

A Health Psychology Perspective on ‘The Happiness Programme’

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Executive Summary of this Report

This report is written from a Health Psychology perspective surrounding 'The Happiness Programme'. This report will include an overview of 'The Happiness Programme' including some initial findings which Social-Ability have found whilst exploring the effectiveness of the intervention and what benefits (both physical and psychological) that it may have for individuals who engage with the intervention. There will be a brief introduction to Health Psychology, defining what Health Psychology is, what the role of Health Psychologists are, and where they may work once qualified.

There will be four Health Psychology models and theories explored including:

- Health belief model
- Behaviour change techniques
- Self-efficacy and the
- Behaviour change wheel/ COM-B Model.

Within exploration of these four models and techniques, there will be a short description of the models with diagrams to introduce the models. This will then be followed by mapping The Happiness Programme onto the models which will identify that The Happiness Programme is evidence, theory and research based which may begin to explain the effectiveness of the intervention for positive outcomes for individuals.

For this report, three short interviews were conducted with individuals within care home settings and environments who use The Happiness Programme with service users within their care. Whilst mapping the intervention onto Health Psychology theories and models, there will be quotes from the interviews to demonstrate what individuals think of the intervention whilst using it with service users within their care. For this report – names have been redacted and pseudonyms given to protect identity and confidentiality of individuals.

Executive Summary of Mapping of Health Psychology Models to ‘The Happiness Programme’

The Health Belief Model

The Happiness Programme uses positive message framing throughout the intervention from initial introductions of the intervention, through to staff members within care home settings using the intervention. This positive framing is evidenced when exploring individuals’ perspectives of The Happiness Programme and the positive effect which this has for individuals using the intervention.

“When the intervention got delivered here, first thing we did was let the staff have a go, get used to it and we almost turned it into a bit like a team building event as well. So, we could use it as like competitive stuff and everything and that moment, I think, was what engaged the residents more because they saw us using it, having fun and being silly and everything. So, then they wanted to participate immediately, without sort of being weary of it, you know, because it’s new and something they’ve not done before.”

(Andy)

Behaviour Change Techniques

The key BCT’s that have been identified to map onto The Happiness Programme are:

- Feedback and Monitoring
- Social support
- Comparison of Behaviour.

“When they’re coming in and joining in with the interventions as well, and when they’re seeing these things on there, that they’re sort of excitement rubs off on the service users as well because they’ve seen it before.”

(Poppy)

“When we first got the intervention, we did it more in a group setting, so we could share everybody what was about and sort of I use the term have a mess around, but you know, make it fun and engaging and things. Like everybody, some people learn better in a group setting.”

(Andy)

Self-Efficacy

Due to the positive framing of The Happiness Programme, and carers, families and peer groups, individuals who are using the Happiness Programme have higher levels of self-efficacy and are more engaged in physical activity whereas previously they may have been too underconfident to engage.

“She really does not want to get up and exercise, but when we first actually got the projector, I remember it clearly. We were projecting the so the leaves they've got where you can sweep them away. We're projected that onto the floor, and I gave her a sweeping brush and she was sort of leaning in to sweep and she didn't realize she was moving at the time, but she was moving, which is a lot more than we normally see from her.”

(Poppy)

COM-B Model (also known as Behaviour Change Wheel)

The Happiness Programme maps onto all elements of the COM-B which includes exploring individuals capabilities, opportunities, and motivation which all encourage an individual to increase their health behaviour (such as: increasing physical activity or eating a more balanced diet).

“With The Happiness Programme, there are a lot more and get especially some of the games and things that are honest, like the painting, they really like the painting. They don't seem to sleep as much after using the happiness program.

So yeah, it's actually an amazing, amazing piece of software, everyone enjoys it like all our residents.”

(Clara)

“How versatile it is because we can use it with every single service user in our home and everyone is ranging from very different abilities. So, it's nice to see something that is so fit to every single person.”

