

S16-3: An International Consensus on the Most Effective, Impactful, and Feasible Strategies for Physical Activity Implementation in Inpatient Services. A Nominal Group Technique

Florence Kinnafick¹, Toby Keel¹, Oscar Lederman², Katarzyna Karolina Machaczek³, Evan Matthews⁴, Simon Rosenbaum⁵, Joseph Firth⁶, Eva Rogers¹, Kieran Breen⁷, Matthew Waugh⁸, Jeroen Deenik⁹, Rebekah Carney⁶, James Routen¹⁰, Hayley Jarvis¹¹, Abigail Ralph⁷, Tom Bodkin⁷, William Tyne¹, Justine Anthony¹²

¹ Loughborough University, Loughborough, United Kingdom

² University of Technology Sydney, Sydney, Australia

³ Sheffield Hallam University, Sheffield, United Kingdom

⁴ South East Technological University, Waterford, Ireland

⁵ University of New South Wales, Sydney, Australia

⁶ The University of Manchester, Manchester, United Kingdom

⁷ St Andrew's Health Care, Northampton, United Kingdom

⁸ St Charles Hospital, Central and North West London National Health Service Foundation Trust, London, United Kingdom

⁹ Maastricht University, Maastricht, The Netherlands

¹⁰ Rampton Hospital, Nottinghamshire Healthcare National Health Service Foundation Trust, Rampton, United Kingdom

¹¹ Mind, London, United Kingdom

¹² University of Leicester, Leicester, United Kingdom

Purpose: Physical activity (PA) offers numerous physical and psychological health benefits for individuals with severe mental illness. Despite its benefits, PA is not routinely integrated into inpatient mental health services. We aimed to present an international consensus and establish priorities for the most effective, impactful, and feasible implementation strategies which can lead to the routine integration of PA services into inpatient mental health services.

Methods: Insights were gathered from 13 international stakeholders with experience of designing, implementing and delivering PA interventions in inpatient mental health settings using the Nominal Groups Technique (NGT). Stakeholders included: academic researchers (n = 6), a representative from the charity sector (n = 1), a clinical psychologist (n = 1), a senior manager in sport and exercise therapy (n = 1), a physical activity and mental health nurse (n = 1), sport and exercise therapists (n = 2), and a clinical exercise physiologist and researcher (n = 1). The NGT process followed five steps: opening statement, silent idea generation, round-robin recording of ideas, group discussion, and voting to rank strategies based on their perceived effectiveness, impact, and feasibility.

Results: Thirty-three consolidated strategies were generated and organised into three broad categories: leadership and policy, staffing, and PA delivery. Within these categories, the strategies ranked most effective and impactful were leadership and organisational top-down commitment, providing PA infrastructure, the capacity to facilitate consistent access to opportunities, building workforce capacity, and creating a positive day-to-day PA culture. The most feasible strategies included protecting PA time within patients' timetables, collection and utilisation of patient feedback, ongoing services evaluations, the characteristics of the PA provider, co-design of PA programmes with patients, and PA language.

Conclusion: Findings emphasise the need for a multi-level implementation approach. Strategies that rely on organisational resources and leadership were considered as more effective and impactful, whereas those that operated independently of wider systemic and organisational barriers were found to be more feasible. There is a need for increased collaboration across research and practice to test, refine, and discover effective implementation strategies.

Support/Funding Source: No funding supported this work.

Keywords: Implementation, physical activity, mental illness, secure settings, expert consensus

