Physical Activity and Mental Health

Policy Position Statement

Key messages: Physical inactivity may be considered a risk factor for a variety of mental illnesses including depression, anxiety and age-related cognitive decline. Physical activity interventions may form a part of treatment for these mental illnesses, as well as having general health benefits. With rates of physical inactivity rising globally, there may be implications for rising rates of mental illness.

Key policy positions: 1. Strategies are required for universal prevention, selective prevention and indicated prevention, for various population groups.

2. Inter-sectoral and cross-governmental collaboration at both State and Federal levels to raise awareness and facilitate campaigns on physical inactivity is required.

Audience: Federal, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA Mental Health Special Interest Group

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Contacts: Fiona Robards and Samantha Battams, Co-Convenors Mental Health SIG
Physical Activity and Mental Health

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PHAA affirms the following principles:

1. Tackling the issue of physical inactivity in society is complex, and requires research, innovation and engagement with a multitude of stakeholders. A mixture of campaigns is required for this issue.

2. Broad engagement with stakeholders is key, including ministries of health, education, sport and other recreation sector authorities, town planning, and transport; employers; the private sector; media; academics and individuals.

3. Increased physical activity will be beneficial for the individual and broader society, and will reduce rates of mental illnesses, leading to economic benefits.

PHAA notes the following evidence:

4. Physical inactivity is a risk factor for a variety of mental illnesses including depression, anxiety and age-related cognitive decline such as cognitive aging, mild cognitive impairment and Alzheimer’s dementia.

5. Physical inactivity is also associated with poorer positive and negative symptom profiles in individuals with first-episode psychosis.

6. Physical activity interventions, either alone or in combination with pharmacological agents have beneficial effects in the treatment of these conditions.

7. The Australian Government’s Department of Health has published evidence-based Physical Activity and Sedentary Behaviour Guidelines, uniquely constructed for a number of age ranges e.g. 0-5 years, 5-12 years, 13-17 years, 18-64 years, 65 years and older.

8. Rates of physical inactivity are rising globally, including in Australia. In 2014-15, 45% of Australians aged 18-64 did not participate in the recommended amount of physical activity.

9. Around 13% of Alzheimer’s disease cases worldwide are attributable to physical inactivity, and an Australian study demonstrated that if 5% of inactive people became active every 5 years, the prevalence of dementia would reduce by 11% in 2051.

10. Physical inactivity is a risk factor for common cardio-metabolic disorders such as obesity, type-2 diabetes mellitus and cardiovascular disease, which are known to be associated with mental illness. Side effects of antipsychotic medications increase these risks, contributing to a 10-32 year reduction in life expectancy for people living with schizophrenia.

11. Physical activity interventions are particularly relevant for individuals with severe mental illness due to their higher prevalence of these cardio-metabolic disorders.
12. The proportion of deaths from non-communicable diseases worldwide attributable to physical inactivity is around 10% and as high as 30%, depending on the condition.17

13. Increased physical activity has beneficial effects on the body and brain including on heart health, obesity and related metabolic disturbances, neuronal health and neurotransmitters,18 brain blood flow and brain grey matter volume and reductions in brain shrinkage in old age.19

14. Physical activity can include aerobic or endurance exercise (e.g. walking, cycling), strength of resistance training (e.g. weight training), flexibility exercises (e.g. yoga), balance exercises (e.g. tai chi), and mind-body exercises (e.g. yoga, tai chi, qi gong).

15. There are numerous causes of physical inactivity including reductions in incidental transport and occupational-related physical activity prevalence, attributed to an increasingly globalised and urbanised world and intensification of global competition for educational and professional opportunities, leading to more sedentary time.20

16. Physical inactivity was estimated to cost Australia $805 million in 2013.21

17. Physical activity recommendations and interventions must be considered from a number of perspectives. From a person-to-person perspective, physical activity interventions can be offered by not only health professionals, but teachers and educators, work-place managers etc. From a broader community perspective, interventions can be offered by any business or organisation and any government.

PHAA seeks the following actions:

18. Strategies to enhance physical activity in the general population should include:

- Strategies of universal prevention. For example, environmental and urban redesign to increase incidental physical activity in the whole population; the promotion of physical activity recommendations.
- Strategies of selective prevention. For example, targeted promotion campaigns to increase the physical activity of individuals at risk of mental illnesses.
- Strategies of indicated prevention. For example, health professionals offering specific advice on physical activity programs if they determine an individual has sub-syndromal symptoms.
- Inter-sectoral and cross-governmental collaboration at both State and Federal levels to raise awareness and facilitate campaigns on physical inactivity.

PHAA resolves to:

19. Advocate for the above steps to be taken based on the principles in this position statement.

ADOPTED 2018
References


