Medicine, Nursing and Health Sciences

The Acceptability of Lifestyle Medicine for Treating Mental Illness

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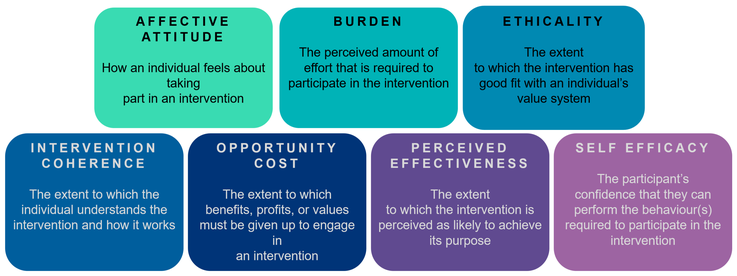
BACKGROUND

- We are experiencing a global mental health crisis and a desperate need to implement holistic and empowering approaches to mental health care within our communities[1].
- Lifestyle medicine (LM) has emerged as a potential third pillar of mental illness treatment with robust evidence demonstrating that exercise[2], sleep[3], and meditation[4] can improve mental illness and emerging evidence for diet[5] and social connection[6].
- Understanding community attitudes to this approach is a critical first step to the broad implementation of LM for mental illness.
- The Theoretical Framework of Acceptability (TFA[7]) defines acceptability as multidimensional, having seven component constructs: affective attitude, ethicality, burden, intervention coherence, perceived effectiveness, opportunity cost, and self-efficacy (see Fig 1) which allows a nuanced understanding of acceptability to be obtained.
- This study aimed to investigate:
  1) The acceptability of LM for treating mental illness
  2) Compare the acceptability of LM to pharmacology and psychotherapy and
  3) Investigate whether the acceptability of LM differs among people with and without lived experience of mental illness

Fig 1. The Theoretical Framework of Acceptability



METHODS

Participants

- 649 Australian adults (62.6% female; *M*age = 34.77)
- 53% with a lived experience of mental illness

Online survey

- An online survey assessing the acceptability of LM, psychotherapy, and pharmacotherapy across the seven constructs of the TFA was created.
- Responses were rated on a 5 point Likert scale.

Data Analysis

- Ordinal data was analysed using non-parametric statistics
  - Aim 1: Descriptive analysis
  - Aim 2: Related Samples Friedman's Two Way ANOVA
  - Aims 3: Independent Samples Mann-Whitney U Test

RESULTS

Fig 2. The Acceptability of LM for Treating Mental Illness

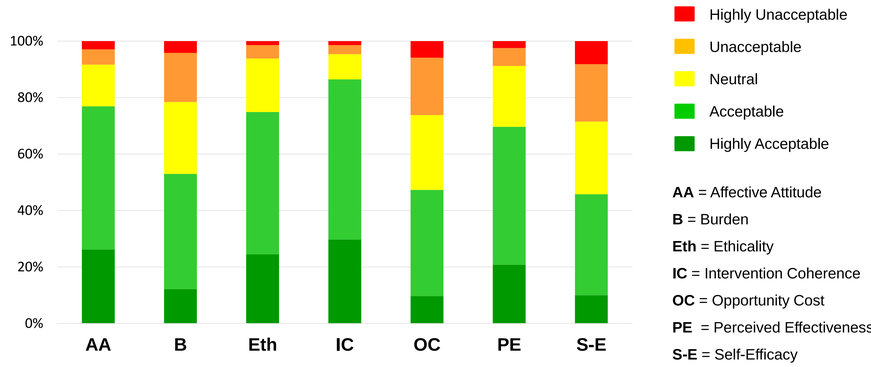


Fig 3. The Acceptability of LM in people with (+ MI) and without (- MI) a history of mental illness

