


Short Report

A qualitative evaluation of an exercise practitioner in an outpatient child and adolescent mental health service

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Abstract

Background: Physical activity interventions can confer a range of physical and mental health benefits among young people with mental disorders. In some contexts, such as Ireland, integrated physical activity is not easily available within child and adolescent mental health services. Therefore, an interagency pilot intervention was established in a child and adolescent mental health service in Ireland with the integration of a novel exercise practitioner into the multidisciplinary mental health team.

Objective: A qualitative evaluation was conducted to understand the impact of the pilot intervention and to understand issues of implementation that arose throughout.

Methods: In-depth qualitative interviews with service users' parents/guardians (N = 3) and a single focus group with existing service providers (N = 3), framed by the RE-AIM framework were conducted to evaluate the pilot intervention. Data were analysed using thematic analysis to explore themes.

Results: Three overarching themes were identified. These were as follows: (i) Making changes toward healthier physical activity behaviours; (ii) An intervention of therapeutic holism; and (iii) The integrated service delivery.

Conclusions: This research provides insight on the value of a novel integrated exercise practitioner in outpatient young persons' mental health services in Ireland, indicating an enhanced and complimentary therapeutic service. These findings will be helpful for integrating Exercise Practitioners in this setting going forward.

Keywords: Camhs; Exercise; Physical activity

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Introduction

Physical activity (PA) is a therapeutic tool that can benefit a range of mental health symptoms (Stubbs *et al.* 2018), and reduce cardio-metabolic risk among trans-diagnostic mental health populations (Carney *et al.* 2016; Firth *et al.* 2019). Such findings remain relevant for young people with mental disorders (Bailey *et al.* 2017; Carney and Firth 2021). Such young people often experience complex barriers to PA and low levels of PA (Carney *et al.* 2016; Brooke *et al.* 2020). Integrated practitioners are an effective strategy for PA implementation in mental health (Firth *et al.* 2015; Lederman *et al.* 2016), and also Child and Adolescent Mental Health Services (CAMHS) (Carney and Firth 2021). Despite the recognised need for more integrated PA within mental health services

(Stubbs *et al.* 2018), many developed nation contexts, such as Ireland, do not have practitioners integrated within mental health services (Matthews *et al.* 2018).

This report details a qualitative evaluation of a pilot project to develop and implement an Integrated Exercise Practitioner (IEP) for specialist outpatient CAMHS in the Republic of Ireland.

Methods

Design and procedures

A qualitative exploratory approach using individual interviews (N = 3) with parents/guardians of the CAMHS service from the intervention, and a single online focus group (N = 3) with members of the relevant CAMHS team were conducted. The inquiry and semi-structured topic guide used were framed by the RE-AIM framework (Glasgow *et al.* 1999), which is an accepted approach to qualitative inquiry (Holtrop *et al.* 2018). Eligible volunteer participants made contact the research team to participate. The interviews were conducted following intervention blocks (detailed below) between March 2020 and June 2021, during a

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period of COVID-19 restrictions. Zoom software was used, and anonymised data were transcribed.

Participants

Individual interview participants were parent/guardians of service users from CAMHS that engaged with the intervention. Further participant information is in Table 1.

Intervention

A multidisciplinary steering group (CAMHS mental health clinicians, Local authority sports partnership, and Academic), oversaw governance and management of the pilot project to integrate a novel IEP for mental health services in Ireland. The Local Sports Partnership (LSP) acted as host of the IEP in recruitment and line management, further details on this are available elsewhere (Denieffe *et al.* 2021). Special agreements allowed the IEP full mental health service integration, including multidisciplinary care meetings and contribution to individual care plans. The recruited IEP received mentorship from a clinical nurse manager, given their remit for physical health (Happell *et al.* 2011).

The intervention was delivered to service users across four 8-week intervention blocks. Each block consisted of eight exercise sessions with the qualified IEP, along with a prescribed home exercise programme for 8 weeks. All interventions were individually tailored (fitness level, preferences), using a graded approach to intensity. There was predominant focus on light intensity aerobic exercise (e.g. walking programmes) to more moderate and high intensity aerobic exercise (e.g. jogging and sprinting programmes). The programmes also included basic mobility, flexibility and resistance type exercises, in addition to weekly monitoring and health coaching using existing resources (Broderick and Moran 2018).

The COVID-19 pandemic resulted in considerable adaptations to the intervention model during Blocks 3 and 4. Here, exercise was delivered using 'telehealth', which consisted of eight exercise sessions with the IEP in addition to health coaching using Zoom software and a tailored home exercise programme. Fifteen young people completed the intervention across blocks.

