

# Empowering people through physical activity

Claire McCartan Research Fellow, Queen's University Belfast

Paul Webb, Head of Research, Praxis Care

Gavin Davidson, Professor of Social Care, Queen's University Belfast



## Closing the Mortality Gap for individuals living with SMI



Docherty 2018

### System challenges

- Unmet need, referral gap & lack of provision
- Health screening low uptake
- Making every contact count – shared responsibility – neglected aspect of mental health social work practice?
- Data sharing & linking agencies

### Population challenges

- Lower motivation, self-perception & competence
- Cost/access/social support
- Transitions/gender

Good evidence that physical activity has benefits for MH


Good evidence that physical inactivity associated with MH

European Psychiatric Association recommendations:

- 45-60 mins 2-3 x week, supervised aerobic &/or resistance training



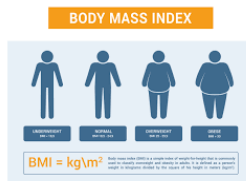
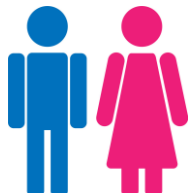
# Research questions and methods

- Why do people with mental health problems do less physical activity?
- What are the barriers to being active?
- What can we do to help people be more active?
- Recruited & trained a team of lived experienced co-researchers
- Used co-production to design, develop & test a physical activity intervention for people with severe & enduring mental health problems
- Worked with key partners to inform design & delivery of intervention
- Recruited 60 participants across 6 Praxis Care sites
- Screening 'Well Check', PAR-Q  GP approval

63% female

BMI M = 31.9 (*SD* = 8.1)

Total cholesterol M=4.8 (*SD* = 1.17)



Mental Health  
Foundation



QUEEN'S  
UNIVERSITY  
BELFAST



Praxis  
care  
a charity at the centre of caring



# Programme content



- 12-week universal group programme based on NICE guidelines (Frequency, Intensity, Time & Type)
- 3-tiered approach: beginner, intermediate, advanced based on risk stratification, mobility & co-morbidities - focused on social aspect, improving functional movement, proprioception, limb co-ordination & core stability

# Data collection & analysis

- Initial meet & greets at each location – preliminary data used to inform intervention
- Physical health & readiness checks – NICHS & PTI
- Qualitative interviews with participants conducted by co-researchers
- Participatory approach to analysis using ‘Participatory Thematic Elicitation’
- Report write up day – key recommendations discussed & agreed





