Bridge to Health: Practical Support for Students with Mental Health and Health Symptoms to Increase Physical Activity and Exercise

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Introduction:

Established by Horace Mann in 1839 as America's first public teacher preparation school, Framingham State University (FSU) is a vibrant, comprehensive liberal arts institution offering 27 undergraduate degree programs in arts, humanities, sciences, social sciences, and professional fields. The university offers graduate degrees in 25 fields, including extensive programs in education and in STEM professions. Nearly 6,400 students attend FSU, and approximately 4,000 are undergraduates.

The Health and Wellness Center at FSU is comprised of the Counseling Center, the Health Center, and Wellness Education. Services are offered at no additional cost to all matriculated undergraduate and graduate students. Staffing consists of a medical doctor, nurse practitioners, licensed mental health clinicians, and trainees, whose expertise and services are well utilized. Many students present for care at the Health and Wellness Center with stress related concerns that directly impact academic success and social and emotional well-being.

Statement of Purpose: Students at the FSU Health Center last year cited "stress" as an important concern. Physical symptoms accompanying this problem included back pain, sleep difficulty, fatigue and low energy. Many students also noted that they suffered from anxiety and depression. Often, these problems and their symptoms interfered in the students' academic functioning.

Regular exercise has been linked to improvements in anxiety, depression and other health outcomes and to overall physical and mental well-being. The multiple benefits of physical activity were made a priority in the federal government's listing of Healthy People 2010 goals.

However, despite the documented benefits of regular exercise, only 24% of adults over age 18 pursue at least moderate physical activity. Late adolescence has been identified as a critical time in the adoption and maintenance of physical exercise habits which can then extend for a lifetime. Assistance with developing and maintaining a regular exercise regimen may be an important part of treatment planning for many students who utilize the Health and Wellness Center at FSU.

To promote exercise adherence, FSU proposes the **Bridge to Health** program to connect students who are identified by the Health and Wellness staff as needing support in this area. This program will address existing barriers for many students between the realization that exercise may be beneficial for one's overall well-beingand the actualization of sustained exercise behaviors. Students who struggle with physical and mental health issues could use additional support for increasing their physical activity. In particular, students may

benefit from a valued resource—a personal exercise trainer. An exercise specialist who is available to FSU students could act as a bridge between barriers and action.

These barriers include:

- limited access to facilities and specialized exercise support (i.e. a trainer) because of low socioeconomic status
- lack of an exercise "mindset"
- previous unsuccessful attempts at developing an exercise regimen
- ongoing problematic mental health conditions interfere with motivation
- fear of being ridiculed for use of athletic facilities
- life stressors such as being financially challenged and often working multiple jobs

Indeed, many studies document the relationship between lower socio-economic status (SES) and decreased participation in exercise and lower intention to exercise. This correlation is due to factors that include multiple responsibilities, lack of access to exercise resources and difficulty prioritizing self-health needs. Also, individuals from lower SES and with lower scores on the Exercise Self Efficacy Scale may lack confidence in their ability to succeed in a program of physical activity. They also may lack experience with use of personal exercise specialists and may lack comfort and familiarity with utilizing physical activity support for themselves. Many have not experienced exercise as a positive coping strategy in the past.

There are other significant concerns of student that inhibit exercise. As part of intake, students were encouraged to usephysical activity as a way to help treat symptoms. Over the past year, responses to this recommendation have included: "I am embarrassed to be seen at the gym.", "I don't know how to use anything at the gym.", "It won't help.", "I can't motivate myself to do anything.", and "I am afraid to go to the gym by myself.".

Overarching Program Goal:

Students seen at the Health and Wellness Center report multiple stressors that they perceive as barriers to utilizing physical activity for improved health. We would like the students to have access to an exercise specialist to do assessments, identify barriers, create solutions with the students, and accompany them to physical activities. The goal is to help students experience the benefits of physical activity, decrease their perceived barriers, and address any actual barriers.

The behavioral goals and objectives will be:

- educate students about potential positive physical activity outcomes.
- increase Exercise Self-Efficacy, including decreasing perceived barriers.
- decrease stress related symptoms, both physical and psychological.

Program Design

Students with stress related symptoms may be referred to the exercise specialist by clinicians at the Counseling Center or Health Center. They will be given an individual assessment by an exercise specialist. S/he will identify barriers to use of physical activity and create an individual plan with the student to address their needs. The exercise specialist will work with the student over 10 to 12 weeks to meet the goals of their plan. The program can support approximately 6 to 8 hours weekly of an exercise professional.

Evaluation:

Prior to the intervention, students will be assessed and given standard tests including-- Exercise Self Efficacy Scale and Scale of Physical Symptoms. We will collect data on Socio-economic status, physical activity history, and mental and physical health symptoms. Students will work with the exercise specialist for 10 to 12 weeks on their individual plans. After the intervention, post-tests will be completed to assess changes in Exercise Self Efficacy. We will also evaluate any relationship to these changes and see if there is a connection to socio-economic status, health status and mental health symptoms.

Relevance to College Health

Stress related symptoms, including physical and psychological, interfere in many students ability to be successful academically. Increasing their overall health supports their ability to succeed in multiple realms. Within the ACHA Healthy Campus 2020 Initiative, there are at least seven specific objectives that are related to our target goals. These objectives include: stress reduction, improved sleep, access to information about physical activity, identifying depression and accessing treatment, healthy weight management, decreasing obesity, and increasing aerobic activity.

How Will the Institution Sustain the Project after the grant:

Education related to the benefits of physical activity and its association with overall improved well-being will continue.

Peer health educators will take part in future Bridge to Health training and activities.

We are requesting \$2500.00 to cover the cost of paying an exercise specialist to provide the services described. Some of the monies will be used for marketing.

Expense Report:

Expense	NECHA Funds	FSU Funds
Consultation Fees	2250.00	
Marketing/posters	250.00	
Total:	2500.00	

References:

- Ethnic and Socio-economic comparisons of Fitness, Activity Levels, and Barriers to Exercise in High School Females: Fahlman, Mariane; Hall, Heather; Lock, Robyn. Journal of School Health, Jan 2006, Vol 76 Issue 1, pp. 12-17.
- "Spark: The Revolutionary New Science of Exercise and the Brain" Dr. John Ratey, 2008.
- Barriers to Exercise Among People with Severe Mental Illnesses, Glover, Crystal; Ferron, Joelle; Whitley, Rob Psychiatric Rehabilitation Journal, 2013, Vol. 36(1).
- Mental Health Benefits of Physical Activity: S.Saxena, M.Van Ommeren, K.C. Tang, T.P. Armstrong; Journal of Mental Health, 10/2005, 14(5).
- Exploring the Relationship Between Socioeconomic status, control beliefs and exercise behavior: a multiple mediator model; T. Murray, W. Rodgers, S. Fraser; Journal of Behavioral Medicine, 2012 Vol. 35
- Associations between physical activity and reduced rates of hopelessness, depression, and suicidal behavior among college students. L. Taliaferro, B. Rienzo, R Pigg, M. Miller, V. Dodd: Journal of American College Health, 2009, Vol 57 (4).
- "Working it Out, Using Exercise in Psychotherapy", Kate Hays, 1999, American Psychological Association.