

# What Facilitates Physical Activity in People with Common Mental Disorders? A Qualitative Study

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## Background

Physical activity improves mental health in people with common mental disorders [1], such as depression, anxiety, and stress-related disorders. However, there are several identified barriers, such as lack of drive and motivation, fatigue, or fear of movement. There is a need to explore facilitators and how physiotherapists can promote and support physical activity in this population. This study aimed to explore experiences of what facilitates physical activity in people with common mental disorders.

## Methods

A qualitative methodology with an inductive approach was used. Seven adults with mild to moderate depression or anxiety disorder, codes F32-33 and F43 in the ICD-10 classification [2], were recruited in primary health care and interviewed face-to-face. Exclusion criteria were high suicide risk or substance abuse. Six women and one man participated, ages ranging between 32-60 years. Two participants were partly on sick-leave, five participants worked full time. Semi-structured interviews were conducted, with a duration between 20-60 minutes. A flexible interview guide was used, with follow up questions to deepen the participants' descriptions. The interviews were audio-recorded, transcribed, and analyzed using qualitative content analysis as described by Graneheim and Lundman [3].

## Results

Four categories were found, illuminating the participants' experiences of what they perceived important to start and maintain physical activity:

*Making it your own thing* reflects how the participants wanted to develop a personal way to be physically active, so that it felt meaningful for and integrated into their everyday life. When they managed to see how to do this, it was easier to engage in physical activity. One participant said: "The gym wasn't for me. But I like doing some light movements and walking my dog." Another participant said: "It's very personal, something you do for your own body, for yourself."

*Motivated by bodily sensations* reflects how the exercise rendered vitalization, relaxation, and increased confidence, which increased the participants' motivation. The immediate response from the moving body made them feel different in the here-and-now. This effect could come quickly and was important to recognize and focus on, since it made the participants feel stronger, happier, and more resilient. One participant said: "To move, it feels liberating in a way. Something "clears up"."

*Small steps make a difference* reflects that for the participants, simple movements and small bouts of physical activity made all the difference. They used to feel discouraged when considering intensive exercise or failing to adhere to public health recommendations. By shifting the focus to manageable bouts of movement, motivation increased. One participant said: "I planned 30 minutes walks five times a week, but that didn't happen! But moving for some minutes, several times a day, that works!" Another participant described: "I did that small thing and discovered that little can turn into more."

*Support is essential* reflects the importance of social support, and that guidance from health care professionals was desirable. The relationship to another person or a group, was helpful and for some the main motivator. Support could be a professional, family members, friends, or peers. One participant emphasized: I need



someone to push me. Maybe that's just me. But I think you need someone to support you. Another participant wanted to be part of a group: "To be a group training together. Supporting each other. You often feel very lonely when you're going through something like this."

## **Conclusions**

Guiding the depressed or anxious patient toward meaningful and obtainable ways to move, including social support and focus on positive body experiences, may facilitate physical activity. A person-centered approach could enhance the way physiotherapists support patients with common mental disorders. From the patient's perspective, the results may be useful to recognize experiences reflected in the results and learning from others' strategies.

## **Declarations**

**Ethical approval:** Approved by the Regional Ethics Review Board in Gothenburg.

**Informed Consent:** Informed consent was given by all participants in the study.

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**Competing Interests:** The author declares no competing interests.

## **References**

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