

**Psychological Services as an
Integral Part of Healthcare: Beyond 2000**

**By Hong Kong Clinical Psychologists' Association
(July 1999)**

**In Response to "Improving Hong Kong's Health Care System:
Why and For Whom?-"**

Submitted To:

The LEGCO Panel on Health Care

&

The Health & Welfare Bureau

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EXECUTIVE SUMMARY

Clinical Psychologists are trained in the application of psychological theories, research and intervention techniques to health and illness, particularly in connection with mental health. Psychological services in health settings encompass work on the psychological aspects of physical illness, promotion of both physical and mental health, prevention of physical illness, identification of risk factors, treatment and care of patients, rehabilitation and adaptation of patients to their illnesses, and organization and administration of health services (Blanco & Leon, 1994; VandenBos, 1993).

The Hong Kong Clinical Psychologists Association (HKCPA) is a registered trade union of practicing clinical psychologists in Hong Kong. The HKCPA welcomes the Hong Kong SAR Government's efforts of reviewing the healthcare system in Hong Kong by commissioning the Harvard Team's study.

We especially **agree with some of the weaknesses found by the Harvard Team:**

1. Hong Kong's healthcare system is highly compartmentalized.
2. The emphasis of Hong Kong's healthcare system on medical specialization is outdated, as the "society faces **socio-health problems** that are typical of post-industrialized countries, such as mental disorders, alcoholism, ... violence and substance abuse."
3. A policy of benign neglect has left "Hong Kong without a coherent overall policy for financing or organizing healthcare".

We recommend the Hong Kong SAR government **carefully devise comprehensive health policies, and not just focus on reforming the financing and structural systems.** Without policies that have vision and mission, any financing and structural systems would fail to provide quality health service.

In responses to the Harvard Report, we:

1. Support the Biopsychosocial Model of Health, as health is "a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity" (World Health Organization).
- 1.1. Psychosocial factors have been proved significant in the cause and primary prevention of some of the top causes of death (e.g. coronary heart disease, cancer), and risk factors to chronic illnesses (e.g. overweight and smoking); and

- 1.2. Psychological programs targeted at enhancing effective coping means (e.g. stress management, social skills) can alleviate the impact of stressful life events, and contribute to mental (psychological) and social health.
- 1.3. **Early psychological treatment** could decrease the risk of a diversity of mental disorders and social problems (e.g. substance misuse, behavioral problems) and can result in economic benefits (less inpatient days, increased productivity) and can save lives through less suicides (Hosman & Veltman, 1994). Empirically supported psychological treatment programs are effective in treating anxiety disorders and depression (DeRubeis & Crits-Christoph, 1998).
2. Support integrated healthcare (primary, secondary and tertiary levels) and social services.
3. Support more emphasis on prevention and health promotion (including public education).
4. Recommend incorporating psychological services in primary care settings, as Bray (1996) found that among patients from an internal medicine clinic, only 16% of patients had clear organic cause, but nearly 80% had significant psychological distress. Evidence-based psychological treatment programs have been found effective in reducing symptoms of anxiety and depression which are associated with poor health and high, inappropriate medical utilization.
5. Propose a team approach to healthcare, and using the term “other healthcare professionals”.
6. Comment on healthcare financing:
 - 6.1. Healthcare should be affordable even to the poor and directly accessible.
 - 6.2. Basic services and minimum quality should not be sacrificed for reducing cost.
 - 6.3. Users who can afford should contribute more.
 - 6.4. Minimum staff ratio (e.g. staff to patient or hospital-bed ratio, staff time per patient visit, or staff to patient load) should be considered in service planning.
 - 6.5. Fund allocation should be prioritized to areas providing **direct patient service**.
 - 6.6. Large healthcare providers which are supported by public funds (e.g. Hospital Authority) should be held accountable to the government and the public, regarding how healthcare budgets are spent.
 - 6.7. We need a careful study regarding the MEDISAGE and Health Security Plan (HSP) before major changes to the financial systems are made. Continuous consultation with the public and various professionals should be maintained.
7. Have reservations about contracting out services before clear mechanisms of quality control are devised.
8. Support quality assurance of healthcare services.

