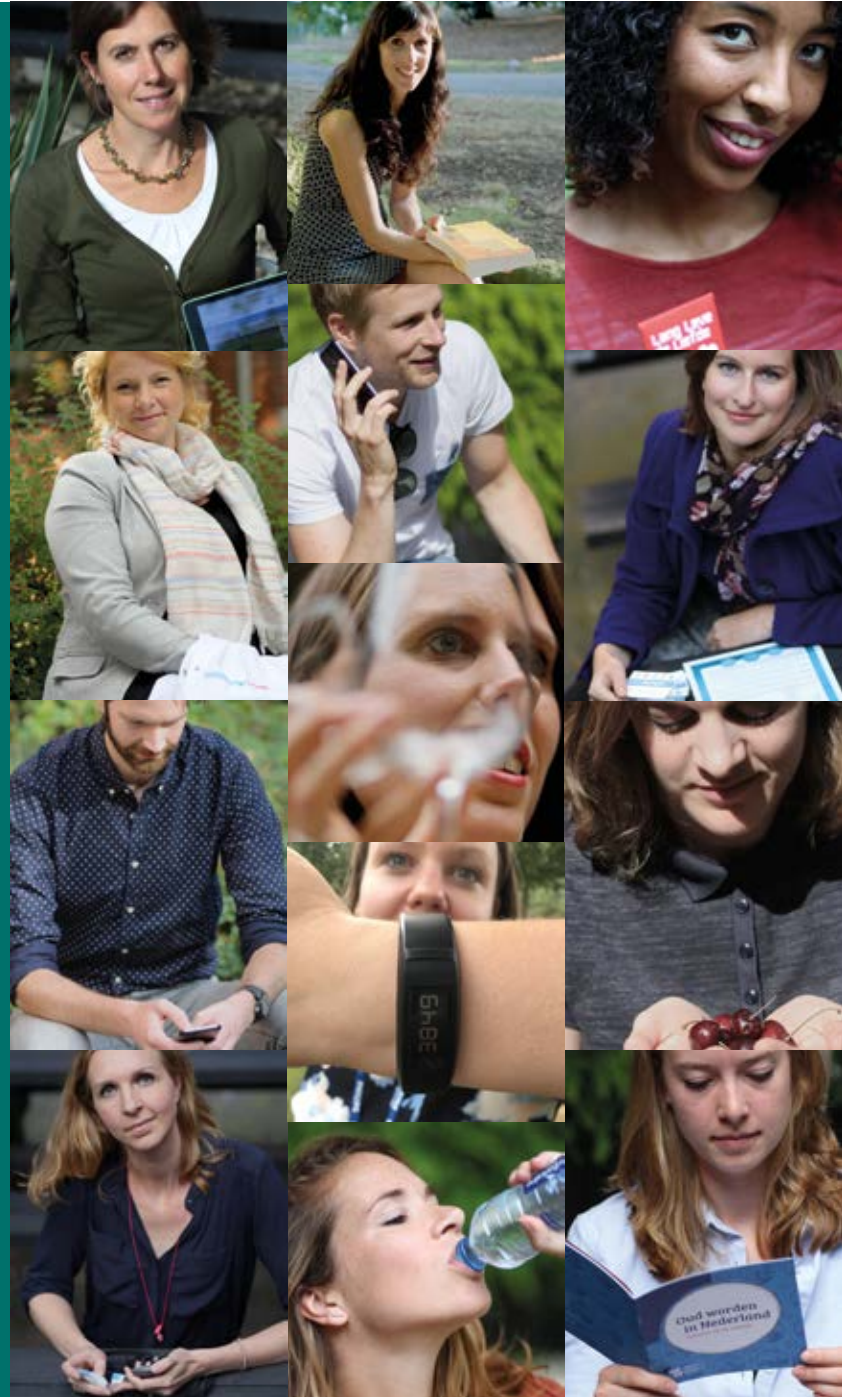


HEALTH WORK(S)

Health psychologists about
their work in practice



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Foreword

Here is a health psychology showcase for the Netherlands and Flanders in which thirteen health psychologists describe their work by telling personal stories. Together, these stories give an overview of the health psychology domain.

We, as initiators, believe that health psychology can play an important role in providing solutions for issues concerning the prevention of illness and the improvement of physical and mental health. However, we believe that this knowledge is not yet sufficiently visible or endorsed.

We take a look at a wide range of professions and areas of expertise. The common denominator is that health psychologists are behaviour experts. They make use of fine-tuned expertise to explain certain health behaviours, in order to be able to influence these through behavioural interventions. A health psychologist should not be confused with a healthcare psychologist, a BIG-registered psychologist who carries out therapeutic treatment in the GGZ (Dutch Association of Mental Health and Addiction Care) and primary care sectors. A health psychologist is a fully trained behaviour scientist, whose aim is to maintain and improve the physical and mental health of individuals and groups. This work takes place in the public healthcare sector, healthcare institutions (primary and secondary), as well as in settings such as schools, businesses, and in the

public realm. Health psychologists are also lobbyists, innovators, and agenda setters for future policies related to healthcare issues.

The development of this showcase was supported by the ARPH, *the Association for Researchers in Psychology and Health*, which consolidates the various university programmes in health psychology in the Netherlands and Flanders. The ARPH's mission is to promote the academic study of health behaviours, and to put this knowledge into practice by applying it to illness prevention and health improvement. We hope this showcase will convince you of the important contribution health psychology can make towards improving public health. Please do not hesitate to contact the ARPH with any thoughts or queries (www.arph.nl).

Denise de Ridder
Professor at Utrecht University

Robbert Sanderman
Professor at the University of Groningen and the University of Twente

Rob Ruiter
Professor at Maastricht University

How do you get people to reach for fruit instead of a chocolate bar? Or to waste less food, and prepare their meals safely? These are the kind of issues that Fr derike Mensink (34) deals with at the Voedingscentrum. “Often, there is a big gap between people’s intention and their behaviour. They would like to eat healthier, but rarely manage. I investigate why this happens, and what would be the best way to influence people”, says Fr derike. Health psychology findings provide the base for this.

“Not that long ago, we used to think that if people knew what was good for them and that we could leave them to it. Unfortunately, this is not true. Of course, everyone knows that fruit is a healthier choice than chocolate. Nevertheless, many people in the Netherlands eat unhealthy snacks. This is because we tend to make unconscious decisions when it comes to food and unhealthy options are usually the easiest choice.

