

The Case to Encourage Social Recovery from Mental Ill-Health in the Community through Physical Activity.

The Issue

The statistics relating to adults who experience mental ill-health are well known (1 in 4 each year, Wilkinson and Pickett, 2018). Whilst there is a growing body of literature on the use of physical activity to help clinical recovery from mental illness (Sabe et al., 2022), there remains a limited appreciation of the use of physical activity to benefit social recovery from mental illness (Benkwitz and Healy, 2019). Social recovery is about “rebuilding a worthwhile life... and central to this can be reclaiming valued social roles and a positive self-identity” (Tew et al., 2012., p.444). Currently, it is argued that the potential use of physical activity in community settings is vastly under-utilised, and with greater co-ordination community physical activity providers could be encouraged to adopt a peer-support style approach to aid those with mental illness (Healy et al., 2023) and facilitate social recovery by being active whilst with other people in the community (Ramon, 2018). Furthermore, it is argued here that this approach of using peer-supportive, socially-minded physical activity can act in a preventative manner to limit the numbers of individuals who develop a mental health problem.

Why now?

This is important to consider now, as mental health services across the UK are struggling to cope with demand, whereas physical activity providers are often under-utilised and seeking participants for either existing projects or future endeavours. Therefore, those who either currently suffer from mental ill-health or who may be vulnerable or pre-disposed to mental illness could make use of community physical activity providers to aid their social recovery, thus improving health at a population level and reducing the financial and capacity burden on the struggling health services.

More scrutiny and evidence is required to further explore this approach, and to consider how best to co-ordinate and facilitate individuals and groups undertaking more physical activity in the above way. Existing research has identified: a range of different activity options, flexibility and peer-support to be beneficial (Healy et al., 2023), but more needs to be understood to prevent vulnerable individuals being placed in unsuitable settings. The focus of using both a social recovery approach to tackling mental illness as well as appreciating the preventative benefits have clearly been neglected

up to this point in favour of researchers being pre-occupied with using physical activity retrospectively to alleviate symptoms. This needs to be rectified.

Why this approach?

Whilst physical activity has been found to be particularly beneficial for those suffering with depression (Matias et al., 2022) and anxiety (Young et al., 2022), there is also evidence for the use of physical activity for severe and enduring mental illness in both community (Healy et al., 2023) and mental health services settings (Benkwitz et al., 2019). A common thread across the findings of these studies is the negative impact of social isolation for those with poorer mental health, and how physical activity interventions can be really beneficial in offering a 'space' to interact with other people and to rehabilitate social skills (Tweed et al., 2020), creating a social identity that encourages physical activity engagement (Soundy et al., 2014). Often these community-based initiatives are utilising existing facilities, equipment and expertise, which further adds weight to the argument of moving provision for mental health service users into the community (in the context of physical activity and physical health).

Action is needed

Given the impact of the Covid-19 pandemic upon sedentary behaviour, there are a range of groups who would benefit specifically from being supported to be more physically active in social settings, not least young people (Denche-Zamorano et al., 2022). As Santos et al. (2023) have demonstrated, the health and economic burden of physical inactivity is avoidable. Therefore, action needs to be taken now to develop a robust evidence base for using physical activity to aid social recovery and improving the understanding of 'what works' for which groups of people in the UK.

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