response to digital health-related misinformation.
Findings
Data will be charted and summarized, and findings will be integrated into a process model for digital health misinformation. This model will identify key entry points for social inequality, according to the published evidence.
Discussion
The proposed conceptual model will enable the identification of gaps in research, allow the formulation of new research questions, and inform the development of targeted interventions to reduce misinformation. Understanding and addressing social inequalities in digital health misinformation is crucial for promoting equity in health information access and, ultimately, improving health outcomes.

Sociocultural influences on alternative medicine engagement: the predictive role of health beliefs

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Recent researches indicate that two prevalent types of questionable health behaviors: not following official medical recommendations and turning to traditional, complementary, and alternative medicine (TCAM) occur more commonly than earlier was estimated. These behaviors appear to be significantly predicted by cultural and societal determined psychological factors.

The aim of this study was revealing psychological predictors of TCAM use, focusing specifically on the role of health beliefs. We share the findings from Armenian sample (N=305; Mage=27.3; SD=12.541; age range: 18-73; 74,1% Female) involved in a larger cross-cultural study. Using stepwise multiple regression analysis, we examined how magical health beliefs, extrasensory perception beliefs and medical conspiracy beliefs predict the engagement in TCAM practices. Results revealed that all three belief systems significantly predicted TCAM use, with the final model explaining 29.5% of the variance (adjusted $R^2 = 0.295$). Magical health beliefs emerged as the strongest predictor ($B = 1.769$, $p < 0.001$), followed by extrasensory perception beliefs ($B = 1.061$, $p = 0.002$), and medical conspiracy beliefs ($B = 0.614$, $p = 0.030$). These findings indicate that stronger endorsement of these non-conventional belief systems is associated with greater TCAM engagement. No multicollinearity was detected among predictors (VIF < 2).

Taking into account the socio-cultural determination of personal beliefs, the results highlight the complex relationship between beliefs and health behaviors, offering valuable insights into how cultural and societal influences may shape engagement with traditional, complementary and alternative medicine. These findings also have implications for health communication strategies and patient-provider interactions when addressing TCAM use.

The dose of induced eye-movements in health persuasion

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In the Working Memory approach of Persuasion (WMaP) defensive reactions towards health messages take place in the working memory (WM) and take WM space. Using the induced eye-movements paradigm (EMi), several earlier studies showed that EMi during the persuasive process increased persuasion. However, it is unknown whether all DSA were prevented by the specific EMi; it may be that with a higher dose of WM taxation even more DSA will be prevented, further increasing persuasion.

In an online experiment, participants from the general population (N = 205) were all asked to listen to a persuasive message advocating fruit and vegetable consumption. Before doing so, they were randomized into one of three conditions: A no stimulus control group, a simple EMi (a repeatedly horizontal one-dimensional moving stimulus) or a complex EMi (an unexpectedly two-dimensional moving stimulus). Measures of DSA, negative emotions, and intentions to follow fruit and vegetable consumption guidelines).

The data show that the effect of EMi was moderated by pretest individual differences in Health Value (HV; $p < .002$): When HV was high, EMi increased persuasion ($p = .052$; $\eta^2 = .03$). In addition, when HV was low, EMi lowered persuasion ($p = .002$; $\eta^2 = .06$). Importantly, there were no difference between the simple and the complex EMi. No significant effects on DSA or emotions were observed.

These data replicate the effects of EMi on persuasion, and they suggest that the simple EMi already takes away all the DSA; the complex EMi had no extra effect.

Poster Session: Interventions in Disease Management

16:00 - 17:00

Psychosocial interventions in childhood cancer: key findings from a scoping review of reviews

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Background: Psychosocial interventions are key in promoting the adjustment of children with cancer and survivors, their families and informal caregivers. In a comprehensive scoping review of reviews, we aimed to identify the diverse types of psychosocial interventions in childhood cancer, their theoretical basis and limitations, and compile guidelines for future psychosocial interventions in the childhood cancer community.

Methods: We followed the methodological guidelines of the Joanna Briggs Institute (JBI) and retrieved articles from 2014 to 2024. A resource aggregator based on EBSCO was used to access relevant databases, using these concepts: Psychosocial interventions; Childhood Cancer; Family; Survivors; Type of Review.

Findings: Seven literature reviews were included, covering a total of 148 articles. The reported interventions were aimed mainly at children with cancer and survivors, and, to a lesser extent, families. The most beneficial interventions with more positive outcomes were physical activity programs, social skills and social support programs, cognitive behavioral therapy, mindfulness, art and music therapy, and education support programs. We provided guidelines for future psychosocial interventions in childhood cancer, including: continuous assessment; tailored interventions; high quality RCTs; providing ongoing psychosocial support; and the widespread use of digital interventions.

Discussion: Overall, the existing literature on psychosocial interventions for childhood cancer reveals great potential for improving psychosocial outcomes for children with cancer, survivors, and families. Nonetheless, more quality research is needed to confirm their efficacy. With this article, we hope to inform future evidence-based research on childhood cancer interventions and help health professionals and policy makers to make more informed decisions.

From preclinical to clinical research: effect of environmental enrichment on addiction mechanisms and rehabilitation

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Background: Between 50% and 80% of individuals with alcohol use disorder relapse after treatment. In preclinical research, exposure to an enriched environment (EE) providing physical, cognitive, sensory and social stimulation has proven effective in treating addiction. However, EE remains largely unexplored in human addiction research.

Research program: Our work aims to bridge this gap by investigating (1) the association between EE and addiction in humans and (2) the efficacy of an EE-based intervention in reducing craving and attentional bias for alcohol. First, an EE questionnaire was developed to assess the perceived environmental stimulation of alcohol- and tobacco-addicted patients (N=338). Significant negative correlations were found between perceived EE, craving and tobacco dependence, and alcohol relapse. Building on these findings, we designed an EE intervention based on promising stimulation factors in human literature for regulating craving and preventing relapse: physical activity, cognitive training, mindfulness meditation and virtual reality (VR). A randomized controlled trial is underway on 135 patients in treatment for alcohol addiction. The control group receives standard treatment. The experimental group undergoes six EE sessions comprising: 20 minutes of guided mindfulness in multisensory VR environments simulating relapse-risk contexts, and 20 minutes of cycling combined with cognitive games. Pre- and post-intervention measures assess mindfulness skills, craving, attentional bias for alcohol and perceived environmental stimulation.

Preliminary findings and implications: Preliminary results (N=80) show that both groups improved in mindfulness skills and reduced craving after treatment. However, the experimental group shows a greater reduction in attentional bias for alcohol and a greater increase in perceived environmental stimulation than the control group.
These findings suggest that integrating EE principles in clinical settings may enhance addiction treatment, and have a positive impact on addiction mechanisms. The reduction of attentional bias for alcohol could decrease the risk of relapse and encourage long-term abstinence.

BREATHE: Co-development with stakeholders and patients to develop a biofeedback and breathing-based intervention for hypertension

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Background

Biofeedback poses as a suitable and complimentary intervention for hypertension due to the regulatory effects on the autonomic nervous system and stress management. However, there is a paucity of high-quality research and detailed protocols for intervention design and implementation. Consequently, we sought to collaborate with patients from a specialist health psychology hypertension clinic and stakeholders to design a tailored intervention to support intervention delivery, implementation and uptake.

Methods

Feedback was sought from ten patients and ten stakeholders through open-ended questionnaires and semi-structured interviews. Questionnaires were assessed with a simplified thematic analysis, and interview transcripts were assessed with a six-step thematic analysis. Outcomes were cross-referenced to the APEASE criteria to inform implementation focused developments.

Findings

Outcomes focused on the intervention design and healthcare implementation. Thematic analysis identified two themes, relating to intervention flexibility to support inclusivity, and effective intervention use to protect the patient-clinician relationship. Patient views reflected the preferred biofeedback format, modality, and delivery. Stakeholder views focused on both patient delivery and healthcare implementation practicalities. Both groups identified areas for further technology integration, including video guides and a mobile application. The outcomes captured how to develop the intervention to ensure it meets APEASE.

Discussion

The co-development approach led to an intervention which reflected patient preferences, whilst incorporating stakeholder expertise. Outcomes mapped to the APEASE criteria identified the appropriateness and implementation suitability of the intervention. This work demonstrated how a co-development approach with patients and stakeholders can support intervention development for a health psychology-informed and holistic approach to hypertension management.

Rationale and design of the HARMONY CR trial: Harmonica exercises' impact on cardiac rehabilitation outcomes

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Background
The increasing number of patients requiring rehabilitation due to cardiovascular diseases necessitates the development of simple and effective rehabilitation methods. Breathing exercises, though essential for improving circulatory system efficiency, are often neglected by patients. Adding music, such as harmonica exercises, can enhance disease adjustment, reduce its perceived burden, and influences psychological status. Elements of joy can enhance motivation to continue exercising at home. The HARMONY CR trial explores the effect of harmonica exercises on cardiopulmonary exercise capacity, health-related quality of life, and depression symptoms in patients undergoing cardiac rehabilitation.
Methods and Results
The HARMONY CR trial is a prospective, randomized, controlled parallel group trial. Eighty patients in a hybrid cardiac rehabilitation program (HCRP) were randomly assigned to either an intervention group or a standard care group. HCRP consists of an in-hospital part, including clinical and exercise capacity assessment, exercise planning and learning, and a home-based part of systematic physical training with telemonitoring. The intervention group had additional harmonica breathing exercises, while the control group followed the standard program. Clinical and laboratory data are collected at baseline, with assessments of cardiorespiratory exercise capacity using cardiopulmonary exercise stress tests and the 6-minute walk test. Psychological status is evaluated using EQ-5D/VAS, Brief IPQ-R, PHQ-9. Measurements are taken at randomization and at the end of the rehabilitation cycle. The primary endpoints include cardiorespiratory exercise capacity, health-related quality of life, and depression symptoms.
Conclusions:
The trial aims to provide insights into the effect of harmonica exercises in improving the outcomes of cardiac rehabilitation.

Reducing internalized HIV stigma with Intervention Mapping: The design, implementation, and evaluation of RESET

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HIV is a highly stigmatized condition, and negative beliefs about HIV and people with HIV are frequently internalized. In this presentation, we will describe how we designed, implemented, and evaluated RESET, an intervention aiming to reduce internalized HIV stigma among people with HIV in the Netherlands. This face-to-face, three-session workshop series for people with HIV was designed, implemented, and evaluated with Intervention Mapping, a systematic approach to behavior change that uses theory and evidence, as well as participatory processes, in the planning of interventions. Intervention Mapping comprises six steps: 1) conducting a needs assessment and drafting a logic model of the problem; 2) specifying intervention outcomes and objectives, and drafting a logic model of change; 3) designing the intervention by selecting theory and evidence-based methods for behavior change and then developing their practical applications; 4) producing and pre-testing the intervention; 5) planning for implementation; and 6) planning process and effect evaluation. For each step, we describe the tasks involved and how we approached each task as we designed, implemented, and evaluated RESET. By transparently reporting how RESET was developed, we illuminate success and challenges in designing, implementing, and evaluating HIV stigma interventions. We also demonstrate how Intervention Mapping can be leveraged to develop effective interventions for reducing stigma, including internalized HIV stigma.

Evaluating the efficacy of Acceptance and Commitment Therapy in body image. Descriptive review

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Background: Body Image Dissatisfaction (BID) is common in people with visible differences in appearance, especially in women. BID could be associated with other mental health disorders, such anxiety and depression. Acceptance and Commitment Therapy (ACT) might be a helpful therapy because it is focused on acceptance and non-judgment of thoughts and feelings. This study aimed to evaluate the efficacy of ACT in people with BID according to reported literature.

Methods: A systematic search was conducted in Pubmed, Redalyc, Psychinfo, and Proquest, using descriptors like: “Acceptance and Commitment Therapy” AND “body image,” NOT “eating disorders”. The studies obtained were descripted according to their participant’s characteristics and their principal outcomes results.

Findings: We identify 12 articles. Of these, 6 were enrolled in the analysis phase. The interventions included mainly adult women and patients with alopecia, cancer, or other illnesses. ACT interventions included techniques such as mindfulness, cognitive defusion, committed action, metaphors, ACT-based psychoeducation, and action plans, but it varied with each intervention. ACT was compared with a waitlist, psychoeducation, and Cognitive-Behavioral Therapy (CBT). Five out of six interventions showed that ACT reduced BID. The only intervention that did not show a significant reduction in BID was conducted in Hispanic breast cancer patients and included only acceptance components.

Discussion: When ACT interventions include all the components, evidence suggests they are effective in improving body image perception. Evidence is scarce, especially in breast cancer patient. It is necessary to develop specific protocols in this population in order to improve their quality of life.

Optimising digital Cardiac Rehabilitation (OsCaR) using the Multiphase Optimization Strategy: A mixed methods feasibility study

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Background: Digital cardiac rehabilitation (CR) presents a promising alternative to centre-based CR, yet the most effective components remain unclear. The Multiphase Optimization Strategy provides a framework for evaluating individual components within complex interventions. This mixed methods study explored the feasibility and acceptability of conducting an optimisation randomised controlled trial of a digital CR intervention.
Methods: Patients attending Phase IV CR were randomised to one of eight experimental conditions in a 2x2x2 factorial trial. Each condition received a different combination of three intervention components: (1) goal setting/self-monitoring; (2) education; and (3) feedback messages. Feasibility was assessed through intervention fidelity (e.g., usage statistics) and outcome measure data completeness; acceptability was measured using the System Usability Scale (SUS), a questionnaire, and semi-structured interviews based on the Theoretical Framework of Acceptability.
Results: Eight participants were recruited and retained. The mean age was 75 years (SD = 5.6), and 62.5% (N = 5) were female. The intervention demonstrated good usability (SUS = 72.1, SD = 19.1). Most participants (83.3%, N = 5) found the digital technology acceptable; however, only half (50%, N = 2) rated feedback messages acceptable. Fidelity was high for goal setting/self-monitoring and feedback, but low for education. Participants reported improved physical activity, but preferred personalised feedback. Usability met the ‘Go’ progression criterion, while fidelity and acceptability met the ‘Amend’ threshold.
Discussion: It was feasible to conduct a factorial trial of a digital CR intervention. The intervention was acceptable, although modifications to education and feedback components are necessary before a full-scale trial.

Implementing change for kidney patients: longitudinal analysis of patient free-text responses

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Background:
Patient experience of care, generally, is best conceived as the individual's perception of the range of interactions they have with the healthcare system they use, as such it is an indicator of healthcare quality. The present study aims to identify similarities and differences in free-text responses to the national Kidney Patient Reported Experience Measure (Kidney PREM) across a 5-year period to inform quality improvement in service delivery.
Methods:
The free-text comments were analysed using thematic analysis; coding inductively based on the semantics of the comment. Additionally, comments were also assigned an attitudinal code (positive, negative or neutral), to better the interpretation of whether specific aspects of care needed improvement. These codes were organised into themes using a deductive process following the predetermined themes of Kidney PREM.
Findings:
The number of free-text responses varied across the 5 years with a total of 14,875 comments included in the analysis. Consistently, specific elements of kidney care such as 'accessing the kidney team', 'scheduling and planning' and 'how the kidney team treats you' received a higher number of comments than other themes. Comments about the kidney team were overwhelmingly positive, with comments on 'transport' and 'support' receiving a high number of negative comments. Differences were seen within themes, like 'access to the kidney team', reflecting the changes to service delivery due to the COVID-19 pandemic. However, the biggest differences in experience of care are seen across the treatment modalities.
Discussion:
The free-text responses can be used to inform quality improvement in service delivery.

Poster Session: Health and wellbeing in older age

16:00 - 17:00

Environmental correlates for active mobility behaviors in rural adults aged 75+

K. Valerius[1], J. Keller[1], S. Mümken[2], C. Haeger[2], M. Brauer[2], R. Spang[3], S. Tunn[1], N. Lorbeer[1], P. Gellert[2]

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Background: Active mobility behaviors, such as walking and cycling, are essential for older adults' daily activities and provide benefits for health and the environment. In addition to individual determinants, social, built, and natural environmental factors (e.g., social support, infrastructure, weather) may influence these behaviors.

Methods: This study investigates associations between environmental factors and active mobility among older adults. Secondary analyses used data from the baseline week of a randomized controlled trial. Participants (N = 209, aged 75+) from rural Germany recorded daily mobility behaviors (walking/cycling, public transport, car use) in an end-of-day diary for seven consecutive days. Predictors included social and built environmental factors (e.g., perceived social support, social network, sidewalk quality, green ratio, points of interest, intersection density) assessed via questionnaires, researcher reports, and GIS data. Day-by-day weather data (e.g., air temperature, sunshine duration) from the German Weather Service were matched to participants' regions. Multilevel models were used to predict day-by-day walking/cycling trips.

Findings: Participants reported an average of 0.88 (SD = 0.74) walking/cycling trips per day. Preliminary analyses indicated significant associations of perceived social support and of co-variates BMI and physical functioning with older adults' daily walking/cycling trips. Other predictors were not significantly associated.

Discussion: This study contributes to understanding the role of environmental factors for active mobility behaviors among older adults. Findings may inform municipal strategies to support mobility needs and promote active transportation among older adults.

Study for development of a workbook aimed at enhancing the purpose of life for elderly

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Purpose Meaningful activities (MA) refer to activities that are deeply connected to the purpose and meaning of older adults' lives and have a significant impact on their physical health, mental stimulation, social interaction, and emotional well-being. This study was conducted to develop a behavior change intervention workbook to encourage older adults to actively go outside and subsequently perform MA.
Methods An internet survey was conducted based on the Health Action Process Approach targeting healthy men and women aged 65 to 85 years, who were not certified as needing nursing care or assistance. From those fitting these criteria, we recruited 250 participants who were living alone, and 250 who were not living alone. In addition to practical contents of MA, variables related to going out, and strategies for identifying and dealing with factors that hinder going out were examined.
Results It became clear that in order to link going out to the practice of MA, it is necessary to 1) clarify the elements related to going out (purpose of going out - meaningful activities, destination, method of transportation), 2) persuade people to go out (effective motivational intervention), and 3) support continuing to go out (creating an action plan; supporting continued behavior).
□Discussion/Conclusion□ The workbook developed based on the findings from this study will not only address direct issues, but also focus on measures to increase purpose in life and life satisfaction, and is expected to contribute to future policies for the elderly.

SOC strategies, preparation confidence, and spiritual life: Key factors in retirement readiness for people over-45s

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Background: With increasing life expectancy in Taiwan, retirement planning was crucial for those over 45 to maintain their quality of life post-retirement. This study examined how successful aging strategies (SOC: Selection, Optimization, and Compensation) and other factors affected retirement preparedness in people over 45.
Methods: This 2024 cross-sectional study involved 601 Taiwanese participants aged 45-66 with work experience. After attention checks, 516 valid samples were obtained. The self-developed instrument assessed personal background (8 items), SOC strategies (4 items), and retirement preparation (17 items) across financial, health, leisure, and interpersonal domains. The instrument demonstrated strong psychometric properties, explaining 60.43% to 71.79% of the total variance, with reliability coefficients ranging from .77 to .88. Data analysis included descriptive statistics, EFA, reliability analysis, contingency table analysis, ANOVA, one-way repeated measures ANOVA, correlation, and multiple stepwise regression.
Findings: Participants aged 45 and above showed a slight positive trend in both retirement preparation (5.20/7) and SOC strategy use (5.91/7), with a moderate correlation between the two ($r = .62$). Health planning was most prominent, while financial planning lagged. Key factors influencing SOC strategy use included perceived health, economic situation, confidence in achieving an ideal retirement, and engagement in spiritual activities. The best predictors for retirement preparation were SOC strategy use, confidence in achieving an ideal retirement, perceived health, and spiritual activities, collectively explaining 51% of the variance.
Discussion: The implementation of SOC strategies had a significant impact on retirement preparation. For a good post-retirement life, it’s essential to simultaneously consider physical, mental, and spiritual health.

Parent-adult child communication on death and dying: a mixed-method systematic review

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Background: With population aging and evolving intergenerational caregiving dynamics, communication about death and dying between parents and adult children is crucial yet complex. This review synthesizes the existing literature on the nature and impact of death and dying communication between parents and adult children across life stages from both perspectives.
Methods: A systematic mixed-methods review was conducted following PRISMA guidelines. Searches included PubMed, Embase, CENTRAL, CINAHL, PsycINFO, Web of Science and Scopus, supplemented by Google scholar, Clinicaltrials.gov, ICTRP, ProQuest and backward/forward citation searching. Empirical studies on parent-adult child communication about death and dying across the lifespan were included.
Findings: Of 58 included records, 37 used qualitative, 15 quantitative, and 6 mixed-methods designs. Most studies focused on parental death and dying, while a few explored communication regarding the death and dying issues of adult children. Narrative synthesis identified four overarching categories: perceptions and communication patterns, influencing factors, communication preferences, and impacts of communication behaviors. Findings reveal substantial variations across life stages, individualized communication needs, and diverse impacts of communication strategies.
Discussion: This review highlights the complexity of parent–adult child communication about death and dying. Future research should explore strategies to enhance communication quality, foster supportive environments, and examine the long-term impacts of different communication patterns on parents and adult children. Understanding how to effectively facilitate communication will contribute to improving death-related communication experiences, decision-making processes, and psychological well-being in various contexts.

In a lonely place: subjective and objective aspects of neighbourhood and loneliness in older adults

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Background: Loneliness increases the risk of poor mental and physical health. People of all ages experience loneliness, but it is most common in people aged 75+ years. While most research has focused on intra- or interpersonal risk factors for loneliness, how the wider social and physical environment influences loneliness has received little attention. The purpose of this study is to examine how subjective perceptions and objective characteristics of the neighbourhood are associated with loneliness in older adults.
Method: SWEOLD is a representative survey study of people aged 77+ years living in Sweden. The 2021 survey (N=1613, 64% response rate) contains the 3-item UCLA loneliness scale, as well as several questions on how participants perceive their neighbourhood. The survey data is linked for each participant to a register with data on, inter alia, neighbourhood demographic characteristics, socioeconomic status, citizenship and housing. Hierarchical regression analysis will determine the best model of loneliness and the relative contribution of subjective perceptions versus objective characteristics of the neighbourhood, while controlling for key factors related to loneliness (i.e., gender, age, education; physical and mental health; social contacts).
Discussion: Combating loneliness in older adults is a major societal challenge, with those aged 75+ years increasing in number and as a proportion of the population. The lack of research on how the wider social and physical environment influences loneliness in older adults has so far limited the potential of policy to develop effective psychosocial interventions to reduce loneliness. Our study findings should contribute to rectifying that situation.

Psychological profiles of healthcare workers and their association with residents' mental health in nursing homes

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Background: Numerous studies have reported higher rates of burnout among healthcare workers compared to other worker populations, particularly in geriatric settings. Investigating the relationship between healthcare workers' occupational health and residents' health is essential, yet it remains underexplored in nursing homes. This study aims to identify healthcare workers' occupational health profiles and their impact on residents' mental health.

Method: In ten nursing homes in France, 272 healthcare workers completed self-report questionnaires assessing psychological empowerment and burnout. Data on anxiety, depression and quality of life were collected from 241 residents, with follow-up on 174 of them six months later. Cluster analyses and linear regressions were conducted.

Results: Three profiles of healthcare workers emerged: high burnout, neutral (low burnout and empowerment), and empowered. Compared to the burnout profile, neutral and empowered clusters exhibit significantly better scores of quality of life (B = 0.74, p = 0.008; B = 0.82, p = 0.004). At T1, both profiles showed higher quality of life (B = 1.74, p = <.001 ; B = 1.64, p < .001) and lower anxiety (B = -1.32, p = 0.026 ; B = -1.42, p = 0.018) compared to burnout profile.

Discussion: This exploratory study offers a profile-based approach to healthcare workers' burnout and empowerment in nursing homes and its association with residents' mental health, emphasizing the workers role in residents' quality of life.

Effects of Enjoyment on Sedentary Time: A Longitudinal Study in Patient-Partner Dyads

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Background: This study investigates whether enjoyment of physical activity (PA) and sedentary behavior (SB) at baseline (Time 1; T1) predict sedentary time at an eight-month follow-up (Time 2; T2) in patient-partner dyads, examining the potential protective role of PA enjoyment and the reinforcing effect of SB enjoyment.

Methods: This study followed 320 patient-partner dyads (aged 18–90 years), where patients had low physical activity and/or cardiovascular or metabolic diseases. Enjoyment of PA and SB was measured using the behavior-adjusted Groningen Enjoyment Questionnaire, while sedentary time was assessed via accelerometers. Regression models were used to examined within- and across-dyad associations.

Findings: The results revealed several links between enjoyment and sedentary behavior in dyads. In patients, higher PA enjoyment at T1 predicted lower sedentary time at T2, while greater SB enjoyment at T1 was linked to increased sedentary time at T1. Among partners, SB enjoyment at T1 correlated with higher sedentary time at T1. Dyadic effects showed that partners' SB enjoyment at T1 was associated with patients' sedentary time at T1, suggesting mutual influence. Additionally, partners' PA enjoyment at T1 predicted lower sedentary time in patients at T2, highlighting its potential long-term protective effect.

Discussion: These findings underscore the dual role of enjoyment, where PA enjoyment reduces sitting, while SB enjoyment prolongs sedentary time. They also highlight interpersonal influences, as partners' enjoyment of PA and SB impacts patients' sedentary time, supporting the need for dyadic interventions to promote PA enjoyment and reduce sitting.

Keywords: Sedentary behavior; Physical activity enjoyment; Patient-partner dyads; Longitudinal study.

Poster Session: Self-regulation in the context of environmental cues, illness and distress

16:00 - 17:00

Reflections on adapting the common sense model for youth with chronic conditions and their families

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In their 2022 conceptual review, Hagger and Orbell proposed the most recent extended version of the common-sense model of illness self-regulation (CSM). While they explicitly emphasise the role of socio-structural factors in self-regulatory processes, these are not formally integrated into the extended model. In paediatric settings, models like the individual and family self-management theory, the paediatric self-management framework and the coping in families with a chronically ill child framework highlight the dynamic and complex interplay of individual, family and contextual factors in paediatric illness self-management processes.

Recognising the limited research on the CSM from a systemic perspective, Sonney and Insel proposed a reformulation of the CSM in 2016, integrating dyadic parent-child cognitive illness representations. Building on their work, we propose further adaptations to the extended 2022 CSM to enhance its applicability in paediatric contexts, drawing on reflections from the presenting author's PhD thesis. Building on the extended CSM, the proposed adaptation highlights the central role of cognitive and emotional illness representations, treatment beliefs and beliefs about future health-related behaviours held by both youth and caregivers, and acknowledges the complex interplay between their personal experiences and overall family dynamics in managing paediatric medical conditions. While coping strategies are guided by illness and treatment representations, the model also recognises that the degree of congruence between youth and caregiver perspectives can influence family functioning and coping effectiveness. Health-related outcomes for both youth and caregivers are the result of an ongoing cycle of interaction and adaptation within the family’s response to the chronic illness.

How does self-regulation really contribute to the management of chronic disease? A critical review

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Self-regulation plays a critically important role in managing the challenges related to chronic disease like diabetes, cancer and epilepsy. Not only does self-regulation contribute to the achievement of patients' often complex health-related goals, but it is also crucial in monitoring and managing the emotional and cognitive responses they experience related to these goals. Although a substantial amount of research findings supports the importance of self-regulation in chronic disease management, there is a lack of studies that bring together and integrate those findings. The aim of this study was therefore to critically review and synthesize scientific evidence on the key mechanisms and processes involved in the self-regulation of chronic disease. A Boolean Search was done to identify full-text, peer-reviewed articles on adult samples, published over the past 15 years. The initial 3955 studies were scrutinized for relevancy and quality to identify 42 for the final review. The findings of these studies were synthesized to develop a hypothetical model that clearly shows some important strengths, but which is also limited in understanding exactly how self-regulation contributes to the challenges of chronic disease as a dynamic, long-term process. The implications of the findings will be discussed, and recommendations will be made for future research.

Coping with Freshers' Flu: A prospective study of illness self-regulation following symptom inception

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Background: Unnecessary GP consultations and antibiotic use for common cold symptoms contribute to healthcare strain and antimicrobial resistance. Identifying the factors driving these behaviours is essential for effective public health interventions. While illness representations shape coping strategies, most research on illness self-regulation focuses on chronic conditions using static, cross-sectional designs. This prospective study applies the extended common-sense model of illness self-regulation to examine how illness representations, behavioural beliefs, and intentions predict real-time coping behaviours.

Methods: UK university students with cold-like symptoms (N = 424) completed a baseline survey assessing illness representations (identity, cause, timeline, consequences, coherence, emotional representation, control), behavioural beliefs (attitudes, subjective norms, perceived behavioural control), and coping intentions. After two weeks, participants reported their actual coping behaviours. Logistic regressions examined predictors of coping behaviours.

Results: Unnecessary GP consultations (15.8%) and antibiotic use (22.6%) were reported. Both illness representations and behavioural beliefs predicted coping behaviours. Illness coherence significantly predicted both behaviours (GP: B = -0.74; antibiotics: B = -0.61), while perceived behavioural control predicted antibiotic use (B = 0.59), and intention strongly predicted both (GP: B = 1.30; antibiotics: B = 0.81). Behavioural beliefs significantly improved model variance (GP: 18.5%; antibiotics: 20.8%). Ethnicity also had an effect: Non-White participants were 6.9 times more likely to consult a GP (B = 1.93).

Discussion: Coping behaviours for cold-like symptoms are shaped by illness representations, behavioural beliefs, intentions, and socio-structural factors. Findings highlight the need for targeted interventions to reduce unnecessary GP consultations and antibiotic demand, particularly among specific demographic groups.

Self-Determined Motivation and Musculoskeletal Injury Occurence in Physically Demanding, High-Performance Domains; Systematic Review

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Musculoskeletal injuries (MSKI) are prevalent in high-level sport and physically demanding occupations, affecting individuals' health and performance. Understanding the role of Self-Determined Motivation (SDM) (i.e., behaviours regulated through enjoyment, identity and values) rather than Controlling Motivation (CM) (i.e., behaviours regulated through external rewards, or avoidance of punishment and guilt), in MSKI occurrence may improve practice and interventions. This systematic review investigated the relationship between SDM and MSKI occurrence in high-performance contexts including sport, military and emergency services. PubMed, Web of Science, APAPsycNET, Scopus, Embase and The Cochrane Library databases were searched for English language papers that: recruited populations aged ≥16 years in sport and occupational high-performance domains; explicitly measured motivational constructs to explain MSKI occurrence; employed experimental, longitudinal or observational designs to assess associations and temporal relationships. This search yielded 8,160 studies, from which seven observational studies (five on athletes and two on police and military groups) met the inclusion criteria. In these studies, higher SDM was positively associated with MSKI protective behaviours (e.g., adherence to safety protocols and stress management). However, this SDM-MSKI relationship is complex, where motivation and behaviours in high-performance environments can be influenced by external modulating factors such as leadership, work demands, and pressures to perform. Published study limitations included cross-sectional designs and dependency on self-reported measures, which restricted causal inference. In conclusion, SDM rather than CM may influence both MSKI occurrence and the effectiveness of mitigation interventions. More robust studies are required to understand SDM and MSKI interrelationships with respect to MSKI risk and mitigation.

Fast and Focused: Exploring If-Then Plans in Visual Identification and Cognitive Control of Food Stimuli

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Cognitive control plays a crucial role in regulating eating behaviors, particularly in an environment abundant with food cues (Hofmann et al., 2009).Implementation intentions (If-Then Plans) have been shown to facilitate self-regulation through cue-response association by creating a pathway toward goal-directed behavior (Adriaanse et al., 2011; Gollwitzer, 1999).This study investigates the differential effect of If-Then plans compared with standard goal intentions on cognitive control and decision-making when people are exposed to food-related stimuli.A total of 79 participants completed classification tasks across the three conditions:baseline, cued (If-Then Plan), and self-initiated (Goal Intention). Participants were randomly assigned into two groups according to different statement conditions; each group went through all three counterbalanced conditions.The primary outcome measures included reaction times, error rates, and Dutch Eating Behavior Questionnaire scores (administered before the experiment).A linear mixed-effects model showed that the If-Then Plan and Goal Intention conditions' reaction times were significantly faster than the baseline.In Group 1, If-Then Plans indeed produced a slight reduction compared with goal intentions, Ms = 713.32 and 714.24 ms (βs = -47.43 and -46.51, ps <.001),respectively, from baseline, M = 760.75 ms. Goal Intentions (M = 716.08 ms, β = -38.79, p <.001) had a slightly larger effect size than If-Then Plans did (M = 719.81 ms, β = -35.05, p <.001) relative to the baseline (M = 754.86 ms) in Group 2.The findings indicate that if-then planning strategies enhance cognitive control in food-related decision-making.Future studies should examine their long-term effects and moderation by individual factors such as habit strength and motivation.

Investigating Addiction Through the Lens of Experiential Avoidance: A Network Analysis Approach

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Background: Addiction affects overall well-being, yet research focuses on substances or addictive behaviors in isolation, limiting insight into their interaction and the underlying mechanisms. This study aims to investigate the network structure of Experiential Avoidance (EA) and Psychological Flexibility (PF) in relation to substance use (smoking, e-cigarettes, alcohol, sedatives, cannabis, ecstasy, cocaine, LSD) and behavioural addiction (gambling).
Methods: Participants (n=3511) aged 15-64, were native speakers from Cyprus. They completed sociodemographic questions, the Greek Acceptance and Action Questionnaire-II (AAQ-II) to measure PF and EA and 9 items from the European Model Questionnaire (EMQ) to assess drug use prevalence and related attitudes. To explore the associations between PF and addictions, a Network Analysis was conducted.
Findings: Smoking was strongly positively connected with cannabis and alcohol but moderately to strongly negatively connected with gambling and e-cigarette. Cocaine was strongly positively connected with LSD and ecstasy, but moderately positively connected to cannabis. The most central nodes of the model were items from the AAQ-II, specifically: AAQ3 (“I’m afraid of my feelings”), AAQ4 (“I worry about not being able to control my worries and feelings”) and AAQ5 (“My painful memories prevent me from having a fulfilling life”).
Discussion: This is the first study to demonstrate an association between EA and multiple addictions using network analysis. The findings support the need for further research to explore the interactions and patterns between substances and behaviours and their association with PF. Further examination could have significant clinical implications, leading to more effective and individualized treatment plans for addiction.

Effects of Tapping Touch self-care program for improving sleep Part 2: Long-term effects

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Background

An online self-care Tapping Touch (TT) program for stress reduction during the COVID-19 pandemic significantly improved insomnia symptoms (Nakagawa et al., 2021). However, its effects on broader sleep characteristics remain unclear, since conventional programs primarily assess insomnia severity. Oura et al. (2025) integrated a sleep psychoeducation session with TT courses, reporting sustained improvements in sleep quality and quantity and improvements in cognitive activity at sleep onset, stress response, and mood following the TT intervention. This study examined the long-term effects of this program one month after completion.

Methods

The program comprises three sessions conducted at one-week intervals—a sleep psychoeducation session (session 1) followed by two TT sessions (sessions 2 and 3)—with 10 participants assessed at one-month follow-up. Outcome measures included insomnia symptoms, sleep characteristics (phase, quality, and quantity), cognitive activity at sleep onset, sleep habits, stress response, and mood. Participants were encouraged to engage in self-care outside the sessions and to record the frequency of self-care.

Findings

At follow-up, improvements in sleep quality and quantity, stress response, and mood were sustained, while cognitive activity at sleep onset showed further improvement. However, insomnia symptoms returned to baseline in all participants and worsened in two who engaged in self-care infrequently.