HEALTHY SCHOOL CANTEEN

At the Voedingscentrum, I take a closer look at behavioural factors playing a role regarding food. This enables us to tap into the correct behaviour mechanisms. For example, I am involved in a programme called De Gezonde Schoolkantine (The Healthy School Canteen), supported by the Ministry of Health, Welfare and Sport. We draw up clear directives outlining how schools should set up their canteen, which products should offered,

and how these products should be displayed. Fresh fruit should be placed in the front and healthier choices should be placed somewhere less visible. Predominantly, healthy items should be offered. This helps can give young people a little push into the right direction.

FOOD MEASURING

Another example is our food measuring tool (Eetmeter): a digital food diary which enables consumers to find out whether they include sufficient nutrients in their diet. We are currently adapting this tool to the new Schijf van Vijf (Wheel of Five). My colleagues look at the nutritional side of things; I examine how the tool can be made as effective as possible. For example, by incorporating personalized feedback: ‘Dear Fr derike’, instead of ‘dear user’. Or by suggesting food alternatives: choose plain spinach, instead of   la cr me. And by visualizing improved eating patterns, so that the user finally says:

“I look at which specific behavioural factors play a role in eating”

NAME

Fr derike Mensink

ROLE

Behavioural Change Specialist at Voedingscentrum (the Netherlands Nutrition Centre)

EDUCATIONAL BACKGROUND

Health sciences, Free University Amsterdam


'I can do it'. We know from scientific research that these kinds of steps work.

BEHAVIOURAL MECHANISMS

As health psychologists, we have a lot of knowledge about behavioural mechanisms. This is where our added value lies. For example, we also know that the desired behaviour, as opposed to the problem behaviour, should be shown. There is no point in focusing on children eating pizza in the canteen ('That's wrong, don't do it!'). Putting the spotlight on the healthier alternative does work. There is not much point going on about how much food we all waste: people want to be one of the crowd and wasting food seems to be the 'social norm'. Giving people an actual tool (Eetmaatje) for measuring portions whilst cooking is a lot more effective.

A YOUNG FIELD, PLENTY OF DEBATE

Piecing all of the existing research together and putting this into practice is what I like best about my profession. It is a novel area and the findings are not all set in stone yet. This means: lots of debates with external academic experts, and internally with communication advisors, in order to facilitate the appropriate creative transition to the consumer. We implement proven strategies straightaway, so that they can help people. Doesn't that sound like a fantastically useful challenge?"



**“Persuading people
to eat healthier:
an exciting challenge”**



**“Helping doctors
interpret patient
behaviour”**

At the Haaglanden Medisch Centrum (Haaglanden Medical Centre) she offers psychological assistance to a wide-ranging group of patients. For example, people with cancer, MS, or unexplained conditions. But Mariska Blom also emphatically shows doctors where her added value as a health psychologist lies. “For doctors, interpreting patient behaviour properly can be complex. I attempt to offer doctors an interpretation to enable them to offer patients better support.” This results in health gain.

People come to see me with an extremely wide range of psychosocial symptoms, often involving anxiety, mood swings, or coping problems. Some have found out that they are approaching the end of life. Others have a chronic condition or a progressive illness. Some patients have physical symptoms which cannot be explained. This diversity makes my work very varied.

COPING WITH ILLNESS

I look at how people cope with their illness. As a health psychologist I know a lot about the types of reactions there can be to ‘being ill’, as well as the corresponding behaviour, medical treatments, and ways of providing complementary care from a psychology perspective.

Many cancer patients are, for example, afraid that their illness will come back. This is understandable, and to a certain extent realistic. I help people manage their anxiety. Not only by using cognitive behaviour therapy or other psychotherapeutic interventions, but also by ensuring that doctors provide all of the necessary information, and nursing practitioners the appropriate support.

EMOTIONAL OUTBURST

Sometimes doctors have difficulty interpreting their patients' behaviour. When someone is positive and hopeful, a doctor may think that this person has not fully understood the bleak diagnosis. But this behaviour might be just what the patient needs to get through this difficult time. Another patient may have a serious emotional outburst in the surgery, alarming the doctor, who then thinks something is terribly wrong. But this might be exactly what the patient needs in order to release tension, and cope with the situation.

'THE SHRINK'

Using health psychology, I explain what causes these types of behaviour, enabling doctors to help patients. I see it as my mission to actively demonstrate this added value every time again, for example at symposia or during clinical supervision for doctors in training. I find that many people – including medics – still don't fully understand what a health psychologist does. Some people just think that psychology and psychiatry are one and the same, referring to them as 'the shrink'. They do not know what a health psychologist is.

THE GREATER GOOD

Doctors and nursing practitioners who are directly involved, as well as patients themselves, see that the contributions made by health psychologists can benefit the greater good. Involving us in the treatment programme enhances medical treatment. This is why we also deem it to be crucial for psychological care to become an integral part of our new oncology centre. The wonderful thing about this work is being so closely involved. I sometimes attend patient examinations or hospital visits, as part of the treatment programme. People share their difficult and intimate moments. It is then my job to hone in on what the patient needs. This is what working in the hospital is about. I would not want to miss it.

NAME

Mariska Blom

ROLE

Health psychologist, trainee
clinical psychologist, Haaglanden
Medisch Centrum (Haaglanden
Medical Centre)

EDUCATIONAL BACKGROUND

Health psychology, Leiden

**“The beauty of this work:
involved very closely with patients”**

At the National Institute for Public Health and the Environment (RIVM) she transforms fragmented elements of research findings into clear messages for policy makers focussing in particular on behavioural factors that influence people's health. "Things such as food, exercise and alcohol consumption", researcher Else Zantinge states. "It is generalization, which is a good match for a degree course like health psychology. But there is a clear higher aim: to improve public health in the Netherlands." For Else this is a huge motivation.

"We offer an overview of scientific knowledge about public health. Plus, we carry out our own analyses on existing data. This is what we do in my department. We produce factual knowledge about illnesses, where they occur, and what can be done in terms of prevention. We detect trends, and project them into the future. We publish the reports on websites such as www.volksgezondheidzorg.info.

OBESITY

As a health psychologist I primarily look at the consequences of behaviour. Which developments can be detected in terms of obesity and excessive alcohol consumption? What is not going well, which aspects are improving, and why? This gives policy makers guidance in their policies, both nationally and locally.

BINGE DRINKING

To give a specific example, the legal drinking age has risen. Although we now see that young people begin drinking later, *binge* drinking is much more prevalent. This is the type of knowledge which is required in order to fine tune policies as accurately as possible. While I was studying health psychology there was a lot of emphasis on methodology and statistics, which has proven to be extremely useful.

