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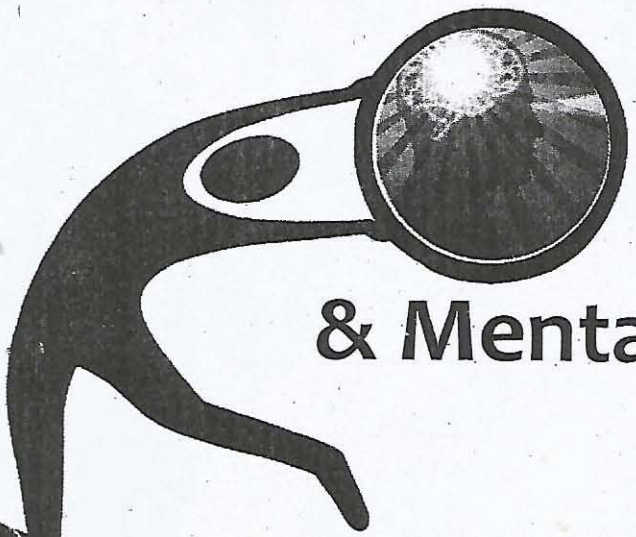

THEME: Physical Activity & Mental Health

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EDITED BY:
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Editorial

Research evidence abounds in recent time on the need for physical activity as an adjunct tool in the management of mental illness. Individuals with serious mental illness are at high risk of chronic diseases associated with sedentary behavior, including diabetes and cardiovascular disease. The effects of lifestyle modification on chronic disease outcomes are large and consistent across multiple studies. However, physical activity and exercise have also been found to alleviate basic symptoms and also secondary symptoms of mental illness such as low self-esteem and social withdrawal. Today's researches suggest that exercise is well accepted by people with serious mental illness and is often considered one of the most valued components of treatment. Adherence to physical activity interventions appears comparable to that in the general population. It has also been proved that mental health service providers can provide effective, evidence-based physical activity interventions for individuals with serious mental illness when properly guided.

The theme for the 2012 annual conference of our great Association was chosen based on the above convictions. It is pertinent to note that the success of the conference was made possible by the positive contributions of the Management and staff of the Neuropsychiatric Hospital, Aro, Abeokuta, who hosted the conference. Most of the papers published in this edition of the Journal of Sports Science and Medicine were targeted at the various issues on Physical activity and Mental Health. The editorial team appreciates all members and contributors for your unflinching support in sustaining the legacies of our great association.

Prof. Danladi Musa.
Dr. A.O. Abass

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PERCEPTION OF MENTAL HEALTH PROFESSIONALS ON THE USE OF EXERCISE TO PROMOTE MENTAL HEALTH AND WELL-BEING.

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Abstract

The aim of this study is to assess the psychiatric health workers' perception on the use of exercise to promote mental health and well being. One hundred and thirty eight (138) randomly sampled psychiatric health care givers in three (3) psychiatric hospitals were selected for the study. Questionnaire was used to collect data for analysis. There was high level of willingness to include exercise in the management of mental health. Virtually all the respondents agreed that exercise is a viable adjunct to traditional therapies. However, the use of exercise in promotion of mental health is not well defined during training of the respondents. Mandatory course on exercise and mental health during training for initial certification to work as psychiatric health worker is therefore recommended.

INTRODUCTION

Mental health connotes emotional well-being the capacity to live a full and creative life and the flexibility to deal with life's inevitable challenges. World Health Organization (WHO) (2001) defines mental health as a state of well-being in which the individual realises his or her own abilities and is able to cope with the normal stress of life, can work productively and fruitfully and is able to contribute to his or her community. Hence, Fawole (2006) reported that mental wellness is generally viewed as a positive attribute. Thus, people can enhance their level of mental health, even if they do not have any diagnosable mental illness.

Mental health as focused on this study, focuses on conditions sometimes considered to be illness states (depression) as well as conditions that limit wellness or quality of life (anxiety). Landers (2001) put depression as a state of being associated with feelings of hopelessness or a sense of defeat; while anxiety was taken as a form of negative self-appraisal characterized by worry, self-doubt, and apprehension.