Discussion

The program demonstrated benefits across multiple sleep-related domains. However, insomnia recurrence in participants with low self-care engagement highlights the need for strategies promoting long-term adherence to self-care practices. Given the small sample size, further studies with a larger sample size are necessary to confirm these findings.

Food as an Icebreaker: Impact of Social Eating on Freezing Body Movements in Natural Conversations

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Social eating, a ubiquitous activity encompassing family dinners, workplace lunches, and public canteens, profoundly influences social dynamics, yet its behavioural implications remain underexplored. This study (N Individual= 84; N Triads= 28) examines how eating with others shapes social interactions by analysing body movement patterns in eating and non-eating conditions across contexts with varying levels of conversational tension. Social eating was found to significantly reduce the frequency ($\chi 2$ (1) = 27.90, $p < .001$), duration ($\chi 2$ (1) = 28.19, $p < .001$), and contagiousness of motion-freezing episodes (OR (Social eating/No eating) = 0.153 ± 0.050, χ^2 (1) = 33.19, $p < .001$) – key indicators of social tension – even after accounting for eating-related movements. Crucially, the reduced contagiousness of motion freezing suggests that social eating may act as an inoculation mechanism, mitigating stress-related behavioural alignment and promoting positive social dynamics. These findings emphasise the distinctive role of social eating in promoting smoother interactions and creating a relaxed social atmosphere. By extending its significance beyond nutrition, this research highlights the deeply social nature of eating and its essential role in alleviating tension and fostering social relationships.

Poster Session: Burnout and other mental health indicators

16:00 - 17:00

Self-esteem, narcissistic admiration, narcissistic rivalry, organizational climate and professional burnout. Implications for health psychology

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The subject of this study is the relationship between self-esteem, narcissistic admiration and rivalry, organizational climate and professional burnout. 379 people working in Polish organizations were surveyed. The following methods were used: Rosenberg's Self-Esteem Scale (SES), the Narcissistic Admiration and Rivalry Questionnaire (NARQ), questions on organizational climate from the Rosenstiel and Boegel scales, and the Oldenburg Burnout Inventory (OLBI). Variables were measured at two time points. Self-esteem and narcissism were examined five weeks earlier than organizational climate and professional burnout. Analyses showed that professional burnout, which includes exhaustion and disengagement from work, is negatively associated with self-esteem, narcissistic admiration and a positive assessment of the organization's climate. In contrast, narcissistic rivalry correlates positively with professional burnout and its components. Organizational climate turned out to be the strongest predictor (about 40% of the explained variance of burnout), while self-esteem and components of narcissism were weaker (about 10% of the explained variance of burnout). The results have important practical implications for the discussion on professional burnout prevention

Direct and indirect student violence against teachers: The latter's stronger predictability of teacher psycho-physical health

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[Background] Unfortunately, bullying in schools is no news. Comparing the literature with reality, we notice the field has been focusing on the violence between students and, to a slightly lower extent, that from teachers towards students. Reversely, there exists limited work on the violence from students toward teachers, while anecdotally, such teacher-targeted bullying (TTB) also seems common and severe. Our research, therefore, 1) broadly surveyed the presentations of TTB and 2) investigated their effects on teacher victims' health. [Methods] We first piled a list of 36 existing types of TTB, by reviewing the literature and conducting in-depth interviews with high-school teachers. 146 more teachers were subsequently invited to rate the frequency of each of the behaviors against them, as well as their general daily anxiety, irritability, depression, lack of self-worth, and sleep disturbance. [Findings] We discovered three underlying factors of TTB: direct bodily (e.g., battery), direct non-bodily (e.g., teacher property damage), and indirect (e.g., online slander) violence. Correlations further indicated that, to our surprise, direct bodily violence only mildly predicted sleep disturbance ($r = .270$) and no other ill-being measure. Likewise, direct non-bodily violence only slightly predicted irritability ($r = .202$) and lacking self-worth ($r = .169$). In comparison, indirect violence predicted all five aspects of ill-being, mildly to strongly ($r = .450$) and always more strongly than direct bullying. [Discussion] Implications of the results are drawn for the potential psychological and sociological mechanisms through which direct and indirect TTB differ in their impacts on teachers' mental and physical health.

Affective and occupational outcomes of workaholism: A systematic review and meta-analysis

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Background: Although workaholism is typically viewed as a negative construct, some researchers have found that workaholics exhibit high job satisfaction (Kaygin et al., 2023) and exceptional productivity (Peiperl & Jones, 2001). This casts doubt on both affective and occupational outcomes of workaholism. Against this background, the aim of the current systematic review and meta-analysis was to summarize research findings on the affective and occupational outcomes of workaholism.
Methods: The search was limited to references published between January 2013 and February 2025. The following databases were used to search for the papers: ISI Web of Science, Scopus, EBSCO Academic Ultimate, ScienceDirect, Taylor & Francis, Oxford Journals Collection, Wiley Online Library, SAGE Journals Online and Google Scholar. The eligibility of the papers was determined by screening their titles, abstracts and full texts.
Findings: The search generated 4254 papers. A total of 36 references were retained for the analysis. The systematic review revealed that workaholism is related to higher levels of anxiety, depression, and stress. Meta-analytic calculations further confirmed significant positive relationships between workaholism and anxiety, depression, stress, and emotional exhaustion. Such outcomes as job satisfaction, performance and career development were not related to workaholism.
Discussion: The findings emphasize harmful effects of workaholism, linking it to negative affective outcomes while rejecting its positive occupational impact. Theoretically, this review contributes to better understanding of workaholism as a psychological risk rather than a productivity booster. Practically, it dispels doubts related to workaholism and underscores the need for organizational interventions to reduce harmful working habits.

Assessing emotional labor in pedagogical professions: a questionnaire for intra- and interpersonal emotion regulation

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Background. This study investigates emotional labor in pedagogical professions. While traditional research has primarily concentrated on intrapersonal emotion regulation (self-focused emotional labor), this study emphasizes the importance of interpersonal emotion regulation (other-focused emotional labor) as a key aspect of pedagogical work. The objectives are threefold: 1) to develop a self-report measure for assessing intra- and interpersonal emotion regulation, 2) to explore distinct emotion regulation profiles, and 3) to analyze differences among these profiles concerning burnout and work engagement.

Method. The study will employ an online survey targeting approximately 350 employees in pedagogical professions. The questionnaire will consist of newly developed items for measuring intra- and interpersonal emotion regulation alongside validated instruments for assessing work-related well-being, such as burnout and work engagement. Initial analyses will focus on scale validation through exploratory factor analysis. A secondary analysis will utilize latent profile analysis to identify emotion regulation profiles, followed by ANOVAs to examine relationships between these profiles, burnout, and work engagement.

Findings. The findings are expected to yield insights into various regulatory patterns among educators. It is hypothesized that individuals employing a broader range of emotion regulation strategies—indicative of high emotional regulation flexibility—will report more positive outcomes.

Discussion. The results could have significant implications for health psychology and practice in pedagogical professions by underscoring the importance of emotion regulation for well-being. Furthermore, the developed questionnaire will provide a valuable tool for researchers to assess a comprehensive range of intra- and interpersonal emotion regulation strategies and their relationship to various health and work-related outcomes.

Experience Sampling of Self-Compassion and Problem-Solving Writing for Stress, Burnout, and Sleep in Academia

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University employees face unique psychosocial demands, including publication pressure, tenure uncertainty, and hierarchical power dynamics, which contribute to chronic stress, burnout, and sleep disturbances. Emotion regulation strategies, such as emotion-focused regulation (e.g. self-compassion) and problem-focused writing may mitigate the negative effects of daily job demands. Writing-based interventions offer a scalable, low-cost, and accessible approach to improving occupational wellbeing, yet their effectiveness in workplace settings, particularly on health behaviours, remains underexplored.

We hypothesize that daily job demands will predict increased afternoon stress and, in turn, evening burnout and poor sleep quality. We expect that on days when participants engage in self-compassion or problem-solving writing, this relationship will be weaker, compared to active control writing.

A three-week counterbalanced within-person design will be implemented with 100 university employees in the Netherlands. Participants will complete daily surveys across three randomized conditions each week: (1) self-compassion, (2) problem-solving, and (3) active control writing. Surveys will be administered three times per workday (morning, afternoon, evening). A three-level multilevel model will assess daily intervention effects (Level 1), weekly intervention periods (Level 2), and between-person differences (Level 3). We will control for the effects of morning perceived stress, type and severity of negative work event used in writing task, and familiarity with self-compassion.

This study will provide empirical evidence for the effectiveness of self-compassion and problem-solving writing as accessible interventions for workplace stress, offering insights into how targeted emotion regulation strategies improve wellbeing in high-demand professional environments.

Job-related factors and behavioural risk factors associated with burnout among nurses

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Background: Nurses in the exercise of their profession are faced with complex situations bringing about a high workload and considerable psychological distress often leading to long-term physical and mental exhaustion. Burnout has been found to be a risk factor for the development of chronic diseases as well as job retention. The aim of this study was to shed more light on the associations between job-related factors and behavioural risk factors associated with burnout among nurses.
Methods: A total of 585 nurses from 12 hospitals in Eastern Slovakia participated in the study. Mean age 37.6±9.6 years, mean years of experience 17.7±10.2, 97.3% females. The Maslach Burnout Inventory was used to measure burnout. Nurses also filled in self-reports comprising questions on job-related characteristics and health-risk behaviour. General Linear Models (GLM) with Scheffe Post Hoc tests were used to analyse the data. The associations between variables were controlled for possible confounding effect of age and education.
Findings: Nurses working in intensive care units and psychiatric departments were found to be at a higher risk of burnout. No association was found with shift work or years of experience. Health-risk behaviours, such as smoking, alcohol consumption or unhealthy diet, were found to be associated with a higher risk of burnout. The associations with physical (in)activity were less clear, as physical exercise ≥4 times/week was associated with higher burnout (47.5±15.2 vs 50.7±15.6, $p<.001$).
Discussion: This study underscores the importance of both job-related factors and behavioural factors in the prevention of burnout syndrome among nurses. [Grant: APVV-22-0587]

Differences in depressive and psychosomatic symptoms and bone health between active and inactive depressed patients

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Background: Depression negatively impacts bone and is a risk factor for osteoporosis, whereas regular physical activity (PA) can positively influence both mental and physical health. Even though depression and bone disorders are linked, research on the influence of regular PA on mental states and bone health simultaneously is limited. Aim: Assess whether physically active depressed patients have lower depressive- and psychosomatic symptomology and better bone health.
Methods: Data was analyzed from depressed patients included in the longitudinal DEPREHA-study (18 months, n=208, 18-65 y). Sociodemographic data, whether patients were regularly physically active (binary outcome), BDI-II and SCL-90 questionnaire data as well as blood serum containing bone markers procollagen-type-1-N-propeptide (P1NP), osteocalcin (OC) and crosslapps (CTx) were analyzed. Differences between groups regarding BDI-II, SCL-90 and bone markers were assessed using independent-samples t-tests and Mann-Whitney U tests in IBM SPSS (v29.0; $p<0.05$).
Findings: Data from n=44 participants (47.57±9.18 y; 86% female) were eligible for analysis. Active patients showed non-significant lower BDI-II (23.04±9.79 vs. 27.68±10.52, p=0.147) and SCL (88.68±48.00. vs. 113.00±39.82, p=0.094) symptomology; increased bone marker values P1NP (50.50±18.96 vs. 48.85±19.24 ng/mL, p=0.819), OC (17.26±5.39 vs. 15.10±10.52 ng/mL, p=0.396) and CTx were detected (0.31±0.10 vs. 0.30±0.12 ng/mL, p=0.411).
Discussion: Active depressed patients showed a tendency of lower depression and stress symptomology, and marginally increased bone turnover, highlighting the potential positive influence of PA on mental health and bone. However, due to small differences and lack of significance, further research is required to assess the complex relationship between PA, bone health, and depression.

Poster Session: Preventing and coping with chronic conditions

16:00 - 17:00

Evaluation of educational interventions to enhance cancer literacy regarding prevention: a qualitative pilot study (CLARO)

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Background: Nearly 40% of cancer cases could be prevented by modifiable lifestyle risk factors. However, public awareness of these factors remains low. Therefore, enhancing cancer literacy (CL) regarding preventive behaviors might be a key step in reducing cancer risk. This qualitative pilot study examined and evaluated various self-developed information materials designed to improve CL regarding prevention, focusing on physical activity and nutrition.
Methods: Four information materials were created based on the Protection Motivation Theory, utilizing various communication styles: non-narrative text, narrative text, non-narrative animation, and narrative animation. From February to April 2024, 41 participants (53.7% male; Mage = 42.1 (SD = 15.4)) were randomly assigned to one of these four groups. Qualitative data were collected using a semi-structured interview guide. Interviews were audio-recorded and transcribed verbatim using MAXQDA. An inductive content analysis was performed to systematically analyze the interview transcripts.
Findings: The following six main themes emerged during the interviews: visual & layout design, amount of information, familiarity with provided information, motivational factors, efficacy of information transmission and narrative reception. Overall, participants were satisfied with the amount of information provided and material length. Nevertheless, participants expressed interest in additional content regarding nutrition, physical activity, and further risk factors. A considerable number of participants were previously unaware of the association between lifestyle factors and cancer risk.
Conclusion: Results indicate that all four information materials were well received and are suitable to be tested in a subsequent population-based study. The identified knowledge gaps highlight the importance of strengthening CL regarding preventive behaviors.

CARE project: Examining breast cancer patients' stress markers and managing emotions via a homecare-digital-toolkit

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The CARE (Cancer, allostatic load, and regulation of emotions: how stress and emotion regulation impact mental and physical health of breast-cancer patients) project, examined multimethodically and multidisciplinarily, the impact of stress on physical and mental health in breast-cancer patients, and inversely of cancer and its treatment on indices of stress-accumulation and health outcome. It examined biological and psychological stress markers: how levels change throughout the first year after diagnosis and how biomarkers interact with emotion-regulation ability and psychological flexibility. It examined how stress-related changes can be managed using an ACT-based, brief eHome-care, self-delivered intervention, via momentary ecological assessment of emotions and health indices. Eligible patients (N=59) underwent examination of blood biomarkers, emotion regulation experiment, e-health toolkit (VR or virtual coach app) and followed through their cancer treatment journey for 9-months. Experiments demonstrated that prior to toolkit-use, psychological symptoms were more intense among patients who don’t work and have primary-school education whilst having additional diagnoses was linked to more health-anxiety and psychological symptoms. During experiments, patients experienced unpleasantness and high arousal when imagining unpleasant scenarios and showed physiological reactivity changes. Post-intervention, although cancer situations remained at least equally fearful, the ability to experience pleasant emotions returned to normal. Slight improvement in patients’ overall health and quality-of-life resulted after toolkit use, with significant reductions in anxiety, improvements in mobility and usual activities. Results are promising, allowing further explorations as to the classification and prediction of individuals (via use of machine learning), who may need further psychological interventions during their cancer treatment journey.

Managing chronic conditions in primary care; what's next after deciding research priorities?

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Chronic conditions are extremely common, with approximately 1 million people in Ireland affected by the top 4 conditions alone. This is expected to significantly increase in the future due to Ireland’s aging population. The HRB Primary Care Clinical Trials Network, through a James Lind Alliance (JLA) Priority Setting Partnership (PSP), have developed a Top Ten list of priority research questions for managing chronic conditions in primary care in Ireland. This list offers an opportunity to align research and service provision to the priorities of patients, carers, and healthcare professionals rather than those of researchers or funders.

The use of the JLA PSP method ensured that only questions unanswered by research were eligible to be included in the process of creating a Top Ten list, meaning that this list represents major gaps in primary care research. The project was led by a steering group comprised of patients and representatives, carers, and clinicians, and all stages of the process centred these stakeholder groups. The development of this Top Ten list has collated research questions that stakeholders value highly, creating a solid foundation for the delivery of such projects, and for future evidence-based care and service delivery.

The Top Ten covers a range of areas including information exchange, non-drug treatments, multidisciplinary care, and use of health care data, with great potential for future primary care research. This list highlights major gaps in the research that could be addressed through targeted funding and other supports, as well as inform service provision and healthcare policy.

The beliefs Māori patients are discharged home with and their role in readmissions

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Background: Hospital readmissions have negative consequences for patients, their whānau (family) and health professionals. In New Zealand (NZ), 12.5% of people will experience a readmission, yet Māori (Indigenous people) are 16% more likely to experience a readmission. Patients' health beliefs could be important in understanding their admission and readmissions. This study explored the patient health beliefs and readmissions for Māori patients.
Methods: Adult patients discharged from general medical or surgical wards at a large urban hospital in NZ were invited to participate. Participants completed a questionnaire on days 1 and 7 after discharge. Demographics, health, medicines and readmission information were extracted from hospital records. Analysis was conducted using independent samples t-test to compare between Māori and not Māori (NM).
Findings: A total of 200 adults responded (56.0% female, mean (SD) age 57.5(14.9) years, 61.5% NZ European), of which 21(10.5%) were Māori. Overall, 39(19.5%) of participants were readmitted within 30 days, 8(38.1%) were Māori 31(17.3%, p = .023) were not. Māori participants (day 1, m=4.64(0.49); day 7, m=4.64(0.50)) were more likely to agree that their medicines were necessary (day 1, NM m = 4.24(0.80), p =.042; day 7, m = 4.10(0.72), p = .006). On day 7, Māori participants (m = 4.57(0.51) were more likely to agree to understanding their health (NM, m = 4.11(0.82), p = .044).
Discussion: Māori and non-Māori patients had similar beliefs after discharge, except in their beliefs about medicines necessity and understanding of their health. Considering people's medication and illness beliefs can help understand readmissions.

Keynote Speech: Professor Justin Presseau

17:00 - 18:00

Moving from single to multiple behaviour approaches: Behaviour systems for health behaviour and healthcare practice change

The contexts of daily life and work can be characterised by the pursuit of multiple goals by engaging in multiple behaviours. However, predominant theory, methods and evaluative approaches used to understand and support health behaviour and health professional behaviour change tend to consider a given behaviour and its theory-informed psychological, social and environmental factors (and change techniques) in isolation from its wider behaviour system, without directly accounting for how behaviours co-occur, interact, and compete. Broadening perspectives on health behaviour and behaviour change to consider the wider behaviour system in which a given health behaviour or health professional behaviour of interest is embedded opens novel theoretical, methodological and interventional opportunities. In this keynote, I will explore advances, approaches and opportunities for considering behaviour systems across multiple types of health behaviours and multiple methodological and theory-informed approaches applied to how we best support the general public, patients and the work behaviours of healthcare professionals in prioritising and navigating their behaviour systems.

EHPS 2025

Friday, 29 August 2025

Keynote Speech: Professor Sabine Sonnentag

09:30 - 10:30

Work and Well-Being: A Three-Layer Perspective

Work is an important life domain for most adults. In this keynote presentation, I will address well-being from the perspective of work and organizational psychology. I will argue that as the fundamental first layer of protecting well-being at work, job design is important. I will show that work characteristics such as job autonomy and learning opportunities are crucial. In addition, as a second layer, employees' job crafting
efforts can improve well-being. By job crafting, employees can adjust aspects of the work situation to their individual preferences. Finally, as the third layer, stress-management and recovery approaches play a core role in enhancing well-being. In this presentation, I will discuss the practical implications for both organizations and individuals that result from this three-layer approach.

SOTA Session: Individual differences and health: Searching for explanatory mechanisms

11:00 - 11:45

Better understanding emotional dysregulation and health: Towards an experimental, and processual affective science perspective

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Experiencing emotional states and being able to express them are two fundamental assets for our health. These beneficial effects can be explained by the functions that emotions fulfill, such as attention redirection, choice optimization, or communication facilitation. On the other hand, disturbances in emotion feeling and expression can be deleterious for health. Systematic research into the relationships between emotion regulation and health has shown a huge scientific development over the last 30 years, thanks to empirical work dedicated to alexithymia, a personality trait including three facets: a) difficulty in identifying emotions, b) difficulty in verbalizing them to others, c) externally-oriented thinking. In this presentation, I will highlight four central domains in which the current research is going.

Studying the specific effects of each alexithymia facet
Each alexithymia facet makes a specific contribution to explaining emotional responses, emphasizing the importance of distinguishing profiles who require tailored interventions targeted on the most impacted facets.

Identifying conditions of emotional deficit vs. emotional hyper-reactivity
Alexithymia has been mainly seen as a deficit in emotion feelings and processing (e.g., memory, attention). However, there are behavioral manifestations (crying, impulsive aggressiveness) that denote emotional hyper-reactivity. It is crucial to distinguish the contexts in which these opposite emotional patterns occur.

Discovering the conditions for the emergence of functional emotional responses
Early research developed in a context of dysfunctional emotional responses leading to non-adaptive responses. There are specific contexts, however, in which higher alexithymia scores are linked to functional emotional responses.

Extending investigations to non-emotional material
Although alexithymia mainly affects emotion processing, better performances are sometimes observed when processing neutral material. Two alternative hypotheses (salience effect vs. mood congruency) can explain those contradictory effects.

I will discuss how these new research directions have implications for early identification of emotion dysregulation and preventive actions to mitigate the deleterious health effects.

The role of tDCS neuromodulation in enhancing self-control and reducing physical activity procrastination

***W. Potoczny*[1],** R. Herzog-Krzywoszańska[1], Ł. Krzywoszański[1]

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Background: Regular physical activity is crucial to psychological and physiological well-being. However, procrastination during exercise may negatively affect physical and mental health. Self-control supports sustained engagement in health-promoting behaviors and is negatively correlated with procrastination. Research suggests that increasing the excitability of the left dorsolateral prefrontal cortex through transcranial direct current stimulation (tDCS) may enhance self-control. This study aimed to examine whether tDCS neuromodulation could improve self-control and reduce exercise procrastination.

Methods: 58 volunteers (35 women) aged 18-28 were randomly assigned to an experimental (n = 30) or a control group (n = 28). The experimental group received daily 20-minute tDCS neuromodulation sessions (2mA) for five days, while the control group received sham stimulation. Both groups watched videos on physical activity, nutrition, and sleep hygiene. The cathode was placed over the right (F4) and the anode over the left (F3) dorsolateral frontal cortex. Self-control and physical activity procrastination were assessed using Brief Self-Control Scale and Procrastination in Exercise Scale. The pre-test was completed 1-2 days before neuromodulation and the post-test 10-14 days after the last neuromodulation.

Findings: Mediation analysis indicated that increased dispositional self-control fully mediated the relationship between tDCS neuromodulation and reduced physical activity procrastination. This suggests that tDCS may enhance self-control, leading to reduced procrastination in engaging in physical activity.

Discussion: These findings highlight the potential of neuromodulation to improve physical activity adherence by strengthening self-regulatory functions. The results have practical implications for interventions targeting procrastination and promoting healthier lifestyles.

Avoidance in pain: Individual differences in exploration and exploitation

A. Krypotos[1,2], V. Ramnarain[1], D. Matziarli[1]

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[2]KU Leuven, Belgium

The exploration-exploitation dilemma, where individuals must decide between sticking with familiar choices (exploitation) or seeking new possibilities (exploration), is central to decision-making in many contexts, including chronic pain. In chronic pain, individuals often exhibit biased decision-making, particularly by excessively avoiding painful movements, a behavior thought to contribute to the persistence of pain. This study investigates whether the exploration-exploitation framework can help explain avoidance behavior in pain. In a laboratory experiment (N = 70), participants chose between visual cues, some associated with a painful stimulus. In the middle of the experiment, the contingencies between cues and the painful stimulus switched, requiring participants to adjust their behavior accordingly. We also assessed various individual difference factors linked to anxiety and pain, including: intolerance of uncertainty, adverse childhood experiences, neuroticism, trait anxiety, worry, emotion regulation, and attachment style. Behavioral performance was analyzed using Bayesian hierarchical modeling to estimate computational parameters, which were then correlated with these individual differences. Results demonstrated that participants were able to successfully adapt to the changing contingencies. However, Bayes factors provided only weak evidence for the association between individual differences and performance in the avoidance task. In conclusion, our findings show that individuals can adjust their behavior when faced with shifting pain-related contingencies, suggesting flexibility in decision-making. However, the lack of a robust link between individual differences and avoidance behavior implies that additional factors may contribute to the complex decision-making processes in chronic pain. We end up by presenting further direction in the field of avoidance in pain.

Parent-Child Fit for Physical Education: Variance Modeling Reveals Independent Pathways

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Background
This study examines whether childhood Big Five personality and parenting practices predict heterogeneity in physical education (PE) performance through heteroscedastic regression, testing if unobserved parent-child interactions (e.g., "goodness-of-fit") manifest as outcome variance. Using Positive Parenting, Inconsistent Discipline, and Poor Supervision – factors linked to disruptive behavioral disorders in children – sibling fixed-effects models disentangle familial confounds, isolating between-family parenting and within-family personality effects.

Methods
Heteroscedastic linear regression modeled PE grades at age 16 in 7,680 sibling pairs from the Norwegian Mother and Child Cohort Study (MoBa). Between-family Alabama Parenting Questionnaire scores and within-family differences in child Neuroticism, Extraversion, Conscientiousness, Agreeableness, and Openness were analyzed. Joint models tested interactions between parenting and personality to explain residual variance indicative of dyadic mismatch.

Findings
Poor Supervision increased individual differences in PE ($\log(\sigma^2)$=0.08 [0.04–0.13]). Within families, Neuroticism amplified variance ($\log(\sigma^2)$=0.07 [0.01–0.12]), while Conscientiousness ($\log(\sigma^2)$=–0.08 [–0.13–0.04]) and Agreeableness ($\log(\sigma^2)$=–0.07 [–0.12–0.01]) reduced it, indicating unmodelled interactions. No interactions emerged between Poor Supervision and child personality, indicating independent effects. Associations remained robust in sibling models, ruling out shared familial or genetic confounding.

Discussion
The absence of interactive effects between parenting practices and child personality suggests that these factors independently contribute to PE performance variability rather than reflecting dyadic "goodness-of-fit" mechanisms. Poor Supervision may create unstable environmental contexts (e.g., inconsistent routines), while Neuroticism amplifies stress reactivity, and Conscientiousness/Agreeableness enhance self-regulation. Health behavior models should link Poor Supervision to multiply child-person-effects for physical activity but look for dispositions outside the domain of personality traits.

Symposium: Promoting work well-being: new routes for occupational health psychology

11:00 - 11:15

Linear and Non-Linear Predictors of Psychological Distress and Well Being

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Background: Adopting the Job Demands-Resources (JD-R) model and Vitamin Model (VM) as theoretical frameworks, this study examines the relationships between psychosocial job dimensions (job demand and job resources) and psychological distress (burnout and need of recovery) and well-being (engagement and job satisfaction).
First, based on the buffer hypothesis of the JD-R model we predicted that job resources moderate the linear relation of job demands with employee psychological distress and well-being. Second, based on the non-linearity principle of VM we predicted that non-linear (i.e. curvilinear) relations between job demands or job resources with employee psychological distress and well-being exist.
Methods: This on-line cross-sectional study was conducted among 721 Italian employees (75% males; a mean age of 44±8.3 years) working in different divisions of the maritime sector. The following scales were used: the Demand-Induced Strain Questionnaire, the Burnout Assessment Tool, the Need for Recovery scale and the Utrecht Work Engagement Scale.
Findings: Multivariate regression analyses revealed that (1) moderating effects of job resources were found in line with the buffering principle of the JDC Model (e.g., on burnout and work engagement), and (2) curvilinear patterns were detected in which “non-linear” relations between either demands or resources and outcomes were present.
Discussion: The findings indicate that job resources can moderate the relation between job demands and psychological distress and well-being, when we consider comprehensive measures of job demands and of job resources. Moreover, non-linear effects should be considered in the future studies. Finally, theoretical and practical implications of the findings were addressed.

Burnout and Job Performance: Testing the Model Across Four Occupations in Two Work Conditions

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[2]University of Social Sciences and Humanities, Poland

Background
This one-year follow-up study aimed to investigate indirect role of multidimensional burnout syndrome (exhaustion, mental distance, cognitive and emotional impairment) in the Job Demands–Resources (JD-R) model across four professions: teachers, nurses, civil servants, and IT specialists. Specifically, we examined the relationship between demands (work overload, illegitimate tasks, and work-life conflict), and in-role performance. Radical changes in the work organization have allowed us to examine the universality or specificity of burnout in two different conditions.
Methods
We conducted a two-wave online panel study (one-year lag) (n = 1201), with a dropout rate of 32%. The following methods were applied: the Burnout Assessment Tool, the Bern Illegitimate Task Scale and the Job Demands-Resources Questionnaire.
Results
The models fit the data well at both time points (time 1: TLI = .94, RMSEA = .073, and time 2: TLI = .96, RMSEA = .062). Demands predominantly explained exhaustion, particularly work overload, however, illegitimate tasks and work-life conflict were associated with all burnout components. Indirect effects via cognitive impairment on performance were observed. Overall, the model explained performance moderately across professions and time points (R^2 = .09-.23 in time 1, and R^2 = .10-.23 in time 2).
Conclusion
This study supported the universality of the JD-R model with parallel mediators—symptoms of burnout. In both work conditions, exhaustion emerged as a primary component of burnout, whereas illegitimate tasks and work-life conflict displayed broader associations with all burnout components. Cognitive impairment was found to mediate the relationship between job demands and performance among professionals.

Do Cumulative Interruptions Hurt? Exploring the Associations Between Work Interruption Accumulation and Self-esteem

W. Yang[1], A.C. Keller[1], A. Schmitt[1], A.F. Ernst[1]

[1]University of Groningen, Netherlands

Work interruptions–unforeseen events that hinder or stop goal pursuit–are on the rise in today's workplaces. According to the effort-recovery model, repeated exposure to such demands and insufficient recovery in between may lead to negative consequences. Dealing with cumulative work interruptions can be cognitively demanding, leading to increased work failures, which may erode self-esteem over time. Surprisingly, limited attention has been paid to such cumulative processes and their potential impact on self-esteem.
In this study, we first argue that work interruption accumulation will impair employees' self-esteem. Second, we propose that the accumulation of work failures (in the form of unfinished tasks and work quality impairment) will pose significant indirect effects between work interruption accumulation and self-esteem. Third, uncertainty adaptability can act as a buffer between work interruption accumulation and work failures.
We collected data through ESM (N = 272, 2275 total observations) over ten workdays, measuring work interruption and work failures twice a day in the late mornings and evenings, assessing self-esteem in the evenings. Data were analyzed using RI-CLPMs to address cumulative processes, examining within- and across day accumulation separately. Results showed that all across-day accumulation hypotheses were not supported. For within-day accumulation, the indirect effects of unfinished task accumulation and quality impairment accumulation were both statistically significant.
In conclusion, this study emphasizes the accumulation of work interruption in the workplace and its impact on employees' self-esteem. We anticipate that the findings of this study will help inform strategies for promoting employees' well-being in the face of cumulative work interruptions.

Effect evaluation of an organizational-level workplace intervention to improve medical doctors' sustainable employability

A. van Duijnhoven[1], J. de Vries[1], H. Hulst[1], M. van der Doef[1]

[1]Leiden University, Netherlands

Background: Based on the Job Demands-Resources model, extended with Psychosocial Safety Climate (PSC) and using a Participatory Action Research (PAR) approach, a two-year organizational-level workplace intervention was developed and implemented to enhance Sustainable Employability (SE) among medical doctors. The effects of this intervention were evaluated on job factors and SE indicators.

Methods: 23 groups consisting of Dutch medical doctors (N = 805) participated in this intervention study. Online surveys were conducted at baseline (T1), mid-intervention (T2, after 14 months), and post-intervention (T3, after 24 months), to assess job factors (PSC, five job demands, 12 job resources) and SE indicators (burnout, work engagement, job satisfaction). Medical doctors who completed at least two measurements were included in the analyses (n = 463). Linear mixed-effect models assessed intervention effects.

Findings: Preliminary analyses showed significant improvements in PSC, role clarity, (financial) rewards, and team reflexivity between T1-T3. Time pressure and various job resources (autonomy, social support from supervisor, internal communication) improved between T1-T2, but these effects were not significant at T3. No significant effects were found on the other job demands and SE indicators.

Discussion: Preliminary findings indicate that the intervention is effective in improving medical doctors' PSC as well as certain job resources. However, these improvements in their work situation have not yet reflected in improved SE at the end of the intervention. Furthermore, some improvements emerged mid-intervention, but were not maintained till the end of the intervention. We are currently examining whether job factors mediate the intervention effect on SE indicators.

Symposium: Health inequalities in LGBTQIA+ persons – overview, background, and ways forward

11:00 - 11:15

Minority stress, resilience, and mental health outcomes among Dutch LGBTQI+ youth

T. Dekkers[1], A. van Dongen[1]

[1]University of Twente, Netherlands

Background: LGBTQI+ youth are at heightened risk for poor mental health, which can be explained through minority stress. Yet, it is unclear how minority stress affects positive mental health and health behaviours, such as sleep, nor which resilience factors buffer against minority stress. This study addressed these gaps.

Methods: Data were collected from two studies: an experience sampling method study (2023) and an online survey study (2024). Mental health was assessed using the PHQ-9 (depression), GAD-7 and PHQ-2 (anxiety), and MHC-SF (well-being). Sleep disturbances were measured with the PROMIS Sleep Disturbance 8a. Minority stress and resilience were measured using the Queer Minority Stress and Resilience (QMSR) measure, developed with transgender and gender-diverse (TGD) youth. Participants (N=74) were included if they were aged 18-24, and self-identified as gender and/or sexual minorities (as measured with DiMIS).

Findings: LGBTQI+ youth (Mage=21.28,SD=2.00) reported poor mental health, with 76.2% experiencing depressive symptoms, 87% experiencing anxiety, and below average wellbeing (M=36.79,SD=12.43) and alleviated sleep disturbances (M=53.1,SD=8.20) compared to healthy population norms. Negative expectations were the only minority stress and resilience concept to predict mental health outcomes, namely higher anxiety (B=0.38,95%CI=0.06-0.70,p=.024). In cisgender youth only, discrimination was predictive of lower well-being (B=-9.98,95%CI=-18.3-1.69,p=.021) and higher depression (B=0.99,95%CI=0.18-1.79,p=.019).

Discussion: This study demonstrates that the mental health of LGBTQI+ youth is affected across the board: in the development of symptoms, positive well-being, and behaviors impacted by poor mental health, such as sleep. Results also underscore the importance of targeted interventions addressing both externalized and internalized stigmatization.

Chemsex, drugs, and social connection: Sexualized drug use among MSM in the Netherlands

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[3]Utrecht University, Netherlands

Background: Sexualized drug use has been found to be associated with several (negative) outcomes, such as sexual risk behaviours, STI, and psychosocial risks. Men who have sex with men (MSM) are more likely to engage in sexualized drug use compared to non MSM. This study explored sexualized drug use, using a range definitions, and assessed variables associated with sexualized drug use.
Methods: We analysed data from the online survey 'Men and Sexuality' (N=3921). Multivariable logistic regression analysis assessed associations between sociodemographic variables, HIV status and pre-exposure prophylaxis use, sexual behaviour, social connectedness, and sexualized drug use.
Findings: Out of 3921 MSM (Mean age=36.53, SD=14.71), 1217 (31.1%) MSM reported sexualized drug use in the previous 6 months, among this group chemsex and poly drug use ranged from 15% to 23%, and only 2% of MSM engaged in injecting drug use. In multivariate analysis, having an HIV positive status, using PrEP, having fuckbuddies, group sex, and having more gay friends were associated with higher odds for all six drug use outcomes. Never having tested was associated with lower odds to engage in the drug use outcomes.
Discussion: Findings underscore that a substantial proportion of MSM engage in sexualized drug use, and definitions matter. Moreover, higher sexual risk was associated with sexualised drug use. Therefore, risk reduction remains an important point of interest in this key population. The majority of MSM who engaged in sexualised drug use categorise themselves as engaging in chemsex, and can thus potentially be addressed in this way.