(Poppy)

“We have a lot of service users that don't interact much and that are very socially isolated. So, using the projector with them means that they are getting something really meaningful to them, even if it's just watching a sort of scene.”

(Poppy)

What is 'The Happiness Programme'?

The Happiness Programme is the first technological programme of its kind created by Social-Ability with the aim to support individuals who are living with cognitive and physical care needs within a range of care home environments.

There are two main aims of The Happiness Programme:

1. To enhance quality of life for individuals living with physical and cognitive conditions
2. To support care home and NHS staff, by delivering training with the programme which ensures the ability to offer personalised care for each individual whilst reducing job-related stress and anxiety.

Overall, the Happiness Programme is for both members of staff and individuals living with physical and cognitive conditions, it emphasises a personalised and holistic approach.

Using a lightweight and portable projector, The Happiness Programme is accessible for all individuals, with a range of programmes to ensure inclusivity. Programmes range from interactive light games, painting pictures, brushing leaves, and playing tennis, ensuring that all individuals have an enhanced quality of life. The Happiness Programme projector also for individuals who are unable to leave their bed due to a cognitive or physical illness to have sensory activities and engagement throughout their day. The projector can be aimed at the walls or ceiling to allow for individuals to engage with sensory images, noises, and scenes which promotes relaxation and a point of conversation as the activities can also be used with friends and family. Companies who use The Happiness programme have reported to use it for a range of activities including:

- 44% benefiting from group play.
- 55% benefitting from music therapy.
- 33% use it as a therapeutic intervention.
- 33% use it as a sensory room.

The outcomes of using The Happiness Programme have been reported by care home environments, signifying the success of the programme for all individuals. These include:

- 98% improvement in social wellbeing
- 89% improvement in cognitive wellbeing
- 98% improvement in physical wellbeing
- 73% reduction in distress
- 1 in 5 of the Happiness Programme subscribers stated a reduction in PRN use.

These statistics demonstrate the overall positive impact which The Happiness Programme can bring for individuals.

What is Health Psychology?

Health Psychology is an area of psychology which is very different to the traditional psychology fields such as clinical or counselling psychology. Health psychology is primarily concerned with people's experiences of health and physical illness (British Psychological Society [BPS], 2023). "Health psychology is a rapidly evolving profession that uses the practice and application of psychology to study behaviours relevant to health, illness and healthcare" (NHS, 2023). Health psychologists use their knowledge of psychology and health to promote general wellbeing, health and understanding for physical illnesses.

Health psychologists are usually trained via a Professional Doctorate or PhD in a specific area to help individuals to have healthier lifestyles, promote health behaviours, and understand their long-term conditions (BPS, 2023). For example, a Health Psychologist may help an individual to lose weight, stop smoking, increase physical activity, or improve nutrition through a balanced diet.

Health Psychologists work in a variety of settings including:

- Academia
- GP practices
- Hospitals
- Private practice
- Care homes

Within these settings, a Health Psychologists role may include:

- Identifying behaviours that may impact on a person's health, for example smoking, drug abuse, poor diet, and understanding how psychological theories and interventions can support behaviour change and prevention.
- Looking at ways on how best to encourage behaviours such as exercise, a healthy diet, good oral hygiene, health checks/self-examination and attending preventative medical screenings.
- Investigating the nature and effects of communication between health professionals and patients, including interventions to improve communication.
- Examining the psychological impact of illness on individuals, families, and carers
- Applying psychological interventions to help people manage their illnesses and cope with symptoms such as pain. (NHS, 2023)

Health Psychology Models & Mapping of ‘The Happiness Programme’

