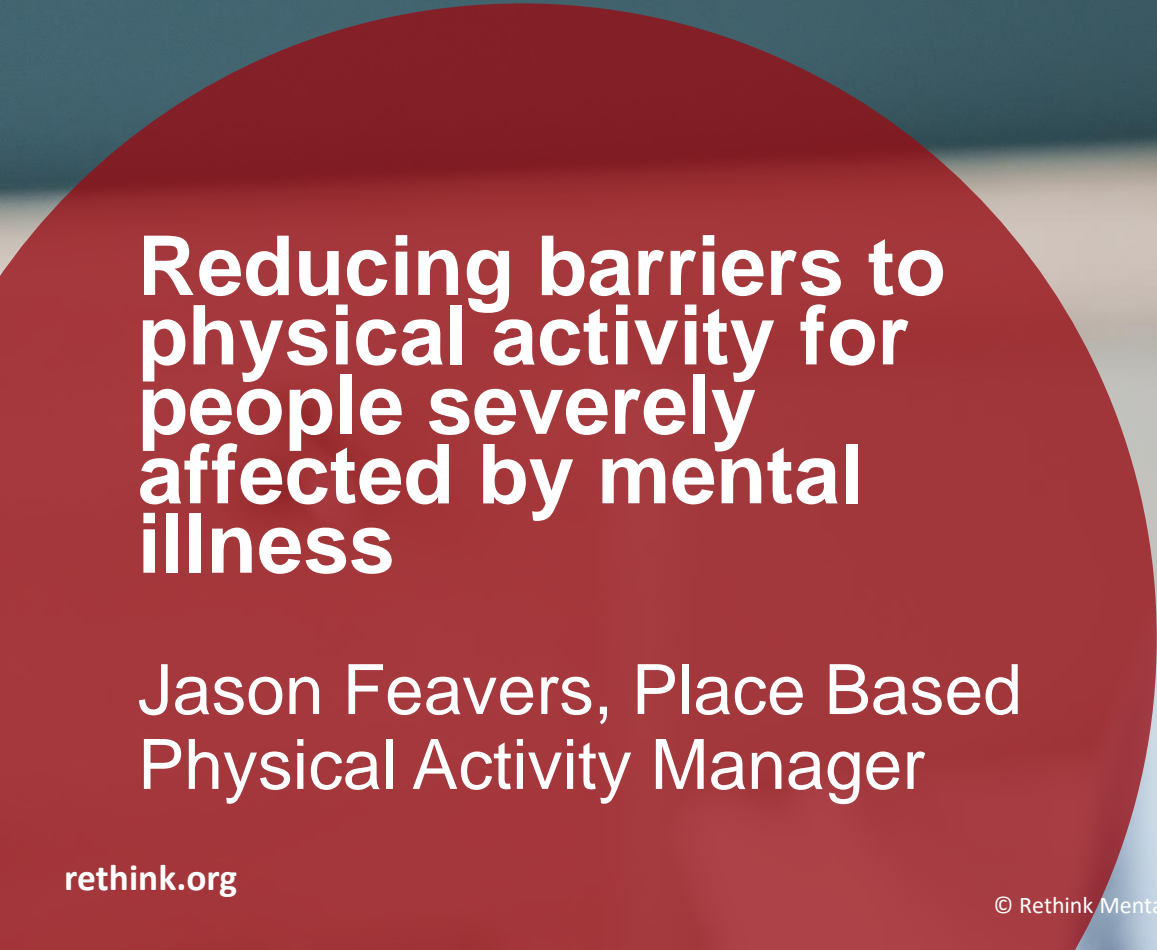


A blue circular logo with the text "Rethink Mental Illness." in white.

Rethink
Mental
Illness.

A large red circular graphic that serves as a background for the text.

Reducing barriers to physical activity for people severely affected by mental illness

Jason Feavers, Place Based
Physical Activity Manager

rethink.org

© Rethink Mental Illness. Material only to be used with permission of Rethink Mental Illness



What is severe mental illness?

- Most common conditions are schizophrenia and bipolar disorder
- **Schizophrenia** affects about **1 in every 100** people. Around **1 in every 50** people in the UK live with **bipolar**.
- Within our project we are working with “**people severely affected by mental illness**” – this definition includes people with severe depression and anxiety disorders, usually to the extent where they have had contact with secondary care mental health services

Physical Activity and Severe Mental Illness

Life expectancy of someone living with a severe mental illness is 15-20 years less than overall population.¹

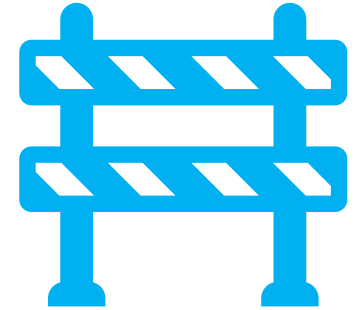
2-3 times increased likelihood of developing cardiovascular disease.²