What drives health inequalities in gay men and other sexual minorities?

P. Flowers[1], C. Donnachie[1]

[1]University of Strathclyde, United Kingdom

Background: There are marked health inequalities between the general population and gay men (and other sexual minorities) across a range of health domains (e.g., infectious disease and problematic drug use). Here we explore the diverse theoretical perspectives used to explain them and subsequent implications for interventions to reduce them.

Methods: A rapid review of the literature charted the range of theories that have been used within existing published studies. The theories were then mapped to the various levels of the socioecological model (SEM) (i.e., intrapersonal, interpersonal, community, societal) to indicate the locus of purported explanatory mechanisms and to corresponding intervention types (e.g., individual therapeutic work, community development).

Findings: Notable health inequalities exist and cluster around sexual and mental health in particular . Although diverse theoretical perspectives have been used within published studies each approach tends to address a single level of the SEM. The range of theories reflect the importance of theorising inequalities at the intrapersonal (e.g., minority stress), interpersonal (e.g., peer norms within sexual networks) and societal (e.g., syndemics) levels in particular. Very little theorisation examines inequalities within a single community or from a global perspective.

Discussion: Future theories, and subsequent interventions, must address the dynamic interplay of intrapersonal, interpersonal, community and societal drivers of health inequalities affecting gay men and sexual minorities. More attention must be given to considering the inequalities within such communities, and the role of intersectionality therein (e.g., income, ethnicity, religion) as well as global disparities in health outcomes (e.g., death sentences for being gay).

Beyond Boundaries: Assessing and Advancing LGBTQI+ Inclusion in Health Psychology Measurement Practices

***T. Gültzow*[1],** N. Coulson[2], C. den Daas[3], C. Noone[4], S. Thomas[5], U. Davidovich[6]

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[2]University of Nottingham, United Kingdom
[3]University of Aberdeen, United Kingdom
[4]University of Galway, Ireland
[5]University College Cork, Ireland
[6]Public Health Service of Amsterdam and the University of Amsterdam, Netherlands

Background
LGBTQI+ individuals face health inequalities often overlooked in health psychology. This study evaluates measurement practices and proposes inclusive, scalable approaches to improve LGBTQI+ inclusion.

Methods
These findings are from phase one of a two-phase study, surveying self-selected scholars via emailed survey links. The survey examined current practices, LGBTQI+ inclusion importance, and measurement improvements. It also assessed scholars' comfort and intention regarding LGBTQI+-inclusive demographic questions, with follow-ups for those reporting discomfort or low intention. Quantitative data were analyzed descriptively, qualitative data in the form of open response fields were analysed thematically, with analyses separated by LGBTQI+ identities, measured using the DiMIS.

Findings
Sixteen scholars participated (n=11 LGBTQI+, n=5 non-LGBTQI+), the non-LGBTQI+ scholars showed higher averages for comfort and intention. From the qualitative data, six themes were identified, focusing on critiques of current practices, barriers and perspectives for improvement, practices for enhancing LGBTQI+ inclusion, and handling LGBTQI+ identities in analyses. LGBTQI+ inclusion was generally viewed poorly, except in LGBTQI+-specific research, as noted by LGBTQI+ scholars. While scholars argued for more inclusive practices, LGBTQI+ scholars expressed ambivalence, e.g., due to data misuse concerns. Suggestions for improvement included using open response fields to capture demographics.

Discussion
Scholars view current measurement practices in general health psychology studies as insufficiently inclusive and call for improvement. Both groups suggested ways to improve inclusion, with LGBTQI+ scholars adding nuance, highlighting the importance of including lived experiences in developing inclusive research practices. Phase two will further explore these findings in a larger group.

The Amsterdam Cohort Study Among Men Who Have Sex with Men (MSM): an example of the evolvement of LGBTQI+ research

U. Davidovich[1]

[1]Public Health Service of Amsterdam and the University of Amsterdam, Netherlands

Background:In recent years LGBTQ+-sensitive research has significantly evolved hand-in-hand with the growing visibility and inclusion of the community. The Amsterdam Cohort Studies (ACS) among men who have sex with men (MSM) exemplifies this development. Originally focused on the epidemiology of HIV, the ACS gradually transformed into a broader, community-engaged exploration of sexual health.

Methods: The ACS, initiated in 1984, is an ongoing, open, observational cohort of MSM in Amsterdam. Eligibility includes being 16 or older, living in or around Amsterdam, and recent sexual activity with men. Participants (currently ~650, mostly HIV-negative) complete biannual online questionnaires on sexual health, behavior (e.g., PrEP use, STI diagnoses), and psychosocial factors.

Findings: Initially, ACS focused solely on risk behaviors, particularly condom use during anal intercourse. In 1990, real-life distinctions between casual and steady partners were introduced, revealing important behavioral differences that informed the first targeted prevention. By 1995, the study began incorporating social-cognitive theories (e.g., Theory of Planned Behavior, Health Belief Model) to better understand the motivations behind behavior. Over time, researchers increasingly engaged with the MSM community, integrating cultural codes and social dynamics into data collection. In the last decade, participatory approaches have deepened, with community members co-creating questionnaires, its terminology and react to findings—now formalized through a Community Advisory Board.

Discussion: Reflecting LGBTQ+ social realities within the ACS has strengthened the study’s relevance, impact, and external validity, demonstrating how participatory, and community reflecting research can enhance HIV prevention efforts.

Symposium: Understanding and relieving user burden of digital and hybrid health behaviour change interventions

11:15 - 11:30

Exploring and measuring the user burden of an effective digital tailored smoking cessation intervention

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[1]Maastricht University/CAPHRI, Netherlands
[2]Maastricht University, Netherlands
[3]University of Amsterdam/ASCoR, Netherlands

Background: Digital tailored interventions such as PAS (Personal Advice to Stop Smoking) are effective in reducing smoking rates, but face high early dropout rates. This may be the result of high experienced user burden. This study therefore explores the factors contributing to experienced user burden of PAS, integrating insights from User Experience principles, Technology Acceptance Models, and the Self-Determination Theory.
Methods: Fifteen respondents engaged in think-aloud sessions while using the PAS programme, completed the User Burden Scale (UBS), and participated in semi-structured interviews to explore their experiences and perceived burden. Individual scores in the UBS served as input for the interviews. The think-aloud data and interviews were independently transcribed, followed by a deductive thematic analysis to identify and interpret data themes.
Findings: Respondents experienced relatively low user burden when using PAS (M=1.13). Burden was reported in the Difficulty of Use and Mental and Emotional UBS subscales. Respondents discussed ways in which mental effort and information overload could be further mitigated and User Experience design enhanced. Furthermore, participants stressed the role of intrinsic motivation to successfully complete the programme.
Discussion: The use of the PAS programme did not result in high experienced user burden. Instead, factors such as motivation to engage with the intervention and overall user experience were reported by participants as more relevant to continue using the programme and offered practical suggestions on how to improve on the current programme to support user retention. Future research should therefore focus on optimising UBS' validity in the digital intervention context.

Design considerations for a smoking cessation virtual reality intervention: A focus group study

T. Okpako[1], C. Leppin[1], D. Kale[1], O. Perski[2], J. Brown[3]

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[2]Tampere University, Finland
[3]UCL, United Kingdom

Background: Most smokers do not plan to quit within the next 3 months. Virtual reality (VR) is a promising new intervention to prompt quit attempts that would otherwise not happen. However, ease-of-use is an important mediator of positive outcomes in digital health interventions. Therefore, one of the aims of this study was to identify the critical technical features for a new smoking cessation VR intervention, that would make it engaging, but with minimal user burden.
Methods: We held three online focus groups with healthcare workers (n=26) and one with VR professionals (n=4). The mean sample age was 41 years old and 70% of participants were female. Transcripts were analysed using thematic analysis.
Findings: We developed four major themes, with the second theme focusing on technical considerations. This theme outlines considerations for making VR safe, easy to use, and inclusive. Recommendations included: a screening process to exclude smokers at risk of harm (individuals with frailty, photosensitive epilepsy or a serious mental health condition); hand tracking instead of controllers; multiple language options; technical demonstrations; making the experience seated for those with limited mobility and implementing hygiene protocols for the VR headsets.
Discussion: The results of this study informed the design of a new smoking cessation VR intervention. The next phase will test the intervention's usability in a think-aloud study. From a health equity perspective, this study also provides guidelines on making VR more inclusive for those at risk of digital exclusion due to a lack of digital literacy.

Development and validation of an avatar-based questionnaire to measure smoking related beliefs

E. Smit[1], Y. Wu[1]

[1]University of Amsterdam/ASCoR, Netherlands

Background: Traditional text-based questionnaires are extensively used in health research, also to inform tailoring of health communication interventions. These questionnaires are, however, often associated with low participant engagement and high attrition rates, limiting intervention effectiveness. Avatar-based questionnaires may offer a solution, since they might reduce cognitive burden and subsequently increase engagement. Therefore, in co-creation with smokers, we developed an avatar-based questionnaire to measure socio-cognitive constructs associated with smoking cessation.
Methods: We developed an avatar-based questionnaire to assess smokers' attitude, social influence beliefs, self-efficacy and intention concerning quitting smoking based on input collected in a series of three focus groups with six smokers. Thematic analysis was used to examine participants' input, iteratively refining the questionnaire.
Findings: The focus group sessions served as a co-creation process, that led to the development of an avatar-based questionnaire to measure key psychological constructs related to smoking cessation. For each construct, we developed a set of three avatars, representing low, medium and high scores, that are in line with smokers' first-hand experiences, and their needs and wishes.
Discussion: The avatar-based questionnaire could offer an alternative to traditional text-based assessments, reducing user burden and increasing engagement. In the next steps, experts will evaluate the questionnaire for face and content validity (survey and interview), while we will assess construct validity by having smokers complete both the avatar and traditional text-based format of the questionnaire. All in all, this series of mixed-methods studies (to be completed by August 2025) will help us determine the validity of this new questionnaire.

Remote CO monitoring to improve retention rates in a hybrid smoking relapse prevention intervention trial

C. Notley[1], P. Belderson[1], K. Reynolds[1], ***F. Naughton[1]***, S. Stirling[1], A. Clark[1], D. Smith[1]

[1]University of East Anglia, United Kingdom

Background: The BabyBreathe trial tested a theory based complex intervention including digital, interpersonal and pharmacological components to prevent postpartum smoking relapse over 12 months. Verifying abstinence using carbon monoxide monitors traditionally requires interpersonal contact and this contributes to sub-optimal retention. We investigated the use of smartphone-connected carbon monoxide monitors (iCO) to verify smoking abstinence remotely and whether they may i) improve retention and ii) be promoted for self-monitoring.
Methods: Mixed methods process evaluation, including return of CO readings remotely, via an app, and use of the monitor for abstinence verification and self-monitoring (analytics data and self-reported via qualitative interviews).
Findings: All participants (N=886) were sent an iCO monitor pre-randomisation and instructed to submit a reading to verify abstinence. Intervention participants (n=442) received text messages and interpersonal support encouraging self-monitoring using the iCO. At 12 month follow-up approximately 31% used the monitor to self-monitor (42% intervention, 21% control, RR1.98, 95% CI 1.56, 2.51). Participants reported liking the ability to self-monitor, found the monitors easy to use and novel. 495 participants verified abstinence at 12 months with a CO reading, of which 374 (76%) provided a reading remotely using the iCO (versus interpersonal CO verification visit). Providing support for using the monitors was burdensome for the researchers.
Discussion: While burdensome for researchers, using individual CO monitors as part of remotely conducted and delivered trials has great potential. People maintaining abstinence postpartum can be encouraged to use iCO monitors for self-monitoring and follow-up rates and qualitative data suggested remote monitoring helped reduce attrition.

Oral Session: Online and offline health behavior change interventions

11:00 - 11:15

An exploration of online health-seeking behaviour regarding sexual and reproductive health among female university students

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[1]Stellenbosch University, South Africa
[2]Sol Plaatje University, South Africa
[3]University of Venda, South Africa

Background:
The internet provides a safe space where students may seek information regarding their sexual and reproductive health (SRH) as information can be sought privately. The study aimed to explore how female university students used the internet about their SRH.
Methods:
A phenomenological approach was used to explore this aim. Twenty-two focus groups were conducted at four universities across South Africa. Participants were 143 female students between 19 and 52 years (mean age = 22.06 years). Focus groups were audio-recorded, transcribed, and imported into Atlas ti for analysis. Reflexive thematic analysis was conducted.
Findings:
Participants reported that they did not feel comfortable speaking about SRH to others as these topics were often considered taboo. The internet was therefore identified as a useful platform for consulting about their SRH. TikTok was the most popular platform that students consulted for information. Participants stated that they sought credible information on TikTok by either viewing information shared by doctors on the platform or patients with lived experience. Other platforms consulted included Instagram and websites accessed via search engines such as Google. Few mentioned consulting credible medical websites and platforms.

Discussion:
While social media platforms make information about sensitive topics more accessible to the public, the content is not verified. This may be harmful to those seeking information and may result in incorrect self-diagnosis, missed diagnosis and ineffective or even harmful consequences. Health psychologists can play a role in raising awareness of how to assess information online and develop strategies against SRH disinformation.

Exploring Public Values in mHealth: Insights from Interviews on a Mobile Intervention for Student Wellbeing

T. Milošević[1], M. Boffo[1], E. Rozendaal[1], J.C. van Weert[2]

[1]Erasmus University Rotterdam, Netherlands
[2]University of Amsterdam, Netherlands

Background: This study focused on mental health apps (MHAs) containing automated decision-making systems (ADS) to provide personalized recommendations. Use of such MHAs is growing among younger populations, including university students. However, how users conceptualize and perceive the importance of values like privacy, autonomy, and transparency within this context, and how they perceive their potential influence on using MHAs remains understudied. Understanding users' perceptions can help design MHAs that are more aligned with users' values and, ultimately, more effective.

Methods: This qualitative study aimed to explore students' perceptions of which values are important when deciding to use MHAs with ADS, how these were realized in an MHA developed by Erasmus University Rotterdam (ROOM), and how their engagement with ROOM was shaped by these values. Semi-structured interviews including a hierarchical card sorting task were conducted (N=27) with users and non-users of ROOM. Interview transcripts were analyzed using thematic analysis and card sorting data using Q-methodology.

Findings: Students prioritized privacy, security, authenticity and trustworthiness, while solidarity was deemed least important. Values with perceived "individual-level" impacts (e.g., authenticity, trustworthiness, privacy, autonomy) were seen as more influential for engagement with ROOM, while "group-level" values (e.g., integrity, fairness, transparency, security) were deemed less impactful. A discrepancy between the perceived importance of values and their perceived influence on engagement with ROOM was found. Card sorting data analysis provided additional insight into different perception patterns found between groups of (non)users.

Disscusion: MHA users and non-users prioritize different values. Theoretical and practical implications will be discussed during the presentation.

Understanding engagement, implementation and context within a national trial of feedback facilitation (EQUIPD)

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Background
Feedback facilitation may enhance the capabilities of health care providers to respond effectively to national audit feedback. The EQUIPD trial delivered a behaviourally-specified Quality Improvement Collaborative (QIC) alongside the National Diabetes Audit (NDA) to specialist diabetes teams. The QIC aimed to enhance how teams respond to NDA feedback to increase use of insulin pump therapy for people with type 1 diabetes. A concurrent process evaluation examined how teams engaged with and implemented the intervention and the influence of context.

Methods
Semi-structured interviews (n=38) with intervention recipients at two time points during the trial were analysed using framework analysis to explore engagement and implementation and how local contexts affected the implementation of improvements. Observations and attendance logs from virtual meetings and completion of workshop activities were also used to understand team engagement with the intervention.

Findings
Our analysis identified three main engagement and implementation themes:
1) Creating the conditions for engagement in the QIC
2) How teams conceptualise the QIC
3) How teams operationalise the work of the QIC
The identification of contextual determinants that influence implementation of improvement strategies within local settings will also be described.

Discussion
The process evaluation of EQUIPD evaluated a QIC embedded within the NDA. Understanding how specialist diabetes teams engaged with and implemented a QIC intervention and identifying the determinants within local contexts that impact implementation can inform the design and delivery of future feedback facilitation interventions to improve care and outcomes.

Habitual behaviour and stable behaviour: Delineation and definitions for health psychologists

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Background:
Habit is seen as a core mechanism for promoting long-term health behaviour change. Making healthy behaviours habitual should encourage maintenance even when conscious motivation declines, and breaking unhealthy habits can shield health behaviours against interference from unwanted momentary temptations. Leveraging habits to promote health requires a common understanding of core concepts. Yet, there is no standardised definition of 'habitual behaviour' within psychology, and differences are apparent in how the term is used in some behavioural domains. This study seeks to delineate habitual behaviour and stable behaviour and highlights the importance of doing so for behaviour change theory and practice.

Methods:
Narrative conceptual review.

Findings:
In the health behaviour change literature, two broad definitions of 'habitual behaviour' can be identified, but these capture distinct concepts. Drawing on habit theory, we propose a standardised definition of 'habitual behaviour' as action automatically prompted by learned cue-behaviour associations and characterised by consistent repetition in associated contexts. We define 'stable behaviour' as well-established, repeatedly performed action. Empirical examples demonstrate that both habit and non-habit mechanisms may underpin stable behaviour, and that, conversely, habit may fail to generate stable behaviour. We highlight studies in which stable behaviour has been misinterpreted as habitual behaviour, and show how the conflation of the two concepts is consequential for predicting, measuring and changing behaviour.

Discussion:
Not all stable behaviour is habitual, and not all habitual behaviour is stable. Misinterpreting stable behaviour as habit-driven can generate health behaviour change recommendations that neglect important non-habit mechanisms.

Testing habit decay strategies and reward for degrading unhealthy snacking habits: A randomized controlled trial

R. Edgren[1], D. Baretta[1], J. Inauen[1]

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Unwanted habits can hinder behaviour change, warranting targeted interventions. Substitution, inhibition and limiting behavioural availability are strategies to degrade habits, but their effectiveness remains untested. Additionally, the role of reward in habit decay is unexplored. The aims of the study are to investigate, at the example of habitual unhealthy snacking, which strategy leads to the largest and fastest decay of habit strength, and whether reward interacts with this process. This 91-day intensive longitudinal smartphone app delivered study used a 3*2 experimental design (plus control group). Habit strength was measured daily with the Self-Report Behavioural Automaticity Index. Participants (N = 313) formed implementation intentions based on randomly assigned strategy and logged cue-behaviour events. Reward condition participants received in-app reward based on performance. ANCOVA was used to analyse strategy and reward effects on the magnitude of change, likelihood of reaching a lower asymptote, and time to reach lower asymptote in habit strength. Habit strength decreased across all groups, with no difference between the control and intervention groups in magnitude of change, likelihood of or time to reaching asymptote. The majority of participants used the substitution strategy despite altering instructions. Limiting behavioural availability was associated to higher habit strength post study when paired with reward compared to without reward (partial eta squared = .02; p = .019). In conclusion, results do not indicate habit degradation to differ by strategy. Reward seems to have limited impact. However, interpretation of findings warrant caution due to low adherence. Intervention recommendations include adaptive usage of strategies.

Intention and habit as dynamic predictors of health behavior: a multilevel analysis of longitudinal data

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Background
Dual-process theories suggest that health behavior is governed by both reflective (e.g., intention) and automatic (e.g., habit) processes. Reflective processes involve deliberate planning, while automatic processes operate with a high degree of automaticity. However, previous research has predominantly relied on cross-sectional methods, limiting the understanding of temporal dynamics. This study aims to examine the longitudinal interplay between intention, habit and health behavior.

Methods
The study included 182 participants (61% female, M_age = 24) from weekly sports classes at two German universities, tracked over 13 weeks. Attendance served as the primary outcome variable, with habit and intention measured weekly using validated single-item scales. Data from 1175 observations were analyzed using three multilevel models to account for the hierarchical structure and assess the impact of time, intention, and habit on attendance.

Findings
A significant decline in attendance over time was observed, with the odds decreasing by 24% per week (OR = 0.76, $p < .001$). Intention showed a significant within-person effect, with a 22% increase in the odds of attendance per unit increase in intention (OR 1.22, $p < .001$). However, habit did not exhibit a significant within-person effect on attendance.

Discussion
These findings highlight the value of longitudinal, multilevel analyses for understanding the dynamic predictors of health behavior. Despite high baseline intention, attendance declined over time, emphasizing the importance of supporting health behavior maintenance.

Symposium: Shifting Diets Towards Sustainability: Understanding and Influencing Meat Consumption

11:00 - 11:15

Behavioural Determinants of Plant-Based and Animal Meat Consumption Decisions: A Network Analysis

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Meat Consumption is both a problematic behaviour for human health and the single most damaging individual behaviour for the environment. By comparison, plant-based meats (PBMs) are generally found to be healthier, and produce as little as 10% of the CO2e emissions, making adoption of PBMs a desirable target. However, designing interventions to promote the switch to PBM requires a sound understanding of the factors that influence animal-meat and PBM purchasing-decisions. While research has shown taste, price, appeal, and norms are important for animal-meat purchasing-decisions, no studies have investigated equivalent factors for PBM. The present research used a novel network analysis paradigm to expand our understanding of what determinants may be salient in the decision-making process. Across multiple trials, individuals in a sample of UK participants (n = 251) chose whether to buy a given meat product (some animal, some plant-based). Participants then indicated the factors that influenced their choices (e.g., environmental impact, value-for-money, taste, GMOs). Network analysis was used to model the relationship between these factors, indicating which factors were important to decision-making and whether these differed between PBM and animal-meat decisions. The network indicated that decision-factors clustered into nutritional concerns (e.g., protein, vitamins, nutrition), impact concerns (e.g., environmental impact, ethics, production), experience concerns (e.g., taste, texture, naturalness), and fad concerns (e.g., GMOs, sugar, chemicals). These results provide preliminary evidence that experiential factors (e.g., taste) might be the primary hurdle to PBM adoption and, more importantly, that impact concerns (e.g., environmental impact) might not be a fruitful avenue of appeal.

German Version of the Motivations to Eat Meat Inventory (MEMI): Psychometric evaluation and predictive validity

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[2]La Trobe University, Australia
[3]University of Trier, Germany
[4]Johannes Kepler University Linz, Austria

Background: People eat meat for various reasons. The 19-item Motivations to Eat Meat Inventory (MEMI) assesses the motivations to eat meat because it is normal, natural, necessary, and nice (4N). This study aimed to evaluate the psychometric properties and predictive validity of a German MEMI version and to determine if its 4-factor structure can be replicated in a German-speaking sample.
Methods: A pilot study revealed that German-speaking participants had difficulties in understanding the original response format. Therefore, we examined two German versions of response formats: the original and an adapted response version. Data were collected in two studies (Study 1: N = 399, original format; Study 2: N = 1651, adapted format).
Findings: Confirmatory factor analyses indicated that the four-factor solution did not achieve an acceptable model fit (original: CFI=.81, RMSEA =.13; adapted: CFI=.85, RMSEA=.14). Due to high correlations between the Necessary and Natural factors (original: r=.82; adapted: r=.83), a three-factor model was specified, as also indicated by exploratory factor analyses. Regression analyses showed that the belief that meat is nice consistently predicted the consumption of beef (β=.07, p=.026), pork (β=.21, p<.001), and chicken (β=.08, p=.007). Viewing meat as normal predicted beef consumption (β=.07, p=.010), while seeing it as natural and necessary predicted total meat consumption (β=.07, p=.014).
Discussion: These findings suggest that the original MEMI structure might not fully generalize to German-speaking populations and that a three-factor model may better capture the underlying motivations. Additionally, the results highlight the central role of taste-related motivations in shaping meat consumption behavior.

Do unmatched plant-based and meat meals increase plant-based selections? Evidence from an online RCT

E. Garnett[1], L. Biggs[2], E.N. Coker[1], E. Becker[1], R. Pechey[1]

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[2]The Biodiversity Consultancy, United Kingdom

Background
Changes to the choice architecture in food environments – such as cafeterias, restaurants and supermarkets – can influence citizens' food choices towards more plant-based diets which is essential for climate change mitigation and improving population health.
One strategy proposed by the plant-based advocacy organisation Greener by Default to increase plant-based food selection is to serve "unmatched" plant-based and meat meals (e.g. "Falafel Burger" and "Chicken Pie") rather than "matched" plant-based and meat meals (e.g. "Falafel Burger" and "Beef Burger"). However, to our knowledge no study had ever tested this.

Methods
We ran an online hypothetical meal choice study in the UK and analysed data from 704 meat eating participants and 220 vegetarians who each answered 10 meal selection questions.

Findings
Meat eating participants were more likely to choose a plant-based option when meat and plant-based options were unmatched. The mean selection of plant-based meals for matched and unmatched scenarios was 26.2% and 34.3% respectively when two main meals were present and 40.7% and 46.3% respectively when three main meals (two plant-based, one meat) were present.
When accounting for underlying meal type and protein preferences – vegetarians&vegans were equally likely to select the matched or unmatched plant-based option when three meals were present.

Discussion
This novel evidence suggests catering managers looking to increase plant-based meal selections should serve unmatched meat and plant-based options in their establishments. However, further research in real-world settings, measuring actual – rather than hypothetical – choices is needed.

A Randomized Controlled Trial to Evaluate the Effects of Disgust Messages on Plant-Based Food Choice

P. Catellani[1], V. Carfora[2], S. Festa[3], S. Pompili[4], I. Azzena[4], G. Scaglioni[5], M. Lenzi[6], L. Carraro[6], M. Guidetti[5]

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[5]University of Modena and Reggio Emilia, Italy
[6]University of Padua, Italy

This study investigated how emotional triggers such as disgust can lead consumers to prefer plant-based foods over meat. Participants were randomly assigned to one of three experimental conditions: a) physical disgust message, b) moral disgust message, and c) no message. We investigated whether the effect of the physical disgust message on food choice was mediated by hedonism and whether the moral disgust message was mediated by moral disengagement. Furthermore, we examined how these effects varied with the degree of human supremacy and stage of change in relation to participants' meat reduction. Results showed that physical disgust led to a preference for plant-based foods by reducing hedonism, particularly in participants in the precontemplation stage. However, participants in the precontemplation stage with high human supremacy showed a backfire effect of the physical disgust message, while participants with low human supremacy showed a counterproductive effect of the moral disgust message, as they increased moral disengagement and chose less plant-based foods. Participants in the action stage were persuaded by the moral disgust message, which decreased their moral disengagement and thus increased their choice of plant-based foods. These results suggest that future communication to promote plant-based diets could benefit from the elicitation of disgust. However, this strategy should be used with caution as it may backfire depending on the initial characteristics of the recipient.

Speaking up Smartly: LLM-Generated Persuasion to Reduce Meat Consumption with Minimal Social Costs

E. Wurth[1], I.E. Herwig[1], G. Ahnert[1], J. Mata[1]

[1]University of Mannheim, Germany

Introduction. Reducing meat consumption benefits human and planetary health, but social norms keep meat central in shared meals. Vegetarians often self-silence to avoid social costs, missing crucial chances to shift social norms. This study explores how LLM-generated data can shape communication strategies that promote meat reduction while minimizing social friction.

Methods. Using GPT-4, we simulated 65 conversations between two virtual agents. The “persuader” aimed to convince the “receiver” to reduce meat consumption with minimal social cost. To test the method’s potential, we created two opposing personas: a conservative, older male and a progressive, younger female. They answered Theory of Planned Behavior-based questions on behavior change intentions and persuader likability (i.e., social cost) before, during, and after the conversations.

Results. The most effective strategies include a non-confrontational opening, diverse yet subtle reasoning, offering concrete action steps, and positively reinforcing openness – ultimately leading to greater receptiveness to change with minimal social costs: The persuader significantly shifted the receiver’s intention to reduce meat consumption ($\beta s > 0.59$, $ps < .001$), while likeability even increased ($\beta = 0.42$, $p < .001$). Expectedly, the female receiver reported a greater increase in willingness to reduce meat consumption ($\beta = 1.18$, $p < .001$) and attributed lower social costs to the persuader compared to the male receiver ($\beta = 1.41$, $p < .001$).

Discussion. LLM-generated virtual agents can guide the development of targeted communication strategies that promote meat reduction while minimizing social costs, showing innovative ways to shift social norms and promote social innovation towards healthier lives.

Symposium: Giving and thriving? When and how social support provision enhances providers' well-being

11:00 - 11:15

Caring under pressure: The role of caregiving intensity, social ties, and perfectionism in caregiver well-being

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Background
Providing care to a relative can be both beneficial and harmful to caregivers' well-being. While informal caregivers often experience increased loneliness, social connection is commonly promoted as a protective factor. However, social ties can also contribute to distress, particularly when caregivers feel pressured by external expectations, such as socially prescribed perfectionism. This study examines the interplay between social connection, perfectionism, and caregiving intensity in predicting exhaustion and depression.

Methods
This secondary analysis included 444 informal caregivers from Belgium and France. Emotional exhaustion was assessed using the MBI-ICg, depression with the BDI-13, individual and socially prescribed perfectionism with the MPS-SF, in addition to social connection (frequency & satisfaction), and number of hours spent caregiving per week (≥ 20 hours vs. < 20 hours).

Findings
Findings show that greater satisfaction with social connections is associated with lower exhaustion and depression, but this effect is counteracted by the negative impact of socially prescribed perfectionism. Caregivers providing more than 20 hours of care per week reported higher levels of exhaustion and depression. Surprisingly, higher individual perfectionism was linked to lower exhaustion, while social connection frequency was negatively associated with depression. These effects remained significant after controlling for age, gender, and care recipient dependency.

Discussion
These findings highlight the complex and ambivalent role of social support and connection in informal caregiving. While connection can be beneficial, social pressure and caregiving intensity can contribute to psychological distress. This calls for nuanced approaches to caregiver sociality, considering both sides of social ties.

Informal caregivers' perceived choice to care: a qualitative photo-elicitation study on willingness and support needs

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[2]Liverpool John Moores University, United Kingdom
[3]University of Bologna, Italy

Background: Informal caregivers are a mainstay of society's care supply to older adults. While caregiving may appear voluntary, many assume the role due to circumstances, family expectations, and/or lack of alternatives. The extent to which caregivers perceive caregiving as a choice can impact their wellbeing and willingness to care. This study explored British caregivers' perceived choice, willingness to care, and the role of support services.

Methods: A qualitative photo-elicitation study with 12 British informal caregivers involved a self-correspondence task, then semi-structured interviews using researcher-driven photo prompts. Interpretative Phenomenological Analysis was applied to letters and verbatim transcripts.

Results: Four themes were generated: "Moving Between Obligation and Freedom" – caregiving was often seen as an obligation shaped by circumstances, familial duty, and cultural/societal expectations, though some framed it as a moral responsibility; "Changing Willingness to Care" – willingness evolved, with some growing more willing while others becoming reluctant due to burden; "Support Services Shaping Perceived Choice and Willingness" – availability and quality of support shaped perceived autonomy, while inadequate services reinforced perceived lack of choice; "Shaping Caregiving Expectations" – past experiences shaped future intentions, with unsupported caregivers less willing to continued caregiving, while others remained open to care.

Discussion: Results highlight that caregiving is often driven by necessity rather than explicit choice. Willingness to care is dynamic, shaped largely by relationship quality, personal capacity, and support availability. Formal support is crucial – effective services enhance perceived choice, while gaps reinforce a sense of entrapment. Sustaining long-term caregiving requires person-centred, flexible, accessible support.

Anticipating future caregiving: do career factors and illness perceptions affect willingness to care?

V. Morrison[1], C. McGhee-Kelly[1], S. Smith[1], E. Whitehead[1], S. Sherwood[1]

[1]Bangor University, United Kingdom

Introduction
Approximately 80% of European care is provided by unpaid individuals caring for a loved one due to illness or frailty. Research shows that willingness to care affects carer experience (e.g. burden), and that having paid employment away from caregiving may mitigate this. We examine whether illness perceptions and career ambition influence anticipatory willingness to care.

Design
An online survey of 183 adults (mean age 24.6years, 68% female; 20% living with a chronic illness) assessed demographics, work status, ambition, illness knowledge/perceptions (incl.B-IPQ) specific to dementias (D), stroke (S), breast cancer (BC), and perceived willingness to care (WtC, Emotional, Nursing, Practical, Global) in a hypothetical context.

Findings
For all conditions 16-17% were willing to care full-time; 50-58% part-time, >20% would employ someone, 4-5.5% were unwilling. Gender and ethnicity did not affect WtC, one's own health condition affected all but InstrumentalWtC. Willingness (or not) to give up one's job to provide care significantly influenced all WtC variables. Career importance, future demand and work-life balance influenced EmotionalWtC and GlobalWtC. In regression analyses, illness knowledge had no impact on WtC; perceived threat impacted only NursingWtC. Occupational variables explained between 15 and 25% of variance where total variance explained was 28% EmotionalWtC; 25.7% PracticalWtC; 32% NursingWtC and 40% GlobalWtC.

Conclusion
An ageing population places demands on family care, yet society requires the majority to work, and for more years. Public understanding of a potential future care role is required along with systems to support caregivers whilst maintaining work aspirations and work-life balance.

Providing Support prevents negative mood for the provider - first results of the Prospect Study

V. Hajak[1], S. Grimm[1], N. Józefacka[2], A. Kroemeke[2], E. Gruszczyńska[2], L.M. Warner[1]

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[2]SWPS University, Poland

Background: Recent studies suggest that helping others can elicit health benefits in support providers, but these findings remain inconsistent. Drawing on self-determination theory, we propose that providing support benefits providers' health under three conditions: if it is freely chosen, builds competence and relatedness.
Methods: In a newly developed experimental paradigm dyads (N = 261 healthy adults) were randomized into one of four conditions: 1) no support provision (control), 2) support provision without feedback, 3) support provision with competence feedback, 4) support provision with relatedness feedback to test immediate effects of support provision on positive and negative affect, perceived closeness, and blood pressure.
Results: Negative affect decreased in all support provision conditions compared to the control. Receiving feedback on competence led to a greater reduction in negative affect than relatedness feedback (MDiff = -0.219, 95%-CI[-.424, -.013]). Positive affect increased only in the competence feedback condition compared to both the control (MDiff = 0.387, 95%-CI[.112, .661]) and the support only condition (MDiff = 0.350, 95%-CI[.085, .614]). All support provision conditions reported increased closeness to their partner after the support situation. Blood pressure did not differ between the conditions.
Discussion: Our experimental paradigm demonstrates that providing support to a loved one reduces negative affect, while being unable to help increases it. Competence-enhancing support led to an increase in positive affect, supporting the assumptions of SDT, whereas relatedness feedback had no significant effect. These findings suggest that those supporters, who receive feedback on the positive effects of their support benefit most themselves.

