

U5

Health Psychology & Behavioural Interventions

Promoting wellbeing.
Encouraging positive change.



HEALTH BELIEF MODEL • BELIEFS SHAPE, NOT DETERMINE, ACTION



The model explores why a person may or may not take a health action.

Use open questions to understand the person's view, give accurate individualized information, correct misinformation respectfully, and address feasible barriers.

Beliefs interact with experience, culture, resources, symptoms, and trust.



💖 The model predicts no individual's choice and never justifies pressure, blame, or withholding care.

ILLNESS BEHAVIOUR • NOTICE, INTERPRET, DECIDE, RESPOND

Illness behaviour describes how people notice symptoms, seek help, and respond.

1 • NOTICE



Changes may be subtle or overlooked.

2 • INTERPRET



Meaning and urgency are shaped by knowledge, experience, culture, emotion, and social context.

3 • SEEK OR SELF-MANAGE



Decisions reflect perceived severity, access, cost, stigma, support, responsibilities, and prior care.

4 • RESPOND TO A PLAN



A person may agree, adapt, pause, decline, or face practical barriers.



**ASK,
DON'T
ASSUME**

Explore the person's explanation, goals, worries, medicine beliefs, access, and communication needs.

Give safety-net advice: what to watch for, when and where to seek help, and whom to contact.

Different responses are not proof of irresponsibility or poor motivation.



Assess urgent symptoms and safeguarding concerns promptly; respect informed choice and revisit support without blame.

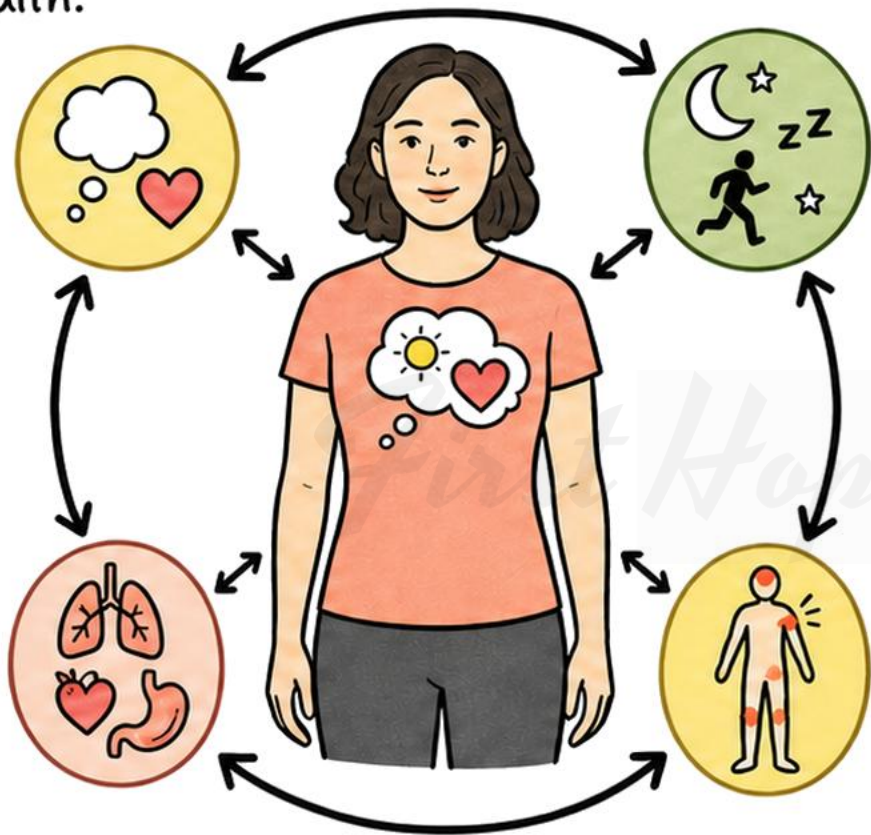
MIND-BODY CONNECTION • SYMPTOMS ARE REAL

Thoughts, emotions, behaviour, sleep, and body processes can interact with physical health.

Stress may trigger or worsen headache, muscle tension, irritable bowel syndrome (IBS), sleep problems, fatigue, or pain; effects vary.

PSYCHOSOMATIC DOES NOT MEAN "IMAGINED"

Do not dismiss, stigmatize, or assume a psychological cause.



ASSESS

Take symptoms seriously; check red flags, medicines, substances, physical conditions, and functional impact within role.

UNDERSTAND

Ask about stress, mood, trauma, sleep, activity, coping, relationships, and the person's explanation.

SUPPORT

Use a shared biopsychosocial plan: clinical review, clear explanation, symptom management, sleep and activity support, stress-management skills, and psychological care when indicated and accepted.

Escalate new, severe, rapidly worsening, or emergency symptoms.



