THE BEHAVIOURAL INSIGHTS TEAM

HEALTH & WELLBEING

BIT Review
2021-22

Projects

Global

EMEA

APAC

Americas
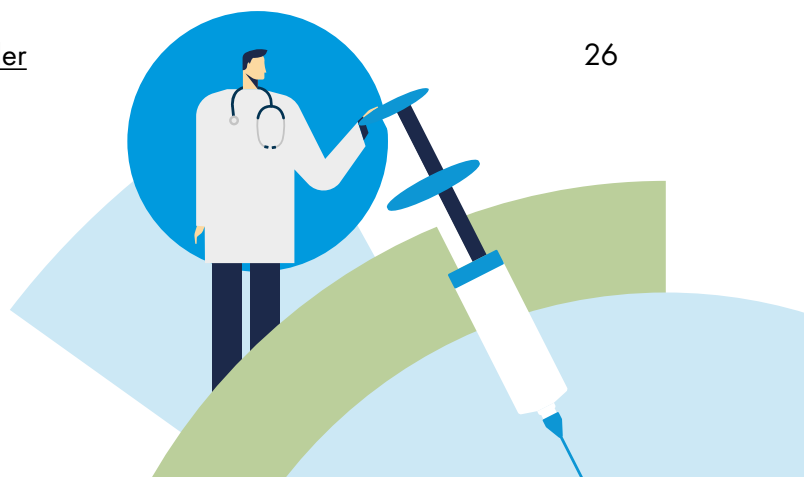
🌐 **Global**

COVID-19

As COVID-19 swept around the world in early 2020, governments around the world were having to rapidly decide on their response. Whilst specific vectors weren't well understood, it was clear that this was an infectious disease that spread from person to person. As such, any response would need to focus on **changing people's behaviour,** be that in a social, work or educational context.

These decisions would be hugely consequential, and so it was important they were informed by the best available evidence at the time, but waiting for something perfect wasn't an option. Therefore, any work needed to balance rigour and pragmatism. Decisions were needed very quickly and given the uniqueness of the situation, there wasn't a large amount of existing evidence to draw on. Given the gravity of the situation, it was even more important to think about not just if something changed behaviour, but how much, and whether that would be sufficient.

Building on many years of experience and deep institutional knowledge of public health policy, BIT was able to provide expert advice, rapid behavioural experiments, research and other analysis to governments, health agencies and other bodies responding to the pandemic in many countries and regions.

Below is a selection of projects undertaken by BIT which gives a flavour of the range of work done by the team during this unprecedented time.

> **Within the first few months of the pandemic, a new term entered the public discourse in the UK around lockdowns and their effectiveness - "Behavioural fatigue". It wasn't a term that came from any of BIT's work or advice, nor from SPI-B, the group of psychologists and social scientists advising the UK government which included members of BIT.**

## *What makes an effective public health poster?*

In the early days of the COVID-19 pandemic, before much was known about the virus and its main transmission routes, there was a strong focus on good personal hygiene, in particular regular handwashing with soap and water, to help slow its spread.

Many governments and health authorities created posters and infographics to encourage people to thoroughly wash their hands. In order to have real impact, people need to understand that they should wash their hands and how to do so effectively. Building on the successful work to design a poster in the UK to help let people know it was important to wash their hands, BIT tested some of these in order to identify which were most effective at informing people of how to wash their hands effectively.

In March 2020 we ran an online experiment involving 2,600 UK adults testing posters from the UK, Singapore, Italy, South Korea, Spain, Taiwan, and the World Health Organisation. Three designs did particularly well in terms of people remembering their key messages, rating them positively, and being more likely to say they would thoroughly wash their hands more often after seeing them - the posters from the Taiwan CDC, Singapore Ministry of Health, and the UK NHS.

The results from the experiment were clear - a bright, simple design, with minimal text and an emphasis on the step-by-step procedure was the most effective approach to designing an effective public health message. Future iterations of the handwashing guidance available in the UK took on these principles.

Best performers
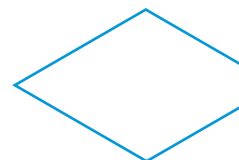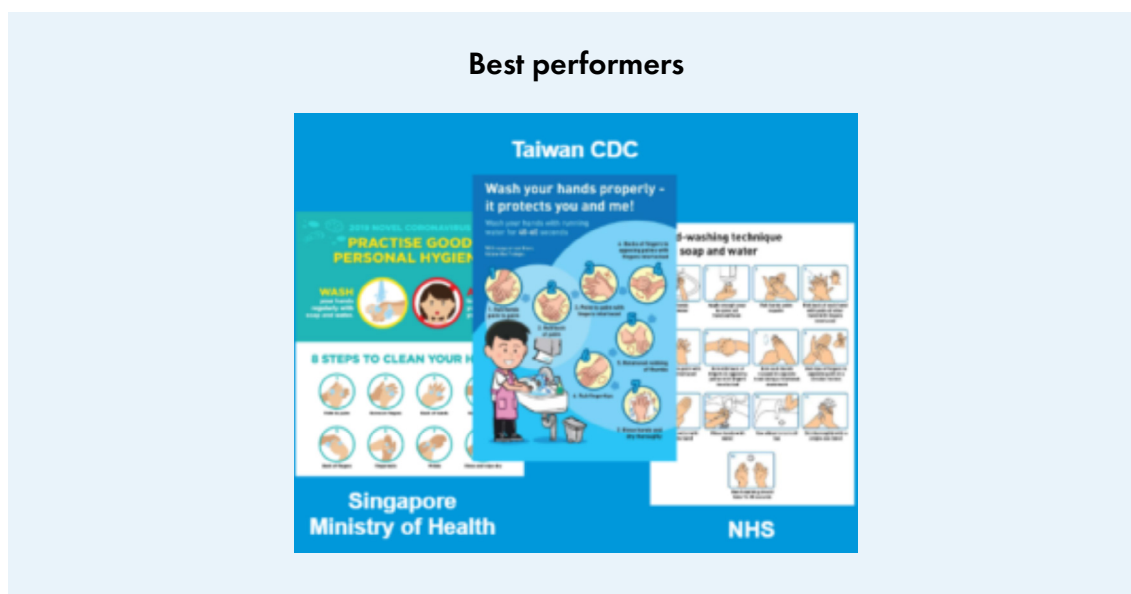
Understanding of relative risks

In order for people to make informed choices about their behaviour they need to have a good understanding of the relative risks. This was particularly important during autumn of 2020 in the UK as a second national lockdown had come into force, with a strong desire to lift this before the Christmas period. If people didn't understand what behaviours were more or less risky, then even if they intended to reduce their risk, they might not do so effectively.