9. Most practicing clinical psychologists work in **health settings** (in hospitals and clinics), **social welfare settings** (e.g. the Social Welfare Department), and the Correctional Services Department, providing important services (e.g. assessment of mental deficiency and personality for designing treatment or rehabilitation services for the mentally ill, mentally retarded, and prisoners). A high quality of their services is necessary for the benefit of the public. The Hong Kong Psychological Society-has a voluntary society-based registration. The Division of Clinical Psychology, Hong Kong Psychological Society has devised various ways in quality assurance of our services (details in appendix). However, to protect the public from substandard services or potential exploitation by those who are not properly or adequately trained yet claiming to be psychologists, we would like to solicit support from the Hong Kong SAR Government for statutory registration of professional psychologists in the near future.

DETAILS OF THE RECOMMENDATIONS

1. Propose the Biopsychosocial Model of Health

World Health Organization defines **health** as “**a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity**”. The World Health Organization statistics showed that around 30% to 50% of patients attending medical settings in developed countries manifested symptoms that could not be sufficiently accounted for by biological causes. Thus, health policies should take into account these three aspects, which are integral parts of a person’s life.

Adequate health policies should use a **Biopsychosocial Model of Health** in

- understanding the etiology and manifestation of disease, illness, and handicap;
- formulating strategies in restoring, maintaining and improving the physical, mental and social aspects of health; and
- preventing further deterioration and promoting the optimum quality of life and well-being when disease or disability is inevitable, so that a person can function at his optimum potential.

1.1. Contribution of Psychological Services to Physical Health

Psychological services have proven effective in **primary prevention of some physical or chronic illnesses** (such as cancer, hypertension, ischaemic heart disease, and diabetes mellitus, which were among the 10 leading causes of death in Hong Kong 1996), as illustrated below.

1.1.1 Coronary Heart Disease

Psychological or lifestyle interventions have enormous potential for preventing and modifying the course of coronary heart disease (Allan & Scheidt, 1996; Shekelle, Hulley, et al., 1985). For example,

- Stress management workshop with emphasis on relaxation training was found useful for people at great risk of elevated blood pressure (Johnston, 1997).
- Type A behavioral pattern can be changed through intensive treatment (Blanchard, 1994; Friedman, et al., 1986).
- Programs modifying hostility (Bracke & Thoresen, 1996) can reduce the occurrence of coronary heart disease. Studies showed that average annual re-infarction rate was reduced from 5% in control groups to 3% in treatment groups aiming at modifying Type A Behavioral Pattern (Johnston, 1997).

1.1.2 Cancer

Psychological and behavioural factors associated with cancer are smoking, alcoholism, stress, personality and coping, social ties, and self-efficacy (Cinciripini, et al., 1998).

Application of psychological knowledge and principles, such as psychotherapy, behavioural therapy, group therapy, has been designed to encourage cancer-preventive health-related behaviour (for example, Prentice, Jones & Floyd, 1997; Royak, et al., 1996), and to prolong life in those who are already ill (Grossarth & Eysenck, 1996).

1.1.3 Modification of risk factors to chronic illnesses

Psychologists design, implement and consult on therapeutic groups or programmes modifying the related psychological, behavioural and life-style risk factors. For instance,

- behavioural treatment in weight reduction has effects at 52 weeks after treatment (Hollon & Beck, 1994);
- behavioural program in smoking cessation has achieved quit rates as high as 30-35% (Lichtenstein & Glasgow, 1992).

1.2 Contribution of Psychological Services to Mental (Psychological) and Social Health

The essential cognitive, affective, behavioral and social elements of mental (psychological) health are: high degree of self awareness, realistic self perception, realistic view of the environment, high coping abilities with problems in life, stress management skills, self confidence, developed intuition, ability to find meaning in life, ability to love, and autonomy (Tudor, 1995).

It has been found that psychological programs targeted at enhancing effective coping means (such as problem solving skills, stress management, self confidence, social skills, social support, sense of competency) can alleviate the impact of stressful life events (e.g. marital problems, death in the family, unemployment, physical illness, financial difficulties).

Early psychological treatment could decrease the risk of a diversity of mental disorders and social problems (e.g. substance misuse, behavioral problems) and can result in economic benefits (less inpatient days, increased productivity) and can save lives through less suicides (Hosman & Veltman, 1994). Empirically supported psychological treatment programs are effective in treating anxiety disorders and depression (DeRubeis & Crits-Christoph, 1998).

