

PACYP 28

Ymchwiliad i weithgarwch corfforol ymhlith plant a phobl ifanc

Inquiry into physical activity of children and young people

Ymateb gan Sefydliad Iechyd Meddwl

Response from the Mental Health Foundation

Response to the Health, Social Care and Sport
Committee National Assembly for Wales, Call for
Evidence:
Inquiry into physical activity of children and young
people

The Mental Health Foundation

Changing minds, changing lives

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at the national and local government level. In tandem, we help people and communities to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

Website www.mentalhealth.org.uk

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Summary

We call on the Welsh government to promote the benefits of physical activity to supporting mental wellbeing and health in addition to the widely recognised physical health benefits, and to engage health practitioners, schools and local services to encourage more active lives. To support this change, a preventative approach to public mental health needs to be adopted and the promotion of physical activity needs to be incorporated in all forms into health strategy at both national and local levels.

We would like to see:

- Place-based interventions in settings such as schools and communities that complement the life course approach that promote the role of physical activity to improve and sustain both physical and mental health.
- Local authorities should create physical and social environments to motivate children and young people to build physical activity into their daily lives, for example providing safe cycling routes and open spaces for children to play.
- National NHS bodies should take measures to address the financial barriers faced by many children and young people to regularly engage with physical activity by promoting types of exercise that are free or cheap to access for all.
- Health Education bodies should introduce health education and training programmes to all health practitioners focused on the health benefits of physical activity for both physical and psychological wellbeing.

1. While the health benefits of physical activity in managing weight and preventing chronic physical health conditions such as diabetes are well acknowledged, it can be just as important for maintaining and promoting our mental health. Physical activity offers an effective method of supporting mind, as well as body, with evidence consistently demonstrating that doing any physical activity is more beneficial than doing none when it comes to supporting wellbeing and mental health.
2. Our response acknowledges the concerning link between physical inactivity and mortality and presents the case that exercise has the potential to not just improve the physical health of children and young people but also its positive impact on general wellbeing. Physical activity can play a supportive role in the prevention and management of mental health challenges and how this learning can translate into new public health strategies.

• **The extent to which Welsh Government policies are aimed at whole populations and/or particular groups, and what impact that approach has on addressing health inequalities.**

3. Key points:

- Currently, mental health services are not meeting the needs of children and adolescents. The services have seen a 100% increase in demand (see CAMHS inquiry for Wales, 2014) and the services are struggling.
 - Physical activity can contribute to the prevention and treatment of mental health issues in children and young people.
 - Public health services could campaign and roll out more clearly the benefits gained for children and young people's mental health through physical activity.
 - Physical activity can reduce social isolation, social deprivation and improve quality of life which are common features in systemic mental health difficulties.
4. We are concerned that the inquiry focuses on only one aspect of health as the outcome of physical activity for children and young people. In line with increasing rates of mental health problems, an upward trend can also be noted in levels of inactivity in children and young people in the UK. While research into the links between physical activity and mental health is relatively new compared with that of physical health, physical activity is rapidly being established as an important factor in the promotion and sustenance of good mental health.
 5. Although the Welsh government's flagship programme [Climbing Higher](#) (2003) which aims to boost activity rates and improve fitness levels across Wales refers to the positive impact physical activity can have on mental health, it is by no means given the same weight as the physical health benefits¹. This urgently needs to be addressed when the guidance is reviewed (the guidance is now 14 years old). We call for parity of addressing physical and mental health - seeing the whole person benefits (physical, emotional, social, spiritual) from activity rather than just the physical aspects and urge the Welsh Government to ensure all policies reflect the fact that physical and mental health are intertwined.
 6. Public Health Wales' 5 Ways to Wellbeing (which makes whole population recommendations to improve wellbeing) should be used as a framework to build interventions on that demonstrates how physical and mental health are interlinked, with physical activity recommendations reflecting this integration.
 7. Currently, mental health services are not meeting the needs of the Welsh population. Public health services provide the obvious system to roll out widespread and varied support that has the capacity to reach those at greatest risk of mental health problems. A reduction in these services has the likely impact of increasing social isolation, social deprivation and decreasing quality of life. A higher prevalence of mental health issues is associated with poor physical health, socio-economic disadvantage and greater health inequalities and this will add yet more pressure to our public health services².
 8. We strongly support the inquiry's focus on the need to address health inequalities through the provision of universally available sport/play facilities. Disadvantaged groups are significantly

¹ Welsh Government. (2003). *Climbing Higher*. Cardiff: Welsh Government

² Elliott, I. (June 2016) *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. London: Mental Health Foundation.

more likely to be affected by mental health issues, and addressing inequality is a key means to lower the risks for these groups and prevent mental health problems from occurring. In Wales we would particularly expect to target children and young people living in poverty, and those who are geographically isolated.