NUDGING

I also register the knowledge which has been accrued in terms of nudging: influencing people's behaviour whereby they get a little 'nudge' in the right direction from their environment. There is a direct link with health psychology. The RIVM is keen to know how relevant

NAME

Else Zantinge

ROLE

Public health researcher, RIVM
(National Institute for Public
Health and the Environment)

EDUCATIONAL BACKGROUND

Health psychology, Utrecht
University

PLUS

Awarded a PhD degree for her
research regarding the workload of
GPs and the attention paid to their
patients' psychosocial problems

"We offer policy makers starting points
for their policies"

nudging can be to improving public health. During my studies, I was already intrigued by how people make choices, which conscious and subconscious tendencies there are, and how we can tap into them.

SOCIAL BENEFIT

I find it very important that my work is socially useful, albeit indirectly. Furthermore, I find it inspiring that I can keep delving into different subject matters. At the moment, for example, I am working on the subject of 'sleep' in relation to health, which is fascinating. I always work in a team: as an editor, researcher, or project leader. That makes my work even more diverse.

SUPPORT

I am also actively involved in training my colleagues to work in a focused, relaxed and efficient manner, to help avoid stress and overload. This is the 'support' aspect of the profession, which is so important to most psychologists. For me it's a fun and meaningful addition to my primary work. And a subject like burn-outs certainly keeps me busy.

QUALITY OF LIFE

With the population in the Netherlands ageing rapidly, the question is how we can maintain the high level of the quality of life. The answer is positive health: look at what makes people happy, instead of focusing on problems and illnesses. These are the kind of solutions which are being pursued more and more in my work, and I that's why I am certainly not done yet!"



“Driving force: to improve public health in the Netherlands”



“I strive for optimal patient self-management”

He started his career as an occupational therapist, but Jesper Brons (32) was so fascinated by people’s behaviour that he decided to study health psychology. He focused primarily on e-health innovations: how can these be used to enable patients to have more control over managing their treatment? He currently applies his expertise at VIR e-Care Solutions, an IT company aimed at the rehabilitation market.

“As an occupational therapist I wanted to get the whole ‘system’ involved in patient treatment, working towards treatment providers being complementary to each another. One of the things occupational therapists work on is posture, and one of their challenges is maximizing fine motor skills. But, it would be great if our colleagues would also take this into account, and if we in turn could get some tips from speech therapists or physiotherapists. In short, collaborate in a multidisciplinary way, so that ultimately everyone complements one another.

At the same time, I want patients to gain more control of the management of their treatment programme, and work together with their treatment providers, instead of just being told what to do.

ELECTRONIC PATIENT FILE

At VIR e-Care Solutions, we work on software for Specialist Medical Rehabilitation and Geriatric Rehabilitation Care. I work on an electronic patient file (rehabilitation EPD). One of the components is a patient portal, where patients answer a questionnaire set by their doctor, which includes issues such as how they cope with their illness. There are homework tasks, like new exercises to do, which are demonstrated in accompanying short videos; and users are able to chat with their treatment providers.

CLOSE TO THE END USER

My role is to be as close to the end users as possible, patients as well as the treatment providers. As a health psychologist who is specialized in e-health, I understand how people think, and how to develop user-friendly screens. I also know which strategies effectively improve patient motivation.

MOTIVATIONAL MESSAGES

Navigating the information-scape in the patient portal should be as effortless as possible. It also helps if people are regularly sent a friendly reminder, or motivational message, such as 'Just a reminder that your appointment is tomorrow', or 'Well done: you have already done 30 percent of your exercises!' This kind of approach makes people feel acknowledged, and one of the things we have seen is that this results in a decrease in the number of no-shows for appointments.

In terms of treatment providers, we ensure that the electronic patient file contains one single overview, for the entire treatment team. Whereas they used to only be able to register patient details in the file, they can now support the treatment by proactively encouraging their patients. This clearly has a positive effect. I help to optimize the treatment process, thereby recouping 'patient time' for the treatment provider.

PROGRAMMERS

I am the only health psychologist in this company. I primarily work with IT people: programmers, consultants, and designers. I am frequently present on-sight at care centers, where I speak with treatment providers and patients.

The great thing about this work is that everyone reaps the rewards: managers are happy because the treatment process becomes more effective, more uniform, and therefore cheaper. Treatment providers are also happier, and last but not least: patients gain more management control. This is why I do it."

"I am familiar with effective motivation strategies for patients"

NAME

Jesper Brons

ROLE

Consultant at VIR e-Care Solutions

EDUCATIONAL BACKGROUND

Health Psychology & Technology,
University of Twente

“How come you work as a psychologist for Philips? They make lamps and MRI scanners, don’t they?” This is a question which research scientist Charlotte Vinkers (31) gets asked on a regular basis. Even she had never imagined that she would end up working for a technology company. “It is a fantastic challenge. To give an example, if you want to use technology to help patients take their medication on time, insight into human behaviour is crucial.” And this is precisely where her expertise lies.

“I am a researcher through and through. At the same time, I want to be meaningful for people, and help them. This is the greatest thing about my work at Philips: I transfer my substantive knowledge on behavioural change to actual healthcare applications and services. For example, in enabling chronically ill patients to move more, or to improve medication adherence. I also conduct research for the development of medical products or services. From the early stages until testing how users experience the service.

algorithm we can identify what the real problem is. This insight can enable a GP to offer better support to patients.

VIRTUAL HEALTH COACH

Direct patient communication via the computer, by means of a virtual health coach, is another way of getting through to people. This involves a virtual character that someone ‘chats’ with, ideally on a daily basis. The coach can ask patients whether they have taken their medication, whether they have eaten, or have had enough exercise. A virtual self-management coach can encourage people to go for a stroll, for example. We research how patients react to this. Using technology to offer virtual assistance can potentially result in huge cost savings, because it means that people do not need to keep going to a care provider.

NAME

Charlotte Vinkers

ROLE

Research Scientist at Philips

EDUCATIONAL BACKGROUND

Social psychology and health psychology, Free University Amsterdam

PLUS

Awarded a PhD degree for her research regarding behaviour strategies for healthier eating

‘I FORGOT TO TAKE MY MEDICATION’

As a health psychologist I know that chronically ill patients may say that they forgot to take their medication, but that the real reason is often very different. Some people simply don’t believe their medication works. By using a digital tool and an

“The focus on health psychology is a trend in business”


MULTIDISCIPLINARY

My work is multidisciplinary. I work with software and hardware engineers, designers, business developers and psychologists, always on a project basis. There are currently around thirty psychologists at Philips and health psychology is increasingly being accommodated and granted awareness.

This awareness of (health) psychology is a trend in the corporate world, simply because technology companies which are active in the care domain are realizing that you cannot help people merely with a new medical device. In order for a product to genuinely be effective you need to grasp how people behave, and why, and understand how you can change behaviour. This is the bottom line.