Momentary affect and basic needs fulfillment: Evidence from three EMA bursts on daily support provision

E. Gruszczynska[1], A. Kroemeke[1], L.M. Warner[2], S. Grimm[2], N. Józefacka[1], D. Mierzejewska-Floreani[1], M. Kijowska[1], V. Hajak[2]

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Background: There is extensive knowledge on how social support benefits recipients, yet providers are often studied from a resource-depletion perspective. Drawing on self-determination theory, we propose that providing support enhances daily affective well-being, particularly when it fosters autonomy, competence, and relatedness. If theoretically valid, this effect should persist across time and contexts.
Methods: Using a measurement-burst design, we conducted three ecological momentary assessment (EMA) studies, spaced three months apart, with 373 adults (55% women). Participants received mobile phone prompts three times daily for seven days to assess their affective state and whether they had provided support in the past 60 minutes (yes/no). If they had, they reported momentary fulfillment of autonomy, competence, and relatedness needs.
Findings: Across 22,653 measurement points, spontaneous acts of support were reported in 23% of cases, with no significant gender differences. Individual variance was highest in relatedness need satisfaction. Within-person analyses revealed that fulfilling autonomy, competence, and relatedness needs following support provision predicted an increase in positive affect (controlling for autoregression). In contrast, a decrease in negative emotions was associated with momentary fulfillment of autonomy and competence but not relatedness. The same pattern emerged across all three studies.
Discussion: As hypothesized, the momentary affective well-being in everyday life is related to acts of support, with effects linked to perceived momentary satisfaction of basic needs from self-determination theory. The robustness of these findings is strengthened by replication across three EMA bursts.

Symposium: From Stressed to Refreshed: Mechanisms and Interventions for Stress and Recovery in Daily Life

11:00 - 11:15

Are individual differences in HRV reactivity associated with momentary well-being?

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Acute situational factors (e.g., time pressure, social support) can provoke psychological and physiological responses, and the magnitude of such responses is called reactivity. However, reactivity levels can differ considerably among individuals, and these differences may be related to differences in daily well-being (e.g., emotional exhaustion, positive valence). Previous studies have primarily investigated psychological reactivity or physiological reactivity induced in the laboratory. Physiological reactivity, especially heart rate variability (HRV) reactivity in response to different situational factors and its intercorrelation with well-being, has rarely been examined so far in real life. We address this research gap in a sample of 394 adults who participated in 2- to 4-day ambulatory assessments. Individuals answered self-reports on perceived situational factors (e.g., time pressure, social support) and indicators of well-being (e.g., emotional exhaustion, positive valence) multiple times a day and simultaneously wore electrocardiogram sensors. Based on 4,009 total situations and 3–16 situations per participant, individual differences in HRV reactivity to time pressure and social support will be computed as random slopes from multilevel models and associated with emotional exhaustion and positive valence, respectively. The findings will be discussed regarding psychophysiological regulation and contribute to research on dynamic inter- and intraindividual reactivity processes using ambulatory, psychophysiological methods.

The bidirectional relationship between stress and sleep quality in daily life

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Background: Stress negatively affects our health directly by dysregulating biological processes such as sleep quality. Research shows a bidirectional relationship between stress and sleep quality in daily life, with stress linked to worse subsequent sleep quality, which then increases stress. However, prior studies often relied on subjective measures. We hypothesize that this bidirectional association holds for subjective and physiological measures.
Methods: In this 7-day ambulatory assessment study, 106 students wore an ecgMove 4 sensor tracking accelerometry and electrocardiogram data. Participants completed e-diaries reporting on their momentary perceived stress every second hour and subjective sleep quality in the morning. Stress-related physiology was measured by calculating heart rate variability in the 5-minute segments preceding perceived stress diaries. Objective sleep quality was assessed as total time participants spent asleep per night, sleep onset latency, time awake after sleep onset, and sleep efficiency, using the sensor's data.
Results: Preliminary multilevel analyses showed that against our hypothesis, more perceived stress related to better subsequent subjective (B = 0.09, p = < .001) but not objective sleep quality indicators (e.g., total sleep time, B = 43.30, p = 0.390). Further cross-lagged will be computed additionally also for the bidirectional relationship between stress and sleep quality.
Discussion: Findings enhance understanding of stress-sleep dynamics in daily life. Ecological momentary assessment helps clarify how stress relates to both subjective and objective sleep quality, a key biological process potentially dysregulated by stress.

The interrelation between subjective fatigue and autonomic recovery during sleep in everyday life

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[2]Utrecht University, Netherlands

Background: The association between clinical fatigue (e.g., chronic fatigue syndrome) and altered autonomic functioning as indexed by heart rate variability (HRV) is well established, particularly with regard to HRV during sleep. While fatigue can also be experienced in the absence of an underlying pathology, research on the association between non-clinical fatigue and HRV is scarce and inconsistent. Therefore, the present study (preregistered on OSF: https://osf.io/pgwt9) investigates the interrelation between subjective fatigue and autonomic recovery during sleep in healthy participants' everyday lives. We hypothesize that subjective fatigue is negatively associated with autonomic recovery.
Methods: Participants (N ≈ 90) report their daily levels of subjective fatigue over 10 consecutive days each evening on a 4-item self-report questionnaire and ECG recordings are obtained across 10 nights. Autonomic recovery is operationalized as HRV (high frequency-, low frequency-, and very low frequency-HRV) during the first four hours of sleep.
Analyses: Results will be presented on the following analyses: To test our primary hypothesis, we will run multiple linear regression models regressing participants' mean HRV on participants' mean level of subjective fatigue across the study period. Further, using multilevel modeling, potential bi-directional associations between HRV and fatigue will be explored on a daily (i.e., within-person) level. HRV will be regressed on daily fatigue reports and daily fatigue will be regressed on nocturnal HRV of the previous night.
Discussion: Exploring whether and to what extent fatigue may be mirrored by autonomic recovery in everyday life lays the foundation for objectively evaluating fatigue symptomatology in healthy subjects.

The Immediate Stress-Lowering Effect of Slow-Paced Breathing Depends on Perceiving It as Natural

J. Rink[1, 2], M. Bamert[3], J. Inauen[3]

[1]Swiss Paraplegic Research, Switzerland
[2]University of Lucerne, Switzerland
[3]Institute of Psychology, University of Bern, Switzerland

Background: Stress can impair health and well-being. Relaxation techniques such as slow-paced breathing (SPB) can help manage stress and enhance overall well-being. However, the immediate effects of SPB in daily life have not been studied. This study investigated the short-term effect of SPB on perceived stress in everyday life. We further tested whether the perception of SPB exercises as natural moderate this effect.
Method: In this 4-day intensive longitudinal study, 67 students were asked to complete a 5-minute guided SPB exercise three times a day at micro-randomized times (804 observations). Perceived stress was measured immediately before and after the SPB exercises, or during control times without the exercise. The participants' perception of the SPB exercise as natural was rated after each session. Data were analyzed per protocol using Generalized Estimating Equations.
Findings: Analyses indicated that conducting SPB lowered perceived stress compared to control times without exercise (RR = 0.83, SE = 0.08, p = .019). At times when participants perceived SPB as more natural, perceived stress reduction was significantly greater (RR = 0.89, SE = 0.36, p = <.001).
Discussion: SPB could be a helpful tool to immediately reduce perceived stress in daily life. Finding ways to make SPB feel more natural seems important for improving its effectiveness in future stress management interventions.

Well-being and stress in individuals with spinal cord injury: A dyadic everyday life study

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Background: Stress is linked to negative health outcomes in the general population and is even more pronounced in individuals with long-term physical health conditions such as spinal cord injury (SCI). However, the relationship between well-being and stress in individuals with SCI and their romantic partners in daily life remains unclear. This study aims to examine the association between emotional well-being and perceived stress in everyday life of individuals with SCI and their romantic partners, while also investigating the potential moderating role of social support in this relationship. Methods: N= 35 individuals with SCI and their romantic partners participated in an everyday life study over seven days, with four assessments per day including questions on perceived stress, well-being and social support. Findings: Individuals with SCI with higher average positive affect, and lower average negative affect, showed lower overall perceived stress. During moments of elevated momentary positive affect and reduced momentary negative affect, individuals with SCI reported less perceived stress. Moreover, during moments of elevated momentary social support, the association between negative affect and perceived stress was buffered. Similar effects were found for romantic partners. Discussion: The present study suggests that positive affect may reduce perceived stress in individuals with SCI and their romantic partners. Dyadic interventions aimed at enhancing social support may be effective in improving well-being in this population.

Oral Session: Psychosocial and health support across various populations

11:00 - 11:15

Perspectives and experiences of adult patients with obesity on dietetic primary health care

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Introduction:
Sustainable weight loss in patients with obesity requires long-term behavioural changes. Dietetic treatment outcomes vary per patient, leading to differing success rates. Although understanding patient experiences is crucial for designing effective patient-centered strategies, little is known about patients' lived experiences. This study aimed to understand the perspectives and experiences of patients with obesity on dietetic primary health care in the Netherlands.

Methods:
This phenomenological study included 26 patients with obesity who were currently consulting or had previously consulted a dietitian. To ensure a diverse and representative sample, purposive sampling was used, based on demographic characteristics as identified by questionnaires. Semi-structured interviews were conducted using a predefined topic guide, allowing flexibility to explore emerging topics. Interview data were analysed using Braun & Clarke’s reflexive thematic analysis.

Results:
Four interconnected themes were constructed with subthemes: 1) Patient-dietitian relationship, including personal connection, understanding dietitians’ ways of working, aligning treatment to individual needs, and flexibility of treatment approach; 2) Dietitian’s characteristics, discussing attitude, role, trustworthiness and background; 3) Comprehensive treatment focus, emphasizing a holistic approach, behavioural change support and attention for psychology; and 4) Tailored advice, reviewing strategies for dietary advice, suitable form of advice and consistency of advice.

Conclusion:
This study underscores the need for a strong patient-dietitian relationship, holistic care including psychological support, and shared decision-making to make dietetic care successful from the perspective of patients with obesity. Findings emphasise the value of tailored, patient-centered approaches and indicate the importance of improving communication about treatment and aligning with individual patient needs.

Change in mental health in childhood cancer survivors after attending the state-of-the-art PanCareFollowUp care intervention

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Background: Regular follow-up care is highly recommended for childhood cancer survivors due to their high risk for medical and psychological late effects. We aimed to 1) describe changes in mental health and resilience in survivors before and after a person-centred follow-up care intervention and 2) analyse associations of mental health improvements with socio-demographic and clinical characteristics.
Methods: Within the PanCareFollowUp project, a novel person-centred follow-up care intervention was implemented in four clinics across Europe. In total, 1’191 survivors aged 16+ years (cancer diagnosed at age <19 years, 5+ years after diagnosis) were invited. They completed the Brief Symptom Inventory-18 (somatization, depression, anxiety, overall distress), Post-traumatic Stress Disorder Checklist, and the Connor-Davidson Resilience Scale before (T1) and 6 months after (T2) the clinic visit. We calculated a change score for resilience (T2-T1 score) and a reliable change index for BSI-18-scales and post-traumatic stress symptoms.
Findings: In total, 798 survivors participated (51.4% males, mean age=30.3 years [range: 16-60]). Mental health significantly improved, with lower scores for depression, anxiety, overall distress, and post-traumatic stress symptoms at T2 as compared to T1 (all $p<0.05$). Socio-demographic or clinical characteristics were not associated with changes in resilience or general distress. A reliable reduction of post-traumatic stress symptoms was more likely in those single (<0.001), unemployed or in education ($p<0.001$), in a dependent living situation ($p=0.002$), and with poor physical health ($p=0.003$).
Discussion: Mental health improved after the person-centred PanCareFollowUp care intervention. Regularly attending follow-up care could help to decrease survivors’ distress in the long-term.

Rapid access to personalised care for people with heavy alcohol use who self-harm: mixed-methods evaluation

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Background: Effective interventions exist for people with heavy alcohol use who self-harm. However, multiple barriers prevent access to appropriate support, including lengthy waitlists, uncoordinated care, and failure to address social needs. We evaluated a new service implemented in one North East England Hospital (Psychiatric Liaison Team Recovery Clinic) that provided rapid access to personalised care for this population to assess impact and explore scale-up potential.

Method: Mixed-methods evaluation: 1) quantitative analysis of electronic health data to describe the characteristics of patients accessing the service (n=68) and assess changes in Recovery Quality of Life (ReQoL-20) scores (n=15); 2) qualitative semi-structured interviews with patients (n=11) /practitioners (n=7) receiving/delivering the service, analysed thematically.

Findings: Patients accessing the service were mostly female (61.8%), white (83.9%), with a mean age of 35 (19-69), and experienced additional mental health conditions alongside heavy alcohol use. Mean ReQoL-20 scores improved significantly from 30.8 (14 - 53) at baseline to 46.6 (23 – 69) at follow-up (p<.001). Three interview themes were identified: 1) what the service added: rapidly plugging a recognised care gap for heavy drinkers with poor mental health; 2) what worked well: tailored relational support that builds recovery positive social networks and personal coping strategies; 3) what could be improved: opportunities and challenges to sustain and scale-up the service.

Conclusion: The Psychiatric Liaison Team Recovery Clinic provides a promising care model for a currently underserved population. Further research is needed to assess longer-term impact on patients' health behaviour, and whether this can be replicated in other settings.

Perceived Self-Discontinuity Predicts Long-Term Relapse in Ex-Smokers

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Background: The present research employed an identity-based perspective to investigate the likelihood of smoking relapse. Specifically, we examined the relationship between perceived self-discontinuity and long-term relapse, hypothesizing that the risk of relapse increases as ex-smokers perceive that quitting has disrupted their sense of self-continuity.
Method: Two studies were conducted with distinct samples of ex-smokers. Study 1 (N = 152, MAGE = 43.95, 69.1% female) was a cross-sectional study examining the concurrent association between self-discontinuity and motivation to maintain abstinence. Study 2 (N = 886, MAGE = 45.54, 53.7% female) was a 12-month longitudinal cohort study with four measurement points at four-month intervals, assessing the prospective relationship between perceived discontinuity and self-reported smoking relapse. The centrality and positivity of ex-smoker identity were included as covariates in both studies. Hierarchical linear and logistic regression analyses were used to test the study hypotheses.
Findings: Perceived self-discontinuity negatively predicted motivation to maintain abstinence (B = −.13, p = .018, 95% CI [−.23, −.02]) and positively predicted relapse over 12 months (B = .16, p = .018, OR = 1.18, 95% CI [1.03, 1.35]), independent of the centrality and positivity of ex-smoker identity. Additional analyses indicated that self-discontinuity predicted only relapses reported at the final wave of the study.
Discussion: These findings underscore that smoking relapses are associated with feelings that quitting smoking destabilizes one's sense of self-continuity, therefore indicating that relapsing may serve a crucial identity function by reconnecting ex-smokers with a stable and coherent identity narrative.

Poster Session: Digital health for mental health and well-being

13:30 - 14:30

Determinants of patient use of telemental health services: Representative cross-sectional survey from Germany

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Background: Telemental health services effectively address major challenges in mental healthcare. To maximize the potential of the services, it is essential to facilitate patient use and reduce use disparities. Nevertheless, determinants of telemental health service use have been scarcely investigated. Therefore, we aimed to identify determinants of patient use of telemental health services since the onset of the COVID-19 pandemic and currently.

Methods: In December 2023, we conducted a cross-sectional, quota-based online survey of individuals aged 18 to 74 years who had received mental health services since March 2020 in Germany (n=2,082). Past telemental health service use was inquired since March 2020 and in the last four weeks. Logistic regressions were computed to test associations with socioeconomic, access, health, COVID-19-related, psychosocial, and service factors, personality, and provider characteristics.

Findings: Younger age, more positive patient and provider attitudes towards, and higher provider skills for using the services were positively associated with patient use since the pandemic. Regarding current use, positive associations with full-time employment, lower neuroticism, more positive provider attitudes towards the services, and use of the services to avoid stigmatization, long waiting times, or inconvenient scheduling were observed.

Discussion: Beyond socioeconomic factors, personality and positive patient attitudes, patient use of telemental health services was associated with positive provider attitudes and greater provider skills, which underscores the need for provider support and training in telemental healthcare. Furthermore, avoiding stigmatization and higher convenience were linked to patient use, highlighting the substantial potential of the services to address current mental healthcare challenges.

Effectiveness of digital interventions to prevent anxiety: Systematic review and meta-analysis of randomized controlled trials

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The increasing prevalence of anxiety disorders highlights the urgent need for scalable preventive interventions, which can be effectively delivered through information and communication technologies. However, no meta-analysis has systematically examined fully digital and purely preventive interventions for anxiety across all populations. This study aims to assess the effectiveness of digital interventions in preventing anxiety disorders. A comprehensive systematic search was conducted in six electronic databases (PubMed, PsycINFO, EMBASE, Web of Science, OpenGrey, and CENTRAL) from inception to December 12, 2024. Eligible studies met the following criteria: (1) randomized controlled trials (RCTs), (2) digital interventions, and (3) psychological or psychoeducational interventions aimed at preventing anxiety in individuals without anxiety at baseline. From 6,793 identified records, 15 studies (19 comparisons, 6,093 participants, spanning eight countries and four continents) were included. A small but significant effect (SMD=-0.44, 95% CI: -0.66 to -0.23, $p<0.001$) supported the effectiveness of preventive interventions in non-anxious populations. Sensitivity analyses confirmed the robustness of these results, with no evidence of publication bias. Despite substantial heterogeneity, a meta-regression including two variables (cognitive-behavioral therapy with additional therapeutic elements and country, the Netherlands) accounted for 100% of the variance. Most RCTs (all but two) exhibited a high risk of bias, and the quality of evidence, assessed via GRADE, was very low. These findings underscore the need for more rigorously designed digital interventions to prevent anxiety, ensuring methodological robustness.

A Digital Solution for Anxiety Prevention – Baseline Findings from the prevANS randomized controlled trial

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Anxiety disorders pose a significant global health burden with substantial social and economic costs. In Spain, they are the second most prevalent mental health condition. Despite improved healthcare access, treatment alone remains insufficient to curb the increasing cases, highlighting the need for preventive approaches. Currently, no validated online personalized intervention based on a risk algorithm for anxiety prevention in Spanish adults exists. Thus, prevANS was developed as a digital intervention to reduce anxiety disorder incidence in the general adult population. PrevANS uses the predictA algorithm, a validated tool for estimating the probability of anxiety disorder onset within 12 months, to personalize the intervention. This project aims to design, develop, and evaluate this evidence-based intervention through a randomized controlled trial in Spain and Portugal. It includes 1000 participants per country, without anxiety disorders at baseline, comparing an intervention and control group across three time points (baseline, 6-month, and 12-month follow-up). This poster presents baseline data from the final Spanish sample (n=1054, 71% women, 29% men; mean age=37.59), analyzing sociodemographic, psychosocial, and clinical characteristics. The mean probability of anxiety onset was 14.46 (14.96) according to the predictA algorithm. Mean scores for anxious and depressive symptoms were 7.36 (3.98) on the GAD-7 and 6.63 (4.35) on the PHQ-9, respectively. Quality of life scores from the SF-12 were 50.51 (8.53) for physical health and 43.83 (10.44) for mental health. Perceived social support, assessed by the DUKE, had a mean score of 4.03 (0.98). These findings provide key insights for optimizing digital anxiety prevention strategies.

Recruitment and Participant Motivation in Online Mental Health Interventions – Lessons from the prevANS trial

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Anxiety disorders are a major contributor to the global disease burden and the second most prevalent mental health condition in Spain, following depression. Although effective treatments are available, limited accessibility due to high prevalence rates leads to substantial social and economic costs. The World Health Organization aims for 80% of countries to implement at least two national, multisectoral programs for mental health promotion and prevention by 2030. However, resources are currently focused on treatment rather than prevention, generating a “prevention gap”. To address this, prevANS was developed as an evidence-based digital intervention accessible via an app and web platform, designed to reduce anxiety disorder incidence in adults. The intervention is currently being evaluated through a parallel randomized controlled trial in Portugal and Spain. Nevertheless, recruiting participants for fully online studies presents specific challenges. The aim of this study is to examine the different recruitment strategies for the prevANS trial. This presentation explores quantitative and qualitative data from a Spanish participant subsample, focusing on (i) the channels through which they discovered the prevANS project and (ii) their motivations for enrolling in the trial, at the current state of data collection. Information is being retrieved via Google Forms and phone interviews. Descriptive analyses of quantitative data will be performed using STATA 14.0 software. Qualitative responses will be analyzed by two researchers using a thematic analysis approach. Expected findings will provide insights into the perceived most useful strategies for participant engagement in online studies, improving recruitment for future trials.

Nature-Guided Imagery, Mindful Body Scan and Urban-Guided Imagery on Work-Related Rumination and Anxiety

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Background:

Work-related thinking during off-job time has been identified as a key contributor to prolonged occupational stress. A significant amount of research has been devoted to exploring the various aspects of work-related rumination and the need for efficient recovery from work. Exposure to natural environments has been consistently associated with a range of psychological and physical benefits.

Methods:
An experimental, between (Time x Condition) participant design will be used. Participants of the study will be 60-75 individuals working as full-time employees for more than 30 hours per week. Data will be collected at baseline and after the intervention. Participants will be randomly assigned to either the nature-guided imagery, the mindfulness body scan or the urban-guided imagery online intervention.

Findings:

Therefore, the goal of the study is to compare the effects of the nature-guided imagery, the mindfulness body scan and the urban guided imagery intervention on work-related rumination. The first research question of the study is to examine if a nature-based guided imagery (GI) intervention can improve work-related rumination. The second research question of the study is to examine which type of intervention (nature-guided imagery, the mindfulness body scan and the urban guided imagery intervention) is the most effective intervention to improve work-related rumination

Discussion:

The results of the current paper can promote the design and implementation of nature-based interventions that aim to minimize work-related rumination and facilitate employees' recovery after work.

Mindless scrolling or meaningful mornings? A longitudinal RCT to promote eudaimonic well-being

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Background. Beginning the day with social media use (SMU) is a common habit that influences eudaimonic (EWB) and hedonic well-being (HWB). Prior research on SMU has predominantly examined interventions aimed at reducing or completely abstaining from SMU; however, evidence suggests these approaches may not yield the anticipated benefits for well-being. Expanding on these findings, our study explores whether substituting SMU with a meaningful activity has a differential impact on EWB and HWB over time.

Methods. Using an intensive longitudinal RCT, we aim to recruit N = 200 participants, randomly assigned to one of two conditions: (IG1) reducing morning SMU without substitution or (IG2) replacing morning SMU with a meaningful activity. Over 15 working days, participants will report morning and evening EWB and HWB, SMU, smartphone use and mindless scrolling. Changes within and between conditions will be analyzed using linear mixed-effects models.

Findings. We hypothesize that morning EWB will increase, with a stronger and more sustained effect in IG2. Conversely, morning HWB may initially decline but is expected to return to baseline by the end of the intervention. Additionally, IG2 should show a greater reduction in mindless scrolling and SMU. We are finalizing the study design. Recruitment will begin in April.

Discussion. This study will provide insights into how EWB and HWB evolve throughout the intervention, refining strategies for healthier morning routines and digital well-being. The findings will contribute to developing more effective interventions that go beyond simple SMU reduction, emphasizing the role of meaningful substitution.

Poster Session: Beyond the screen: Immersive and conversational tech in health, well-being and beyond

13:30 - 14:30

Who is willing to use non-medical chatbots for health-related queries? A cross-sectional study

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Generative AI, such as ChatGPT, is increasingly used for health-related information, complementing traditional sources. However, adoption depends on users' trust and willingness to use this emerging technology. Applying the Technology Acceptance Model (TAM), we examined whether factors associated with more frequent online health information seeking (OHIS) may also relate to higher trust in generative AI and willingness to use it. Using SEM, we analyzed data form a cross-sectional online survey of 4,775 Czech internet users (50% female; aged 18-95, M=45.37, SD=16.4). We measured trust in AI, willingness to use AI for wellness and illness purposes, health status, health anxiety, eHealth literacy, and OHIS behaviors. Additionally, we controlled for demographic variables and prior AI experience.
Trust in AI emerged as a crucial mediator in AI adoption, predicting willingness to use it for wellness ($\beta = .60$, $p < .001$) and illness purposes ($\beta=.61$, $p<.001$). Health status ($\beta=.10$, $p<.001$) and health anxiety ($\beta = .13$, $p < .001$) were associated with trust but were not directly related to willingness to use AI. eHealth literacy showed weak ties to trust ($\beta=.08$, $p<.001$) and no direct effect on AI adoption. Wellness-related OHIS predicted AI use for wellness purposes ($\beta=.13$, $p<.001$), and illness-related OHIS predicted illness-related AI use ($\beta=.11$, $p<.001$), with minimal cross-domain effects, suggesting their complementary, rather than substitutive relationship. Practitioners should acknowledge that users more trusting towards AI may use it for high-stakes topics and in riskier way. Future research should explore motivations for AI use and how it integrates with traditional OHIS.

Silently ignored: how attributional styles moderate the impact of phubbing on well-being in VR interactions

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Background. Phubbing – the temporary disregard of an interaction partner in favor of one's smartphone – is a common phenomenon in today's digitalized world, often linked to negative effects such as reduced mental well-being. However, the effects of phubbing are not universally negative—while some individuals experience detrimental consequences, others remain unaffected. This inconsistency highlights the need to identify for whom phubbing is particularly harmful. Building on recent findings, this study integrates the Temporal Need Threat Model of Ostracism with Attribution Theory to examine how attributional styles (internal vs. external) influence phubbing's effect on mental well-being.

Methods. A VR-based human-agent interaction using a Wizard-of-Oz scenario will be implemented, in which participants converse with a virtual person in a VR-café. Participants (planned N = 152) will be randomly assigned to a phubbing (experimental condition = EC) or a no-phubbing condition (control condition). In the EC, the virtual person uses a smartphone during the conversation with the participant. Before the VR interaction, attributional style is assessed, while guilt, anger, and self-esteem will be measured afterwards. Results will be analyzed with regression analyses. We are currently finalizing the virtual environment. Recruitment will begin in April.

Findings. We hypothesize that attributional style moderates the effect of phubbing on guilt, anger and self-esteem, such that internal attribution increases guilt and reduces self-esteem, while external attribution increases anger.

Discussion. We will discuss the practical implications of our findings for interpersonal dynamics and digital communication as well as the relevance of VR-based experimental research in studying social exclusion.

Creating content for virtual reality games to develop selective and sustained attention in adolescent athletes

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In the rapidly evolving field of sports psychology, the development of cognitive functions such as selective and sustained attention is essential for enhancing athletic performance. Virtual reality (VR) has emerged as a promising tool for improving attentional control by simulating immersive and dynamic training environments. This study presents the development process and key components of an intervention aimed at improving selective and sustained attention in adolescent athletes through a VR-based game.

The intervention is based on cognitive psychology principles, integrating several theories. The game mechanics are structured to challenge users' ability to filter relevant stimuli while ignoring distractions and maintaining focus on critical cues over extended periods. Tasks include real-time object tracking, rapid stimulus-response exercises, and adaptive difficulty levels to ensure progressive cognitive engagement.

The intervention was designed using a two-stage approach: Expert Consultation, The development and refinement of the VR prototype (VR game).

Expert consultations were conducted in a focus group consisting of N=7 experts (n=4 sports educators, n=2 psychologists, n=1 physical fitness trainer). The data analysis method was qualitative content analysis.

A procedure and instructions were created for the VR game, while the game visualizations, scenarios and levels were developed in phases. The VR headset included an eye-tracking tool that allows recording the student's movement at specific points in time.

Preliminary results suggest that sports can develop selective and sustained attention in adolescents. VR games can be integrated into sports training at multiple levels, offering a new and engaging method for cognitive development in young athletes.

Evaluating the effectiveness of chatbot interventions for early-stage depression and anxiety: A pilot study

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Background
Mental health issues can interfere with decision-making, especially regarding physical health (e.g., difficulty in appraising risk). This study examines the impact of mental health interventions (chatbot, psychotherapy, meditation app) on psychological outcomes among Indian students.

Methods
Using a randomized controlled trial design, students at universities in India (n=52; female=20) were randomly assigned to four groups: (i) chatbot-based mental health support (n=11; designed specifically for Indians), (ii) individual psychotherapy (n=9), (iii) meditation app (n=20), and (iv) control group (n=12). Participants' assessments included the Hamilton Anxiety Rating Scale (HAM-A) and Montgomery-Åsberg Depression Rating Scale (MADRS) thrice at three-week intervals. Frequency distribution analysis was conducted to compare changes in scores. Final analyses are underway.

Findings
HAM-A mean scores per group at respective time intervals showed: (i) chatbot: 9.09 (SD=5.01), 9.00 (SD=5.27), 8.42 (SD=6.02), (ii) psychotherapy 12.55 (SD=3.57), 12.40 (SD=2.60), 12.00 (SD=3.60), (iii) meditation: 10.66 (SD=7.24), 10.50 (SD=7.50), 12.60 (SD=7.47), (iv) control: 11.35 (SD=5.28), 10.50 (SD=4.87), and 9.58 (SD=5.21). Similarly, MADRS showed: (i) chatbot: 11.09 (SD=8.08), 6.60 (SD = 8.54), 8.42 (SD=8.88), (ii) psychotherapy: 13.44 (SD=5.50), 13.40 (SD=5.50), 8.00 (SD=4.24), (iii) meditation: 13.83 (SD=8.658), 13.80 (SD=8.65), 10.33 (SD=6.94), (iv) control: 13.10 (SD=7.57), 13.10 (SD=7.57), 11.58 (SD=8.20).

Discussion
Findings revealed the chatbot as a discrete approach to address anxiety and depression in India where seeking mental healthcare is stigmatized. Thus, promoting accessible mental health support (SDG3), providing an AI-driven solution for mental healthcare (SDG9), and making mental wellness cost-effective (SDG10) through a chatbot.

Keywords: Digital mental health, anxiety, depression, chatbot, intervention study student well-being.

Cognitive Benefits of Immersive VR: the Link Between Presence, Memory, and Digital Health Interventions

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Background: This study explores how different levels of immersion influence memory recall using a Head-Mounted Display in Virtual Reality (VR). The Method of Loci, an effective mnemonic technique, is integrated into a VR environment to enhance memory recall. It is suggested that higher levels of immersion in VR improve memory recall, which can be due to its ability to create a strong feeling of 'being there', often called Sense of Presence (SoP).
Methods: To explore the relationship between immersion, SoP and memory recall, a between-subjects design is used, where participants are randomly assigned to one of three immersive conditions: (1) Full immersion (hand gestures & sound, n = 25), (2) Partial immersion (joystick & sound, n = 25), and (3) Low immersion (joystick & an absence of sound, n = 25). SoP is assessed using a self-report questionnaire (iGroup Presence Questionnaire), and memory recall is measured through embedded tasks in the VR environment that include recall, cued recall and recognition.
Planned analyses: A one-way ANOVA will be conducted to examine the effect of immersion (full, partial, low) on memory performance, followed by post-hoc comparisons to identify specific group differences. Additionally, a mediation analysis will assess whether SoP mediates the relationship between immersion and memory recall, controlling for covariates.
Discussion: The findings will inform the development of VR-based interventions, particularly for neuropsychological rehabilitation. By leveraging immersive VR for cognitive health applications, this research contributes to advancing digital health interventions and personalized therapeutic approaches.

Motion and Audio as Extraneous Load in VR: The Protective Role of Visuospatial Skills

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Background and Objectives:
Virtual Reality (VR) interventions are increasingly used in health care, yet individuals respond differently to them. One critical factor that could influence these responses is visuospatial ability, which may help individuals navigate and adapt to suboptimal VR conditions. This study examines how individual differences in visuospatial ability influence memory performance under varying sensory conditions, highlighting the role of cognitive resilience in adapting to VR interventions.
Methods:
Sixty university students (≥18 years, normal/corrected vision, no severe motion sickness) will be randomly allocated to one of three VR conditions: (1) good audio, good motion; (2) good audio, poor motion; (3) poor audio, poor motion. Visual fidelity remains constant across groups. Participants will perform a VR memory task based on the Method of Loci. Performance is measured through embedded tasks that include recall, cued recall and recognition. A composite visuospatial index (Wechsler Block Task, Wayfinding Questionnaire, Wechsler Visual Reproduction) will serve as a continuous moderator.
Plan of Analysis:
Multiple linear regression will assess the effects of VR condition and visuospatial ability on memory performance (recall, cued recall, and recognition), with interaction terms testing moderation effects. Significant interactions will be explored through simple slope analyses. We will control for simulator sickness and demographic variables.
Expected Implications:
If higher visuospatial skills buffer participants from suboptimal motion and audio settings, these findings will support tailored interventions based on spatial cognition. Such insights will inform both VR-based health interventions design and real-world strategies for enhancing navigation and memory.

The method of Loci in VR: The effect of physical movement and cybersickness on memory

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The method of Loci is a mnemonic technique that has been used to increase memory retention since ancient Greece. This method works by imagining items on a familiar route. Traditionally, the method of Loci uses imagination and this process can be strenuous. Digitalizing this method in Virtual Reality shows comparable benefits to the traditional method. Physical movement is beneficial for overall health. Previous studies show that movement can increase memory recall.

This study aims to combine the benefits of a VR-based Method of Loci training with those of physical engagement. Participants experienced the Kingdom of Loci, a VR-based Method of Loci application. They were randomly assigned to two conditions: a controller group (n=25), using conventional VR controllers, and a physical movement group (n=25), where participants moved around by swinging fists vertically. Memory performance in the Kingdom of Loci was assessed with embedded tasks that measured free recall, cued recall and recognition. The hypothesis was that the physical movement group would perform better than the controller group, while controlling for cybersickness (ANOVA).

The understanding of the influence of movement in VR-based environments can provide significant insights for interventions in health psychology, especially for cognitive training, rehabilitation, and preventative strategies for populations at risk of cognitive decline. With the integration of digital and physical components, this research makes it possible to enhance cognitive function through immersive, movement based VR training.

SMS-coaching in digital primary healthcare: A mixed-methods pilot study

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Background
A personalized SMS-coaching program based on the COM-B model (Capability, Opportunity, and Motivation) was designed to complement an existing initiative within a digital primary healthcare center in Sweden.

Methods
Data were collected through pre- and post-intervention questionnaires, as well as semi-structured interviews with participants (N = 12) and health coaches (N = 2) exploring their experiences with the SMS-coaching. The intervention lasted eight weeks and combined SMS-coaching with individual and group sessions. Interviews were analyzed using thematic analysis.

Findings
The preliminary results suggest changes in key behavioral and health- related measures following the SMS-coaching intervention. SMS-coaching had a positive impact on capability, opportunity, motivation, dietary habits and overall health, while its influence on physical health was minimal. The thematic analysis resulted in five themes: Encouragement and motivation, Accountability and goal tracking, Barriers to engagement, Varied perceived impact, and Simplicity matters.

Discussion
This study highlights the potential of SMS-coaching as a feasible tool for lifestyle changes within digital primary healthcare. The observed improvements in capability, opportunity, motivation, dietary habits, and overall health suggest that SMS-based interventions can enhance engagement and reinforce behavioral intentions. The minimal impact on physical activity indicates a need for additional strategies to support sustained action. The thematic analysis highlights the role of SMS in reinforcing behavioral intentions and maintaining commitment over time. This suggest that SMS-coaching may serve as a valuable complement to traditional behavioral interventions by providing personalized, low-effort, and low-cost support.

