The Role of Sport, Exercise, and Physical Activity in Closing the Life Expectancy Gap for People with Mental Illness: An International Consensus Statement by Exercise and Sports Science Australia, American College of Sports Medicine, British Association of Sport and Exercise Science, and Sport and Exercise Science New Zealand

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In the general population, the worldwide pandemic of physical inactivity is responsible for an estimated 13.4 million disability-adjusted life-years, costs the worldwide economy an estimated INT$53.8 billion (1), and is the cause of approximately 9% of premature mortality worldwide (2). People experiencing mental illness represent a particularly vulnerable population at high risk for poor lifestyle factors such as physical inactivity and experience an unacceptable level of early mortality of between 15 and 25 yr (3).

People experiencing mental illness engage in significantly lower levels of moderate–vigorous physical activity and spend significantly more time engaging in sedentary behavior (4). A growing number of clinical trials (5,6) demonstrate efficacy of lifestyle interventions including exercise, for both physical and mental health in people with mental illness. However, large-scale translation into routine clinical care has not occurred.

This international consensus statement aims to delineate the key factors that must be addressed by key decision makers to increase access to appropriate exercise programs for people with mental illness and subsequently contribute to closing the life expectancy gap.

CULTURE CHANGE

Psychiatric services at all levels of care (acute and long-term inpatient, transition/outpatient, and community care) need to provide holistic care for people with mental illness, addressing the body and the mind simultaneously (7). Typically, psychiatric services have prioritized symptoms of mental illness, whereas physical health care is often disregarded or deemed to be a low priority. Increasingly, people with mental illness are seeking integrated physical and mental health care (8). Exercise practitioners, as members of the multidisciplinary team, have a core role as advocates for positive lifestyle change, addressing all major modifiable risk factors contributing to premature mortality.

Embedded within the multidisciplinary team, these exercise practitioners can affect change among staff through staff wellness programs that leads to positive role modeling for patients, increasing the likelihood of long-term behavior change (9). In addition, exercise is a highly acceptable intervention strategy,

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and dedicated interventions may act as a facilitator to help-seeking or stigma reduction among vulnerable populations such as young people experiencing mental illness.

INFRASTRUCTURE

Advocating for access to trained exercise practitioners and appropriate exercise facilities across all treatment settings, and for all mental health conditions, regardless of patient age, socioeconomic, or physical health status is a key requirement for ensuring integration within mental health and primary care settings. This must include acute and long-term inpatient settings, community mental health centers, and primary care facilities. Taking into account local health system contexts, it may be necessary to draw on resources from both the general medical and mental health budgets to provide access to necessary infrastructure and human resources. Partnering with non-government and not-for-profit community agencies to deliver exercise interventions may aid in providing human and physical resources, while managing health service governance and financial barriers.

TRAINING

To effectively integrate exercise practitioners within the multidisciplinary mental health team, exercise practitioners (e.g., exercise physiologists, physiotherapists, and kinesiologists) must receive training in basic mental health literacy and in illness-specific exercise prescription considerations. Likewise, to facilitate referral and maximize long-term behavior change, mental health and general medical practitioners working with people with mental illness need to understand the role, scope of practice, and competencies of exercise practitioners working in mental health settings. Ideally, training should take place at the undergraduate level and be reinforced through pragmatic student placements established within functional multidisciplinary mental health teams. Postgraduate courses for exercise practitioners focusing on mental illness (such as those available in Belgium and Scandinavia [10]) should be designed and delivered in consultation with psychiatric services to promote an integrated approach to mental health service delivery. Professional organizations representing exercise practitioners have an obligation to provide opportunity for upskilling and continuing professional development to provide the highest levels of evidence-based exercise prescription to people with mental illness.

The organizations that endorse this consensus statement commit to promoting the role of exercise interventions as a key component of a global strategy toward achieving a 50% reduction in the life expectancy gap of people experiencing mental illness by 2032. We believe that enhanced training of our members, facilitating culture change within mental health services, and advocating for the provision of required infrastructure are the cornerstones of achieving this goal.

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