9. Promoting physical activity represents a cost-effective method through which the government can reduce the mental health burden and improve the wellbeing of individuals with mental health problems. We know that 50% of mental health problems are established by age 14³ highlighting the importance of early intervention and the introduction of policies that appropriately target children and young people.

• **Barriers to increasing the levels of physical activity among children in Wales, and examples of good practice in achieving increases in physical activity, and in engagement with hard to reach groups, within Wales, the UK and internationally.**

10. Barriers:

- International research has suggested that an intense school curriculum that focusses heavily on academic achievement, insufficient school leadership support, lack of funding and resources, poor teaching quality are all barriers to promoting physical activity in schools⁴.
- Earlier research in the UK suggested self-conscious feelings about an 'unfit' body' and lack of competence in core skill were also barriers⁵. Not engaging in physical activity at a young age, could mean this particular barrier increases in significance throughout later life and preventing an individual engaging in physical activity in the future⁶. Children's time spent at school is a crucial period in the developing locomotor skills and control to help overcome this barrier.
- Children with additional learning needs or disabilities are vulnerable to develop mental health issues. A lack of facilitator training or stigma could be a barrier for these children and prevent them engaging in physical activity⁷.
- Working mothers and fathers represent high risk groups for declining physical activity, potentially resulting from family or work responsibilities, lack of support and time or feelings of

³ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) pp. 593-602.

⁴ Hills, A., Dengel, D. and Lubans, D. (2015). Supporting Public Health Priorities: Recommendations for Physical Education and Physical Activity Promotion in Schools. *Progress in Cardiovascular Diseases*, 57(4), pp.368-374.

⁵ Allender, S., Cowburn, G., Foster, C., ; Understanding participation in sport and physical activity among children and adults: a review of qualitative studies, *Health Education Research*, 21(6), 1 2006, 826–835

⁶ Lai SK, Costigan SA, Morgan PJ, et al. Do school-based interventions focusing on physical activity, fitness, or fundamental movement skill competency produce a sustained impact in these outcomes in children and adolescents? A systematic review of follow-up studies. *Sports Med.* 2014; 44: 67-79

⁷ Shields, N. and Synnot, A. (2016). Perceived barriers and facilitators to participation in physical activity for children with disability: a qualitative study. *BMC Pediatrics*, 16(1).

guilt⁸. Children within these families may therefore lack the role model of their parents engaging in physical activity.

- Amongst the most common reason for participation in sport/physical activity is weight management in young people (particularly in young girls), despite the importance of other factors such as nutrition⁹. This may be discouraging for young people if they do not lose enough weight through an overreliance on physical activity. Promoting knowledge about the importance of physical exercise for mental wellbeing and in the prevention of mental health problems in the future could be a useful strategy in increasing motivation.

11. Good practice in schools:

- Achieving 60 minutes of moderate-to-vigorous physical activity each day will require a comprehensive approach. The Centers for Disease Control and Prevention suggest 5 components:
 - o Quality PE
 - o Physical activity during the school day
 - o Physical activity before and after school
 - o Staff involvement
 - o Family and community involvement¹⁰
- Teachers can increase physical activity through:
 - o Reducing transition time between physical activities
 - o Maximising student opportunities to be active
 - o Integrating fitness activities into more sedentary activities¹¹
- Lunch time is an important time to include physical activity – suggested that 40% of the time should be spent active¹². However, reviews suggest this is rarely the case, particularly for young girls¹³. Supportive school policies and environmental changes that facilitate physical activity can increase lunch time physical activity¹⁴.