2. Support Integrated healthcare (primary, secondary and tertiary levels) and Social Services

There should be better coordination in healthcare and social services. Without the support of social services, some patients (especially those chronically ill) may have to stay in hospitals unnecessarily, just because they have no other place to go. Thus, if more community services (e.g. carer support, domiciliary visits) are adequately developed, unnecessary demand on hospital beds can be reduced.

3. Support the Emphasis on Prevention and Health Promotion

As suggested in the Harvard Report, prevention should be emphasized in Hong Kong. Prevention should include all three levels: primary, secondary and tertiary.

3.1 Primary Prevention (or Health Promotion)

It aims to prevent pathogenesis and include health education, the promotion of healthy behaviors, and specific protection (such as immunization). At this level, there should be programs to provide systematic counseling to people at increased risk of illness (e.g. families of people suffering from mental illness families, the disabled). Efforts to change public attitudes, opinions and beliefs are needed.

3.1.1 Some areas of public education (health promotion) for consideration:

Programs with the following themes are needed constantly:

- promote psychological health, such as a positive attitude and active coping means to deal with changes, adversities and illness;
- promote an attitude of being responsible for maintaining one's health, and not just relying on healthcare providers when illness occurred;
- promote a positive attitude towards some illnesses which are often stigmatized (e.g. mental illnesses, and AIDS);
- promote an appropriate attitude towards the use of medical services and treatment compliance (e.g. address the misconceptions that more medication or more "high-tech investigations" means "better service");
- encourage a balanced lifestyle with sufficient time for rest, exercise and other health behaviors;
- encourage knowledge of main types of major illnesses and medication.

These programs should be integrated into the education systems (starting in primary school), and produced periodically for the public, especially for new immigrants.

3.2 Secondary Prevention

This includes early diagnosis and prompt, appropriate treatment. The purpose is to shorten the severity and duration of acute disorder and to limit any subsequent impairment. This level of work is best done in primary care settings, e.g. general practice, and healthcare centers. Thus, **the development of community medicine is also supported.**

3.3 Tertiary Prevention

This should not be neglected, as it could

- a) limit consequent disability (adverse effects on performance) and subsequent handicap (adverse outcome in terms of social role and social function);
- b) reduce recurrence or relapse. It is essential that humane and accessible continuing care and supporting services should be provided to those with chronic illness and persisting impairment, disability or handicap.

4. Suggest Incorporating Psychological Services in Primary Care Settings

Psychological services at primary care setting can contribute clinically effective comprehensive care. Bray (1996) found that among patients from an internal medicine clinic, only 16% had clear organic causes of their problems, but nearly 80% of patients had significant psychological distress. A large proportion of patients seen by primary health care physicians have subsyndromal psychological distress, since **negative mood (such as anxiety and depression) is associated with poor health**, and high, inappropriate medical utilization (estimated to utilize at least twice as many healthcare visits as controls; McLeod, Budd, and McClelland, 1997).

Community surveys found anxiety disorders are the single most prevalent class of mental disorders in the population at large, with 1-year estimates ranging from 13% to 17% (Kessler et al., 1994). Evidence-based psychological treatment programs have been found effective in reducing somatization and symptoms of anxiety and depression (McLeod, Budd, and McClelland, 1997). Clinical Psychologists collaborating in primary care level is necessary, as at least 50% of patients with psychological disorders receive all or part of their care from primary care physicians in an overseas study.

5. Propose a team approach, and the use of the term “other healthcare professionals”

Healthcare is not just medical care. A team approach (with essential contribution from different professionals, such as psychologists, nurses, physiotherapists, occupational therapists etc.) can offer integrated services. The equal contribution to healthcare by these professionals should be recognized and addressed, first by appropriate renaming. Instead of classifying some of these professionals as “supplementary medical services” or “allied health”, the term “other healthcare professionals” should be considered.

6. Comments on financing

At this stage, the government and the community need to work out the ethical values behind the healthcare system before deciding on the financing systems.

- For example, in times of inadequate funds, the public has to understand that there cannot be unlimited improvement in services with limited finances (e.g. If waiting time for services has to be cut, then patients would have to accept longer intervals between appointments, and less staff-time spent on each patient.)