Poster Session: Identity, Transitions, and Mental Health

13:30 - 14:30

Gender identity development amongst people with Klinefelter Syndrome

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This PhD project examines the gender identity experiences of people with Klinefelter Syndrome (KS) and identify healthcare professionals' perceptions of gender dysphoria among people with KS. KS involves having an extra X chromosome (XXY instead of XY) and affects 1 in 600 live male births, making it the most common chromosomal disorder. KS is significantly underdiagnosed and some people never receive a diagnosis (Turriff et al., 2017). People with KS are at increased risk of gender dysphoria, namely identifying with a gender different from that assigned at birth (Cai & Yap, 2022). However, there is a lack of research on the development and experience of gender dysphoria among people with KS, from the perspectives of both affected people as well as healthcare practitioners. The project comprises mixed methods including a longitudinal questionnaire study and a qualitative interview study with people with KS, as well as a questionnaire survey of healthcare providers. The findings from the mixed methods inform a Delphi expert consultation exercise with KS experts to develop recommendations for improving and updating treatment protocols and care guidelines. The paper will present the preliminary findings from the longitudinal survey and qualitative interviews with people with KS, and offer recommendations for improving gender services.

Women's Coping Strategies in Managing the Childbirth Experience: A Qualitative Analysis

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Background and Aims: This study is part of the international DIPEx initiative, which aims to enhance understanding of health experiences through evidence-based healthcare information. Childbirth is a significant life event, both physically and psychologically demanding. The ways in which women cope with this experience influence their perception of childbirth. This study explores coping strategies used by women during labor and the factors supporting or hindering effective coping.

Methods: A qualitative approach, specifically the DIPEx methodology, is employed to capture personal experiences. Data will be collected through in-depth narrative interviews with approximately seven women, selected using maximum variation sampling to ensure diverse childbirth experiences.

Planned Analysis: Interviews will be transcribed verbatim and analyzed using thematic analysis. The study will identify and categorize coping strategies, determine common and unique approaches, and examine influencing factors. Findings will be interpreted through coping theories, patient experience and psychological perspectives on maternity care.

Expected Implications: This study will provide insights into the lived experience of childbirth and maternity care, contributing to a better understanding of how women manage the childbirth experience and what mechanisms help them in this process. The findings may inform recommendations for healthcare professionals to better support women in effectively coping with childbirth. Additionally, this study is part of a larger national project focused on the experience of maternity care, with one of its key outcomes being a publicly accessible website aimed at informing and supporting the general public.

The Impact of Parental Cancer on Parent's and Children's Psychological Functioning, Well-being and Identity

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Parents with cancer face increased risks of experiencing depression, anxiety, post-traumatic stress, and diminished self-efficacy. Research on the impact of parental cancer on the diagnosed parent’s well-being and identity in relation to child well-being and development is limited, and the effectiveness of existing interventions remains unclear. Given the prolonged psychological impact of parental cancer, understanding these dynamics is crucial. This meta-analysis examines the effects of parental cancer on diagnosed parents' well-being, identity, parenting behaviours, as well as the impact on children’s well-being and development. Additionally, it evaluates the effectiveness of available psychosocial interventions in improving psychological functioning and well-being. A systematic search in PsycINFO, Medline, and Scopus yielded 6,792 articles after duplicate removal. Based on abstract, 364 studies were found relevant. Eligible qualitative and quantitative studies include a parent with an active cancer diagnosis and at least one child under 25 living at home, assessing outcomes such as anxiety, self-efficacy, resilience, and parenting behaviours. Pooled effect sizes will be computed using R software, while qualitative studies will undergo narrative synthesis. Preliminary findings indicate parents with cancer report psychological distress, reduced self-efficacy, and parenting challenges. Depending on parent’s illness severity, parent and child gender and age, children risk experiencing parentification, internalizing symptoms, and diminished self-esteem, which are likely to persist in adulthood. This meta-analysis addresses a critical gap by synthesizing research on the impacts of parental cancer on mental health, well-being and identity while examining the effectiveness of available interventions, insightful to enhance clinical support for families with parental cancer.

Sexual and reproductive health needs, concerns, interests, and health seeking behaviour among female university students

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Background: HIV and AIDS, and STI's have been the focus of research among female university students in South Africa. However, little is known about other sexual and reproductive health (SRH) challenges. The aim of the study was to explore the SRH needs, concerns, interests and online health seeking behaviour (OHSB) among female university students.

Methods: We cross-sectionally analysed data from 411 female students between the ages of 15 and 52 years (mean age = 19) from four universities across the county. Standardised questionnaires were used to measure SRH needs, concerns, interests and OHSB. Basic descriptive and inferential statistics were conducted.

Findings: Prevalence of SRH issues, (including sexual violence, STDs, HIV/AIDS, polycystic ovary syndrome (PCOS), endometriosis, uterine fibroids, gynaecological cancer and interstitial cystitis) was 27.5%. The most common concerning condition for the participants was PCOS (39.2%). In addition, participants reported using the internet most to search for information about their health (mean = 3.44; SD= 0.97), followed by searching for information to supplement or as an alternative to regular care (mean = 2.11; SD= 0.80) and least for emotional support (mean = 2.07; SD= 0.87).

Discussion: This study provided insight into university students' SRH issues and highlights their OHSB. Health psychologists can be helpful by encouraging programmes that simultaneously improve the management of PCOS symptoms and strengthen online support seeking in an effort to improve the health and well-being of the students.

Psychosocial Factors Contributing to Postpartum Depression and Anxiety in Latvian Women: A Thematic Analysis

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Postpartum depression (PPD) and postpartum anxiety (PPA) are significant mental health issues affecting maternal well-being and child development. While biomedical factors are well-studied, psychosocial aspects, including social support, coping mechanisms, and societal attitudes, remain underexplored. This qualitative study investigates the experiences of Latvian women with PPD/PPA, identifying key contributing factors and intervention strategies.

An inductive thematic analysis (Braun & Clarke, 2006) was applied to semi-structured interviews with 12 women diagnosed with PPD/PPA. Participants were recruited through purposive sampling, ensuring diversity in age, family status, and socioeconomic background. Interviews explored postpartum mental health, social support, and coping strategies. Data were transcribed and coded to identify recurring themes.

Three themes emerged: Social Support, Coping Strategies, and Healthcare and Societal Influences. Emotional and practical support from partners and family played a protective role, while its absence exacerbated symptoms. Women using active coping mechanisms, such as structured routines and therapy, reported better outcomes, whereas passive strategies, like avoidance and withdrawal, were linked to distress. Participants noted stigma around PPD/PPA and inadequate mental health screening, leading to missed intervention opportunities.

Findings highlight the need for mental health screening in maternity care, family education, and peer support groups. Addressing stigma and increasing healthcare awareness could enhance maternal well-being. Future research should examine long-term outcomes and intervention effectiveness.

Poster Session: Well Being and Mental Health

13:30 - 14:30

How student behaviors outside regular courses affect college adaptation

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[Introduction] School maladjustment among Japanese college students is a significant concern, often leading to dropouts or academic leaves. Despite extensive research, the relationship between extracurricular behaviors and college adaptation remains underexplored. Compared to the rigid schedules of middle and high schools, Japanese college students have greater autonomy in managing their time outside coursework. Therefore, it is hypothesized that how students utilize their free time influences their overall college adjustment. Thus, this study sought to elucidate the relationship between extracurricular activities and students' sense of college adaptation.

[Methods] An online survey of 232 college students (91 men, 133 women, and eight others; mean age: 19.84, SD: 2.20) used the newly developed Scale for Behaviors Out of Classes and College Adaptation Scale.

[Results] Exploratory factor analysis identified six Scale for Behaviors Out of Classes dimensions—physical activities, internet use, club activities, interpersonal activities, relaxation, and study activities—with acceptable Cronbach's alpha reliabilities (0.76–0.88). Multiple regression analysis revealed that "interpersonal activities" positively influenced adaptation to friendships (β: 0.552, $p<0.001$), personal life (β: 0.261, $p<0.001$), and college environments (β: 0.233, $p<0.001$).

[Discussion and Conclusion] The findings suggest that social engagement is crucial for college adjustment. While study-related activities improve academic adaptation, they negatively affect social relationships, highlighting the tradeoff between academic commitment and social integration. Although academic engagement is fundamental to higher education, universities should promote structured social encounters to enhance students' interpersonal interactions and to promote well-balanced college experiences.

Coping with poor sleep: A qualitative study of university students' perceptions and implications for well-being

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Background:
Poor sleep is common among university students, and emerging evidence suggests that sleep disturbances have worsened in the post-pandemic era - when irregular sleep patterns and heavy reliance on technology have become widespread among young people. Therefore, there is a need to understand the underlying experiences and factors that are perpetuating these sleep difficulties.

Methods:
A qualitative study was conducted to explore the experiences of young adults experiencing poor sleep. Twelve undergraduate students reporting sleep difficulties were purposively recruited from academic institutions in the U.K., Italy, and Portugal. In-depth interviews were conducted, and data were analysed using thematic analysis.

Findings:
Four key themes were constructed: (I) the lingering effects of COVID-19 lockdowns on sleep patterns; (II) the hypnotic effects of smartphone usage; (III) a recurring cycle of poor sleep and low mood; and (IV) desperate attempts to regain control of sleep. Students were eager to remedy their lack of sleep, but behaviours such as excessive use of social media and technology, and ruminating on various stressors late into the night, contributed to a vicious cycle in which negative emotions further disrupted sleep and intensified these negative feelings. At the same time, the normalisation of such behaviours among young people reinforced the continuation of unhealthy sleep patterns.

Discussion:
Recognising the complex interactions between maladaptive sleep behaviours and emotional responses that sustain the cycle of sleep disruption is essential. Addressing both aspects is important for developing targeted interventions aimed at improving sleep quality and enhancing overall student well-being.

Promoting Awareness Of Depression Through A Mental Health Promotion Program

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Background: Mood disorders are common, with anxiety and depression being the most prevalent. Depression, which affects 13% of the population, is a major public health problem. In response to this problem, Slovenia launched a mental health promotion program called Improving Literacy on Mood Disorders (OMRA) in 2017. This initiative is based on the concept of mental health literacy (MHL) and aims to improve the understanding of mood disorders through the provision of educational workshops and an online platform.
Methods: To assess knowledge of depression, 1,485 participants of OMRA's online and on-site workshops held between October 2018 and March 2024 completed a questionnaire: The Depression Literacy Questionnaire (D-li); before and after the psychoeducational sessions. The Wilcoxon Signed Ranks Test was used to test the effect of the workshops on depression literacy, and the Kruskal-Wallis test and Mann-Whitney U test were used to test the association between D-li questionnaire scores and selected sociodemographic variables.
Results: The results showed that the average knowledge of depression increased by 25.5% ($p<0.001$) after the workshop. Of the socio-demographic factors — gender, age, place of residence and education — gender had the greatest impact on knowledge of depression, with women scoring higher on average than men ($p=0.024$).
Discussion: The results confirm that participation in the workshops significantly improved participants' understanding of depression, with overall knowledge of depression increasing after the intervention. By improving access to information and reducing stigma, the OMRA program contributes to reducing the social and economic burden of mental disorders.

Perceived effects on the grieving process of donating relatives' organs in emergent donation procedures

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Background: The emergent donation procedure called Intensive Care for Organ Donation (ICOD) implies requesting consent to relatives for the implementation or maintenance of life support measures in patients with irreversible brain damage with the sole objective of facilitating donation when patient dies. Considering the lack of evidence about the psychological dimensions of this procedure, this study analyzes the perception of families who donated through ICOD about the effect of their decision on the grieving process.
Methods: Longitudinal qualitative design. Two semi-structured interviews were performed with 16 families who accepted to donate relative's organs after ICOD request one and two years after patient's death. Contents included memories of the loss and associated emotions, assessment of the decision taken and perception of the influence of donation on the grieving process. Interviews were transcribed and analyzed using Grounded Theory Analysis.
Findings: The majority of relatives report positive thoughts that link their deceased family member, the positive consequences of donation and a relief in the grieving process. The remaining relatives did not perceive any influence of the decision on the grieving process and focus their discourse on the loss not alleviated by the donation and the resulting loneliness. The decision taken at the time is still considered correct and there is no indication that there could be any subsequent doubts.
Discussion: The results support that the decision to donate, in this case through ICOD, can have a positive emotional effect on family members and there is no evidence of negative emotional impact.

Poster Session: Parents, partners, and informal caregivers in health and disease

13:30 - 14:30

The Impact of Wearable Technology on Caregivers' Self-Efficacy and Quality of Life in Dementia Care

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Background: This study was conducted to examine the effect of a wearable technology (smartwatch)-enhanced intervention for family caregivers of People with Dementia (PwD) on caregiver self-efficacy and quality of life.
Methods: A randomized controlled study. The sample consisted of 44 caregivers of PwD. Data collection process was completed between March and October 2024. Intervention group received the smartwatch-enhanced intervention, while the control group received routine care. The research tools were the Descriptive Characteristics Form, Revised Scale for Caregiving Self-Efficacy, Short Form 36 Quality of Life Scale and Smartwatch Use Adaptation and Satisfaction Form. The data were analyzed using descriptive statistics and repeated measures ANOVA.
Findings: There was no statistically significant difference was found between the intervention and control groups regarding caregiver self-efficacy and quality of life scale mean scores (self-efficacy: F: 0.823, p: 0.369; physical health quality of life: F: 0.567, p: 0.456; mental health quality of life: F: 0.147, p: 0.703). However, in the intervention group, an increase was observed in the mean scores of the self-efficacy scale, the “self-efficacy in obtaining respite”, and the “self-efficacy in controlling upsetting thoughts about caregiving” subscales over time. In the control group, a statistically significant decrease in the self-efficacy scale and all subscales over time was observed.
Conclusions: There was no statistically significant difference was found between the intervention and control groups regarding caregiver self-efficacy and quality of life mean scores. However, the wearable technology-enhanced intervention was found to be effective in improving the self-efficacy levels of caregivers in the intervention group.

The role of positive caregiving experiences on perceived burden among formal dementia caregivers

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Background: The burden of caregivers for persons with dementia (PwD) varies between 32.0% and 69.4%. The plethora of stressors can worsen caregiver burden (CB) by affecting the health of caregivers and increasing their risk of dementia. Little is known about protective factors against CB, especially in formal care. We aimed to identify the role of positive caregiving experience (PCE) in CB among formal caregivers of PwD, controlling for sociodemographic variables, self-perceived health, and psychological distress.
Methods: A total of 105 formal caregivers of PwD (mean age 48.6±9.8 years; 87.6% female) were included in this cross-sectional study. We utilized the Professional Care Team Burden Scale to evaluate CB's overall, structural, subjective, and objective dimensions. Additionally, the Overall Evaluation of Health, the Patient Health Questionnaire-9, the Generalized Anxiety Disorder Scale-7, and the Positive Attitudes to Caring Scale were used. Multiple linear regression analyses were used to analyse the data.
Findings: Worse self-perceived health ($\beta=0.43$; $p<0.001$) and anxiety ($\beta=-0.35$; $p<0.05$) were associated with a higher CB. PCE showed a strong association ($\beta=0.37$; $p<0.001$) with lower CB and increased the explained variance in overall CB from 30.1% to 43.0%. A significant role of PCE was identified in structural and subjective CB, but not in objective CB. No associations between the caregiver´s age, sex, depression, and CB were found.
Discussion: Interventions to strengthen the positive aspects of caring may mitigate CB. Future research should identify strategies to alleviate the objective CB due to neuropsychiatric symptoms or functional decline in care recipients with dementia [Grant: APVV-22-0587].

Associations of we-talk on BMI and health behaviors in couples: A Longitudinal Actor-Partner Interdependence Model

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We-talk, the use of first-person plural pronouns in speech, is regarded as an implicit linguistic marker of interdependence and communal coping, which have been associated with some health behaviours in romantic couples. Previous studies highlighting the positive effects of we-talk on personal health are mostly based on cross-sectional studies using couples in which one member is identified as "patient" coping with a health problem. Using a sample of 194 cohabiting couples reporting wanting to make changes to their health habits during the deconfinement period of the COVID-19 pandemic, we examined the actor and partner effects of we-talk on change in body mass index (BMI), physical activity and diet quality over the course of three months. We-talk was measured at baseline during a semi-structured social support discussion task on partners' health behavior change process. Outcomes were measured through self-report questionnaires on three occasions: baseline, 1-month, and 3-month follow-ups. A longitudinal actor-partner interdependence model examined the effects of partners' we-talk on their own (actor effects) and their partner's (partner effects) study outcomes at baseline and over time. Results indicated that males' we-talk is positively associated with female's physical activity at baseline. Also, females' we-talk predicted their own lower BMI at baseline. We-talk did not predict diet quality and change in study outcomes over time. These findings suggest that communal coping, as indicated by we-talk, may represent a target in dyadic health behavior change interventions to foster more engagement in health behaviors and better health outcomes.

Dual illness: a scoping review of couples with somatic illness in both partners

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Background: In healthcare systems the partner is increasingly expected to engage as a resource for patients with chronic somatic illnesses. However, in many couples, particularly older ones, both partners are often chronically ill. In couples with such dual illness, partners may need to care for one another, while they themselves have illness-related challenges, possibly influencing their ability to cope and adapt together. However, knowledge in this area is sparse. This scoping review aims to systematically collect and summarize international knowledge on elderly couples, in which both partners are dealing with at least one chronic somatic illness.

Methods: A scoping review will be conducted guided by the JBI guidelines and the PRISMA Extension for Scoping Reviews (PRISMA-ScR) covering qualitative, quantitative and mixed methods studies. The databases PubMed, PsychInfo and CINAHL will be searched. Grey literature will be considered. Covidence is used as review management tool, and all studies will be screened by two independent reviewers. Intended analyses include descriptive statistics for data relating to study characteristics, narrative summaries, and thematic analysis of qualitative data.

Findings: The review is currently ongoing. The results will be presented at the conference. We expect that the results will provide insights into how elderly couples cope and adapt when dealing with dual illness.

Discussion: This review will contribute to a better understanding of the unique challenges faced by couples with dual illness and inform strategies to enhance their support within the healthcare system. The findings will be discussed in terms of their implications for healthcare practice.

Healthcare Interventions to Support Informal Caregivers of People with Severe Mental Illnesses: A Scoping Review

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Background:
Over the last years, the care of people with severe mental illnesses (SMI), has shifted to recovery-based treatment in which informal caregivers play an important role. However, with this increased involvement, issues such as role strain or burden among these caregivers become more prevalent, and support of informal caregivers of people with SMI is needed. Adding to existing reviews, the aim of this study is to provide an overview of interventions to support informal caregivers of people with depression, anxiety, or personality disorders other than borderline personality disorder (BPS).

Methods:
A scoping review, following the JBI guidelines, is performed Pubmed, PsycInfo, CINAHL, Embase and Cochrane library were searched using the keywords “caregiver”, “SMI”, “support”, “interventions” and related terms.

Findings:
The search led to 18.747 references. After removing duplicates (n=7608), performing a title, abstract (n=11.033) and full-text (n=106) screening with two researchers, twelve articles were found meeting the inclusion criteria.
The results will be charted, analysed and presented in a data extraction tool based on the following characteristics: design; level of evidence; patient characteristics; type, description, theoretical framework of the intervention; definition of the informal caregiver; context of the intervention; and performed measurements. Preliminary analyses show different intervention types and aims, which will be discussed.

Discussion:
We will compare the presented interventions to those described in previous research on informal caregivers of people with psychotic disorders or BPS. Finally, we will provide recommendations on the use of the interventions within various disciplines.

Exploring The Impacts of Online and In-Person Support on The Well-Being of SCI Family Caregivers

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Backgrounds: Individuals with Spinal Cord Injury (SCI) often require assistance from family caregivers to complete daily life activities. As a result of providing long-term care, family caregivers may experience a caregiver burden. Social support has been shown to reduce caregiver burden. This study explored the benefits and challenges of receiving in-person support (e.g., from family members, friends, or professionals) versus online social support (e.g., online Facebook caregiver communities).

Methods: We recruited 18 family caregivers of individuals with SCI who resided in Canada or the United States who could speak English. During semi-structured interviews, participants answered questions about the benefits and challenges of receiving in-person and online social support. Thematic analyses were used to generate themes.

Findings: Three themes were identified: 1)"I do my own thing and suffer in silence." this theme explains family caregivers' lack of access to social support and their experience of isolation; 2) "In-person support is definitely just more personal." highlights how in-person support, when available, felt more personable which was considered crucial for well-being; and 3) "Social media is right there, at your fingertips" acknowledges that while privacy concerns existed, family caregivers considered social media beneficial for overcoming isolation and receiving informational support quickly.

Discussion: The findings showcased that family caregivers attributed deep and meaningful connections to in-person social support while valuing online social support for its accessibility and convenience. Interventions addressing the caregiver burden in this underserved population can benefit from a hybrid approach, i.e. facilitating in-person social support and developing safe online social support.

Assessing healthcare needs in endometriosis: a scoping review

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Background: Approximately 1 in 10 women of reproductive age is affected by endometriosis. The average diagnostic delay is seven years, a time which patients experience as uncertain and turbulent. There is no definitive cure and successful care requires a personalised biopsychosocial approach. However, women with endometriosis still have to seek the legitimacy of their disease and often feel ignored. This scoping review aims to map the scientific literature to describe barriers and facilitators in the endometriosis management from both patients' and healthcare professionals' (HCPs') perspectives.
Methods: We searched the literature published between 2012 and 2023 in the Web of Science, PsychInfo, PubMed, CINAHL, Embase, and Cochrane Library databases.
Findings: A total of 52 eligible studies were included. The quality in the majority of studies (n=47; 90%) was satisfactory. We identified several barriers in the endometriosis management: the perception of patients as challenging and psychosomatic; lack of awareness and medical knowledge; persistent taboos and biases; challenging communication regarding pain, pregnancy, and infertility; lack of empathy from HCPs; and barriers in diagnostic tools and healthcare accessibility. Key facilitators were awareness; taking patients' symptoms seriously; compassionate communication about fertility and pain; shared decision-making, encouraging patients to seek evidence-based information; and multidisciplinary support.
Discussion: We were able to identify concrete barriers and facilitators in endometriosis management. Future research is now required to identify optimal ways to implement this evidence and to explore how our results are applicable to a more diverse, non-Western setting, and to explore the role of HCPs' demographic characteristics (Funding: APVV-22-0587).

The Impact of Caregivers' Preparedness for Stroke Survivors on Psychological Resilience and Perceived Social Support

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Background: The study was conducted to determine the level of caregiving readiness of family members caring for a stroke survivor and the effect of psychological resilience and social support on caregiving readiness.

Methods: A descriptive cross-sectional study design was used. The study was conducted among stroke survivors (n=150) and their caregivers (n=150) in the neurological unit of a university hospital between April-June 2024. Data were collected using the Sociodemographic Characteristics Form, Preparedness Assessment for the Transition Home After Stroke (PATH-s Tr), The Resilience Scale for Adults (RSA) and the revised form of the multidimensional scale of perceived social support (RFMSPSS). Data was assessed through descriptive statistics and multivariate regression analysis.

Findings: The mean PATH-s Tr, RSA and RFMSPSS scores of the caregivers of the stroke survivors were 2.36±0.31 (range: 0-4), 81.31±17.55 (range: 33-165) and 44.01±15.02 (range: 12-84), respectively. The order of predictive importance of the variables in the readiness to give care was RFMSPSS (β=0.561) and RSA (β=0.031). The variables explain 34% of the total variance in readiness to give care. The mean total score of RFMSPSS predicted the mean total score of PATH-s Tr in a positive and statistically significant way ((β:0.561, $p<0.001$).

Conclusions: It was found that the level of social support perceived by family members caring for stroke survivors was an important determinant of the level of readiness to caregiving.

Poster Session: Health Behaviors in Adolescents and Young Adults

13:30 - 14:30

Sport specialization and burnout symptoms among adolescent athletes

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Specializing in a single sport may contribute to athlete burnout. The aim of this study was to compare adolescents who specialized in a sport and those without specialization in terms of athlete burnout. Furthermore, potential gender differences and the association between burnout and well-being were investigated.
Using a cross-sectional survey, 169 adolescent athletes (Mage=16.29 years) were asked about sport specialization, athlete burnout symptoms, and psychological well-being.
Non-specialized athletes reported significantly lower scores in the burnout dimension emotional/physical exhaustion (p=.030,d=-0.34), and significantly higher scores in the devaluation (p=.008,d=0.42) and reduced sense of accomplishment dimension (p=.036,d=0.33) than specialized athletes. Females generally showed higher burnout scores, but no significant specialization*gender interactions were found. Athlete burnout was negatively related to psychological well-being.
Early warning signs should be monitored in athletes who specialize in a single sport to prevent burnout-related exhaustion; independent of this, female athletes should be particularly aware of burnout symptoms.

Effectiveness of a Stress Management Intervention (CBSM) for teenagers : pilot study

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Introduction
The mental health of adolescents, already under threat in recent years, requires effective psychotherapeutic intervention. Adolescence is a key period for the development of psychosocial skills. This study explores the effectiveness of the Cognitive and Behavioral Stress Management (CBSM) programme in secondary school students, with the aim of strengthening their psychosocial skills, and more specifically stress management. Few studies have specifically evaluated such programmes in young people. The aim was to describe the psychological characteristics of the participants and to examine the feasibility and implementation of the programme.
Method
Single-centre exploratory interventional controlled study, conducted over a 24-month period, including 24 students. Measures included: Perceived Stress Scale (PSS); Assessment Anxiety Questionnaire; Rumination Response Scale (RRS); Brief COPE; Warwick-Edinburg Mental Well-being Scale (WEMWBS). Semi-structured interviews completed the evaluation to explore the implementation of the programme and gather participants' experiences.
Results
Preliminary results suggest that there are interesting variations between intervention group, such as a significant reduction in stress for intervention group, and effects on sub-dimensions such as positive thinking and use of learned techniques.
Conclusion
The aim of this pilot study is to add to our knowledge of psychological interventions in schools by assessing the effectiveness of the CBSM programme in managing stress in secondary school pupils. A better understanding of the potential benefits will contribute to the development of appropriate interventions to improve the mental health of adolescents.

Do I look good enough? Self-presentation, social comparison & eating disorder symptoms in adolescents

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Background: This study examines the relationship between motives for social media use, social comparison and eating disorder (ED) symptoms in adolescents. Guided by the uses and gratifications theory, individuals engage with social networking sites (SNSs) to fulfill personal needs. Previous research suggests that specific motives for social media use may contribute to ED symptoms, with social comparison acting as a potential mediator.

Methods: A quantitative cross-sectional study was conducted with 1,832 high school students (69.8% female; Mage=16.20, SDage=1.08; MBMI=21.78, SDBMI=3.30). The Motives to Use SNSs Scale (MOTUS) was used to measure the motives for social media use, categorized as the need for self-presentation, need to belong and need for entertainment. A mediation analysis examined the direct and indirect effects of these motives on ED symptoms, with social comparison as a mediator and BMI as a covariate.

Findings: Results showed a direct effect of need for self-presentation on ED symptoms ($\beta = 0.177$, $p < .001$), whereas need to belong and need for entertainment showed no direct effects. However, significant indirect effects were found for the need for self-presentation ($\beta = 0.085$, $p < .001$) and the need to belong ($\beta = 0.090$, $p < .001$), which were mediated by social comparison.

Discussion: The results highlight the role of self-presentation and social comparison in the relationship between social media use and ED symptoms. They emphasize the need for prevention and intervention strategies that address motives for social media use and social comparison processes in adolescents to reduce ED risk.

Predicting bedtime procrastination using temporal motivation theory

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Bedtime procrastination refers to delaying bedtime without external reasons. Based on temporal motivation theory (TMT), which explains general procrastination, bedtime procrastination is assumed to be explained by the utility of, value gained by, and utility of behaviors incompatible with going to bed (sleep utility, sleep value, and incompatible utility, hereafter), time, and sleepiness. This study examined how bedtime procrastination occurs during the day from the TMT perspective.
In total, 146 participants aged between 18 and 30 (94 females, 51 males, and 1 other; Mean age = 24.57±3.28) were surveyed. Following a baseline questionnaire regarding sleep value, participants completed daily questionnaires on seven consecutive mornings, wherein they reported the ideal and actual bedtimes of the previous day. The discrepancy between the two times was used as the duration of bedtime procrastination. They also reported their sleep utility, incompatible utility, and sleepiness at ideal and actual bedtimes.
The results showed that higher sleep and lower incompatible utilities were associated with shorter bedtime procrastination. Sleep utility was higher at actual bedtime than at ideal bedtime. Higher sleepiness was associated with higher sleep utility. However, sleep value was not related to sleep utility.
Thus, sleep utility, incompatible utility, time, and sleepiness are predictors of bedtime procrastination. These insights can be used to develop an effective intervention program targeting bedtime procrastination.

School gardening with impact: development of the School Gardening Model Intervention

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Background:
School gardening programmes in primary schools are becoming increasingly popular in The Netherlands as a way to promote both healthy eating and nature education. However, the content and quality of these programmes vary considerably, and the specific elements contributing to their effectiveness remain unclear. Therefore, this study aimed to develop a model intervention for inclusion in the Dutch National Institute for Public Health and the Environment (RIVM) intervention database, offering schools a framework to implement evidence-based gardening programmes.

Methods:
The model intervention was developed through close collaboration between science and practice. First, through a literature scan on school gardening interventions, effective key intervention elements were extracted. Second, stakeholder workshops were conducted to gather insights from practice and create consensus on intervention elements, criteria and goals.

Findings:
Insights from both the literature scan and stakeholder workshops led to (1) a list of 11 key elements for effective school gardening and (2) a list of behaviour change techniques used in school gardening programmes. Both were integrated into a logic model illustrating how school gardening contributes to children's health and well-being by targeting four behavioural pathways.

Discussion:
The School Gardening Model intervention is the first model intervention to be included in the RIVM intervention database. The model integrates experiential learning and behaviour change strategies to support and stimulate sustainable and evidence-based school gardening interventions to enhance healthy and sustainable behaviours among children.

Association Between Childhood Trauma and Osteoporosis in the United Kingdom: A Retrospective Cohort Study

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Background: Bone health is crucial for overall well-being, and previous research showed that childhood trauma interferes with bone health. However, large-scale cohort data on childhood trauma and osteoporosis risk remain scarce. The aim of this study was to examine associations between childhood trauma and osteoporosis risk.

Methods: A retrospective cohort analysis was conducted using UK Biobank data. The assessment of childhood trauma was driven by the Childhood Trauma Screener. The diagnostic criteria for osteoporosis include M80, M81, or M82, according to ICD 10. Cox proportional hazards regression models examined associations between childhood trauma and osteoporosis risk. Additionally, a sensitivity analysis was conducted based on the postmenopausal subcohort to isolate the potential interference of estrogen in the association between childhood trauma and osteoporosis.

Finding: A total of 163,072 participants with a median follow-up time of 13.7 years were included in this analysis, with different models applied to investigate the association between childhood trauma and osteoporosis risk. The hazard ratios (HR) for osteoporosis were 1.173 (95% CI:1.099–1.253) for participants with childhood trauma in unadjusted model and 1.224 (95% CI:1.129–1.328) in lifestyle-adjusted model. In the postmenopausal cohort, participants with childhood trauma were also associated with increased osteoporosis risk in unadjusted model (HR, 1.107; 95% CI:1.020–1.202) and lifestyle-adjusted model (HR, 1.148; 95% CI:1.036–1.271).

Discussion: This study revealed that childhood trauma is associated with an increased risk of osteoporosis in later life. These findings emphasize the importance of early-life stress management in promoting bone health.

Poster Session: Individual and system-perspectives on health communication, literacy and equity

13:30 - 14:30

Developing personas of people with limited health literacy: a qualitative study

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[4]National Institute for Public Health and the Environment, Netherlands

Background
A significant part of the world population has limited health literacy, which is a major contributor to global health inequalities. This subpopulation is difficult to reach for research and health-promoting interventions and knowledge on how to change this is limited. However, we do know that a one-size-fits-all approach does not work. Therefore, this study aims to identify people with limited health literacy by developing personas.

Methods
Eighteen individuals (aged 34-84) with limited health literacy in the Netherlands were interviewed. Individuals were asked to participate through community centers and referrals from key stakeholders (social workers or healthcare professionals). Semi-structured interviews were held, with the use of visual speaking prompts. Using the seven steps of ideal-type analysis (such as writing case reconstructions and constructing ideal types), personas were developed.

Findings
In total, four different personas were developed: the exploring go-getter, the overburdened vulnerable, the cautious grip finder and the wait-and-see creature of habit. The personas differed in their attitude in terms of how active they were working on their health, and their underlying motivations, such as their current living environment or psychological state. An active approach and building trust are examples of strategies to include these personas in research.

Discussion
This study found four personas, each requiring a different approach. By recognizing and taking into account these personas, researchers, professionals may use more effective and tailored strategies to include individuals with limited health literacy in research and health-promoting interventions. Involving more underrepresented populations in research and could ultimately reduce health inequalities.

Qualitative exploration of everyday goals and health perceptions among people with low socioeconomic position

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Background. Research shows that people with low (versus high) socioeconomic position (SEP) engage less in health-promoting behaviors and more in health-risk behavior. One factor influencing these health behaviors is the everyday context. Every day, people pursue various goals related to their work, family, hobbies, and health that often compete for the same, limited resources including time, energy, and money. Considering the interplay of daily goals is crucial when studying health behaviors of people with lower SEP, as they often face greater financial and work demands, which may affect their pursuit of health goals. In the current study, we will explore two key aspects: first, the everyday goals and activities of people with low SEP, and second, the role and meaning of health and health-related goals in people's everyday lives. Method. We are conducting qualitative, semi-structured individual interviews with adults living in deprived neighborhoods in The Hague, the Netherlands (n=20). The data will be analyzed thematically. Results. The current study is work in progress (current n=15), but all interviews will be conducted and analyzed by the time the conference is held. We will identify codes related to people's goals and their approach to health in daily life. Based on these codes we will distill recurring themes to explain how participants perceive and prioritize their goals and how they integrate health in their daily lives. Discussion. The poster will present recurring themes from the interviews, advancing our understanding of the everyday factors influencing health behavior among people with low SEP.

Effects of culturally targeted health messaging on HPV vaccine receptivity among African American parents

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Background. The human papillomavirus (HPV) vaccine provides long-lasting protection against high-risk HPV infections that can cause cervical cancer. HPV vaccination is especially important for African American women, who have disproportionately higher cervical cancer incidence and mortality rates. Despite its importance, vaccine uptake remains suboptimal. The present research developed and evaluated culturally targeted messaging to better promote receptivity to the HPV vaccine among African American parents of vaccine-eligible daughters. Methods. African American parents (N = 103) were recruited through CloudResearch for an online survey about HPV vaccination. Participants were randomly assigned to one of three conditions: no messaging; general educational messaging about HPV vaccination and cervical cancer; or educational messaging that also included information about racial disparities in cervical cancer. After viewing the messages, participants reported their receptivity to the HPV vaccine using the Theory of Planned Behavior (attitudes, normative beliefs, perceived control, intentions). Findings. One-way ANOVAs demonstrated significant effects of messaging on attitudes ($p < .001$), norms ($p = .04$), and intentions ($p = .02$). Pairwise comparisons showed that participants in the general and culturally targeted messaging conditions had significantly more positive vaccine attitudes than those in the control condition. Additionally, participants in the culturally targeted condition had significantly greater vaccination intentions and stronger normative beliefs about vaccination than those in the general messaging and control conditions. There were no significant effects for perceived control. Discussion. Findings highlight the importance of culturally targeted health communication and can inform future health messaging aimed at HPV vaccination among African American parents.

Addressing health inequalities: Preliminary findings from four research projects using system approaches

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Background
This study unifies findings from four research projects using system approaches to address health inequalities among vulnerable populations with two main objectives: (1) evaluating how different system approaches uncover insights into health inequalities, and their theoretical and methodological implications, and (2) deriving practical strategies for sustainable system change. Key research questions include: What strategies effectively cause system changes to reduce health inequalities? How do different system approaches compare in capturing the complexity of health inequalities?

