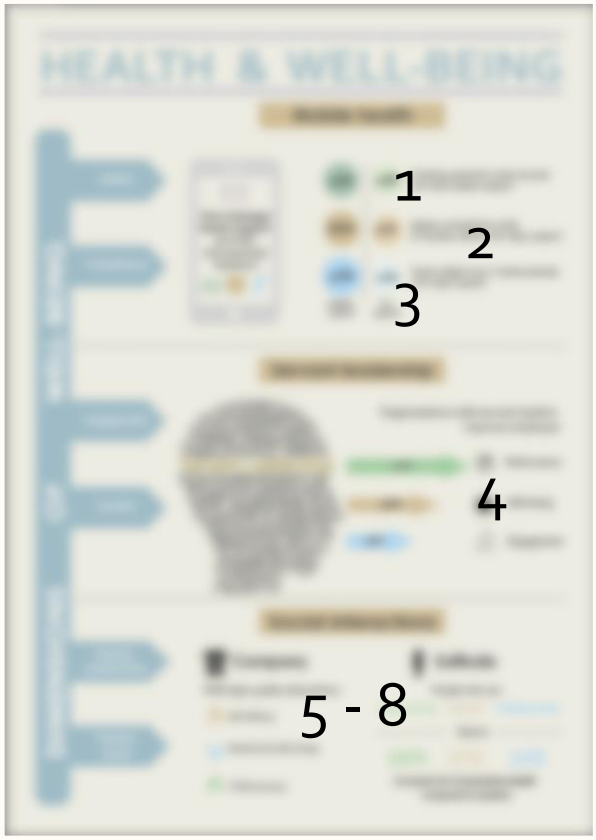
This is the reference list for page 34 of the 2016 Insights for Impact report.



[1]Free, C., Knight, R., Robertson, S., Whittaker, R., Edwards, P., Zhou, W., Rodgers, A., Cairns, J., Kenward, G.K., & Roberts, I. (2011). Smoking cessation support delivered via mobile phone text messaging (txt2stop): A single-blind, randomised trial. *The Lancet, 378*, 49–55. doi:10.1016/S0140-6736(11)60701-0

[2]Varnfield, M., Karunanithi, M., Lee, C.-K., Honeyman, E., Arnold, D., Ding, H., Smith, C., & Walters, D. L. (2014). Smartphone-based home care model improved use of cardiac rehabilitation in postmyocardial infarction patients: results from a randomised controlled trial. *Heart*, *100*, 1770–1779. doi:10.1136/heartjnl-2014-305783

[3]Freyne, J., Brindal, E., Hendrie, G., Berkovsky, S., & Coombe, M. (2012). Mobile applications to support dietary change: highlighting the importance of evaluation context. *CHI '12 Extended Abstracts on Human Factors in Computing Systems*, 1781–1786. doi:10.1145/2212776.2223709

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[6]Olff, M. (2012). Bonding after trauma: On the role of social support and the oxytocin system in traumatic stress. *European Journal of Psychotraumatology*, 3. doi:10.3402/ejpt.v3i0.18597

[7]Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality a meta-analytic review. *Perspectives on Psychological Science*, *10*, 227—237. doi:10.1177/1745691614568352

[8]Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences, 110*, 5797—5801. doi:10.1073/pnas.1219686110

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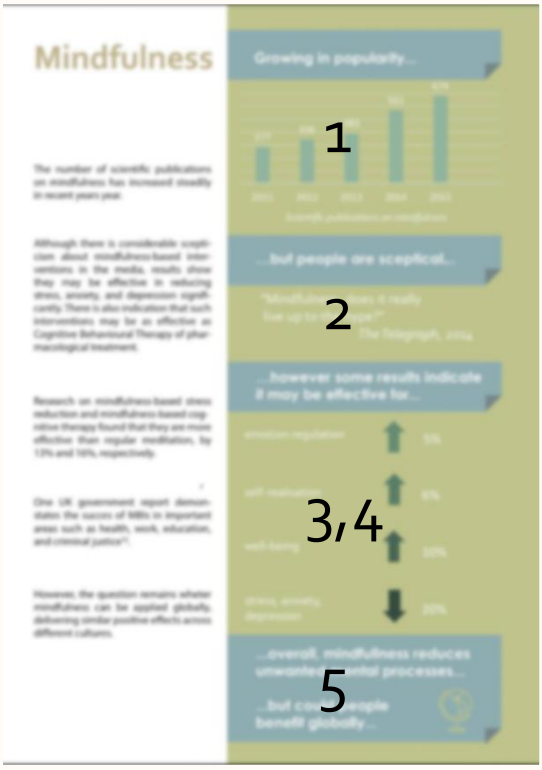

