WRITTEN SUBMISSION FROM SAMH

SAMH

SAMH is Scotland’s leading mental health charity and is dedicated to mental health and wellbeing for all. SAMH provides both direct services and an independent voice on all matters of relevance to people with mental health and related problems.

SAMH has over 80 services throughout Scotland which address a range of individual needs. Our services support people who have experience of mental health problems and other forms of social exclusion including homelessness and addictions.

SAMH promotes the development of legislation, policy and practice that is based on the real life experiences of people with mental health and related problems and respects their human rights.

GENERAL COMMENTS

SAMH welcomes the opportunity to comment on this consultation. Whilst the physical benefits of physical activity have long been known and promoted, the recognised links with mental health are more recent. However, there is a growing recognition that being physically active is strongly associated with mental wellbeing and that being inactive can contribute to a lack of mental wellbeing and some mental health problems.

We want to ensure that everyone in Scotland is aware of ways to improve their mental health by participating in physical activity and sport. Sir Chris Hoy, SAMH’s ambassador, recently launched our new national programme focusing on physical activity, sport and mental health. This will involve a host of complementary strands such as a national awareness raising campaign, a community development programme and training and education for coaches and instructors. To help inform this work, we invited people from across Scotland to attend a forum exploring the links between physical and mental health, and surveyed 320 people on aspects of both; the resulting report ‘Get Active: A Research Report’ has been sent alongside this response for your information. (Not reproduced).

SPECIFIC COMMENTS

Question 1 - What more can be done to encourage people to change their traveling habits and walk and cycle more?

It would be highly beneficial to measure and evaluate the improvements that people make to their mental health and wellbeing through active travel, alongside other benefits such as money saved. Better demonstrating the overall impact of cycling/walking could go far in encouraging people to change their travel habits and take up a more active lifestyle.

Information pertaining to the benefits of active travel also needs to be widely distributed in an easily accessible format. For example, plain English factsheets outlining the benefits of cycling and walking, including the mental health related benefits, could be disseminated throughout GP’s surgeries, Hospitals and community mental health team offices. Partnership working and collaboration across the public, private and voluntary sectors would further enable you to target your message and connect with traditionally harder to reach groups and individuals. Technology can also be a useful means to help deliver information to people who may be more isolated in our society.

One in four of us will experience a mental health problem at some point in our lives. As well as encouraging those people who are mentally well to build their mental health resilience through
cycling and walking, people experiencing poor mental health are a natural audience for initiatives designed to increase the uptake of walking and cycling.

Our research found that the proportion of people with a current mental health problem undertaking more than half an hour of physical activity per day was greater in relation to activities such as walking as opposed to sports. Cycling and walking are both activities that could be actively promoted to people with mental health problems as a means to improve their quality of life and symptom management; including those people who may feel less confident in conventional sports settings.

SAMH is aware that people living in poverty are twice as likely to experience a mental health problem and that people experiencing mental health problems are more likely to live in poverty. Cycling is a low cost form of transport while walking is effectively cost free; benefits that could come to have particular resonance if promoted to people whose freedom may currently be constrained by transport costs or arrangements. People with mental health problems are therefore obvious potential users of active travel but there remain barriers to their participation.

**Question 2 and 3 - Is enough progress being made in developing and delivering improvements in the uptake of walking and cycling? If not, what are the barriers to progress?**

SAMH is aware of a number of initiatives, both planned and currently underway, to deliver improvements in the uptake of walking and cycling. In particular, we welcome the proposed Cycling Action Plan for Scotland which aims to ensure that everyone can cycle safely and have access to the necessary information and incentives to make cycling a realistic choice.

There also remain a number of potential barriers for individuals who wish to become more active and these must now be addressed. At our recent bi-annual forum, participants were invited to discuss the factors which they felt may be preventing people with mental health problems from undertaking physical activity. A large number of barriers were identified, including; lack of time, lack of motivation, the side-effects of medication, family and work commitments, mental fatigue being confused with physical fatigue, drugs, alcohol and tobacco, peers, embarrassment, poor diet, lack of support and fear and intimidation.