We support the following broad principles:

- Basic healthcare should be affordable and accessible even to the poor.
- Basic services and minimum quality should not be sacrificed in efforts of cost-cutting.
- Users who can afford should contribute more, thus user fees for some of the existing services and “new” healthcare products may be raised.
- To provide a **minimum standard of direct patient care**, there should be adequate considerations of the minimum standards in terms of staff to patient or hospital-bed ratio, staff time per patient visit, or staff to patient load.
- Healthcare fund allocation should be prioritized to areas providing **direct patient service**, rather than administrative aspects.
- There should be a higher transparency and greater accountability by the provider systems (e.g. Hospital Authority) to the government and the public, regarding how healthcare budgets are spent.

We need a careful study regarding the MEDISAGE and Health Security Plan (HSP) before major changes to the financial systems are made. Continuous consultation with the public and various professionals should be maintained.

7. Comments on contracting out services

We have serious reservations over contracting out healthcare services before adequate mechanisms of assessing and monitoring the standards have been devised.

8. Comments on quality assurance of healthcare services

We support efforts of quality assurance in the

- system level: need a separate body to conduct objective and rational analysis, so that the performance of the systems could be evaluated periodically;
- policy level: e.g. creating Hong Kong Domestic Health Accounts.

To ensure an adequate standard of healthcare, we agree that:

- there should be a clearer conceptualization of the minimum standard;
- the public needs more information to judge the quality of care; and
- the providers should be required to have continuing education.

9. Soliciting Support for Statutory Registration of Professional Psychologists

9.1 Work of Clinical Psychologists in Hong Kong

Main psychological services in healthcare and social settings include:

- Assessment of intellectual functioning, personality, and to generate data for treatment. The results of assessment can help in identifying and diagnosing mental retardation and mental illness, (which have legal implications in the Mental Health Ordinance and Amended Mental Health Ordinance 1997).
- Treatment to patients and carers: provides psychotherapy and counseling for many types of problems, e.g. adjustment to stressful life events (e.g. unemployment, divorce), marital problems, sexual dysfunction, depression, and anxiety etc.
- Design and evaluate treatment programs; conduct research.
- Teaching and training other healthcare professionals.

In Hong Kong, most practicing clinical psychologists work in **health settings** (in hospitals and clinics, and are employed by the Hospital Authority and Department of Health) and **social welfare settings** (in the Social Welfare Department, and in subvented agencies). Other main government employers include the Correctional Services Department, and the Hong Kong Police Force. Some clinical psychologists work in universities (involved in teaching or counseling services for students). Some have established private practice.

9.2 Training of CP

In Hong Kong, to be a practicing Clinical Psychologist, one must have completed a Clinical Psychology training program of Masters Degree or above. The program should provide generic and sufficient training in coursework (covering papers on assessment, psychopathology, intervention etc.), supervised practice and research.

9.3 Why Statutory Registration of Professional Psychologists is Needed

The Hong Kong Psychological Society has a voluntary society-based registration. The Division of Clinical Psychology, Hong Kong Psychological Society has devised various ways in quality assurance of our services (details in appendix). **To protect the public from substandard services or potential exploitation by those who are not properly or adequately trained yet claiming to be psychologists, we would like to solicit support from the Hong Kong SAR Government for statutory registration of professional psychologists, because of the following reasons.**

1. As an integral part of the mental health services, and with ever increasing demands from the public on their services, professional psychologists are among the handful of professionals in the health services with no statutory registration. This is not because the psychologists do not want to be registered. It is because the Government has refused to register the psychologists on account that they are few in number and that they have been “doing well” so far. The reasons are of course unsound.
 - 1.1. Firstly, it is not the number but the significant impact of the work of the psychologists on people’s mental health that warrants control or monitoring of such work.
 - 1.2. Secondly, with the rapid expansion of the number of psychologists in Hong Kong in the recent years and the increase demand from the public for psychological services, the Government cannot rely on the good will or self-discipline of professionals forever.
2. At present, most psychologists in Hong Kong are registered with the Hong Kong Psychological Society. The **existing society-based registration, however, is entirely voluntary**. It offers **no sanction** to persons who do not join the registration. Any unregistered psychologists can still practice in Hong Kong without any legal consequences. People can call themselves whatever type of psychologists and offer any types of service in the name of “psychological practices”. This is definitely against the spirit of quality assurance as promulgated in the Harvard Report.