• **Physical activity guidelines and how we benchmark physical fitness in children.**

12. We are concerned that the Chief Medical Officer's 2011 report Start Active, Stay Active does not reference the positive impact of physical activity on mental wellbeing for children and young

⁸ Mailey, E., Huberty, J., Dinkel, D. and McAuley, E. (2014). Physical activity barriers and facilitators among working mothers and fathers. *BMC Public Health*, 14(1).

⁹ Johns, D., Hartmann-Boyce, J., Jebb, S. and Aveyard, P. (2014). Diet or Exercise Interventions vs Combined Behavioral Weight Management Programs: A Systematic Review and Meta-Analysis of Direct Comparisons. *Journal of the Academy of Nutrition and Dietetics*, 114(10), pp.1557-1568.

¹⁰ Centers for Disease Control and Prevention. (2013). Comprehensive school physical activity programs: A guide for schools.

¹¹ Fairclough S, Stratton G. Physical activity levels in middle and high school physical education: A review. *Pediatr Exerc Sci*. 2005;17:217-236.

¹² Lee SM, Burgeson CR, Fulton JE, Spain CG. Physical education and physical activity: Results from the school health policies and programs study 2006. *J School Health*. 2007;77:435-463.

¹³ Ridgers ND, Stratton G, Fairclough SJ. Assessing physical activity during recess using accelerometry. *Prev Med*. 2005;41:102-107.

¹⁴ Ridgers ND, Stratton G, Fairclough SJ. Physical activity levels of children during school playtime. *Sports Med*. 2006;36:359-371.

people in its summary of supporting scientific evidence. We urge the guidelines to be updated to reflect the growing evidence base that links physical activity with good mental health outcomes as well as physical health outcomes and for this to be used as a benchmark of children's physical fitness.

- **Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children.**

13. Public Health Wales' 5 Ways to Wellbeing could be used as a tool to measure whether children/young people are looking after their own mental health. This could be assessed during primary mental health appointments, CAMHS appointments and also in other sectors like youth work, social work and education. Promoting and marketing of these materials for children and young people would be a helpful strategy for public health which has most of its promotion towards adults.
14. The Wales Network of Healthy Schools programme includes food and fitness along with mental and emotional and wellbeing¹⁵. This data and reports provide an opportunity for the link between physical activity and good mental health to be explored in greater detail.
15. The positive relationship between physical activity and mental wellbeing presents an ideal opportunity to explore new joint initiatives between statutory and non-statutory services and to highlight good practise within the third sector who are using sport and physical activity as a tool to increase mental resilience (for example, the Princes Trust, Cardiff City Foundation, Motivational Preparation College of Training (MPCT)).

- **Value for money of Welsh Government spending to promote exercise in children.**

16. A life course approach underpins the Mental Health Foundation's work to shape a framework to understand the development of mental health across the population, both with regards to mental wellbeing and mental health problems. The approach presents a framework to understand the origins of the inequalities affecting mental health and identifying pressure and transition points significant to mental health. A life course approach aims to protect children against mental health problems from the earliest point possible, investing 'upstream' to reduce later distress and cost.
17. This approach recognises points in the life course such as time of transition and change when there are both opportunities to promote mental wellbeing and opportunities to intervene in at risk populations. Early intervention in childhood and adolescence is crucial to public mental health but is a longer-term investment.
18. Physical activity represents one such intervention to shift our approach to look to the root causes of mental ill-health and schools provide one such setting in which it can be promoted. Not only does the research show physical activities positive impact on mental health, but it is also linked to improved academic performance and has positive implications as adolescent's transition into adulthood.
19. **Mental Health:** A Cochrane review showed that physical activity has a direct impact on the prevalence of anxiety and depression in adolescents¹⁶. Other reviews have also found physical

¹⁵ Public Health Wales. (2017). Welsh Network of Healthy School Schemes. Carmarthen: Public Health Wales

¹⁶ Summerbell CD, Waters E, Edmunds LD, Kelly S, Brown T, Campbell KJ. Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews* 2005, 3.

activity to be linked to reduced depression, anxiety and improve academic and cognitive performance with negative associations between sedentary behaviour and mental health outcomes. The review (2010) also called for a greater amount of high quality research to be conducted in this area as it is lacking¹⁷.