In order to test this we ran a study for the UK government in November 2020 with 4,769 UK adults. In order to meaningfully answer this you can't just ask people 'do you understand the risks', you need to explicitly test it.

In the experiment, people were shown a selection of 15 short text descriptions of different scenarios, then asked how likely they thought it was that someone would catch or spread coronavirus in that situation. People did pretty well, they correctly understood for example that nightclubs and pubs are much riskier than park walks and takeaways.

"How likely do you think it is that someone would catch/spread coronavirus in this situation?"
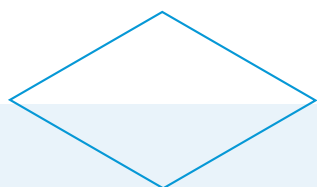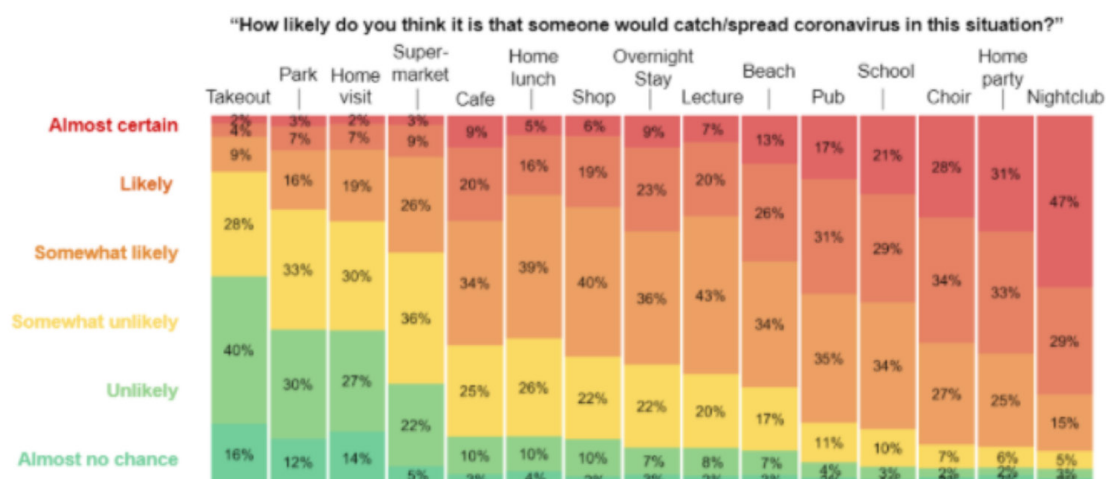
However the actual risk of these situations is also heavily dependent on if other precautions are in place, so we tested this as well. To do this, they were shown one of 16 different descriptions of a social meeting. These different versions varied whether the meeting was outdoors or indoors, whether it lasted 10 or 60 minutes, whether there were 2 or 10 people present, and whether the attendees wore masks or not. Participants were then asked how likely they thought it was that someone who had coronavirus would spread it to others in that situation. At the time we believe this was the most extensive testing of public understanding of relative risk of situations and precautions.

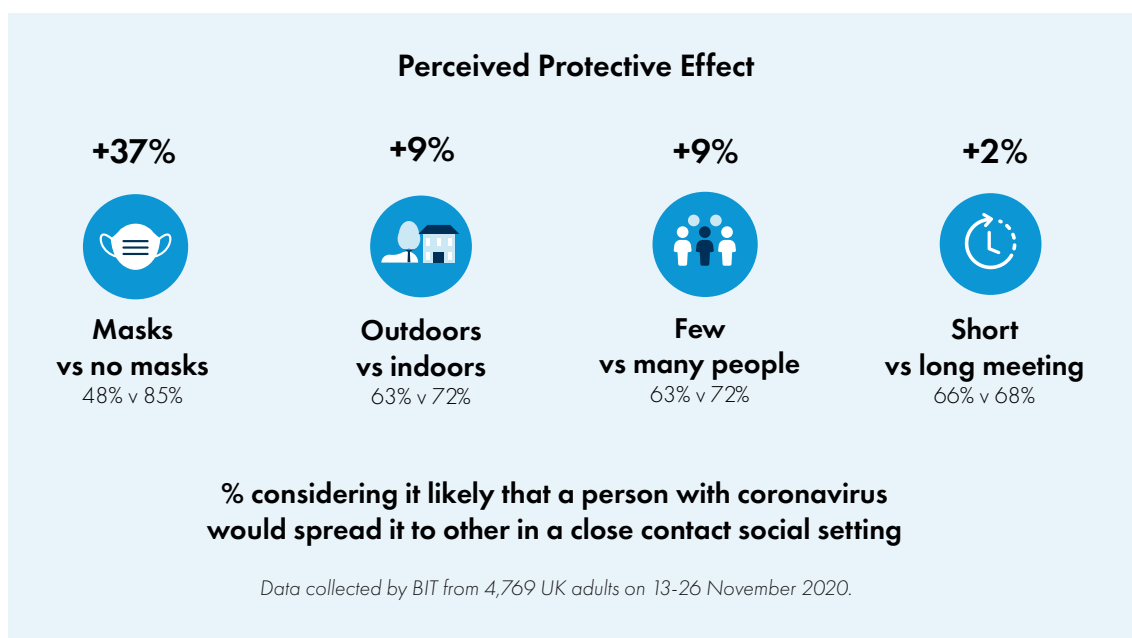|		Masks		No masks	
Data collected by BIT from 4,769 UK adults on 13-26 November 2020. Each cell in table contains around 300 people.		10 min	60min	10 min	60min
Outdoors	2 people	37%	37%	76%	79%
	10 people	49%	52%	82%	87%
Indoors	2 people	45%	47%	91%	88%
	10 people	56%	64%	90%	92%

% considering it likely that someone with
coronavirus would spread it to others

People had a good understanding of the benefits of face masks. This was great, as face masks are low-cost and high efficacy while enabling continued social contact. So it seemed that message had landed well, and didn't need further reinforcement. However people underappreciated other ways of reducing risk such as having shorter meetings, meeting in small groups, and meeting outdoors. The perceived protective effects are shown below. In particular the true protective effects of ventilation (at medium distance) are dramatic, and much larger than 9%. So the protective effect of ventilation was not well understood.

People's under-estimation of the importance of ventilation fed into subsequent changes in the official advice in England, for example "Fresh Air" was later added to the 'Hands, Face, Space' guidance.

