

CAUTION: This article discusses various forms of mental illness and mental illness symptomology. If reading such an article causes distress or negative thoughts/emotions, please contact Lifeline on 13 11 14.

---

The Australian Bureau of Statistics (2008) found that in 2007, 45% of individuals between the ages of 16-85 years old had a mental disorder at some point in their life. The recent de-stigmatisation of mental illness has allowed a vast amount of research into the topic to accrue. In this vast body of research, recent findings are moving from strictly pharmaceutical and psychiatric treatment to a holistic approach to include exercise treatment to compliment the traditional forms of therapy. What majority of research suggests; one size does not fit all.

## **Depression**

Exercise is a vital tool for treating the comorbidities that may come with depression. This includes obesity, hypertension, diabetes, and high cholesterol. However, research suggests that exercise may also be useful in the prevention and treatment of depression. Individuals meeting regular physical activity guidelines have lower depression symptomology than those who did not (14). Complimentary to this, individuals who exercise regularly for 60mins or more per week were less anxious, depressed, and neurotic (9).

Exercise is not only useful in controlling comorbidities, but is now considered to be a part of contemporary therapy for depression. On its own, exercise has been found to be on par with psychological and antidepressant therapy (8). However, a holistic approach is recommended with a multidisciplinary team. This includes your general practitioner, psychiatrist, and pharmacist working together to help your recovery.

Exercise may seem difficult when we are unwell, both physically and mentally. However it is important to support the mind and body through various exercises. Exercise releases various endorphins into the body, elevating mood and motivation. However, there is no outline for exercise prescription for depression treatment. The type, intensity, frequency, and duration remain unclear (8). Yet what can be discerned is to do what exercises you like best. Be it yoga or pilates for a more relaxing, mindfulness class, or smashing it out with a personal trainer or boxing. Doing what suits you best can help to create a holistic approach to your health.

## Anxiety

Everyone experiences anxiety from time to time, however clinical anxiety is sensations of worry or panic over long stretches of time. Anxiety can therefore lead to withdrawal, and avoidance of social situations. This results in individuals with anxiety related disorders reporting lower levels of physical activity (15). This avoidance of physical activity can lead to the comorbidities similar to depression, leading to a cycle of exercise avoidance due to anxiety (15).

The different varieties of anxieties have all been shown to benefit from exercise in some way or another when combined with traditional therapy. For individuals with panic disorder, exercise reduced anxiety symptoms however was not as effective alone versus use of antidepressants (13). Yet the use of both saw greater reductions in symptoms than either of the treatments alone (13). Social phobias benefit most from a combination of individual exercise programs to start combined with group cognitive behavioural therapy (13). In general, exercise has been recommended to reduce the incidence of panic attacks, as well as alleviate social anxiety disorders, phobias, and agoraphobia symptoms (1, 11).

There is substantial research linking better physical and mental outcomes to physical activity, yet there remains the question as to what physical activity. It is difficult to pinpoint which intensity, duration, and type is most effective at alleviating symptoms (13). While relaxing forms of exercise such as yoga and pilates have previously been recommended, more intense styles are emerging as preferable treatment options. Walking or running as a form of steady state exercise has been shown to alleviate stress and anxiety (4, 5, 10, 16). Resistance training has also been proven to reduce anxiety both acutely following exercise, but also chronically over time with repeated bouts of training (2, 6, 17, 18, 19). The research has found no difference in intensity of the training, however recommends three times per week, for one hour each session (2, 6, 17, 18, 19).

## Eating Disorders

Eating disorders and exercise prescription has previously been ill-researched due to the seemingly contradictory nature. Exercise addiction and eating disorders may be closely related, however are not always co-dependent in nature and can exist separate to the other. The main issue with exercise and eating disorders is addressing how to manage excessive physical activity (3). It has been proven that patients with eating disorders can safely participate in exercise programmes during treatment (12). Exercise can address comorbidities of eating disorders, including osteoporosis risk and poor self-perception.

