Get Active:

A SAMH research report on physical and mental health

SAMH is Scotland's leading mental health charity and is dedicated to mental health and wellbeing for all

Get Active: A SAMH research report on physical and mental health

Executive summary

SAMH surveyed 320 people on aspects of physical and mental health. The research found that people with mental health problems took part in less sporting activity than others and were less likely to meet government recommendations on fruit and vegetable consumption. The research also found that people with mental health problems were more likely to be unable to afford to eat more fruit and vegetables, more likely to have sought help to reduce their alcohol consumption and more likely to smoke and to experience physical health problems.

Introduction

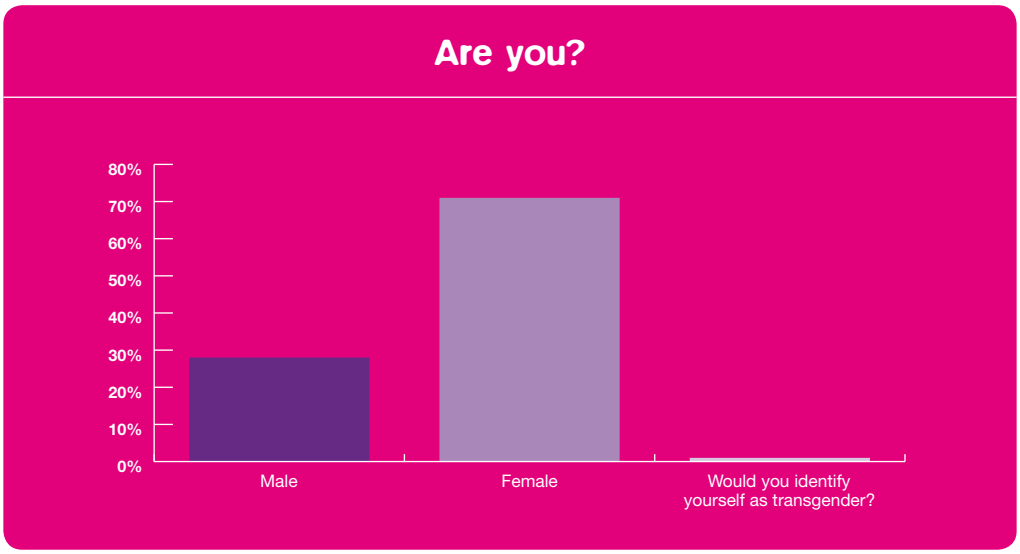
With both the Commonwealth and Olympic games soon to take place in the UK, interest in physical health is running high. But away from the world of elite athletes, how physically healthy are we, and what are the factors that contribute to this? As part of our Get Active campaign, SAMH, Scotland's leading mental health charity, undertook research into the physical health of people with mental health problems.

