



Let's Get Active!

...to improve health & wellbeing



HSE Mental Health Services



Healthy Eating
Active Living
Programme

**Guidelines to support mental
health service users to engage
in physical activity**

Acknowledgements

This document has been jointly developed by HSE – Mental Health Services and the HSE Healthy Eating Active Living Programme.

Guideline lead authors:

Dr. Julie Broderick, Assistant Professor, Discipline of Physiotherapy, Trinity College Dublin, the University of Dublin.

Dr. Jonathan Moran, Discipline of Physiotherapy, Trinity College Dublin, the University of Dublin.

Dr. Julie Broderick and Dr. Jonathan Moran wrote this document in accordance with the terms of reference with the assistance of a Steering Group.

The members were:

Mr. John McCusker, Operation and Improvements Manager: Mental Health

Mr. Brian Hartnett, Service User Representative: Mental Health

Mr. Maurice Dillon, Occupational Therapy Manager: Mental Health

Ms. Agatha Lawless, Project Manager: Healthy Eating Active Living Programme

Dr. Ailis Brosnan, Physical Activity Lead: Health Promotion & Improvement

Ms. Laura Molloy, Service Improvement Lead: Mental Health

Dr. Catherine McDonough, Consultant Psychiatrist: Mental Health

Ms. Nora Mannion, Social Work Manager: Mental Health

Ms. Clíodhna Kirwan, Senior Dietitian: Mental Health

Ms. Maeve Sweeney, Senior Dietitian: Mental Health

Mr. Derek Griffin, Assistant Director of Nursing: Mental Health

We gratefully acknowledge the participation of a focus group of service users with lived experience of mental health difficulties which has shaped the development of this document. Throughout this document we have included quotes from this focus group.

CONTENTS

INTRODUCTION 04

Chapter 1

What do we mean by physical activity? 06

Chapter 2

What are the benefits of physical activity? 09

Chapter 3

How much physical activity is advised? 13

Chapter 4

How can staff support service users to get more active? 17

Chapter 5

Practical tips and examples for increasing physical activity 25

Chapter 6

Safety advice 32

Chapter 7

Conclusion 35

RESOURCES 37

Appendix 1

PAR-Q Screening Tool 38

Appendix 2

Get Ireland Active Leaflet and Physical Activity Diary 39

Appendix 3

Further exercise resources 43



Introduction

These guidelines aim to:

- (i) Support staff to promote awareness of the benefits of physical activity as a powerful therapeutic tool for people with mental health difficulties.
- (ii) Provide practical resources and strategies for staff to support service users to incorporate meaningful physical activity into their daily life.

HSE Mental Health Services in partnership with Primary Care, Health Promotion & Improvement and community organisations work together to support individuals with mental health difficulties to improve health and wellbeing. The HSE is committed to the Healthy Ireland Framework which aims to reduce chronic disease and promote positive physical and mental health for the whole population of Ireland.¹⁻² This document was developed in accordance with Action 29 of the National Physical Activity Plan; 'to develop guidelines, support materials and referral pathways to promote physical activity for organisations providing Mental Health Services and disability services'.²

There is strong evidence to show that people with mental health difficulties have poorer physical health than the general population.³⁻⁴ Physical health conditions such as diabetes, cardiovascular disease, respiratory diseases and cancers tend to be more common among mental health service users.⁴ This can have a negative impact on quality of life and may lead to a shorter life expectancy.⁵⁻⁶ There are many contributing factors that may impact on the physical health of mental health service users including psychotropic medications (anti-psychotics, antidepressants and mood stabilisers), individual lifestyle choices (e.g. smoking, diet, physical activity), psychiatric symptoms, as well as disparities in access to health care.⁴

There is much we can do to lessen the prevalence and impact of these physical conditions. One proven method to address physical health issues is engaging in more physical activity. Sufficient levels of physical activity can also have a powerful effect on mental health. For example, in mild to moderate depression, the effect of sufficient levels of physical activity may be comparable to psychological and pharmacological therapies.⁷ For other people with more severe mental health difficulties, physical activity can be a useful addition to treatment to improve social and cognitive functioning.⁸



The key message is that any physical activity is better than none and we can all work together to support and encourage physical activity as a positive lifestyle behaviour for mental wellbeing and physical health.

The Mental Health Services in Ireland are committed to a recovery ethos in line with the National Recovery Framework. Staff are encouraged to work with service users to co-produce a plan which takes into account the lived experience and choices of the service user. This document will enable staff to discuss the role physical activity may have in supporting a person's recovery and wellness. It will support staff to make suggestions, share information and signpost service users in relation to their choices. Staff may need to complete the Physical Activity Readiness Questionnaire (Appendix 1 PAR-Q) with service users prior to commencing physical activity. This questionnaire will assist in determining if medical clearance is required before commencing some activities.

Staff of organisations that provide Mental Health Services and information have the potential to positively influence the physical activity of the service users with whom they work. This resource has been developed to strengthen the capacity of staff to engage with service users to enhance physical activity and also to consider ways to become more active themselves.

Who are the guidelines for?

This document is primarily directed towards HSE mental health staff, community and voluntary organisations that provide Mental Health Services and information. We hope it will also be a useful resource to other partner organisations and stake-holders who have a role in promoting mental health and/or physical activity. This includes HSE Primary Care, HSE Health Promotion and Improvement staff, Local Sports Partnerships, community and sporting organisations, academic institutions and others.



“

When myself and my girlfriend go for a walk in the forest we always feel much better after, we sleep better, we're less anxious, our mental health is better. We find walking great.”

Neil, Service User, Galway



Chapter 1

**What do we mean
by physical activity?**

Physical activity is any bodily movement produced by skeletal muscles which causes energy expenditure greater than at rest and which is health enhancing.⁹

Achieving sufficient levels of physical activity is important for everyone. Lack of physical activity or 'inactivity' is extremely common and has been identified as the fourth leading cause of death worldwide.¹⁰ This is due to physical inactivity as a risk factor for non-communicable diseases such as heart disease, stroke, diabetes and cancer.¹¹ Even though participation in sports has increased,¹² over two-thirds (68%) of the Irish population are not sufficiently active to meet physical activity recommendations for health benefits.¹

'If exercise could be purchased in a pill, it would be the single most widely prescribed and beneficial medicine.'

*– Robert H. Butler,
National Institute on Aging*

Physical activity can be 'planned' or 'unplanned'. Examples of 'planned activities' can include going for a walk, dancing, running, cycling, yoga, football, swimming or many other activities. 'Unplanned activity' consists of incidental activity such as housework and general day-to-day tasks undertaken as part of daily living. Physical activity can be enjoyed alone or as part of a group in a community-based setting.

All staff can work together to create a culture where discussions around physical activity are routine and physical activity as a positive health behaviour is supported and reinforced by all.



“

I have a walking group every Wednesday, and we meet outside the clinic... it's very good, it's very healthy.”

Mary, Service User, Meath





“

If I'm sitting around in the flat all day, I hear more voices than I would if I went out and went for a walk in the park.”

Neil, Service User, Galway

What is sedentary behaviour?

Sedentary behaviour refers to any waking activity characterised by very low energy expenditure such as **sitting or lying**. For example, 'screen time' on TV or video game playing, driving and reading.¹³