In order to participate in safe, regular physical activity, the following recommendations should be followed (7);

- Employ a team of relevant experts
- Monitor medical status
- Create a written contract of how therapeutic exercise will be used
- Include a psych-educational component
- Positive reinforcement
- Graded exercise program of a mild intensity, tailored to the client
- Include nutritional information
- Debrief after sessions

By scheduling in with a personal trainer, exercise addiction can be avoided by only attending short, regular sessions. The trainer can then form a graded program starting with a moderate intensity and building up as you recover. By reshaping individuals ideas and attitudes regarding physical activity, and forming a supportive environment, mental and physical health can be enhanced.

## Summary

The general theme of the current article is that exercise prescription for mental illness needs to be personalised and a part of a holistic approach to overall health. Before commencing any programme, it is important to consult with your general practitioner and psychiatrist as to whether exercise is right for you. Keeping everyone in your team up to date on your progress is important to ensure everyone is on the same page and working together. The unity between your trainer, general practitioner, psychiatrist, and even nutritionist can give you the best chance to recover from mental illness.

As for what exercise is best, it is whichever exercise makes you feel the best. If you feel better in groups then our group fitness is for you. The RISE offers boxing for those who like to go hard, or a slower more relaxing pace such as yoga and pilates. Bayswater Waves also offers their 6am HIIT classes incorporating strength and cardio movements for an all-round workout. If being in crowds isn't your thing, you can take it easy in Bayswater Waves state of the art swimming or hydro pool. Or, if none of these appeal to you, our personal trainers are always available to help you on your health and wellness journey. You can pop in to either of our health clubs for a free consultation, or book in for regular personal training sessions to kick start your recovery. Whatever exercise modality suits you best, the City of Bayswater has great understanding employees ready to back you up every step of the way.

## References

1. Asmundson, G.J.G., Fetzner, M.G., DeBoer, L.B., Powers, M.B., Otto, M.W., & Smits, J.A.J. (2013). Let's get physical: a contemporary review of the anxiolytic effects of exercise for anxiety and its disorders. *Depression and Anxiety*, 30(4), p. 362-373. DOI: 10.1002/da.22043
2. Bibeau, W.S., Moore, J.B., Mitchell, N.G., Vargas-Tonsing, T., & Bartholomew, J.B. (2010). Effects of acute resistance training on different intensities and rest periods on anxiety and affect. *Journal of Strength and Conditioning Research*, 24(8), p.2184-2191. DOI: 10.1519/JSC.0b013e3181ae794b
3. Bratland-Sanda, S., Rosenvinge, J.H., Vrabel, K.A.R., Norring, C., Sundgot-Borgen, J., & Martinsen, E.W. (2009). Physical activity in the treatment units for eating disorders: clinical practice and attitudes. *Eating and Weight disorders – Studies on Anorexia, Bulimia, and Obesity*, 14(2-3), p.e106-e112. DOI: 10.1007/BF03327807
4. Brooks, A., Bandelow, B., Pekrun, G., George, A., Meyer, T., Bartmann, U., Hillmer-Vogel, U., & Ruther, E. (1998). Comparison of aerobic exercise, clomipramine, and placebo in the treatment of panic disorder. *American Journal of Psychiatry*, 155(5), p.603-609. DOI: 10.1176/ajp.155.5.603
5. Brown, R.A., Abrantes, A.M., Strong, D.R., Mancebo, M.C., Menard, J., Rasmussen, S.A., & Greenberg, B.D. (2007). A pilot study of moderate-intensity aerobic exercise for obsessive compulsive disorder. *The Journal of Nervous and Mental Disease*, 195(6), p.514-520. DOI: 10.1097/01.nmd.0000253730.31610.6c
6. Cassilhas, R.C., Antunes, H.K.M., Tufik, S., & de Mello, M.T. (2010). Mood, anxiety, and serum IGF-1 in elderly men given 24 weeks of high resistance exercise. *Perceptual and Motor Skills*, 110(1), p.265-276. DOI: 10.2466/pms.110.1.265-276
7. Cook, B., Wonderlich, S.A., Mitchell, J., Thompson, R., Sherman, R., & McCallum, K. (2016). Exercise in eating disorders treatment: systematic review and proposal of guidelines. *Medicine and Science in Sports and Exercise*, 48(7), p.1408-1414. DOI: 10.1249/MSS.0000000000000912
8. Cooney, G., Dwan, K., & Mead, G. (2014). Exercise for Depression. *JAMA Clinical Evidence Synopsis*, 311, p.2432-2433. DOI: 10.1001/jama.2014.4930
9. De Moor, M.H.M., Beem, A.L., Stubbe, J.H., Boomsma, D.I., & De Geus, E.J.C. (2006). Regular exercise, anxiety, depression and personality: a population-based study. *Preventive Medicine*, 42(4), p.273-279. DOI: 10.1016/j.ypmed.2005.12.002
10. Diaz, A.B. & Motta, R. (2008). The effects of an aerobic exercise program on posttraumatic stress disorder symptom severity in adolescents. *International Journal of Emergency Mental Health*, 10(1), p.49-60.
11. Goodwin, R.D. (2003). Association between physical activity and mental disorders among adults in the United States. *Preventive Medicine*, 36(6), p.698-703. DOI: 10.1016/S0091-7435(03)00042-2
12. Hausenblas, H.A., Cook, B.J., & Chittester, N.I. (2008). Can exercise treat eating disorders? *Exercise and Sport Science Reviews*, 36(1), p.43-47. DOI: 10.1097/jes.0b013e31815e4040
13. Jayakody, K., Gunadasa, S., & Hosker, C. (2014). Exercise for anxiety disorders: a systematic review. *British Journal of Sport Medicine*, 48(3), p.187-196. DOI: 10.1136/bjsports-2012-091287