Methodology

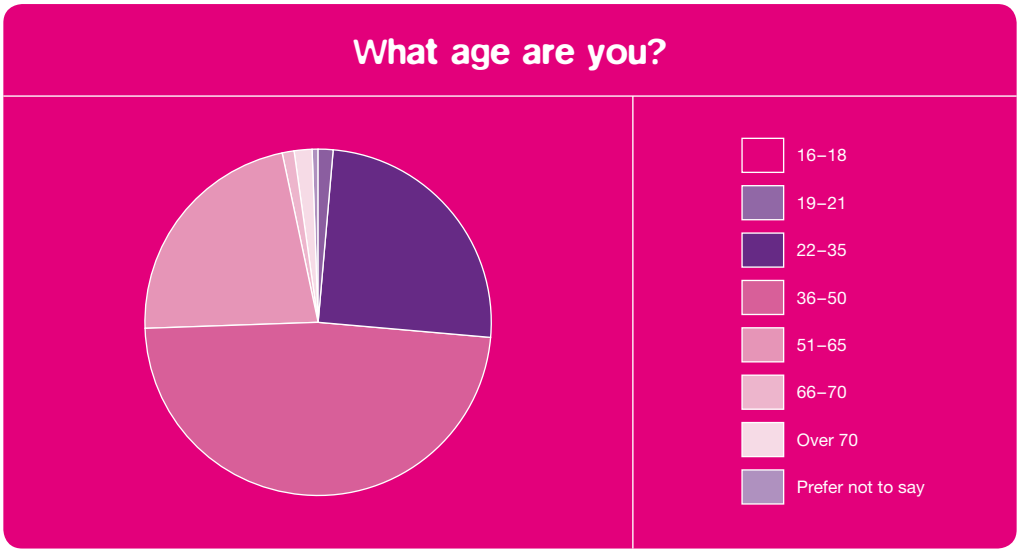
The research was conducted via a web survey that was posted on SAMH's website and ran from 10 August to 20 September 2009. Potential respondents amongst SAMH's existing organisational and individual contacts were emailed the survey, and visitors to SAMH's website were invited to complete it. 320 people completed the survey. Respondents were asked a series of questions about aspects of their physical and mental health. There was no requirement for respondents to have experienced a mental health problem: results were analysed to determine differences between those who stated that they currently had a mental health problem, those who had previously had such a problem and those who never had. Eleven people submitted hard copy responses which were then inputted. The benefits of web-based surveys are that they are quick, straightforward and can reach people across the country who might not otherwise be able to give their views. The main limitation of this approach is that respondents are a self-selecting population and must have access to the internet, and therefore may not be representative of the population as a whole. This survey ran for only a short time, so can only present a snapshot.

Demographics

More than two-thirds of our respondents were female. Possible reasons for this might be more willingness on the part of women to discuss issues relating to mental health and emotions, and more women working in the social care sector and therefore likely to have come into contact with this survey.

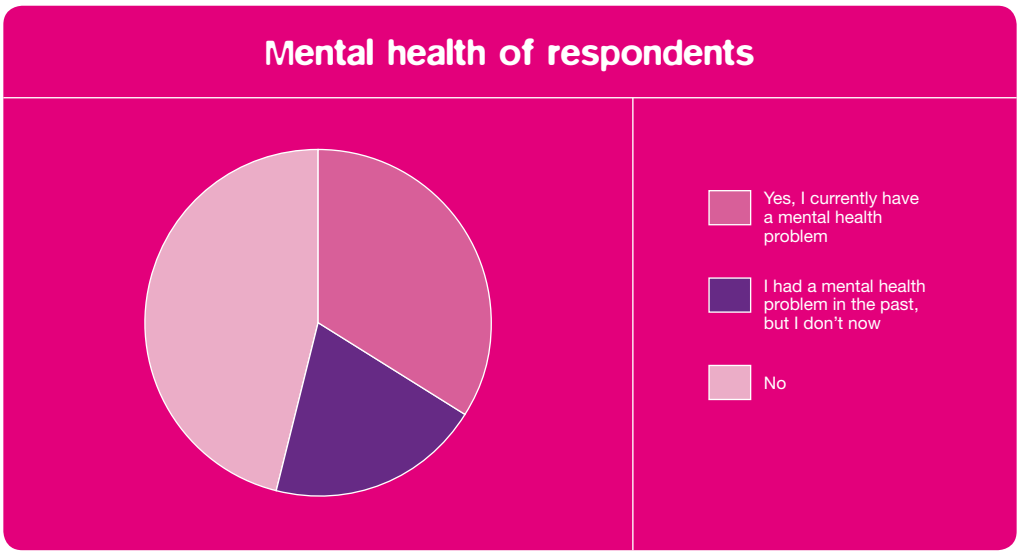


Most of our respondents were of working age. Almost half of respondents fell into the age range 36-50, with the next most common age range being 22-35, which accounted for almost a quarter of our respondents. Over a fifth were aged 51-65.



Mental health

Over a third of our respondents stated that they currently had a mental health problem, while over a fifth had previously experienced a mental health problem.