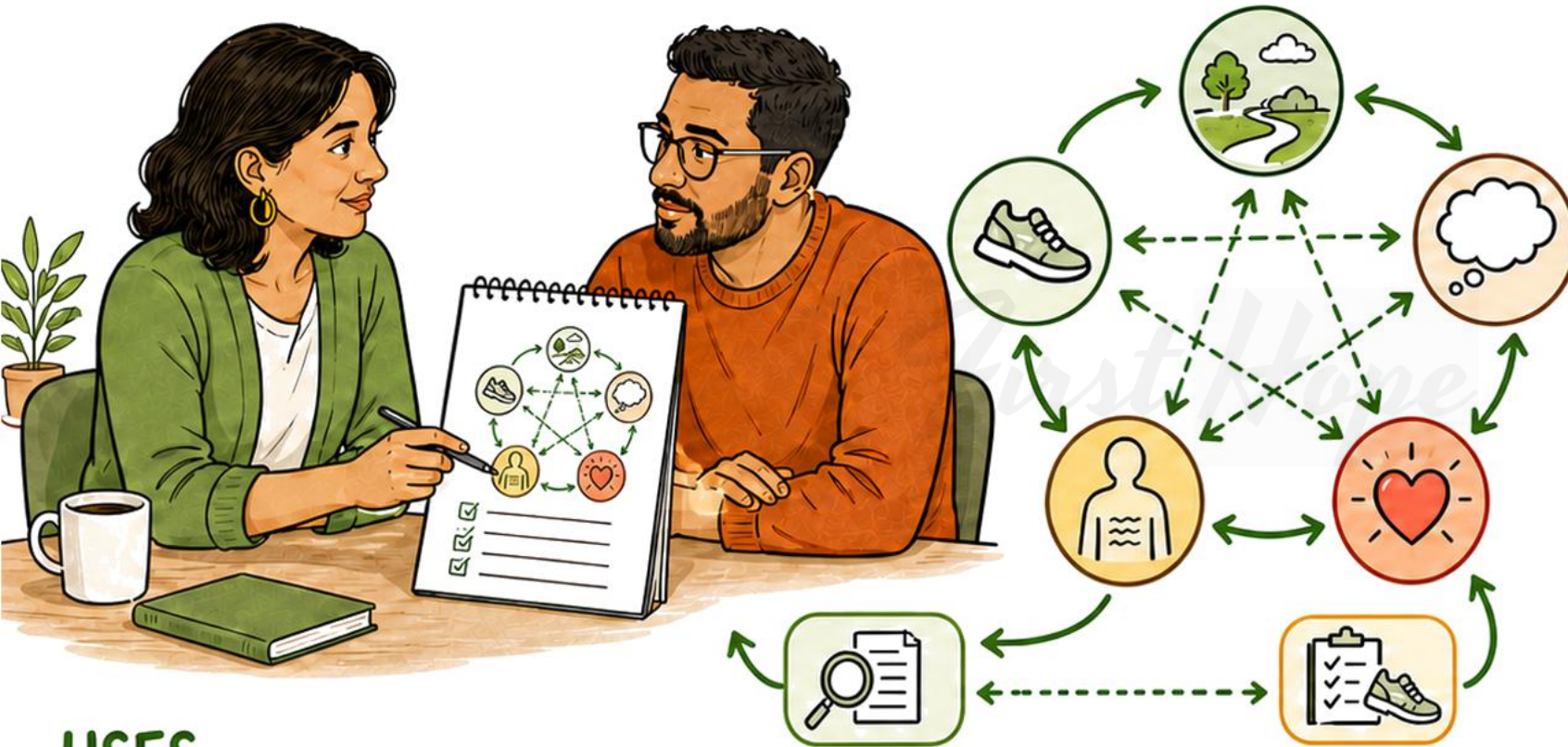
Integrated care may improve coping and function; it never replaces necessary physical assessment or guarantees symptom relief.



CBT • THOUGHTS, FEELINGS, BODY, ACTIONS

CBT is a structured, collaborative psychotherapy adapted to the person and problem.

It explores how situations, thoughts, emotions, body sensations, and actions may reinforce one another.



CORE PROCESS

- 1 Notice specific patterns and triggers.
- 2 Examine evidence for and against an interpretation.
- 3 Develop more balanced, useful alternatives – not forced "positive thinking."
- 4 Plan manageable activities, coping skills, or behavioural experiments.
- 5 Review what happened and adjust together.

USES

Evidence-based CBT may help with anxiety, depression, pain, sleep, or long-term-condition problems; suitability and method vary.

Use agreed goals, accessible materials, pacing, and regular review. CBT should be delivered or supported within training and competence. It does not blame the person, erase real adversity, guarantee change, or replace medicines, medical assessment, crisis care, or other indicated treatment.



Escalate immediate safety concerns.



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