

Exercise & Depression TOOLKIT

Exercise is now recommended as a stand-alone treatment for mild-moderate depression, and an adjunctive treatment for moderate-severe depression¹.

This collaborative toolkit has been specifically designed to help you successfully engage with your clients in considering exercise as a treatment option.

This toolkit was informed by the best available evidence and created in collaboration with adults who have lived experience with depression, health care providers, exercise specialists, and researchers.

Collaborators



Scope and Purpose of the toolkit

Overall objective

- To support health professionals in collaborating with clients to explore exercise as a treatment option for mild-moderate depression.

Population toolkit is targeting

- Adults (aged 18-65) with mild-moderate depression in Canada.

Potential users of the toolkit

- Health care providers who work with adults with depression, inclusive of (but not limited to): Family Physicians, Psychiatrists, Counsellors, Mental Health Workers, Occupational Therapists, Recreation Therapists, Nurses, Social workers
- Community, Primary Care, Inpatient, Outpatient settings

References:

1. Ravindran, AV et al. (2016). Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder. *Can J Psychiatry*, 61(9), 576-587.
2. Glowacki, K et al. (2017). Barriers and Facilitators to physical activity and exercise among adults with depression: A scoping review. *MENPA*, 13, 108-119.
3. Glowacki, K et al. (2019). Barriers and facilitators to health care providers' promotion of physical activity for individuals with mental illness: A scoping review. *MENPA*, 16, 152-168.
4. Cane, J et al. (2012). Validation of the theoretical domains framework for use in behaviour change and implementation research. *IS*, 7(37).
5. Cane, J et al. (2015). From lists of behaviour change techniques (BCTs) to structured hierarchies: Comparison of two methods of developing a hierarchy of BCTs. *BJHP*, 20, 130-150.
6. Michie S, Atkins L, West R. (2014). *The behaviour change wheel: a guide to designing interventions*. GB, UK: Silverback Publishing.
7. Parikh, S.V., Kcomt, A., Fonseka, T.M., Pong, J.T. (Eds). 2018. *The Choice—D Patient And Family Guide To Depression Treatment*. Toronto, Mood Disorders Association of Ontario.

Toolkit Development Process

The Canadian Network for Mood and Anxiety Treatment (CANMAT) is an organization of clinical and research leaders who help interpret research to improve clinical practice. CANMAT revised treatment guidelines in 2016, and now recommend exercise as a primary stand-alone treatment for mild-moderate depression, or in conjunction with other treatments¹. This toolkit was developed to help with the implementation of these guidelines into clinical practice. However, the toolkit could be used to discuss exercise with anyone experiencing depressive symptoms.

This resource was developed over four phases to determine needs and preferences for its use within health care. It was developed through systematic review of research evidence and in consultation with adults with lived experience with depression, health care providers, exercise specialists, and researchers.

Phase 1 | Review of the Literature

Two scoping reviews have been conducted concerning the barriers and facilitators to physical activity participation among individuals with depression² and the barriers and facilitators that health care providers experience when promoting physical activity to individuals with a mental illness³.

A behavioural analysis driven by theory was used in both reviews to determine behaviour change strategies. This was done using the Theoretical Domains Framework⁴, and the Behaviour Change Wheel to determine behaviour change strategies to be included in the toolkit^{5,6}.

Phase 2 | Formative Research

Interviews were conducted with adults diagnosed with depression in Canada and health care providers with experience working with adults with depression in Canada.

Phase 3 | Expert panel meeting

A multidisciplinary panel of adults with lived experience with depression, health care providers, exercise specialists and researchers appraised the evidence from phase 1 & phase 2, and provided input to the content of the toolkit.

Phase 4 | Development & Evaluation

Members of the expert panel were consulted to ensure that content and format recommendations were appropriately addressed. Pilot work was conducted with clients and health care providers to evaluate the toolkit.