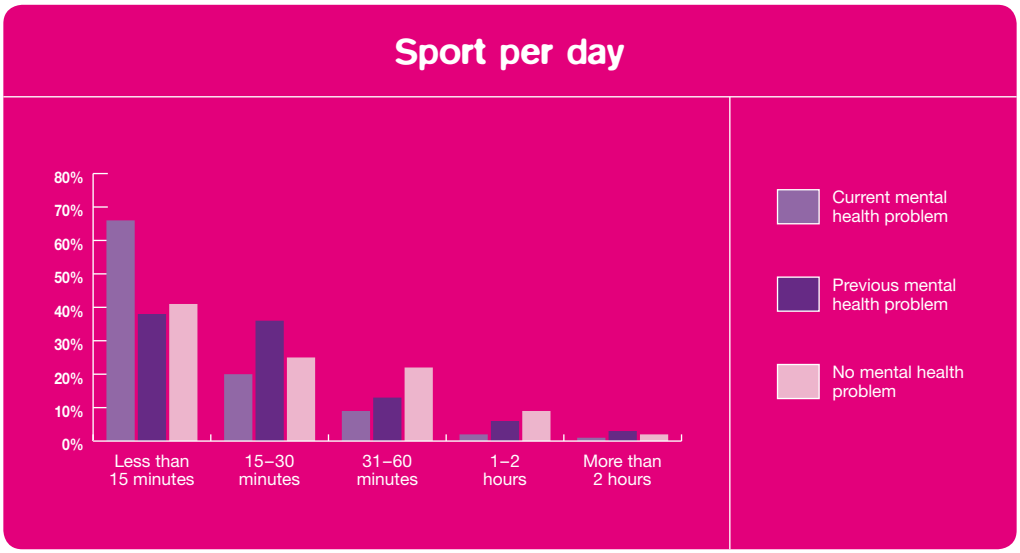


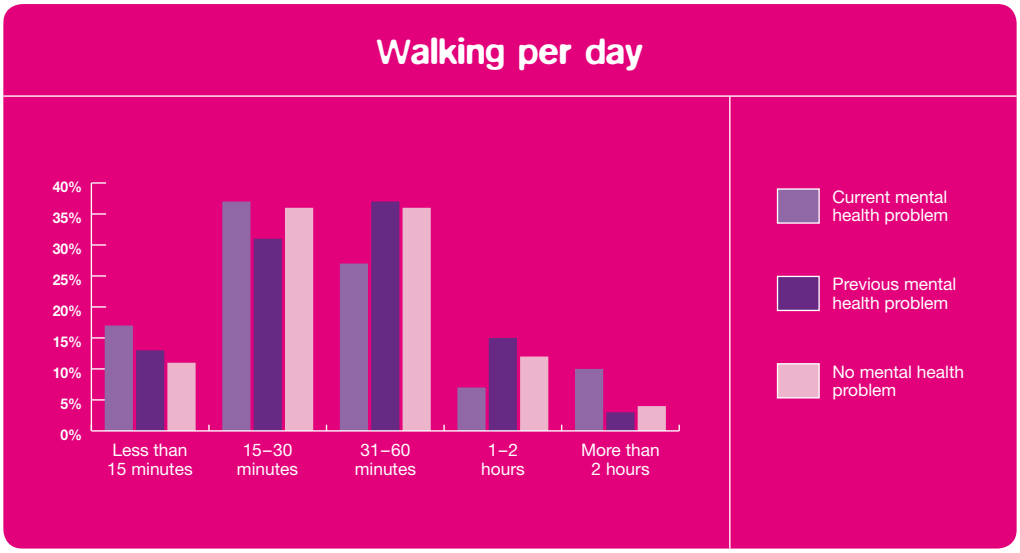
Physical exercise

The survey asked about three different kinds of exercise: sport, home-based activity such as housework, and walking. In all of these categories, people with a current mental health problem were more likely to report doing half an hour or less of such activity per day. However, the proportion of people with current mental health problems reporting more than half an hour of activity per day increased when they were asked about home-based activity or walking rather than sports. This suggests that programmes aiming to help people with mental health problems to increase their physical activity should try to incorporate everyday activity such as housework, gardening and walking as well as sports like swimming or running. This mirrors the findings of a recent report by the service user group HUG:

"Walking, if we have the motivation, was felt by many of us to be the most attractive way of getting or keeping fit. Just getting out in the fresh air and getting exercise away from buildings was repeatedly mentioned by many of us."[1]

[1] Highland User Group (HUG) (2008) Mental Health and Physical Health





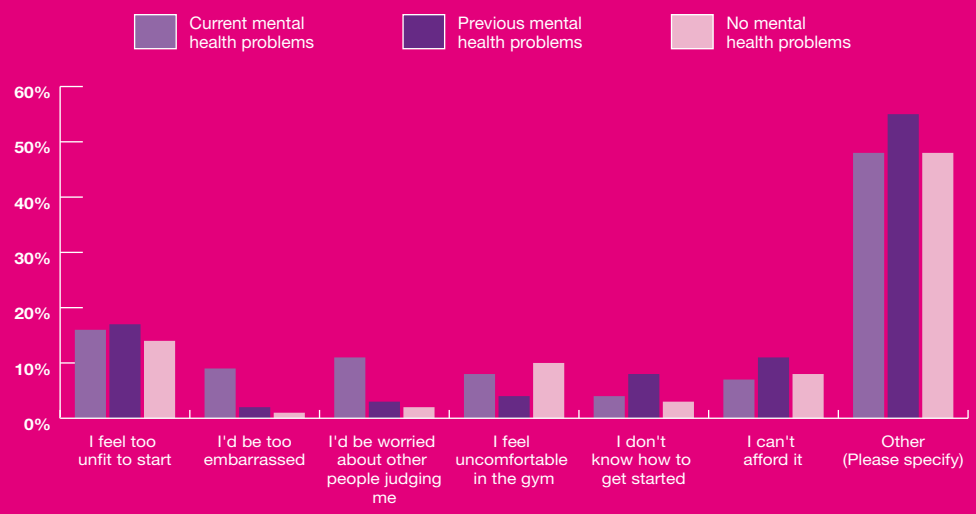
We found that people with current mental health problems were more likely than others to be put off increasing their levels of physical activity by embarrassment or concerns that others will judge them. This suggests that stigma, whether actual or anticipated, is preventing people with mental health problems from improving their health. As well as supporting the need for continued work to combat the stigma associated with mental health problems, this also supports the argument that there is a need for specific work to help people with mental health problems find ways of being more active with which they are comfortable. Some people also mentioned being too anxious to leave the house, having no time for exercise or lacking motivation.

"I have self-harm scars that I am ashamed of."

"I am a carer and don't have much time to spend on myself."

"I can't go out alone, don't like unfamiliar places."

Main factor preventing you from increasing physical exercise



Physical health problems

We asked our respondents about their experiences of specific physical health problems. The most common health problem across all respondents was high blood pressure, reported by 15% of respondents. There were no substantial differences in the rates of breast cancer, bowel cancer, coronary heart disease or stroke reported by people with or without mental health problems. However, people with current mental health problems were four times as likely to report diabetes and more than twice as likely to report high blood pressure as those with no mental health history.

Research has previously found that people with mental health problems experience higher rates of physical illness than others,[2] and specifically, links between diabetes and mental health problems have been identified elsewhere. Diabetes UK Scotland reports that people with diabetes are at higher risk of depression than others, and that type 2 diabetes is more common in people with schizophrenia.[3] It is possible that the weight gain associated with some psychiatric medications accounts for this link.[4]

Previous research has found that health professionals do not always treat physical problems seriously when they occur among people with a history of mental health problems. In HUG's recent report on mental health and physical health, the service user group stated:

"Sometimes people reported that doctors started off trying to find the cause of a physical problem but as soon as they realised there was a psychiatric history abandoned their treatment. In other situations people reported that they seemed to make up their minds based on their knowledge of our mental illness rather than seeming to make a serious effort to find out the cause of our current ill health."[5]