[1]American Mindfulness Research Association. (2016). Mindfulness journal publications by year, 1980-2015 [graphic]. Retrieved from: https://goamra.org/wp-content/uploads/2014/05/trends_AMRA_2016.png

[2]Vernon, P. (2015, October 19). *Mindfulness: does it really live up to the hype?* Retrieved from http://www.telegraph.co.uk/women/womens-health/11161367/Mindfulness-does-it-really-live-up-to-the-hype.html

[3]Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M. A., Paquin, K., & Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review, 33*, 763—771. doi:10.1016/j.cpr.2013.05.005

[4]Eberth, J., & Sedlmeier, P. (2012). The effects of mindfulness meditation: a meta-analysis. *Mindfulness, 3*, 174-189. doi:10.1007/s12671-012-0101-x

[5]Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical Psychology Review, 37*, 1–12. doi:10.1016/j.cpr.2015.01.006

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[1]Organization for Economic Cooperation and Development. (2015). *How's Life? 2015: Measuring Well-being*. Paris: OECD Publishing. doi:10.1787/how_life-2015-en

[2]Helliwell, J. F., Layard, R., & Sachs, J. (Eds.). (2015). *World happiness report 2015*. New York: Sustainable Development Solutions Network.

[3]Office for National Statistics. (2015). *Measuring National Well-being: Insights into Loneliness, Older People and Well-being, 2015*. London, United Kingdom: Office for National Statistics.

Insight headline	Mobile phones for improving healthy behaviour
Theme	Health & well-being
Domain	Mobile Health
Proposed by	Margo Janssens & Hannes Jarke

Primary citations (max 2 – 1 original study; 1 review)

[1]Neubeck, L., Lowres, N., Benjamin, E. J., Freedman, S. Ben, Coorey, G., & Redfern, J. (2015). The mobile revolution-using smartphone apps to prevent cardiovascular disease. *Nature Reviews Cardiology*, *12*, 350–360. doi:10.1038/nrcardio.2015.34

Most recent significant citation (2011-2015)

[2]Spohr, S. A., Nandy, R., Gandhiraj, D., Vemulapalli, A., Anne, S., & Walters, S. T. (2015). Efficacy of SMS text message interventions for smoking cessation: a meta-analysis. *Journal of Substance Abuse Treatment*, *56*, 1-10. doi:10.1016/j.jsat.2015.01.011

Highest dissemination

[3]Free, C., Knight, R., Robertson, S., Whittaker, R., Edwards, P., Zhou, W., Rodgers, A., Cairns, J., Kenward, G.K., & Roberts, I. (2011). Smoking cessation support delivered via mobile phone text messaging (txt2stop): A single-blind, randomised trial. *The Lancet, 378*, 49–55. doi:10.1016/S0140-6736(11)60701-0

50-word summary of insight (non-technical)

Mobile phone health (mHealth) applications and text based interventions support people in everyday life decisions by enabling them to observe, evaluate and thereby improve health related behaviours through individualised text messages and other forms of feedback. They increase treatment adherence, improve self-efficacy, self-management, and ultimately, health and well-being.

Headline findings & critical numbers (simplify if overly technical)

The use of mobile phones in healthcare is widely accepted and — with more than 1.8 Billion smartphone users worldwide — easily accessible to most populations. Apps have good cost-Effectiveness[4,5] due to decreasing costs for mobile internet access. Several studies confirm the effectiveness of mHealth programmes serving as prevention or intervention tools for depression[6], cardiovascular disease[1], and smoking cessation rates are up to 35% higher for app users compared to smokers trying to quit on their own[2]. Obese people using a specific app lost 25% more weight than unsupported individuals[7]. They maintained that weight over a period of at least eight weeks.