Significantly lower levels of PA and higher sedentary behaviour.³

Survey responses in Tower Hamlets and North East Lincolnshire found less than 10% of people with SMI met the CMO guidelines of at least 150 minutes of moderate activity a week with almost two thirds achieving less than 30 minutes a week



System Level Barriers



Survey questionnaire

- Based on Theoretical Domain Framework (part of Behaviour Change Wheel)
- Literature review to incorporate previous learning
- Expert by Experience focus groups to understand barriers
- Survey questions co-designed with 8 experts by experience
- 3-4 questions for each domain. 5 point Likert scale
- Responses used in place areas to understand local barriers and prioritise interventions
- Recently widened to collect responses England wide



Social Influence



I'd be more likely to be physically active if I had the support of others

If HCPs spoke to me about PA I'd be more likely to be active

Having someone else to exercise with would encourage me to be more active

Friends and family encourage me to be active

Mean score 3.75



Key learning



Need to consider autonomy over choice of exercise versus psychological safety of mental health specific activities

Involve carers / family members on benefits of physical activity and how to support cared for

Increase quality and quantity conversations by healthcare professionals on physical activity



Belief about Capabilities



My mental health condition makes it hard for me to be active

My medication makes it hard for me to be active

Mean score 3.52

Key learning



Medication, particularly anti-psychotics can have a significant effect on exercise

Consider time of day

Stigma about severe mental illness

Physical effects can include weight gain, lethargy, excessive sweating, increased heart rate

I've put on 3KG since starting medication. Was fit before medication. Much more difficult to achieve what I used to achieve. I used to go to crossfit – don't think I'd be able to do 10 mins now.



Environmental context and resources



I'd be more likely to go to a gym or activity if instructors had a better knowledge of my mental health condition

Cost stops me doing activities I would like to do

Lack of accommodating or culturally specific activities

Lack of access to places where I can be physically active

Mean score 3.35



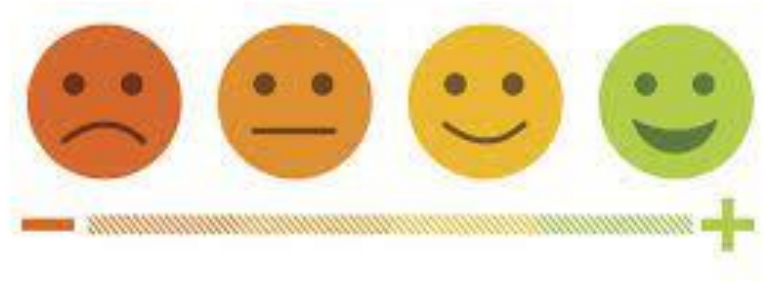
Key Learning



- Mental Health First Aiders – awareness, clinical supervision, signposting to services
- Crisis cards / Wellness Action Plans
- Provide information on what to expect, who people are and who they can speak to in advance or at first visit
- Better awareness / training on SMI particularly within exercise referral schemes



Emotion



Negative past experiences make me less likely to take part in physical activity

Daily life too stressful for me to be physically active

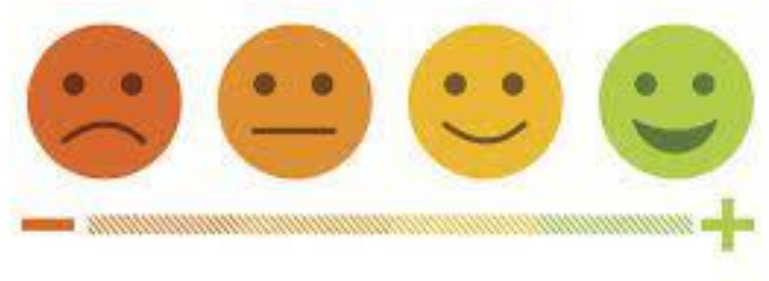
Anxiety stops me from doing activity I would otherwise do

When I think about physical activity I start to worry or panic

Mean score 3.15



Key learning



Examples shared in listening event of past negative experiences – included one person with lived experience of schizophrenia who also has a physical disability and was put in a goods lift to access the gym (basically a metal cage)

Consider ways to reduce negative emotions – mindfulness, graded exposure to PA setting

Work with social prescribing services on wider determinants – unless people with SMI excluded!



Belief about consequences

BENEFITS OF EXERCISE



PHYSICAL STRENGTH



HEALTHY HEART



OVERALL MENTAL HEALTH



STRONG JOINTS



I would gain short term benefits such as improve mood, more energy, better routine

I would gain long term benefits such as increased confidence, weight management

I would gain social benefits from doing physical activity with other people

Mean score 1.42



Key Learning

BENEFITS OF EXERCISE



OVERALL MENTAL HEALTH

STRONG JOINTS



- Most people living with SMI recognised benefits of PA –it was additional barriers that stopped them being more active
- Focus groups showed more emphasis on mental health benefits than physical health and short term rather than long term – person centred approach needed
- Some evidence on PA and reduced positive and negative schizophrenia symptoms. NICE guidance focuses on PA to improve physical health