ULTIMATE REWARD

The great thing is that Philips is very accommodating when it comes to in-depth research. I still have a lot of contact with the academic world. This enables me to stay abreast of the latest developments, as well as to keep my knowledge up to date. All in all, my work is really fun. My knowledge is transferred to something practical and tangible, which is used to help people. For me, this is the ultimate reward."

A woman with blonde hair, wearing a dark blue floral patterned shirt and a black skirt, stands outdoors next to a large tree. She is looking upwards and to the right with a smile. She has an ID badge around her neck. The background shows a green lawn, more trees, and a modern building with many windows.

**“Understanding patient
behaviour and the
transition to the
medical product”**



“Helping cancer patients cope with their illness”

When someone finds out he or she has cancer, the impact of this diagnosis is often overwhelming. Together with the Oncokompas team, health psychologist Heleen Melissant developed the Oncokompas^{2.0}, an online self-management application for cancer patients. “It can be used to help people find the best supportive care, depending on their personal situation and needs”, Heleen comments. Due to her health psychology background she is able to motivate people to use the e-health tool.

“E-health is still new, and so is Oncokompas^{2.0}. This online application for cancer patients has many advantages. It encourages patients to self-manage, and enables them to identify certain problems so that they can take targeted action.

THE OUTCOME IS CANCER

The nursing practitioner administers the Oncokompas^{2.0} at the hospital, as soon as someone is told to have cancer. In a number of hospitals this process takes place already. Patients are asked to answer some questions about the quality of their life, in the comfort of their own home. Questions about their physical, mental and social well-being, and also about their lifestyle and life

in general. This can be done throughout various phases: just after the diagnosis, during and after the treatment. The computerized system calculates a score for each topic and produces a personal result regarding potential health risks.

FEAR

Cancer patients may experience pain, fear and sleep disturbances. Using very comprehensible language, the Oncokompas^{2.0} explains where these types of side effects stem from, and what people can do about them. If people experience tiredness, we refer them to an online support programme, which has proven to be effective. People who experience mental symptoms are encouraged to go and see their doctor (or GP), to ask to be referred to a psychologist.

In my health psychology degree there was a great deal of focus on e-health applications, which has now proven to be really useful. I learned how to implement this kind of tools effectively, so that it can actually be of use to patients, and patients are persuaded to take action when they experience health issues.

TANGIBLE HEALTH GAINS

I know that any written material always needs to be drawn up positively, and that you need to make a behavioural change such as not smoking or drinking tangible: 'Not smoking increases the chance of the cancer treatment being successful, and reduces the risk of complications.' This motivates patients. I have also learned to tune into patients' individual situations,

so that they feel acknowledged. This is why we, for example, developed a special module for breast cancer patients, that looks at common issues such as breast reconstruction.

EXPERT TEAMS

The Oncokompas^{2.0} team consists of eight people, that all have wide-ranging backgrounds: healthcare scientists, a clinical psychologist, and a communications specialist. We all complement each other. Expert teams of doctors, nurses, scientists and patients give us feedback, making the Oncokompas^{2.0} a collective effort, which is put together with everyone's agreement. We of course also assess how user-friendly and effective it is.

ACKNOWLEDGEMENT

In my job, my aim is to help patients cope with their illness. I recently found out that the Oncokompas^{2.0} had given a patient the final push to go and see a psychologist. Others feel that their symptoms are being acknowledged: 'Oh, other patients also experience this. See, I am not just imagining it.' It's wonderful when I hear things like this. Then I know that my work is making a difference."

"Patients develop insight into certain issues and can then take specific action"

NAME

Heleen Melissant

ROLE

Project coordinator at Oncokompas^{2.0}, Free University Amsterdam

EDUCATIONAL BACKGROUND

Health Psychology and Technology, University of Twente

Encouraging young people to practise safe sex, and positively handle relationships and sexuality. In a nutshell, this is what Lisette Schutte’s work is all about, in her role as policy officer at Soa AIDS Nederland. “Sex is a sensitive topic. It is super important, but doesn’t always get the attention it deserves”, says Lisette. “I am happy that I can contribute on making sex safe, balanced and desired for young people.” She does this by working on the (ongoing) development and implementation of a teaching pack based on health psychology findings, that have proven to be effective.

“Many teachers still find teaching sex education lessons difficult. How do they create a safe environment that encourages students to talk about love and sexuality? How should these kind of topics be discussed in the classroom?”

HIGHLIGHTING THE ENJOYABLE ASPECTS

At Soa Aids Nederland, I focus on secondary school education and MBOs (professional secondary education). We also have specific websites for young people from Morocco and the Antilles. Our mission is to prevent STDs, HIV, and teenage pregnancies, encourage the use of contraception and condoms, and put an end to unacceptable sexual behaviour. Besides the risks, we also highlight the enjoyable aspects of sexuality. In order to do so, we have been using the teaching pack ‘Long Live Love’ for the past 25 years. We constantly update the pack, because society is forever changing, and new phenomena crop up, such as sexting and grooming.

FIELD RESEARCH

We work very systematically, in order to develop the right approach. This is one of the characteristics of health psychology. First we evaluate what the exact needs are, then we decide what we want to achieve, and how this can be done. In order to do this we conduct extensive field research, read up on reference material, and gather input from young people, teachers, and other involved parties, such as GGDs (Municipal Health Authorities). We need to find out why a particular strategy will or will not work, whereupon it will need to be put to the test.

NASTY PICTURES

I find that the importance of this kind of approach is often underestimated. There are still international campaigns that try and scare young people with nasty pictures, on the premise that this will encourage them to use condoms. A health psychologist knows that this does

NAME

Lisette Schutte

ROLE

Policy officer at Soa Aids Nederland

EDUCATIONAL BACKGROUND

Health Education & Promotion,
Maastricht University

PLUS

Currently conducting PhD research
into the optimum use of the
teaching pack ‘Long Live Love’

“We especially highlight the pleasurable aspects of sexuality”

not work. It will just make young people disconnect from the message.