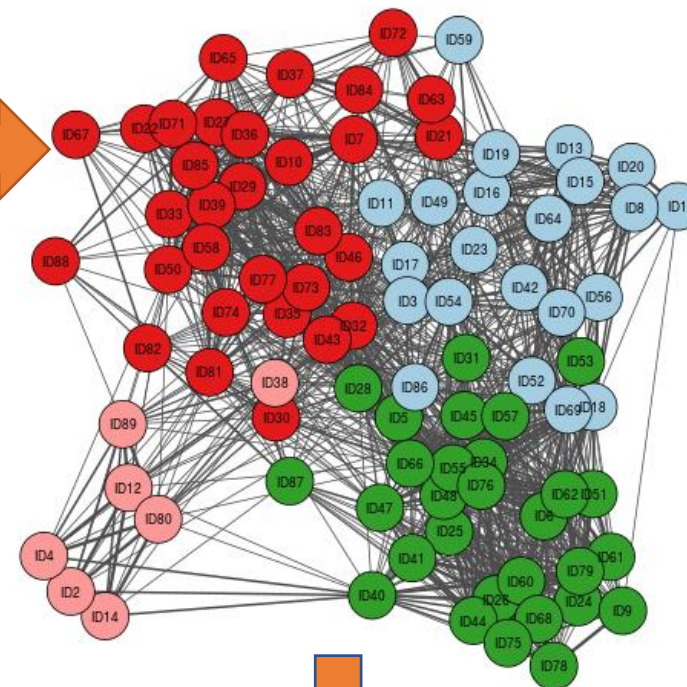
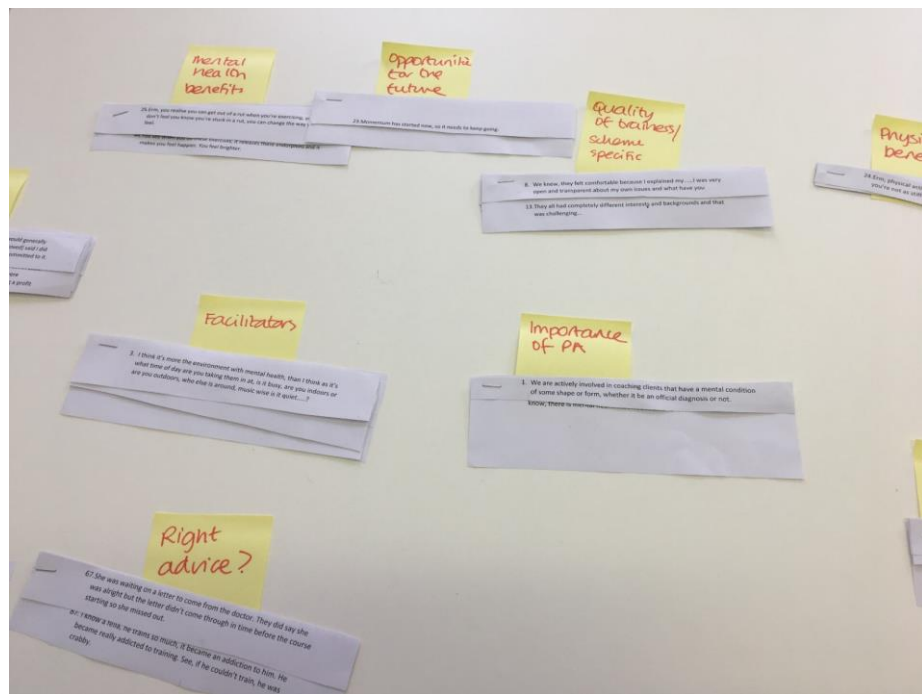
# Participatory Theme Elicitation



**drill**  
Disability Research on  
Independent Living & Learning



**NATIONAL  
LOTTERY FUNDED**



Mental Health  
Foundation



**QUEEN'S  
UNIVERSITY  
BELFAST**



**Praxis  
care**  
a charity at the centre of caring



# Participant feedback

- Effects on mental health improved mood, cognition establishing new routines, coping skills & stress management
- Psychological effects - self-esteem & confidence, behaviour change self-care
- Physical health effects improved sleep, fitness reduction in physical symptoms
- Social aspect of physical activity motivation, sense of belonging reducing social isolation



I'm more rational & more alert. Can you tell the difference in me?  
*Roisin*

I was able to do more not just particularly on a Wednesday but other days.  
*Katherine*

Medication makes you tired but the more you exercise, the fitter you get.  
*Michael*

When you are in a group, you have more motivation because everybody around you is doing it.  
*Nicola*

I think James got a social aspect from it, from us coming in & he was very interested in where are you from & telling you about his life. For him I felt that even an hour of company, somebody different, was very beneficial to him.  
*Trainer*

# Barriers & Facilitators

- Participation rates affected by lack of GP approval (n=25)
- Other potential barriers – time of day, self-esteem/perceived ability, equipment, regular commitment – managed well
- Social aspect was key – motivation, belonging, expanding social networks

# Policy and Practice Implications

- People are interested in their physical health & interventions can be accessible
- Should be a routine aspect of mental health social work
- Even low level intensity has benefits
- Embed physical activity guidelines for SMI population within mental health strategies & physical health promotion
- Use co-production methods & involve family members & carers
- Draw on expertise in the area – identify skilled & experienced partners to help deliver interventions
- Recognise & respond to the socio-economic context & inequalities
- Develop a universal & proportionate approach that embeds physical activity into mainstream mental health service delivery but provide targeted initiatives for people with SMI
- Yap, J., McCartan, C., Davidson, G., White, C., Bradley, L., Webb, P., Badham, J., Breslin, G. and Best, P., 2020. An exercise intervention for people with serious mental illness: Findings from a qualitative data analysis using participatory theme elicitation. *Health Expectations*, 23(6), pp.1579-1593.