A mental health professional is a health care practitioner who offers services for the purpose of improving an individual's mental health or to treat mental illness. This broad category includes psychiatrists, clinical psychologists, clinical social workers, psychiatric nurses, mental health counsellors, professional counsellors as well as pharmacists among others. These professionals are expected to deal with illnesses, disorders, conditions and issues related to mental well-being.

The most significant difference between mental health professionals are the laws regarding required education and training across the various professions. Mental health professionals, in an attempt to treat or improve the mental health of individuals, adopted various approaches

which include biomedical (use of medications), psychotherapy, meditation and relaxation among others.

The above traditional treatments have not always been effective and in some cases they have side effects which include blurred vision, dry mouth, orthostatic hypotension, dangerous interactions with many foods and drugs, hypertensive crisis, heart disorders, poor muscle coordination and kidney malfunction (Long, 1991). Drug therapy has also been noted to be costly to the health care systems. Likewise health management has shifted from curative to prevention (Morgan & Goldston, 1987).

The current interest in prevention and management of mental health is all out to adopt available and effective, alternative low-cost therapies that do not have negative side effects which can be incorporated into treatment plans. Therefore, exercise has been proposed as an alternative or adjunct to more traditional approaches (Hales & Traves, 1987). The findings of Kubitz, Landers, Petruzzetto and Han (1996) that exercise can produce an anxiety reduction similar in magnitude to other community employed anxiety treatments is noteworthy since exercise can be considered at least as good as the other techniques, but in addition it has many other physical benefits.

Exercise has also been proposed as one of the plausible adjunct or alternative treatments to the traditional treatments for depression. The first studies on exercise and depression as reviewed by Suleiman and Venkateswarlu (2006) were cross sectional; the physical activity and physical capacity levels of depressed and non-depressed individuals were compared by Martinsen, Hoffart and Solberg (1989) and Morgan (1969).

Looking into the curriculum of five educational institutions offering rehabilitation courses. Lawal and Kodzo (2006) gave an insight into how underrated exercise is especially in Nigeria. To ensure effectiveness of exercise therapy as an alternative or adjunct to traditional interventions, mental health professionals must be very knowledgeable and be familiar with the participatory processes involved. Also acceptability of this current interest of exercise therapy by the populace is largely dependent on them (mental health professionals).

It is against this background that the researchers set out to assess the perception of mental health professionals on the use of exercise to promote mental health and well-being.

METHODOLOGY

The descriptive survey research design was used for this study. One hundred and thirty eight (138) randomly sampled mental health professionals in three (3) psychiatric hospitals (Neuropsychiatric Hospital, Aro, Abeokuta; Psychiatric Hospital Uselu Benin and Psychiatric Hospital Yaba, Lagos) were selected for the study. A self-developed structural questionnaire with reliability coefficient (r) value of 0.66 through Cronbach's Alpha analysis was used for data collection.

The instrument was made of three sections. Section A was on demographic data. 12 items on Section B were structured to elicit responses on the use of exercise by respondents to improve their own mental health status. 25 items in Section C were on acceptability and the use of exercise therapy as an alternative or adjunct to traditional therapies in the management and improvement of mental health.

RESULTS AND DISCUSSION

A total of 150 questionnaire forms were distributed while 138 were adequately completed and returned. The population was made up of psychiatrists, clinical social workers, clinical psychologists, counsellors, psychiatric nurses, student psychiatric nurses and exercise physician.

Table 1: Frequency counts and percentages showing the demographic data of the respondents n = 138

SEX	FREQUENCY	PERCENTAGE %
Male	48	34.8
Female	90	65.2
AGE		
Below <30	82	59.4
30-39	38	27.5
40-49	18	13.0
PROFESSION		
Psychiatrists	8	5.8
Clinical Social Workers	12	8.7
Clinical psychologists	6	3.3
Psychiatric Nurses	94	68.1
Psychiatric student nurses	12	8.7
Exercise Physician/Instructors	6	4.3

The survey revealed that the mental health professionals of below age 30 who are the strong and energetic group with sufficient and ample energy to engage in exercise to improve their mental health constituted 59.4 percent (Table 1). However, about 65.2 percent of the respondents happened to be females. This high value is also very similar to 68.1 percent representing psychiatric nurses from the six professionals sampled.