[2] Zolnierek C.D. (2009) Non-psychiatric hospitalization of people with mental illness: systematic review. Journal of Advanced Nursing 65(8), 1570–1583.doi: 10.1111/j.1365-2648.2009.05044.x

[3] Diabetes UK Scotland, response to Towards a Mentally Flourishing Scotland, February 2008

[4] Llorente M and UrrutiaV (2006) Diabetes, Psychiatric Disorders, and the Metabolic Effects of Antipsychotic Medications Clinical Diabetes January 2006 vol. 24 no. 1 18-24

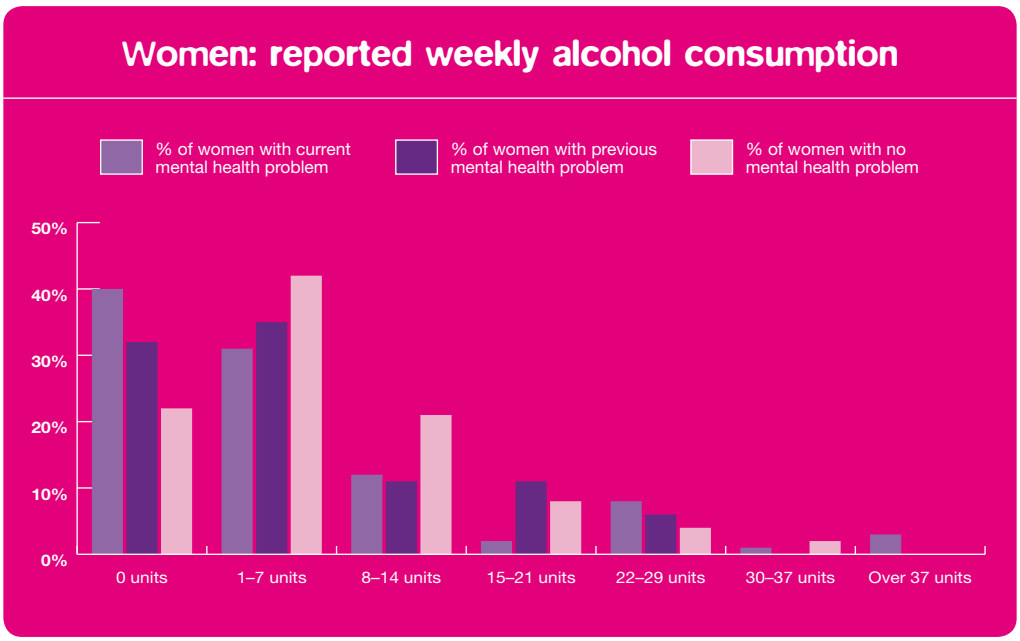
[5] Highland User Group (HUG) (2008) Mental Health and Physical Health

Alcohol

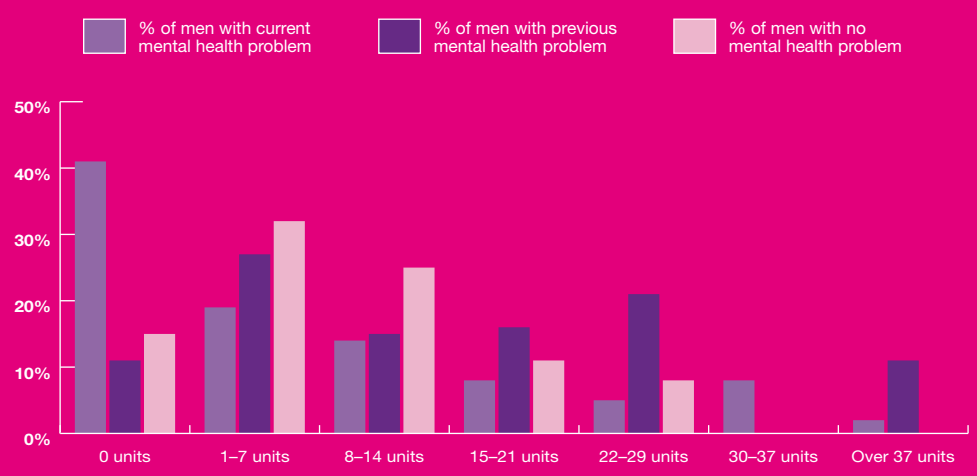
We asked our respondents about their alcohol consumption. The most common response was a weekly consumption of between 1-7 units of alcohol, reported by 35% of all respondents. A surprisingly high percentage, 30%, reported that they did not drink at all. This may reflect an unwillingness to disclose true alcohol consumption, or may relate to the fact that several SAMH services work with people who have alcohol problems. SAMH service users are more likely than others to have come into contact with this survey, and people using an alcohol addictions service may be more likely to have currently given up alcohol.

