Engaging in exercise – identifying barriers & co-designed recommendations

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Why should we do this?

- Link between poor mental health and poor physical health
- People with a diagnosis of serious mental illness are experiencing more physical health problems and dying on average 20 years earlier
- People are dying for the same reasons as the general pop just much earlier
- Why? Lifestyle factors, effect of medication and lack of activity
- Need to identify the barriers to exercise??
- Need to address this disparity between health outcomes for people and change low expectations for consumers physical health
- Evidence shows that people with a diagnosis of mental illness CAN improve their physical health with effective interventions
Background…

- Practices and policies intended to improve the physical health of people with mental illness tend to focus on assessment and monitoring by mental health practitioners.

- Importantly, people with lived experience of mental illness are rarely invited to contribute to discussions about the content of these policies, nor how they might be best implemented.
What was our goal?

- To discover what the barriers to exercise were from the perspective of consumers and the barriers from the perspective of fitness professionals
- Start to gather evidence that we can draw on to deliver interventions that maximise engagement
- Co-designed recommendation for best practice
Study design

Phase 1
- Interviews with 15 people with lived experience and 5 exercise professionals to:
  - identify perceived barriers and enablers to participation in exercise.

Phase 2
- 2 focus groups to:
  - i) cross-check the themes identified in Phase 1 interviews;
  - ii) review a summary of the existing research on the social, emotional and physical benefits of exercise for people with mental illness;
  - and iii) co-design a set of recommendations to increase the engagement of people with mental illness in exercise.
Results: barriers (6 themes)

Lack of support

- “I’d like to play tennis but who am I gonna play with?”

Insufficient knowledge and information

- “… we don’t have the information … We may want to do it but don’t have the guidance to know what to do. Maybe if that is provided even in a simple form. It is intimidating.”

Difficulties with work/life balance
Results: barriers

Impact of physical and mental health issues
- “… it takes twice the effort to do half as much when you’re on medication…”

Financial cost of participation.
- “Gyms are too expensive and I’m a single mum … paying for rent as well …”
Fear and lack of confidence

- “You go to a gym … most of them are young people and they’re looking at you sideways thinking this is a big lady that’s come in … they’ve all got their skinny tight little bums and they look at you like ‘ergh what are you doing here?’, I’d rather stay away.”
Results: enablers or motivators (4 themes)

Having support
- “… it’s easier to exercise if you’ve got a training buddy

Access to person-centred individualised exercise options
- “I think the best thing is that it [exercise plan] is individual and written by you.”
Results: enablers or motivators

Connection and a sense of belonging

- “A welcoming environment is always a first thing … staff here are always friendly, smiley, always talk to you … they know everyone’s names, they know their kids names …[to] create like a home environment inside a commercial place is so important.”

Adequate access to information, education and awareness

- “I make sure that goal setting session is purposeful and productive, it makes a big difference …their ‘Why?’ can be the most powerful trigger to turn everything around, to their mindset, to their drive, their world, to push through…”
Co-designed recommendations

1. People value access to a personal coach/mentor who will support, drive, and challenge them.
   - Can be a friend, neighbour, peer…
Co-designed recommendations

2. A person-centred exercise plan, which reflects individual consumers’ barriers, preferences and responds to their enabling factors is important.
Co-designed recommendations

3. There is a need for local, low-cost, community-based exercise options that are easy to access and which provide consumers with opportunities to make and maintain social connections.
Co-designed recommendations

4. Providing consumers with educational resources and relevant information
Checklist

Support and affordability
- What support networks does the consumer have to assist engagement?
- Is there a person/people who can buddy/accompany/remind the consumer to exercise regularly? Can this be provided consistently in an ongoing way?
- Does the exercise facility allow support people to attend? Any cost?
- How would the consumer like to be reminded or challenged to engage in regular exercise?
- Does the exercise facility provide appropriate induction and guidance to use equipment, exercise aids and correct techniques?
- Has information about accessible and affordable community-based activities been provided to allow for consumer choice?
- Are there any subsidies available for low-income earners?
- Can the consumer access formalised coaching or health professionals through a structured reimbursement mechanism such as the Chronic Disease Management Plan?

Flexible, person-centred holistic individualised service provision and exercise plans
- What physical health goals has the consumer identified?
- Have the consumer’s physical health goals been incorporated into your organisational recovery planning process?
- Does the consumer have sufficient knowledge and information about their physical health needs?
- Have you discussed the ways that regular physical activity can be incorporated into their daily life?
- Does the exercise plan take into account preferences and diversity of needs?
- Has the exercise plan been discussed with the consumer’s treating health professionals (e.g. GP psychiatrist etc.)?
- What opportunities are available for the consumer to connect socially within the exercise environment?
Summary

Overall, participants identified concerns about their physical health and found discussion about their physical as well as their mental health beneficial in finding what worked for them.

What works:
1. Holistic person-centred exercise plans
2. Support from a mentor or coach
3. Opportunities for connection
4. Education and information and
5. A sense of belonging
Where to from here?

- Our study found people with mental illness experience mostly similar barriers to exercising as those in general populations.
- Participants indicated a preference for community based options rather than within services.
- People wanted to be asked about their physical health by mental health services.
- Exercise professionals in our study wanted to support people with mental health challenges and expressed a need for communication and information to provide support more effectively.
“What is good for your body, is good for your brain and also good for your heart”