RESEARCH FOR A FITNESS PROGRAM AT YOLO COMMUNITY CARE CONTINUUM

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RESEARCH FOR A FITNESS PROGRAM AT YOLO COMMUNITY CARE CONTINUUM

A Project

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Division of Social Work
Abstract

of

RESEARCH FOR A FITNESS PROGRAM AT YOLO COMMUNITY CARE CONTINUUM

by

Anthony Bowers

Clients with severe mental illness benefit from a regular fitness routine. Individuals that live with severe mental illness can reduce symptoms, improve overall health, and increase self-esteem through a fitness regimen. Although mental health clients understand the benefits of exercise, these individuals are often unable to participate in regular fitness activities while residing in mental health facilities. Mental health practitioners can help clients benefit from a consistent exercise program by encouraging daily physical activities and including them in the clients’ treatment plan. The qualitative results of a client questionnaire confirmed that mental health clients try to stay active. Participants also understood that they benefit from exercise and were willing to incorporate a fitness routine into their daily lives.

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David Demetral, Ph.D.

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Date

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Chapter 1
THE PROBLEM

*Introduction*

The physical and psychological benefits of exercise can be an important part of a treatment and recovery plan for people that have been diagnosed with mental illness. Many mental health clients incorporate an exercise routine into their daily lives to improve their overall health and to help mitigate their mental health symptoms. Exercise can play an important role in a comprehensive treatment and recovery plan for the seriously mentally ill. A fitness program can improve the quality of life for clients by improving their physical health, reducing symptoms of depression and anxiety, and instilling a sense of accomplishment that contributes to self-esteem. Often when clients with serious mental health issues are institutionalized, placed in crisis care facilities, or assigned to long term housing they have little or no access to exercise programs. When mental health facilities do not offer fitness programs clients who might otherwise exercise are left with few physical fitness options. These individuals are left with the routine of daily living without natural measure to improve their overall well being. Additionally, patients that do not exercise will not be introduced to the benefits of an exercise program. This in turn, leaves limited options for providing successful means of improving daily living and the ability to adapt to social situations. The opportunity to participate in physical activities offers a decrease in psychotic symptoms and improvement in physical health. Physical exercise improves self esteem and overall physical health, resulting in a decrease in co-morbidities. The psychotropic medications
often prescribed to these individuals often result in lethargy, which can lead to physical symptoms of obesity and other health complications.

For individuals who have been diagnosed with depression and other mental health disorders often experience reduced symptoms through an exercise program. These individuals may in fact achieve greater stability of symptoms through exercise. Without providing accommodations for an exercise program, individuals are treated with for mental health orders and associated symptoms from a medical model rather than a holistic approach. Individuals who have been diagnosed with mental illness are more than their diagnosis, and these individuals need to be assessed and treated as more than their disease.

Background of the Problem

People with severe mental illness are aided in their recovery process by regular physical exercise (Folkins & Sime, 1981). Regular physical exercise has been determined to help reduce symptoms of depression and anxiety for individuals diagnosed with mental illness (Folkins & Sime, 1981). However, clinicians have been slow to incorporate physical fitness programs into comprehensive treatment and recovery plans for mental health clients (Tkachuk & Martin, 1999). Clinician hesitation may be due to in part to concerns about the clients’ physical and mental limitations. Clinicians implementing a physical fitness program should also have physician and psychiatrist clearance for patients to participate in an exercise regimen. But because the mentally ill suffer in such large proportions to symptoms of physical illness such as heart disease, clearance for
physical activity is an important aspect of the treatment plan. However, this is typically not the priority due to the severity of the mental health symptoms.

Statement of the Research Problem

Individuals who suffer with mental illness benefit from an exercise program. Mental health clinicians should incorporate an exercise program into a comprehensive treatment and recovery plan for clients who are cleared for exercise. Practitioners must identify clients who would benefit from a fitness routine and give them continued support as clients work to make exercise part of their lives. Many mental health practitioners may be aware of the benefits of exercise for this population but may not know how to implement exercise as an effective treatment intervention for their clients. Yet awareness of the importance of this issue can lead to a more comprehensive approach to an individual client’s treatment and recovery plan.

Purpose of the Study

The purpose of this research study is to create a document that will illustrate the need for exercise in crisis mental health patients. Clients who suffer from severe mental illness often spend time in crisis facilities such as hospitals, board and care facilities, as well as crisis facilities run by non-profit organizations. The information gained from this study will benefit mental health clients by focusing on the health benefits and symptom reduction available through an exercise program. An exercise regimen can become an important coping strategy for clients with mental illness and a useful tool for rehabilitation to be employed by clinicians.
The primary purpose of this research is to gather the information necessary to gain funding for the implementation of an exercise program at Yolo Community Care Continuum (YCCC). YCCC, a Non-Profit organization in Yolo County California that operates short term crisis mental health and long term board and care facilities, hopes to use donations to establish exercise programs at their various facilities that will become part of the clients’ Wellness Recovery Action Plan (WRAP). The Wellness Recovery Action Plan (Ruah Community Services, 2008) is a client directed recovery plan that allows the client to determine their own recovery by listing important aspects of their lives such as: important contacts for support, what situations may trigger negative or psychotic symptoms, and early warning signs and crisis planning.

*Research Question*

Given the known benefits of exercise for clients living with mental illness the study will ask: How do clients with severe mental illness use an exercise regimen as part of their Wellness and Recovery Action Plan?

*Theoretical Framework*

Ecological-systems theory views both the client and his or her environment as an interactive system (Roberts & Green, 2002). Any plan for recovery must take into consideration all of the systems and environments in which the client operates which could include family, work, school, and for the purposes of this study, crisis mental health treatment facilities (Roberts & Green, 2002).

Ecological-systems theory focuses on understanding client development in the context of their relationship to the systems in their environment. According to
Bronfenbrenner (1995) the environmental system of a client’s development is made up of four layers. These layers interact with each other and affect an individual’s overall development. The four layers designated by Bronfenbrenner (1989) consist of the microsystems, mesosystems, exosystems, and macrosystems. The microsystem includes the development of the individual in the context of their particular environment and their experienced interpersonal relationships. The mesosystems is the network of microsystems that any individual creates over the course of a lifetime (Bronfenbrenner, 1995). The exosystems encompasses the larger impact that society has the developing individual over which he or she has no control. The macrosystems represent the impact and influences of the particular values that a culture exerts on the developing individual (Johnson, 2008).

