

Physical activity, mental health and psychosocial support

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Physical activity (including sport) is an evidence-based yet under-recognised strategy for protecting and promoting MHPSS among displaced populations.

Globally, recognition of the relationship between physical health, mental health and psychosocial well-being is rapidly increasing. As mental health, just like physical health, is a cross-cutting issue, a large number of sectors, agencies and actors thus play a role in achieving optimal outcomes in this area for forcibly displaced populations. Increasingly, in both high- and low-resource settings, dedicated physical activity practitioners with mental health training are being integrated into multidisciplinary teams that promote mental health and psychosocial well-being. Similar opportunities must be considered for displaced populations in order to maximise the potential impact of physical activity as a MHPSS strategy.

Physical activity¹ is often seen as the cornerstone of non-communicable disease prevention and treatment, but the most vulnerable populations around the world, including those living in displacement, women and people with disabilities, are often the least likely to have access to targeted physical activity programmes, infrastructure or opportunities. Yet there is clear value in embedding physical activity interventions as a routine component of mental health care – such as the provision of MHPSS – to displaced populations.

Physical activity is a proven strategy for both preventing and treating mental disorders, for promoting well-being and social connection, and for fostering a sense of community. This includes reducing the burden of mental disorders by reducing symptoms of depression, anxiety, schizophrenia, post-traumatic stress disorder and substance use disorders.² Evidence indicates that in

terms of mental health benefits, the type or intensity of physical activity is less critical than the overall time spent. Another key factor is prioritising enjoyment, fostering self-efficacy (an individual's belief in their capacity to achieve specific performance goals), and personal preference, which are all predictors of long-term engagement in physical activity.

Physical activity and sport should be considered across layers 2-4 of the IASC Pyramid,³ including as part of community and family support (layer 2), as a focused non-specialised support (layer 3), and as a component of specialised MHPSS care.⁴ Migrants' indigenous games and physical activities can be an important part of their past and contribute to preserving culture and connecting to future narratives of pain and healing. Sport and physical activity can play an important role in the integration of displaced people in communities.

In addition to reducing symptoms of mental disorders, emerging evidence shows that physical activity is protective against future episodes of poor mental health. Among children exposed to adverse childhood events, team sports participation is protective against future mental disorders. Similarly, sport participation is recognised as critical to the five 'C's of positive childhood development: competence, confidence, character, connections and compassion/learning. This is in addition to contributing to social and emotional development of children at all ages in relation to conflict resolution, principles of fairness, development of initiative, leadership and non-violent communication.

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Physical activity, MHPSS and humanitarian contexts

Rohingyas in Bangladesh: A rapid assessment conducted in Cox's Bazar in 2019 found that the Rohingya refugees identified physical activity as a psychosocial strategy which helped to relieve 'tension', a local expression for distress.⁵ Lack of resources (including space and equipment) was the biggest barrier to participation despite strong support for physical activity from community leadership. Access was also limited for specific groups including people with disabilities, older adults and – due to security fears and cultural attitudes – women. The report provides recommendations for MHPSS providers including promoting cultural-friendly games and activities, ensuring MHPSS staff are trained in and aware of the benefits of physical activity, and using woman- and child-friendly spaces to deliver tailored physical activity programmes for those groups.⁶

ClimbAID: ClimbAID is a non-profit, sport-for-development organisation that uses climbing as a mental health and psychosocial intervention. Their programme in Lebanon

encompasses the 'Rolling Rock', a mobile climbing wall that brings MHPSS-informed climbing and other physical activities to children and youth from the local population and the refugee community. Preliminary results of an evaluation of the ClimbAID programme highlight its contribution to fostering better relationships between refugee and host communities, challenging gender biases and increasing self-efficacy.

Surf therapy: Surfing is being used in vulnerable populations around the world to promote health, empowerment, mentorship, and community inclusion and partnership. The principles and learning from surf therapy programmes and the establishment of the International Surf Therapy Organization⁷ provide a foundation for developing, evaluating and scaling physical activity programmes with mental health aims.