20. Numerous studies have explored the relationship between physical activity and depression in children and adolescents and have found that exercise as an intervention can improve symptoms of depression for this population group¹⁸. Observational studies have also found physical activity levels to be inversely related to depressive symptoms in early adolescence¹⁹.

21. **Academic performance:** Increased physical activity has been persistently linked to greater academic performance²⁰. Studies have shown higher grades are associated with participation in vigorous physical activity, particularly those meeting Healthy People 2010 guidelines²¹.

22. Reinforcing this argument, another review concluded that increasing the time children and young people spent engaging in physical activity in schools did not hinder academic performance, and that increasing the number of academic subjects in the curriculum did not increase academic performance, rather it can negatively impact on health²².

23. **Implications for adulthood:** Physical activity patterns in childhood often track directly into adulthood²³ and a Cochrane review of 36,593 children and adolescents across Australia, South America, Europe, China and North America concluded that school based physical activity interventions increased physical fitness, reduced time spent watching television, increased overall physical activity by 5 to 45 minutes more per day²⁴. Physical inactivity in adulthood is associated with a range of physical, as well as mental health issues.

• **The role of schools, parents and peers in encouraging physical activity, and the role of Sport Wales, NHS Wales and Public Health Wales in improving levels of physical activity.**

24. Children spend around 8-9 hours per day for almost half a year, every year at school, and most of this time is composed of sedentary activities such as sitting in class. Schools therefore have a

¹⁷ Biddle SJH, Asare M Physical activity and mental health in children and adolescents: a review of reviews British Journal of Sports Medicine Published Online First: 01 August 2011

¹⁸ Brown, H., Pearson, N., Braithwaite, R., Brown, W. and Biddle, S. (2013). Physical Activity Interventions and Depression in Children and Adolescents. *Sports Medicine*, 43(3), pp.195-206.

¹⁹ Motl, R. (2004). Naturally Occurring Changes in Physical Activity Are Inversely Related to Depressive Symptoms During Early Adolescence. *Psychosomatic Medicine*, 66(3), pp.336-342.

²⁰ Sun, H., Li, W., Shen, B. and Rukavina, P. (2009). Middle School Students' After-school Physical Activity. *Medicine & Science in Sports & Exercise*, 41, pp.18-19.

²¹ COE, D., PIVARNIK, J., WOMACK, C., REEVES, M. and MALINA, R. (2006). Effect of Physical Education and Activity Levels on Academic Achievement in Children. *Medicine & Science in Sports & Exercise*, 38(8), pp.1515-1519.

²² Trudeau, F. and Shephard, R. (2008). Physical education, school physical activity, school sports and academic performance. *International Journal of Behavioral Nutrition and Physical Activity*, 5(1), p.10.

²³ Centers for Disease Control. Youth risk behaviour surveillance (United States). (2008). *Morbidity and Mortality Weekly Report*.

²⁴ Dobbins M, Husson H, DeCorby K, LaRocca RL. School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18. *Cochrane Database of Systematic Reviews* 2013, Issue 2.

strong influence over physical activity in children, and a duty to ensure children are getting enough²⁵.

25. School based physical activity interventions have shown to triple the likelihood of a child engaging in moderate to vigorous physical activity throughout the rest of the school day compared to those not involved in the intervention²⁶.
26. Parental levels of physical activity have a significant influence on the activity of their children²⁷.
27. Teachers and older peers are influential in promoting health behaviours in young people²⁸.

If you require further information or would like to discuss our submission, please do not hesitate to contact Millie Macdonald, Policy Officer, [REDACTED]

²⁵ U.S. Department of Health & Human Services. *Healthy people 2010: Understanding and improving health* (2nd ed.). 2000.

²⁶ Wareing, A. (2017). School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18. *International Journal of Nursing Practice*, p.e12542.

²⁷ Andersen N, Wold B. Parental and peer influences on leisure-time physical activity in young adolescents. *Research Quarterly for Exercise and Sport* 1992;63(4):341-8.

²⁸ Cohen, R., Felix, M. and Brownell, K. (1989). The Role of Parents and Older Peers in School-Based Cardiovascular Prevention Programs: Implications for Program Development. *Health Education Quarterly*, 16(2), pp.245-253.