Definition of Terms

Ecological System Theory - Views both the client and his or her environment as an interactive system (Roberts & Green, 2002).

Microsystems - The development of the individual in the context of their particular environment and their experienced interpersonal relationships.

Mesosystems - The network of microsystems that any individual creates over the course of a lifetime.

Exosystems - Encompasses the larger impact that society has the developing individual over which he or she has no control.

Macrosystems - Represent the impact and influences of the particular values that a culture exerts on the developing individual.
Assumptions

This study assumes that clients with severe mental illness should have access to a variety of resources, including exercise programs and equipment, to manage their recovery. This study also assumes that the mentally ill client has the capacity to manage their continuing recovery. Finally, it is assumed that mental health facilities and practitioners want the best for their patients and would therefore incorporate an exercise program if they were made aware of the symptom reduction and health benefit available through a fitness routine.

Justification

Mental health practitioners must be made aware of the fact that clients with severe mental illness benefit from regular exercise. For the purposes of this project the knowledge of the positive benefits of exercise also need to be shared with possible donors who could help facilitate fitness programs by offsetting the costs of implementing these programs at mental health facilities. This project provides research that may encourage mental health facilities to policies that include exercise regimes for their clientele. The research also provides individuals who have been diagnosed with mental illness the awareness of the benefits of an exercise program.

Delimitations

While this study utilizes surveys it is a relatively small sample. The project instead relies on information gathered over time through conversations with clients and observations, made in various settings that showed patients that exercised
regularly to be more stable in their recovery. The literature review also supports the health benefits for severely mentally ill clients.

Summary

This project is comprised of the following chapters. Chapter One includes the introduction, the background of the problem, a statement of the problem, the purpose of the study, as well as the research question. Chapter One also contains assumptions, justification, and limitations of the research. Chapter Two includes a review of the characteristics of clients with severe mental illness, defines recovery in terms of a Wellness and Recovery Action Plan (WRAP) and explores the benefits of exercise for individuals diagnosed with mental illness. Chapter Three describes the methodology of the study. Chapter Four contains an analysis of the questionnaire results. In Chapter Five, a summary of the findings is presented. Recommendations and implications for social work practice are also discussed.
Chapter 2

REVIEW OF LITERATURE

Introduction

The literature review has been organized into seven sections. The first section described the characteristic of clients that suffer from severe and persistent mental illness and use emergency social services. The second section was a review of various studies conducted to understand the many ways in which a mental health facility and mental health practitioners can work with client’s to promote self esteem and recovery. In the third section a brief review of components of a Wellness, Recovery and Action Plan (WRAP) program and the positive effects that a WRAP plan can have on a mental health client in recovery have been discussed. The fourth section reviewed the symptom reduction attributed to a regular program of physical exercise for mental health patients. The fifth section focused on the improvement in self-esteem that exercise can create for clients with severe mental illness. The sixth section discussed the physiological health benefits associated with physical exercise for clients with severe mental illness. The seventh section examined some of the barriers that the mentally ill face when trying to maintain a physical fitness regimen.

Characteristics of Individuals with Severe and Persistent Mental Illness

In a five year study that looked at use of emergency rooms as a source mental health services for the severely mentally ill (Young, Chinman, Cradock-O’Leary, Sullivan, Murata, Mintz & Koegel, 2005) determined that the individuals using these
resources were suffering from high levels of distress and usually had severe psychiatric disorders. The study also determined that the mentally ill patients in addition to needing health services were also seeking practical services such as phone lines and transportation. The individuals most likely to need services very often not taking their medications and were having problems with relationships, were feeling a lack of social support, and had a history of suicide attempts (Auchus, Wood & Kaslow, 1995; Young, et al., 2005).

Clients that seek emergency services are more likely to be men who suffer with more severe psychiatric symptoms. These symptoms usually denote a higher degree of disability and pronounced aberrant social behavior. Clients often had a history of homeless and were often estranged from their family support systems. Homelessness can lead to increased exposure to victimization and physical violence, while making recovery program compliance more difficult (Richardson, Faulkner, McDevitt, Skrinar, Hutchinson & Piette, 2005; Young, et al., 2005).

There is a clear connection between individuals that use emergency rooms for mental health services and those individuals that use psychiatric hospitals. Disruptive social behavior increases the potential for the use of emergency services that can lead to hospitalization. Among people with severe mental illness substance abuse was associated with medication noncompliance and an increased incidence of hospitalization. Many mentally ill clients also suffer with medical problems that require the use emergency rooms for immediate medical treatment (Young, et al., 2005).
Participation in Organizational Decision Making

People with severe mental illness are taking on larger roles in the decision making process of the organizations from which they receive services which reflects the need to respect the dignity of individual clients and promote the client’s right for self-determination. Individuals who participate in the planning and implementation of their recovery plan feel empowered because they have been recognized as stakeholders in their own recovery process (Linhorst, Eckert & Hamilton, 2005; Pelletier, Nguyen, Bradley, Johnson & McKay, 2005).

Linhorst, et al., (2005) reviewed the policies of four psychiatric hospitals. These policies were studied to determine if they created opportunities for client involvement in hospital decision making and operations. Clients and hospital staff were also interviewed to assess whether either group thought that clients could influence hospital policies and procedures and to ascertain what the perceived obstacles to organizational participation might be.

Through the study several organizational structures and procedures were identified as having the potential to involve patients in the decision making process. Clients were encouraged to take active roles in decisions that affected their environments. Patients were encouraged to become part of formal review process for hospital policies and protocols; including issues such as client access to medical records, library privileges, and changes to menus that reflect specific dietary needs (Linhorst, et al., 2005).
Client participation in the decision making process of the hospitals in the study led to changes in the policies and operating procedures. These changes resulted in improvements in scheduling of transportation for clients and increased safety for staff and clients working in the hospital warehouse. Client input was responsible for improving clinical services and reducing the cost of supplies used by patients. However, none of the clients and only a few staff recognized that client participation in the hospital systems had led to improvements. One area where staff and clients felt that clients could influence and promote policy changes was through the grievance process. Because there was a legal system in place to address client grievances they were able to formally appeal up a chain of command to resolve their issues. Through the grievance process patients were able to affect positive change in their environment and gain access to education that had previously been excluded to them (Linhorst, et al., 2005).