Arsenal Football Club and Save the Children: Coaching for Life, a partnership between a professional football team and an NGO, was developed in response to research conducted by Save the Children as a MHPSS strategy to address the negative consequences of prolonged exposure to



ClimbAID/Jameson Schultz

ClimbAID PSS-informed climbing session in Saadnayel, Bekaa Valley, Lebanon.

stress in children. The project was piloted in Jordan and Indonesia and uses football to help children develop skills in managing emotions, communication, decision-making, self-esteem and conflict management.

Competition versus participation in Uganda:

Not all sport-for-development programmes have a positive impact on mental health and psychosocial outcomes. A competitive football league in northern Uganda was found to have had a negative impact on the mental health of participating boys. The resulting recommendations highlight the need to improve local capacity and resource provision for non-competitive recreational physical activity, and the importance of integrating MHPSS training for coaches and sporting professionals.⁸

The Olympic Refuge Foundation (ORF):

The ORF was founded in 2017 by the International Olympic Committee (IOC) in order to support the protection, development and empowerment of children and youth in vulnerable situations through sport. The *Sport for Protection Toolkit: Programming with Young People in Forced Displacement Settings*⁹ was the product of a multi-agency collaboration between UNHCR, the IOC and Terre des Hommes to develop a practical resource for practitioners working with sport to improve outcomes for young people living in displacement. It includes both theoretical and step-by-step practical guidance.

Following the successful development of the *Toolkit*, the ORF Think Tank was launched in July 2020. This aims to enhance the visibility of the role of sport as an evidence-based MHPSS strategy, while supporting the generation of evidence and resources. The ORF Think Tank includes representatives of diverse fields including international development and emergency contexts, clinical disciplines (psychiatry, psychology, physiotherapy, exercise physiology), child protection, education and post-conflict programming. This diversity provides an opportunity to break down many of the traditional

sectoral silos that exist in humanitarian contexts and will help to achieve tangible outcomes with a high potential for impact.

Integrating physical activity as core MHPSS

MHPSS and sports practitioners working with displaced communities can maximise the potential of physical activity to protect and promote mental health and psychosocial well-being in a variety of ways. Firstly, MHPSS practitioners should be trained in basic principles of physical activity promotion and, similarly, professionals providing physical activity and sports programmes should at a minimum be trained in basic psychosocial support principles and skills, including psychological first aid. Secondly, a basic level of infrastructure is required to deliver physical activity and sports programmes and ensure that those who are most vulnerable are not left behind. Thirdly, thinking beyond able-bodied young men and expanding physical activity services to safely and appropriately include women and people with disabilities is essential. Lastly, physical activity – and team sports in particular – can provide an opportunity for mentorship and pathways to livelihoods that should be considered in developing physical activity programmes with an MHPSS purpose.

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1. Physical activity refers to any bodily movement and includes sport and exercise.
2. Ashdown-Franks G et al (2020) 'Exercise as Medicine for Mental and Substance Use Disorders: A Meta-review of the Benefits for Neuropsychiatric and Cognitive Outcomes', *Sports Medicine* 50(1) <https://link.springer.com/journal/40279/volumes-and-issues/50-1>
3. IASC (2007) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* pp11–13 bit.ly/IASC-MHPSS-guidelines
4. Stubbs et al (2018) 'EPA guidance on physical activity as a treatment for severe mental illness: a meta-review of the evidence and Position Statement from the European Psychiatric Association (EPA), supported by the International Organization of Physical

Therapists in Mental Health (IOPTMH)', *European Psychiatry*
 doi: 10.1016/j.eurpsy.2018.07.004

5. Wells R et al (2019) 'Physical activity as a psychosocial intervention among Rohingya refugees in Bangladesh: a rapid ecological community assessment', *Intervention* 17(2) bit.ly/Intervention-Wells-et-al-2019
6. Ahmed M S et al (2019) 'Sports and physical activity in psychosocial interventions with adolescent groups of the Rohingya community in Bangladesh: potential, limitations and critical factors for success', *Intervention* 17(2) bit.ly/Intervention-Ahmed-et-al-2019
7. <https://intlurftherapy.org>
8. Richards J et al (2014) 'Physical fitness and mental health impact of a sport-for-development intervention in a post-conflict setting: randomised controlled trial nested within an observational study of adolescents in Gulu, Uganda', *BMC Public Health* 14(1) bit.ly/BMCPublicHealth-Richards-et-al-2014
9. bit.ly/Sport-for-protection-toolkit-2018