Perceived Protective Effect

+37%	+9%	+9%	+2%
Masks vs no masks 48% v 85%	**Outdoors vs indoors** 63% v 72%	**Few vs many people** 63% v 72%	**Short vs long meeting** 66% v 68%

% considering it likely that a person with coronavirus would spread it to other in a close contact social setting

Data collected by BIT from 4,769 UK adults on 13-26 November 2020.

Maximising compliance with self-isolation requests

In order for any tracing programme to be effective the individuals who are identified as at risk need to reduce their risk of onward transmission. In many countries this took the form of a request to isolate. For people who have tested positive for COVID-19 the case is clear. However if people have been identified as a contact, i.e. they only might have the virus, then compliance with isolation is likely to be lower.

In September 2020 BIT worked with the UK Department of Health and Social Care, Public Health England and NHS Test & Trace (T&T) to run a 4-arm randomised controlled trial (RCT) testing whether supportive text messages, phone calls, or both texts & calls from NHS T&T would lead to greater compliance with self-isolation requests among people identified

as having recently been in close contact with a confirmed coronavirus case. **Given the large numbers going through the system, it was especially important to work out whether additional contacts improved compliance or not.**

The trial recruited 6,812 adults in England and Wales who had been contacted by NHS T&T between 17 August and 10 September 2020 after being identified as having close contact with a confirmed case of coronavirus.

The trial found that self-reported compliance was high. Now perhaps this shouldn't be a surprise because this was not an objective outcome measure. However, given the same measure was used across the intervention arms the relative comparisons are still useful. During people's COVID-19 isolation period, 92% said they did not have any non-essential contacts, and 79% did not do any non-essential activities.

Compared to participants who got no additional support (control group), those who received supportive calls from NHS T&T call handlers during their isolation reported doing significantly fewer non essential activities (1 vs 0.8).

However texts alone, and texts and calls together had no significant effect on compliance. This is particularly interesting as there was no additive effect of texts. In this instance it seemed the human approach was necessary to have added benefits.

Interestingly, when conducting our subgroup analysis it became clear that the difference was entirely driven by improvements in compliance by women. There was also some exploratory analysis that suggested texts alone may backfire for younger audiences, who would see themselves as less personally at risk.

This was an example of how you can run trials in live systems, even those under incredible amounts of pressure. It is also an example of how more isn't always better. We continued to work with NHS Test & Trace to make iterative improvements to isolation support throughout the pandemic.

Providing a behavioural informed reminder for COVID-19 vaccination

Vaccination is a global public health priority and it is widely considered the most effective strategy for ending the COVID-19 pandemic. **Where vaccines are available, timely uptake is critical to ensure a quick and effective rollout.**

Providing reminder messages has been shown to be an effective tool to increase vaccination rates for influenza and other diseases (e.g. pneumococcus, tetanus, hepatiti B), and changing the content of reminders is a near costless intervention that can produce policy-relevant benefits across a range of behaviours.

In England, text message reminders became the primary mode for people to be contacted by health services to inform them of their COVID-19 vaccine eligibility. Timely response to these messages was a key priority in the nation's vaccine rollout. Therefore, there was a pressing need to understand if the messages being sent out could be improved to increase timely vaccine appointment booking and vaccination uptake.

In the spring and summer 2021, BIT worked with DHSC, NHSEI and PHE to **run two national scale field RCTs testing which of several behavioural science informed messages most effectively increased COVID-19 vaccination bookings and vaccination rates.**

The first trial included ~2.3 million people aged between 40 and 44 years old that became eligible to receive the vaccine on the week of 26th April 2021, whilst the second trial focused on the 2.5 million people aged 25-29 years old who became eligible on 8th June 2021. All participants were randomly assigned to be sent a control message or one of seven treatment text messages from the NHS, containing identical information about the booking process but varying in other aspects of their content.

Text message reminders for the first trial

Trial arm	Theme	Varying behavioural message.
0	Control	You are now eligible for your free NHS Covid-19 vaccine.
1	Simple	You can now book your free NHS Covid-19 vaccine.
2	Reserved	Your free NHS Covid-19 vaccine is waiting for you.
3	Top of queue	You've reached the top of the queue and are a priority for getting a free NHS Covid-19 vaccine.
4	Join the millions	You are now eligible for your free NHS Covid-19 vaccine. Join the millions who have already had theirs.
5	Convenience	You are now eligible for your free NHS Covid-19 vaccine. Choose a time and place that suits you.
6	Protection against virus	You are now eligible for your free NHS Covid-19 vaccine. Getting vaccinated is the best protection against coronavirus.
7	Protect you and those close to you	You are now eligible for your free NHS Covid-19 vaccine. Getting the vaccine is the best way to protect yourself and those close to you against coronavirus.

The first trial, we found that compared to the basic "Control" message, the "Top of queue" treatment message increased the booking rate within 72 hours and the vaccination rate within 14 days by 0.45 and 0.38 percentage points respectively.
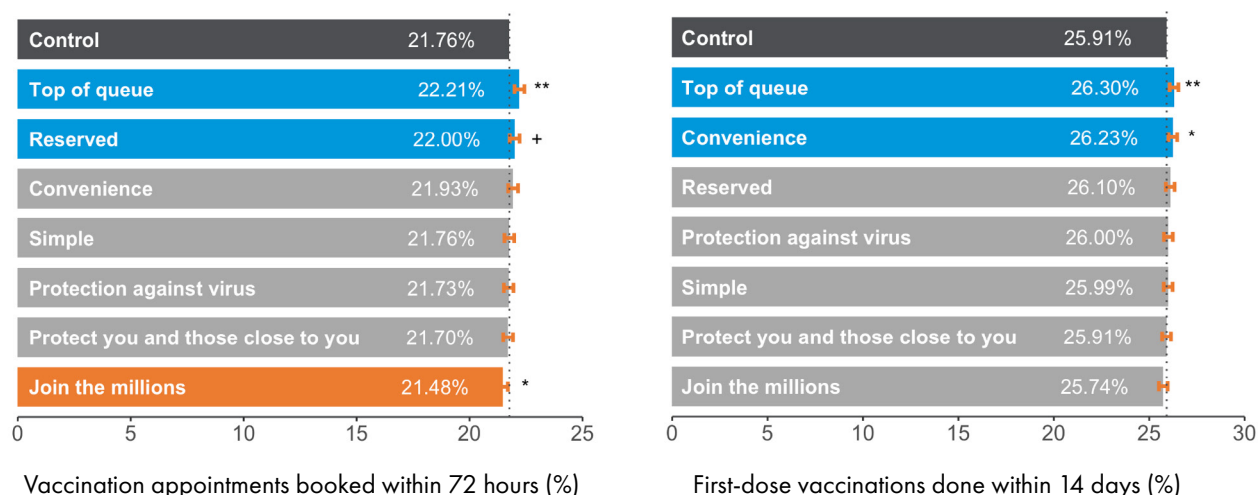
The findings from this trial (among 40-44 years old) were largely replicated in the second study (among 25-29 years old): compared to the control, the "Top of queue + convenience" (a version of the "Top of queue" message) increased the booking rate within 72 hours and the vaccination rate within 14 days by 0.68 and 0.50 percentage points respectively.