Clients benefit from participation in the organizational decision making of their respective institutions. However, there are obstacles to client’s participation. Staff identified a general lack of information about hospital policies and not knowing what issues were currently being discussed as a hindrance to client participation. Staff sited program administrator and managers as indifferent to the opinions of clients. There was also concern that the severity of the mental illness and psychiatric symptoms suffered by clients would prevent them from participating in the decision making process. Staff thought too that clients did not receive feedback on their ideas and input which decreased the clients’ desire to participate in policy process (Linhorst, et al., 2005; Wallace, Liberman, Tauber & Wallace, 2000).
Formal processes need to be developed to encourage client participation in organizational decision making. Clients need to be made aware of groups or committees in which they can take part. Staff and administrators must facilitate client participation by making it possible for clients to find transportation or developing alternate means of communicating, such as by telephone, so that the process becomes more accessible. Clients and staff need to understand the contribution that clients are making in order to encourage continued participation by clients. Executive staff must make every effort to include clients in the policy process. An institution that promotes client participation in its’ organizational decision making is developing a psychosocial treatment approach that creates client choice in many of the aspect of the organization (Linhorst, et al., 2005).

*Treatment and Recovery for the Severely Mentally Ill*

In order to determine an individual’s ability to function at home, at work, or in other social settings assessments of the client’s current functioning and performance must be compared to the skills that will be needed to live independently. Depending on the strengths and weaknesses that the client exhibits a treatment plan will be developed to address the client’s needs. A psychometrically sound assessment tool can be administered over the several times throughout the treatment process and be used to gauge the efficacy of treatment with the results being shared among different mental health practitioners (Wallace, et al., 2000).

An emphasis on recovery rather than on psychiatric symptoms and the hardships that they create for individuals with severe mental illness can produce a positive sense of self for clients with mental illness. Assessments that focus on acquiring the skills
necessary to function in society can encourage a process of learning and growth that teach a client how to cope with and psychologically adapt to life with mental illness (Roe & Chopra, 2003).

Recovery can be viewed as a nonlinear process that is possible even when symptoms of mental illness remain present. A social network of support can encourage recovery in mental health patients even in the absence of mental health professionals. Patients do best in recovery that experience and deal with and adapt to their mental health symptoms in the many facets life such as family life, the work place, and other social settings (Perham, Accordin, 2007).

According to Davis, Devitt, Rollins, O’Neill, Pavik & Harding, (2006) it is important that clients not wait for the effects of their symptoms to subside before re-connecting with the complexities of everyday life. While mental health clients may have special needs that require some form of accommodation in the broader society it is imperative that clients be allowed to participate in society even while their symptoms are present. The ability of an individual with mental illness to participate in society while their symptoms are present rather than to remain isolated from society until their symptoms subside will facilitate patient recovery (Roe, et al., 2003).

Recovery for clients with severe mental illness can be significantly impacted by what they experience in day to day life (Carless & Douglas, 2008). In a study that looked at the recovery narratives of individuals with mental illness it was determined that while clients can initially feel hopeless in dealing with psychiatric symptoms they can, over time, develop a sense of purpose and self esteem. When clients understand their mental
illness and learn how to deal with their illness while functioning in society they move away from denial of their illness to a fuller participation in life (Carless & Douglas, 2008).

For the mentally ill client recovery is tied to the process of rediscovering self and the development of self esteem through continuing involvement in society (Davidson & Strauss, 1992). When mental illness is initially diagnosed the client may overlook or ignore the life skills and accomplishments that they experienced prior to the onset of their psychiatric symptoms. Over time, however, it patients can learn to cope with their symptoms and recognize that talents and abilities that they developed prior to the diagnosis of mental illness to be employed to help mitigate their symptoms and manage in society. When clients begin to understand their disability they can give meaning to their lives by integrating an understanding of self that includes both their strengths and limitations. By understanding their strengths and vulnerabilities clients can set and achieve goals that future their quest for self reliance. The intentional act of goal setting enhances the severely mentally ill client’s ability to cope with their symptoms, better function in society, and improve their overall self esteem. Recovery requires a sense of hope. The client must be willing to accept what they have lost due to their illness, acknowledge the pain that they have endured, and then appreciate that strengths that they posses to facilitate their recovery (Davidson & Strauss, 1992).

The severely mentally ill must maintain a realistic understanding of their illness while at the same time believing that personal growth and recovery are possible. By maintaining hope that personal growth is possible, even with the diagnosis of mental
illness, the client can view recovery as a process for which he or she develop the necessary skills. When a client understands the weaknesses and vulnerabilities brought on by their mental illness and maintaining an appreciation of their strengths and abilities the severely mentally ill client can set goals that can not only restore them to a functioning position in society but impart the hope that their lives can actually improve (Roe, et al., 2003).

A Yale Department of Psychiatry study, Roe, et al., (2003), focused on the process and components of recovery by conducting interviews with patients diagnosed with psychotic symptoms. They discovered through client self reports that patients not only cope with mental illness but seek to adapt and grow. Patients can view the trials and experiences associated with their symptoms as times of growth that help them realize that they are strong and not helpless. In fact, the recognition of an inner strength in the face of challenges brought on by mental illness can positively impact the client and influence the course of her or his recovery. The client’s appreciation of the skills that they already poses or have developed to meet their needs gives them hope for their future (Roe, et al., 2003).

Many clients in the study developed an inherent sense of hope even in the face of severe symptoms and difficult personal situations. Hopeful client, in spite their circumstances, seemed more determined to overcome their illness and affect the trajectory of their recovery (Roe, et al., 2003). Regardless of setbacks clients with positive attitudes would force themselves into situations that facilitated their recovery.
Hope gave the clients the motivation and determination necessary to continue battling their symptoms (Roe, et al., 2003).