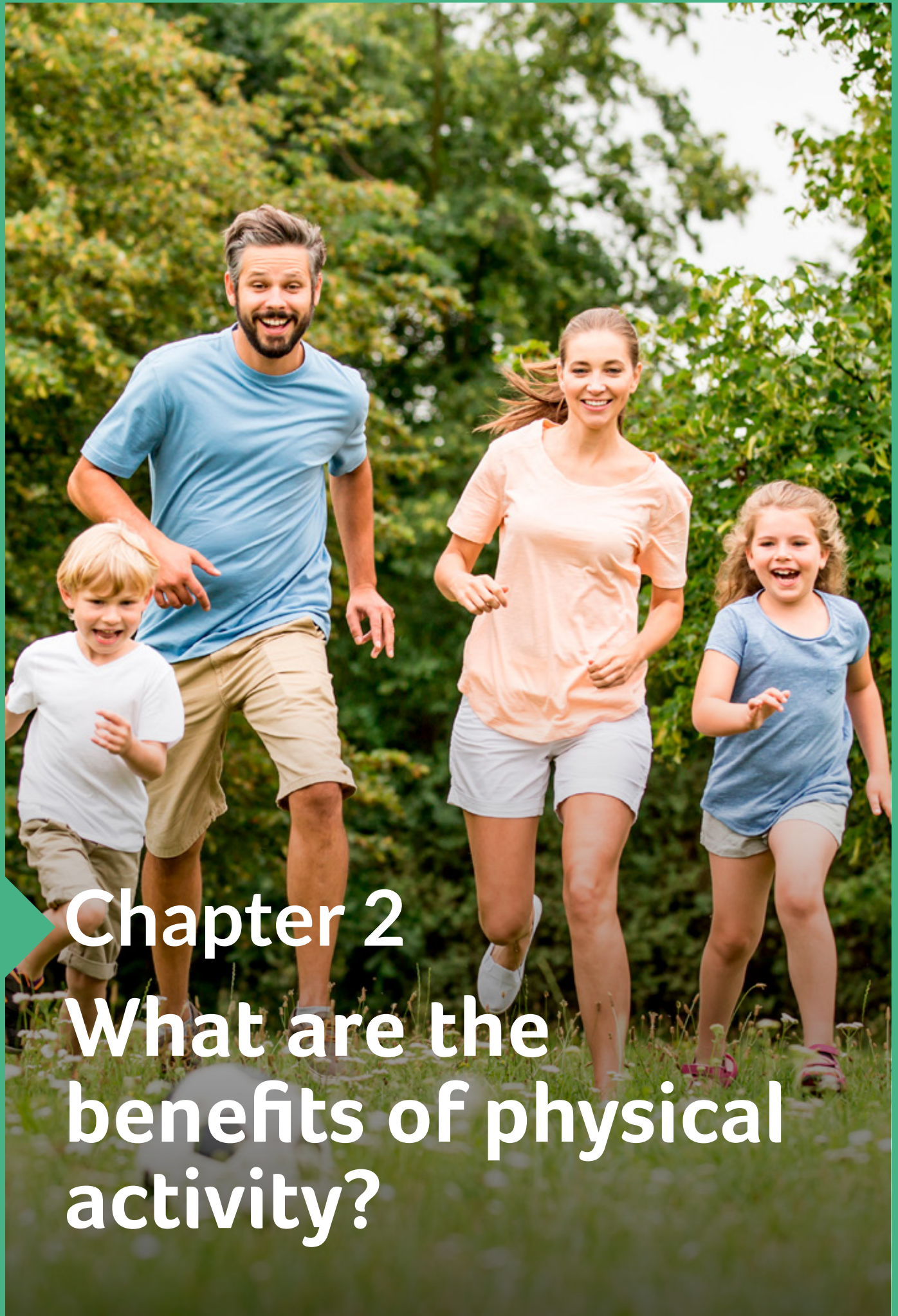
The reality is that a lot of the population spend up to eight hours per day completely inactive or sedentary.¹⁴ Sedentary behaviour is associated with cardio-metabolic disease-related mortality,¹⁵ especially cardiovascular disease and type 2 diabetes.⁽¹⁶⁾ Therefore, replacing sedentary behaviour with more active behaviour can have important health consequences.

Even changing from largely sedentary behaviour to doing a '**bit more**' **light activity** can have **extremely important health benefits**.

KEY MESSAGES



- 1** Physical activity has numerous health benefits across the lifespan.
- 2** Sitting less and moving more can result in important health benefits – any activity is better than none.
- 3** Everyone on the mental health service team has a role in promoting physical activity as a positive lifestyle behaviour.



Chapter 2

What are the
benefits of physical
activity?

Achieving sufficient levels of physical activity is important for all individuals due to numerous physical health benefits. Individuals with mental health difficulties have an increased risk of developing chronic conditions such as cardiovascular disease and type 2 diabetes, however adequate physical activity levels can be protective against such chronic conditions. There are also important mental health benefits associated with physical activity, therefore physical activity can be a beneficial treatment for individuals with mental health difficulties.

Physical Health of Mental Health Service Users

- » People with mental health difficulties, particularly those with severe mental illness, experience **significant physical health co-morbidities** and premature mortality when compared to the general population.³⁻⁴ People with mental health difficulties are more sedentary than the general population.¹⁷

In the context of the Irish population⁴⁻¹⁸

- Stroke prevalence is much higher in people with severe mental illness than in the Irish general population.
- The prevalence of cardiovascular disease is much higher than in the Irish general population.
- The prevalence of diabetes is just over double than in the Irish general population.





Some of the reasons for co-morbidities and a lower life expectancy for people with mental health difficulties were identified by Nash, (2015).⁴

-
- » **Less 'getting out and about'**, lessening incidental activity and resulting in a more sedentary lifestyle.
 - » **Greater exposure to risk factors for other chronic diseases** such as smoking, alcohol and drug use, poor nutrition, unemployment and poverty.
 - » **Less accessing and 'seeking out' treatment** for physical illnesses.
 - » **'Diagnostic overshadowing'** - focus by health care professionals on mental health related problems rather than physical health.¹⁹
 - » **'That's not my role'** – some mental health professionals can feel managing physical health symptoms is not part of their role and/or a knowledge barrier may exist.
 - » **'Walking the tightrope'** between **managing symptoms of mental illness** (antipsychotics for instance with side effects such as weight gain and changes to blood sugar regulation) **and protecting overall physical health.**
 - » **Less and slower access to many services** such as smoking cessation and exercise programmes.⁽²⁰⁾
-

Due to one or more often a combination of reasons outlined above, physical health can be poor in people with mental health difficulties.

There are many mental and physical health benefits of sufficient levels of physical activity which are outlined below;

MENTAL HEALTH BENEFITS OF PHYSICAL ACTIVITY

- » A large study with data from 30,000 participants who were followed for 11 years showed that **those who did not exercise were almost twice as likely (44%) to suffer from depression compared to those who engaged in at least 1 hour of physical activity per week. This benefit was observed regardless of intensity of activity.**²¹
- » In mild-moderate depression, a Cochrane review has shown that **sufficient levels of physical activity can be as effective as pharmacological or psychological therapies.**⁷
- » **Exercise has a large and significant antidepressant effect** in people with depression, including major depressive disorder.²²
- » **Improved cognitive and social functioning.**⁸
- » **Improved hippocampal volume** – part of brain involved with the consolidation of memory.²³
- » **Active people tend to be happier and healthier!**²⁴
- » Other benefits shown in many studies: physical activity is associated with **better sleep patterns, well-being, self-esteem, energy levels and helps manage fatigue.**

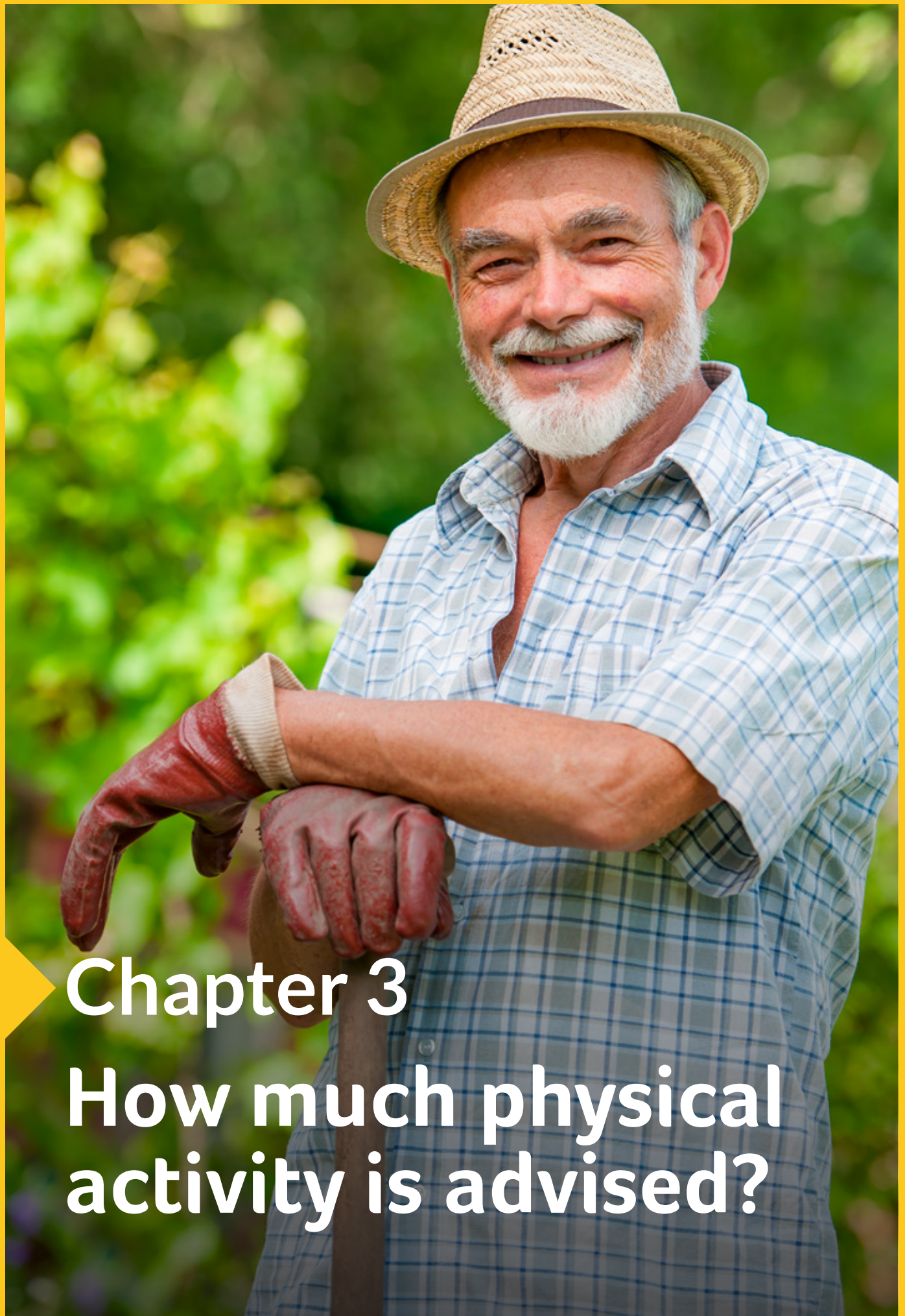
PHYSICAL HEALTH BENEFITS OF PHYSICAL ACTIVITY