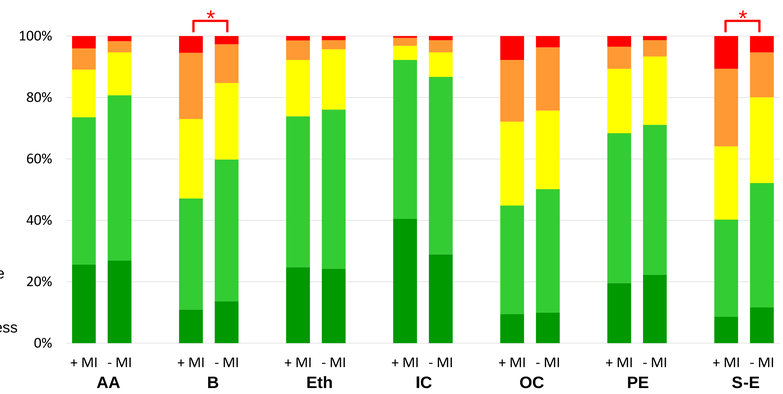
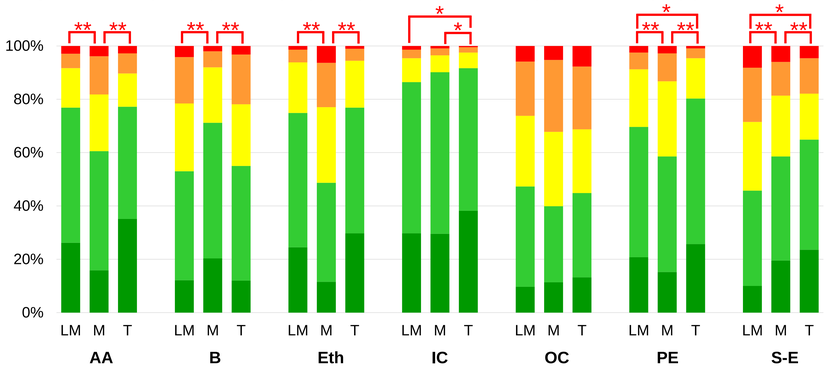


Fig 4. The Acceptability of LM (LM) compared to Medication (M) and Therapy (T)



- The acceptability of LM was high for affective attitude (81.2%), ethicality (79.3%), intervention coherence (90.6%), and perceived effectiveness (75.5%). The burden (53%), opportunity cost (47.3%) and participant's self efficacy (45.7%) to engage in lifestyle medicine was less acceptable.
- LM and therapy were more acceptable than medication on the constructs of affective attitude ($X2(2)$ 86.20, = $p < .001$), ethicality ($X2(2) = 215.60$, = $p < .001$), intervention coherence ($X2(2)$ 30.45, = $p < .001$), and perceived effectiveness ($X2(2)$ 87.39, = $p < .001$). Self efficacy to engage was highest for therapy followed by medication and LM ($X2(2)$ 80.18, = $p < .001$). The perceived burden associated with taking medication was more acceptable than the burden of both LM and therapy ($X2(2)$ 86.71, = $p < .001$).
- Participants with lived experience of mental illness were less confident in their ability to engage in LM activities ($U = 61587$, $z = 4.02$, $r = .16$, $p < .001$) and indicated that engaging in lifestyle medicine would be more burdensome compared to those without lived experience ($U = 60470$, $z = 3.57$, $r = .14$, $p < .001$).

CONCLUSIONS, IMPLICATIONS, AND FUTURE DIRECTIONS

- The findings show strong community acceptability of LM approaches for treating mental illness. Lower acceptability for burden, opportunity cost, and self efficacy, suggest the community understands the challenges associated with engaging in lifestyle behaviour change and would require support to overcome these barriers.
- These finding in conjunction with robust evidence for the efficacy of exercise, sleep, and mindfulness based interventions should encourage the government and other funding bodies to support the implementation of programs targeting these LM activities into the mental health care system.
- Initiatives that address perceived burden and aim to increase self-efficacy will be particularly important for the successful implementation of lifestyle medicine for people experiencing mental illness.
- Future research should focus on:
  - Assessing the acceptability of LM for treating mental illness among other key stakeholders, i.e. clinicians, hospital management.
  - Developing behaviour change interventions to support the long term adoption of LM activities.
  - Further investigating the efficacy of diet and social connection in treating mental illness.
  - Improving the efficacy and precision of LM prescription.

ACKNOWLEDGEMENTS

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