Mental wellness is generally viewed as a positive attribute. Thus, a person can enhance his level of mental health, even if he does not have any diagnosable mental illness. Likewise, since mental health as a state of well-being has been associated with stress of life, stress can result from having excessive unmet expectations or desires of an individual (mental health professionals inclusive).

Based on the above premise the respondents were assessed on their participation in exercise to improve their mental health status.

According to the questionnaire, 130 (94.2%) out of 138 respondents reported that they were aware of the use of exercise in the promotion of mental health. However only 58 (40.6%) reported that they exercise up to 2-3 times a week, others have less number of exercise frequency. Some studies recommended exercise frequency for mental health to be performed 3 times per week (Bosscher, 1993; King, Taylor, Haskell and Debusk, 1989) while 4 times per week was recommended by some (Pelham and Campagna, 1991). However, 2 times per week was reported by Jewell (1987). However, Suleiman and Venkateswarlu (2006) supported that exercise performed 3 times per week is adequate to significantly reduce depression on the facts that a frequency greater than 4 times per week will not have any added advantage and risk of injury as a result of overuse of muscles might result.

The types of exercise performed by the respondents are mainly aerobics but the numbers of participants are poor. 44% reported brisk walking; about 24% prefer jogging, about 6% on rope skipping and just 10% and 13% opted for games and sports respectively. Despite these low levels of participation, 88.4% agreed that their

participation in exercise improved their mental health status.

On exercise guidelines for mental health, Daley (2002) recommended that the person to prescribe should be an exercise professional that has good training, planning and management skill as well as wide range of physical activity options. Based on this the respondents were assessed on their training. Only eighty (58%) out of 138 indicated that they received training on the use of exercise in the promotion of mental health. Out of this number (80) about 64% picked nursing school as the source of training, 4.3% picked medical school while others have their source, from media (12%), workshop (8%) and conferences (2%).

For the treatment, they would or have been recommending for patients, 44 (32%) of the respondents reported relaxation therapy, just 7 (10%) picked meditation; 54 (39%) opted for drug therapy; 68 (49%) indicated psychotherapy while the highest frequency of 136 (98.6%) recommended exercise therapy.

Nearly all respondents, 128 (92.8%) claimed that they can prescribe exercise for patients with mental disorders. Likewise, 134 (97.1%) indicated that they can supervise patients if given exercise prescriptions (Figure 3).

Fig. 3: Multiple Bar Chart showing the type of Treatments recommended for Mentally Illed Patients

