

Walking For Health (WORtH) Study

The feasibility of a walking intervention to increase activity and reduce sedentary behaviour in people with serious mental illness.

Led by Professor Suzanne McDonough

Why did we conduct this research?

Being more active and sitting less is good for health. People with severe mental health problems, like schizophrenia or bipolar disorder, can have higher risk of some health conditions like heart disease and diabetes. Because of their mental health symptoms and medications, they may find it difficult to be active and can spend more time sitting, which can increase these health risks. It is important to understand if people with severe mental health problems can be supported to improve their activity levels, and if this can improve their physical health and reduce health risks.

Walking is a popular form of activity that can be done almost anywhere, and at any time that suits people. Watches worn on the wrist that count the number of steps taken each day are becoming very common. People often use these step counters, alongside the support from a trained clinician, to help measure the amount of walking they are doing, and then try to stick to the same amount of activity or increase it. It is not clear if this approach, delivered with support from clinicians in the community mental health teams, would work in people with severe mental health problems.

What did we do?

We called our study "WORtH", it was a 13-week programme developed based on previous successful studies. It included a wrist worn step counter and diary to record physical activity and a fortnightly coaching session to support people to move more and sit less. The purpose of this study was to check if WORtH was feasible: would people be willing to take part, would they engage with the programme, and was it acceptable to them and the clinicians delivering the programme. Fifty-four people took part, they were allocated by chance into one of two groups. One group received the WORtH programme, the other group received written information and an education session about moving more and sitting less. We asked people in both groups to complete some questionnaires and to wear a different watch that measured how active they were at the beginning and at the end of the study. We interviewed people after they had taken part to find out their experiences of being involved in WORtH. We also spoke to the trained clinicians.

What answer did we get?

We showed that we were able to recruit people into the study (54 out of planned target of 60). In both groups people stuck to their treatment with everyone wearing the wrist worn step counter and 90% of people attending all six coaching sessions. People completed the questionnaires (94%) at the beginning and end of treatment, smaller numbers were willing to wear the other watch to measure their activity before and after the study (89%). Interviews (20 people with severe mental illness; six clinicians) suggested high levels of satisfaction with the programme in terms of content, duration and number of sessions. The step counter watch and the coach were the most important aspects.

What should be done now?

We have shown that our study can be done. The next step is to complete a bigger study to show if WORtH is better at supporting people to move more and sit less than a single education session. We expect that if we can support people to be more active this will improve their physical health and reduce future health risks from other conditions such as diabetes and heart disease.