- » **A large number of studies have shown that at least 30 minutes of regular, moderate-intensity physical activity on most days reduces the risk of cardiovascular disease and diabetes, colon and breast cancers.**¹¹
- » Muscle strengthening and balance training **can reduce falls and increase functional status among older adults.**²⁵
- » Weight bearing exercises **can** strengthen bones and **reduce risk of osteoporosis.**²⁵

KEY MESSAGES



- 1** Many **people with mental health difficulties also have poor physical health.**
- 2** Physical activity is a key therapeutic tool which confers **important mental and physical health benefits** in people with mental health difficulties.



Chapter 3

How much physical activity is advised?

Staff of organisations that provide Mental Health Services can positively engage with service users to 'take the next step' to be more physically active. Where possible, service users should aim to undertake the following advice from the National Guidelines on Physical Activity for Ireland (2015) for adults.²⁶

Guidelines for adults (aged 18–64)

AT LEAST 30 MINUTES A DAY OF MODERATE ACTIVITY ON 5 DAYS A WEEK (OR 150 MINUTES A WEEK).

Every adult should be active. Some physical activity is better than none, more is better than some, and any amount of physical activity you do results in health benefits.

You can count shorter bouts of activity towards the guidelines. These bouts should last for at least 10 minutes. Add activities which increase muscular strength and endurance on 2–3 days per week.

Moderate activity

- Increased breathing and heart rate, but still able to carry on a conversation. Warm or sweating slightly, comfortable pace.

Vigorous activity

- Breathing heavily, cannot keep a conversation going, faster heart rate and sweating, concentrating hard.

HOW TO ADVISE IF ACTIVITY IS AT 'MODERATE TO VIGOROUS' LEVEL?

THE 'TALK' TEST!

At the bottom of the page is a scale of effort, 0=no effort and 10=maximum effort.²⁷

Moderate activity corresponds to 5–6 on the scale which is generally 'aerobic exercise'. This generally makes people feel 'a little bit sweaty' and more aware of their breathing.

If walking at 5–6 it should be easy to carry on a conversation. Vigorous activity would be 7–8 on this scale – at this level it would be difficult to continue a conversation while undertaking physical activity.

If starting from a low level of activity breaking up sedentary or resting behaviour and replacing it with light activity should be the initial aim to get started.

The Talk Test



Moderate to vigorous activity

The table below shows examples of moderate and vigorous aerobic activities which can be useful when helping service users identify what types of activity they would like to try.

Examples of moderate and vigorous activity for adults

Moderate aerobic activity

- Brisk walking - a mile in 15–20 minutes
- Digging in the garden
- Medium paced swimming
- Water aerobics
- Cycling slower than 10 miles per hour
- Tennis (doubles)
- Ballroom dancing
- General gardening

Vigorous aerobic activity

- Jogging or running a mile in 10 minutes or faster
- Active sports such as football or soccer, squash, aerobics
- Circuit training
- Fast cycling (10 miles per hour or faster) or brisk rowing
- Swimming lengths
- Tennis (singles)
- Dancing such as quick step, hip hop, street, salsa, Irish dancing
- Skipping
- Heavy gardening (continuous digging or hoeing)
- Hill-walking with a backpack



An aim can be to reach 10,000 steps per day measured by a pedometer or smart phone app. If the service user is **starting from a lower base, advise taking more steps** each day beyond current levels.

Building up time walking is an excellent start but advise ideally building in muscle strengthening and endurance, working the legs, hips, back, abdomen, chest, shoulders and arms.

For those over 65 years try to build in balance work too.

More activity may be required for weight control.¹⁰

Examples of muscle strengthening and balance activities are below:

Muscle strengthening activities

- Digging, lifting and carrying while gardening
- Carrying groceries
- Circuit training, step aerobics
- Exercises using exercise bands, weight machines, hand-held weights

Balance activities

- Tai chi and yoga exercises
- Backward and sideways walking, and walking on heels and toes
- Standing from a sitting position
- Standing on one foot

Diet

Engaging in physical activity can help achieve and maintain a healthy weight. Having a diet that is as healthy as possible provides the energy needed to be active and also helps to support physical activity throughout the lifespan. The following are key recommendations in achieving a healthy diet:

1. **Limit high fat, sugar, alcohol and salty food and drinks.**
2. **Eat more vegetables, salad and fruit - up to 7 servings a day.**
3. **Size matters: Use the food pyramid as a guide for serving sizes.**
4. **Try to have regular meals – don't skip meals.**

For more tips and advice visit:

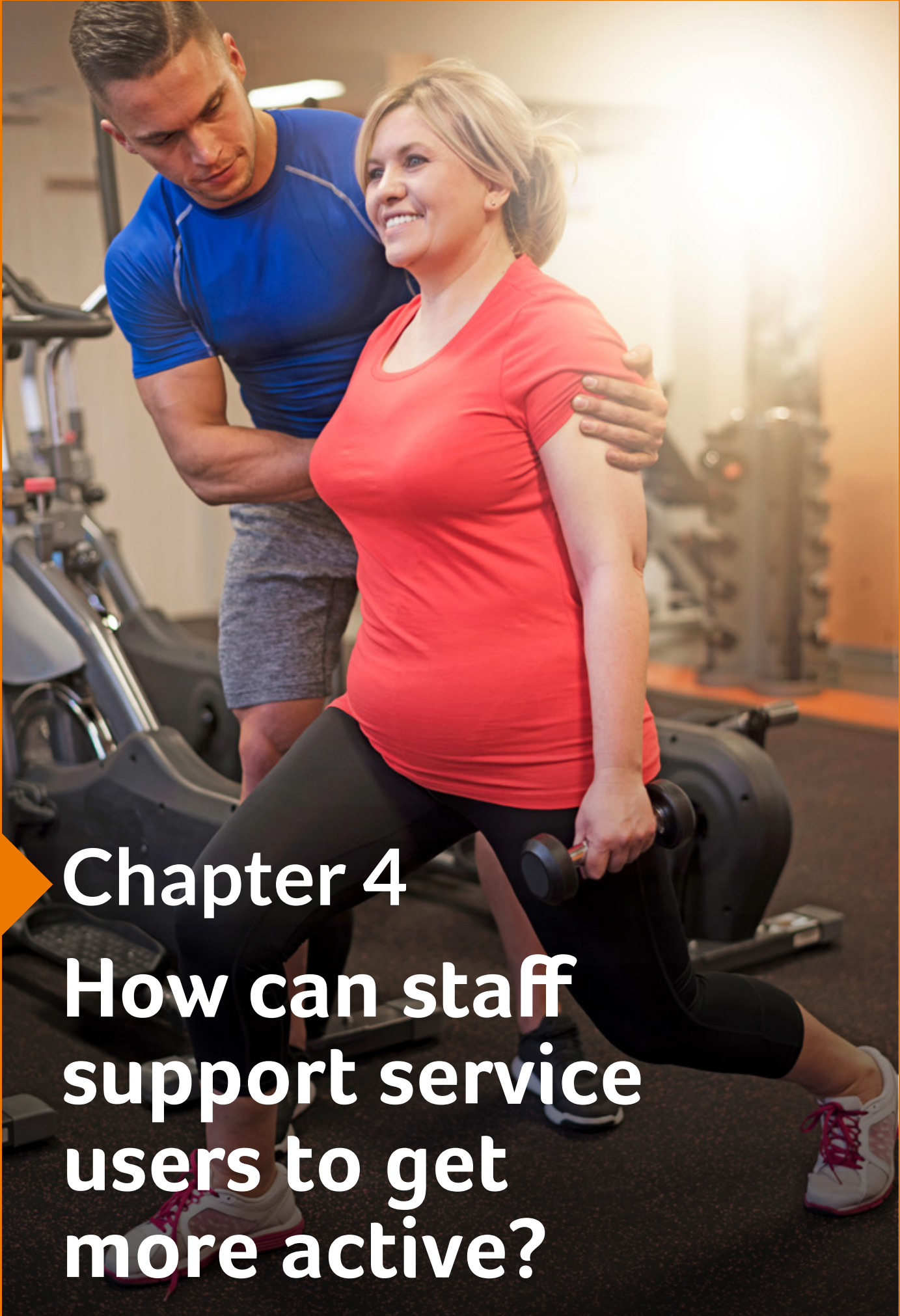
www.hse.ie/healthyeating or

www.healthyireland.ie or www.indi.ie

KEY MESSAGES



- 1 Physical activity is for everyone. Advise that some is better than none!
- 2 Support service users to integrate physical activity in normal daily life.
- 3 At the very least encourage service users to break up sedentary behaviour (i.e. sitting or lying) and replace this with light activity.
- 4 Guidelines recommend at least 30 minutes of physical activity a day, 5 days a week.



Chapter 4

How can staff support service users to get more active?

Promoting physical activity for all individuals may seem like straight forward advice, but it can be challenging to establish good long-term physical activity habits. People are likely to remain physically active if they **find an activity that they enjoy and that can be fitted into everyday life**. When promoting physical activity in individuals with mental health difficulties it is important to ask about current behaviours, address barriers and collaborate on goals.

Building physical activity into routine consultations

Routine enquiries as to key dietary habits and physical activity, combined with straight forward information and skill-building to change behaviour, can be of great benefit to mental health service users and should be part of the initial assessment of the service user.

Harnessing and valuing the lived experience of service users²⁸ e.g. asking **‘was there a sport or activity you have enjoyed previously, tell me about that’** can be useful to discuss. Physical activity can then be included in co-produced individual care plans with the service user to improve levels of physical activity if needed. The care plan should be revisited to set new goals at regular intervals.



The HSE **Making Every Contact Count** programme is designed to ensure that enquiry about lifestyle behaviour through a brief intervention becomes part of routine interactions by healthcare professionals with service users. The reason for this is that healthcare professionals have lots of contacts with service users every year and all of these are potential opportunities to make every contact count to improve the health and wellbeing of the person.

To support healthcare professionals to engage with service users about behaviour change, an online and blended learning training programme has been developed. This training programme will equip people with the knowledge and skills to conduct brief interventions around the four main lifestyle risk factors for chronic disease, namely: smoking; harmful alcohol consumption; physical inactivity and unhealthy eating. To find out more about the Making Every Contact Count Programme including the training go to www.makingeverycontactcount.ie

“

I kept meaning to go (swimming) and it didn't happen, so she (psychologist) just said right tomorrow, go! And I thought yeah and she said “No! Text me beforehand, text me after.”

...“And I did that for the first couple of days and then just got back into the habit of it...”

*Fiona, Service User, Dublin
Fiona, 32, Dublin*



Health professionals have an important role in influencing service users' physical activity habits.

There are three main ways you can support people to be more active:

- Increase knowledge: provide clear, consistent physical activity messages.
- Build confidence: have empathetic and supportive conversations about how regular physical activity can be achieved.
- Signpost: to further sources of information and support.

The four key messages on physical activity are:

- Some is better than none.
- The more you do the more benefits you get.
- Start with short bouts of 10 minutes and gradually build up to 30 mins a day.
- Walking is free, easy and low risk and you can fit it into your everyday routine.

What is brief advice and brief intervention?

Conducting a brief intervention involves engaging with service users using a partnership approach. Motivational interviewing techniques (OARS) can be used to start this engagement on lifestyle behaviours.

Motivational Interviewing Techniques - OARS

The mnemonic OARS can be helpful to structure your conversation around physical activity when conducting a brief intervention.

The table below provides examples of some statements/questions for a motivational interviewing approach:

O	OPEN ENDED QUESTIONS	<p>'What type of exercise do you like to do?'</p> <p>'What are some reasons you have for starting to take up physical activity?'</p>
A	AFFIRM	<p>'It shows commitment to come as far as you have'</p> <p>'You have stuck at it even though it has been hard work'</p>
R	REFLECTIVE LISTENING	<p>'So I understand from what you are saying.'</p>
S	SUMMARISE	<p>'Let's recap on where we are so far...'</p>

Goal Setting

In your discussion around physical activity, try to **collaboratively set goals**. Goal setting is an effective method of motivating individuals to become more active or to continue with physical activity. Physical activity goals don't need to be complicated and **can include unstructured activity (e.g. taking the stairs instead of the lift, walking home or gardening) and/or structured activities (e.g. walking groups, exercise classes)**. Some information in Appendices 2 and 3 can be useful to explore with service users. Remember the following;

- Collaboratively set goals.
- Start small and make realistic goals.
- Physical activity which encourages social interaction may be most beneficial.
- Consider preferences and enjoyment.

Co-design '**short-term wins**' – easily achievable goals, then consolidate improvements to produce more change where possible.²⁹

EXAMPLES OF SHORT TERM GOALS – START FROM THE BASELINE PHYSICAL ACTIVITY LEVEL OF THE SERVICE USER

'I will stand up and walk around during the ad breaks when I watch television.'

'I will get off the bus one stop early when I travel to college.'

'I will walk ten minutes twice every day.'

'I will meet my friend and walk 30 minutes twice per week.'

'I will participate in my local parkrun once a week.'

Assisting service users to overcome barriers to physical activity

We all experience barriers to undertaking sufficient levels of physical activity but the nature of mental health difficulties and their treatment means additional barriers to engaging in regular physical activity can be experienced. This section will discuss methods that can be used by mental health professionals to overcome barriers and support service users to become more physically active.

Remember it is the service users own decision whether they will change their behaviour. Ensure you build a rapport and show empathy. To overcome potential barriers to promoting physical activity the following responses adapted from a number of sources³⁰⁻³³ may be useful:

“

It's almost like you have to feel you deserve to do these things for yourself, you know...”

“If you're feeling miserable you're not going to feel like treating yourself to a good fresh walk.”

Neil, Service User, Galway



Service user says (Barrier) Response

Environmental barriers

Bad weather

- » Recommend indoor facilities available.
- » Recommend investing in suitable weather gear.

There are no facilities near me

- » Try walking around local area.
- » Look on the website www.parkrun.ie for a free parkrun near you.
- » Try climbing stairs a number of times.
- » Consider exercising at home using an exercise DVD.

Personal barriers

I'll be too embarrassed

- » Focus on individual activities.
- » Remind them that most people will be too busy focusing on themselves and not looking at them.
- » Consider exercising at home at first – getting an exercise DVD.
- » Advise trying men or women only activities if a mixed-gender session is a source of stress.

I don't like feeling sore afterwards

- » Remind them that soreness is only temporary and a warm-up and cool-down, can prevent or reduce the sore feeling.

I don't have time

- » Bouts of 10 minutes are achievable.
- » Some physical activity is better than none.
- » Advise to try and work physical activity into their day, for example try exercising at lunch time, more active play with children.

I'm too tired or have no energy

- » Remind them to start small, for example start with a 5-minute walk – remind them once they get started they may feel like walking for longer.
- » Remind them that regular exercise can increase their energy with time.
- » Be empathetic and acknowledge it can be difficult to exercise if tired.
- » Advise to 'listen' to their bodies and engage in physical activity at best time of day with regard to energy levels and medication.

I don't feel like it (I'm just not motivated enough)

- » Advise them to link up with a friend who can help and encourage them.
- » Start small, set realistic goals each week and suggest they reward themselves for efforts.
- » Remind them of the benefits of exercise.
- » Use activity diaries (See Appendix 2) or smart phone apps.
- » Ask their permission to re-visit the conversation at another time when they feel ready for change.

