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Offering physical activity advice to people with serious mental illness: The beliefs of mental health professionals.

Leyland, Currie, Anderson, Bradley, & Ling (2018)

Background

- People with serious mental illness (SMI) should be offered a physical activity programme by their mental health provider (NICE, 2014).
- However motivating patients is challenging (Glover et al., 2013) and drop out rates are high (Vancampfort et al., 2015).
- Trained professionals and continuous support are moderators of success (Vancampfort et al., 2015).
- It is therefore important to consider factors that influence motivation to offer physical activity advice during clinical contact.

Theory of Planned Behaviour (TPB: Ajzen, 1991)

1. Outcome Beliefs (Perceived Consequences)
2. Normative Beliefs (Social Influences)
3. Control Beliefs (Barriers/Facilitators)

→ Intention to offer physical activity advice

- Social cognitive model of motivation
- Demonstrated to have utility across a range of health behaviours

AIM:

Understand social cognitive factors that underpin motivation to advise physical activity using the TPB

Study Approach

Design:
4 Focus Groups
Randomly selected NTW community teams
Questions aimed to elicit beliefs in accordance with TPB

Participants:
32 clinicians (N = 12, 6, 8, 6)
75% female
Aged 19-61 (mean 41.8)
Mean 16 years experience in mental health care.

28% offered PA advice ‘almost/most of the time’
72% offered advice ‘occasionally or never’
87% had no specific training regarding PA guidelines

Analysis:
Qualitative analysis to code and categorize three types of beliefs according to the TPB. Outcome beliefs (advantages and disadvantages), normative beliefs (social approval and disapproval) and control beliefs (barriers and facilitators).

Findings

Outcome Beliefs:

- Improved physical and mental health (e.g. mood, sleep, symptoms)
- Improved quality of life

- Enhance therapeutic relationship (biggest positive outcome but not everyone agreed)

“*They might withdraw from sessions because they think that every time they come you’re going to be asking, or they might feel that they’re letting you down in some way, … in terms of your therapeutic relationship with someone”*

Normative Beliefs:

- Broader (national) directives
- Colleagues
- Patient’s family and friends

- Employing organization (biggest supportive influence but not everyone agreed)

“*It's not really pushed to be honest, it's never really mentioned …the goal is to get them to a shop and then that's it. So it's never really in the care plan to get this person active*”

Control Beliefs:

- Perceived level of patients motivation
- Mental healthcare provision (e.g. opportunity, training and resources)

“I think it’s quite difficult to do it for everybody, or remember to raise it for everybody because there is so much else to do.”
“We can advise and we know the benefits but you know we are not experts in the sense that were telling somebody what’s a safe exercise routine given your body weight and your physical health”
“We just haven't got the resources out there, there's just nowhere to send them”

Conclusions

- Physical activity advice is expected as part of a care plan and mental health professionals see many advantages of advising physical activity. **However, it is not always offered.**
- Engaging patients with serious mental illness in physical activity is difficult. **However, our findings indicate that there are factors other than perceived patient lack of motivation influencing the decision to offer advice in any one interaction with a patient.**
- The beliefs identified in this study offer direction for strategies **aimed at supporting mental health care workers in their attempts to offer physical activity advice to patients with SMI.**

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