Key Learning

BENEFITS OF EXERCISE



OVERALL MENTAL HEALTH

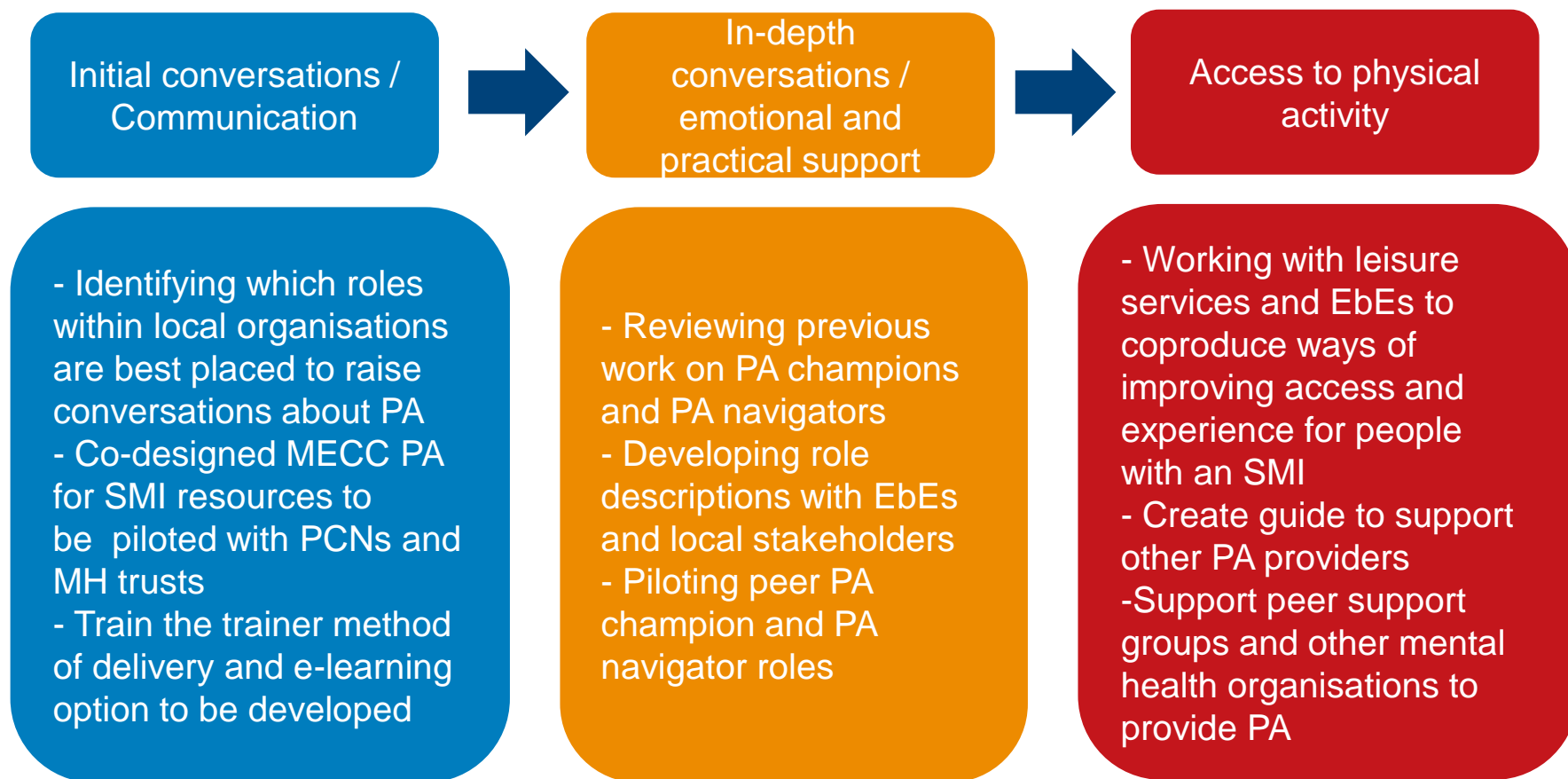
STRONG JOINTS



“Psychiatric symptoms were significantly reduced by interventions using around 90 min of moderate-to-vigorous exercise per week (standardized mean difference: 0.72, 95% confidence interval -1.14 to -0.29). This amount of exercise was also reported to significantly improve functioning, co-morbid disorders and neurocognition”.

Firth, J., Cotter, J., Elliott, R., French, P., & Yung, A. R. (2015). A systematic review and meta-analysis of exercise interventions in schizophrenia patients. *Psychological medicine*, 45(7), 1343-1361.

Co-produced local system level solutions





Future Outputs

- Understanding System Level Determinants report – May/June 2024
- Severe Mental Illness and Exercise e-learning for fitness instructors - May / June 2024
- Good Practice Guide for PA Providers – Aug/Sep 2024
- Centre for Mental Health (external evaluation partners) National Webinar - Jan 2025
- Final Report, external evaluation and learnings from project – Jan 2025



Any questions?