Ethics

Ethical approval for the research evaluation was obtained from the regional Research Ethics Committee of the Health Service Executive, and the relevant Institutional Review Board. All eligible participants provided informed consent.

Analysis

Transcripts were coded to identify and define recurring themes and subthemes. The identified codes and collated quotes were managed in NVivo12 allowing for the creation of a theme structure using reflexive thematic analysis (Braun and Clarke 2006; Clarke and Braun 2017). Critical discussion between authors allowed for theme refinement to ensure succinct and informative findings.

Results

A total of (N = 3) parent/guardians of CAMHS service users and (N = 3) CAMHS multidisciplinary service providers participated. Participants of the focus group were an occupational therapist, a speech and language therapist and a social worker. All participants were > 18 years of age and of Irish ethnicity.

Three overarching themes were explored, these are shown in Table 2 and discussed below.

Making changes toward healthier PA behaviours

Participants commented on the value of the IEP in supporting service users to increase their PA levels. In this regard, the IEPs effectiveness was realised by a number of approaches to intervention utilised.

Supported incremental behaviour change

Participants discussed the value of the IEP having capacity to deliver PA in a graded manner, particularly given the challenge that becoming more physically active presented to the young people.

She is more active in that she is kind of walking more (referring to daughter). She goes for the occasional run too, but she hasn't really fully got back to where she was (referring to before CAMHS). She hasn't gone back to training in the GAA (Gaelic Athletic Association) or anything like that . . . she is going for an occasional swim most days to do something, which is a big improvement . . . **Parent/Guardian 2.**

Tailored one-to-one intervention

COVID-19 precluded the use of group-based PA entirely. However, the findings demonstrated a value of delivering one-to-one interventions for CAMHS service users. It appears that this facilitated a flexibility of service which made participation feasible.

Online accessibility

The research participants discussed a perception of acceptability of telehealth intervention among service users when face-to-face intervention was prohibited.

They're digital savvy, the young people; they're more willing to engage with likes of Whatsapp Video, where I can imagine that might be a barrier in other services (referring to adult services) . . . They were already doing school online. So doing this online wasn't a huge step. **Focus group P1.**

Re-introducing past activities

The parents/guardians of service users shared a belief that the IEP achieved success in engaging people through re-introducing activities that service users previously enjoyed.

When he was younger (referring to service user) . . . He loved his soccer . . . By the time we were going to CAMHS, there was no sports, there was no kind of interaction with anybody . . . Since the programme (referring to IEP intervention), he went out with some friends to play football . . . When he came home, he said 'Mommy, I think I will join back soccer'. **Parent/guardian 3.**

An intervention of therapeutic holism

The intervention was perceived to have far-reaching impact beyond PA levels. Many participants discussed how the intervention benefited the mood and wellbeing of service users.

Therapeutic connection and rapport with the IEP

The intervention was perceived to act as a therapeutic gateway to the CAMHS team in so far as it reached some service users that were not readily engaging with traditional services.

Table 1. Profile of interview and focus group participants

Code	Role	Participant type	Sex
Parent/ Guardian 1	Parent/ Guardian	Interview	Female
Parent/ Guardian 2	Parent/ Guardian	Interview	Female
Parent/ Guardian 3	Parent/ Guardian	Interview	Female
Focus group P1	Service provider	Focus group	Female
Focus group P2	Service provider	Focus group	Male
Focus group P3	Service provider	Focus group	Female

Table 2. Overview of theme and subtheme names

Theme	Subthemes
Making changes towards healthier physical activity behaviours	Supported Incremental behaviour change
	Tailored one-to-one intervention
	Online accessibility
	Re-introducing past activities
An intervention of therapeutic holism	Therapeutic connection and rapport with the IEP
	Positive impact on functioning and routines
The integrated service delivery	The value of integrated working
	Overcoming the challenges of integrating a new role into an established team

Towards the end (referring to the IEP intervention), she (service user) started to interact with the counselor and with the social worker more. She started to engage with him (referring to the consultant psychiatrist), which she hadn't before. Parent/Guardian 2.

Positive impact on functioning and routines

Parents/guardians of service users discussed broad mental health benefit from the intervention. For many, the intervention created an environment that was conducive to therapeutic conversations with a member of the CAMHS team.

The integrated service delivery

The perception that the IEP was a new member of the CAMHS team and the importance of integrated working was also explored.

The value of integrated working

Service providers in the focus group indicated that the level of service integration allowed for seamless collaborative working, and therefore good adoption of the IEP service among the existing CAMHS team.