Our study found that men with a previous mental health problem were more than four times as likely as those with no mental health history to drink more than the recommended maximum for men of 21 units per week. Men with current mental health problems were twice as likely as men with no mental health history to drink more than 21 units per week. The differences were far less pronounced in females. Women who had previously experienced mental health problems were slightly more likely than women with no mental health history to drink more than the recommended 14 units per week. However, this was not true for women with current mental health problems, who reported drinking at similar levels to women with no mental health history.

Our research therefore suggests that there may be a link between a history of mental health problems and higher alcohol consumption, particularly in men.



Men: reported weekly alcohol consumption



We also asked respondents whether they had ever sought help to reduce their alcohol consumption. We found that people with past or present mental health problems were more than six times as likely to have sought help to reduce their drinking as those who had not experienced mental health problems. People with current mental health problems were three times as likely as others to say that they would be unable to cope with stress without alcohol. This may suggest that alcohol reduction programmes targeted at people with mental health problems should incorporate stress management techniques.

Additionally, people with current mental health problems were less than half as likely as other groups to say that their social life often involved alcohol. This may reflect a finding in a previous piece of SAMH research, that people with mental health problems generally saw fewer people than others.[6] In other words, it may not be the case that people with mental health problems socialise more with people who do not drink, but that they socialise less than others.

"I enjoy having a drink."

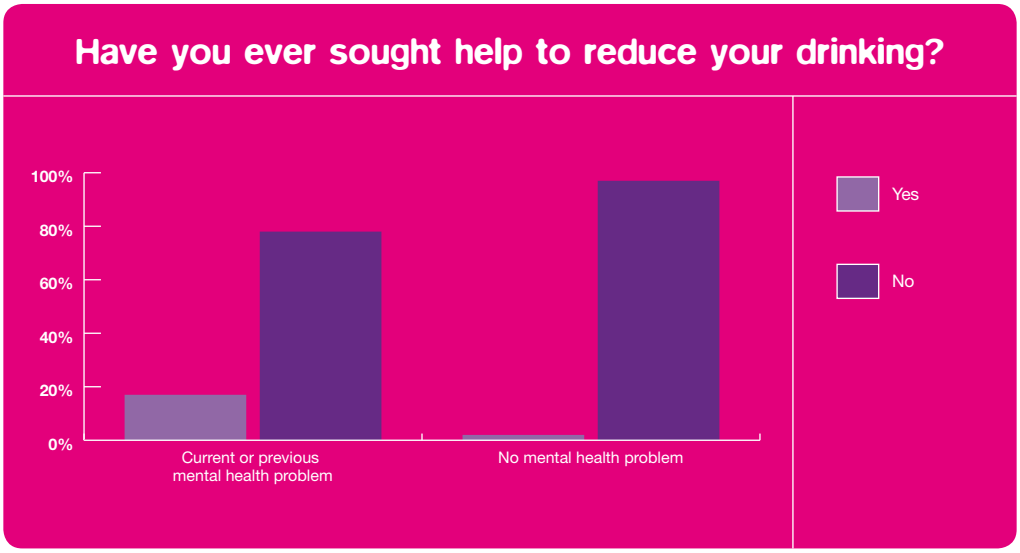
"As usual consumption is 1 or 2 glasses a wine a month except around Christmas/New Year don't feel I need to cut down."