Clients who saw improvement in their recovery process felt socially engaged and were more likely to communicate with others and feel more connected. Establishing relationships was one way for mental health clients to share their experiences while simultaneously learning from others. Some clients in the study saw their improvements tied to improving cognitive functioning. The more a client discerned an improvement in his or her thinking the more hopeful they were progressing in their recovery. While some patients in the study noticed advances in specific areas others recognized improvements in many areas of their lives. Patients reported a sense of purpose and wellbeing. Other clients noticed that they were gradually able to reverse some of the losses of emotional and coping skills that they had experienced due to their symptoms. Improvement in these different areas gave many clients a sense of hope that encouraged them to engage in life again and commit to their recovery (Roe, et al., 2003).

Individuals with severe and persistent mental illness were interviewed in a study to determine what paths clients took to achieve a successful recovery (Jensen & Wadkins, 2007). While each client had their unique experiences there were common themes in individual narratives. Clients sited understanding and acceptance of the mental health status by themselves and their support systems as an important first step in recovery. When the mentally ill person and their family or other support system understood the character of their specific diagnosis they were better equipped to deal with and accept their mental illness (Jensen & Wadkins, 2007).
Another theme of recovery success was the client’s ability to redefine themselves as mentally ill by accepting the reality of their diagnosis. By acknowledging their mental illness clients helped those around them to see a person rather than a diagnosis. Clients who accepted their mental illness were often able to prevent relapse by viewing the challenges of their illness as problems to be analyzed and overcome (Jensen & Wadkins, 2007).

Many clients found that working in the mental health field and advocating for the improved treatment of the mentally ill not only helped them to maintain their recovery but allowed them to give what they had learned to the mental health community. Clients chose to participate in local or national mental health organizations by mentoring others, helping with trainings, and giving presentations to community to spotlight the needs of the mentally ill. Becoming engaged in actively giving back allowed the client to feel like they were making a contribution while at the same time recognizing how far they had come in their own recovery (Jensen & Wadkins, 2007).

There were, however, issues that clients identified as barriers to recovery. Mental health clients were frustrated with mental health services and social services and what they perceived as a lack of communication between agencies. Many times public service providers were unclear as to what services might be available to mental health patients seeking services. At times clients noted that the mental health professionals tasked to help treated them with impatience and disrespect. The clients often felt that the services and treatment available was inadequate which led to feeling of stigmatization. All of these
barriers presented by the agencies and professionals tasked to help clients had a negative effect on the client’s recovery (Jensen & Wadkins, 2007).

As clients gain control over their mental health symptoms they gradually reconnect with family, friends, work, school, and other important self defining roles (Bradshaw, Armour & Roseborough, 2010). While reintegration was a struggle because the recovering individual felt out of touch with their surroundings clients were also aware that they had to be able to function in society to secure their recovery. Clients sought to facilitate reentry into their communities by trying to establish relationship with individuals and organizations that help. The mental health client’s primary goal in reintegrating into society was to feel that his or her life was returning to normal (Bradshaw, et al., 2010).

Reconnecting with family and friends is an important part of the client’s reintegration into society. Often the family is the support system that the client must rely upon for their emotional and financial needs. While a client’s family may be well meaning often they feel burdened by the responsibility of caring for their ill family member. Clients report feeling that their family either didn’t care about them or treated them like children rather than as adults capable of recovery. While clients understood the practical for help and support from their families very often the reunification with family was complicated (Bradshaw, et al., 2010).

The turning point in recovery for clients who suffer from severe mental illness was stated by Kartalova-O’Doherty and Doherty (2010) as getting rid of negative feelings associated with mental illness and the development of positive feelings of self acceptance
and self esteem. Clients who are willing to fight to get better were able to overcome the negativity of others and their own inner voice to see the possibility of recovery. By networking with positive people, organizations, and mental health practitioners clients can define their reasons for recovery, find the inner strength and outside support that they need to reach their goals (Kartalova-O’Doherty & Doherty, 2010).

*Wellness Recovery and Action Plan (WRAP)*

The WRAP program was developed by with the belief that the mental health client should be the expert in their life and recovery. A WRAP program is designed to help manage psychiatric symptoms and lessen the impact that mental illness can have on a client so that the client suffering with mental illness can focus on their recovery (Ruah Community Services, 2008).

When a client comes into the facility they are encouraged to fill out a WRAP workbook to help organize their thoughts and their resources. When, according to Michele Kellogg the Director of YCCC, a client takes stock of their assets and their liabilities they are better able to assess what their needs will be in both the short term and the long. Clients who work on the various components of the WRAP program feel empowered in their recovery. A client with a thorough plan and a solid support network has a much higher chance of gaining symptom stability and progress in recovery.

A WRAP program has four components the first is called Keys to Recovery that includes: hope, education, support, personal responsibility, and self advocacy. The second component is a Personal Wellness Toolbox that includes: skills, strategies, activities, and treatments. The third component consists of Individualized Wellness Plans
covering the topics of: a Daily Wellness Plan, a Triggers Action Plan, a When Things are Breaking Down Plan, an Early Warning Signs Plan, a Crisis Plan, and a Post Crisis Plan. The fourth component is called Specific Recovery Topics and covers: Trauma Recovery, Building Self Esteem, Looking at Negative Thoughts, Developing a Life Style that enhances Wellness, Problem Solving, and Motivation (Ruah Community Services, 2008). Symptom reduction as a result of an exercise regimen for people with serious mental illness.

Many mental health patients exercise regularly and recognize that physical activity helps to moderate some of their mental health symptoms. Research studies regarding the exercise patterns of psychiatric patient have found that many patients acknowledge participation in some form of regular exercise (Auchus, Wood & Kaslow, 1995). Patients being admitted to a short term crisis stabilization unit were asked about their exercise habits and they reported moderate intensity exercise 1-5 times a week, with walking being the most sited form of exercise (Auchus, Wood & Kaslow, 1995).