Cautions & limitations

Due to the vast amount of available apps (1.3 million with approximately 20,000 added monthly) and inconsistent labelling in online stores, users need to be protected from non-evidence based applications. Furthermore, the regulation of apps by health-care authorities is currently very limited. Evaluating apps has shown to be difficult due to the rapid development in mobile technology. Data security and privacy need to be considered.

Policy Assessment Index 6

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[4]Varnfield, M., Karunanithi, M., Lee, C. K., Honeyman, E., Arnold, D., Ding, H., Smith, C., & Walters, D. L. (2014). Smartphone-based home care model improved use of cardiac rehabilitation in postmyocardial infarction patients: results from a randomised controlled trial. *Heart (British Cardiac Society)*, *100*, 1770 –1779. doi:10.1136/heartjnl-2014-305783 [5]Guerriero, C., Cairns, J., Roberts, I., Rodgers, A., Whittaker, R., & Free, C. (2013). The cost-effectiveness of smoking cessation support delivered by mobile phone text messaging: Txt2stop. *European Journal of Health Economics*, *14*, 789 –797. doi:10.1007/s10198-012-0424-5 [6]Kauer, S. D., Reid, S. C., Crooke, A. H. D., Khor, A., Hearps, S. J. C., Jorm, A. F., Sanci, L., & Patton, G. (2012). Self-monitoring using mobile phones in the early stages of adolescent depression: Randomized controlled trial. *Journal of Medical Internet Research, 14*, 1 –17. doi:10.2196/jmir.1858 [7]Freyne, J., Brindal, E., Hendrie, G., Berkovsky, S., & Coombe, M. (2012). Mobile applications to support dietary change: highlighting the importance of evaluation context. *CHI '12 Extended Abstracts on Human Factors in Computing Systems*, 1781 –1786. doi:10.1145/2212776.2223709

Insight headline	Mindfulness improves psychological health and well-being
Theme	Health and Well-being
Domain	Mindfulness
Proposed by	Oscar Lecuona

Primary citations (max 2 – 1 original study; 1 review)

[1]Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M. A., Paquin, K., & Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*, 33, 763–771. doi:10.1016/j.cpr.2013.05.005

[2]MAPPG. (2015). Mindful Nation UK. *The Mindfulness All-Party Parliamentary Group*. London, UK. Retrieved from http://oxfordmindfulness.org/wp-content/uploads/mindful-nation-uk-interim-report-of-the-mindfulness-all-party-parliamentary-group-january-2015.pdf

Most recent significant citation (2011-2015)

[3]Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical Psychology Review*, 37, 1–12. doi:10.1016/j.cpr.2015.01.006

Highest dissemination

[4]Wilson, T. D., Reinhard, D. A., Westgate, E. C., Gilbert, D. T., Ellerbeck, N., Hahn, C., Brown, C. L., & Shaked, A. (2014). Just think: The challenges of the disengaged mind. *Science*, *345*, 75-77. doi:10.1126/science.1250830

50-word summary of insight (non-technical)

Mindfulness-based interventions are an effective treatment for many psychological problems. These may reduce repetitive negative thinking, emotional reactivity and mind-wandering, which are key mechanisms in psychopathology[3,4]. Results show decreases in anxiety, depression and stress, and also increases in well-being, and thus improve psychological functioning. MBIs are effective also in heterogeneous samples and contexts[6] (e.g., schools[7]), therefore indicating MBIs potential to be effective to general population.

Headline findings & critical numbers (simplify if overly technical)

From aggregated evidence up to 13,000 participants in a variety of countries, MBIs seem to be moderately effective in reducing stress, anxiety and depression (about 20% of improvement above the highest score in control group)[1]. No significant differences to CBT or pharmacological therapies in effectiveness[1]. Well-being is also improved (10%) alongside positive emotions (7%), emotion regulation (4.5%) and self-realization (5.7%). [7] Specific programmes (MBSR and MBCT) are more effective (13%; 15.5%) than regular meditation (1.2%)[1].