Reassuringly, among ethnic minority subgroups, we did not observe any negative backfire (sizeable statistically significant negative effect) of the messages that performed best overall.

The "Top of queue" message was rolled out nationally to people aged 30-37 (n = 4.7 million) upon completion of the first trial, and it was further rolled out to people aged 18-24 (n = 2.5 million) upon completion of the second trial. **We calculated that the real world impact of the two trials combined was an additional 42,000 first-dose COVID-19 vaccinations being received within 14 days of messages being sent.**

These are the first national-scale RCTs of invitation reminders for COVID-19 vaccination. Our findings highlight the potential of applying insights from behavioural sciences to messages in healthcare systems.

Result from the first national scale RCT, among people aged 40-44 in England eligible to receive a COVID-19 vaccination (~2.3 million people)

Control	21.76%
Top of queue	22.21% **
Reserved	22.00% +
Convenience	21.93%
Simple	21.76%
Protection against virus	21.73%
Protect you and those close to you	21.70%
Join the millions	21.48% *

Vaccination appointments booked within 72 hours (%)

Control	25.91%
Top of queue	26.30% **
Convenience	26.23% *
Reserved	26.10%
Protection against virus	26.00%
Simple	25.99%
Protect you and those close to you	25.91%
Join the millions	25.74%

First-dose vaccinations done within 14 days (%)

## *Behavioural science as a force for good*

The COVID-19 pandemic put behavioural science into the spotlight in a way it has never been before. This provided some tremendous opportunities for the discipline to do a huge amount of good. It also made it clear that there is much we do not yet know about what works for changing behaviour, which perhaps shouldn't be that surprising for a relatively young discipline.

We learned that you can get a huge amount done, very quickly, when sufficient will is there. This is true both for designing and scaling new services, but also for robustly trialling things. We conducted more than 50 online trials during the pandemic to support policy development, and we were also able to design RCTs to help optimise national services such as Test & Trace and the vaccination programme. When the stakes are so high, and when evidence is limited, it is even more important to ensure that you're testing things as you go.

The pandemic also brought huge focus onto the relative importance of things. Both in terms of which behaviours you should focus on to have the maximum impact on the virus (like masks vs handwashing) and for which interventions would be sufficient to cause the required change in behaviour to prevent exponential spread (posters vs lockdowns). This highlights a major challenge for behavioural insights going forwards- focussing on interventions that are proportionate to the size of change required. To do this we need to focus on behaviours that are impactful, and are changeable. It is not enough to consider if something changes behaviour, we must consider the magnitude of the impact. We believe this needs to be a core focus for behavioural science, if it is to mature as a discipline and become a core component of the highest priority policy development.

> **When the stakes are so high, and when evidence is limited, it is even more important to ensure that you're testing things as you go.**

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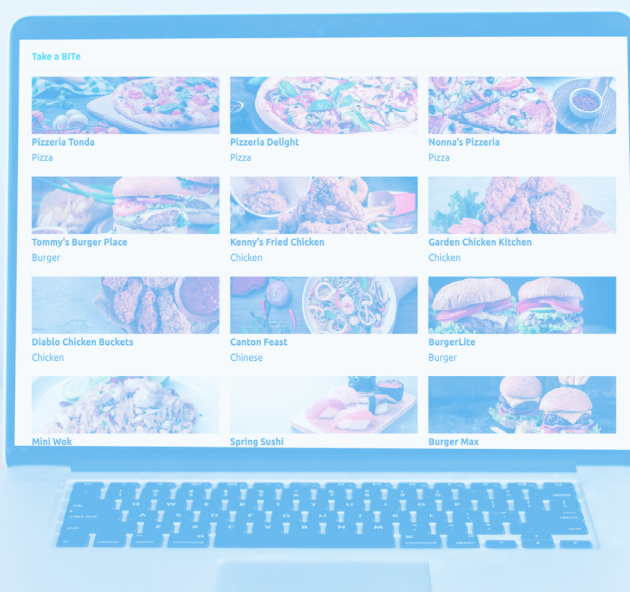
Healthier take-away food

Online platforms have made ordering takeaway meals easier than ever. Accelerated by the pandemic, takeaway delivery platforms have grown rapidly over the last five years.

Research suggests that takeaway food is rarely the healthiest choice. The UK Food Standards Agency estimates that 'out-of-home' meals are 21% more calorie dense than those cooked at home and academic research published in the British Medical Journal has found that exposure to takeaways is associated with higher obesity prevalence.

Nesta and BIT ran several experiments to explore what fresh opportunities online delivery platforms may present to help people live healthier lives. These tested how providing default options, drawing out social norms and making smaller portion sizes available can help nudge consumers towards choosing healthier food options without restricting the actual options they can choose from.

To run the experiments, a simulated online takeaway platform, 'Take a BITe', was created to test how changes to the way restaurant, food and portion size options are presented can affect consumers' food choices.

The first round of experiments tested whether the three different behavioural interventions could nudge participants towards selecting smaller portion sizes:

- Default: When people are presented with a pre-selected option they are typically more likely to select it, so this intervention had the smaller portion as the pre-selected default.

- Default + social norm: People tend to prefer doing what they think others do (social norms) so on top of the pre-selected default, the smallest portion was labelled 'regular', the medium 'large', and the large as 'extra large' to signal that the smallest portion is the 'normal' choice.

- Default + social norm + availability: When people are presented with a list of options, they have a tendency to select central options. This intervention added an additional extra small portion option as the default that was labelled 'small'. This put the smallest original portion, now labelled as regular, in the centre of the list of size options.

All three interventions significantly reduced the calorie content of participants' baskets compared to the control. The best performing intervention – default + social norm + availability – on average led to a 177 kcal reduction per order. The interventions worked as intended, by reducing the portion sizes selected, without affecting other behaviours such as the restaurant or food type chosen, or the number of items selected.

Alongside decreasing calories purchased, the interventions tested in this study reduced the average basket price by £1.18-2.79 per order. This is an important limitation from the point of view of takeaway platforms and restaurants, and will likely limit uptake of such interventions.