REAL LIFE

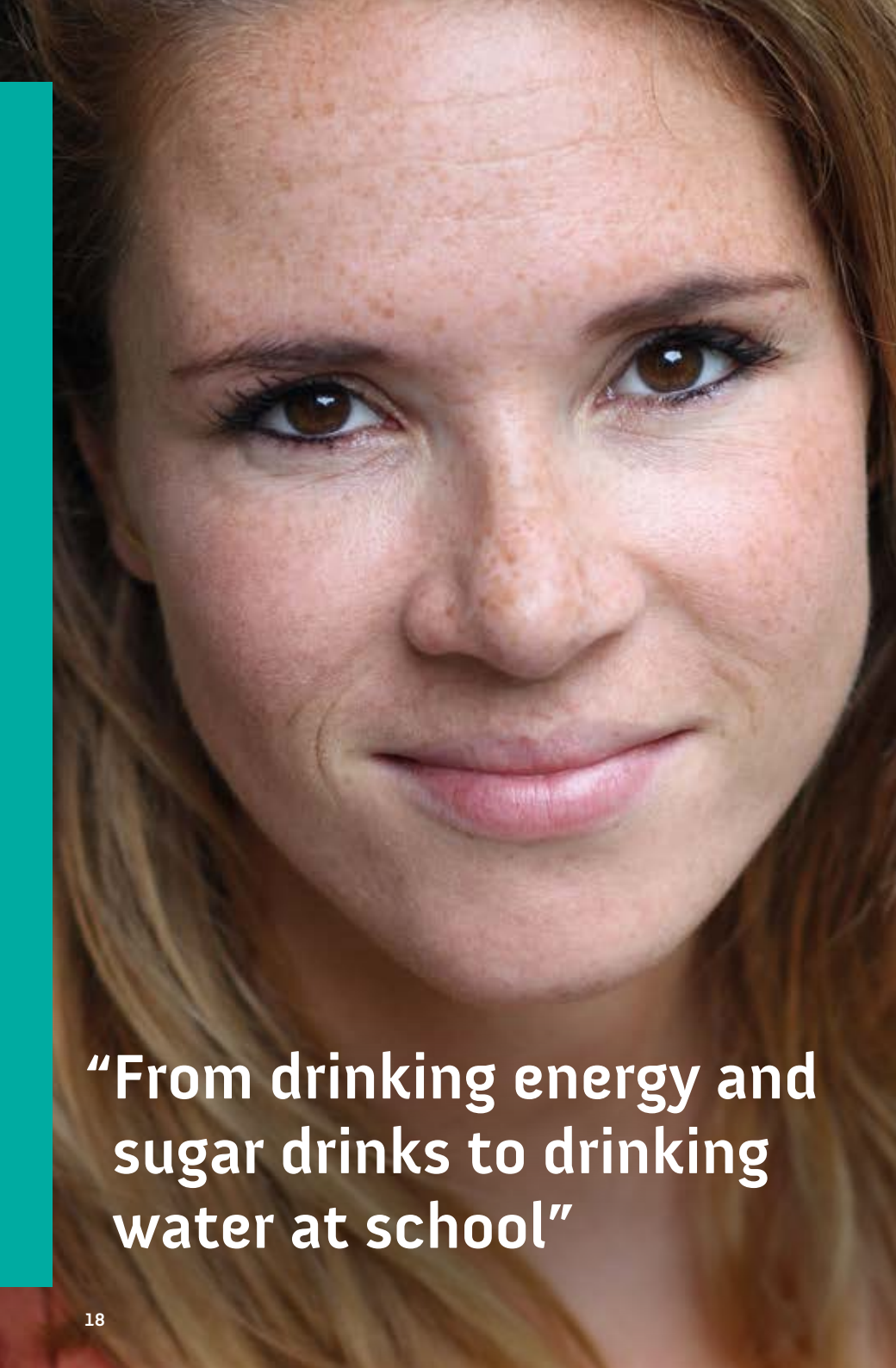
TNO (the Netherlands Organization for Applied Scientific Research) has proved that our teaching pack on the other hand, does work. It contains a student handbook, which is just like a magazine, containing true stories of young people who share real life experiences, using their language, and at their level, so that everyone can identify with it. The student magazine focuses on safe sex, and provides young people with tips on how to say what they do and do not want in terms of sex. There are two versions: one for general secondary education (VMBO, HAVO, VWO), and another for pre-vocational secondary education and VMBO-bb. The latter is a simplified version, containing less text and more assignments. There are also short videos, that can be watched online and that are accompanied by a teacher's guide. It is crucial that teachers use the teaching pack correctly, in order for it to be effective. There is also a designated website, where teachers can find practical advice from other teachers. For example, about potential awkward situations that may arise during the sessions, and ways of dealing with them.

KEEPING UP-TO-DATE

Lastly, we also develop supplementary modules, about topics such as sexual diversity, in order to promote the acceptance of homosexuality. Our work is never ending, because our products must always be up-to-date and engaging. It is a wonderful challenge."



“Using scary Soa pictures to encourage condom use just does not work”



“From drinking energy and sugar drinks to drinking water at school”

At least one out of five children in Amsterdam is overweight, or even obese, carrying all the inherent consequences for their health. “We see young children bringing Red Bull to school, or celebrating their birthday by handing out Happy Meals, and this needs to change”, GGD researcher Irene Harmsen says. She uses her health psychology knowledge to help turn the tide, as part of the project ‘de Amsterdamse Aanpak Gezond Gewicht’ (the Amsterdam Healthy Weight Programme).

“Some of the things you hear are just unbelievable. Lunch boxes with croissants and cans of fizzy drinks, or pieces of cake being handed out in the classroom. The municipality of Amsterdam has decided to take control. By 2033, all children should be a healthy weight, and they have set up an extensive programme to ensure this happens. It is aimed at schools, neighborhoods, sport clubs, the care sector, etc.

ACTIVE OUTDOOR PLAY

Up until now, my focus with the GGD has been mainly on primary schools. I look at how these schools can become a healthy environment. For example, by letting children play outdoors more, providing proper PE classes,

and offering an extensive range of after-school sports activities. But also, by ensuring that children take healthy snacks and lunch items to school, celebrate their birthdays with healthy treats, and drink water instead of cartons of sugary drinks.

LESSONS

I take a detailed look at the programmes offered to schools within this framework, and how these can be improved using health psychology findings. Lessons to encourage children to drink water, for example. First, I investigate why children drink sugary drinks, who has an impact on this, and how this behaviour can be changed. In order to do so I delve into reference material, to look for scientific findings, and have discussions with parents and children.

A SIGN OF POVERTY

It then turns out that some parents think a child needs extra energy at school. Others do not realize how unhealthy certain drinks are. In some cultures drinking plain water is a sign of poverty. Equipped with this knowledge, we set to work. Many primary schools now have a water only policy. We give children their own drinking bottle, which they can decorate themselves. There are special workshops for parents, teachers and children. We will shortly start assessing the effects of these measures.

FANTASTIC WORK

It is fantastic work. I have a lot of contact with the target group and people I meet when I am out in the

field, for example at schools, in neighborhoods, and in the youth health care sector. I am also in touch with other public health services, so that we do not double up efforts. In addition, universities, because obesity is a hot topic so there is a lot of knowledge on it. I transpose this knowledge to effective campaigns.