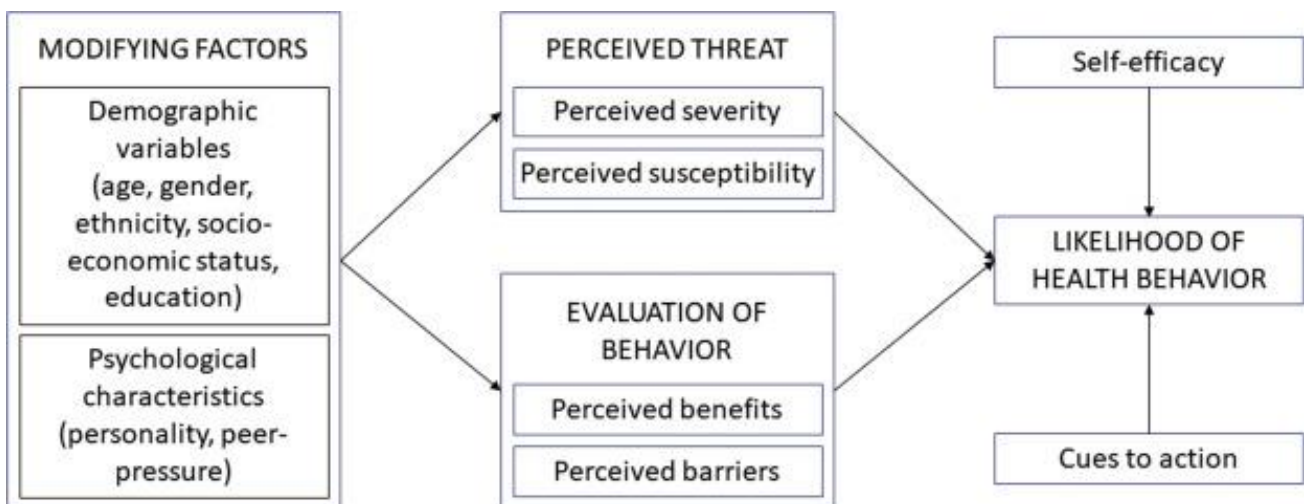
Within Health Psychology, models are used to help design and support individuals with behaviour change such as increasing physical activity, improving diet, smoking cessation.

Models and theories include:

- Health belief model
- Behaviour change techniques
- Self-efficacy
- Behaviour change wheel/ COM-B Model

Health Psychologists use models to support behaviour change and interventions. This attempts to ensure that individuals are supported with reliable and valid techniques which have been identified within research as effective.

The Health Belief Model



The Health Belief Model (HBM) (Rosenstock, 1974) explores that health behaviours are determined by an individual’s representation of the health behaviour including the perception of illness and the evaluation of the behaviour to counteract this threat (Abraham et al, 2016; Sas-Nowosielski et al, 2016). The threat perception of an illness is based on the perceived susceptibility and the severity of the consequences of the illness (Rosenstock, 1974).

The HBM also takes into consideration cues to action which triggers the individual to make behaviour change such as mass media campaign, and health motivation which explores how much an individual values their health; highly motivated individuals will be more likely to engage in behaviour change (Abraham et al, 2016; Champion & Skinner, 2008; Janz & Becker, 1984).

Mapping the HBM to The Happiness Programme

Message framing within interventions can have significant impacts on the level of persuasion for the audience to become motivated to change health behaviours (Gerend & Cullen, 2008; Van't Riet et al, 2010).

The Happiness Programme uses positive message framing throughout the intervention from initial introductions of the intervention, through to staff members within care home settings using the intervention. This positive framing is evidenced when exploring individuals' perspectives of The Happiness Programme and the positive effect which this has for individuals using the intervention.

“When the intervention got delivered here, first thing we did was let the staff have a go, get used to it and we almost turned it into a bit like a team building event as well. So, we could use it as like competitive stuff and everything and that moment, I think, was what engaged the residents more because they saw us using it, having fun and being silly and everything. So, then they wanted to participate immediately, without sort of being weary of it, you know, because it's new and something they've not done before.”