Taken together, this study suggests that behavioural interventions involving pre-selecting small portions as defaults, relabelling small portions as regular, and making additional smaller portions sizes available could significantly reduce the number of calories that people order from online food delivery platforms.

For the next set of interventions using the Take BITe experimental platform we plan to test repositioning unhealthy food products as less prominent at point of purchase, and we are also looking to test the impact of these types of interventions on real world platforms.

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NHS Procurement

In 2020 BIT ran a project to see if behaviourally-informed platform design could help the UK's National Health Service procurement teams review existing contracts and in turn identify their biggest savings opportunities.

Partnering with online procurement company Virtualstock and their Edge4Health platform, nearly 1,300 participants, including 300 healthcare workers, were recruited for a randomised control trial to test a behaviourally-designed simulated version of Edge4Health.

The new design featured a 'savings tool' price comparison function, displaying the top products for which buyers could make savings by switching to another supplier or by renegotiating with existing suppliers. The design also included additional features to help buyers including alerts and pre-populated messages.

Illustration of the savings tool

Findings

The behaviourally-informed version of the platform was effective at improving people's ability to identify and act on high-impact savings opportunities.

- The savings tool **increased the proportion of correct messages** sent to suppliers with lower prices to ask for a price switch by 12 percentage points (96% in the treatment group, 84% in the control group).

- Participants in the treatment group **were much more likely to find the top 3 biggest potential savings opportunities,** which were almost entirely missed by the control group: 44% of treated participants sent messages to suppliers offering the top 3 saving opportunities, compared to only 2% in the control group. Assuming buyers would be successful at switching to these lower prices (via new contracts or renegotiation), this would lead to considerable savings.

- Participants in the treatment group would **save twice as much on average per item** (21% vs 12%, $p < 0.01$), compared to the control group. In real terms, this means that for

a £10 product, buyers using the behaviourally-informed version of the platform would pay just £8 for the product, compared to £9 paid by the control group.

- The treatment also significantly improved efficiency by **reducing the time spent finding savings by 30% on average.**

- Participants in the treatment group were also **slightly more satisfied with the platform** and found the task slightly easier.

Probability of sending correct messages to suppliers offering lower prices

N=1,223
**p<0.01, *p<0.05, +p<0.1
primary analysis
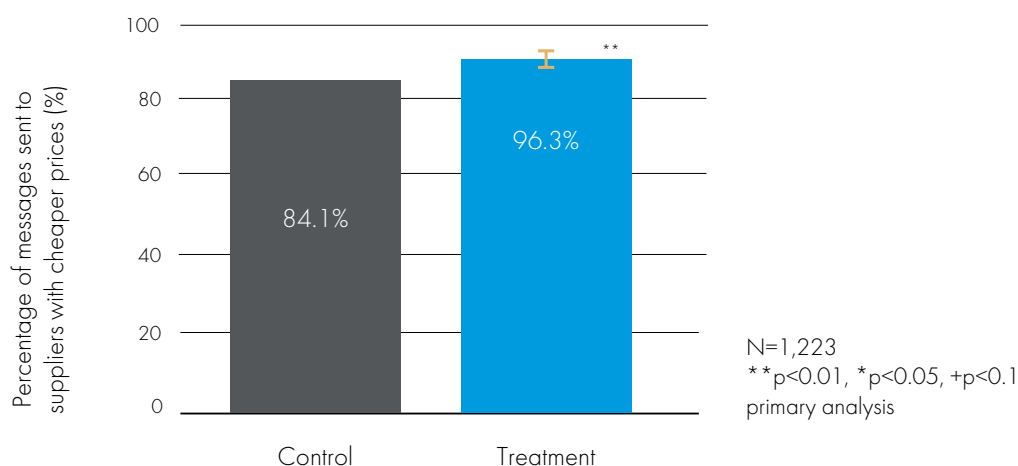
Likelihood of finding the top 3 savings opportunities

N=1,358
**p<0.01, *p<0.05, +p<0.1
primary analysis
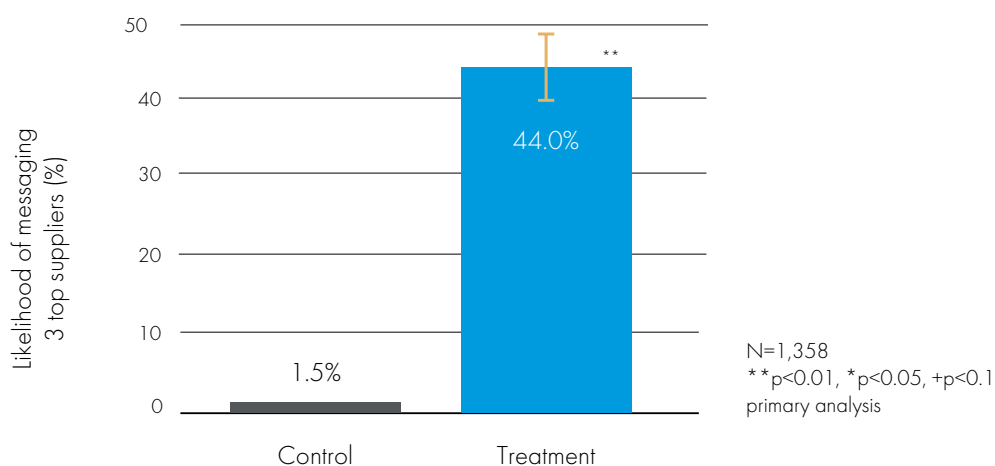
Recommendations

Overall, the behaviourally-informed version of the procurement platform consistently and significantly outperformed the business-as-usual version for all trial outcomes. Taken together, these findings suggest that incorporating a savings tool in the Edge4Health platform, or other online procurement platforms used in the NHS, could significantly boost buyers' ability to identify top savings opportunities and therefore realise important savings for their Trust.

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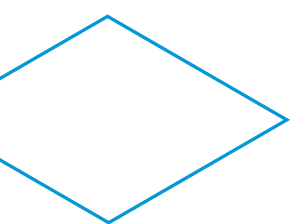
Workplace wellbeing

Burnout has become an issue that employers, especially those in the public sector, can't afford to ignore. According to a 2021 survey, 42% of public sector employees in the US felt burnt-out over the prior year. Nearly a third were considering changing jobs, with 25% saying they'd like to leave the sector entirely. In the past two years, millions of employees have quit in the 'Great Resignation' and 40% cited burnout as their top reason for leaving.

Signs of burnout include exhaustion, mental distance from one's job, and reduced professional efficacy. Burnout can also lead to high levels of absenteeism and turnover.