"I don't feel I drink excessively and I do not drink for the above reasons. I can quite easily go without alcohol and in fact cut it out all together if my mood is low."

[6] SAMH (2008) A World to Belong To

"I enjoy socialising with alcohol and it makes an evening more fun."

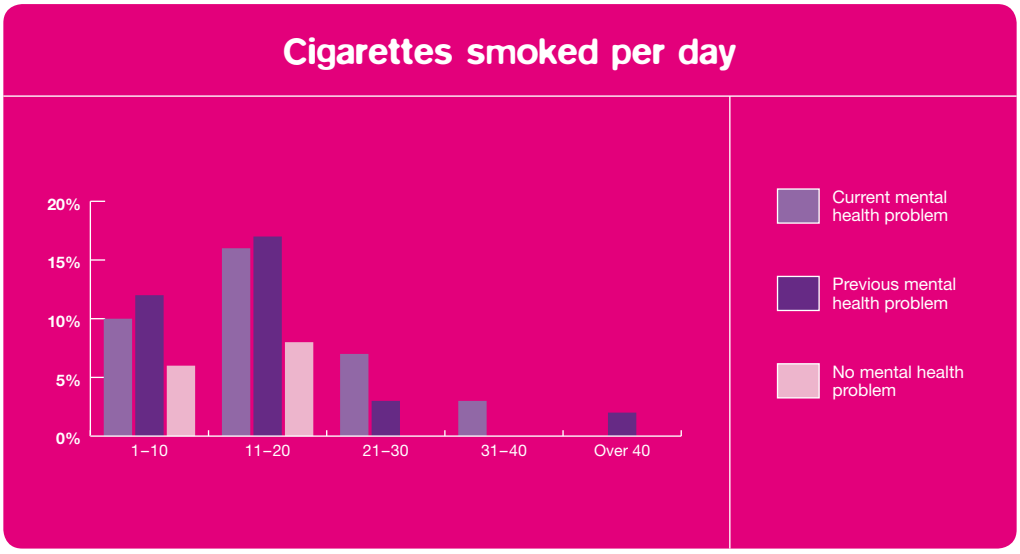
"I find a glass of wine helps you unwind, but I can cope without it."



Smoking

We found that people with current or previous mental health problems were more likely to smoke and also more likely to smoke more than 20 cigarettes per day. People with a current or previous mental health problem were almost twice as likely to smoke between 1-11 cigarettes per day, over twice as likely to smoke between 11-20 cigarettes per day and six times as likely to smoke between 21-30 cigarettes per day as those with no mental health history.

It is noticeable that none of those who had never experienced mental health problems reported smoking more than 20 cigarettes per day, while 8% of those with current or previous mental health problems did. The link between smoking and mental health problems is well established, but our research suggests that people who have previously experienced a mental health problem may also smoke at higher levels than those who have not.



Thirty-five percent of those who said they smoked said the single biggest factor preventing them from cutting down was not being able to cope with withdrawal symptoms. Twenty-nine percent said the main factor would be not being able to cope with stress without smoking. People with past or current mental health problems were more likely to say they wouldn't be able to deal with stress without smoking and that they would find the withdrawal symptoms too difficult to deal with. This may indicate that programmes aimed at helping people with mental health problems to cut down their smoking should focus on these factors. A number of people selected "other" under the question on the main factors preventing them from cutting down, several of whom stated that they enjoyed smoking and did not plan to cut down.

"It's a coping strategy."

"I have stopped for about 9 years now. It was having something to do instead of smoking I found the most difficult."