(Andy)

Positive framing focusses on the benefits of behaviour change, including what individuals will gain from changing behaviour (Van't Riet et al, 2010). Research indicates that positively framed messages are effective for health prevention behaviours such as healthy eating and increased physical activity (O'Keefe & Jensen, 2007; Van't Riet et al, 2010).

Behaviour Change Techniques



Behaviour change techniques (BCT's) is a strategy that helps an individual change their behaviour to promote better health (Bradbury et al., 2019). BCT's are used within health psychology interventions in conjunction with health psychology models to allow for full efficiency.

Examples of behaviour change techniques include:

- **Shaping knowledge:** this includes 'instruction on how to perform the behaviour', which is guidance and advice as to how to complete the specific behaviour (i.e., increasing physical activity)
- **Social support:** this includes three categories such as unspecified, practical, and emotional support from individuals including family, friends, or carers.
- **Feedback and monitoring:** this includes an individual (such as family, friend, or carer) giving verbal feedback about the performance of the behaviour which they are completing (such as physical activity). This can also include feedback on the outcome(s) of the behaviour (such as monitoring an individual's physical activity levels, nutrition levels, or weight gain).
- **Comparison of behaviour:** this component includes demonstration of the behaviour and social comparison. If others are completing the desired behaviour in a group setting, an individual is more likely to join the group and participate too. Demonstration of the behaviour requires a role model (family, friend, or carer) to show the behaviour to the individual to allow for replication.
- **Self-belief:** this component includes mental rehearsal of the behaviour, communication of capability, and focus on past successes. Self-belief is a large factor in positive health behaviour change, so this technique is vital.

Mapping Behaviour Change Techniques to The Happiness Programme

Throughout The Happiness Programme, multiple of the behaviour change techniques are used to ensure that individuals are having an opportunity to promote their health behaviour such as increasing physical activity or improving nutritional intake.

Feedback and monitoring appear to be key within The Happiness Programme in multiple ways including gaining feedback from individuals who use the intervention as well as collecting feedback from care home staff from Social-Ability to collate statistics to identify efficiency of the programme.

“Opened up for our residents to get involved in meetings that they can discuss because one of our topics now is what would you like us to feed back to social ability that you would like to see put in or if they were able to build you a programme, what would you like to see on it?”

Get their ideas, their feedback and everything, and that just helps keep them engaged because they are thinking, or they appear to think, you know, this is us making choices and decisions”.

(Andy)

Social Support and ***Comparison of Behaviour*** are used frequently throughout The Happiness Programme, with staff members frequently using the intervention to demonstrate to individuals how to use the programme and allow them to adapt to the thought of a new piece of technology.

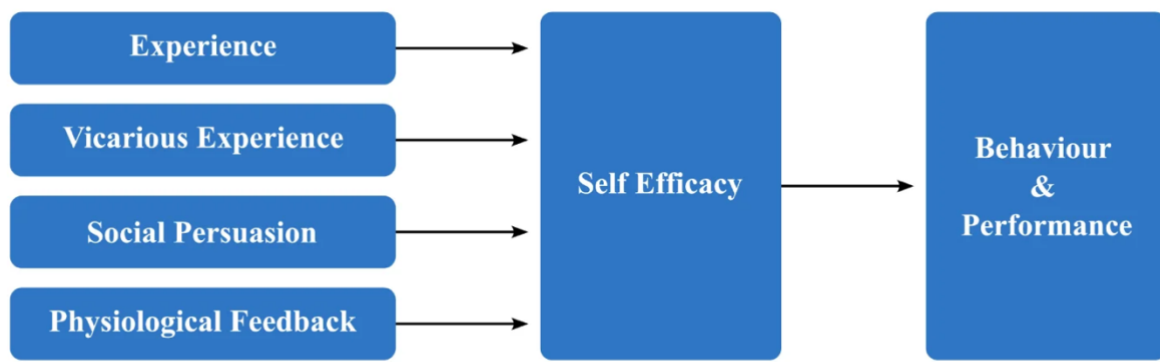
“When we first got the intervention, we did it more in a group setting, so we could share everybody what was about and sort of I use the term have a mess around, but you know, make it fun and engaging and things. Like everybody, some people learn better in a group setting.”