Between September 2019 and May 2021 BIT conducted research in Canada and the. UK to test the effectivness of 'light-touch' (ie low cast and scalable) interventions for reducing burnout and increasing wellbeing among doctors and teachers.
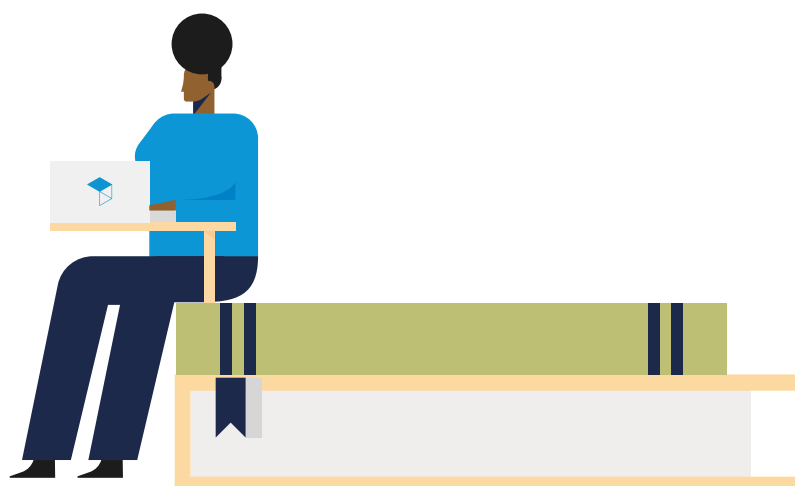
The projects worked with trainee anaesthetists in the UK, Ontario physicians and Canadian teachers using mixed-methods research to identify barriers and enablers to wellbeing in medical and educational settings. Interviews were conducted with teachers and doctors, evidence-based interventions were co-created and then user-tested to ensure their tone, timing and delivery was appropriate.

In each setting, text messages were determined to be a practical and feasible channel for sharing tips, advice, and resources to increase wellbeing and for rigorously testing the impact of that content through a randomised control trial. The content was different for each context:

- In the UK the project tested SMS messages with trainee anaesthetists between October 2019 and July 2020. The messages drew on 11 evidence-based themes including gratitude, social support, self-efficacy and self-compassion. We tested the impact of these messages in a trial that ran from October 2019 to July 2020.

- Two ideas were tested with teachers in Canada. The first was SMS messages and prompts that focused on gratitude, storytelling, normalising healthy practices and supporting healthy thinking patterns. The second used e-mail endorsements from principals that focused on permission for wellness, fresh start, COVID-19 and mental health and gratitude. This trial ran from November 2019 until June 2020.

- Our approach with Ontario physicians centred on sending weekly SMS for 14 weeks that encouraged setting self-care intentions, asking for help, reflecting on meaning and purpose, and more. We tested three approaches to encouraging these behaviours, with one group receiving encouragment framed in narrative, one group getting more direct messages that simply provided resources, and another group that got a mix of both. This project was conducted from January to May 2021.

The trial with Ontario physicians ran from January to May 2021 and centred on sending weekly SMS messages for 14 weeks encouraging setting self-care intentions such as asking for help and reflecting on meaning and purpose. Three approaches were tested: receiving encouragement framed in narrative, more direct messages simply providing resources and a mix of both.

Overall, these trials found no statistically signifcant reductions in burnout or increases in wellbeing. However in the UK trial specifically the intervention was associated with reduced burnout in participants reporting that the pandemic had a big negative impact on their well-being.

While these results of no overall impact in each case were disappointing, they did procude some critical insight. Because the interventions were rigorously tested, this light-touch approach to reducing workplace burnout does not appear to be enough. Instead workplace wellbeing needs to explore different messages (eg from colleagues), different content (eg more workplace specific) and different behaviours (eg uptake of counselling service rather than personal actions to improve one's own wellbeing).

APAC

# Antimicrobial resistance & health inequalities in New Zealand

Antimicrobial resistance (AMR) - the growth of bacteria that are resistant to medical drugs such as antibiotics - is an increasing global threat. A World Health Organisation report in 2019 warned that if urgent action isn't taken, drug-resistant diseases could cause 10 million deaths each year by 2050.

Among Organisation for Economic Cooperation and Development countries, New Zealand had the fourth highest antibiotic use in 2017. However this usage isn't distributed equitably. Māori and Pacific people are at higher risk of infectious diseases and face worse health outcomes in general. They may not be prescribed adequate antibiotics.

Replicating BIT's previous AMR trials in the UK, in 2019 BIT sent a letter to general practitioners (GPs) in New Zealand who were in the top 30% of prescribers. Each letter was personalised with a graph showing the recipient their prescribing rate with specific antibiotics on the flip side. Our innovation was to also include graphs comparing the GP's prescribing rates to Māori, Pacific and all other patients. We designed this to be a wake up call to GPs who were high prescribers to everyone but Māori or Pacific patients.

Tested with a randomised control trial, our letters reduced prescribing by 9.2% compared to the control group. We also evaluated the impact of the letters targeting GPs who were high prescribers overall but low prescribers to Māori or Pacific patients. We found that the letters may have increased prescribing to these populations (although this was not statistically significant), potentially reducing inequities. We also found that for GPs who overprescribed to Māori or Pacific patients, the letter led to a significant decrease in prescribing rates.

This trial reinforces the need to consider equity in all of our behavioural interventions. It also shows how scaling behavioural interventions an have can impact on global threats to health and that replications provide an opportunity to generate more nuanced insights and new areas for investigation.