Methods
This study employs a realist approach. Through thematic analysis of the projects' literature, we identify key themes across the research field. Insights are further explored through discussions and interviews with Critical Friends—stakeholders with professional, experiential and scientific knowledge. Context-Mechanism-Outcome (CMO) configurations are developed iteratively, incorporating literature searches, project data, and validation through project meetings and annual sessions with Critical Friends. Real-time engagement across projects allows for the assessment and refinement of actionable strategies, ensuring relevance and effectiveness in driving system change.

Findings
Key themes include trust, power asymmetry, and unexpected vs. unanticipated outcomes. Currently, we prioritize trust, examining how it evolves, the key influencing factors, and translation into actionable strategies. Specific areas under investigation include the role of bridge builders, co-creation, and social network involvement. Using CMO configurations, we adopt a dynamic and dyadic perspective to analyse these trust relations.

Discussion
Our approach ensures insights to be theoretically robust and practically applicable, guiding policymakers, practitioners, and researchers. Its adaptability allows exploration of additional themes critical to system change for reducing health inequalities.

The role of motivational and cognitive factors in exercise procrastination: A self-determination perspective

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[1]Kirsehir Ahi Evran University, Turkey

Background: Procrastination in exercise is one of the major obstacles to attainment of the health benefits of regular exercise. Procrastination can occur when a task is seen as aversive or when motivation is insufficient. Therefore, investigating the concurrent effect of motivational and cognitive factors on exercise procrastination is crucial for understanding its mechanism. The aims of this research are to conduct Turkish adaptation of Procrastination in Exercise Scale (PiES; Study 1) and investigate the structural relationships among basic psychological needs of Self Determination Theory, perceived exercise benefits and barriers, and exercise procrastination (Study 2). The moderating role of exercise self-efficacy is also tested.
Methods: Study 1: The 6-item PiES has been adapted following the translation–back translation methodology from English to Turkish. 154 participants completed the following assessments: PiES, International Physical Activity Questionnaire-Short Form, General Procrastination Scale, and exercise intentions. Study 2: The cross-sectional study targets to recruit 300 university students. Measurement instruments are PiES, Basic Psychological Needs in Exercise Scale, Exercise Benefits/Barriers Scale, and Exercise Self-Efficacy. Data collection is in progress. Structural Equation Modelling is conducted to investigate the structural relationships among the variables. Multi-group SEM is conducted to examine moderated mediation.
Concluding Remarks: The internal consistency of PiES was very excellent with an overall Cronbach alpha value of .93, and Keiser-Meyer-Olkin value was .91. The work-in-progress research is expected to understand motivational and cognitive processes underlying exercise procrastination. Outcomes may guide interventions to address need satisfaction, cognitive factors, and self-efficacy to increase physical activity engagement.

The effect of health literacy interventions on self-management in chronic diseases: A systematic review

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Background: Health literacy (HL) interventions could be a powerful way of optimizing self-management in patients with chronic diseases. This systematic review examines the efficacy of HL interventions on the medical, emotional, and role management domains of self-management.

Methods: HL interventions aimed at increasing self-management in adults (≥18 years) with chronic diseases were considered. A database search was conducted in PubMed, Scopus, SciELO, and Web of Science from 2014 to 2024. Results were reported according to the guidelines provided by the Preferred Reporting Items for Systematic Reviews and Meta-analyses. Risk of bias was assessed using the Joanna Briggs Institute checklist.

Findings: Thirteen studies were included. Most HL interventions were delivered through in-person training sessions, with three studies employing mobile applications. There was inconsistency between health literacy definitions and the HL instruments used. Only one study defined self-management. Most self-management instruments focused on medical management. Interventions were effective in improving three components of medical management: medication adherence, disease knowledge, and self-efficacy. However, the effects on adherence to diet and exercise, also part of medical management, were inconclusive, and limited attention was given to emotional and role management. Overall, studies had a moderate risk of bias, which may have influenced the results.

Discussion: Theory-based interventions, methodological consistency, and comprehensive HL and self-management measures are needed. HL interventions should consider emotional and role management components to implement effective behavioral change. Future high-quality research is required to determine the optimal strategy for strengthening self-management through HL interventions.

Context-conscious adaptations of the Dutch Diversity Minimal Item Set (DiMIS-NL): a systematic, stakeholder-informed approach

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[6]University of Groningen, Netherlands

Background: Routine assessment of diversity across multiple dimensions is essential for understanding and fostering inclusivity. However, current assessments often lack comprehensiveness across and within domains. Challenges revolve around the practical necessity of constructing standardized categories that, in reality, are not well-defined, potential harms and trade-offs between international comparability and contextual accuracy. We aimed to develop a systematic framework for stakeholder-informed adaptations of Dutch diversity measures.

Methods: Researchers from the Netherlands adapted the English Diversity Minimal Item Set (DiMIS) including domains sex/gender, age, socio-economic status (SES)/education, caregiving, sexual attraction, race/ethnicity, religion, health, and discrimination. Beyond Dutch translation, a decision-making approach was developed to determine the level of evidence available and need for stakeholder engagement for ethical context-relevant adaptations. Expert, community organization, and lived experience experts were consulted and operationalizations were refined through an iterative process critically considering societal impacts of methodological decisions.

Findings: Stakeholder engagement was required for all domains except age and SES/education and resulted in substantial adaptations to questions and categorizations. Due diligence warranted temporary omission of race/ethnicity until further study appropriately addresses the sociopolitical complexities involved; however, birthplace and self-reported minoritization were retained.

Discussion: This first iteration of the DiMIS-NL represents a significant step towards more inclusive and empirically grounded diversity measurement. Complementary analytic guidelines should be outlined in the future, in light of common challenges with small samples, which when merged may undermine broader inclusion efforts. Current pilot-testing demonstrating proof of concept will inform future iterations of the DiMIS-NL committed to enhancing the methodological rigor in representation.

Poster Session: Individual differences and specific health conditions

13:30 - 14:30

Understanding food intake and eating regulation: From group averages to a personalized approach

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When studying mechanisms that predispose individuals to obesity, studies often compare overweight and normal-weight individuals. Recently, the assumption of homogeneity by weight-status was questioned, with newer studies demonstrating marked variability between individuals with a similar BMI. This project seeks to explore whether machine-learning based clusters outperform BMI-based models in predicting food intake, eating regulation, and weight change over time. To achieve this, we will conduct a longitudinal mixed-method study where multimodal data will be collected at three time-points. At baseline, participants will complete comprehensive assessments, including self-report questionnaires, an electroencephalography experiment and a one-week experience sampling study (ESM). After three and six months, participants will complete questionnaires, providing data on their habitual food intake, eating regulation, and weight management. We aim to recruit a BMI-diverse sample of 250 young adults at baseline, determined through effect size calculations for the ESM sub-study. Machine learning techniques will be employed to uncover distinct participant clusters, characterized by a unique profile of neurocognitive, behavioral, and psychological factors that will be leveraged to predict food intake, eating regulation, and weight at the second and third time-point. By identifying markers that best differentiate these profiles using explainable AI approaches, our findings will lay the groundwork for the development of personalized intervention for prevention and management of both normative and disordered eating patterns.

Unhealthy healthy eating? Psychological predictors of healthy orthorexia and orthorexia nervosa in Bulgarian context

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The study investigates the relationship between psychological aspects and two styles of orthorexia - healthy orthorexia (HO) and orthorexia nervosa (ON). We conducted an online survey with 722 people (M=38, SD=9,94). Participants completed Teruel Orthorexia Scale (TOS), Depression, Anxiety and Stress Scale (DASS-9), Multidimensional Body-Self Relations Questionnaire (MBSRQ), Big Five Inventory-10 (BFI-10), Emotional Regulation Scale (ERQ-S), Resilience Scale (BRS), Adverse Childhood Experiences Questionnaire (ACE-IQ) and Satisfaction with Life Scale (SWLS).
Results show HO correlates positively with resilience, appearance evaluation, cognitive reappraisal, life satisfaction (LS) and personality traits conscientiousness and openness (rs range [0.110, 0.203]) and negatively with emotional suppression and poor health status (rs range [−0.100, 0.243]). ON correlates positively with symptoms of stress, anxiety, depression, weight preoccupation, emotional suppression, neuroticism and poor health status (rs range [0.190, 0.464) and negatively with resilience, appearance evaluation, extroversion and life satisfaction (rs range [-0.150, -0.259).
In the regression analysis healthy orthorexia was significantly predicted by appearance evaluation (β=0.292, p=0.000), conscientiousness (β=-0.134, p=0.000), weight preoccupation (β=0.104, p=0.006) and openness (β=0.088, p=0.015), as opposed to orthorexia nervosa, which is predicted by weight preoccupation (β=0.397, p=0.000), anxiety (β=0.145, p=0.000), resilience (β=-0.109, p=0.003), physical neglect (β=0.117, p=0.000), bullying (β=0.109, p=0.001), emotional suppression (β=0.085, p=0.011) and sexual abuse (β=0,077, p=0,033).
The study suggests that healthy orthorexia is associated with psychological aspects related to better health and well-being, while orthorexia nervosa corresponds to factors related to poor health and psychological well-being. Effective education and collaborative support are necessary for addressing pathological orthorexic tendencies.

Validation of the French version of the Food Neophobia Scale using AI-Generated meals

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Background: The aim of our study is to validate the French translation of the Food Neophobia Scale (FNS-F) by assessing its psychometric properties in an adult sample. Additionally, we will examine the correlation between the FNS-F and other variables previously established with the original English version.

Methods and planned analysis: This study comprises three phases:
Study 1 uses a quantitative pretest design (N=50), who will evaluate AI-generated meals to assess familiarity, frequency of consumption, and appeal. Dishes with the highest appealing and lower standard deviations will be selected for Study 2.

Study 2 employs a cross-sectional design (N=500) to validate the French translation of the FNS-F and ensure a good structure, internal consistency and divergent and convergent validity (by a comparison with other similar scales). Data will be analyzed by using exploratory and confirmatory factor analyses, and Cronbach's alpha. Moreover, participants will indicate their intention to try AI-generated meals (selected in Study 1) and their willingness to pay for these meals. Finally, socio-demographic differences (gender, educational attainment) will be explored using ANOVA and t-tests.

Study 3 employs a longitudinal design (N=300) and will examine the temporal stability of the FNS-F by comparing responses at two-time measurements, four weeks apart. Test-retest reliability will be assessed through correlation analyses.

Discussion: This research will contribute to food behavior and cross-cultural research by validating the FNS-F in French, with potential implications for promoting the inclusion of alternative proteins, and for reducing red meat consumption, thereby addressing the environmental and health impacts linked to it.

The influence of perceived unpredictability and severity of rheumatoid arthritis (RA) on participants' wellbeing

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RA is a disease that strikes 17.6 million people worldwide which is a 14% increase in the past 30 years. Around the world, women are twice as likely to be diagnosed with RA than men. Flares can occur unexpectedly and cause severe challenges with daily activities causing loss of occupations, and disability. This study investigates how the perceived unpredictability of rheumatoid arthritis (RA) and the severity of RA influence patients' chronic pain experiences and their quality of lived experience. 1,173 adults with RA were recruited from RA in America online survey. Participants were divided into four groups based on their severity of RA and based on their response to a predictability statement (i.e. my RA is unpredictable). Result shows that across the groups, participants who reported severe RA status, irrespective of predictability status, endorsed significantly higher levels of joint damage, disability, flare-ups, and negative impact on life due to RA. Further investigation reveals that within the same severity status, participants reported higher levels of negative life impact of RA if they perceived their RA symptoms as unpredictable. These findings underscore the significant roles played by both RA severity and perceived unpredictability in influencing the mental and physical well-being of RA patients.

Optimal timing/method for promoting adherence to lifestyle recommendations among breast cancer survivors: main results OPTIMUM

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Background:
Postmenopausal breast cancer (PMBC) survivors are encouraged to meet lifestyle and body weight recommendations to improve health outcomes. However, the majority does not adhere to these recommendations and there is a lack of insight on how to best promote adherence. The purpose of this presentation is to present the main results of the OPTIMUM study, which aimed to gain insight into the optimal timing and method for promoting sustained adherence to lifestyle and body weight recommendations in PMBC survivors.

Methods:
The OPTIMUM study, a longitudinal mixed-methods study among ~700 PMBC survivors, was conducted in line with the first three steps of the Intervention Mapping protocol. A longitudinal survey assessed adherence to recommendations, readiness for change, and need for support at three time points: 4-6 months after diagnosis (retrospective before diagnosis assessment), 1 year after diagnosis (after treatment), and 1,5 year after diagnosis (during follow-up).
Insight into optimal timing was obtained using survey data, longitudinal semi-structured interviews (n=48) and focus groups (n=4), and a systematic review of the literature. Insight into optimal method was obtained by matching behavioural determinants to evidence-based methods using the Behavior Change Wheel; the Behavior Change Technique Taxonomy; a Delphi study (n=100), focus groups (n=6), and a literature review.

Findings:
Main results on optimal timing and method will be presented. These offer the basis for a toolkit for personalized health promotion among PMBC survivors.

Discussion:
The obtained scientific evidence on when and how to promote sustained adherence in PMBC survivors can be incorporated into clinical oncology guidelines. Following the subsequent three steps of the Intervention Mapping protocol, the OPTIMUM toolkit will be further developed and evaluated before it can be used in clinical practice to promote sustained adherence to lifestyle and body weight recommendations, which is expected to lead to improved health outcomes.

Poster Session: Novel Tools and Frameworks in Health Psychology

13:30 - 14:30

What does it mean to be cognitively and socially active? Lessons from a qualitative study

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Background:
A lack of conceptual clarity of cognitive activities (CAs) and social activities (SAs) hinders accurate measurement and intervention development (https://doi.org/m9cd). The aim of this study is to gain insight into what Dutch adults above the age of 40 perceive as CAs and SAs and what motivates them to engage in these activities.
Methods:
We are conducting 25 semi-structured interviews with a diverse group of people in terms of socioeconomic positions (SEP) and cultural backgrounds, as they are underrepresented in research. Thus far, we have conducted 19 interviews (11 women; 7 less educated; 9 financially struggling; 5 with a migration background). Before July 2025, all interviews will be conducted and analysed using inductive content analysis in Atlas.ti.
Findings:
Our preliminary results indicate that activities' cognitive and social value is highly contextual and personal. For example, whether engaging in knitting is perceived as a CA seems to be dependent on interest, prior experience, and novelty. In addition, whether engaging with a pet is perceived as an SA seems to be dependent on how strong the relationship is between the participant and the pet.
Conclusion:
By synthesizing these insights and triangulating them with results of our integrative review (https://doi.org/m9cf; 12.000+ titles and abstracts; 40+ full text papers) and expert opinion, we aim to develop clear concept definitions to improve corresponding measurement tools. Building on this research, we aim to co-design interventions that help diverse populations enhance CAs and SAs in their daily lives, thereby promoting healthy brain aging among community-dwelling adults.

Adapting the Diversity Minimal Item Set (DiMIS) for the Italian Context: A Stakeholder-Based Approach

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Background: The Diversity Minimal Item Set (DiMIS) is a standardized tool designed to assess diversity in research. However, its applicability to different cultural contexts requires validation. This study aimed to adapt DiMIS for use in Italy, evaluating its cultural appropriateness and stakeholder perceptions.
Methods: A mixed-methods approach was employed. The study involved an international and national team of researchers collaborating with experts in diversity research. After a first draft of the itemset adaptation to the Italian context, experts in diverse sectors were consulted for a first revision. Then, stakeholder perspective was collected with a survey with multiple choice and open-ended questions. Relevant organizations and advocacy groups were involved in data collection. Thematic analysis was conducted on qualitative data, while a quantitative survey assessed perceived appropriateness and usability of the adapted DiMIS.
Findings: Preliminary results indicate strong support for the adapted DiMIS, with stakeholders highlighting its relevance for capturing intersectional factors in health research. Key modifications included some linguistic adjustments. Statistical analysis of survey responses demonstrated good stakeholder perception of the adapted items, with some areas of improvement.
Discussion: This adaptation of the DiMIS has implications for improving diversity assessments in routine data collection in different fields, including research and public health initiatives in Italy. Future research should focus on large-scale validation and integration of the tool into health psychology studies. The findings emphasize the importance of cultural sensitivity in diversity assessment tools and their role in enhancing inclusive research practices.
Keywords: Diversity assessment, DiMIS, Italy, health psychology, stakeholder engagement, intersectionality

Exploring the Relationship Between Health Behavior and Sleep utilizing a novel SleepECG Algorithm

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Background/Objectives: The gold standard for assessing sleep quality is polysomnography, which is costly and not widely available. Therefore, this study investigated the practical implementation of a novel algorithm utilizing machine learning techniques to determine sleep stages by leveraging ECG data (SleepECG). Methods: A cross sectional correlation study design was used to survey health behavior of a total of 194 healthy individuals (87 female; mean age, 40.29 ± 11.8) with a focus on the physical activity (4 adapted Items of the IPAQ), sleep quality (PSQI), eating habits (daily fruit and vegetable consumption) and BMI. 24 hours ECG was taken from each participant once, to determine sleep stages. Results: Positive correlations could be found between sleep duration and the number and duration of REM and NREM periods. There was also a negative correlation between the PSQI sum score and the numbers of REM and NREM periods. Furthermore, the duration of moderate physical activity was positively correlated with the number and duration of REM periods and the number of NREM periods. Fruit and vegetable consumption showed significant positive correlations with sleep duration, number and duration of REM and NREM periods. Additionally, there were negative correlations between BMI and the number and duration of REM periods. Conclusion: The SleepECG algorithm effectively demonstrated the link between health behavior, metabolic parameters, and self-reported sleep quality. This suggests that SleepECG could serve as an efficient alternative to polysomnography, making it potentially valuable for health psychology research.

Investigating food safety behaviour in the food-service sector through application of the Ecological Framework

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Background: Safeguarding consumers from foodborne illness through adherence to food safety recommendations is paramount in food-service environments. To understand food safety compliance and to improve food safety practices, it is vital to consider the complexity of the food-service in terms of social, organisational and cultural structures, and to identify the factors which may influence food-handler behaviour.

Methods: The Ecological Framework was used to structure an online quantitative questionnaire according to predisposing, enabling and reinforcing factors associated with food safety behaviour. A questionnaire was distributed to food-service managers/employees (n=68); a descriptive analysis facilitated comparison of management and employee responses; and key factors influencing food safety behaviour were identified.

Findings: Although some positive attitudes to food safety were identified among all participants (100%) (predisposing factor), barriers to food safety implementation (enabling factor), such as insufficient staffing (64%), task complexity (21%) and lack of time (7%) were reported by the employees. Two-way communication and modelling of food safety implementation by the managers (reinforcing factors) were reported to positively influence employee compliance. Pride in work (100%) and sense of achievement (71%) were determined as positive drivers to appropriate behaviours.

Discussion: This study demonstrated that the Ecological Framework is a valuable tool to facilitate a novel understanding of food safety behaviour in the food-service sector. Identification of the predisposing, enabling and reinforcing factors influencing food safety behaviours may provide a targeted approach to designing future interventions for improvement of food safety compliance in the food-service sector, contributing to the enhancement of public health.

Incorporating the Good Lives Model as a new framework for substance misuse intervention

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Background: The Good Lives Model (GLM) is a holistic, strengths-based rehabilitation framework which has previously been applied to offending. The GLM suggests everyone has 11 basic human needs which they must attain to have a happy, healthy and meaningful life. However, due to personal and/or environmental circumstances, some attempt to fulfil these using harmful means (e.g., substance misuse).

The Nehemiah Project (TNP) provides residential recovery facilities for ex-offenders who face addiction issues. Interviews with staff and residents indicated that not all basic human needs are addressed in the same capacity. Co-production activities were undertaken with staff, producing GLM-based materials and tools for TNP. The current project aims to evaluate the incorporation of these tools/materials into working practice.

Methods: A process evaluation is planned. Qualitative, semi-structured interviews will be conducted one-to-one with TNP staff and residents, exploring how the GLM-based tools and materials developed during co-production were received, as well as implementation of them. Findings will be analysed using a framework analysis.

Findings: Findings are expected to produce themes around incorporation of the materials and tools into everyday working practice; how helpful and appropriate the materials/tools are for clients at TNP; how practical the tools are for use and thoughts around facilitators and barriers to incorporation. Recommendation will be given to TNP for future iterations.

Discussion: This is the first time the GLM has been incorporated into a residential recovery facility. We hope that the recommendations we make to TNP can contribute towards increasing long-term abstinence rates within the recovery sector.

Social marketing to enhance sustainable and healthy food choices

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Our food production and consumption patterns are central to many current societal debates concerning both sustainability and health. Sustainable and healthy foods are often not considered ‘tasty’ or ‘festive’ or even worse, have become increasingly tied up with (identity) politics (e.g. rights of farmers, ‘oat milk elites’, patronizing actions by the government). At the same time, there is often no business case for sustainable, healthy food and a good texture, taste and flavor of plant-based analogues is often at the expense of healthiness. This study aims to explore how social marketing theory by interconnecting these concepts can make healthy and sustainable food hip and happening..!

The study consists of different elements:
1. Literature research and interviews with innovative future food producers to determine which aspects of social marketing are crucial to influence people’s behaviour in a sustainable and healthy way.
2. A social marketing experiment for young adults at a festival to assess the influence of social marketing elements in guiding consumers to healthy and sustainable choices in a festive setting.

Outcomes of the interviews and literature search will feed into the design for the experiment. Correlation and regression analyses will be used to determine associations between consumer characteristics, knowledge, values and social marketing elements. With combined insights and outcomes this study will increase knowledge on the use of social marketing by food producers to encourage consumers to choose sustainable and healthy food, and encourage producers and policy makers to develop real world practices that promote healthy, sustainable food choices.

Poster Session: Caregiver and patient perspectives

13:30 - 14:30

Impact of diagnostic delay in rare cancers: experiences and perspectives of patients and healthcare professionals

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Background: Rare cancers collectively account for 20% of all new cancer cases. Patients with a rare cancer often experience diagnostic delay due to heterogeneous clinical presentations, and limited experience among healthcare professionals (HCPs). Compared to patients with a common cancer, they have poorer clinical outcomes (e.g., survival) and reduced quality of life, due to misdiagnoses, and lack of information. In this study, we explored the impact of diagnostic delay and supportive care needs in patients with a rare cancer, and perspectives on diagnostic delay and options for support in HCPs.

Methods: Semi-structured interviews were conducted with patients with a rare cancer, and HCPs, using predefined topics (for patients: e.g., the diagnostic journey, impact of delay, coordination of care, turning points in the trajectory, and support needs; for HCPs, e.g., challenges in the diagnostic pathway, facilitators for early diagnosis, and supportive care strategies). Interviews were transcribed verbatim and thematically analyzed.

Findings: Interview themes will be known at time of the conference.

Discussion: Diagnostic accuracy and quick access to the best standard of care are hard to achieve for patients with a rare cancer, leading to negative patient experiences. HCPs should pay attention to approaches to optimize supportive care of these patients to mitigate the negative impact of delay on clinical and psychosocial outcomes. Findings of this study will support the need to focus on the time before diagnosis, the processes of handling cancer suspicion, and the unique aspects of the diagnostic trajectory of patients with a rare cancer.

Trajectories and predictors of meaning-making process – daily diary study following hematopoietic cell transplantation

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According to the Meaning-Making Model, in response to distress, meaning-making coping begins. As a result, meaning is made, which is associated with better well-being. The study aimed to examine inter- and intra-individual differences in 14-day trajectories of distress, meaning-making coping, meanings made, and well-being among patients following hematopoietic cell transplantation. Based on the model, we expected time-invariant searching for meaning would predict daily meanings made, and time-invariant searching for and finding meaning would predict daily well-being (affect and subjective health). Additionally, we explored sociodemographic and clinical variables as predictors of daily changes in the model components.
The study was conducted among 155 cancer patients undergoing first autologous or allogeneic hematopoietic cell transplantation. Participants responded for 14 days after hospital discharge following transplantation. Using R, linear and exponential growth models with time-invariant predictors were tested.
Results showed linear decreases with positive exponential trends in daily distress and meanings made, a linear decrease in daily negative affect, and a linear increase in daily subjective health. No changes were found in daily meaning-making coping and positive affect. Among the hypotheses, lower time-invariant searching for meaning predicted a larger positive exponential trend in daily meanings made and lower time-invariant finding meaning predicted a larger linear increase in daily subjective health. Exploratory, sex, employment, age, comorbidities, time since diagnosis, and transplantation type predicted daily component changes.
Findings showed various trajectories and predictors of meaning-making process among patients following transplantation. This contributes to the validation and development of the model, as well as its clinical application.

Exploring Food-related Challenges in Inflammatory Bowel Disease: Perspectives from Individuals and Healthcare Professionals

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Background: Evidence suggests that people living with Inflammatory Bowel Disease (IBD) face significant food-related challenges but lack targeted food-related support. This study is exploring the perspectives of individuals and healthcare professionals (HCPs) to identify key factors and considerations needed for effective food-related support in IBD, as guided by the Person-Based Approach to intervention development.
Methods: Semi-structured interviews are being conducted with 30 participants, 15 people living with IBD and 15 HCPs. Purposive sampling is being used to ensure a diverse range of participants and IBD experiences are included. Interviews are exploring the relationship between IBD and food, experiences around food-related support and critical targets for intervention. Interviews are recorded, transcribed verbatim, and will be analysed using thematic analysis.
Expected results: Interviews will provide an in-depth dual perspective on food attitudes and behaviours, exploring their impact on daily life and clinical care for individuals with IBD. Interviews will also identify unmet needs for food-related support, highlight priority areas to address, and determine the most effective ways to deliver this support.
Current stage of work: Recruitment is ongoing, with ten interviews completed and an additional four currently scheduled.
Discussion: The results will inform the development of a digital intervention aimed at addressing food related issues in people living with IBD, integrating the insights from both dietetics and psychology.

"Back to normal life" : A longitudinal reflexive thematic analysis in patients with lung cancer

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Background: Although literature seems to show that patients with lung cancer present many psychological difficulties, studies examining the post-diagnosis period among European patients remain scarce. Our aim was to explore patients' experience during the first year post-diagnosis.
Methods: SubExPo is a qualitative longitudinal study at 3 (M3), 6 (M6), and 12 (M12) months post-diagnosis. Data collected from interviews and focus groups were subjected to a longitudinal reflexive thematic analysis. The findings specifically focus on changes between M3 and M6.
Findings: At M3, 7 interviews and a focus group (3 participants) revealed four main themes: unexpected diagnosis; symptoms and toxicity impact on body and identity; support from relatives and caregivers; and questionable etiology. Longitudinal analysis reveals a continuity of themes with treatment evolutions in the 6 interviews and focus group (3 participants) conducted with the same participants at M6. The integration of the disease into their lives, the experience of a modified identity with simultaneous striving for a return to pre-cancer life appears increasingly as time passes. These themes will be refined through future interviews, whether tied to specific timepoints or spanning time.
Discussion: Patients with lung cancer describe a distressing disease experience that evolves with each treatment cycle. Patients' relationship to the disease fluctuates in accordance with their levels of fatigue and physical symptoms. This study highlights the need for targeted psychological support, particularly addressing patients' changing perceptions of their bodies. Moreover, it invites discussion on the contribution of longitudinal methodology to these findings.

Parental Perspectives on the Effects and Challenges of Theater Viewing for Sick or Disabled Children

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Background
Sick or disabled children often face difficulties in accessing enriching experiences. Theater viewing fosters creativity, critical thinking, and communication skills while allowing children to engage with actors' movements as if they were their own. This study aims to identify how theater viewing contributes to the growth and development of sick or disabled children and to promote increased opportunities for these experiences.
Methods
This qualitative study surveyed parents of sick or disabled children, yielding 16 responses. Participants provided open-ended feedback on their observations after theater viewing. We categorized their responses into key themes using content analysis. The Iwate Medical University Ethics Review Committee approved this study.
Findings
The analysis identified 37 codes, which we classified into five categories: (1) Encouraging children's activity, (2) Children expressing emotions, (3) Appreciation for theater staff's consideration, (4) Difficulties in theater viewing due to a child's condition, and (5) Positive effects on parents and families.
Discussion
Theater viewing stimulated emotions and sensitivities in sick or disabled children while fostering communication with family and friends and increasing their motivation to take on new challenges. However, parents expressed concerns that their children might disturb others or experience physical and emotional stress. To reduce these anxieties, theaters should provide a welcoming and supportive environment where disabled children and parents can enjoy performances without worry.

Parenting with Multiple Sclerosis: Parental experiences and their perception of their adolescent child's experiences

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The impact of parental multiple sclerosis (MS) on adolescents is an under researched topic in South Africa, and while there are few studies which have been published on MS, those have mostly focused on the patient experiences, and not on the experiences of the family or children who are often impacted by the illness as well. This research forms part of a broader study aimed to address the research gap in MS by exploring the experiences of adolescents who have a parent diagnosed with MS, using a multi method approach.

The broader qualitative study made use of semi-structured interviews and a follow up photo elicitation interview with 10 adolescent participants aged 12-25. In addition to the adolescent interviews, individual semi-structured interviews were conducted with the diagnosed parent. Participants were recruited via purposive sampling from the online SA Facebook group for individuals diagnosed with MS. Participants were included based on a list of inclusion and exclusion criteria. Thematic analysis was used to analyze the verbal data elicited from the interviews.

This presentation will offer findings from the parent interview highlighting the parents' experience of living with MS and their perception of their child's experiences related to parental role reversal, independence, uncertainty about disclosure and coping. Parents and adolescents often withheld information to protect the other.

The study is in line with global efforts toward early intervention and health promotion amongst vulnerable and at-risk groups. It further aims to contribute to the body of knowledge in South Africa on MS.

Determinants of the use of pain-reducing interventions – a survey among professionals who vaccinate children

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Background:
Childhood vaccination is a very effective public health intervention. Fear of pain during vaccination reduces vaccine willingness and can be addressed by interventions. However, use of these interventions is not widespread. We aimed to identify determinants of use of pain-reducing interventions by Preventive Child Healthcare (PCH) physicians and nurses and the associations of these determinants with sociodemographic characteristics.

Methods:
All 180 PCH professionals of a Dutch municipal health service filled in an online questionnaire on determinants of use of pain-reducing interventions, based on the ASE (Attitude – Social influence – self-Efficacy) model of behaviour. We evaluated these determinants and its associations with background characteristics of participants using descriptive and logistic regression analyses.

Findings:
Of the PCH professionals, 95% considered it important to reduce pain during vaccination, 90% intended to liaise with children and parents about pain mitigation, and 85% reported a high self-efficacy regarding the use of pain-reducing interventions. Lack of time and knowledge about pain reduction, and difficulties in the use of pain mitigation were negatively associated with use of pain-reducing interventions. Nurses were more likely than physicians to liaise with children and parents about pain mitigation during vaccination (odds ratio, 95%-confidence interval: 8.86, 1.62 to 48.4) and to feel competent to mitigate pain during vaccination (6.27, 1.65 to 23.9).

Conclusion:
Most PCH professionals acknowledge the importance of reducing pain during vaccination but experience various barriers in the use of pain-reducing interventions. Education of professionals might contribute to their use of pain reduction.

Poster Session: Stress and resources

13:30 - 14:30

Chronic and situational loneliness: Effects on cardiac vagal flexibility during executive function demands

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Background: Loneliness is a risk factor for cardiovascular and cognitive health, potentially via impaired cardiac vagal regulation. However, the role of loneliness duration remains unclear. This study examined whether chronic and situational loneliness predict vagally mediated heart rate variability (vmHRV) reactivity during a cognitively demanding executive function (EF) task, elucidating a potential psychophysiological pathway linking loneliness to health outcomes.
Methods: In a mixed-design laboratory study, 151 undergraduates (117 females, 34 males; M = 20.30 years, SD = 2.70) completed a modified UCLA Loneliness Scale assessing chronic (five-year) and situational (24-hour) loneliness before performing a flanker task. VmHRV (indexed by RMSSD) was recorded at rest and during EF. Linear mixed-effects models tested the effects of chronic and situational loneliness on vmHRV reactivity, controlling for covariates (e.g., sex, caffeine intake).
Findings: Participants exhibited a significant vmHRV decrease from rest to EF ($p < .001$). Greater chronic loneliness predicted a smaller vmHRV decrease (blunted reactivity) to EF ($\beta = 0.07$, 95% CI [0.02, 0.13], $p = .008$), an effect that remained significant after covariate adjustment. Situational loneliness did not significantly predict vmHRV reactivity ($p > .320$).
Discussion: Chronic loneliness may impair adaptive cardiac vagal responses to EF demands, indicating dysregulated autonomic function that could elevate stress-related health risks. The lack of effects for situational loneliness suggests short-term loneliness may not immediately disrupt vagal flexibility. These findings highlight the importance of early loneliness interventions to support cognitive resilience and cardiovascular health.

The Impact of Cognitive Strategies on Stress Reactions for Japanese Adults

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[Background]
Stress-related issues in Japanese society have become a serious social concern. Preventive psychological concepts for healthy individuals have been theorized to reduce stress. Prior studies have explored how “compromising thinking,” a coping style, functions as a stress-regulating factor and what determines its use; however, research on this topic remains ongoing. This study examines the relationship between stressors and stress reactions through compromising thinking, which consists of acceptance and avoidance.

[Methods]
An online survey was conducted with 209 Japanese adults (41 males, 164 females, and 4 identifying as other; mean = age 20.15 years, SD = 6.05) to develop the Evaluation Scale of Perception Change Strategies for Painful Experience (ESPCSPE) and examine its relationship with the Stress Response Evaluation Scale (SRES).

[Results
Exploratory factor analysis identified two factors in the ESPCSPE: “Thought of Abandonment and Avoidance (TAA)” and “Thought of Acceptance and Positivity (TAP),” both with acceptable Cronbach’s alpha reliabilities (0.77-0.85). Multiple regression analysis showed that TAP negatively influenced SRES (β: -0.35, $p<0.001$), while TAA had no significant effect.

[Conclusion]
The findings suggest that acceptance and positive coping strategies reduce stress reactions. Contrary to the hypothesis, avoidance and abandonment strategies showed no significant relationship with stress reactions. The results indicate that a cognitive shift toward envisioning an optimistic and pleasant future may reduce stress reactions when facing stressful events. Psychological interventions that promote more optimistic and future-oriented thinking should be explored and evaluated in future studies.

Psychological Stress and HRQoL in Cirrhosis and Portal Hypertension

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Objectives: To explore psychological stress symptoms and their impact on health-related quality of life (HRQOL) in cirrhosis-induced portal hypertension patients using symptom network analysis. Methods: Data from 251 hospitalized patients (June 2022–June 2024) were collected. Psychological stress and HRQOL were assessed using the Stress Sensitivity Scale (PSS) and HRQOL measures. Gaussian Graph Theory (GGM), Extended Bayesian Information Criterion (EBIC), and LASSO algorithms were used to construct regularized partial correlation networks. Results: The strongest correlation in the psychological stress network was between "despair" and "uselessness" (weight=0.321). "Life emptiness" had the highest centrality (St=1.65). Psychological stress symptoms were most strongly correlated with "emotional function" (weight=-0.221) in the HRQOL network. "Fatigue" and "physical function" were central to HRQOL, while "emotional function" and "insomnia" bridged psychological stress and HRQOL. Bayesian network analysis indicated psychological stress may cause "insomnia" (BIC=-19.47) and "overall quality of life" (BIC=-6.49). Conclusions: Psychological stress symptoms significantly impact HRQOL in cirrhosis-induced portal hypertension patients. Early intervention should target "life emptiness," "uselessness," and "despair," with a focus on "emotional function," "insomnia," and "physical function" as key links between stress and HRQOL.