(Andy)

The intervention can also be used in a group environment, which encourages individuals to copy behaviours and engage with the intervention without feeling self-conscious.

“When they're coming in and joining in with the interventions as well, and when they're seeing these things on there, that they're sort of excitement rubs off on the service users as well because they've seen it before.”
(Poppy)

Self-Efficacy



Self-efficacy is a mechanism through which self-management for behaviour change and health promotion can be accomplished (Peters et al., 2019). Through improving health behaviour, research has indicated that increased levels of self-efficacy and improving health behaviours are positively correlated with quality of life for individuals (Peter et al., 2019). Research has identified that high levels of self-efficacy is essential for health behaviour change to occur and to be sustained over longer periods of time (Brouwer-Goossensen et al, 2018; Sheeran et al, 2016), due to individuals needing the confidence in their abilities to make changes in health behaviours.

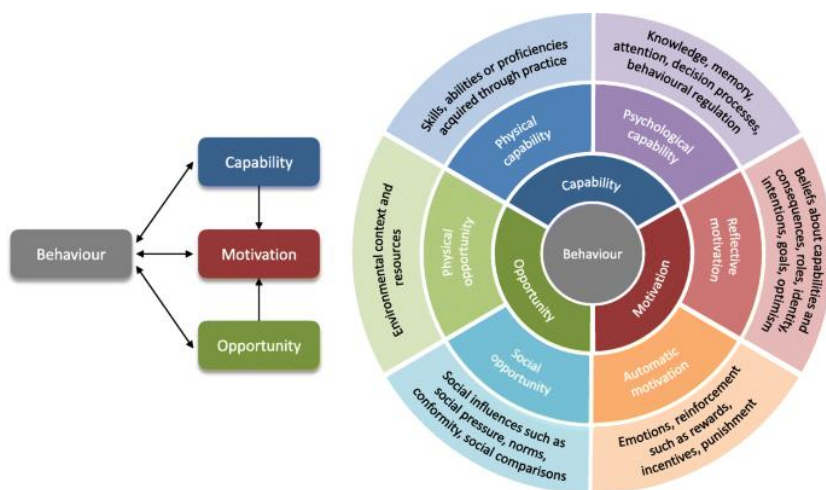
Mapping Self-Efficacy to The Happiness Programme

Due to the positive framing of The Happiness Programme, and carers, families and peer groups, individuals who are using the Happiness Programme have higher levels of self-efficacy and are more engaged in physical activity whereas previously they may have been too underconfident to engage. Self-efficacy also links in with behaviour change techniques such as social support, and the COM-B model. Within an intervention, all theories usually work in combination to support the individual and encourage health promotion such as increasing physical activity and nutritional intake.

“She really does not want to get up and exercise, but when we first actually got the projector, I remember it clearly. We were projecting the so the leaves they’ve got where you can sweep them away. We’re projected that onto the floor, and I gave her a sweeping brush and she was sort of leaning in to sweep and she didn’t realize she was moving at the time, but she was moving, which is a lot more than we normally see from her.”

(Poppy)

COM-B Model (also known as Behaviour Change Wheel)



The COM-B model (also known as the behaviour change wheel) explores that there are three key components for an individual to change their health behaviour. These include:

- Capability
- Opportunity and
- Motivation.

Capability explores whether an individual has the knowledge, skills, and abilities to change their health behaviour. It includes both physical and psychological capability to ensure that an individual has the physical skill/stamina and psychological strength to complete a health behaviour such as improving physical activity or diet.