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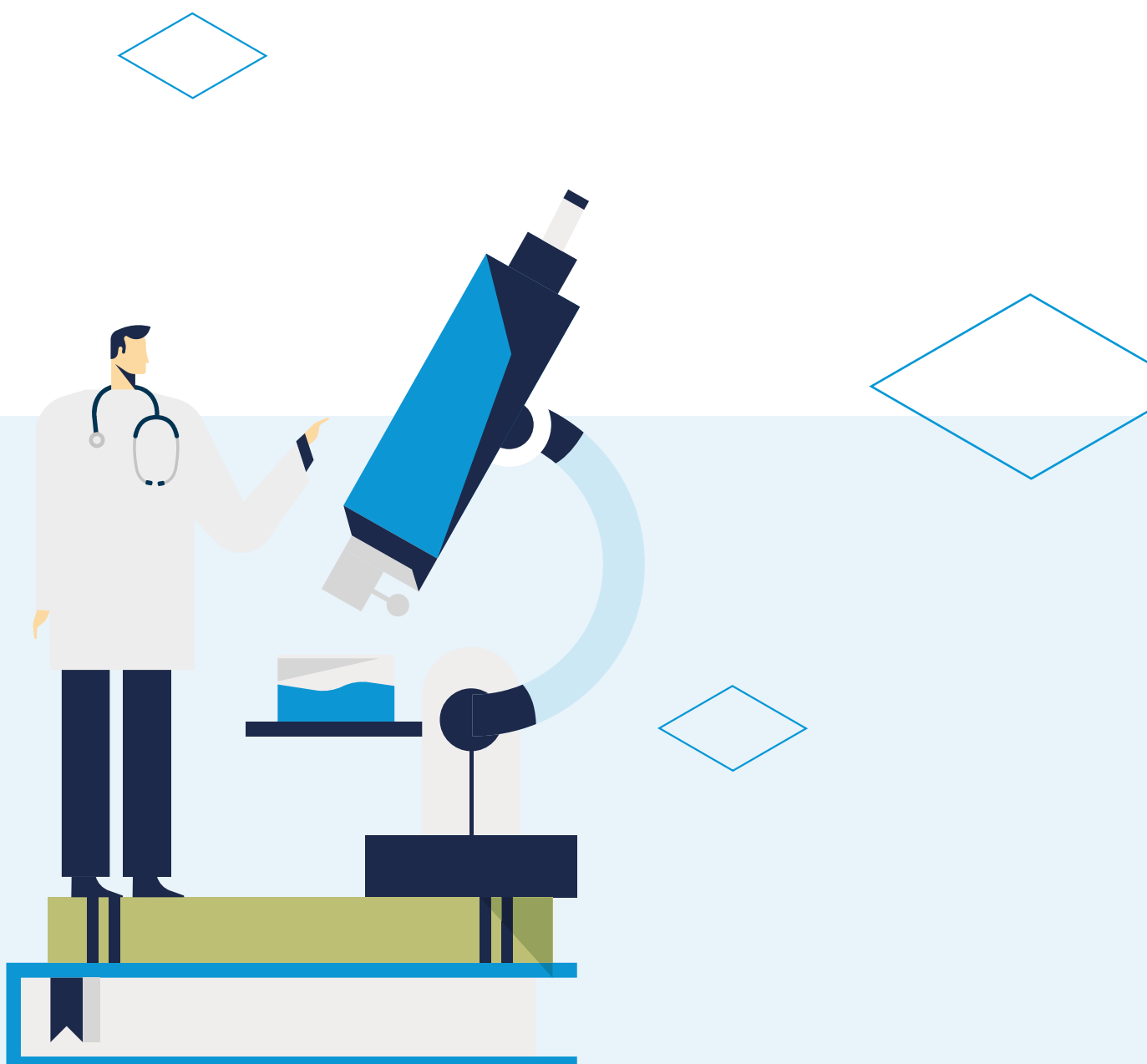
Delivery driver safety

As much of the world went in and out of pandemic-mandated lockdowns over the last few years, the ranks of essential workers saw a brand new entry - the food delivery worker (FDW).

Braving the streets in all weather to keep people fed, the role of the FDW took on a much higher and better appreciated profile. However there was no corresponding increase in understanding the very real risks FDWs face and how to manage them. These risks range from traffic accidents to rushing to maintain high in-app ratings and maximise income.

In 2020 BIT Australia partnered with the Centre for Work Health and and Safety in New South Wales and a major food delivery platform to better understand the work health and safety (WHS) issues faced by FDWs and develop and test behaviourally-informed approaches to improving safety messaging.

The project began with a series of interviews and a 'service safari' whereby members of the BIT team signed up for food delivery work, went through onboarding and did work as an FDWs.

This identified that while the top concern for FDWs was traffic accidents, paradoxically many frequently took risky actions that increased the risk of an accident, such as riding on footpaths and through red lights.

Further investigation however found two factors behind these behaviours. Firstly the constant pressure to meet delivery timeframes, and secondly that the delivery time stated in the app

could be less than the estimated travel time. FDWs felt that though that the delivery times given in the app were indeed deadlines, not estimates, and there would be penalties if they were missed. It was this incorrect perception which was pushing them towards risky behaviours.

A series of behaviourally-informed in-app messages were designed and tested in a randomised control trial across 14,000 workers in Sydney and Melbourne to reframe perceptions of delivery times as estimations rather than expectations and hopefully cut these risky behaviours by reducing average speeds of the drivers.

But when the results were analysed, it looked like the messages had no significant effect on average travel speeds. However digging deeper showed that rather than being ineffectual, in reality only a small number of FDWs had actually opened the messages. For those that did read at least one message there was a modest but significant effect, with those workers travelling 3% slower than the control group.

While low engagement resulted in low impact, it was nonetheless a promising outcome, showing that behaviourally-informed safety messaging can potentially mitigate WHS risks. Most importantly, though, this project highlighted an even bigger challenge to tackle first: getting workers engaged. Working out when and how to send messages to maximise engagement is just as important as what those messages actually say.
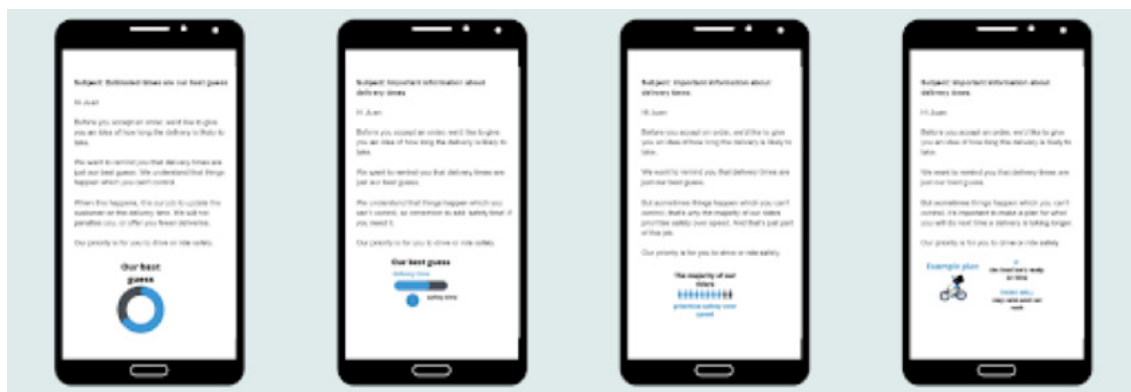
Beliefs about consequences	**Anchoring**	**Descriptive social norms**	**Implementation intentions**
To alter workers belief that they would be penalised for not meeting delivery times	To anchor workers on a new reference point (delivery time combined with "safety time")	To encourage social comparison of workers' safety behaviour with their peers	To encourage workers to make an advance plan for handling unexpected events

APAC

Promoting wellbeing in the community

In July 2021 BIT partnered with Beyond Blue, Australia's best-known mental health organisation, to understand how the community conceptualises wellbeing, what they think detracts or enhances from their own wellbeing and what helps or hinders behaviours that improve their wellbeing.