A program of regular physical exercise has been determined to help reduce symptoms of depression and anxiety for individuals living with severe mental illness (Folkins & Sime, 1981). Although there was an identified need for more data and improved testing methodology related to overall improvement of various symptoms of mental illness, many of the early studies were able to show a decrease in depression among those severely and moderately depressed patients (Folkins & Sime). Likewise, exercise was also credited with improving the overall mood of clients and was found to be a viable avenue for symptom reduction with improved quality of life for mental health
patients (Folkins & Sime). An eight week study designed to study the benefits of a running program for twenty five male outpatients diagnosed with schizophrenia, manic-depression, and major affective disorders showed a significant decrease in depression. According to the study, anxiety was lowered but not significantly (Hannaford, Harrell & Cox, 1988). In a ten week study examining the connection between physical illness and mental illness, six subjects were asked to write personal fitness goals prior to the start of a physical fitness program. The study sought to understand what positive effect physical exercise could have on psychological function. At the end of the ten week program subjects showed modest improvement in body weight as well as gains in cardiovascular fitness. While a questionnaire on self-esteem showed no real improvement, the participants described positive changes in their attitudes and behavior. All of the subjects self-reported improved mental status, decreased anxiety, improved coping, increased self-esteem, and an improved energy level. While it was not possible to measure the health benefits of exercise for the mental health patients the patients themselves reported tremendous gains (Unger, Skrinar, Hutchinson & Yelmokas, 1992).

Controlled studies have shown exercise to be an effective primary or adjunct treatment for mild to moderate depression. Patients with anxiety also showed a significant decrease in their symptoms after a program of aerobic exercise. Exercise for schizophrenia patients lead to a decrease in self-reported depression, psychotic symptoms, and reduced the frequency of hallucinatory symptoms. Researchers (Tkachuk and Martin, 1999) conducted a study of substances abusers that showed an increase in reported abstinence among clients participating in an exercise treatment program.
Information about the benefits of exercise among patients with severe mental illness is scarce because until the 1970s and 1980s, the majority of mental health clients were treated as long-term patients in hospitals. The treatment of people with severe mental illness has increasingly become the responsibility of the community following the release of patients from psychiatric hospitals (Dench, 2002). In an attempt to gather relevant biopsychosocial information three women with serious mental illness were asked about their past athletic or sport participation, their family’s history of activity and exercise levels, and were asked to construct genograms rating family members’ activity levels prior to starting a physical exercise program. During the study the clients were counseled and worked with individually to promote movement and a progression toward sustained physical exercise. While results were mixed, all three women were interested in learning more about the benefits of exercise and mental health (Dench, 2002). An exercise program was studied for patients with schizophrenia to determine the benefits on physical fitness and quality of life among mental health patients with psychiatric morbidity (Fogarty, Happell & Pinikahana, 2004). The study followed schizophrenia clients to determine if they would benefit from a physical exercise program. The results suggested that a schizophrenia patient involved in a physical conditioning program could improve overall health. The study participants also reported a sense of well being and normalcy in their lives.
Increased Self-Esteem as a Result of an Exercise Regimen for People with Serious Mental Illness

Another benefit of physical exercise for seriously mental ill patients is an increase in self-esteem. When a community based gym was developed for exclusive use by people with mental health problems the clientele reported an increased sense of empowerment (Raine, Truman & Southerst, 2002). The mental health clients were able to exercise without the stigma of being watched and being made to feel self-conscious by gym patrons without mental illness. Another self-esteem building aspect of the gym for mental health clients was gym workers who were sensitive to their needs but who were not mental health workers. Because clients felt comfortable with the staff and the other people working out in the gym it, became a great place for clients to feel comfortable and work out (Raine, Truman & Southerst). The findings of this study suggest that there is a relationship between exercise and an increased quality of life and self-esteem for persons with severe and persistent mental illness.

Researchers Perham & Accordino (2007) studied the relationship between an increase in self-reliance and the discipline required to maintain a consistent exercise program. Individuals with serious mental illness who exercise were seen to have a higher level of exercise and life skill functioning than in a group of patients that led a sedentary lifestyle (Perham & Accordino, 2007). The study evaluated two groups of participants and their ability to live independently in a state hospital. One group had a history of physical activity while the other was sedentary. The groups were assessed on their level of hygiene, personal nutrition, their ability to hold a job, and how successfully they
navigated social situations. The study concluded that the exercise group did significantly better than the non-exercise group in achieving and maintaining an appropriate level of personal reliance and independence in their hospital setting (Perham & Accordino, 2007).

Participation in sports and exercise can have a positive impact on clients who identify themselves as athletes and exercise regularly as part of their recovery plan (Carless & Douglas, 2008). The increase in self esteem that is felt by patients who exercise regularly has a profound mitigating effect on the loss of personhood and social status that can often felt by people with serious mental illness. For individuals with serious mental health issues, the ability to establish and maintain an exercise routine is central to their emotional wellbeing and their sense of self as an athlete. The availability of an exercise program for mental health patients can enable the client to recover aspects of their identity and self respect which may have been lost due to their diagnosis (Carless & Douglas, 2008). Patients with severe mental health issues were asked what exercise meant to their individualize plan of recovery, their overall well being and sense of self. The study participants responded that the most important benefits were the increased sense of self esteem and self reliance that came from the discipline of an exercise regime, as well as the confidence that comes with feeling physically fit (Carless & Sparkes, 2008).

Clients who suffer with serious mental illness and who define themselves through exercise and participation in sports can reconstruct their life stories in a positive way that enhanced their sense of self through narrative (Carless & Douglas, 2008). Mental health clients can re-shape and re-imagine their life story through participation in sport and exercise. Researchers found that self identification as athletes allowed each individual to
adjust their personal narrative. The stories that the patients relayed were of three general types; action narrative about “going places and doing stuff, achievement narrative about accomplishing something through effort or skill, and relationship narrative where they could share what they had experienced with others. The authors point out that when talking about sport and exercise the study participants were not talking about the dominating factor in their lives which is their mental illness (Carlee & Douglas, 2008).

Because patients diagnosed with schizophrenia, depression, bi-polar disorder are often in poor physical health, an exercise could greatly reduced the co-morbidities associated with mental illness. Exercise improves quality of life and in some cases is as effective as some forms of counseling (Richardson, Faulkner, McDevitt, Skrinar, Hutchinson, Piette, 2005). There is evidence that clients with severe mental illness benefit from interventions that promote physical activity. The results from two meta-analyses studies show that exercise was similar to psychotherapeutic interventions in outcome (Richardson, et al., 2005). Because exercise is well accepted by mental health patients, it could readily become a part of a comprehensive treatment plan. Additionally, exercise can help reduce depression, leading to higher levels of self-esteem, which helps mitigate social withdrawal among patients. Research indicates that physical exercise improves the physical and psychological wellbeing of mental health patients and should be a component of a comprehensive, biopsychosocial treatment approach (Richardson, et al., 2005).
Improved Physical Health as a Result of an Exercise Regimen for People with Serious Mental Illness

Because clients with severe mental illness have a greater risk of developing co-morbid health risks, there is a strong need for a physical fitness program that will improve physical fitness and overall health (Pelletier, Nguyen, Bradley, Johnsen & McKay, 2005). In a study consisting of twenty five mental health patients working out for three 90 minute sessions a week for 16 weeks, participants reported significant improvement in perceived mental health, social function, general health, and physical functioning (Pelletier, Nguyen, Bradley, Johnsen & McKay).

