

Lessons learnt from a pilot bicycle program with community mental health service consumers

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Physical activity improves mental health. Building on previous work promoting cycling in the general community,^{1,2} we trialled an innovative cycling program for mental health service consumers in the former Sydney South West Area Health Service.

The poor physical health of people with a mental illness is well documented.³ Increasing consumer's physical health is difficult⁴ and the literature surrounding the issue is limited. One study found that outside activity significantly improves self esteem and mood.⁵

A pilot cycling program was implemented in three community mental health services; two are government funded and the third is a non-government organisation. The program involved fortnightly group rides with consumers and staff, plus maintenance of a bike pool at one site.

Data were collected from staff and consumers on current cycling frequency, changes to health, general physical activity, cycling confidence, advantages and disadvantages of participation, sustainability and program suitability for other centres. Staff members were interviewed following the pilot. Consumers who attended a ride during the one-month evaluation period were invited to fill out a brief questionnaire and participate in a group interview.

Overall, the pilot cycling program appears to have had a positive impact. Consumers rated rides as fun, with most crediting cycling with improvements in their mental and physical health. As one consumer said, "...most of the people who have been riding since the beginning have progressed out of sight...they look more healthy". Although no objective measures were taken, staff members reported improvements in the mental health of participants. Consumers also reported an improved relationship with staff. Both consumers and staff felt that the program should continue with most consumers reporting that they would like to ride more.

Staff felt that for the program to continue it needed to be clearly identified as part of their job, and would need their commitment and ongoing interest. Bike maintenance issues and some safety concerns (related to the limited number of bike paths and riding on busy roads) were reported by both staff and consumers. Detailed risk management procedures were seen by staff as a barrier. Two of the services with more limited risk management procedures had a quicker implementation period.

Despite some barriers, a cycling program for mental health consumers was successfully implemented and there may be value in replicating it for other similar settings. Recommendations include staff time, roles and responsibilities being specified before implementation. This concept needs further research with a larger sample and more rigorous evaluation.

References

1. Rissel C, Telfer B. Managing risk in a workplace bicycle pool. *Journal of the Australasian College of Road Safety*. 2005;16(1):18-24.
2. Telfer B, Rissel C, Bindon J, Bosch T. Encouraging cycling through a pilot cycling proficiency training program among adults in central Sydney. *J Sci Med Sport*. 2006;9(1-2):151-6.
3. Osborn DPJ. The poor physical health of people with a mental illness. *West J Med*. 2001;175:329-32.
4. Wright KA, Everson-Hock ES, Taylor AH. The effects of physical activity on physical and mental health among individuals with bipolar disorder: A systematic review. *Ment Health Phys Act*. 2009;2(2):86-94.
5. Barton J, Pretty J. What is the Best Dose of Nature and Green Exercise for Improving Mental Health? A Multi-Study Analysis. *Environ Sci Technol*. 2010;44(10):3947-55.

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