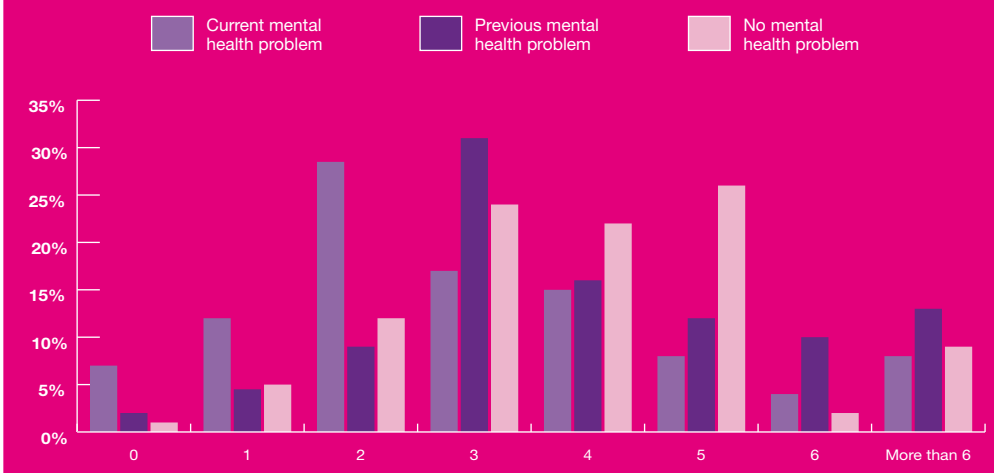
"I need to smoke when I have a drink."

"I can stop for weeks at a time, but always end up starting again."

Diet

We asked our respondents about their diet. People with a current mental health problem were less than half as likely as those without mental health problems to eat the recommended five portions of fruit and vegetables per day. They were twice as likely to say that they could not afford to eat more fruit and vegetables. This suggests that in the short term, healthy living programmes aimed at people with mental health problems should provide fruit and vegetables free or at reduced costs, and in the long term emphasises the need to help people with mental health problems to get and stay in employment in order to reduce poverty.

Fruit and vegetable consumption per day



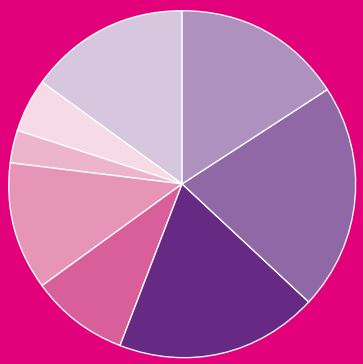
"I can't access the food I want but have to depend on what others bring to me, making it especially hard to get fresh food."

"Side effects of medication i.e. craving fatty and carbohydrate rich foods."

Helpful changes

Finally, we asked our respondents what would help them to improve their physical health. Thirty-one per cent of current people with mental health problems said they would like to be able to use a gym where they didn't feel self-conscious, while 29% wanted an exercise scheme especially for people with mental health problems and 24% would like their GP to prescribe an exercise referral scheme.

What would help you to improve your physical health?



"I find it difficult to leave the house on my own - I need contact with someone to get out the door."

"Better management of my depression."

"More awareness of the impact of medication on ability to exercise, make more positive decisions about health etc."

"Cheap gym memberships."

"Someone to exercise with."

"Tailor made fitness training for my health condition."

"Help with withdrawing from my antidepressant."

"More help with mental health issues."

Recommendations

- Programmes aiming to help people with mental health problems to increase their physical activity should try to incorporate everyday activity such as housework, gardening and cleaning as well as sports like swimming or running.

- Community Health Partnerships should ensure that healthy living programmes are targeted at people with mental health problems, to combat the perceived risk of stigmatisation

- Gyms and exercise programmes should consider ways to make it less intimidating for people with mental health problems to access their facilities, such as targeted induction periods or staff/volunteers acting as "buddies"

- Alcohol reduction programmes targeted at people with mental health problems should incorporate stress management techniques.

- People who have previously experienced a mental health problem should be a key target group for smoking cessation programmes.

- Healthy living programmes aimed at people with mental health problems should provide fruit and vegetables free or at reduced costs

Further information

If you would like more information about this report or about SAMH, contact us at enquire@samh.org.uk or on 0141 568 7000