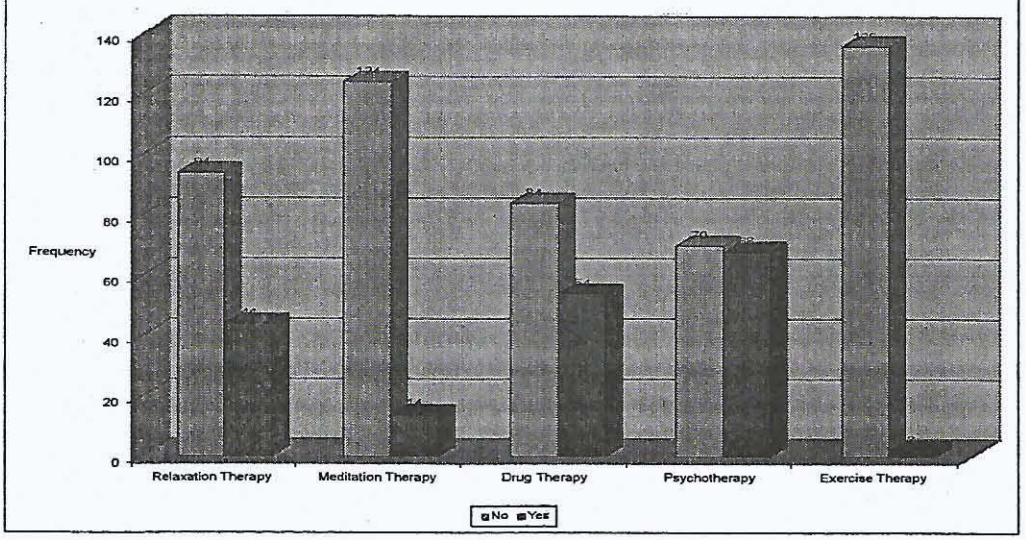


Fig. 4: Multiple Bar Chart showing the effect of Exercise on Mental Symptoms

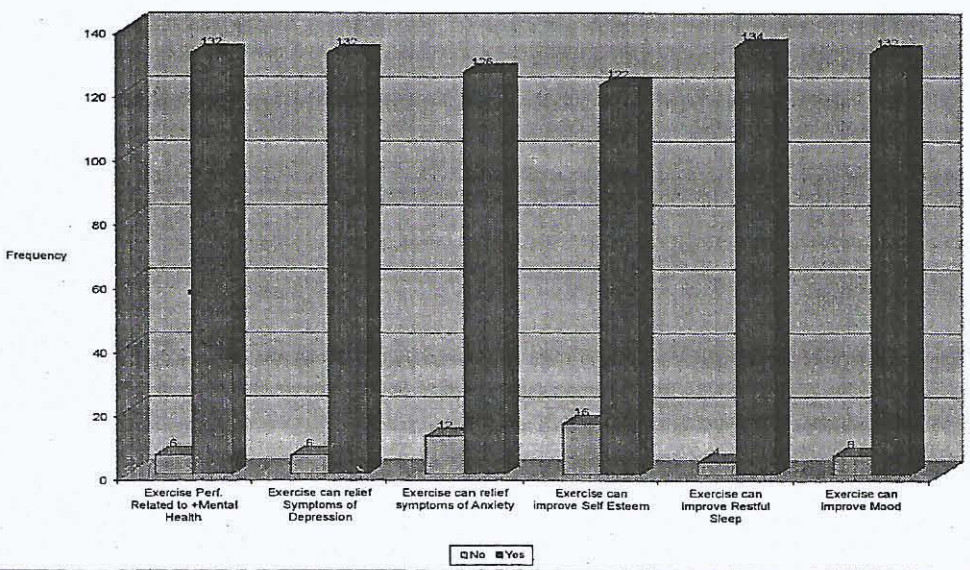


Figure 4 shows that 132 (95.7%) of the respondents perceived that exercise performance is related to positive mental health. On the same, trend that same large number (95.7%) perceived that exercise can relieve symptoms of depression; 91.3% perceived that exercise can relieve symptoms of anxiety; 88.4% responded that exercise can improve self-esteem. Nearly all respondents (97.1%) perceived that exercise can improve restful sleep while another 95.7% agree that exercise can improve mood.

Fig 5 revealed that high percentage 82.6% of the health professionals prefer to recommend exercise to clinical depressed and mentally ill patients, while 75.4% and 76.8% will recommend exercise to acute and state anxiety patients respectively, the least percentage of 69.6% picked acute depressed patients.