Opportunity explores the external factors and environment which surrounds the individual to encourage for health behaviour change. It includes both physical (opportunities which are in the environment around the individual such as location, time, and resources) and social opportunity (such as cultural and social norms).

Motivation explores the internal thought processes which an individual has for decision making which will influence their health behaviours. This includes reflective motivation (reflections on previous actions, making new plans and evaluating

progress) and automatic motivation (exploring an individual's impulses, desires, and inhibitions).

The model identifies that an individual must have these three components for behaviour change to be successful. Therefore, if a Health Psychologist uses this model within an intervention for behaviour change, it is vital that all three components are considered to ensure successful and sustained behaviour change such as increasing physical activity, improving diet, or smoking cessation.

Mapping the COM-B to The Happiness Programme

The Happiness Programme explores everyone's **capabilities** when exploring all programmes within the intervention to help promote an individual's physical activity level and nutritional intake. By ensuring that all individuals capabilities are met, the intervention encourages inclusivity with the aim to improve quality of life and psychological and physical health.

“How versatile it is because we can use it with every single service user in our home and everyone is ranging from very different abilities. So, it's nice to see something that is so fit to every single person.”

(Poppy)

The Happiness Programme explores the **opportunities** which individuals have whilst exploring their capabilities. For example, if individuals prefer to spend time on their own, the intervention can be transported into rooms so that individuals are still able to engage with the intervention.

“We have a lot of service users that don't interact much and that are very socially isolated. So, using the projector with them means that they are getting something really meaningful to them, even if it's just watching a sort of scene.”

(Poppy)

Overall, The Happiness Programme explores the **motivation** of both individuals who use the intervention and care home staff. When using the intervention, individuals have been identified to appear more positive, motivated, and energised.

“With The Happiness Programme, there are a lot more and get especially some of the games and things that are honest, like the painting, they really like the painting. They don't seem to sleep as much after using the happiness program.

So yeah, it's actually an amazing, amazing piece of software, everyone enjoys it like all our residents.”

(Clara)

Ways to measure the effectiveness of ‘The Happiness Programme.’

Within all health behaviour change interventions within Health Psychology, pre-validated measures are used to measure effectiveness and sustained behaviour change of an individual.

Measures are usually conducted at set time points including:

- Prior intervention (this acts as a baseline)
- Halfway through the intervention (shows progress)
- Immediately post intervention (shows behaviour change progress following full intervention)
- 3 – 6 month follow up (shows sustained behaviour change).

Most measures are free to access and can be completed either as a self-report measure or through the help of carers, family members, or friends to help support an individual with the completion. If an individual is living with Dementia (therefore may not have capability to complete the measures), carers can also fill out the measures for that individual as an objective viewpoint.

Quantitative measures allow for results to be statistically analysed. This will identify of any correlational patterns (relationship between completion of intervention and health behaviour) or differences (intervention groups in comparison to a control group who have not completed the intervention).

Examples of measures which Social-Ability could use to measure effectiveness of 'The Happiness Programme' include:

- **The Patient Health Questionnaire—9 (PHQ-9):** explores depression.
- **The Generalized Anxiety Disorder Questionnaire– 7 (GAD-7):** explores anxiety.
- **Recent Physical Activity Questionnaire (RPAQ):** explores physical activity levels.
- **Physical Activity Scale for the Elderly (PASE):** explores older adult physical activity specifically.
- **Modified Baecke Questionnaire for the Elderly (MBQE):** explores habitual physical activity specifically in older adults living with a form of Dementia.
- **Adult Eating Behaviour Questionnaire (AEBQ):** explores eating behaviours and patterns.
- **Self-regulation of Eating Behaviour Questionnaire (SREBQ):** explores an individual's ability to regulate food behaviour.

All of these questionnaires are free to access and would provide statistics to allow analysis such as multiple linear regressions (explores correlations/relationships), or ANOVAs (explores differences between groups, or variables such as age, gender) for the intervention to demonstrate effectiveness.