



Symposium

Health psychological perspectives on COVID-19

Why health psychology matters to the COVID-19 pandemic

Stephan Van den Broucke - UCLouvain

Behave safe! Why do we (not) adopt behavioural measures in the COVID-19 pandemic?

Melanie Beeckman, Annick De Paepe, Geert Crombez, Fleur Baert, Ama Kissi, Sarah Maes, Maité Van Alboom, Dimitri Van Ryckeghem, Elke Veirman & Louise Poppe - Universiteit Gent

Socio-demographic, cognitive, and emotional determinants of three health behaviors during Covid-19 outbreak: A four weeks online study among French-speaking Belgian responders

Emilie Banse, Alix Bigot & Olivier Luminet - UCLouvain

COVID-19 It's in Your Hands: The development of an online tool to encourage preventive behaviour to reduce COVID19-risk

Ann DeSmet, P. Gérain, E. Lauwerier, L. Poppe, S. Roozen, G. Peters & G. ten Hoor - ULB, UCLouvain, UGent; Academy of Behavior Change, Maastricht University, OU Netherlands



Institut de recherche en sciences psychologiques (IPSY)



BAPS 2020 Virtual Conference Programme
UCLouvain, 27th May 2020

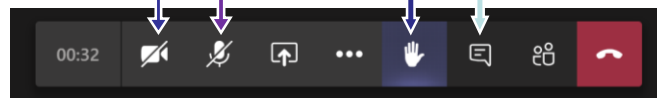
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Why health psychology matters to the COVID-19 pandemic

Stephan Van den Broucke
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Symposium: Health psychological perspectives on COVID-19
Virtual Conference Belgian Association for Psychological Sciences
27 May 2020

Why health psychology matters



- COVID-19 has a huge health and societal impact
 - Measures to prevent the virus from spreading and to reinforce treatment capacities are unprecedented
 - Lockdown has very disruptive societal consequences
- Psychology can inform policies
 - Many protective measures involve **behaviour change** of citizens & health workers
 - Response to COVID-19 is the largest behavioural change project in the history of mankind
 - Health psychologists are experts in health-related behavior change
 - Perception that the existing health system is failing to protect citizens against the spread of the virus creates a need for people to **regain control** of their health
 - to protect oneself against the disease
 - to deal with its disruptive consequences
 - Health psychology's contribution to tackle the pandemic can be directed at the **downstream, midstream** and **upstream** level



Preventive Behaviour Change Measures



Verpanding coronavirus voorkomen
De belangrijkste maatregelen die je kan nemen om verspreiding van het coronavirus te voorkomen, zijn:

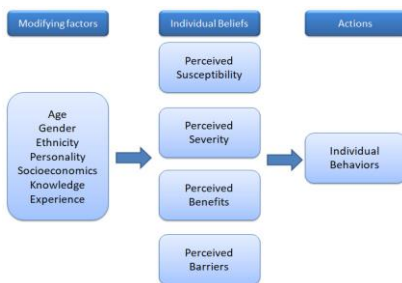
- Was je handen regelmatig
- Hou afstand tot de besmette persoon
- Gebruik een mondkapje
- Gaat goed

Deze maatregelen helpen voor alle virusen die grip en verkoudheid kunnen veroorzaken. Het is dus altijd belangrijk om deze op te volgen.



- Health authorities have tried to enhance protective behavior of citizens through
 - providing information
 - issuing health warnings
 - imposing restrictions
- Variable levels of success
 - relatively weak public response in the beginning of the epidemic (e.g., "lockdown parties")
 - increasing level of adherence at the height of the crisis
 - diminishing adherence as measures are gradually relaxed
- Low adherence is condemned as "irresponsible" and "selfish"

Improving Preventive Behaviour Change Measures



- Health behavior models have shown that people will only act on health warnings if they
 - believe that they are personally **susceptible**
 - perceive the consequences as **severe**
 - perceive the preventive action as **effective** to reduce the threat
 - believe they are **capable** to perform the preventive action
- Wide coverage of the pandemic by the media creates anxiety
 - too much anxiety can elicit **cognitive avoidance strategies** which minimize the perceived threat
 - social identity needs in interaction with contextual factors can increase and mitigate the actual rejection of evidence (**knowledge resistance**)