Using the Toolkit

Below is a description of what is included on each page of the 'Collaboration' part of the toolkit, and how it can be used with your client. Clearance by a physician may be needed prior to starting an exercise program. A physician should be consulted if your client wants to replace any current treatment with exercise. If you are unsure if a physician needs to be consulted, you can use the *Get Active Questionnaire* to help inform your decision (link provided on the last page of this document).

page 1 **Why Exercise?**

This page should be used to discuss treatment options with a client, and what personal factors to consider when choosing a treatment. It provides information on why exercise can be considered, benefits of engaging in exercise and facts about its effectiveness. Exercise should be considered in light of other treatment options. The CHOICE-D document provides information about these options⁷. While the exact mechanism on how exercise works for depression is unknown, some prominent theories about possible mechanisms are presented.

page 2 **How are exercise and depression related?**

This page should be used to have a conversation with a client about their personal current and past experiences related to their depression and activity levels. Two cycles are provided as an educational tool to use with a client.

When using the cycle model, describe to the client that inactivity can lead to depression, and depression can lead to inactivity. But it is possible to break up this cycle by increasing physical activity which can lead to improved mood, and engagement in other meaningful activities. Prompts are provided above the cycles on how this can be explained to a client.

The aim is for the client to reverse inactivity, experience the "feel good" factor when engaging in exercise, and turn the cycle to an upward cycle out of their feelings of depression.

These cycles are included as a critical piece based on the behavioural analysis driven by theory. Using the cycles provides information about emotional and mood consequences of engaging in the behaviour of exercise. This is a recommended behaviour change technique to help adults with depression overcome barriers².

page 3 **CANMAT guidelines at a glance**

This page provides more details on the guidelines, and how much exercise is recommended. The level of evidence from the CANMAT guideline is provided, as well as the evidence based 'dose' of how much exercise is recommended as a treatment for depression. Evidence is strongest for supervised and structured exercise as this may help with adherence.

You as the clinician may need to orient yourself to available exercise programs in your area that are accessible to your client(s) since this varies by province and city. Suggestions for a starting point include contacting your local gym (e.g. community centre or YMCA) or Canadian Mental Health Association to find out about physical activity and exercise programs. The YMCA and CMHA are national associations in Canada. Other resources are provided for use such as Additional Supplementary Material, and the Canadian Physical Activity Guidelines.

page 4 **Moving More**

This page should be used to help a client identify their own personal concerns and barriers to engaging in exercise. A list is provided as a starting point and clients could identify how they relate to this list or identify other barriers. Strategies (or actions clients can take) are also provided as suggestions for clients to help overcome barriers. This is not meant to be prescriptive. The thought of exercise can be daunting to start, especially when mood is low. Empathy, respect and a person-centered approach are recommended.

The toolkit ends with a collaborative decision between clinician and client to try exercise as a treatment option for depression. Three end points to the toolkit are provided:

1. Referral to an exercise program
2. Further physical activity counselling to help someone move more (by the clinician using the toolkit or referral to another clinician for same)
3. Asking clients to think more about whether they would like to be more active, and revisit this issue at a later date

Action Materials

Extra resources are provided as handouts that can be given to clients to help them develop the self-regulatory skills (e.g., monitoring, planning) to increase their activity. These handouts are based on the behavioural analysis and recommended behaviour change techniques⁵. These handouts could be given to clients as desired with an explanation from you on how to use them. Short instructions on their use and tips for success are included in each handout. This is supplementary and can be used at your discretion. Included handouts:

1. **Mood and Activity Diary:** A mood and activity diary can be used to track activity levels, and reflect on how it impacts mood. This can be used by a client as a self-reflective tool or as a collaborative tool to discuss with your client after they fill it out.
2. **SMART goal setting:** This describes SMART goal setting and how to set goals.
3. **Weekly Schedule:** This provides two examples of weekly schedules of exercise to achieve the CANMAT recommended 'dose'. A blank one is also provided for a client to use to fill out and plan their week related to exercise.
4. **Individuals with lived experience:** Quotes are provided from real people in Canada with lived experience with depression and exercise. These can be given to clients for them to relate to and highlight positive experiences with exercise.
5. **Positive statements and behavioural contract:** This can be used to show examples of positive statements about committing to engaging in exercise. Blank space is provided for clients to create their own statements. A date and signature can also be added for your client to make a contract with themselves.

Acknowledgements

PROJECT LEADS

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NATIONAL RESOURCES

Get Active Questionnaire
http://www.csep.ca/CMFiles/GAQ_CSEPPATHReadinessForm_2pages.pdf

Canadian Physical Activity Guidelines
<http://csep.ca/en/guidelines/guidelines-other-languages>

If links not available:
<http://csep.ca/home>