Fig. 5: Multiple Bar Chart showing the Mental Disorder Preference for Exercise

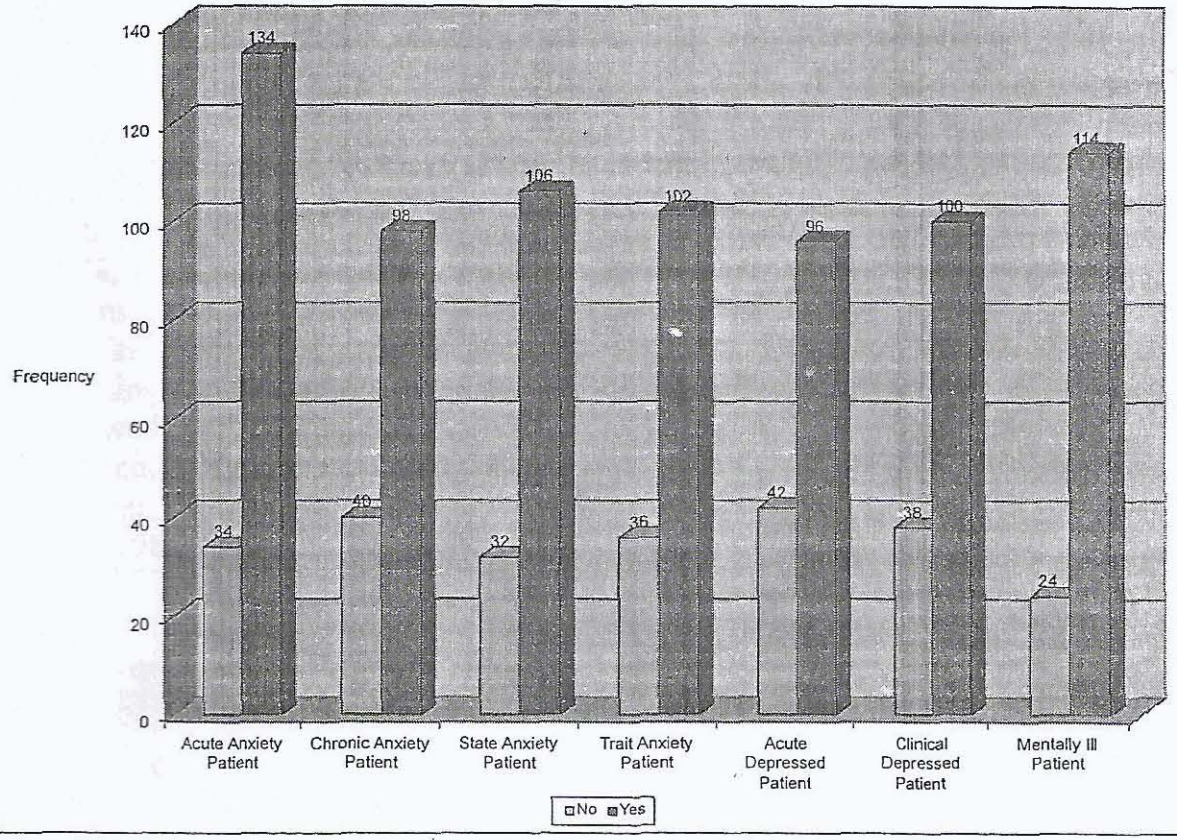
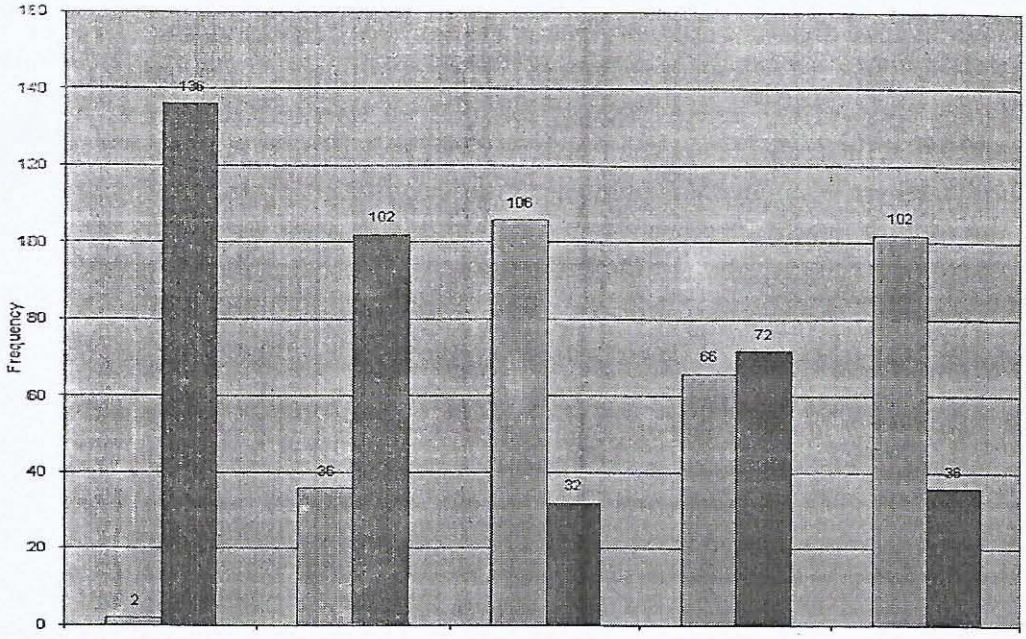