Despite the increasing evidence that physical activity benefits our mental health, our service users have told us that they can feel stigmatised and discriminated against within conventional sports settings. Our recent research also uncovered 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 in particular, whether actual or anticipated, is preventing people with mental health problems from taking steps to improve their health.

Active travel cannot be understood solely in terms of transport, infrastructure and climate change. There needs to be a joined up approach which recognises that physical activity is something to be built into daily life, producing health gains and reducing reliance on fossil fuels. This requires 'joining up' with transport, health, education and work policies etc, as they frame the possibility for people taking exercise in their daily lives. For example, policies pertaining to nutrition should not only respond to obesity but encompass the wider health agenda.

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1 Palmer et al, 2003, quoted in Scottish Executive, Equal Minds, 2005
Delivering improvements in the uptake of walking and cycling will require ongoing involvement, consultation and meaningful engagement with people throughout all levels of Scottish society, including people experiencing poor mental health and traditionally harder to reach groups. Trends will need to be examined on an ongoing basis and inquiries made as to whether existing policy responses and capacities are appropriate and adequate.

**Question 5 - What further action is required by the Scottish Government, local authorities and other bodies to ensure that significant progress is made in the development and implementation of walking and cycling?**

As well as supporting the need for continued work to combat the stigma associated with mental health problems, 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.

Community Health Partnerships should ensure that healthy living programmes are targeted at people with mental health problems, to combat the perceived risk of stigmatisation. Healthy living programmes aimed at people with mental health problems could then provide fruit and vegetables free or at reduced costs and encourage people to cycle and walk more often. Initiatives designed to encourage cycling and walking should consider ways to make it less intimidating for people with mental health problems, such as the creation of targeted groups or staff/volunteers acting as “buddies”.

At our Forum, many participants commented that people with mental health problems may be more likely to smoke, drink alcohol excessively and misuse drugs, and that this could be a major barrier to increasing levels of physical activity. It would be beneficial to take a holistic approach to the promotion of active travel, linking in with initiatives which can address factors such as diet and alcohol intake. Some forum participants commented that smoking, in particular, is seen as a coping mechanism within mental health institutions and that the majority of smokers with mental health problems want to quit but find it harder to access smoking cessation services. People who have previously experienced a mental health problem should therefore be a key target group for smoking cessation programmes.

We asked our survey respondents what would help them to improve their physical health. Twenty nine percent wanted an exercise scheme especially for people with mental health problems and twenty four percent said that they would like their GP to prescribe an exercise referral scheme. Physical activity can currently be included as part of the overall treatment plan for a particular mental health problem and GPs can prescribe exercise sessions and activities. SAMH greatly welcomes moves to offer active travel as advice in healthcare consultations and would like to see this approach become more widespread and commonplace across all health settings.

Exercise referral schemes should also be made available for people out with working hours, to ensure people do not have to stop working or are inadvertently given an incentive not to work, in order to access the support they require.

In order for cycling to be a realistic choice for everyone in Scotland, cycles must be made available for those on a low income. Introducing public bike hire and loan schemes would help ensure that no one was excluded from taking part. SAMH is aware of examples of good practice in this area, such as the Common Wheel Project which provides meaningful activity for people with mental ill health by enabling them to recycle and repair old bicycles.

There also remains a need for increased awareness raising, campaigning and publicising to promote the benefits of cycling at both local and national levels. More could be done to promote the positive impact of cycling and walking for people who have experience of mental health problems as well as pro-actively encouraging those people who are mentally well to build their mental health resilience through cycling and walking.
The World Health Organisation has commented that ‘there is no health without mental health’. SAMH believes much more needs to be done to raise awareness of the links between healthy bodies and healthy minds. Our vision is to create a Scotland where everyone can access the highest of care, the best opportunities and the solutions that right for them. SAMH believes in mental health and well-being for all and physical activity has a huge role to play in achieving this.