The boosting effects of impulsiveness on the relationship between habit and snacking behavior

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Background: The habituation of snacking increases the likelihood of consuming excess energy even in the absence of appetite. These habits lead to obesity and other health risks. This study examines how the automaticity of habit, independent of behavioral stability factors such as motivations and previous behavior, is reinforced by impulsivity and contributes to eating behavior.
Methods: This study utilized a sample of 1,000 respondents, evenly recruited based on gender × age (20s, 30s, 40s, 50s, and over 60s) segment, through an online longitudinal survey. The first survey measured snack caloric intake (FFQg), habit (SRBAI), impulsivity (S-UPPS-P), motivation (willingness and intention), and food stock. Two weeks later, the second survey measured subsequent snack caloric intake.
Findings: A Bayesian generalized linear model predicting subsequent snack consumption indicated interaction effects of three aspects of impulsivity × habit, in addition to an interaction effect of willingness × previous snacking. The effect of habit on snacking was stronger in individuals with a lack of perseverance (MAP = 1.110, 95%CI = .223 to 2.046) or with positive urgency (MAP = 1.587, 95%CI = .448 to 2.854). Conversely, the effect of habit on snacking was weaker in individuals with a lack of premeditation (MAP = -.867, 95%CI = -1.800 to -.010).
Discussion: Apart from the motivational processes driven by responses to previous snacking, the relationship between habit and snacking is moderated by aspects of impulsivity. This study highlights the importance of interventions targeting individual tendencies that influence the automaticity of habit to reduce snacking.

Scoping Review: Parental interpersonal emotion regulation and child

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Background: Dysfunctional interpersonal emotion regulation dynamics among parents/caregivers have been widely studied, particularly their negative impacts on the family system. However, limited research explores whether interpersonal emotion regulation may positively affect other family members, such as children. Research has already emphasized the important role of parental cooperation for the functioning of the family and the well-being of the child.

Research Question: This scoping review aims to provide an overview of existing literature on parental interpersonal emotion regulation and its positive associations with children's well-being.

Methods: A systematic literature search was conducted using PsycINFO, Web of Science, and Google Scholar, alongside reference screening, following PRISMA guidelines. Keywords included interpersonal emotion regulation, marital conflict, parental emotion regulation, child well-being, parental coping, and dyadic coping. Studies in English and German, published up to 2024, were considered.
Results: The review synthesizes current findings on parental interpersonal emotion regulation and its positive association with children's well-being, identifying existing research gaps.

Conclusion: Due to the significant influence of the parents on the child's well-being, research on the interpersonal emotion regulation of parents appears to be a promising field for activating resources within the family. Further findings on emotion regulation in the family system could provide new approaches for systemic interventions aimed at the well-being of children.

Keywords: interpersonal emotion regulation, dyadic coping, child well-being, scoping review

Poster Session: Interventions in Occupational Health

13:30 - 14:30

Evaluating Policy Effects on Employment Outcomes for Young Adults with Autism Spectrum Disorder

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Employment opportunities for young adults with Autism Spectrum Disorder (ASD) remain a critical issue in Malaysia, with existing policies playing a pivotal role in shaping career development and workforce inclusion. This study explores the impact of Malaysia's policies on employment outcomes for young adults with ASD, aiming to identify barriers, facilitators, and potential areas for policy enhancement. Utilizing a mixed-methods approach, the study incorporates quantitative surveys and qualitative interviews with individuals with ASD, employers, educators, and vocational trainers. The research will examine factors such as workplace accommodations, employer perceptions, and the effectiveness of vocational training programs. Findings from this ongoing study are expected to provide insights into policy effectiveness and offer evidence-based recommendations for improving employment opportunities and career development for individuals with ASD in Malaysia. This work-in-progress study contributes to the broader field of health psychology by addressing social and occupational well-being within neurodiverse populations.

Virtual reality work environments to support return to work after burnout sick leave

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Returning to work (RTW) after burnout requires recovering physical and mental capacities, as well as RTW self-efficacy. Work Focused Cognitive Behaviour Therapy (W-CBT) is a specialized form of CBT that integrates work-related issues into treatment, including gradual RTW, aiming to improve both mental health and occupational functioning. Virtual reality (VR) offers a controlled way to expose individuals to feared situations, which may help facilitate RTW.
This study investigates the effectiveness of VR in preparing individuals on sick leave due to burnout for their RTW. It has three main objectives: (1) assessing the impact of VR exposure on RTW self-efficacy, work ability, and RTW expectations; (2) evaluating whether VR reduces RTW-related anxiety over time; and (3) examining its effects on negative emotions such as guilt, anger, and sadness. Participants will be randomly assigned to either an experimental group, undergoing three VR sessions simulating work environments (e.g., open space, meeting room), or a control group, engaging in 3*35 minutes of VR relaxation in a neutral setting.
We hypothesize that the experimental group will show greater improvements in RTW self-efficacy, work ability, and RTW expectations, as well as a more significant reduction in RTW anxiety and negative emotions than the control group. The study will use repeated-measures ANOVA, with group (experimental/control) as a between-subject factor and time (five measurement points) as a within-subject factor. Based on power analysis, a total of 32 participants is required to detect a moderate effect size with 95% power.

Collaboration between Social insurance agency, employer, patient, and care provider in stress-related rehabilitation

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Background:
Mental health issues, particularly stress-related conditions, are among the leading causes of sick leave in Sweden and other high-income countries. Despite extensive research into preventive and rehabilitative interventions, a significant challenge remains: facilitating a sustainable return to work (RTW) for individuals with stress-related mental health disorders.
A key factor in successful rehabilitation is effective collaboration between the patient and various stakeholders, e.g. social insurance, employers, and healthcare providers. While collaboration has been identified as essential for supporting RTW, research shows that it is often fragmented and ineffective.
This study aims to explore how welfare actors perceive the current collaboration process, along with its challenges and needs, in order to enhance the effectiveness of this collaboration.

Methods:
The study is a qualitative interview study where stakeholders in the collaboration process, including social insurance representatives, employers, healthcare providers, are interviewed using a structured interview guide. Data from the interviews are analyzed using thematic analysis.

Findings:
The findings indicate that there are several challenges in the collaboration process, specifically related to roles, communication, and structure. The identified needs include education, adaptation to the patient's situation, and a greater emphasis on issues related to the work environment. Additionally, the analysis showed that participants viewed digital solutions as a potential way to address the current challenges in collaboration.

Discussion:
The findings in the present study give valuable insights into the challenges and improvements needed in order to improve the rehabilitation process for those individuals suffering from stress-related disorders and their RTW process.

Understanding and facilitating sun protection among outdoor workers in the Netherlands

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Outdoor workers experience relatively high exposure to UV radiation, increasing their risk of developing skin cancer. Current sun protection behaviours among outdoor workers in the Netherlands remain suboptimal, highlighting the need for targeted intervention strategies. This study aims to explore barriers and facilitators of adequate sun protection among outdoor workers, and identify intervention strategies to facilitate sun protection.

A total of 20 individual semi-structured interviews were conducted with employees working outdoors across various sectors in the Netherlands. The interview guide combined constructs from the Reasoned Action Approach and Protection Motivation Theory, focusing on attitudes, knowledge, subjective norms, risk perception, perceived behavioural control, and coping mechanisms. A thematic analysis was performed in Atlas.ti to generate key themes.

Participants reported engaging in sun protection behaviours, predominantly through shade-seeking and wearing protective trousers. While barriers to sun protection included low perceived susceptibility to skin cancer and sunburns, incomplete or inaccurate knowledge, low prioritisation of sun safety at work, and environmental barriers, facilitators included high perceived severity of skin cancer, perceived importance of sun safety, and facilitating environments such as availability of protection equipment. Moreover, suggested intervention strategies pertained to agenda setting, the use of change agents and narratives, and improvements in protective clothing.

The findings provide valuable insights into the behaviours and perceptions of outdoor workers. They point towards the development of an integrated approach focusing on urgency, education and environmental facilitation. Addressing both individual and organisational factors is key to facilitate sun protection among outdoor workers in the Netherlands.

Addressing workplace mental illness stigma: Evaluation and implementation of the programme “The Working Mind”

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Mental illness stigma can negatively impact the (mental) health of those affected. It can also impair their life chances, particularly in terms of participation in the labour market. Several interventions targeting mental illness stigma specifically in the workplace have been developed, most of them successful in reducing stigma to a certain extent. What remains largely unknown is how these changes come about. Existing literature provides evidence that mental health literacy, empathy, intergroup anxiety, and continuum beliefs of mental illness may act as mechanisms of change. Further, contextual factors influencing intervention success remain understudied. However, knowledge of both mechanisms of change and contextual factors may help optimise or adapt existing interventions.

Using the example of the evidence-based anti-stigma intervention ‘The Working Mind’ (TWM), implemented in a German higher education setting, we will investigate the following research questions: (1) What are relevant change mechanisms of TWM?, (2) What factors promote and hinder the (sustainable) implementation of TWM in the higher education setting?

To address these questions, we have conducted focus groups and interviews with programme participants, using semi-structured guidelines. Data is analysed through Kuckartz’ and Rdicker’s content-structuring qualitative content analysis.

Initial analyses suggest that TWM addresses the expected change mechanisms. Further analyses will examine whether they also contribute to stigma reduction. Additionally, there is a desire for the long-term establishment of the programme. An organisational culture that views mental health as a leadership responsibility was considered a facilitating factor. The possibility of making the programme mandatory was also discussed.

WORK IN PROGRESS

Process evaluation of a multimodal return to work aftercare intervention in psychiatric outpatient clinics

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Background: Process evaluations (PE) for return to work (RTW) interventions are scarce. An 18-month multimodal, clinical and work-directed intervention ("RTW-PIA") to achieve sustainable RTW for employees absent because of mental disorders (MDs) was implemented and evaluated. Study objective was to understand the implementation of two RTW-PIA Modules: (A) individual RTW support sessions (needs-based), using the 'four-phase model of vocational reintegration', and (B) RTW aftercare group meetings (manualized), designed according to the 'IGLOO-model'.
Methods: This PE was part of an RCT, collecting quantitative evaluation data from treatment providers (n=5 clinics) and n=240 employees with MDs who received RTW-PIA. PE indicators (fidelity, dose delivered, dose received, satisfaction) were assessed according to Linnan and Steckler's framework. Descriptive statistics were used for data analysis.
Findings: 88.5% of employees (n=207) received Module A´s minimum intervention dose (MID) (3/8 sessions); over 63% discussed the fourth and final RTW-phase. About 53% (n=116) received Module B´s MID (6/9 sessions). The therapists´ average manual fidelity of Manual B was high (87%), deviations from therapy manual were assessed as low overall. Employee satisfaction with the intervention was high [(A): 29.3; (B): 27.6; score: 8-32].
Discussion: The implementation process has room for improvement: increasing the period and number of Module A sessions; Module B should follow a less manualized approach, allowing more room for exchange. PE are a valuable method to get insight in the mechanisms behind (lack of) effectiveness of interventions; results of and lessons learned from this study can be used to optimize future implementation processes of similar RTW-interventions.

Burnout reduction using a biopsychological approach : a pilot study evaluating an e-health intervention

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Background: Burnout is the result of prolonged stress, causing the body to function systematically differently and creating vicious cycles that perpetuate the stress. The current study aims to evaluate an e-health intervention, developed to support the physiological recovery of burned out employees.
Methods: Sixteen employees diagnosed with burnout took part in an e-health intervention (''the Cortisol Manager''), which provided psycho-education focusing on stress and its physiological impact, and life-style changes (e.g., balance between activity and rest, relaxation, nutrition) to reduce the physiological stress. Coaching was provided to help participants integrating the changes in their daily life. Participants filled out an online questionnaire at the start of the intervention, half-way (after 5 weeks), and at the end of the intervention (after 10 weeks). Measures included the Burnout Assessment Tool, Positive and Negative Affect, Absenteeism/Presenteeism, and Occupational Self-Efficacy.
Results: Pre-post test analyses indicated a significant decrease in burnout symptoms ($p<.001$; Cohen's $d=-1.54$) and negative mood ($p<.001$, Cohen's $d=-2.15$), and a significant increase in positive mood ($p<.001$; rank-biserial $r=0.87$). No significant effects were found on Absenteeism/Presenteeism and Occupational Self-Efficacy. Participants evaluated the intervention positively (M=8.9 out of 10; range 7-10), with some suggestions for improvement.
Discussion: The effects of the e-health intervention on burnout and mood found after 10 weeks are promising. Further research with a control group receiving standard care seems warranted, to determine whether this intervention would be a good addition in the first phase of burnout treatment.

Poster Session: Risks for acute and chronic conditions

13:30 - 14:30

COVID-19 and Childhood Vaccination: How Parents Perceive MMR Vaccine after the Pandemic

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The COVID-19 pandemic has brought numerous changes in the perception of vaccination, making the discussion about immunisation a subject of intense public debate. In Slovakia, one of the lowest vaccinated countries against coronavirus in Europe, the overall childhood vaccination rate for MMR has meanwhile dropped below the national herd immunity threshold. Little is known, however, about the drivers behind the trend – is this a natural continuation of trends existing before pandemic, or did the COVID anti-vaccination stance spill over to domains of other vaccinations? Therefore, we conducted individual interviews with 27 parents of children of vaccination age (0–7) to explore their views on immunisation and whether their perception of MMR vaccination has changed after the pandemic. The collected data were analysed using thematic analysis. The results showed that parents see mandatory vaccines as well-established and unquestioned, while they view COVID-19 vaccination as uncertain due to unknown long-term effects. Overall, parents vaccinate based on responsibility, considering the disease a threat and vaccination a solution. Parents with long-standing anti-vaccine views felt at more liberty to express them during the pandemic – however, the pandemic itself does not appear to be the origin of these views. Ultimately, our participants did not seem to link MMR vaccination with the COVID-19 pandemic; they see these vaccines as two separate phenomena. This finding could be an interesting input for efforts to promote MMR vaccination, and to better understand how the population understands vaccination in general.

Evaluating Perceptions and Predictors of Seasonal Flu and COVID-19 Vaccination : A Mixed-Methods Study

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Background: Seasonal vaccination campaigns against flu and COVID-19 are critical for protecting vulnerable populations. Scientific evidence on qualitative evaluations, perceived barriers and facilitators of past campaigns and quantitative prediction of future vaccination intentions are critical for the effectiveness of future campaigns. The aim of this research, informed by the Health Belief Model, was to evaluate perceptions on the campaign in Portugal.

Methods: A cross-sectional mix-methods research was conducted. The quantitative study involved a national sample of 231 respondents (18 to 100 years, Mage = 52, SD = 16.7), including healthcare professionals and vaccination eligible population. An online survey was used to assess vaccination literacy, attitudes, and future vaccination intention. The qualitative study consisted of four focus groups comprising vaccinated/unvaccinated individuals and healthcare professionals. Thematic analysis was used to explore perceptions of eligible populations about the vaccination campaign.

Findings: Quantitative analysis through linear regression revealed that attitudes towards vaccination and factors related to personal/family health predicted future vaccination intentions for flu and COVID-19. Thematic analysis identified key facilitators, such as positive perceptions of pharmacies as vaccination sites and an early start of the campaign. Barriers were related to campaign communication, fear of side effects, vaccination fatigue, and high temperatures during the campaign start. Unvaccinated individuals expressed lower perceived susceptibility and severity.

Discussion: The study highlights the importance of clear communication, addressing vaccination fatigue, and considering environmental factors. Improving proximity between health professionals as trusted information sources and the population, alongside customized communication, may also enhance vaccination uptake among the eligible population.

Challenges in Implementing Anti-Stigma Interventions in Context of COVID-19: Insights from Public Health Experts

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The COVID-19 pandemic was both a global health crisis and a catalyst for stigmatization (e.g., of people with symptoms or vaccination hesitancy). Stigma discouraged individuals' adherence to safety measures and help seeking, accelerating infection dynamics and challenging pandemic management. It also lead to further social and psychological stress. Moreover, the pandemic lead to increased intersectional stigma, with multiple stigmatization of ethnicity, age, and occupation, concurrent to COVID-19 stigma. Despite early recognition of stigmatization as a public health challenge, anti-stigma interventions were rarely implemented. This study examines why this gap exists and how it can be addressed. Semi-structured interviews were conducted with N = 8 Public Health experts from practice, research and policy in Germany. Interviews explored interventions implemented during or after the pandemic, focusing on effectiveness, implementation conditions, intersectional aspects, and potential negative consequences. Data were analyzed using qualitative content analysis according to Kuckartz. Few interventions explicitly targeted stigma reduction. Instead, efforts focused on public education (e.g., vaccination campaigns), with stigma being a secondary concern. Topics like age discrimination and racism were addressed, but interventions were rarely co-developed with target groups. Their effectiveness was seldom evaluated. Key implementation barriers included bureaucracy, lack of trained personnel, and linguistic diversity. Potential negative consequences included resistance, anger, or excessive focus on stigma. Findings highlight the need for stronger collaboration between research and practice to develop, implement, and evaluate evidence-based stigma reduction strategies. Future interventions should be tailored to specific groups, ensure linguistic accessibility, and follow established principles of behavior change and risk communication.

Integrating health checks into vaccination services delivered within UK community pharmacies: A qualitative needs assessment

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Background: Cardiovascular disease remains a leading cause of premature mortality. Community pharmacies are well placed to address this challenge by integrating preventive cardiovascular-related health checks, such as blood pressure, cholesterol testing, into routine services. The Priory Community Pharmacy refined and integrated their existing health checks with their vaccination service. This qualitative study explored patients experiences of using the integrated service as well as staff experiences of implementing this new way of working.

Methods: Semi-structured interviews were conducted with 15 patients who had used the integrated service and observations undertaken of daily operations within the pharmacy during implementation. Data were thematically analysed to identify themes related to feasibility, operational challenges, and user needs.

Findings: Staff believed the integrated service could improve community health outcomes but expressed concerns about workload and resource constraints. Patients valued the convenience of receiving personalised health checks during their vaccination appointment, which provided them the opportunity to identify health risks. Patients appreciated the Make Every Contact Count (MECC) discussion, which helped tailor the health checks according to their individual needs. Key barriers included training gaps and limited consumables for blood pressure and cholesterol testing, whilst facilitators included clear communication pathways and local GP support for follow-up care of participants.

Discussion: Integrating health checks with the community pharmacy vaccination service could be feasible but requires addressing operational and training challenges. These findings provide valuable insights for scaling up this new way of working across UK community pharmacies and could improve access to preventive care and population health.

Acceptance of novel vaccines: a qualitative exploration of hesitancy, trust, and information needs

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Background: Public mistrust in vaccines can become a challenge, particularly when novel technologies are involved, as seen during the COVID-19 pandemic. This study explores the attitudes of vaccine-hesitant individuals towards novel vaccines and how these may influence future vaccine uptake.
Methods: A German polling institute conducted eight online focus group discussions (FGD) in August and September of 2024. Participants were German residents (N = 39) who generally accepted traditional vaccinations but were hesitant about novel vaccine technologies, exemplified by their stance on COVID-19 vaccines. The FGDs were performed in four regions of Germany, with two groups per area, each organized by age (18–39; 40–65 years). Data were analysed in MAXQDA using thematic analysis.
Findings: Participants describe a long-term shift in their trust and informational needs concerning novel vaccines as a result of the COVID-19 pandemic. Four key themes were identified as influential factors shaping participants' attitudes and trust towards novel vaccine technologies: unbiased information, independence of information sources, risk perception, and autonomy in health decisions.
Discussion: The COVID-19 pandemic has triggered an increased need for unbiased and independent information, which, if unmet, can lead to continued uncertainty, increased scepticism and reduced acceptance of vaccines. To sustain high vaccination uptake and public trust, future communication strategies should effectively address these concerns of vaccine-hesitant individuals.

Behavioural determinants of willingness to test during a hypothetical avian influenza outbreak: a qualitative study

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Background: During the COVID-19 pandemic testing had a key role in infectious disease (ID) outbreak management. Willingness to test fluctuated over time and among subgroups. As an increase in ID outbreaks is expected, e.g. due to declining vaccination rates, research on the behavioural determinants of ID testing is needed. This study aims to understand the behavioural determinants for testing during a hypothetical outbreak of human-to-human transmissible avian influenza.
Methods: Seventeen individuals were interviewed between May 2024 and February 2025. Median age was 44 years (range 20-81) and 71% was female. Of the participants, 59% had The Netherlands as country of origin, while 41% had Suriname, Turkey, Germany or Iraq as country of origin. The interviews were semi-structured. A short animation of a hypothetical avian influenza outbreak was shown during the interview. Ad verbatim transcriptions were coded deductively in Atlas.ti 8 based on the Theoretical Domains Framework.
Findings: Preliminary analysis of six interviews found that willingness to test is not a matter of dichotomy. It is more nuanced and can vary based on different circumstances, such as autonomy in the decision to test and experiences during the COVID-19 pandemic. Severity of disease was also mentioned as an influencing factor. The remaining interviews will be coded soon and full results will be presented at the conference.
Discussion: The willingness to test appears to be influenced by different circumstances. More insight in the behavioural factors underlying willingness to test can help organize testing strategies during future ID outbreaks in the most effective way.

Intergenerational transmission of physical symptom approaches – a qualitative study

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Background: Substantial evidence supports the intergenerational transmission of proneness to physical symptoms. Parent-child interactions significantly influence children's symptom experiences and coping strategies. However, it remains unclear how these childhood interactions influence ideas, feelings and management strategies regarding health, illness and disease in adulthood, and translate into the way people approach symptoms in their own children. This qualitative study aims to elucidate how health- and illness-related interactions with parents shape people's approaches regarding their own and their children's physical symptoms.
Methods: A qualitative design is employed, using in-depth interviews with 37 adult participants (64% male) from the general population cohort Lifelines. Participants were purposively sampled based on their own and their parents' physical symptom trajectories to capture a wide variation in symptom burden across generations. Data were collected through face-to-face interviews using a semi-structured guide. Questions addressed participants' experiences, reflections and beliefs about health and symptoms, their parents' symptom modeling and responses, and symptom-related upbringing of their own children. Interviews were transcribed verbatim and coded by two independent coders.
Planned Analyses: Thematic analysis will be to explore the data, focusing on how health- and illness-related parent-child interactions influence participants' symptom approaches. Key themes and overarching categories illustrating the intergenerational transmission of symptom approaches will be identified.
Discussion: The findings are expected to enhance understanding of how health behaviors are shaped and why certain families are more prone to suffering from physical symptoms. This knowledge is important for developing interventions aimed at preventing the transmission of dysfunctional symptom approaches to next generations.

Gender differences in psychological risk factors for cardiovascular diseases: preliminary insights from the CV-PREVITAL project

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Background:
Psychological traits and mental distress vary by gender and may influence cardiovascular risk and well-being. Using data from the CV-PREVITAL project, an Italian primary prevention initiative for the early identification of individuals at cardiovascular risk, we examined gender differences in different psychological variables.
Methods:
The following data were extracted from a sub-group (N=810, 288 males, 57.1 +/-7.2 yr, 522 females, 55.7+/-6.7 yr) of the general sample, and analyzed using independent t-tests, Mann-Whitney U-tests, and analysis of covariance: self-reported measures of anxiety, depression, distress, perceived stress, self-efficacy, risk propensity, sleep quality, and locus of control.
Findings:
Significant gender differences emerged across multiple psychological domains. Females reported higher levels of anxiety ($p<0.0001$), depression ($p<0.0001$), psychological distress ($p<0.0001$), and perceived stress ($p<0.0001$) than males. Compared to males, females also showed a higher risk propensity ($p<0.05$), lower self-efficacy ($p<0.05$), and lower internal locus of control ($p<0.05$), which may contribute to heightened stress perception, affective symptoms and unhealthy behaviors. Sleep quality was significantly associated with psychological distress across genders ($p<0.0001$).
Discussion:
Women show greater psychological vulnerability, particularly in terms of anxiety, depression, stress perception and self-efficacy, as well as the presence of cognitive characteristics that make them more likely to engage in risky behaviors than men (i.e. higher risk propensity and lower internal locus of control). Given the well-established link between such psychological characteristics and cardiovascular health, integrating gender-specific interventions and targeted behavioral approaches into cardiovascular prevention programs may help mitigate long-term cardiovascular risk and to lead to better health outcomes across genders.

Oral Session: Involving stakeholders in digital health development and evaluation

14:30 - 14:40

Overview and comparison of eHealth lifestyle interventions for low SES preschool children: A scoping review

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Background: Many unhealthy habits develop in early childhood and can lead to long-term health risks, which disproportionately affects children from low socioeconomic status (SES) backgrounds. eHealth, can promote a healthier lifestyle but are rarely designed with low SES families in mind. This review identifies eHealth lifestyle interventions for preschool-aged children and compares interventions for general and low SES populations on intervention characteristics and effectiveness.
Methods: Scopus, Web of Science, Cochrane Library, ERIC, and ACM Digital Library were searched in November 2023. Studies were included if digital or blended interventions targeted preschool-aged children (6 months–5 years) and focused on behaviours relating to nutrition, physical activity, sedentary behavior, sleep, or oral health. Data on effectiveness, theoretical foundations, delivery strategies, and persuasive system design (PSD) features were extracted. A quality assessment of (quasi)experimental studies was conducted using JBI critical appraisal checklists.
Results: 38 interventions, reported in 54 papers, were included (26 general population, 12 low SES). Across both groups, interventions shared similar characteristics: most targeted parents, used a mix of digital and blended strategies, and implemented input from multiple theories. Intervention design was similar, though low SES interventions relied more on text messaging and incorporated fewer persuasive features. Interventions focusing on a single behavior, particularly nutrition, were more effective, while those addressing multiple behaviors had mixed results.
Conclusion: Interventions for low SES populations largely mirror general population interventions. Future research should explore how interventions can be adapted to low SES families' needs, particularly by enhancing engagement through persuasive features and delivery strategies.

Co-creating a digital platform to teach the use of self-enactable BCTs for physical activity promotion

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Background. Based on the new self-enactable behavior change techniques (SEBCT) compendium, this project tests the feasibility of developing a digital platform designed to train individuals in using SEBCT and ultimately enhance their motivation and physical activity. However, given the abundance of techniques (n=123) in the compendium, one challenge lies in identifying how to select the most appropriate ones, and how to sequence and teach them in an engaging way. This study aims to address these challenges by developing a digital SEBCT training platform.

Methods. We performed a critical literature review on the wider BCT literature and conducted three workshops with 30 middle-aged adult participants (Mage=46 years, 7 males) to explore their preferences, opinions on sequencing, teaching modes (e.g., gamification), and digital interface design through co-creation methods and framework analysis.

Findings. We grouped 108 SEBCTs into nine modules (e.g., preparation, goals, habit creation, social support) with a total of 26 categories (e.g., restructuring the environment and behavioral repetition within the habits module). We sequenced the modules and their categories according to three stages of change (i.e., behavioral initiation, action, maintenance), key prerequisites (e.g., commitment and prompts as perquisites of habit formation), participant feedback, and current evidence (e.g., setting learning goals before performance goals).

Discussion. The strategic sequencing and linkage of SEBCTs and the opportunity for personalized modules tailored to individuals' preferences, activity, and mood data, offer the possibility of a highly engaging digital platform for SEBCT training. In the future, we will test this platform via a SMART design.

Stakeholder Involvement in Digital Health Intervention Development: A Systematic Review

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Background: Unhealthy lifestyles in youth are increasing globally. Developing effective digital health interventions (DHIs) remains challenging, often yielding ambiguous or unsustained results. Traditional DHIs adopt linear models of health behavior, however, health behaviors are inherently complex and interconnected, requiring systemic approaches. Involving diverse stakeholders may enhance DHI effectiveness by incorporating perspectives, yet little research examines how stakeholder engagement influences DHI outcomes. This review examines stakeholder engagement in DHI development and their potential impact on intervention outcomes, considering their roles in the ecological system and level of involvement.
Methods: In this preregistered review, we searched PsychINFO, PubMed, CINAHL, Cochrane library and Web of Science for studies published between 1999 and 2024. Eligible studies targeted youth (3–18 years), included a digital component, and addressed health behaviors. Seventy-one studies were included. Stakeholder engagement was analysed using social network analysis.
Results: 75% of studies reported involving at least one stakeholder. Common stakeholders were health professionals (15/71), research organizations (14/72), schools (23/71) and children/adolescents (12/71). Among studies including children/adolescents, 8% informed, 50% consulted, 8% involved and 34% collaborated in DHI development. Stronger collaborations were observed with adolescents/children and schools. Further analysis will examine how stakeholder involvement influences DHI outcomes.
Conclusions: While adolescents/children, and parents, the key beneficiaries of DHIs, are often involved, their engagement is primarily consultative. Collaboration occurs mainly at academic level or professional level. This pattern might differ in other intervention stages. Broader stakeholder engagement might provide valuable insights and strengthen communication pathways across social networks, including policymakers, health providers, families, and youth.

Co-designing an online platform with people with disability and carers to improve their health outcomes

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Background: ConnectUp is an online platform designed to help people with disabilities and carers discover local activity partners, connect online, and engage in physical activities in their community. Users can also review and map their favourite activity locations, such as tennis courts and parks. The aim of this study was to co-design the platform that meets consumers' needs and preferences.

Methods: We conducted 12 iterative co-design sessions with 15 people with disabilities and carers, led by individuals with disabilities. Activities included paper prototyping, app design critique, rankings, and discussions. The platform, co-developed by users, aims to help people form social connections and engage in local physical activities safely. Data was video recorded and transcribed verbatim. Thematic analysis was used to explore themes from session recordings, transcripts, rankings, drawings, and notes.

Findings: Three main themes were: (1) Accessibility underpinning every aspect of the platform; (2) Meaningful inclusion of people with disability and carers in design and in every step of platform implementation and (3) Citizen Science - empowering people to build social connections and research capacity to co-create new health knowledge about activities, times, and places to be active in the nearby locations.

Discussion: This platform was co-designed with the users and is currently tested and implemented in Western Australia and next year across Australia. The platform has a potential to improve social connection, inclusion, mental and physical health. It can be further co-designed and developed to meet the needs of other minority populations such as Culturally and Linguistically Diverse people.

Measuring Socioeconomic Position in Older Adults: Examination of Different Measures and Recommendations for Future Research

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Background: Accurately measuring socioeconomic position (SEP) is crucial for assessing research generalisability and addressing health inequalities. However, selecting appropriate SEP measures for older populations remains challenging. One example issue is that early education may poorly predict later wealth accumulation in this group. A key approach to addressing such challenges is comparing different SEP measures within a single study, yet this has been largely absent.

Methods: A representative sample of 996 adults (500 females) in England, aged 50–89 (M = 60.3), completed an online survey. The survey included 25 SEP measures, along with criterion measures including health behaviours and psychological variables.

Findings: Aggregate indices were created for measures with multiple indicators. SEP measures showed distinct association patterns. Wealth, income, and subjective SEP formed one factor, while education loaded separately. Education significantly predicted self-reported health and fatalism, whereas wealth and education predicted time perspective. The widely used Index of Multiple Deprivation showed weak or no associations with other SEP and criterion variables. House and car ownerships, despite concerns about their ability to capture SEP variations due to their dichotomous nature, remained significant predictors of cancer screening behaviours beyond other variables. Structural equation modelling revealed different mediating roles of fatalism and time perspective.

Discussion: Selecting inappropriate SEP measures can misrepresent generalisability and underestimate health disparities. SEP measures should be chosen based on theoretical consideration and relevance to criterion variables. By simultaneously evaluating multiple measures, this study offers valuable methodological recommendations for researchers examining SEP’s impact in ageing populations.

Oral Session: Lifetime behaviour change

14:30 - 14:40

Planning a digital detox: Findings from a randomized controlled trial to reduce smartphone usage

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Background: Research on health consequences of smartphone usage have increased, yet findings on the effectiveness of usage interventions remain unclear. This study investigates the effectiveness of a planning intervention to reduce total smartphone usage time. Additionally, it examines the interventions' underlying mechanisms of self-efficacy, intention, action, and coping planning.
Method: A randomized controlled trial, with data collected at three measurement points of three university student cohorts was conducted. N = 787 participants were allocated to an intervention condition (n = 389) or a control condition (n = 398). At baseline measurement (T1) the intervention condition formed up to three action and three coping plans. Self-reported self-efficacy, intention, action, and coping planning as well as objectively measured smartphone usage were assessed up to a 3-weeks follow-up. The effectiveness of the intervention and the mediating mechanism were evaluated using linear mixed models.
Results: The analysis revealed no significant effect on total smartphone usage time. With respect to the interventions underlying mechanisms, results showed a significant indirect effect of self-efficacy at T2, on a reduction in total smartphone usage time at T3 but no evidence for intention, action, or coping planning.
Discussion: Our findings emphasise the potential of planning interventions to foster self-efficacy for self-regulated smartphone usage time. However, the lack of significant reductions in smartphone usage time highlights the need for further refinements. Future studies should focus on enhancing planning interventions with elements that support and strengthen plan enactment, thereby improving their long-term effectiveness in reducing smartphone usage time.

Identifying dyadic intervention techniques (DITs) in couple interventions using the Compendium of DITs (v2.0)

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Background: The potential of dyadic interventions involving a romantic partner to facilitate health behavior change is increasingly reported. To systematically identify partner involvement the Compendium of dyadic intervention techniques (DITs) has been developed. The Compendium defines DITs based on three key dimensions: intervention task (what is instructed?), execution level (who performs the task?), and target level (who is the task aimed at?). The aim of this study was to empirically assess the reliability of identifying the 73 intervention tasks and 219 DITs listed in the Compendium of DITs (v2.0) within intervention descriptions.
Methods: DITs were coded in 45 published dyadic intervention descriptions by two independent briefly trained coders each using the Compendium of DITs (v2.0). Inter-coder agreement was assessed using prevalence-adjusted and bias-adjusted kappa (PABAK) scores reported for each intervention task and DIT.
Findings: Sixty-five intervention tasks and 127 DITs were identified at least once, while 19 tasks and 26 DITs were identified five or more times. Of the identified tasks, 56 (86%) achieved PABAK scores of 0.70 or higher, with a mean of 0.85 (SD = 0.13, range = 0.43–1). Of the identified DITs, 110 (87%) achieved PABAK scores of 0.70 or higher, with a mean of 0.89 (SD = 0.10, range = 0.56–1).
Discussion: The good inter-coder agreement indicates that the Compendium of DITs (v2.0) can be used as a reliable coding tool to identify DITs in intervention descriptions. Due to the low frequency of occurrence of DITs, further tests are required to support these initial results.

Developing an oral health intervention using the COM-B Model and Behaviour Change Wheel

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Background: Oral health care is important in gestational diabetes (GD) management, considering its impact on pregnancy and diabetes-related outcomes. This study developed an oral health intervention for women with GD using the COM-B Model and the Behaviour Change Wheel.

Methods: Fifteen UK-based women with recent GD (defined as a diagnosis within 12 months of the study) participated in an online qualitative study. The interview guide was inspired by the COM-B Model to explore the interacting factors (capability, opportunity and motivation) that impacted oral health-related behaviour. The Behaviour Change Wheel was used to identify the intervention functions, policy categories, behaviour change techniques and mode of delivery for the intervention.

