


# Chapter 6


## Barriers, Facilitators, and Experiences of Physical Exercise Programs in Outpatient Mental Health Services: A Global Perspective of Patients, Staff, and Trainers – The Psychiactive Project

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### ABSTRACT

*People with severe mental disorders (SMD) reports low levels of physical activity and high levels of sedentary behaviour in their daily activities. Physical inactivity is the fourth leading cause of global mortality, and it is an independent risk factor for several somatic diseases. Therefore, reducing the growing burden of SMDs is a global health priority. Most mental health services do not consider physical exercise as a key factor in the prevention and treatment of this growing problem. Solving this gap could contribute significantly to reducing patient mortality and comorbidity. For this reason, we need to improve our knowledge of how these interventions can be designed and implemented in the “real world”*

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*conditions to improve the uptake and adherence of patients. This chapter explores the implementation gap in mental health services and exposes the barriers, facilitators, and experiences that patients, staff, and trainers reported during the implementation of a physical exercise program.*

## **INTRODUCTION**

Severe mental disorders (SMD), as defined by the International Classification of Diseases ICD-10 (WHO, 1993), encompass a heterogeneous group of individuals with severe psychiatric disorders and chronic or long-term mental disturbances, incorporating into this clinical diagnosis all conditions involving psychotic considerations. This means that we should not only assess the presence of positive symptoms (such as delusions, hallucinations, and distortions of reality) and negative symptoms (such as apathy, emotional flattening, and language impoverishment) but also severely disturbed patterns of interpersonal relationships, contextually inappropriate behavior, and severe inappropriate affectivity, which may result in a distorted perception of reality (Schinnar et al., 1990). All the above factors lead to varying degrees of disability in affected persons, generally linked to impairments in the mental, physical, and social domains. People affected by SMD have a spectrum of moderate-to-severe impairments in their personal, social, and family functioning. Consequently, this translates into functional limitations in key daily activities, precipitating a significant deterioration in independence and quality of life. Such circumstances hinder their personal growth and full integration into society. For this reason, SMD such as schizophrenia, depression, anxiety, and bipolar disorder represent one of the top ten causes of disability and mortality worldwide, with no evidence of a global reduction in their burden since 1990 (GBD 2019 Mental Disorders Collaborators, 2022; Walker et al., 2015).

According to World Health Organization (WHO) epidemiological data, 450 million people worldwide are affected by mental illness, with an incidence rate of 25% (World Health Organization, 2020). In other words, one in four people have or will have a mental illness in their lifetime. This rate increased by 18.4% between 2005 and 2015. Stress factors such as COVID19 have recently increased the rate, increasing the vulnerability of this population (Nemani et al., 2021). The economic costs associated with mental disorders (direct and indirect) account for between 3 and 4% of the gross national product of European countries, or more than 180 billion euros per year; of this, 46% is attributed to direct costs related to health and social care and the rest to costs associated with lost productivity, work incapacity, and disability (Andlin-Sobocki & Rossler, 2005; Oliva-Moreno et al., 2009). In 2010, the global economic burden associated with mental disorders was similar to that of cardiovascular diseases and higher than that of cancer, chronic respiratory diseases, and diabetes, and that figure is expected to double by 2030 (Trautmann et al., 2016). Therefore, reducing the growing burden of SMD is a global health priority.

People with SMD are two to three times more likely to die than people without SMD in every age and gender range (Correll et al., 2017). This translates into a reduction in life expectancy of about 10-20 years (Laursen et al., 2014; Walker et al., 2015; Fiorillo & Sartorius, 2021), with cardiovascular diseases being the most common cause of death (Hjorthøj et al., 2017; Goldfarb et al., 2022). Most patients with a psychotic disorder have many of the symptoms that comprise metabolic syndrome defined as having three of its five components (high triglyceride and glucose levels, low high-density lipoprotein levels, elevated blood pressure and waist circumference) (Alberti et al., 2006). This set of conditions is positively correlated with the probability of developing heart disease or type 2 diabetes. This population is

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