SOCIALLY RELEVANT

What I love most about my job is that it is so pragmatic, and socially relevant. We are actually doing something towards improving children's health. In order to do this, the complex puzzle, which is human behaviour, needs to be studied. Why do people behave in a certain way when they actually know it is bad for them? Finding out which buttons need to be pressed to change this behaviour is extremely complicated, but at the same time incredibly fascinating!"

“You really contribute to a better health of children”

NAME

Irene Harmsen

ROLE

Health and Lifestyle Researcher,
GGD Amsterdam (Public Health
Service of Amsterdam)

EDUCATIONAL BACKGROUND

Health Psychology and Technology,
University of Twente

PLUS

Awarded a PhD for research into
parents' choice process with regard
to childhood vaccination

NAME

Jochen Mikolajczak

ROLE

Account holder with RIVM (The National Institute for Public Health and the Environment), ZonMw (The Netherlands Organization for Health Research and Development) and the Health Committee at the Ministry of Health, Welfare and Sport (VWS)

EDUCATIONAL BACKGROUND

Health and social psychology, Maastricht University

PLUS

Awarded a PhD degree for his research regarding the development and evaluation of a behaviour change programme in order to encourage HIV testing in high-risk groups

“I always have my health psychology knowledge at hand. Even though my work does not require me to apply it directly, I always have a health psychologist’s perspective. I know too well that health can often be traced back to behavioural factors and environment.” Jochen Mikolajczak states. He works at the Ministry of Health, Welfare and Sport (VWS) and deliberately chose a role with a helicopter view.

“Looking at my career, you can see that I have gradually changed course. I started out conducting fundamental research in the academic world. This led to applied research, and now I am involved with policymaking, something I am well suited for. This enables me to be right up close, and actually put health findings into practice. My overview is extremely broad: I know a little about a great many aspects of public health, and now and then I delve into one of them, to really get my head around it.

POLICY ISSUES

I work at the Ministry, where I am an account holder for three large scientific knowledge institutes: the Health Council of the Netherlands, the National Institute for Public Health and the Environment (RIVM), and the Netherlands Organization for Health Research and Development (ZonMw). My role is to know what the current policy issues are in the Ministry, so that they

can be channelled into tangible mandates and objectives for these knowledge institutes. I also handle the governmental contact with these institutes.

NEW TEST

If the Ministry wants to know whether a new test to detect cervical cancer should be implemented on a large scale, or what the scientific status is with regard to healthy eating guidelines, policies can be adjusted based on the answers provided. For example, the Netherlands Nutrition Centre (Voedingscentrum) recently tweaked the ‘Wheel of five’ healthy eating campaign, following advice provided by the Health Council of the Netherlands.

Thanks to my degree background, I soon figure out what the issue is. With my knowledge of scientific research, I am well aware that it takes time to identify the public health effects that result from measures taken.

“Prevention and behavioural change can save costs”

Sometimes the expectations in this field are ambitious. I can anticipate these expectations and help manage them.

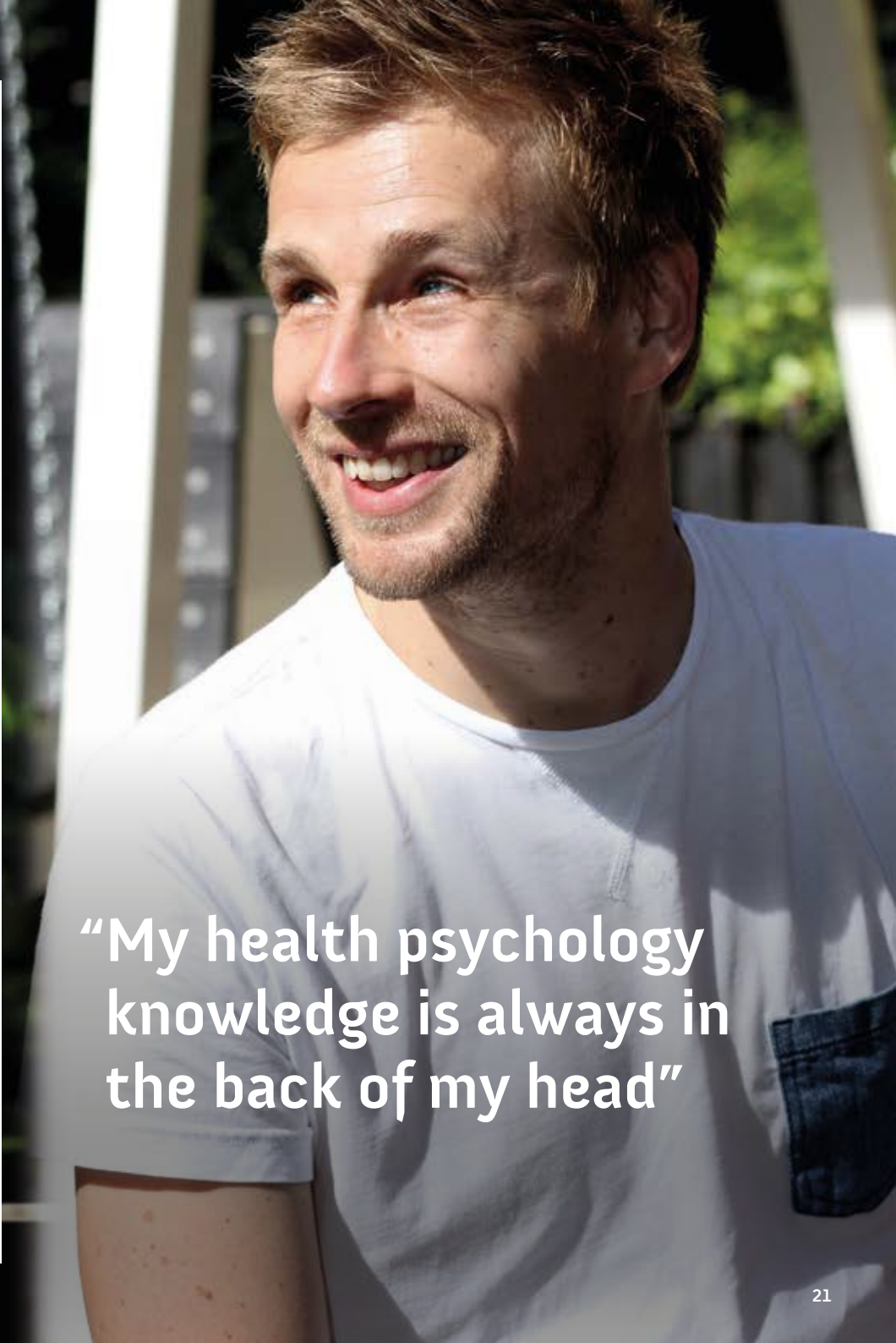
AN AGEING POPULATION

Due to the ageing population in the Netherlands, there are more and more issues concerning multimorbidity: the presence of multiple chronic medical conditions. This has led to the realization that prevention and behaviour changes – such as eating healthier and exercising more – can be cost saving. This is where the crucial expertise of a health psychologist comes in.