Findings: Oral health knowledge (psychological capability), oral health skills (physical capability), beliefs about oral health (reflective motivation), and access to dental services (physical opportunity) influenced oral health behaviours. To support behaviour change, examples of the intervention functions, policy categories and behaviour change techniques included education (intervention function), guidelines (policy category) and information about health consequences (behaviour change technique). The mode of delivery was face-to-face using print media.

Discussion: The COM-B Model and Behaviour Change Wheel provided logical steps to support the intervention development process. The implications of this intervention are improved pregnancy, diabetes and oral health-related outcomes among women with GD.

COM-B and Nudge Theory application to improve hygienic cleaning equipment storage compliance in food manufacturing

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Ensuring safety of manufactured food is a key public-health consideration. Food/drink manufacturing and processing(FDMP) businesses are subject to strict regulations to ensure consumer safety, including assessment/continuous improvement of food safety culture(FSC). Nudge theory has been successful in prompting desired behaviours in health-care and educational settings. This study has applied a placement technique to nudge hygienic cleaning equipment storage to reduce the risk of microbiological contamination, increase hygiene compliance and improve FSC in a UK-based FDMP.

The COM-B model structured an in-depth understanding of target behavioural determinants associated with a key area of hygiene non-compliance in a large UK-based FDMP. Using the 7-stage nudge theory, data-driven interventions were developed, including a ‘nudge’ placement (shadow-board) to improve hygienic cleaning equipment storage. Perceptions of intervention feasibility/acceptability were determined using qualitative/quantitative approaches with food-handlers/managers(n=33). Pre-and post-intervention, food safety management system compliance metrics and employee attitudes(n=96) were analysed to indicate behavioural/cognitive measures of intervention effect.

Key intervention drivers associated with target behaviours included ‘physical’ and ‘social opportunity’ (provision of shadow boards/cleaning kit for operatives and tailored promotion from influential stakeholders) and ‘reflective motivation’ (communications and knowledge reinforcement). Positive employee perceptions towards nudges were obtained, for-example “the shadow-board is fit for purpose and makes the area look tidier”(O14). Non-compliant cleaning-efficacy behaviours decreased by 50% post-intervention and employee attitudes towards hygienic cleaning equipment storage improved.

Use of COM-B to understand target behaviour determinants and implementation of nudge-based interventions in an FDMP setting increased compliant behaviours and strengthened FSC, thus protecting the health of the wider population.

Non-antibiotic interventions to prevent recurrent urinary tract infections in women: an umbrella review

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Background
Recurrent urinary tract infection (rUTI) in women (≥2 UTIs in 6 months or ≥3 in a year) are common, significantly impacting quality of life and contributing to antibiotic use. International guidelines on non-antibiotic prevention strategies differ. This umbrella review of studies on non-antibiotic interventions to prevent rUTI will inform development of a behavioural intervention using the Person-Based Approach (PBA).
Review question: What is the evidence for the effectiveness and acceptability of non-antibiotic interventions for preventing rUTI, and how has adherence been assessed?
Methods
Databases (MEDLINE, EMBASE, CINAHL, Google Scholar and Cochrane) were searched for systematic reviews of rUTI prevention interventions for women published between 2014 and 2024, excluding comparisons of different oral antibiotic regimens. Two independent assessors completed screening, data extraction and AMSTAR2 critical appraisal tool. Findings were synthesised narratively due to intervention and outcome heterogeneity.
Results
Twenty-six systematic reviews met inclusion criteria, evaluating probiotics (9), D-mannose (7), vaginal oestrogen (6), cranberry (6), methenamine (3), herbal medicine (3), increased fluid intake (2), systemic oestrogen (2), acupuncture (2), vaccine (1). Eight reviews examined combination strategies. Evidence suggests that increased fluid intake, vaginal oestrogen, cranberry and methenamine may be beneficial, although most reviews were rated low or critically low quality. Findings on acceptability and adherence were limited.
Discussion
The review findings highlight the need for evidence-based interventions to support engagement with non-antibiotic strategies for rUTI prevention. Further research is needed to understand challenges to adherence and acceptability to inform the development of a behavioural intervention.

Oral Session: From individual behaviour to collective action and measurement

14:30 - 14:40

Psychosocial Determinants of Alternative Protein Consumption Among Omnivores, Flexitarians, and Vegetarians/Vegans: A Longitudinal Study

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Background:
Previous meta-reviews (Zaleskiewicz et al., 2023) identified psychosocial factors associated with alternative protein food (APF) choices. Still, the composition of the samples in terms of dietary preferences was not analysed in detail. This study explores the psychosocial determinants of plant-based APF consumption among omnivores, vegetarians/vegans, and flexitarians.

Methods:
A longitudinal survey (N = 279; mean age = 35,79; SD = 13,03; 63,5% women) spanning 1 month between Time 1 (T1) and Time 2 (T2) assessed self-reported social norms, perceived healthiness, environmental benefits, animal welfare concerns, food neophobia, familiarity with plant-based APF, and APF intake. Participants were categorised as omnivores (n = 181), vegetarians/vegans (n = 44), and flexitarians (n = 54). Analyses were controlled for T1-APF intake.

Findings:
For omnivores, higher family norms, perceived healthiness, animal welfare concerns, and familiarity with AFP (measured at T1) predicted higher APF intake at T2, while higher food neophobia predicted lower AFP intake (T2). For vegetarians/vegans, higher social norms among family and friends, and familiarity with APF (T1) explained higher APF intake (T2). Among flexitarians, familiarity with APF, and animal welfare concerns (T1) were the strongest predictors of higher APF intake at T2.

Discussion:
Findings emphasise the need for tailored public health campaigns based on dietary group influences. Future research should explore long-term dietary preferences transitions to further understand behavioural changes.

Effects of environmental volunteering on mental health in adults with obesity: case studies

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Background: Evidence indicates that environmental volunteering programmes, such as removing weeds, planting tree saplings, tree repotting and seed collection, can contribute to achieving climate and health co-benefits. Several studies have highlighted the positive effects of such activities on mental health outcomes, with increased physical activity and social connectedness being the primary hypothesised mediators. This study aimed to investigate daily changes in mental health over a 3-month period among participants in an environmental volunteering programme. Additionally, the study assessed the impact of the programme on physical activity and social connectedness, with the goal of conducting individual mediation analyses.

Methods: Eight participants with obesity and mental health issues engaged in environmental volunteering programs in collaboration with NGOs in Malta. Participants wore activity monitors to record daily step counts and completed brief daily questionnaires on their smartphones to assess mental health and social connectedness. Linear regressions were used to evaluate the overall effect of time (running days of the intervention) and the acute effect of attending volunteering sessions on the three outcomes.

Findings: No significant effects of time were observed in mental health, physical activity, or social connectedness over the 3-month period. However, modelling the acute effects of environmental volunteering sessions revealed significant positive impacts on same-day outcomes. Specifically, seven of eight participants reported better mental health and social connectedness, while four of eight showed increased physical activity on volunteering days.

Discussion: Environmental volunteering seems to have a short-term positive impact on mental health and social connectedness.

Generalizability and Reporting Gaps in Observational Coding of Couple Interactions: Insights from a Narrative Review

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Background. Research on the role of couple communication in cancer and other illnesses benefits from utilization of observational coding, widely considered the gold standard for assessing dyadic interactions. However, concerns have been raised regarding the generalizability of findings from these studies due to potential biases (e.g., coder characteristics). We conducted a narrative review to examine the extent to which past studies reported both sample and coder characteristics.
Methods. 120 articles were identified from PubMed, PsycInfo and CINAHL, using key terms related to observational coding and adult couples (search dates 2010-2024). We extracted data on sample and coder/ coding characteristics.
Findings. Participant age was reported in 119 articles (99.2%), sexual orientation composition in 103 articles (85.8%), participant race/ethnicity in 88 articles (73.3%), relationship status in 118 articles (98.3%), and relationship length in 98 articles (81.7%). Samples were predominantly White (77.3%) and opposite-sex (85.4%). Coder sex and race/ethnicity were rarely reported (in 8 articles, 6.7%). Further, coder training was either minimally or not described in 66.7% of cases. The most common conversational prompts centered around conflict (41.7%) or conflict resolution/ problem-solving (16.7%). Among 20 coding systems utilized, the most common were the Rapid Marital Interaction Coding System (19.2%) and the Specific Affect Coding System (17.5%).
Discussion. Caution is warranted in generalizing results of these studies to larger populations of couples, particularly those from racial/ethnic or sexual orientation minority groups. We provide recommendations to increase transparency and to facilitate translation of observationally derived findings to the design and testing of couple-based interventions.

Making Geographic Information Systems an accessible tool for analyzing physical environments in health

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Background: Physical environments influence health behaviors by shaping resource access or posing barriers, and differences in physical environments often correspond with inequalities in health behaviours. Integrating spatial data into individual-level analyses has been challenging for non-specialists. Here, we demonstrate how a replicable GIS workflow with open data in R can be used – even without prior experience – to analyze the distribution of tobacco outlets around schools in Bremen and explore social disparities in the accessibility of tobacco products.
Methods: Geolocation coordinates for schools and tobacco outlets were obtained from publicly available data and crawled from OpenStreetMap by using GIS workflows in RStudio. Tobacco outlets within a 500-meter buffer around schools were identified, counted, and then regressed on indicators of social disadvantage such as suburb-level deprivation index and population density using hierarchical linear models.
Results: We identified 201 schools and 1,059 tobacco outlets in 76 suburbs. On average, schools had 8.49 tobacco outlets within a 500m buffer. Schools in more densely populated suburbs had more outlets (B=0.15, 95%CI [0.12, 0.17], p<.001) but there was no significant association between suburb-level deprivation and tobacco outlet density (B=0.06, 95%CI [-0.94, 1.10], p=.96). A substantial ICC of .46 indicates further differences between suburbs and in school neighbourhoods.
Discussion: Physical environment plays a key role in facilitating health-promoting or health-damaging behaviors such as smoking. This case study highlights the potential of using free and accessible GIS tools to examine environmental influences on health factors and demonstrates a replicable workflow using open-access data and software.

Oral Session: Digital interventions for diet and physical activity

14:30 - 14:40

Effectiveness of a Mobile Approach-Avoidance Intervention in Supporting Dietary Goal Pursuit – a Randomized-Controlled Trial

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Background: Many people have goals about how much to eat of which foods. However, difficulties in pursuing such goals persist and are associated with a behavioral bias to approach rather than avoid desired foods. Digital Approach-Avoidance interventions (AAI) which instruct participants to approach goal-congruent and avoid goal-incongruent foods might support goal pursuit.
Methods: In this study, half of 156 participants (131 women, 25 men) with a dietary change goal were randomized to conduct active AAI which was programmed such that participants always pushed their phone away when it displayed food they wanted to eat less often (“decrease foods”) and pulled it closer when it displayed food they wanted to eat more (“increase foods”). In the control condition, pairing between movement and food type was 50/50. Before and after the 12-day intervention period, participants provided three daily ratings of food craving and consumption and one approach bias assessment.
Findings: Results from multilevel hurdle models indicated a significantly stronger decrease in craving strength for decrease foods in the intervention than control group. The difference between conditions regarding the reduction in decrease food approach bias was larger for trained than untrained stimuli. Participants with high eating restraint and low perceived self-regulatory success showed the strongest reductions in craving intensity for decrease foods.
Discussion: Results suggest that the mobile AAI reduced craving intensity for goal-incongruent foods. Those with a strong focus on eating behavior and those struggling with self-regulation benefitted most from the intervention.

Dieters get hangry too: The impact of experimentally induced fasting on dieters' emotions

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Background: Effective weight loss requires a negative energy balance and inevitably leads to hunger. Hunger results in more negative and less positive emotions. Therefore, weight loss programs might need to take the negative impact of hunger into account. However, thus far the impact of hunger has not been studied in dieters specifically. Yet, previous studies have shown that the impact of hunger might systematically differ as a function of particular characteristics and contextual features. This study examined whether the negative impact of hunger on emotions can be found in dieters specifically, and whether this impact might be moderated by dieting success.
Methods: Female participants (N= 242; 50 non-dieters and 192 dieters) were assessed on positive and negative emotions in a satiated (within 2 hours of a meal) and fasted (after 14 hours of fasting) state. They additionally answered the Perceived Self-Regulatory Success in Dieting Scale.
Findings: We found that 1) participants generally showed increased negative and decreased positive emotions following a hunger manipulation compared to a satiated state, 2) these effects were not less pronounced in dieters, and 3) the impact of hunger on emotions was not less pronounced nor reversed in more successful dieters.
Discussion: Thus dieters, whether or not they perceive themselves as successful dieters, showed increased negative and decreased positive emotions in response to fasting. These findings point to the importance of taking the (negative) impact of dieting on people's emotional state into account when designing (or following) weight loss interventions.

A factorial N-of-1 RCT examining goal-setting and feedback notifications for physical activity and goal achievement

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Background: Evidence suggests that self-regulatory behavior change techniques derived from control theory (e.g. goal setting, self-monitoring, action planning, feedback on behavior) have strong effects on physical activity behavior. However, few studies have examined the effects of these self-regulatory BCTs in isolation. This study used the Precious app to test the effects of notifications to set physical activity goals and behavioral feedback on daily step counts, goal-setting behavior, and goal achievement.
Methods: This within-person n-of-1 randomized controlled trial lasted 44 days and involved randomizing days within each participant into one of four conditions: no notifications, goal setting notifications, behavioral feedback notifications, or both. Data were collected automatically by the Precious app and analyzed using within- and between-persons multilevel modeling in R and Jamovi.
Findings: Six people participated in the trial. Results indicate that between-persons, notifications to set a daily step goal increased the likelihood of setting a step goal for that day (OR=3.3 [1.5-7.0]), but within-persons, this effect was only significant for three participants. Neither notifications to set a daily step goal nor feedback on behavior/goal progress were significantly associated with increased daily step counts. Limited goal setting overall precluded meaningful analyses of factors contributing to goal achievement.
Discussion: This small-scale study indicates that for some people, receiving prompts to set a daily step goal increases the likelihood of a goal being set, but that this does not necessarily translate into increased physical activity behavior. Replications using ecological momentary assessment measures are needed to explore mediators and moderators of these effects.

Up and down, but how? Examining timing and shape of behavioral changes in physical activity

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Background: Physical activity is essential for health and well-being, making it a focus of behavior change theories and interventions. However, despite extensive research, an accurate characterization of the behavior change process itself—the phenomenon—remains lacking. We aimed to improve the understanding of changes in physical activity over time by distinguishing between sudden changes, which occur abruptly, and gradual changes, which develop progressively through small, cumulative adjustments, while pinpointing their exact timing. Understanding the nature of these changes is crucial for testing and refining theoretical models of behavior change.

Methods: We analyzed 77 participants' step count time series (median length = 726 days) from a publicly available dataset. Daily step counts were recorded using activity monitors (Fitbit, Garmin) between January 2019 and December 2020 in Norway. We applied Gaussian kernel local linear regression to assess the significance and timing of both sudden and gradual changes.

Findings: On average, participants experienced 3.4 gradual changes (mean magnitude = ±2,946 steps) and 2.9 sudden changes (mean magnitude = ±7,707 steps) during the 2-year data collection period. Gradual transitions lasted on average 22 days. Physical activity increases were more likely to occur gradually than suddenly (p=.002), whereas no such difference was observed for decreases.

Discussion: Providing novel insights into the phenomenon of physical activity behavior change, we found that both gradual and sudden changes are common. A deeper theoretical integration is needed to determine whether these two types of changes arise from distinct causal mechanisms and how they align with existing behavior change models.

Less Is More: Effects of frequency of monitoring on unhealthy snacking behaviors

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Background:
The obesity epidemic, threatening global health and economies, is driven by an obesogenic environment that promotes high-calorie foods and sedentary lifestyle. Unhealthy snacking is often a key factor in weight-gain, and self-monitoring may help reduce it. Thus, this study tests whether participants in the high monitoring condition will crave and consume fewer unhealthy snacks, over time, compared to those in the medium or low monitoring condition. The effect is expected to be stronger in individuals with high self-control (BSCS) and weaker in those with high dietary restraint (RS).
Methods:
134 females participants (age = 23.64, BMI = 21.86) were randomly assigned to low (n = 49), medium (n = 44), or high (n = 41) monitoring conditions. Over three weeks, participants received three, six, or nine daily smartphone notifications to report their snacking behavior. A 3x3 mixed ANOVA was used to analyze the data with BSCS and RS entered as covariates.
Results:
Unhealthy snack intake declined over time, with greater reductions in the high and medium conditions compared to low. Similarly, the amount of desired snacks decreased, especially in the high condition. However, contrary to the hypotheses, intensity of craving for unhealthy snacks increased over time, especially in the high-monitoring condition. Compliance was high (M = 87.46) and did not differ across conditions.
Conclusions:
Low frequency of monitoring (3 prompts/day) seems most effective in reducing unhealthy snacking behaviors. High frequency of monitoring (9 prompts/day) should be avoided, particularly in clinical settings, as it may increase cravings for unhealthy snacks.

Being transparent about personalization: Personalized digital “just-in time” nudges for healthier food choice

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Intro: A growing proportion of everyday food choices are made within digital food environments, such as online supermarkets. To promote healthier online food choices, an emerging class of digital “just-in-time” (JIT) nudges can be implemented, which intervene at the moment that one adds an unhealthy product to their virtual shopping basket. Additionally, digital JIT nudges can be personalized to further enhance their efficacy. Yet, a common criticism threatening the legitimacy of health nudges is that they work best under non-transparent conditions, when their presence and purpose are not disclosed. We examined whether transparency moderates the impact of personalized digital JIT nudges for promoting healthier food choices, and assessed potential underlying psychological mechanisms (i.e., nudge perceptions).
Methods: In a 2 (Nudge Personalization: Non-personalized versus Personalized) by 2 (Nudge Transparency: Non-transparent versus Transparent) between-subjects lab experiment, 200 participants completed an online grocery shopping task on a realistic mock supermarket app.
Findings: Personalization did not increase nudge effectiveness (the proportion of accepted JIT nudges) or final healthier food purchases. Similarly, transparency did not improve behavioral effects or perceptions of personalized JIT nudges, nor did it change (compromise) these outcomes in non-personalized counterparts. Exploratory comparisons with a control (no-nudge) group revealed that all nudging groups purchased a higher proportion of healthier products at checkout.
Discussion: Taken together, while we did not find an added benefit of nudge personalization for healthier online food choices, there was no indication that transparency would be detrimental to the effectiveness nor perceptions of digital JIT nudges in general.

Oral Session: Lifestyle and prevention

14:30 - 14:40

Parents' perspectives on how the living environment in Amsterdam-North influences their food choices.

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Aim: Amsterdam North is a neighbourhood characterized by high proportions of residents with low socioeconomic status or migration background, marked by midrise flats and an abundance of fast-food chains. We aimed to explore the perspectives of parents with young children living in Amsterdam North on how their living environment influences their food choices.
Method: Parents with young children living in Amsterdam North were interviewed on the street in the local shopping area. The interview focused on which aspects in the physical environment, supported by photographs (photovoice) of the food supply in the area, determines food choices and why. Interviews were transcribed verbatim and then analysed thematically. The study was approved by the ACTA-ethics committee (2023-26790).
Results: Interviews with five fathers and nine mothers revealed that parents attribute significant influence to their surroundings, emphasizing the abundance of fast food and a perceived limitation in the quality of available food. While stressing that they try to eat home cooked meals, parents often choose fast food due to its easy accessibility. Sweets and snacks are considered a reward. The appealing display of fruits and vegetables at the entrance of supermarkets and greengrocers prompts additional purchases, although parents struggle with the costs of these healthier options.
Conclusion: Parents' food choices in Amsterdam North are strongly shaped by the pervasive presence of fast-food options, leading to increased temptation and reduced control over food quality and quantity. The findings underscore the complexity of these influences and advocate for interventions to create healthier eating environments.

Physical activities, sedentarism, and sleep on depression and psychological distress among middle-aged and older Canadians

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Background: The interrelation of physical activity, sedentarism, and sleep concerning the onset and persistence of depression remains underexplored. This study examines the joint effect of time spent in these activities on clinically relevant depressive symptoms (CRDS) and serious psychological distress (SPD), and whether these associations were moderated by history of depression.

Methods: Longitudinal data from the Canadian Longitudinal Study on Aging, including 25,665 middle-aged and older (45-85years) people, were used. Self-reported questionnaires were used for time spent walking, moderate physical activity (MPA), vigorous physical activity (VPA), sitting, and sleep. CRDS and SPD were assessed with the 10-item Center for Epidemiologic Studies Depression scale and the Kessler Psychological Distress scale, respectively. Multivariable logistic regression models estimated the association between movement activities and mental health outcomes.

Findings: At baseline, 15% experienced CRDS, and 11% SPD. Those with low activity patterns (high sitting levels, low levels of walking, MPA, VPA, and short sleep) were more likely to develop CRDS after 3 years and to retain it than those with medium to high activity patterns. These patterns mostly also applied to SPD. Among those with a history of depression, sedentary behavior and sleep were less strongly related to CRDS, but walking, MPA and VPA were equally strongly related

Discussion: Participants with low activity patterns (high sitting levels, little time spent in physical activities) had the worst mental health outcomes, while participants with higher activity level are less likely to continue or develop CRDS and SPD. Short sleep should be targeted for both mental conditions.

Lifestyle is associated with survival in colorectal cancer survivors irrespective of BMI: PROFILES registry results

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Background
Previous studies showed that a healthy lifestyle may positively impact survival in colorectal cancer (CRC) survivors, but did not differentiate by BMI. This study determined the association between lifestyle factors and overall survival in CRC survivors, stratified by BMI.

Methods
Data were combined from two population-based cohorts among CRC survivors diagnosed between 1998-2009. Lifestyle factors(alcohol use, smoking and moderate-to-vigorous physical activity(MVPA)) and BMI were self-reported. Associations were analyzed by Cox regression models stratified by BMI. Population attributable risks were calculated.

Findings
3,715 CRC survivors were included;66% had unhealthy body weight, 78% used alcohol, 67% smoked, and 24% reported MVPA levels<4.5h/week. Alcohol use and MVPA levels≥4.5h/week were associated with longer survival, whereas smoking was associated with shorter survival. The association between alcohol use and survival was observed in healthy- and overweight participants. The association between smoking, MVPA and survival was present irrespective of BMI. Across all BMI categories, 13%-36% of deaths could have been prevented if participants had higher MVPA levels or stopped smoking.

Discussion
CRC survivors of all BMI categories who have high physical activity levels and do not smoke showed longer survival. This underlines the need to counsel not only obese and overweight, but also healthy weight CRC survivors on lifestyle changes.

Improving Dengue Health Communication: Policy Implications for Reducing Message Fatigue in High- and Low-Risk Areas

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Dengue remains a significant public health concern in Taiwan, with varying regional risks. Despite these differences, dengue prevention messages are uniformly implemented, potentially leading to message fatigue. Message fatigue, characterized by overexposure, redundancy, and disengagement, may undermine public health efforts. This study examined predictors of message fatigue across high- and low-risk dengue regions, focusing on demographic factors and perceived risks.

An online survey was conducted with 814 participants from different regions in Taiwan. Message fatigue was assessed using two dimensions: message environment (ME), which measures frustration and overload from excessive messaging, and audience response (AR), which captures boredom and annoyance. Negative binomial regression models were applied to identify key predictors of message fatigue. The results showed that in high-risk dengue regions, individuals with lower education levels reported significantly higher levels of AR fatigue. In low-risk regions, males, younger individuals, and those with lower education levels exhibited greater ME fatigue. Additionally, individuals with optimism bias were more likely to experience message fatigue in low-risk regions.

These findings highlight the need for region-specific health communication strategies. In high-risk regions, simplifying messages and using engaging formats may help mitigate fatigue among lower-education populations. In low-risk regions, tailoring messages for younger audiences and males using digital and interactive approaches could enhance engagement. Moreover, addressing optimism bias through loss-framed messaging may improve message receptivity. Public health policies should consider these factors to develop targeted, effective communication strategies that maintain public engagement in dengue prevention.

Oral Session: Interpersonal and social processes in health and disease

14:30 - 14:40

Momentary impact of stress on work engagement: the role of interpersonal emotion regulation in couples

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Background: Work engagement is shaped by the dynamic interplay between job demands and resources. However, limited research has examined the direct impact of stress and negative emotions on work engagement, particularly at the momentary level. Further, it is unclear whether interpersonal emotion regulation – representing an important resource in everyday life – may shape this association. The present study therefore examines whether stress and negative emotions are negatively correlated with work engagement and whether interpersonal emotion regulation (IER) enacted by a romantic partner may alleviate this negative association.

Methods: We conducted a 10-day experience sampling study (ESM) where both partners of 200 romantic couples provided self-reports six times per day. Participants rated their feelings of negative emotions and stress as well as their work engagement, enacted IER and perceived responsiveness from their partner throughout the day. Data will be analyzed using multilevel mixed-effects models to capture momentary fluctuations in work engagement as a function of stress, negative emotions and IER.

Results: In preliminary analyses on a trait level, stress and work engagement were negatively associated in both men and women. A positive association with IER, however, was only found for women.

Discussion: By examining momentary, within-person fluctuations in work engagement, this study directly addresses the immediate impact of stress and negative emotions on workplace motivation. The findings may advance theoretical and empirical insights into dyadic stress regulation and provide practical implications for organizational and relational interventions to enhance work engagement and resilience.

Social vs. non-social smartphone use: Divergent impacts on psychological well-being

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Background:
Prior research suggests that overall smartphone use negatively impacts well-being, but it often overlooks the role of different smartphone use purposes. In two studies, we investigated how specific types of smartphone use – active and passive social use, news consumption, entertainment, and practicability – relate to psychological well-being (PWB).

Methods:
Study 1: 571 participants completed a cross-sectional survey assessing smartphone use and PWB. Multiple regression analyses were used to examine associations.
Study 2: 173 dyads participated in a 10-day diary study, reporting smartphone use and PWB (positive and negative affect, stress) at the end of the day. Multi-level modelling was used to analyze within- and between-person effects.

Findings:
Study 1: active social use was associated with higher PWB, while passive social use was linked to lower well-being.
Study 2: within-person effects revealed active social use was linked to higher stress, passive social use to higher negative affect (NA), news consumption to lower positive affect (PA), entertainment to higher PA, and practicability to higher NA and stress. Between-person effects indicated the effects of different use types were nuanced: active social use was linked to higher PA and stress, news consumption to higher PA and lower NA, while passive social use, entertainment, and practicability were associated with lower well-being.

Conclusion:
Findings underscore the need for a more granular approach to understanding smartphone use. While active social use may support well-being, it can also contribute to stress. Passive use consistently correlates with detrimental outcomes, while entertainment and news consumption show mixed effects.

A Social Support Just-In-Time Adaptive Intervention for Individuals with Elevated Depressive Symptoms: A Feasibility Study

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Just-In-Time Adaptive Interventions (JITAIs) aim to provide psychological support during critical moments in daily life. This preregistered study evaluated the feasibility of a social support JITAI for individuals with elevated depressive symptoms awaiting psychotherapy. Triggered by Ecological Momentary Assessment (EMA) reports, the intervention encouraged participants to activate their (digital) social support networks. Twenty-five participants completed 2,689 EMAs and received 377 JITAIs over an 18-day intervention period, including a micro-randomized trial design to compare four strategies to trigger an intervention: Fixed cutoff points of distress variables, personalized thresholds (through Shewhart Control Charts) of distress variable, momentary support need, and no intervention. The results showed high feasibility, with participants completing 85% of EMA surveys, low study-related attrition rate (7%), and reporting minimal technical issues. Engagement and perceived helpfulness were heterogenous and moderate, with participants seeking support in one-third of triggered instances. JITAIs triggered by self-reported need for support were rated as more appropriately timed, helpful, and effective for promoting support-seeking behavior compared to those based on distress indicators, despite being triggered less frequently. Barriers such as time constraints and perceived unavailability of support providers likely affected support seeking behavior, as indicated by qualitative analyses. Exploratory effectiveness analyses indicate Cohen's d effect sizes between 0.06 - 0.14 in reducing distress after JITAIs were received. These findings demonstrate that this JITAI is feasible to implement, with high compliance and minimal technical issues. Further research is needed to evaluate the JITAI's effectiveness and to optimize trigger strategies in addressing individual needs and barriers to engagement.

Interpersonal gratitude as a resource for individual and relational well-being in the dyadic coping process

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We aimed to understand the mechanisms through which dyadic coping — the interpersonal process of how partners communicate their stress, support each other during stressful times, and jointly cope with stress—in romantic couples benefits individual and relational well-being. Only recently, gratitude has been studied as an important resource within this context. Drawing upon theoretical models on the functions of gratitude and dyadic coping, we examined the potential mediating role of gratitude between dyadic coping and individual and relational well-being applying a dyadic perspective. Specifically, we were interested in understanding the mechanism by which dyadic coping provision is linked to relationship and life satisfaction and assumed that partner gratitude mediates this association. Using cross-sectional data from 163 romantic mixed-gender couples living in Switzerland, we applied the Actor Partner Interdependence Mediation Model to examine the mediation dyadically. The results supported our hypotheses, showing a mediating role of gratitude between dyadic coping and relationship and life satisfaction with stronger evidence for relationship satisfaction. While the direct effects of dyadic coping were mostly non-significant, dyadic coping was related to higher gratitude, which was in turn related to higher own and partner relationship satisfaction and, to some extent, to life satisfaction. Overall, our findings highlight that providing support not only benefits the partner but also oneself through the partner's expression of gratitude. Recognizing gratitude's role in the dyadic coping process might contribute to improved designs of interventions that help couples to better get through adversity and stress while maintaining individual and relationship well-being.

Dyadic coping in couples with different somatic illnesses

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Background: A chronic somatic illness poses a psychosocial challenge not only for the patient but also for their relatives, especially their partners. How the couple deals with stress together - so-called dyadic coping - is an important coping mechanism for reducing stress, anxiety and depression and improving quality of life. In the present study, dyadic coping is examined in couples with cancer, after kidney transplantation and artificial heart implantation.
Methods: Data from N = 56 couples after kidney transplantation, N = 39 couples after artificial heart implantation and N = 117 couples after cancer were examined with regard to dyadic coping and psychosocial stress. The actor-partner-interdependence model was used to examine the associations in couples.
Results: Both gender and role differences (patient vs. relative) were found with regard to dyadic coping, with women showing more DC than both patients and relatives. There are also correlations between DC and depression, anxiety and quality of life. There are also differences between the diseases
Discussion: The results emphasize the consideration of DC in chronically ill patients and the inclusion of relatives in psychosocial care. In addition, differences between men and women in both the patient and family roles should be taken into account.

Roundtable: Walking the walk through the open door: realising open science infrastructures

14:30 - 15:30

Walking the walk through the open door: realising open science infrastructures

M. Braun[1, 2], G. Peters[3], P. Bernard[4], J. Green[5], E. Norris[6]

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Purpose
This interactive roundtable explores the role of open infrastructure in health psychology research, with a focus on audience engagement and practical strategies for overcoming barriers.

Objectives
1) Define open infrastructure and its importance in research.
2) Supplement the list of open alternatives to frequently used closed software.
3) Collect “favourite functions” of closed science infrastructure (e.g. Web of Science, Endnote, Word, SPSS, Qualtrics, Nvivo)
4) Discuss how to realize this same functionality in open science infrastructure (e.g. OpenAlex, Zotero, LibreOffice, jamovi, LimeSurvey, iROCK)
5) Exchange strategies to ensure sustainable open infrastructure for health psychology science
6) Facilitate discussion on the barriers of adoption and how we can manage them.

Rationale
Using open infrastructure is an important part of open science, as well as an explicit UNESCO recommendation. Open infrastructure means that the infrastructure used for scientific processes is open source, community-owned, and based on open standards. This is important to secure academic sovereignty (preventing corporations with other interests from interfering in epistemic processes), to ensure inclusive science (preventing science from being dominated by better-funded institutions and researchers), and to enable methodological innovation (preventing a situation where corporations owning scientific infrastructure neglect integrating methodological innovations).
However, many institutions and societies have not yet transitioned to this new model where they fund, steward, and/or maintain scientific infrastructure. In this roundtable, we aim to understand the barriers experienced by institutions and researchers, together identifying strategies to move towards an open future.

Summary
This session begins with an introduction to open infrastructure. Based on a short live survey, we will then present common barriers to using open infrastructure and how to cope with these barriers. Participants will be given the opportunity to discuss additional barriers at the roundtable. Participants will then together list the functionality in closed science packages that they value most. Then, they will engage in small group discussions to discuss how to realize this same functionality in open science tools. After, we will provide a short introduction to sustainable open infrastructure, and discuss plenarily how to achieve this in health psychology research. We will end by summarising the roundtable, and providing some additional resources to help participants get started on transitioning to open infrastructure.

Roundtable: We know intersectionality matters—Now what? Bridging theory, methods, and applications of intersectional approaches

14:30 - 15:30

We know intersectionality matters—Now what? Bridging theory, methods, and applications of intersectional approaches

L. Wolf[1], C.M. Jones[1], N. Pedros[2], K. Ramsey[3], C. Emmer[4]

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[2]University of Bremen, Germany
[3]University of Twente, Netherlands
[4]University of Mannheim, Germany

Purpose:
This roundtable brings together researchers to move beyond individual-level explanations of health inequalities and adopt an intersectional approach. By emphasizing intersectionality as both a theoretical and methodological framework, this session will explore innovative methods and discuss barriers to their implementation, ensuring research better reflects lived experience.

Objectives:
To exchange knowledge and ideas about intersectional approaches and opportunities laying groundwork for publication that advances the accessibility and integration of intersectionality in health psychology research:
1. Introduce intersectionality as a foundational theoretical and methodological framework in light of current gaps in research addressing the layered complexities of inequality
2. Explore the reciprocal contributions of health psychology to intersectionality
3. Identify opportunities to adopt intersectional approaches in quantitative/qualitative research and theory and intervention development
4. Stimulate discourse regarding opportunities and challenges in intersectionality, providing the foundation for a collaborative publication inspiring theoretical and methodological engagement with intersectional approaches.

Rationale:
Health and well-being are shaped by systemic inequities that determine access to health-promoting resources and opportunities. Traditionally, analyses often isolate social characteristics attempting to address this. However, such approaches assume identities exist independently and detached from structural inequalities rather than being shaped by them, obscuring lived experiences and the complexity of (dis)advantage. Kimberlé Crenshaw's intersectionality framework highlights interlocking systems of power and privilege that perpetuate inequality, emphasizing the need for methodologies that capture interacting effects on intersectional identities. While intersectionality is widely acknowledged, its application remains underdeveloped. Qualitative research's emphasis on lived experiences, more easily facilitates intersectional approaches, whereas quantitative methods face statistical complexity in modeling intersecting social identities with sophisticated approaches available, but remaining largely unfamiliar. Given the lack of integration of intersectionality in research, there is a need to promote theoretical advancements, empirical insights, and emerging analytical methods. The roundtable and subsequent publication will provide a critical synthesis of current approaches, highlight key barriers, and offer practical guidance for researchers seeking to embrace intersectionality.

Summary:
CJ outlines gaps in current approaches addressing inequalities, bridged by CE highlighting empirical findings

on discrimination that suggest the need for intersectional approaches. KR discusses the need to address within-group heterogeneity in modeling introducing intersectionality as a framework, continued by NBP showcasing applications and quantitative innovations. LW then leads group discussion, shaped by guiding questions regarding intersectional practices and goals. This discussion seeks to explore experiences, ideas, needs, and challenges as well as both immediate opportunities and future collaborations—including directions for a joint publication.