I'm not sporty

- » Remind them that don't have to join a gym or play sports to be active.
- » Brisk walking can be a great start.
- » Make everyday activities a way to be active (for example housework, walking the dog).

I won't enjoy it

- » Advise there is no need to exhaust themselves– start gradually with brisk walks.
- » Find an activity that they might enjoy such as a dancing class.
- » Remind them that although activities might not be enjoyable at first, this can improve with time. Regular physical activity can gradually improve mood. Most people feel better after conducting physical activity than during it!

I'm afraid I'll injure myself

- » Advise to warm-up and cool-down properly.
- » Help to choose activities involving minimum risk.
- » Advise to undertake physical activity appropriate to their age, fitness level, skill level, and health status.

Service user says (Barrier) Response

Financial Barriers

I can't afford/don't like gyms

- » Some public parks have outdoor gyms which are free to use.
- » Parkruns are free. Look on the website www.parkrun.ie for a free parkrun near you.
- » Try different types of exercise that do not involve gyms (e.g. walking, yoga or cycling outdoors).
- » Try being more physically active at home.

I can't afford the gear

- » For everyday activities, remind them that special clothing isn't needed, you can be active in everyday gear.

I don't have childcare

- » Advise getting active with the kids, finding an activity which can be undertaken together such as swimming or going to the park.
- » Advise checking for childcare at leisure centres (some places offer it).
- » Consider exercising at home at first such as getting an exercise DVD.

I don't have the support

- » Advise link in with peer support groups and access resources from www.getirelandactive.ie about local facilities.
- » Remind them that they can get support from you and other mental health service providers.

Medical Barriers

I have physical limitations (e.g. unfit, elderly, overweight, chronic pain)

- » Fill out Par-Q (Appendix 1), if necessary consult with a medical professional.
- » Simply walking can be very helpful.
- » Cycling and water based exercise puts less strain on bones and joints.
- » Advise to build up slowly and pace activities.

I feel anxious and get panic attacks

- » Try to find an activity that can be enjoyed.
- » Remind them that exercise can reduce feelings of anxiety or stress.
- » Remind them to start off slowly, pace oneself and take slow deep breaths to help prevent hyperventilation.
- » Avoid triggering situations such as busy places like gyms and recommend quieter places such as parks.

Will my medications interfere with being active?

- » Medications for mental health conditions can have many different side effects but generally it is safe to commence physical activity at a low level and build up slowly.
- » Fill out Par-Q (Appendix 1), consult with a medical professional if the service user suffers from a number of medical conditions or experiences any side effects which may interfere with physical activity.

“

When the sun shines I can get motivated but when the sun doesn't shine, I'm waiting for it to get perfect. Not a good idea in Ireland!”

John, Service User, Mayo

“

If I was feeling ill or if my mood was down.., I wouldn't exercise.”

Mary, Service User, Meath

REMEMBER FOR LONG-TERM PHYSICAL ACTIVITY ADOPTION:

Think about **planning for setbacks, goal adjustment, problem-solving and working towards habit formulation.**³⁴

Engagement in physical activity is not a linear process – **Encourage, reassure and be empathetic** to a service user who has dropped out of the habit – **we all drop in and out of physical activity habits at different points in our lives, reassure and work together to re-establish physical activity habits.**

Congratulate on making any small changes – **any type of physical activity is better than none.**

Ideally, outcome measures can be used to track progress, examples of physical activity and sedentary behaviour questionnaires are below.

PHYSICAL ACTIVITY:

Short form International Physical Activity Questionnaire (IPAQ).

<https://sites.google.com/site/theipaq/>

Godin Leisure Time Index.

<http://www.godin.fsi.ulaval.ca/Fichiers/Quest/Godin%20leisure-time.pdf>

SEDENTARY BASED QUESTIONNAIRES:

Sedentary behaviour questionnaire (SBQ).

http://sallis.ucsd.edu/Documents/Measures_documents/PACE_Adult%20SedentaryBehaviorsSurvey.pdf

Past-day Adults' Sedentary Time (PAST questionnaire).


<http://links.lww.com/MSS/A252>

Alternatively a **pedometer or fitness app** may be useful to track changes in physical activity behaviour. These may help with **motivation and longer-term compliance** too.

KEY MESSAGES

- 1** Where possible briefly discuss physical activity at every routine consultation with service users. Everyone can do this!
- 2** The initial session where you bring this topic up may be a little longer, but after that a quick reinforcement or reminder would be advised.
- 3** Use goal setting and barrier responses to encourage patients to regularly engage in physical activity.



A photograph of a woman with dark skin and reddish-brown hair, smiling at the camera. She is wearing a pink and black athletic tank top and dark grey leggings. She is sitting on a green artificial turf floor in a gym, holding a clear plastic water bottle with a blue cap. The background is slightly blurred, showing gym equipment and bright lights.

Chapter 5

Practical tips and examples for increasing physical activity

We should not be too prescriptive about the types of activity we recommend⁸ as some of the mental health benefits of being more physically active or exercising may be associated with doing something people “want to” and enjoy.

“

I find “if I’m getting wrapped up in myself, I’m getting anxious about nothing, so I’ve learned and it’s not always easy to do, it’s actually walk to the shops, don’t take the bus.”

“I usually find by the time I get down there I’m feeling more upbeat, more alive like.”

Neil, Service User, Galway



Examples of ways to increase individuals physical activity within approved and continuing care centres

Ensure physical activity level is included in service user’s initial comprehensive assessment.

Assessed needs then can be included in care plans with the aim of getting service users to meet the national physical activity guidelines. To achieve this, activities may need to be scheduled for week days and weekends.

Staff within Mental Health Services can complete brief intervention training which includes a physical activity component.

Staff can promote physical activity through the use of motivational leaflets and posters e.g. use the stairs.

Staff can incorporate physical activity into their interactions with service users such as walk and talk.

Walking routes (such as Sli na Slainte) and exercise equipment can be installed within hospital grounds where possible and staff should be trained to encourage use of same.

Link in with Physical Activity Coordinators for information on local training on physical activity for staff within HSE.

Staff can look after their health and wellbeing by getting involved in the HSE staff health and wellbeing programmes e.g. Steps to Health Challenge.

Examples of planned or more structured activities to increase physical activity

It can be a challenge to think how you could integrate a wider physical activity programme into your setting. These examples show how access to physical activity can be diverse, fulfilling and inclusive for every member of the community.

Walking is an excellent form of physical activity which is accessible and achievable for most. Many walking groups now exist and a very appealing aspect is exercising outside in the fresh air and the opportunity to talk, or not, within a supportive structure. Gardening is a great task-orientated form of physical activity which can be social too as the example which follows shows.

If possible, familiarise yourself with structured local physical activity opportunities in the community, so you can signpost these to service users.



“

The peer support is so important.”

John, Service User, Mayo

MANORHAMILTON GARDENING GROUP

“Many of the service users on my caseload had identified wanting to be more active, do something purposeful and meet new people. We linked with a **community garden** in Manorhamilton who provided us with an **allotment**. The group was developed from the start with the **involvement of service users who decided on tasks and worked together in digging, sowing, planting, weeding, and harvesting**. It was great to be **active outside in a natural environment**. Many of the service users have taken on their own allotments within the community garden for themselves and their families. During the summer we set up a **spin off cooking group to support people to prepare and cook the vegetables and share recipes**. Feedback has been very positive and service users have reported **being physically active has helped their mood, energy levels and fitness**. People have also **enjoyed learning new gardening and cooking skills and meeting people**.”

Elizabeth Smyth, Occupational Therapist, Leitrim Community Mental Health Team.



HAPPY FEET WALKING GROUP SKIBBEREEN

“The Happy Feet Walking Group takes place once a month as part of the Friday Club wellness programme here in Skibbereen. The **Walking Group is open to everyone in the community** and is facilitated by the Community Nurses in the West Cork Mental Health Services. **Staff are also encouraged to take part in the walks** in an acknowledgement that we all need to exercise in support of good mental health. Two Community based Mental Health Nurses undertook training and completed a Walking Leader Course with the Irish Heart foundation.

Since 2016 the **group has gone from strength to strength** with a large number of the local community along with service users and staff participating on a monthly basis. The group offers members a **great opportunity to mix and socialise within the community**. The fact that the Happy Feet Walking group is open to all members of the community **promotes social inclusion and works to challenge stigma** within the community. Feedback from the local community, service users and staff has been very positive as the Happy Feet walking group **members continue to grow.**”

Caroline Murphy and Cathy O Mahony, Nursing staff, West Cork Mental Health Service, Skibbereen, Co. Cork.