Weight gain is a serious side affect suffered by patients diagnosed with mental illness. Mental health symptoms and prescription drugs can cause clients to remain sedentary (Skrinar, Huxley, Hutchinson, Menninger & Glew, 2005). Even though weight gain is a known factor for individuals being treated for schizophrenia, few mental health programs address client weight gain and physical health. In fact, research shows that people diagnosed with mental illness have elevated health risks that make them 2.4 times more likely to die prematurely than the general population (Skrinar, Huxley, Hutchinson, Menninger & Glew, 2005). In a study to determine the effects of health education and exercise programs on weight gain and improving fitness on clients with mood and psychotic disorders, adults diagnosed with mood or psychotic disorders known to be on medications that had caused weight gain of more than ten pounds were asked to participate in a 12 week cardiovascular fitness program (Skrinar, Huxley, Hutchinson, Menninger & Glew). The results did not show significant weight loss though no diet
restrictions were implemented into the program. However, participants expressed positive changes in empowerment and perceived health status. They also felt less depressed and much better about their quality of life.

Among general populations in the United States poor diet and physical inactivity is the second leading cause of death (Daumit, Goldberg, Anthony, Dickerson, Brown, Kreyenbuhl, Wohlheiter, & Dixon, 2005). However, increasing physical activity, even after years of inactivity, can lead to improved physical health. People with mental illness have a higher rate of mortality than the general population in large measure because increased cardiovascular deaths (Daumit, et al., 2005). Most of these deaths can be attributed to a sedentary lifestyle and obesity (Daumit, et al., 2005). A study of clients with serious mental health was conducted and found that 26% reported no physical activity in the past month. Thirty-six percent had lower than recommended activity levels, confirming that people with mental illness were more inactive than people in the general population (Daumit, et al., 2005). Most clients reported walking as their main physical activity. The report suggests the need for a comprehensive program designed to increase physical activity among mental health patients to improve overall health and reduce co-morbidities (Daumit, et al., 2005).

Barriers to the Implementation of an Exercise Regimen for People with Serious Mental Illness

Exercise has been found to be beneficial for patients suffering with serious mental health issues (Tkachuk & Martin, 1999). However, clinicians have been slow to incorporate exercise programs into the comprehensive treatment and recovery plans of
their clients. Clinicians must receive training in the principles and guidelines of exercise and fitness programs. Additionally, clinicians will need to seek medical clearance from physicians and psychiatrists before starting a patient in a physical fitness routine (Tkachuk & Martin, 1999). Physical fitness programs are frequently not part of the services that mental health patients receive. Clients would benefit from mental health programs that include physical activity programs. Although less desirable, patients that do not have access to fitness programs could be referred to physicians for specific health issues such as obesity or high blood pressure (Richardson, et al., 2005).

Authors Carless and Douglas (2008) explored the benefits of social support for an exercise program with eleven male mental health clients. The findings suggested that the practical social support offered to the clients in the form of information, facilitation of an exercise program, encouragement, and emotional support was a significant help to the participants. The patients that received these social supports were more likely to encourage and emotionally support others in their pursuits (Carless & Douglas, 2008). Exercise provides structure to the lives of the severely mentally ill and affords them with an opportunity for socialization and meaningful activity.
Chapter 3

METHODOLOGY

Introduction

This chapter defines the methodology and research design and the methodology used for this study. The chapter will include the research design, research questions, a description of project participants, along with data gathering methods, and a review of the steps taken to protect human subjects.

Research Question

This study investigates the research question: What are the physical and emotional health benefits of a fitness regimen integrated into a wellness and recovery plan for clients with severe mental illness? The researcher obtained consent to participate in research from sixteen mental health clients who were residing in a short term mental health facility. The facility is a voluntary commitment, short-term, residential, mental health facility in Northern California. The participants were assembled in a dining room and given information about the purpose of the study. The clients were invited to participate in a survey about how often and how much they exercise.

Research Design

A qualitative approach (Yegidis & Weinbach, 2009) was used to learn how often and to what extent clients with severe mental illness exercised and to what degree did they feel that exercise improved their psychiatric symptoms and overall health. Using a qualitative study approach allows a researcher to gain insight and understanding into how
mental health clients experience exercise and if there is any perceived benefits to a regular physical fitness routine. A qualitative study allows a researcher to learn more about how participants experience an event, their perceptions during the event and provides a method of evaluating the current meaning to the participants (Yegidis & Weinbach). In addition, this method historically has a high rate of completion and is a natural compliment to the skills used by the social worker conducting the research. The disadvantages of this method is that the participants may respond in a matter that they believe is expected of the interviewer, creating a distortion known as the expectancy effect (Yegidis & Weinbach).

Study Participants

The study participants were men and women with severe and persistent mental illness. All participants were living in short term crisis mental health housing managed by Yolo Community Care Continuum (YCCC) in Davis and Woodland California. A group of sixteen people was evenly divided with eight women and eight men. The majority of the participants, sixteen, were Caucasian and two were Asian. Two of the men were under the age of thirty with the remained of the group between forty and fifty. While the clients present had a variety of mental health diagnoses the majority suffered from schizophrenia. There were two obese clients among the sixteen participants, a male and a female.

Instrumentation

The researcher designed a standardized questionnaire consisting of nine questions designed to qualify the types of exercise that YCCC clients participate in and quantify the
amount of exercise along with the client’s perception of the benefits of a regular fitness routine (See Appendix A).