14. Loprinzi, P.D. (2019). Interrelationships between depression, exercise, and subjective memory complaints. *Revue Neurologique*, 175(5), p. 319-323. DOI: 10.1016/j.neurol.2018.10.006
15. Mason, J.E., Faller, Y.N., LeBouthillier, D.M., & Asmundson, G.J.D. (2019). Exercise anxiety: a qualitative analysis of the barriers, facilitators, and psychological processes underlying exercise participation for people with anxiety-related disorders. *Mental Health and Physical Activity*, 16(1), p.128-139. DOI: 10.1016/j.mhpa.2018.11.003
16. Merom, D., Phongsavan, P., Wagner, R., Chey, T., Marnane, C., Steel, Z., Silove, D., & Bauman, A. (2008). Promoting walking as an adjunct intervention to group cognitive behavioural therapy for anxiety disorders – a pilot group randomized study. *Journal of Anxiety Disorders*, 22(6), p.959-968. DOI: 10.1016/j.janxdis.2007.09.010
17. Raglin, J.S., Turner, P.E., & Eksten, F. (1993). State anxiety and blood pressure following 30min of leg ergometry or weight training. *Medicine and Science in Sports and Exercise*, 25(9), p.1044-1048. DOI: 10.1249/00005768-199309000-00012
18. Tsutsumi, T., Don, B.M., Zaichkowsky, L.D., & Delizonna, L.L. (1997). Physical fitness and psychological benefits of strength training in community dwelling older adults. *Applied Human Science*, 16(6), p. 257-266. DOI: 10.2114/jpa.16.257
19. Tsutsumi, T., Don, B.M., Zaichkowsky, L.D., Takenaka, K., Oka, K., & Ochno, T. (1998). Comparison of high and moderate intensity of strength training on mood and anxiety in older adults. *Perceptual and Motor Skills*, 87(3), p.1003-1011. DOI: 10.2466/pms.1998.87.3.1003