Maintaining preventive behaviour

- Behaviour change $\neq$ behaviour maintenance

As the virus will still be around for some time, relying on rational considerations, fear appeals and legal restrictions will become increasingly ineffective to maintain preventive behaviour

- Encouraging sustainable behaviour change

- Modify the context to facilitate protective behaviour



- Establish new social norms
- Promote habit formation
 - takes shape when the newly learnt behaviour persists
 - takes place automatically, without the need for conscious reflection
 - robust against change



The importance of self-determination

- To (re)gain control of their lives in the pandemic, people must
 - know what individual preventive measures to take
 - know how to deal with the consequences
- With respect to COVID-19, there is (too) much information
 - not all information is useful, some information is biased or wrong
 - too much information can create confusion
 - the challenge is **not** to provide **more** information, but to help people find the way to **accurate and reliable** health information
- Health literacy

« A person's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course»



Sørensen et al., Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*. 2012;12:80



The role of health literacy

- Addressing the challenge of low health literacy
 - increase the level of health literacy in the population
 - detect and compensate for low levels of health literacy through adapting the communication with patients
 - reduce the health systems' demands for health literacy
- Taking health literacy into account when informing people about COVID-19
 - provide information in an understandable, transparent and consistent way recognizing that people with low health literacy may need more explanation and different communication formats
 - explain the situation transparently and clarify the objectives repeatedly
 - communicate new evidence and information without being afraid to correct earlier messages and statements if necessary
 - avoid blaming, but instead strengthen the well-informed responsibility of the individual while showing solidarity with vulnerable groups



Taking up information is an active cognitive process

- People actively select information sources and information from within these sources
 - selection is influenced by context, emotions and selective attention
 - subject to selection and confirmation bias
- Cognitive schemes are activated to understand and appraise information about the virus and to judge the importance of preventive measures

This can also cause bias

- **negative** information bias
(i.e. the tendency to attach more importance to negative than to positive information, resulting in « catastrophic thinking »)
- **positive** information bias
(i.e. the tendency to consider oneself as less at risk for negative consequence, causing « unrealistic optimism »)
- **familiarity** or recency bias



Countering fake news

- Persistent 'myths' about COVID-19
 - belief that the virus was made in a laboratory or otherwise engineered
 - belief that the virus is a hoax and that the symptoms are caused by 5G masts
 - belief that young people cannot get infected
 - belief that antibiotics or vaccines against pneumonia protect against the infection
- False beliefs are reinforced by the false consensus that is created when information is shared on social media
 - leading to the 'echo chamber' or 'illusion of truth' effect
- Can be countered by encouraging people to
 - cross check the accuracy and credibility of information
 - check the source of information
 - where does it come from, who is behind the information, what is the intention, why was it shared, when was it published ...
 - verify the information by consulting a second source
 - think twice before sharing information that has not been fact-checked



Empowering Organizations and Communities

- Efforts to implement protective measures will be more successful if the advice from experts is combined with **local community knowledge**
 - Partners in the community can help to improve the understanding of disease control protocols
 - Moderate changes can be made that better reflect the community's sensitivities
- **Community engagement** can strengthen the capacity to deal with the disruptive effects of the pandemic
 - Despite the insecurity and stress due to the switch to different modes of operating, many communities show high levels of **solidarity and mutual support**
 - Community **resilience and trust** provide a strong basis to help organizations and communities cope with the unfamiliar situation, re-organize and regain control
 - Need to build on the existing strengths and capacities within a community
- Apply principles of **organizational change**
 - to help schools, universities and workplaces deal with the longer-term disruptive effects



Learning from the crisis

- Recognize the **importance of infectious diseases**
 - Health promotion has traditionally focused on non-communicable diseases and promoting positive health, but neglected to apply health promotion principles and methods to address infectious diseases
 - Requires a stronger focus on intervention research and a better understanding in the processes involved in implementation, rather than on outcomes and causality
- Recognize that human **health is not an isolated issue**
 - Embrace the concept of “One Health”, which recognizes the interconnection between people, animals, plants and their shared environment
- Prepare to **respond swiftly** and effectively to epidemics
 - Learn about the ways in which people make decisions, organizations operate and communities relate in reaction to epidemics and other crises
 - Seek out how social cohesion and trust in public institutions can be strengthened and mobilized to make communities and populations more resilient against crisis
- Accept that **not all events can be predicted** and controlled, and that uncertainty is part of life