Data Gathering Procedures

The researcher made asked residents if they would like to answer a brief questionnaire about exercise (See Appendix A). The participant was taken to a private office and allowed to take as long as they needed to fill out the questionnaire. Prior to being given the questionnaire participant were given a description of the research project and asked to sign a consent form and given instructions about who they could talk to if the questions caused them any distress.

Data Analysis

When the questionnaires had been filled out and any participant questions had been answered the answers were compiled to get a range for the responses to each question. The data was analyzed by the researcher determined what percentage of the respondents exercised, how often and how strenuously they exercised. The researcher also determined what health benefits and or symptom reductions the participants believed they experienced because of their exercise.

Protection of Human Subjects

A Human Subjects Application was submitted to the Committee for the Protection of Human Subjects from the Division of Social Work at California State University, Sacramento (See Appendix B). The application for the proposed study was approved, #09-10-112, by the committee and determined to be of “minimal risk” to the mental
health clients answering the questionnaire. Approval to question participants was received prior to the collection of any research data.

Summary

This chapter delineated the qualitative research design used in this study. This research revealed the exercise habits and perceived benefits of exercise for clients with severe mental illness living in a short term crisis mental health facility. A description of the study population, an explanation of the method used for collecting and analyzing data, and a review of the steps taken to protect the human subjects was presented in this chapter.
Chapter 4

DATA ANALYSIS

Introduction

Questionnaires were handed out to sixteen (16) mental health clients who were voluntarily residing in a short term mental health facility. The clients were invited to participate in a survey about how often and how much they exercise. Even though a few of the clients had recently been admitted to the facility and were suffering from more severe symptoms they were all willing to complete the survey. All sixteen clients were asked to sign a consent form and then asked to answer nine questions about their exercise habits. After reading a definition quantifying that exercise is physical activity that enhances or maintains physical fitness and overall health, the clients answered questions about how often they exercised, how strenuously they exercised, if they participated in exercise focused group activities, and if they would be interested in going to a gym if one were available to them. The main goal of the questionnaire was to determine if the mental health clients commonly served at Safe Harbor and Yolo Community Care Continuum currently exercise, if they would be interested in more organized exercise activities, and finally if they would go to a gym if one were available.

Demographics

Sixteen (16) clients participated in the physical fitness survey. The group was evenly divided with eight women and eight men. Fourteen of the participants were Caucasian and two were Asian. With the exception of two men that were under the age of
thirty, the remainder of the group ranged between forty and fifty. The participants of the study had a variety of mental health diagnoses. Two of the study participants, a male and a female, each of whom were close to fifty years of age, were obese.

Findings

The clients’ responses to the questionnaire were almost universally positive. When asked how often they exercise, the majority of the participants stated they exercise once a day. Three of the participants stated that they exercise once a week and one individual choose the answer of never when asked about exercise habits. When clients were asked about their favorite forms of exercise, all but two wrote that they prefer walking as their primary form of exercise. The other clients stated that they enjoyed swimming and the other clients stated they preferred weight lifting activities. When responding to the question about what exercise that liked least, many of the clients said they like all types of exercise. Two of the participants stated they did not like running and one participant reported that they did not like riding bikes. All sixteen clients understood that exercise helped them cope with their mental health symptoms and answered affirmatively to the corresponding question. All of the respondents stated that they would be interested in participating in exercise activities at Safe Harbor. All sixteen clients answered that they would participate in a walking program if a walking program were available. When asked if they would like to exercise at a gym if one were available, all but two said they would. One of the participants stated that they would not go to the gym because he had a bad back. Another participant stated that he did not like going to the gym because people stared at him and made him feel self conscious.
The last part of the questionnaire evaluated how many clients would be interested in a three day a week walking program. Only five of the study participants present for the questionnaire had participated in the three day a week walk. When asked if the walks had helped them in their recovery, all five respondents stated that it had. When asked to describe how the walking helped, one respondent wrote that it made him feel better. Three other participants responded that it helped them feel more calm and relaxed.

**Benefits of Physical Exercise**

The research literature reveals that exercise has many benefits for clients with severe mental illness. The survey of clients at Safe Harbor confirms that mental health patients participate in regular exercise. In the case of this survey, fifteen of sixteen Safe Harbor clients stated that they exercised regularly. The participants’ responses also supported the contention of Auchus, Wood, & Kaslow (1995) that mental health patients who exercise regularly recognize that physical activity helps to moderate some of their mental health symptoms. According to Folkins & Simes (1981) a program of regular physical exercise can help mental health clients reduce symptoms of depression and anxiety. Mental health patients believe that exercise reduces their symptoms of depression and anxiety while improving their overall mood and quality of life.

Self-esteem is another benefit of physical exercise that was mentioned by the survey respondents. According to Raine, Truman & Southerst (2002) clients that exercise experience improved self-esteem and an increased sense of empowerment. Researchers Perham & Accordino (2007) studied the relationship between an increase in self-reliance and the discipline required to maintain a consistent exercise program. They found that
individuals who exercised regularly developed a higher level of life skill functioning than mental health patients that led a sedentary lifestyle (Perham & Accordino, 2007) observed that the clients who exercised had a higher level of hygiene and personal nutrition. They also showed a greater ability to hold a job, and were better able to navigated social situations. Perham & Accordino (2007) concluded that the mental health clients who exercise did significantly better than clients that did not exercise in achieving and maintaining an appropriate level of personal reliance and independence.

Patients diagnosed with schizophrenia, depression, and bi-polar disorder are often in poor physical health. An exercise regimen can improve a clients’ quality of life and reduced the co-morbidities associated with mental illness. There is evidence that clients with severe mental illness benefit from interventions that promote physical activity (Richardson, et al., 2005). Mental health patients, as indicated by the survey respondents, already understand the value of exercise as part of a comprehensive treatment plan. Clients with severe mental illness need to incorporate a regular physical fitness routine into their recovery program. Because they have a much higher likelihood than the general population of developing co-morbid health risks mental health clients should make regular exercise an important part of a comprehensive recovery plan as they seek to improve their overall health (Pelletier, Nguyen, Bradley, Johnsen & McKay, 2005)

Summary

In this chapter, the data obtained from this study was analyzed the discussed. Chapter 5 is a description of the conclusions and recommendations. The limitations of the study and implications for social work practice are also discussed.
Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter summarizes the information gathered from this study. This chapter will also include a discussion of the benefit of exercise for individuals who live with severe mental illness. This chapter will also discuss recommendations for incorporating a program of physical exercise into the recovery plan and the implications for clinicians practicing social work in the mental health field.