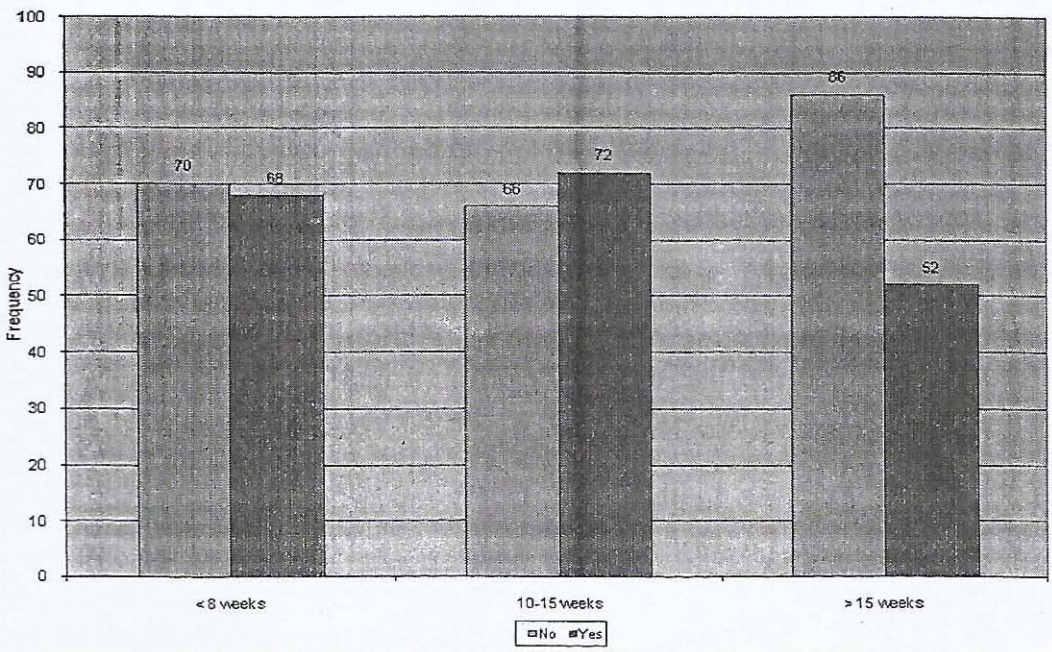
Fig 6 shows the preference of the type of exercise they will recommend for the patients. Nearly all respondents (98.6%) picked walking; 73.9% prefer running; 52.2% indicated cycling while weight lifting and swimming were the least preferred at 26.1% and 23.2% respectively. The result of this study is in agreement with the findings of Babyak, Blumenthal and Herman (2000) on adults diagnosed with major depressive disorder. They reported that individuals who participated in 30 minutes of aerobic exercise (i.e. brisk walking, stationary cycling or jogging), three times a week for 4 months, improved in symptoms of depression. However, Focht and Koltyn (1999) reported a significant reduction in state anxiety of experienced and novice weight lifters.