A POSITIVE PARTNERSHIP – HSE MENTAL HEALTH SERVICES AND MEATH LOCAL SPORTS PARTNERSHIP

“Since 2014 we have **worked very closely with Meath Sports Partnership** in developing opportunities for service users to participate in physical activity and sport in the local community. Linking up with Meath Sports Partnership has enabled us to **benefit from their knowledge of program delivery, access local facilities in the community and avail of small grants to get initiatives started**. They have supported us to run a range of programs including “Learn to Run” “Walking for Wellbeing” and “Kickstart to Recovery”. Four of our staff members recently completed the Irish Heart Foundation Walking Leader training which they organised. The Sports Partnership has a very **inclusive philosophy**

and we have been able to work with them to **support service users attend the many community initiatives they promote** in Meath including parkruns, Men on the Move, walking groups and couch to 5km programs. The **Sports Inclusion Disability Officer (SIDO)** within Meath LSP has been a **key person** in the success of our partnership and we link regularly with the SIDO to plan and review current programs and future opportunities.”

Maurice Dillon, Occupational Therapy Manager, Louth Meath Mental Health Services.



WOODLANDS FOR HEALTH

"The "Woodlands For Health" program was set up by Wicklow Mental Health Services in partnership with Coillte and gives people the opportunity to participate in programme walks in natural settings in Co. Wicklow. The feedback has been great and it's an opportunity to get out and be active within a supportive group. Participants from that program set up "Well Ahead" group with the support of the community mental health nurse. The Well Ahead group is a peer led group run by a committee of persons with lived experience of mental health issues. Weekly activities and classes are organised in Wicklow primary care centre including pilates, circuit training, drama and cookery.

Most of the activities are led by peers ourselves although we were able to access funding to acquire a Pilates tutor. The atmosphere of the group is great and the peer led element ensures a sense of ownership and empowerment for participants. Most of the group are still involved in the "Walking in Woodlands" program and the physical activity theme is an important element to the success of both groups."

*Ayrton O'Brien, Secretary, Well Ahead Group, Wicklow, www.wellahead.ie,
Ita Kelly, Community Mental Health Nurse, Wicklow Mental Health Services.*



PHYSICAL ACTIVITY IN AN APPROVED CENTRE

"The Jonathan Swift Clinic is an **acute mental health** service based in St. James' Hospital, Dublin. Staff were aware that there was a lack of opportunity for physical activity on the acute inpatient unit. We **started by holding a focus group with service users** which gave us **valuable insights and ideas**. We then gained support from the Heads of Discipline, nursing staff and one of the **Consultant Psychiatrists** who has an area of interest in exercise and mental health.

We sought the advice and **input from Physiotherapy staff** at St. James's Hospital to assist us with designing a suitable and appropriate exercise programme for our service users. The Physiotherapists offered to co-facilitate the exercise program with staff from the unit twice per week. Physiotherapy also advised us on suitable equipment to purchase including **weights, steps, exercise bands, pedometers, weighted balls**, etc.

Interest and attendance has been consistently very good. Staff have noticed **service users seem brighter and less tense** when they come back to the ward from the group. Many of the service users have commented they **plan to continue to exercise regularly when they leave hospital.**"

Rachel Gould, Occupational Therapist, Sarah Fitzgerald, Social Worker, Jonathan Swift Clinic, St James' Hospital, Dublin 8.



KICKSTART 2 RECOVERY

“The Football Association of Ireland (FAI) **Kickstart 2 Recovery Programme** is targeted at individuals with mental health difficulties within the HSE Mental Health services. The Occupational Therapists on the community mental health teams link with the **FAI Football For All** National Coordinator to establish the programme in their area. The programme runs over the year usually in a block of 8 weeks. The FAI supply a community coach for each programme and the HSE supply the venue in conjunction with the FAI Development Officer and Local Sports Partnership. The Occupational Therapists set individual goals with participants for the programme and evaluate each 8 week block with participants to ensure the programme is meeting its objectives. Since 2011 the programme has grown from one initiative in Blanchardstown, Dublin to 15 nationwide, demonstrating the benefits of interagency working to meet the needs of mental health service users.”

Oisín Jordan, National Coordinator, FAI Football for All Programme.



“

For my MSc I conducted a home-based physical activity programme for people with major mental illness, using the motivational interviewing framework and I found the resources in the Get Ireland Active website (<http://www.getirelandactive.ie/>) extremely useful to structure conversations with participants. The exercise diaries and other resources (Appendix 2 & 3) were particularly useful as a discussion point in my follow ups with participants. This programme resulted in positive changes in fitness and a number of other parameters.”

Alice, Physiotherapist, St. James's Hospital



Resources and Supports

Local opportunities to be active

It would be useful to make a list of physical activity opportunities available in your local area. Providing information will make it easier for service users to access local opportunities. Information for these can be drawn from a number of sources.

Local Sports Partnerships provide information, education and practical supports to enable communities across Ireland to become more physically active. They offer support to local organisations like walking groups, and they run inclusive, accessible events to encourage everybody to get active.

http://www.sportireland.ie/Participation/Local_Sports_Partnerships/LSP_Contact_Finder/

Get Ireland Walking is a national initiative that aims to maximise the number of people participating in walking - for health, wellbeing and fitness - throughout Ireland. <http://www.getirelandwalking.ie/>

The Get Ireland Active website has a 'Places to Get Active' database in which there is information available on local amenities, outdoor activities and indoor venues including parks, playgrounds, courts, halls, swimming pools & beaches
<http://www.getirelandactive.ie/>

Go For life Programme in care settings

'Go for Life' is the national programme for sport and physical activity for older people. This programme aims to empower and enable older people by reaching out to active retirement associations, senior citizens groups, day care and community centres around the country to ensure that older people are more active, more often. For more information log on to www.olderinireland.ie

The Irish Heart Foundation - www.irishheart.ie offer walking leader training for people wishing to promote walking and lead walks in community or workplace.

Go For Life is the national programme for sport and physical activity for older people. The programme aims to involve more older adults in all aspects of physical activity. For more information go to www.ageandopportunity.ie

Health Promotion - www.healthpromotion.ie You can order a range of publication on this website on topics such as physical activity, healthy eating, and mental health. If you register as a health professional on the site you will be able to access more information materials to give to service users you work with.

Information about free weekly 5k parkruns in parks around the country is available via the following website <http://www.parkrun.ie>

"I recently discovered parkruns, (<http://www.parkrun.ie>) and try to go each Saturday that I can. They are so well organised and it is lovely to run through the park and is a great to catch up with friends who do it too. It gives a great energy boost for the day."

Julie, Lead Author of these Guidelines!

KEY MESSAGES



- 1** Where possible discuss ideas of structured or planned activity and unstructured physical activity opportunities.
- 2** It can be useful to have information about local initiatives and exercise facilities within your area.

A man with a grey beard and a blue helmet is riding a mountain bike on a paved path through a forest. He is wearing a grey polo shirt and olive green shorts. The background is a blurred forest with green foliage. The text 'Chapter 6 Safety advice' is overlaid on the bottom left of the image.

Chapter 6

Safety advice

For the vast majority of people it is perfectly safe to start exercising at a low level straight away. Evidence has shown that only one injury occurs for every 1000 hours of walking activity, and fewer than four injuries occur for every 1000 hours of running.

The following tips adapted from McGowan et al 2015 can be advised to avoid injuries.⁽³⁵⁾

- » Warm-up of gentle range of motion movements.
- » Stretch after physical activity.
- » Gradually building up activity.
- » Drink enough water.
- » Avoid alcohol.
- » Do not eat a large meal 2 hours before undertaking physical activity.
- » Avoid exercising late at night as this can keep you awake.
- » Don't undertake physical activity if you feel sick.

- » Listen to your body – monitor your level of fatigue, breathing and physical discomfort.
- » To warm up- start the activity slowly, increasing your intensity slowly.
- » To cool-down-decrease your pace at the end of your session.
- » Stretch the muscles you were using if possible at the end of the session.
- » Wear comfortable footwear and loose fitting clothing.

If any of the following symptoms are experienced during exercise the advice is to stop and consult a medical professional:

- Chest pain (angina)
- Nausea
- Light headedness
- Pain in arm, neck or jaw
- Irregular heartbeats,
- Extreme breathlessness
- Wheezing
- Extreme fatigue



For a small number of service users with more complex medical needs such as cardiovascular disease, diabetes, some cancers or arthritis, screening by health professionals is recommended prior to commencing a physical activity programme. Appendix 1 contains a screening tool (PAR-Q) which can be useful to complete with the service user if you are suggesting they take part in physical activity or exercise. This will guide whether consultation with a medical professional should be sought before commencing a physical activity programme.