Cautions & limitations

Although these interventions are found to be effective, key mechanisms are currently being identified and understood. In addition, they may not be effective or even not indicated for some populations. Practices are being applied worldwide but is necessary to ensure intervention's quality and standardize programmes. In addition, their effectiveness may be culturally specific.

[5] Arch, J. J., Ayers, C. R., Baker, A., Almklov, E., Dean, D. J., & Craske, M. G. (2013). Randomized clinical trial of adapted mindfulness-based stress reduction versus group cognitive behavioral therapy for heterogeneous anxiety disorders. *Behaviour research and therapy*, *51*, 185 –196. doi:10.1016/j.brat.2013.01.003. [6]Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R., Cullen, C., Hennelly, S. & Huppert, F. (2013). Effectiveness of the mindfulness in schools programme: non-randomised controlled feasibility study. *The British Journal of Psychiatry*, *203*, 126 –131. doi:10.1192/bjp.bp.113.126649 [7] Eberth, J., & Sedlmeier, P. (2012). The effects of mindfulness meditation: a meta-analysis. Mindfulness, *3*, 174 –189. doi:10.1007/s12671-012-0101-x

Insight headline	Servant leadership can increase employees well-being
Theme	Health and Well-being
Domain	Leadership
Proposed by	Oscar Lecuona

Primary citations (max 2 – 1 original study; 1 review)

[1]Parris, D. L., & Peachey, J. W. (2013). A systematic literature review of servant leadership theory in organizational contexts. *Journal of Business Ethics*, *113*, 377–393. doi:10.1007/s10551-012-1322-6

[2]De Clercq, D., Bouckenooghe, D., Raja, U., & Matsyborska, G. (2014). Servant Leadership and Work Engagement: The Contingency Effects of Leader–Follower Social Capital. *Human Resouce Development Quaterly*, *25*, 183–212. doi:10.1002/hrdq.21185

Most recent significant citation (2011-2015)

[3]Lohrey, S. (2015). The effects of servant leadership on follower performance and well-being: Underlying mechanisms, boundary conditions and the role of training (Doctoral Dissertation). Retrieved from Aston University.

Highest dissemination

[4]Dierendonck, D. (2011). Servant Leadership: a review and synthesis. *Journal of Management*, *37*, 1228–1261. doi:10.1177/0149206310380462

50-word summary of insight (non-technical)

Servant leadership can improve employees' well-being by creating a positive climate, fulfilling psychological needs of the followers, and stewardship. As such, it increases positive psychological capital, positive organizational behaviour (e.g. citizenship and serving culture) and work engagement and performance.

Headline findings & critical numbers (simplify if overly technical)

In high-health promotion contexts, high servant leadership increased employees'
well-being and positive psychological capital (34.38%).[3]
Servant leaders also enhanced employees' work performance (40.79%) and engagement (13%),
especially in highly engaged teams (16%).[3]
In contrast, in low-health promotion contexts low servant leadership
decreased well-being and positive psychological capital.[3]
Servant Leadership can be trained (6.2%), especially if trainees identify themselves as servant leaders (11.5%)[3]

Cautions & limitations

Novelty of research leads to lack of scientific guidelines for application, e.g. different definitions and measure frameworks. Research contributions are novel, therefore there is a lack of consensus about servant leadership, specifically in its definition, properties and measurement.
In addition, training programs still under development and need to be validated.

Insight headline	Increasing social interactions for better well-being
Theme	Health and Wellbeing
Domain	Social Psychology
Proposed by	Aslı Bursalıoğlu

Primary citations (max 2 – 1 original study; 1 review)

[1]Cheng, S. T., Li, K. K., Leung, E. M., & Chan, A. C. (2011). Social exchanges and subjective well-being: Do sources of positive and negative exchanges matter? *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *66*, 708 –718. doi:10.1093/geronb/gbr061

[2]Compare A., Zarbo C., Manzoni G. M., Castelnuovo G., Baldassari E., Bonardi A., Callus E. and Romagnoni C. (2013). Social support, depression, and heart disease: a ten year literature review. *Frontiers in Psycholy 4:384*. doi:10.3389/fpsyg.2013.00384