Fig. 6: Multiple Bar Chart showing the Exercise Preference for Mental Disorder



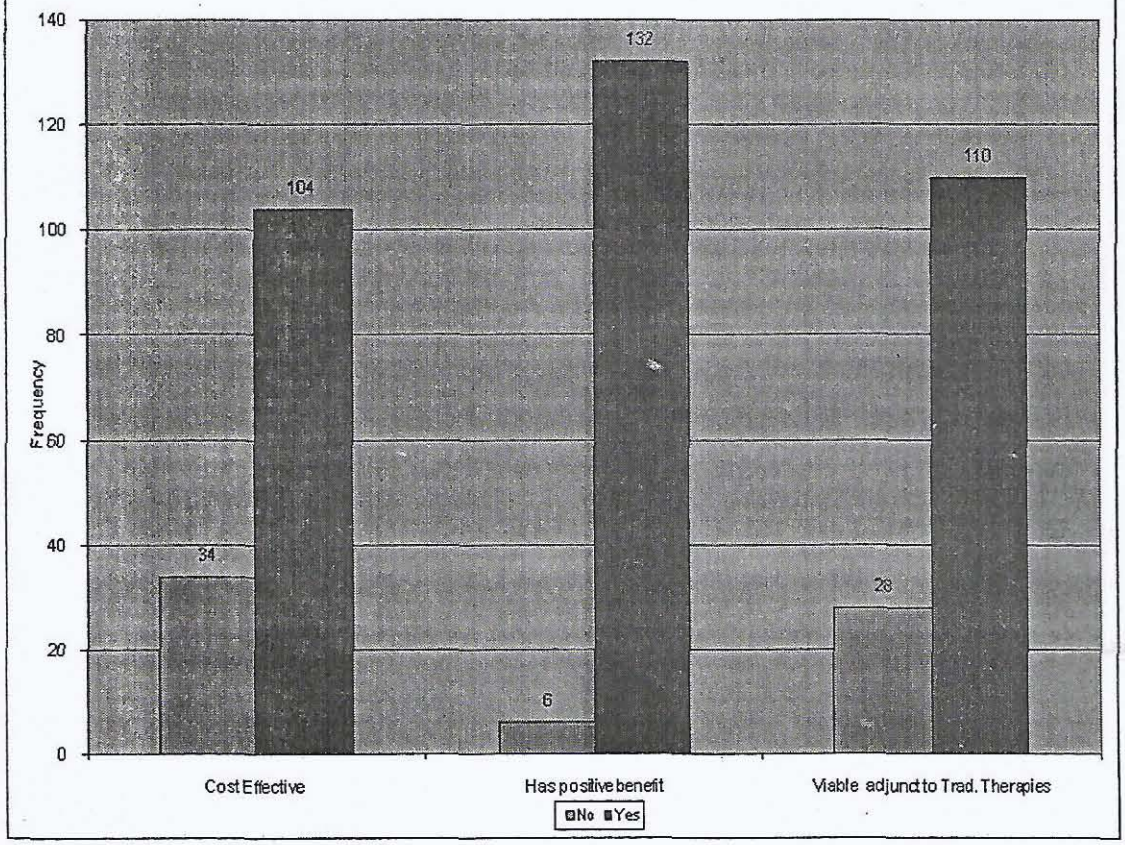
On exercise duration in the management of mental illnesses (Figure 7), 72 (52.2%) respondents in this study opted for 10-15 weeks; 68 (49.3%) preferred 8 weeks and below; while 26 (37.7%) recommended above 15 weeks of participation (Figure 7) on length of exercise programme most studies by Sulaiman and Venkateswarlu (2006) ranged in length from 3 weeks (Taxe, 1985) to 4 years (Kavanaghh, Shephard, Tuck and Qureshi, 1977) while most training experiment lasted 10 weeks or longer. They also reviewed some studies that showed significant reduction in depression following exercise programme of 9 weeks (Martinsen, Medhus and Sandvik, 1985), 8 weeks (Bosscher, 1993; Doyne, Ossip-Klien and Bowman, 1987), 6 weeks (Brown, 1984; Labbe-Welsh and Delaney, 1988), 4 weeks (Federici, 1986) and 3 weeks (Taxe, 1985).

Fig. 7: Multiple Bar Chart showing the Exercise Duration Preference



On exercise as alternative or adjunct in the management of mental illnesses, 110 (79.7%) of the respondents agreed that exercise is viable adjunct to traditional therapies, 132 (95.7%) indicated that it is cost effective (Figure 8). This result as well as result in table 4 have shown a new trend towards acceptance of exercise as an alternative or adjunct to traditional therapies if compare with the submission of Dalley (2002) that exercise has not been widely adopted by clinical psychological as a viable adjunctive intervention strategy for improving the mental health of patients. It seems that the previous (so to say) poor recognition of exercise as an adjunct to the management of mental illness reported by some studies (Hale, 1997; Beesley and Mutrie, 1997; and Faulkner and Biddle, 2001) is gradually fading out.

Fig. 8: Multiple Bar Chart showing Perceived Benefits of Exercise on Mental Health



Conclusion

In this assessment of perception of mental health professionals on the use of exercise to promote mental health and well being, we found out that there was high level of willingness to include exercise in the management of mental health. Despite that there is this heightened interest in exercise as an alternative adjunct to traditional interventions, few of the professionals can claim formal training in the use of exercise in the promotion of mental disorders. There is need for further studies to establish the length and types of exercise that will bring significant and beneficial effects regarding mental health disorders.

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