



Model of Human Occupation

Archived List Serv Discussion

Walking Program for Mental Health

July 30, 2008

Hi everyone,

Has anyone got experience of using walking as a leisure pursuit as an OT intervention for people with mental health issues either on 1:1 or to introduce people to community walking schemes?

Having previously worked as a TI in a mental health team in North Wales , I know it is being used in some services but can find no published evidence of its efficacy in meeting occupationally focused goals? Is anybody aware of any research in this area please.

Thank you

Naomi (Bettes)

(currently OT student)

August 4, 2008

Naomi,

We have been running a bushwalking group for clients of the katoomba mental health service here in the Blue Mountains. So far we have run two sessions of about 10 weeks each. We go walking once a week. The aim was to try and make the group self-sustaining, but the feeling is that to achieve that will take some time. We have had some problems trying to find some way of evaluating the program however general feedback from case-managers and clients has been positive.

I would be happy to send you a summary of the results of our first session if you are interested.

Regards,
Stuart Gemmell

August 5, 2008

Hi Naomi,

I work for a community mental health team (early intervention in psychosis) and we run a regular walking group. We're currently in the process of developing the group to include general outdoor pursuits activities. If you want to get in touch, I can forward you some of the articles we've looked at to write our group goals/ rationale.

Rebecca

August 6, 2008

Naomi.

I work as a senior OT in a CMHT which under a recent reorganization has become a rehab and recovery team which provides a service for those with severe and enduring illness using a recovery orientated approach. We recently set up a walking group which has now run for 6 weeks. Following the positive response from users and staff it has been agreed that this group should continue as an open group to take place once weekly.

Although initiated by myself the group is very much a multi disciplinary group with support from nursing and support staff. We have used an assertive outreach approach and have targeted those who have little social support or who have not really engaged in other support services and day centers. The approach is assertive outreach in that we contact people by phone and will pick people up from their home to attend the group. Users make decisions in terms of the location and duration of the walks and so far we have been to a different venue each week. To allow for different levels of ability and fitness we have found it useful to have a staff member to support "slower" group and another staff member who can accompany the "quicker" and more physically fit members of the group.

To date I have not formally collated outcomes for this group but the benefits to date have extended beyond the initial aims in terms of qualitative data. For example we went to a beach and one user had not been to a beach in over 15 years. Another user took her shoes off and went for a paddle and it was evident that she had gained so much simple pleasure from that. We have noted that this client group, who will normally avoid groups where they may feel under pressure to interact with others, have become less withdrawn and more spontaneous during these outings.

I would be very interested to hear of further research in relation to this form of intervention.

Eithne Bale

August 8, 2008

Hi Naomi,

We've just finished a 'pilot' walking group over 10 weeks in our condition management programme in West Wales, some of the clients attending had mental health difficulties, the aims were to encourage people to engage in physical activity, increase physical fitness, develop structure routine etc with the idea that participants will continue with the activity alone or in groups - we're linked in with community walking groups. We're just in the process of evaluating so please get in touch for some more feedback

regards

Sally

August 10, 2008

Hi,

I work at an adult residential psychiatric rehabilitation unit in Melbourne, Australia. For several years staff have supported residents to join in with a community weekly walking group. This involves meeting at a local neighbourhood house, selecting a walking route, taking the walk (usually to a park/garden), returning to the meeting point & sharing morning tea (coffee/tea & fruit). It has become part of the fabric of the week, with some residents becoming quite disoriented if for some reason the group doesn't run. Though there has been no formal research/evaluation, it is generally felt that the group is beneficial as it promotes exercise (good for general health & crucial in managing weight-gain associated with anti-psychotic medication) & allows opportunity for casual socialisation. I haven't come across any literature specific to occupational therapy & walking, but some related literature may be helpful:

Some references about the benefits of exercise for people who have a mental illness:

Faulkner, G., & Sparkes, A. (1999). Exercise as therapy for schizophrenia: An ethnographic study. *Journal of Sport & Exercise Psychology*, 21, 52-69.

Pelham, T. W., Campagna, P. D., Ritvo, P. G., & Birnie, W. A. (1993). The effects of exercise therapy on clients in a psychiatric rehabilitation program. *Psychosocial Rehabilitation Journal*, 16, 75-84.

Skrinar, G. S., Unger, K. V., Hutchinson, D. S., & Faigenbaum, A. D. (1992). Effects of exercise training in young adults with psychiatric disabilities. *Canadian Journal of Rehabilitation*, 5, 151-157.

Tkachuk, G. A., & Martin, G. L. (1999). Exercise therapy for patients with psychiatric disorders: Research and clinical implications. *Professional Psychology: Research and Practice*, 30, 275-282.

One from an occupational therapy perspective (though not about walking specifically):

Hanson, C. S., Nabavi, H., & Yuen, H. K. (2001). The effect of sports on level of community integration as reported by persons with spinal cord injury. *American Journal of Occupational Therapy*, 55, 332-338.

I have also come across an article by a psychologist regarding the benefits of occupational therapy which focuses on exercise with schizophrenic patients:

Chamove, A. S. (1986). Exercise improves behaviour: a rationale for occupational therapy. *Occupational Therapy*, March, p. 83-86.

Lorrae Mynard