Anyone can pick up the phone and give (names the IEP) a ring. We complete the written referrals, they're left on my shelf for (names the IEP), and she works from there. Focus group P1.

Overcoming the challenges of integrating a new role into an established team

Initial concerns about risk related to the management of disclosures in the context of service user referral to a new and inexperienced team member, as perceived by some service providers, were discussed. This perception appears to have changed as the positive impact on consumers was realised and the IEP became established. Service providers alluded to the importance of the consultant psychiatrist working collaboratively with the IEP, which appeared to impact positively on other service providers' willingness to adopt the service. Lastly, a small number of service providers opted not to refer service users to the IEP, therefore indicating mixed findings around adoption.

Discussion

Integrated exercise professionals are recommended within services for young people with mental illness (Carney and Firth 2021). In Ireland, there has been little success in realising this approach for services nationally (Matthews *et al.* 2018; O'Donoghue 2021). As a response, a multi-agency consortium (inclusive of a local outpatient mental health service) secured funding to pilot an IEP, employed by a local authority (through the LSP), but with special integrated access to an outpatient CAMHS in Ireland. We discuss the findings from the evaluation of this pilot intervention.

The IEP appeared to positively impact PA behaviours of service users. Research in a similar outpatient adult service in Ireland with no IEP service has shown that mental health professionals can be dissuaded from using PA due to concerns about risk and limitations in their knowledge, thereby pointing to the value of specialist integrated solutions (Matthews *et al.* 2020). Exercise physiologists in mental health possess high competency to prescribe and implement PA across mental health populations (Stanton *et al.* 2017). In Australia's 'Headspace' service, IEP integration has been shown to be feasible, acceptable, and further associated with physical and mental health benefits for youth at-risk of psychosis, leading to continued funding (Lederman *et al.* 2019).

Studies that have utilised PA interventions in youth with mental disorders have demonstrated beneficial effects on symptoms of depression, anxiety, improved cognition and quality of life across diagnostic groups (Pascoe *et al.* 2020; Carney and Firth 2021). In the current research, parents/guardians discussed broad mental health benefits from their children engaging with the IEP. However, it was not possible to explore specific mental health symptomology that may have changed in the current research. A previous meta-ethnography has indicated that, therapeutic interactions with exercise practitioners, the development of routines around exercise, and wider lifestyle behaviour change during PA intervention, may all positively impact mental health outcomes among people with schizophrenia, indicating broad potential psychosocial benefit from PA intervention (Soundy *et al.* 2014).

Evidence from the UK, where physiotherapists often work within mental health settings, suggests that poor therapeutic relationships around exercise can occur where exercise is not delivered by an integrated professional (Hemmings and Soundy 2020). The importance of deep service integration appears valuable in the successful adoption of the IEP in the current research. Furthermore, consultant psychiatrist 'buy-in' was important for the successful adoption of the IEP service in this instance. Previous qualitative research from an inpatient setting in Australia has also noted

the importance of this phenomena (Fibbins *et al.* 2019). Future work should seek to understand the perspectives of the consultant and the mental health team in relation to the role of IEPs in mental health, and provide education where appropriate.

Telehealth exercise practices have been shown as feasible and effective in clinical settings, yet understudied in youth mental health settings (Lederman *et al.* 2021). In the current research, its use was acceptable and effective due in part to the capability of the participating young people to use devices.

Limitations

Some domains of the RE-AIM framework were less well explored in the current inquiry. There was a notable dearth of exploration of issues related to the reach and maintenance domains. Future work in this area should focus specifically on examining these areas.

The sample size was determined by the number of eligible and willing participants from the accessible population. Therefore, we do not make inferences that the findings here have reach beyond the context in which data were gathered, nor do we affirm that the exploratory inquiry were exhaustive. It was also notable that service providers that engaged in the focus group were persons that had utilised the IEP service and were largely positive about the service. Service providers that did not engage with the IEP may have additional insight. Lastly, this research has the notable absence of CAMHS service users. The burden of obtaining ethical approval and the necessity to evaluate the project immediately after completion precluded this inquiry.

Conclusion

This research presents an evaluation of a novel pilot project to develop and implement an IEP as part of outpatient CAMHS in Ireland. Our findings are promising in so far as we explored a number of ways in which this integrated approach to PA was successful in supporting behaviour change among young people. We provide learning with respect to implementation and adoption of a novel IEP service into a CAMHS team in the Irish context.

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Conflict of interest. None

Ethical Standards. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. The authors assert that ethical approval for publication of this research has been provided by their local Ethics Committee.

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