Conclusions

This study was undertaken to explore the benefits of a physical fitness regimen for clients with severe and persistent mental illness. The study included an exploration of the characteristics of individuals who suffer from mental illness and utilize emergency resources, a review of recovery and the Wellness, Recovery, Action Plan (WRAP), along with the benefits of exercise for this population. The results of this study reflect the fact that mental health clients who exercise can find beneficial ways to improve their lives. It is hoped that the study will provide social workers with insight about the health and symptom reduction benefits of exercise for their clients. Social workers very often provide direct patient care for mental health clients in hospital and outpatient facilities. By recognizing the benefits of exercise, social workers will be able to encourage daily physical activities that can stimulate their clients. Because social workers are most often involved with the client as the client organizes a WRAP or some other form of recovery
plan, they are in a position to suggest an exercise routine as part of any comprehensive treatment plan.

**Recommendations**

Based on the findings of this study, recommendations can be made to social workers and to clients with severe mental illness. The researcher’s recommendations are listed below.

**Practitioners.** Results of the study recommend exercise as a valuable component in a comprehensive approach to mental health clients and their recovery. Social workers can provide direction to their clients by encouraging regular exercise as part of a patient’s recovery plan. Social workers can explain the benefits of exercise to individuals and families and then use collaboration with the client’s family members to ensure that the client maintains a healthy level of physical activity. The use of exercise in treatment plans provides social workers with a holistic approach to the social issue of mental health.

**Researchers.** There is a need for further research on the benefits of exercise for mentally ill clients. While much is known about the overall benefits of exercise, more research could be done to identify ways to incorporate exercise into the daily routines of lower functioning clients. Further research could provide better insight into the psychological benefits and self-esteem building that exercise affords. In addition, further research can evaluate whether exercise serves to decrease the need for psychotropic medication for mental health symptoms other than depression and anxiety.
Limitations

The study was limited to sixteen (16) clients present for a single survey. The group of respondents was also of limited cultural and ethnic diversity. All of the survey participants were residents in an emergency mental health facility who were voluntarily committed. To improve the study, a cross section of diverse symptoms would add insight to the attitudes about physical exercise across a broader spectrum of mental health clients. Additionally, research that includes non-voluntary participants, such as individuals committed to mental hospitals or psychiatric prison settings may provide further insight into the benefits of exercise for individuals with a mental health diagnosis.

Summary

The purpose of the study was to evaluate the benefits of a routine regimen of exercise for individuals diagnosed with severe and persistent mental illness. The findings of this study suggest that clients benefit from a program of physical fitness in many ways. 1) Clients that exercise regularly have a decrease in the symptoms associated with mental illness, most notably anxiety and depression. 2) With regular physical activity clients gain self-esteem that can lead to higher function in the tasks of daily living and social situations. 3) Exercise among mental health patients can improve the health problems associated with higher co-morbidities that exist in this population. 4) Mental health clinicians need to be made aware of the benefits of exercise and daily activity in the everyday lives and recovery plans of mental health consumers.
APPENDICES
APPENDIX A

Consent to Participate in Research

You are invited to participate in a research study being conducted by Mr. Anthony Bowers, a Master’s of Social Work student at California State University, Sacramento working under the direction of thesis advisor Dr. David Demetral. This study will explore the exercise routines of participants at Safe Harbor.

Procedures:
After reviewing the form and agreeing to participate you will be given a questionnaire that will take about ten minutes to complete. The questionnaire is confidential and no names will be recorded. The completed questionnaires will be stored in a locked drawer in the Safe Harbor office.

Risks:
This research questionnaire has been determined to be of minimal risk to the participants by the Human Subjects Committee, Division of Social Work at California State University Sacramento. Should participants in the project have any questions or concerns about the study they can contact Anthony Bowers at 530-312-1805 or azusabowers@yahoo.com, Professor/Advisor Dr. Demetral at 916-278-7168 or demetral@csus.edu, Safe Harbor administrators Jen Welch and Alex Teter as well as other Safe Harbor will also make themselves available to any project participant who might have questions or concerns.

Benefits:
Because physical fitness is an important part of the wellness and recovery plan (WRAP) for Safe Harbor clients the information gained by the completion this questionnaire will help to establish the level of need for a physical fitness program at Safe Harbor and other Yolo Community Care Continuum facilities.

Confidentiality:
All information is confidential and every effort will be made to protect your privacy. Your responses to this questionnaire will be kept confidential, and stored separately in a locked drawer in the Safe Harbor office. The final research data will not include any identifying information. All data will be destroyed one month after the project is filed with the Graduate Studies Department at CSU, Sacramento.

Compensation:
Participants will not receive any kind of compensation.

Right to withdraw:
If you decide to answer the questionnaire, you are free to withdraw at any time. You may elect to answer or not answer, at your discretion, any question presented in the survey.

Consent

Date
APPENDIX B

Research Questions

“Physical exercise is any bodily activity that enhances or maintains your physical fitness and overall health. This could include walking, some exercises like sit ups or stretching, jogging, cardio exercise like treadmill, lifting weights, or bike riding. Any activity that is done for the purpose of strengthening muscles and the cardiovascular system, honing skills, weight loss or maintenance and for enjoyment.”

Given this definition of exercise, to give you an idea of what I am talking about:

1. How often do you exercise?
   _____ Once per month
   _____ once per week
   _____ once per day
   _____ rarely
   _____ never

2. What kind of exercise or physical activity do you enjoy the most?

3. What kind of physical activity do you enjoy the least

4. Did you know that regular exercise could help you cope with your mental health issues?
   ___ Yes   ___ No
5. If we could offer you some of your most enjoyable activities, would you participate in an exercise program at Safe Harbor?

6. Would you be willing to participate in a three day a week thirty minute walk?

7. Would you be interested in going to a gym if one were available?

For clients who are ending their stay at Safe Harbor:

8. Did you find that walking three days a week helped you in your recovery?

   Explain.

9. If you had said you would participate in a walking program and didn’t why not?

   Explain.
REFERENCES