Most recent significant citation (2011-2015)

[3]Huxhold, O., Miche, M., & Schüz, B. (2014). Benefits of having friends in older ages: Differential effects of informal social activities on well-being in middle-aged and older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *69*, 366-375. doi:10.1093/geronb/gbt029

Highest dissemination

[4]Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, *110*, 5797-5801. doi: 10.1073/pnas.1219686110

50-word summary of insight (non-technical)

The presence and quality of social interactions is an essential part of physical and mental health. In PTSD, for instance, patients recover faster through proper social bonding, whereas lack of social support can trigger the illness to develop. Prevention programmes should focus on increasing the quality of social relationships.

Headline findings & critical numbers (simplify if overly technical)

Social isolation and loneliness are associated with all-cause mortality; the absolute proportions of deaths during this study are 21.9 vs. 12.3% in the high and low/average isolation groups (general population) and 19.2 vs. 13.0% in the high and low/ average loneliness groups.[4]

People with the lowest level of social integration have greater odds of dying from coronary heart disease related causes (OR = 2.40; 95% CI = 1.03-5.64) compared to those at the highest level of social integration.[5] Friend support is positively correlated with self-efficacy ($r = .18$, $p < .001$), whereas high family support is negatively correlated with the use of alcohol and drugs.[6]

Cautions & limitations

Social relationships are an important part of wellbeing, however, having a social interaction is more than just finding people to interact with. Stressful relationships contribute to poor health habits, thus, the quality of these relationships are as important as their presence.

Policy Assessment Index 3

[5]Heffner, K. L., Waring, M. E., Roberts, M. B., Eaton, C. B., & Gramling, R. (2011). Social isolation, C-reactive protein, and coronary heart disease mortality among community-dwelling adults. *Social science & medicine*, *72*, 1482 –1488. doi:10.1016/j.socscimed.2011.03.016

[6]Cicognani, E. (2011). Coping strategies with minor stressors in adolescence: Relationships with social support, self-efficacy, and psychological well-being. *Journal of Applied Social Psychology*, *41*, 559-578. doi:10.1016/j.sbspro.2012.01.109

Insight headline	Better measurement for well-being
Theme	Health and well-being
Domain	Public mental health
Proposed by	Jovana Gjorgjiovska

Primary citations (max 2 – 1 original study; 1 review)

[1]Huppert, F. A., & So, T. T. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Social Indicators Research, 110*, 837-861. doi:10.1007/s11205-011-9966-7

[2]Organization for Economic Cooperation and Development. (2015). *How's Life? 2015: Measuring Well-being*. Paris: OECD Publishing. doi:10.1787/how_life-2015-en

Most recent significant citation (2011-2015)

[3]Office for National Statistics. (2015). *Measuring National Well-being: Insights into Loneliness, Older People and Well-being, 2015*. London, United Kingdom: Office for National Statistics.

[4]Helliwell, J. F., Layard, R., & Sachs, J. (Eds.). (2015). World happiness report 2015. New York: Sustainable Development Solutions Network. doi:10.1007/s10902-013-9441-z

Highest dissemination

[5]Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and psychosomatics, 84*, 167-176. doi:10.1159/000376585

50-word summary of insight (non-technical)

As well-being is increasingly considered a useful measure of social progress, improvements in comprehensive measurements have been made. Existing well-being measurements now converge on several important dimensions of well-being: positive emotions, resilience, and vitality, among many. These advancements in the scientific field of well-being can be utilized to improve population-level policies.

Headline findings & critical numbers (simplify if overly technical)

OECD has found that while GDP per capita has increased by 16% between 2007 and 2014, life satisfaction has decreased by 1.8%[2].

Results converge on Northern and Western European countries having the highest levels of subjective well-being on multiple approaches[1,2].

Eastern European countries report the highest levels of vitality[1].

In most OECD countries men are more likely to report a positive affect balance[2].

Cautions & limitations

Although existing well-being measures have already been implemented in various national and global projects, they haven't been cross-validated in controlled studies on similar samples.