Rethink Mental Illness – Written evidence (NPS0094)

The importance of access to sport and recreation for people living with severe mental illness (SMI)

1. Introduction

1.1. Rethink Mental Illness

Rethink Mental Illness is a leading charity provider of mental health services in England. We support tens of thousands of people through our groups, services, advice and information. We train employees, employers and members of the public on how best to support someone affected by mental illness. All of this work guides our campaigning for the rights of people with mental illness and their carers.

Improving the physical health outcomes for people severely affected by mental illness is a key priority for Rethink Mental Illness. Alongside the Centre for Mental Health, we co-ordinate Equally Well UK, a collaborative supporting the physical health of people with a mental illness. We are also funded by Sport England to run a physical activity programme designed to better understand how to support people living with severe mental illness to be more active.

1.2. The House of Lords select committee on a National Plan for Sport and Recreation – call for evidence

We welcome the House of Lords Select Committee on a National Plan for Sport and Recreation's call for written evidence.

Our submission focuses on the following questions:

Q3: How can adults of all ages and backgrounds, particularly those from under-represented groups, including women and girls, ethnic minorities, disabled people, older people, and those from less affluent backgrounds, be encouraged to lead more active lifestyles? If possible, share examples of success stories and good practice, and challenges faced.

Q4: Sporting Future: A New Strategy for an Active Nation, the Government's 2015 sports strategy, outlines five outcome priorities: physical health, mental health, individual development, social and community development and economic development. Are these the right priorities and how successful has the government been in measuring and delivering these outcomes to date?

Q6: How can racism, homophobia, transphobia, misogyny and ableism in sport be tackled?

2. The physical health of those with severe mental illness

2.1. Relationship between physical and mental health

Those severely affected by mental illness on average experience worse health outcomes compared to the general population.

While this does not represent the experience of all of those living with severe mental illness (SMI), UK Government data[1] shows that those with SMI also demonstrate higher prevalence of preventable physical health conditions including stroke, cardiovascular disease and type 2 diabetes, after standardising for factors such as levels of deprivation, age and sex. For example, those living with SMI around double the prevalence of obesity compared to the general population.

Certain factors in the lives of some living with severe mental illness can contribute towards poorer physical health. For example, the side effects of certain medications include lethargy, increased appetite and reduced motivation.

2.2. Premature mortality of people with SMI

Poorer physical health among those living with severe mental illness has contributed towards a significant mortality gap between those living with severe mental illness and the general population.

Recent data from Public Health England shows that people with SMI are on average four and a half times more likely to die before the age of 75. In one upper tier local authority area, this risk increases to seven and a half times more likely.[2]

3. Physical activity for people with SMI

3.1 – Participation in physical activity for those with severe mental illness

Research shows that, on average, people severely affected by mental illness spend less of their time being active in comparison to the general population.[3]

Involvement in physical activity among those living with severe mental illness can not only prevent the development of physical health conditions and reduce the mortality gap, but can also play a significant role in improving mental wellbeing. Recent research shows that physical activity can contribute to improvements in symptoms of mental illness, including mood, alertness, concentration, sleep patterns and psychosis. It can also improve quality of life through social interaction, meaningful use of time, purposeful activity and empowerment.[4] However, becoming

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[1] UK Government (2018) Severe mental illness (SMI) and physical health inequalities briefing. Available at: https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing
[2] Public Health England (2020) Fingertips tool – severe mental illness. Available at: https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/0/gid/8000039/pat/6/par/E12000007/ati/102/are/E09000002/iid/93582/age/181/sex/4/cid/4/page-options/car-do-0_ine-vo-0_ine-yo-3:2015:-1:-1_ine-ct-39_ine-pt-1_eng-vo-0_eng-do-0_ovw-do-0
[3] Vancampfort et al (2017) Sedentary behaviour and physical activity levels in people with schizophrenia, bipolar disorder and major depressive disorder: a global systematic review and meta-analysis. Available at: https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20458

more physically active can be a lot harder and present many more barriers for those living with SMI than those without.

We recognised, in our response to the Government's recent Obesity Strategy, that the recent investment in cycling and walking via its Cycling and Walking Plan would be hugely beneficial to many, evidence from our Physical Activity Programme suggests that peer support is a crucial factor in motivation and encouraging participation in physical activity for people living with SMI.

3.2 – Bespoke physical activity options for those with SMI

Rethink Mental Illness are near the end of our three-year research project, funded by Sport England, which is evaluating the impact of embedding physical activity into peer support groups for people severely affected by mental illness and their carers.

The interim report's[5] key findings from baseline assessment showed that participants:
- Were more physically active each week
- Scored higher in physical wellbeing questionnaires and improved psychological wellbeing scores
- Demonstrated increased resilience
- And reported improvements in health and a sense of better quality of life

Participants in the physical activity programme have told us that the peer-led element of the physical activity groups means they act as a safe space to take part in exercise with like-minded people who understand and share the same challenges. However, those taking part also demonstrate higher autonomous motivation to engage in physical activity in addition to that done as part of the peer support group.

Co-production of these activities with people severely affected by mental illness, particularly those of different genders, sexualities, races, abilities and religions, and the involvement of people from these groups as champions in their communities, can ensure further that activities are run in a way that is inclusive of everyone's needs.

4. Tackling physical health inequalities experienced by people with SMI

4.1 – Inclusion within a future national plan for sport and recreation

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[4] Alexandratos, Barnett and Thomas (2012) The impact of exercise on quality of life of people with severe mental illness: a critical review. Available at:
https://journals.sagepub.com/doi/abs/10.4276/030802212X13286281650956
[5] Rethink Mental Illness, Nottingham Trent University & Newman University (2020) Impact of Embedding Peer Support Group into Physical Activity: Interim

The clear relationship between mental and physical health demonstrates the importance of both remaining priorities in a future national plan for sport and recreation.

The sport and physical activity sector and healthcare sector must work more closely to provide tailored physical activity interventions to prevent and address health inequalities experienced by people severely affected by mental illness.

The role of bespoke physical activity interventions for people living with SMI, particularly those that rincorporate peer support in their delivery model, should be reviewed more closely and considered for inclusion as part of a next national plan for sport and recreation.

4.2 – Supporting the ambitions of the NHS Long Term Plan

Improving physical activity options for people with severe mental illness would support the ambitions of the NHS Long Term Plan[6] to tackle health inequalities experienced by this group.

Adults and older adults living with severe mental illnesses will benefit from new and integrated models of primary and community mental health care, including improved physical health care. Rethink Mental Illness's Building Communities That Care report[7] highlights the importance of improved opportunities to participate in physical activity within these models.

Additionally, NHS England has committed to the introduction of at least 1,000 new social prescribing link workers, to actively signpost service users to relevant support, services, activities and community groups, by the end of this financial year.

NHS England mental health targets mean that 60% of people diagnosed with severe mental illness should receive a full physical health check annually. These Physical Health Checks are an ideal opportunity for GPs, social prescribers and other health practitioners to actively signpost people towards suitable physical activity interventions in their community, creating lasting benefits for both physical and mental health.

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[6] NHS England (2019) NHS Long Term Plan. Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
[7] Rethink Mental Illness (2018) Building Communities That Care. Available at: https://www.rethink.org/media/2249/building-communities-that-care-report.pdf