BRAINSTORMING SESSIONS

I can use this health psychology knowledge in ministerial brainstorming sessions in which a network of knowledge coordinators meets on a regular basis. I often participate. All kinds of health issues are raised in these sessions, and I contribute from a health psychology perspective, by looking at the behaviour of target groups and important stakeholders in particular.

I am fully aware that behaviour and behaviour change play a role when it comes to health. However, I do not apply all these findings on a one by one basis, as a health psychologist in a hospital would. I am more involved in knowledge and research. I contribute to our society by keeping up with public health developments. I like that.”

A close-up, slightly off-center portrait of a young man with short, light brown hair and a light beard. He is wearing a white t-shirt and is smiling broadly, looking towards the right of the frame. The background is out of focus, showing what appears to be an outdoor setting with greenery and a white railing.

“My health psychology knowledge is always in the back of my head”



**“Health psychology:
the bridge between
body and mind”**

“The dynamics between body and mind, between medicine and psychology are absolutely fascinating. By encouraging people to lead healthy lives, I feel that this is something which I can really add value to in my role as a health psychologist”, Ilse Viane says. In the Algemeen Ziekenhuis (General Hospital) Maria Middelaers in Ghent, she helps cardiac and pain patients, and behaviour change is a number one priority.

“I find that people do not always know what a health psychologist is. I even have to explain what we do to doctors on a regular basis. Then I point out that doctors might prescribe medication, or tell patients to ‘exercise more’, but that people don’t always adhere to this. Why is this, and how do you get people to comply with their therapy? This is where my expertise lies.

HEART ATTACKS

I frequently work with cardiac patients, who are admitted to hospital due to a heart attack, or because they need to undergo surgery. I screen them for risk factors, such as smoking, and find out whether they are willing to undergo the rehabilitation programme to gain a full recovery and work towards a healthier lifestyle. Most people are in shock after their cardiac disorder, and are very keen to undergo rehabilitation. However, others do not want to face up to their health issues, usually out of fear.

COUNTERPRODUCTIVE

Droning on that behaviour change is important for their health is only counterproductive. They just come up with excuses, such as: 'I get stressed if I don't smoke.' That is why I talk to them about the post-surgery period, explaining that they will probably start to feel more sensitivity in their heart, that their body will react differently, and that people often feel more insecure. I then ask them: 'Do you think it might make sense to get some support with all of this?' This is when they accept help. I also offer support to heart patients who have difficulty coping, or who experience depression.

PAIN WITHOUT A DIAGNOSIS

I also work with pain patients. Often, there is no physical explanation for their pain, so they keep searching for a diagnosis or explanation for their symptoms. A rehabilitation doctor refers them to start an eight-week programme, during which they receive support to improve their quality of life. We do this as a multidisciplinary team. The experts I work with include a physiotherapist and an occupational therapist. They look at alternative ways of doing things, or propose a tailored exercise programme, to help patients deal with their symptoms.

EMOTIONAL IMPACT

Using my background, I explain what happens to the body when pain is experienced. I point out that emotions and thoughts have an impact on muscle tension and the nervous system, for example. In short, that there are factors that can make symptoms worse, even though the cause of the pain is unknown. I ask people how their

lives would be without pain, in group sessions, as well as individual sessions. They may say that they would have more time for their children. This offers an opening, something we can work with. I try to help people regain control, and find a balance between their strengths and weaknesses.

REWARDING

As a health psychologist, I know a lot about behavioural factors when it comes to illness and health. I know how people can be motivated. Together with the patient, I look for attainable goals. It is extremely rewarding work."

NAME

Ilse Viane

ROLE

Health psychologist specializing in cardiac and pain rehabilitation, AZ (General Hospital) Maria Middelares Ghent

EDUCATIONAL BACKGROUND

Clinical psychology, Ghent University

"From my background, I explain what happens to the body when pain is experienced"

She supports treatment providers in the addiction care sector, to enable them to enhance the help they give their clients, regardless of the type of addiction, be it alcohol, drugs, gaming etc. From developing new treatment programmes to proper follow-up care. “Actively working towards improving treatment, based on academic behaviour knowledge, is right up my street.” Martine Fledderus says, who works at Tactus Verslavingszorg (Tactus Addiction Treatment Institute).

“My work is incredibly varied. Each day is different. I am currently developing a new treatment for people who have been admitted to the clinic, using my knowledge of human behaviour in health and illness. I look at what we could add to mainstream addiction treatment in order to make it more effective.

Research has, for example shown, that mindfulness techniques can teach people how to cope with their craving for an addictive substance. Mindfulness training can help them consciously make other choices, as soon as their thoughts and behaviour start to be swayed by the addiction. As a health psychologist, I look at what is already known about this. Then I work with a multidisciplinary team to put together a treatment protocol, which of course is assessed.

THE EARLY SIGNS

It is very important to identify that people have an addiction in the early stages. At first, they go and see their GP because they have sleep or anxiety issues. But they are often hiding a very different problem, such as alcohol or drug abuse, which they are usually too ashamed of to mention. I am writing a manual for general practice-based nurse practitioners and GGZ psychologists (mental healthcare psychologists). This contains information on how to spot the early signs of addiction, which screenings can be implemented, and which treatments are available. My background as a health psychologist enables me to assess what type of information is useful for care providers.

NAME

Martine Fledderus

ROLE

Policy officer and researcher at Tactus Verslavingszorg (Tactus Addiction Treatment Institute)

EDUCATIONAL BACKGROUND

Health Psychology & Technology, University of Twente

PLUS

Awarded a PhD degree for her research regarding the effects of the course ‘Voluit Leven’ (Living to the Fullest)

“I work on better care in a pragmatic manner, based on my knowledge regarding behaviours”

AVOIDING RELAPSES

I also focus on follow-up care. We are aware of many factors which can have an influence on the risk of a relapse. Factors such as loneliness, stress, boredom, and social skills (the inability to say 'no'). Follow-up care needs to be geared up for these things, for example by providing social skills training. Taking into account the scientific findings to date, I look at how this type of training should be presented, and for how long. Furthermore, I assess the effectiveness.