3. **Statutory registration will make it a legal requirement for psychologists to use the title of “registered psychologists” and practice in Hong Kong.** It ensures that only persons with **sufficient education and training** in the discipline of psychology could use the title, and render their service according to their professional training. It also protects the public against receiving services from persons who are not qualified and/or properly trained.
4. Statutory registration **provides an important sanction** to the professional practice of psychology in Hong Kong. Under statutory registration, registered psychologists are bound by law to abide by the Code of Professional Conduct, in addition to other requirement written in the statute. Failing these requirements could lead to various legal consequences, including a public announcement on striking off the register or other disciplinary sanctions. This gives further protection to the public receiving the service.
5. Statutory registration helps service providers select suitably qualified psychologists for their jobs.
6. Statutory registration regulates various continuing education, insurance requirements, etc. in the profession **through built-in mechanism in the registration and renewal process.** This will offer further quality assurance and protection against malpractice to the general public.
7. Statutory registration sets up a locally appropriate training standard for psychologists in Hong Kong through **formulating a standard set of admission benchmark** for psychologists eligible for registration in Hong Kong.
8. Statutory registration provides a transparent and accessible venue for the public to query and complain when there are indications of professional incompetence, malpractice, negligence and/or misconduct amongst registered psychologists.

APPENDIX

Existing Efforts of Quality Assurance of the Services Offered by Clinical Psychologists

The large majority of the practicing clinical psychologists in Hong Kong are members of the Division of Clinical-Psychology, the Hong Kong Psychological Society B(DCP, HKPS) which is a professional association.

The aims of the DCP, HKPS are (a) to promote the development of clinical psychology with regard to service, training, research and professional conditions, and (b) to promote the highest standards in the application of psychological knowledge in the clinical field. In order to ensure that members of the public are adequately protected in receiving clinical psychological services, the DCP, HKPS has over the years been committed to the following work.

1. Membership and Eligibility Assessment Mechanism

Training programs and practice requirements in clinical psychology change over time and vary a lot in different places. The DCP, HKPS has developed the expertise and mechanism in vetting the training qualifications of individuals who apply for its membership.

Meanwhile, it has also developed the Eligibility Assessment Service which aims at assisting employing agencies to assess the training qualifications of job applicants for clinical psychologist posts. It has therefore, in collaboration with the employing agencies, ensured the profession's entry qualifications standard and that only suitably qualified individuals are appointed to the posts of clinical psychologist.

2. Benchmark Criteria for Clinical Psychology Training Programs

It is recognized that training and practice requirements in clinical psychology change over time, with development in the profession including advances in research and empirical knowledge as well as changing service demands. In collaboration with the local training programs and practitioners of the profession, the DCP, HKPS has been working on a recurrent, self-regulatory process to promote consistent quality training in clinical psychology and set out the criteria for reviewing postgraduate training programs in clinical psychology.

3. Continuing Education and Professional Development

The Continuing Education Scheme is intended to enhance further education and training through planned and purposeful educational activities. It aims to assist members to maintain and improve the quality of the services provided to the public. Meanwhile, the DCP, HKPS has developed alternative ways for its members to advance their knowledge and skills in serving their clients. For example, the Interest Group on Psychological Aspects of Aging is set up to promote the study of various psychological factors associated with aging.

4. Monitoring of practice-related issues

The DCP, HKPS has kept the watch over issues related to the profession's day-to-day practice and taken the necessary follow-up action. For example, the diagnosis and classification of mental retardation especially in relation to the revised Mental Health Ordinance, the safekeeping of psychological tests, and the implications of Personal Data and Privacy Ordinance for the use of clients' test protocols are some of the practice issues that are currently being followed.

5. Liaison with agencies providing clinical psychological services

The DCP, HKPS has maintained close liaison with the employing agencies and provided the necessary assistance and consultation to them. In addition to the Eligibility Assessment Service for job applicants, the employing agencies are kept informed of the study of issues related to the clinical psychology's practice.

6. Code of Professional Conduct and Procedures for Handling Complaints

All the Members of the DCP, HKPS have undertaken to adhere to the HKPS's Code of Professional Conduct in carrying out their professional activities. Breach of the HKPS's Code of Professional Conduct can lead to expulsion from the HKPS. Moreover, the HKPS has a clear set of Procedures for handling complaints against its Members.

7. Working towards statutory registration

The DCP, HKPS supports the HKPS's efforts to work towards statutory registration of professional psychologists in Hong Kong.

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