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Citation: Wright, Alan and Cattam, Mima (2009) Physical activity and the management of depression. Working with Older People, 13 (1). pp. 15-18. ISSN 1366-3666

Published by: Pier Professional

URL: <http://dx.doi.org/10.1108/13663666200900004>
<<http://dx.doi.org/10.1108/13663666200900004>>

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Physical activity and the management of depression: It's time to listen to what older people have to say

Depression is the most common mental illness experienced by older people in the UK and at any given time is thought to affect a quarter of all adults over the age of 65 (MHF 2007). Anti-depressants and psychological therapy constitute standard treatment approaches but both have associated disadvantages. Exercise provides a further option and offers the advantages of being cheap, readily available and free from adverse side-effects when used sensibly. The merits of exercise have been widely debated in the field of mental health and strong evidence supports its use in the management of depression in the older population (Sjösten & Kivelä, 2006).

Being physically active on a regular basis is important for older people regardless of their mental health needs. It helps protect against a range of medical conditions associated with inactivity in later life such as high blood pressure and osteoporosis. Exercise can also enable an older person to continue living independently by maintaining muscle strength and joint flexibility which tend to decline as individuals get older. These benefits are particularly relevant to depressed older people admitted to hospital for extended periods where activity levels are very low (Radcliffe & Smith, 2007). Since many older people in the community function just above the crucial threshold at which they can manage to live independently, such a reduction in activity can place them at risk of losing the ability to cope with everyday tasks when they return home. One way of ensuring that depressed older people in hospital gain the benefits of physical activity is through the provision of exercise. However, little is known about how this approach is viewed by those invited to participate.

Listening to older people

Research into physical activity in the management of depression has tended to focus on the use of structured and supervised exercise. Effectiveness has been gauged according to a measurable reduction in clinical symptoms rather than the subjective experiences of the depressed individual. By concentrating on the symptoms of depression however, it is easy to lose sight of the wider factors that influence an individual's mental health state. If one adopts a more holistic view of "mental health" rather than merely considering "mental illness" it is clear that the wider psycho-social effects of physical activity and the variety of meanings that older people attach to being active are also relevant. In fact, seeking the views of the person with depression is particularly important in this area because the experience of both mental illness and physical activity are unique, changeable and influenced by personal factors such as life events and social relationships. Therefore while structured and instructor led exercise may appeal to some it is unlikely to be found attractive by all. Talking to older people helps us to understand what motivates them to engage in physical activity. It enables us learn about the barriers that older adults face when they attempt to be active and this in turn can help in the planning of effective services.

The Study

The present study had two aims. Firstly to discover what older people with depression thought about the hospital based exercise groups they had joined. Secondly, to explore how these same individuals viewed physical activity once discharged home. Eleven older adults who had recently been admitted to an NHS in-patient facility in West Yorkshire were interviewed during the summer of 2007. All had recently experienced

an episode of severe depression. Participants were aged 69-86 years and from a variety of socio-economic and ethnic backgrounds. All had participated in a minimum of six exercise groups while in hospital and had returned home at least three months before being interviewed. Exercise groups on the unit are run by physiotherapy staff and take place on weekday mornings. Sessions last approximately 30 minutes and involve seated and standing exercises accompanied by music.

Views on hospital based exercise groups

“I liked the group, the fitness of it kept me active. They said breathe in and all that sort of thing. I felt great. I always felt happier when I came out”

Female 75.

Participants’ views on the exercise groups were mostly favourable and a majority reported that they had been sufficiently motivated to attend without the need for staff persuasion. Most individuals believed that they would benefit from joining the exercise groups even though several recognised that participation could be daunting. The suggestion that exercise is popular in this setting is significant as activity levels within the older population at large are very low (DOH 2003) and depression is thought to severely limit one’s ability to perform any task. Interviewees identified five benefits of the groups (**see Box 1**).

BOX 1 ABOUT HERE

Reported benefits related to the individual’s physical function such as an improvement in mobility as well as less easily definable sensations linked to the body such as a feeling of physical well-being. Other identified benefits were of a

psychological nature and were associated with enjoyment and positive mood effects. It appeared that joining exercise groups also had an impact on participants' self-esteem. The comments of one individual for instance, suggest a sense of competence related to the successful completion of a task:

“I liked the exercises and I felt as if I could do all of them. In fact some of the others said to me “You’re as good as the staff who show us what to do.

Why don’t **you** take this job on?” ” (Laughter) Female 75 years.

On a more mundane level individuals welcomed the chance to do something which kept them occupied and gave structure to their day.

The meaning of physical activity following discharge

The second part of the study involved asking participants about their engagement in the broad range of behaviours that constitute physical activity following discharge. To clarify what was meant by physical activity, examples of tasks involving body movements that are sufficiently energetic to result in a faster heart rate, deeper breathing and increased warmth such as housework and walking were given. Participants described undertaking a variety of physical activities many of which formed an integral part their recovery from depression (see **Box 2**).

BOX 2 ABOUT HERE

Interviewees were generally keen to return to the activities that they had enjoyed before they were ill. These could be exercise- related, such as walking, swimming and

using the gym or task-related such as shopping and housework. Some individuals knew they used these activities to manage their mood, while others used activity as a means of coping with living alone. Interestingly, many gained a sense of accomplishment from tasks such as gardening and DIY even though they did not enjoy the activity itself! Mostly the activity was both self-directed and completed alone. Unlike in hospital where they had been enthusiastic about instructor led exercise groups, participants appeared to find the idea of structured exercise much less appealing when discharged though two did express interest in community based exercise groups.

It was clear that the motivation to be active involved more than a desire to feel better, become fitter or gain health benefits. Greater emphasis was placed on using activity as a means to function independently again, to re-engage socially with others and to gain a sense of normality. For people who consider themselves to be active, the resumption of activity after illness represents an attempt to regain a sense of identity:

“If I feel a little down or low I want to go out for a walk. I want to get out in the open air and walk around. If I can put it like this; it makes me feel normal again” Female 86 years.

Therefore, incidents such as rebuilding a stone wall and successfully walking to the local supermarket for the first time since coming home were viewed as significant milestones in the recovery process.

Barriers to physical activity

Participants faced a number of difficulties when they contemplated becoming physically active, such as ill health (including the deteriorating health of their spouse),

lowered confidence resulting from their recent mental ill-health, and a lack of resources. Lack of access to a car and difficulties with public transport formed a major barrier for some. Activities such as walking groups were perceived as being aimed at the more physically able, and therefore not suitable for them. Finally, many appeared resigned to being less active and accepted this as being an inevitable part of getting older.

Conclusion

The findings from this study support the use of structured exercise groups for older people admitted to hospital with depression. However, opportunities to join groups were not embraced by everyone and even the most committed older people in this study found participation stressful at times. Following discharge the individual context became much more significant. Once at home interviewees were motivated to be physically active primarily as a means of regaining independence and a sense of normality. Group exercise in the community setting was less attractive to them than it was in hospital. Therefore, interventions designed to promote physical activity in older people recovering from mental illness are most likely to be effective if individually identified goals are addressed and the social needs of older service users are taken into account.

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Box 1: Reported benefits of hospital based exercise groups
<ul style="list-style-type: none">• Improvements in physical function• Feeling a sense of physical well being• Enjoyment of the activity• Gaining a sense of competence• Diversion and adding structure to the day

Box 2: The role of physical activity following discharge
<ul style="list-style-type: none">• Improving mood• Regaining social function• Regaining independence• Regaining normality and a sense of self• Milestones in recovery