PATIENT DETAILS

I also gauge how much people are benefitting from their therapy. To do this, I process patient details from questionnaires which are completed at the beginning, during, and at the end of the treatment. This enables us to instantly find out how Tactus is doing in relation to other addiction treatment institutes, which is also very useful for treatment providers, patients and health insurance providers.

INFLUENCING CARE IMPROVEMENT

The fact that my job entails dealing with so many different people, makes my role all the more appealing. I work with psychologists, psychiatrists, nurses, social workers, and addiction specialists. Furthermore, I am in touch with administrators, other care institutes, insurance companies, and nationwide networks. As I work in a mental healthcare institute, I am able to have an influence on improving care and treatment. What I do really delivers results. I have really found my place here."



“Working towards improving addiction treatment is right up my street”



“The best thing about my work is being involved with the patient’s interests”

“Working in the care sector should be all about the patient’s interests, and this is exactly what I love about my job: I am involved in these interests. I listen to patients’ experiences to find out how care can be improved.” Jolet van der Steen says enthusiastically, about her role as policy officer at Patiëntenfederatie Nederland (the Netherlands Patient Federation). Her degree background in health psychology is extremely useful.

“The Patient Federation is there for everyone who requires care, which is in my opinion important work. I am involved in various projects, such as Mijnkwaliteitvanleven.nl (myqualityoflife.nl), a nationwide initiative that looks at what really matters in people’s lives. People such as the elderly, or people with a chronic condition or disability. Volunteers can help them fill in questionnaires about matters such as their environment, their social network, and their health. In this way, we can take a look at what is going well and what could be improved, and also at the assistance and care they receive or require.

CHANGES IN THE CARE SECTOR

The mission is twofold. A huge amount of changes is currently taking place in the care and nursing sector. We want to find out how people are experiencing these

changes, and to do so I analyse the questionnaire data on a local, regional, and national level. The anonymous results bring the Patient Federation to the attention of policy makers, care providers and municipalities. The analysis also encourages people to think about their personal situation. This enables them to be more prepared when they speak to family, a care provider, or the municipality.

DISTRICT NURSING

Another project is developing a brochure with a step-by-step plan for patients who need nursing care at home. When this is the case, many people first go and see their GP, who gives them the name of a care organization. But often people don't realize that they can choose from a variety of care providers. Certain organizations might be more suited to their specific condition. Such as a specialist care provider for patients who have Parkinson's disease, for example.

With the brochure I get people thinking, enabling them to choose the care which matches their requirements. In my degree course, forms of 'patient empowerment' were discussed at length. This knowledge forms an excellent cornerstone. For this project, I spoke with many patients about their experiences with district nursing, which I then discussed with the care providers, to find out how they can use this information to improve care.

SMALL TEAMS

At the Netherlands Patient Federation, we work in small teams. Most colleagues have a university background

and have completed courses in health sciences with a focus on policy. My background in health psychology from a social perspective definitely complements this. In addition, I maintain contact with the Ministry of Health, Welfare and Sport (VWS) and other patient organizations, to look at ways in which we can support each other.

INCREASING AWARENESS

During my studies, I learned a great deal about research methods, setting up questionnaires with a scientific basis, and running focus groups, which has proved to be extremely useful. We of course also increase patients' awareness of what is the right care for them, which is the first step towards changing health behaviour. Our aim is for people to make mindful choices when it comes to care. This is what health psychology is about too."

NAME

Jolet van der Steen

ROLE

Junior policy officer at
Patiëntenfederatie Nederland (the
Netherlands Patient Federation)

EDUCATIONAL BACKGROUND

Health Psychology & Technology,
University of Twente

"I put people to think, so they get the most appropriate care"

The fact that doctors are increasingly paying more attention to the psychological aspects of an illness is nothing short of a revolution, medical psychologist Sasja Huisman (LUMC) states. Further, she comments: “More and more, Health psychology is embedded into the care sector, with the Netherlands as one of the leading countries. This is totally justified, for it helps to improve patients’ medical outcomes.” Huisman sees this happening in practice on a daily basis, in particular in patients with diabetes.

“I conduct polyclinical consultation, in which I am specialized in diabetes. People come in with psychosocial symptoms and I help them manage their illness. Many patients with type 1 diabetes are, for example, afraid of experiencing hypos – low blood sugar levels – so they set their blood glucose meter unrealistically high. In my role as a health psychologist, I use a variety of techniques to help them get over that fear, enabling them to deal better with their diabetes.

PERSONAL GOALS

I also see many patients whose health objectives clash with their personal goals. They find that the burdens imposed by their illness leave little room for sport or a busy family life. My task is to find out where the patients run aground, and help them by means of lifestyle coaching, enabling them to ultimately attempt to live their life as if diabetes was never there.

SELF-MANAGEMENT

Health psychology programmes look at theoretical models of self-management: how can patients reach their goals by themselves? In my job, I transpose these models to the consultation room, working closely with the physician, nurse practitioners and dieticians. It is a good thing that psychosocial aspects are being acknowledged more and more. In the past, a doctor would have merely looked at a patient’s blood test results: is the outcome good or bad? Nowadays, we look at why the blood test results are not good, bearing in mind factors such as hypo fear. This way we can help people, teaching them how they can modify their behaviour, making use of behaviour management models.

LAB RESULTS

Of course, we assess the results of this type of multidisciplinary approach, by using questionnaires

NAME

Sasja Huisman

ROLE

Medical psychologist and researcher, trainee clinical psychologist, LUMC (Leiden University Medical Center)

EDUCATIONAL BACKGROUND

Health psychology, Leiden

PLUS

Awarded a PhD degree for her research regarding the improvement of self-management in severely overweight patients with type 2 diabetes

“I work closely with the internist, nurses and dieticians”

about psychosocial issues, and by looking at patients' lab results. The outcomes confirm that this approach is working. I see that patients improve, which means that hospitalization can be avoided.

CARE INNOVATION

I love the fact that this work combines research, education, and care innovation. One of the things I do is teach medical and psychology students about the interesting junction between psychology and medicine. I am involved in a big European research project on psychosocial barriers in self-management, and how e-health can be used to provide support. I also conduct research into eating disorders in diabetes, and the treatments which can be implemented to change their eating behaviour. Lastly, I contribute to care innovation, by working with our team to adapt the electronic patient file (EPD) to the multidisciplinary approach towards behaviour change. After all, doctors nowadays also draw up on the patients' behavioural objectives.

The areas that I work in are all interconnected. My research takes hospital care innovation a step forward and improves patient care. I can tell students all about it by drawing on my own daily experiences. What I like best about my job is that I am able to be involved in so many different aspects that complement each other, in one and the same place."

**“Putting the spotlight
on health psychology
is a revolution in care”**

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