A note about over-exercising

A small number of people with mental health difficulties, particularly related to eating problems or those with compulsive or addictive feelings about exercise may be at risk of over-exercising.

This can be difficult to define but in many cases some of the following may be present;

- The **need** to exercise starts to consume excessive amounts of time.
- Exercise interferes with daily life, volumes and intensities of exercise are excessive.
- Breaks between exercise are not sufficient and/or the body does not adequately recover between sessions.

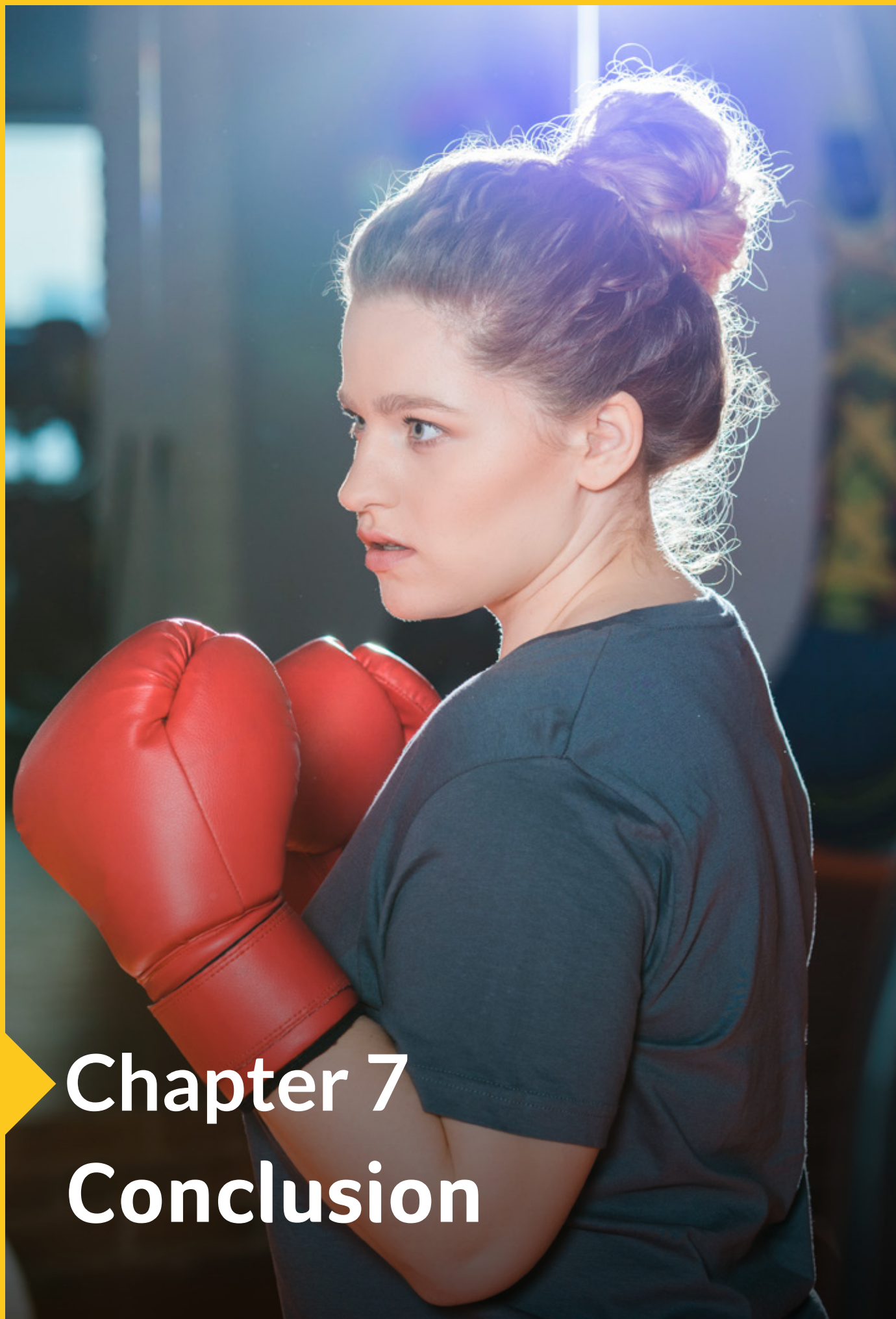
Over-exercising can be dangerous and can result in long term damage. If you suspect over-exercising, advise on healthy exercise and physical activity habits and refer to a medical professional.



KEY MESSAGES



- 1** Physical activity is safe for the majority of people.
- 2** There are some simple strategies that can be advised to reduce the risk of injury.
- 3** Consult with a medical professional if you have concerns about over-exercising or adverse symptoms are reported when undertaking physical activity.



Chapter 7

Conclusion

Conclusion

Staff of organisations that provide Mental Health Services are well positioned to support and encourage service users to be more physically active and to sustain good physical activity habits.

Where possible we should all be aiming to meet physical activity guideline recommendations of at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week). Remember though that 'a little is better than none' and there are important health benefits of sitting less and moving more which can be a very useful starting point, especially for people with mental health difficulties, who may be less physically active.

Try to introduce the topic of physical activity during routine consultations with service users. This can be in the form of a brief advice or brief consultation session. Start with open ended questions and try to tap into the lived experience of service users, perhaps

identifying an activity that the person previously enjoyed and signpost to locally available services including sports partnerships. Set realistic and achievable goals in consultation with the service user. Check back in with the service user at subsequent contacts. Be prepared for barriers to physical activity and set-backs. Be empathetic and supportive at all times, changing physical activity habits is not an easy task!

Physical activity is generally an extremely safe endeavour, but advise about good habits to minimise injury risk.

We hope this document will help promote a culture where everyone, including staff, undertakes more physical activity. Increasing awareness of the benefits of physical activity for physical and mental health is everyone's business. We can all aim to encourage and support both service users and staff to move more **as some physical activity is better than none and the more the better!**





Resources

Appendix 1 | Appendix 2 | Appendix 3

Appendix 1 PAR-Q



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Date: _____ DOB: _____ Age: _____

Home Phone: _____ Work Phone: _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

Please read each question carefully and answer every question honestly: (Tick the appropriate answer)

- | | | |
|--|----------------------------|----------------------------|
| 1. Do you have a heart condition and should only do physical activity recommended by a physician? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. When you do physical activity, do you feel pain in your chest? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. When you were not doing physical activity, have you had chest pain in the past month? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Do you ever lose consciousness or do you lose your balance because of dizziness? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Is a physician currently prescribing medications for your blood pressure or heart condition? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7. Are you pregnant? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 8. Do you know of any other reason you should not exercise or increase your physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered 'yes' to. If at any stage your health changes, resulting in a 'yes' answer to any of the above questions, please seek guidance from a GP.

Participant's Signature: _____ Date: _____

Appendix 2 - Get Ireland Active Leaflet and Physical Activity Diary



Fact sheet for Adults



Being physically active is one of the most important steps that you can take to improve your health whatever your age or ability. **So get active your way and enjoy the rewards!**

How much?

At least 30 minutes of moderate intensity physical activity on 5 days a week;

or

At least 150 minutes of moderate intensity physical activity a week.

What counts?

You don't have to do it all at once. You can build your 30 minutes or more over the day by doing a number of short bouts of activity. You must be active for at least 10 minutes for it to count.

A mixture of physical activity that increases fitness as well as strengthening muscle and bone provides the most benefit.

What is moderate intensity physical activity?

	How it feels	Examples
Moderate intensity	Increased breathing and heart rate, but still able to carry on a conversation. Warm or sweating slightly, comfortable pace.	Brisk walking - 1 mile in 15-20 minutes. Water aerobics Cycling slower than 10 miles per hour Ballroom dancing General gardening Brisk hovering Tennis (doubles)



For more information on how to be active every day visit www.littlesteps.eu or contact **1850 24 1850** for a copy of Get Active Your Way.



The Get Active Challenge

Start by setting realistic goals for physical activity during the next 2 weeks.

Keep a record of what activity you do each day. For example, if you walk for 15 minutes and garden for 20 minutes fill in your record like this:

Day	Activity	Minutes	Total
Monday	walking	15	
Tuesday	gardening	20	
Wednesday			

Moderate activity	Vigorous activity
Heart is beating faster than normal, breathing is harder than normal.	Heart is beating much faster than normal and breathing is much harder than normal.