The project began by reviewing the literature and interviewing 15 international wellbeing experts and service providers. This helped us develop an online survey exploring the wellbeing literacy of 1,452 respondents and create a 'Wellbeing Safari'. This Wellbeing Safari involved asking 28 people to undertake behaviours that were shown to improve wellbeing (in the academic literature) and report back on any barriers or enablers to them completing these behaviours.

The survey showed that wellbeing literacy among respondents was quite high. Analysis revealed a generally strong understanding that mental wellbeing encompasses physical health, social health, and eudaimonic aspects. However, an important knowledge gap was also identified - namely that people did not see wellbeing and mental illness as distinct, yet related, concepts.
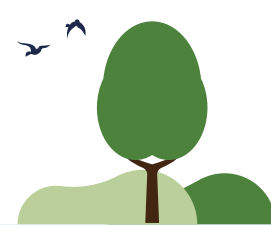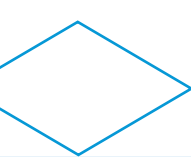
There was also an issue that people knew that certain behaviours could enhance their wellbeing, and did not do them. While many respondents reported that they did not undertake certain wellbeing-enhancing behaviours, approximately half believed that those behaviours would enhance their wellbeing.

When we asked which wellbeing enhancing behaviours respondents did do, they tended to report doing behaviours that also improved their physical wellbeing like exercising and getting enough sleep. Respondents were less convinced about the power of community-based activities to enhance wellbeing, especially for people who hadn't tried them before.

We then tried to understand why people did not undertake these behaviours. In many cases, people just did not know where to start, but the Wellbeing Safari was a good external trigger for them to try. For some participants, the main issue was that they could not do the behaviour consistently, but the Wellbeing Safari provided them with an opportunity to plan out how they might find the time in their day to do some of the wellbeing enhancing behaviours. Specific financial or environmental barriers were also raised, but generally weren't rated the highest. The Wellbeing Safaris highlighted the variety of issues that people face when trying to improve their wellbeing, but also provided a rich source of solutions.

The insights from the survey and Wellbeing Safari, and our conversations with experts from across the globe provided a firm foundation for the BeyondBlue and BIT team to start developing implementable ideas that are grounded in evidence and lived experiences.

The Wellbeing Safaris highlighted the variety of issues that people face when trying to improve their wellbeing.

🌎 **Americas**

Improving timely diagnosis of Bipolar Disorder

Bipolar Disorder (BD) will affect 1 in 50 Canadians at some point in their adult lives. As with most medical conditions, timely and accurate diagnosis can lead to better management of the disease and quality of life. Sadly, for many Canadians, BD is either misdiagnosed or remains undetected for an average of six years after symptoms onset.

Primary care visits offer a critical opportunity for early and accurate diagnosis. However, primary care physicians face significant barriers that can make diagnosis and case-finding challenging.

From September 2021 to June 2022, The Daymark Foundation engaged BIT Canada in partnership with Dr. Noah Ivers, family physician and Canada Research Chair in Implementation of Evidence-Based Practice. The goal was to conduct research that could provide a deeper understanding of the barriers and facilitators to high-quality diagnosis and identify what role behavioural science can play in addressing them.

To identify these barriers, BIT carried out a multi-phase research process, beginning with a literature review summarising existing research on barriers to diagnosis related to patients, physicians and psychiatrists, as well as the nature of the disease itself.

Drawing from these findings, interviews were conducted with Canadian leaders in BD diagnosis and treatment and a diverse group of 12 primary care physicians to further explore barriers and facilitators to accurate, timely, and consistent diagnosis.

These physicians were spread out across Canada and included a mix of early-, middle- and late-stage career professionals. They also worked in a variety of settings, from hospital-affiliated clinics to practices that required travelling to remote locations and served a variety of populations, including Indigenous and LGBTQ2S+ communities.

Upon identifying and outlining barriers, BIT Canada developed a list of priority opportunities targeting barriers and levers for change that are common in many practice settings and thus have a great potential for impact:

1. Remove barriers that prevent physcans and psychiatrists from exchanging timely and high quality information during the consultation and referral process.

2. Engage administrative staff and update processes to improve patient experience, administer screening, lengthen appointment times, and shorten time between follow-ups.

3. Increase physician uptake of online and electronic supports (e.g., e-consultations, clinical decision supports) before seeking a referral to a psychiatrist.

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Education

Student wellbeing during the pandemic

Studying at university can be challenging at the best of times. Students are often juggling financial stress, tough course content, living or studying in a new city and changes to their friendships and social support networks, and the COVID-19 pandemic added significant additional stressors. The COVID-19 pandemic doesn't appear to have helped**...see more**
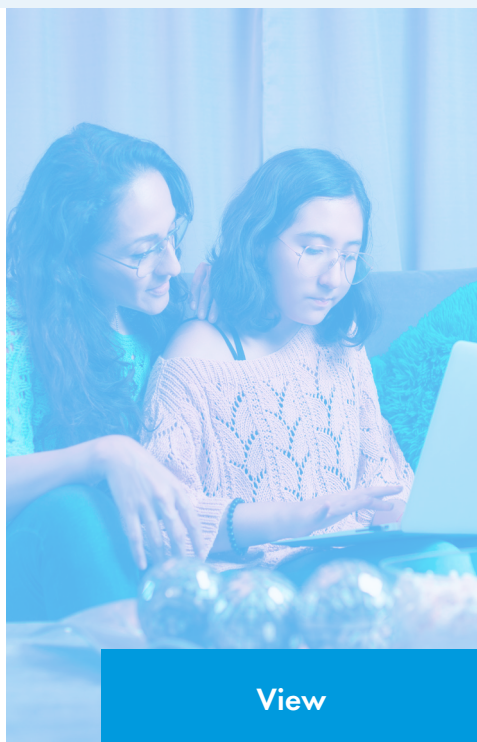
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Economy

Addressing parent behaviours that perpetuate excessive academic stress in Singapore

The Ministry of Education (MOE) in Singapore is encouraging a shift away from over-emphasising academic results to supporting students' development holistically. Parents are crucial stakeholders if this is to succeed.

In 2020, BIT collaborated with the Communications and Engagement Group (CEG) to help**...see more**

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