- For most people a brisk walk is moderate activity.
- You can get the same benefit from vigorous activity in less time – one minute of vigorous activity = two minutes of moderate activity.
- Remember you need to be physically active for at least 10 minutes.
- At the end of each week look over your record card – you may be surprised at how well you are doing.
- If it is difficult to find time or energy, try activities that you would enjoy more, or ask a friend to join you for support.



Week 1

Goal:

Day	Activity	Minutes	Total
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



Week 2

Goal:

Day	Activity	Minutes	Total
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Well done on completing
The Get Active Challenge.

Now start again and increase the number of minutes each day and you will gain even more health benefits and feel good too.



Appendix 3 - Further Exercise Resources

Physical Activity Handout 1

'Pros' and 'cons' of being more physically active

Being physically active can help you feel better physically and mentally, but finding the motivation to engage in regular physical activity can be difficult. Writing down the 'pros' and 'cons' of being more physically active can help your motivation.

Use this form to write down the 'pros' (e.g. feeling fitter and stronger) and cons (e.g. will take time) of being more physically active.

You may find that the 'pros' of being more physically active outweigh the 'cons'!

[illegible]

Physical Activity Handout 2

Overcoming obstacles to being more physically active

Being physically active makes you feel better physically and mentally, but finding the motivation to engage in regular physical activity can be difficult. It can be beneficial to anticipate the obstacles or barriers that you may encounter to being more physically active. To help motivate you, write down below the obstacles that might stop you from being physically active, and in the other column write down some possible solutions to overcome those obstacles.

[illegible]

References

1. Department of Health (DOI), Ipsos, MRBI. **Healthy Ireland Survey 2015: Summary of findings**: Department of Health (DoH); 2015.
2. Department of Health, Get Ireland Active, **The National Physical Activity Plan for Ireland** (2016).
3. Lawrence D, Hancock KJ, Kisely S. **The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers**. *British Medical Journal*. 2013;346:f2539.
4. Nash M, Bracken-Scally M, Smith V, Higgins A, Eustace-Cook J, Monahan M, et al. (2015) **Literature review using systematic approaches to explore physical illness co-morbidity among people with serious mental illness and related healthcare interventions**. Dublin, Ireland, Health Service Executive.
5. Thornicroft G. **Physical health disparities and mental illness: the scandal of premature mortality**. *The British Journal of Psychiatry*. 2011;199(6):441-2.
6. Saha S, Chant D, McGrath J. **A systematic review of mortality in schizophrenia: is the differential mortality gap worsening over time?** *Archives of General Psychiatry*. 2007;64(10):1123-31.
7. Cooney GM, Dwan K, Greig CA, Lawlor DA, Rimer J, Waugh FR, et al. **Exercise for depression**. *Cochrane Database Syst Rev*. 2013(9):CD004366.
8. Biddle S. **Physical activity and mental health: evidence is growing**. *World Psychiatry*. 2016;15(2):176-7.
9. Caspersen CJ, Powell KE, Christenson GM. **Physical activity, exercise, and physical fitness: definitions and distinctions for health-related research**. *Public Health Reports*. 1985;100(2):126-31.
10. WHO Guidelines Approved by the Guidelines Review Committee. **Global Recommendations on Physical Activity for Health**. Geneva: World Health Organization Copyright (c) World Health Organization 2010.
11. Kohl HW, Craig CL, Lambert EV, Inoue S, Alkandari JR, Leetongin G, et al. **The pandemic of physical inactivity: global action for public health**. *The Lancet*. 2012;380:294-305.
12. Ipsos, MRBI and Irish Sports Council. **Irish Sports Monitor 2013 Annual Report**. Dublin; 2014.
13. Ainsworth BE, Haskell WL, Whitt MC, Irwin ML, Swartz AM, Strath SJ, et al. **Compendium of physical activities: an update of activity codes and MET intensities**. *Medicine & Science in Sports & Exercise*. 2000;32(9; SUPP1):S498-S504.
14. Owen N, Healy GN, Matthews CE, Dunstan DW. **Too much sitting: the population health science of sedentary behavior**. *Exercise and Sports Science Reviews*. 2010;38(3):105-13.
15. Chau JY, Grunseit A, Midthjell K, Holmen J, Holmen TL, Bauman AE, et al. **Sedentary behaviour and risk of mortality from all-causes and cardiometabolic diseases in adults: evidence from the HUNT3 population cohort**. *British Journal of Sports Medicine*. 2015;49(11):737-42.
16. Biswas A, Oh PI, Faulkner GE, Bajaj RR, Silver MA, Mitchell MS, et al. **Sedentary time and its association with risk for disease incidence, mortality, and hospitalization in adults, a systematic review and meta-analysis**. *Annals of Internal Medicine*. 2015;162(2):123-32.
17. Vancampfort D, Firth J, Schuch FB, Rosenbaum S, Mugisha J, Hallgren M, et al. **Sedentary behavior and physical activity levels in people with schizophrenia, bipolar disorder and major depressive disorder: a global systematic review and meta-analysis**. *World Psychiatry*. 2017;16(3):308-15.
18. Balanda KP, Barron S, Fahy L, McLaughlin A. **Making chronic conditions count: hypertension, stroke, coronary heart disease, diabetes. A systematic approach to estimating and forecasting population prevalence on the island of Ireland**. Dublin. Institute of Public Health in Ireland, 2010.
19. Nash M. **Diagnostic overshadowing: a potential barrier to physical health care for mental health service users**. *Mental Health Practice*. 2013;17(4):22-6.
20. Roberts L, Roalfe A, Wilson S, Lester H. **Physical health care of patients with schizophrenia in primary care: a comparative study**. *Family Practice*. 2007;24(1):34-40.
21. Harvey SB, Overland S, Hatch SL, Wessely S, Mykletun A, Hotopf M. **Exercise and the Prevention of Depression: Results of the HUNT Cohort Study**. *The American Journal of Psychiatry*. 2018, 175(1): 34-40.
22. Schuch FB, Vancampfort D, Richards J, Rosenbaum S, Ward PB, Stubbs B. **Exercise as a treatment for depression: a meta-analysis adjusting for publication bias**. *Journal of Psychiatric Research*. 2016;77:42-51.
23. Erickson KI, Voss MW, Prakash RS, Basak C, Szabo A, Chaddock L, et al. **Exercise training increases size of hippocampus and improves memory**. *Proceedings of the National Academy of Sciences of the United States of America*. 2011;108(7):3017-22.
24. Blumenthal JA, Babyak MA, Doraiswamy PM, Watkins L, Hoffman BM, Barbour KA, et al. **Exercise and pharmacotherapy in the treatment of major depressive disorder**. *Psychosomatic Medicine*. 2007;69(7):587-96.
25. **WHO Global Strategy on Diet, Physical Activity and Health**. *Food and Nutrition Bulletin*. 2004;25(3):292-302.
26. Department of Health and Children, Health Service Executive (2009). **The National Guidelines on Physical Activity for Ireland**. 2009.
27. Borg GA. **Psychophysical bases of perceived exertion**. *Medicine and Science in Sports and Exercise*. 1982;14(5):377-81.
28. Collins P, Naughton L, Heslin R, Ryan M. **Advancing Recovery in Ireland. A Guidance Paper on Implementing Organisational and Cultural Change in Mental Health Services in Ireland**. National Office for Advancing Recovery in Ireland. HSE Mental Health Division. Dublin; 2016.
29. Kotter JP. **Leading change: why transformation efforts fail**. *Harvard Business Review*. Jan 2007, 92-107.
30. National Health Service Health Scotland. **NHS Physical Activity Pathway Practitioner Guidance**. Edinburgh, Scotland; 2012.
31. Mind. **How to improve your wellbeing through physical activity and sport**. London, UK; 2015.
32. Dalle Grave R. **Eating disorders: progress and challenges**. *European Journal of Internal Medicine*. 2011;22(2):153-60.
33. Smith BJ, van der Ploeg HP, Buffart LM, Bauman AE. **Encouraging physical activity-five steps for GPs**. *Australian Family Physician*. 2008;37(1-2):24-8.
34. Swann C, Rosenbaum S. **Do we need to reconsider best practice in goal setting for physical activity promotion?** *British Journal of Sports Medicine*; 2017:0:1-2.
35. McGowan CJ, Pyne DB, Thompson KG, Rattray B. **Warm-Up Strategies for Sport and Exercise: Mechanisms and Applications**. *Sports Medicine*. 2015;45(11):1523-46.

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Published by:

Mental Health Services
HSE, St Lomans Hospital
Palmerstown, Dublin 20
D20 HK69
email: mentalhealth@hse.ie

ISBN 978-1-78602-108-3

Published November 2018



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



Healthy Eating
Active Living
Programme