Collective Movement Program

As a society we have long heard the messages around how physical activity is great for your health, and our doctors have told us to move more as it is good for mind as well as your body. However, there has seldom been a focus on what types of factors need to be addressed in order to help people move beyond looking at incentivizing exercise involvement via financial rebate, health insurer incentives, changing gymnasiums to 24-hour access and focusing in on the latest in wearable technology. The piece that largely appears to overlooked or understated in understanding the psychology of movement relates to exactly the latter term, psychology. There is a plethora of research to suggest that there are indeed psychological benefits to moving, but beyond making recommendations for exercise as it pertains to physical health benefits, it would appear that no initiatives have undertaken the task of understanding what motivates movement, how to initiate movement, how much is needed to generate lasting effects and how to keep one moving when incentives are no longer there. In Australia, Sport and Exercise Psychologists are uniquely placed to provide insights and create programs designed to address one of the leading challenges as it relates to productivity and mental health in Australia, the ability to help people create health producing habits (biopsychosocially) by way of moving.

The cost of not moving on a physical and psychological level:

"Physical inactivity is recognised as a global pandemic that not only leads to diseases and early deaths, but imposes a major burden to the economy. Based on our data, physical inactivity costs the global economy $67.5 billion in 2013, with Australia footing a bill of more than AUD $805 million. At a global and individual country level these figures are likely to be an underestimate of the real cost, because of the conservative methodologies used by the team and lack of data in many countries. Increasing physical activity levels in communities is an important investment that governments should consider which could lead to savings in healthcare costs and more productivity in the labour market."

The $67.5bn in total costs, including $53.8bn in direct cost (healthcare expenditure) and 13.7bn in indirect costs (productivity losses), breaks down as follows. $31.2bn for total loss in tax revenue through public healthcare expenditure; $12.9bn as the total amount in private sector pays for physical inactivity-related diseases (e.g. health insurance companies); $9.7bn as the total amount households paid out-of-pocket for physical inactivity-related diseases. Type 2 diabetes was the costliest disease, accounting for $37.6bn (70 percent) of direct costs.

The social impact of not moving and barriers to movement:

“Feeling lonely can pose a bigger risk for premature death than smoking or obesity, according to research by Julianne Holt-Lunstad, Professor of Psychology and Neuroscience at Brigham Young University in Utah, USA.”
According to the 2018 loneliness report:

- One in four Australian adults are lonely.
- Lonely Australians have significantly worse health status (both physical and mental) than connected Australians.
- Lonely Australians are 15.2% more likely to be depressed and 13.1% more likely to be anxious about social interactions than those not lonely.
- Younger adults report significantly more social interaction anxiety than older Australians.

**The benefits of movement beyond pure economics:**

“Physical exercise, as individual or collective sport habit practice, has shown improving welfare for health. These gains are including prevention of certain mood impairments such as depression, strengthening of the immune system, probably via increasing of endorphin release and reducing stress and pain subjective perception. However, these advantages are only reachable when constancy and habitual sports of certain intensity are performed by the subject in his/her personal and individual path of overcoming. Further research would be necessary” (Garcia-Falgueras, 2015).

“The results of the meta-analysis support an overall conclusion that social influence has a positive influence on exercise behavior (both adherence and compliance), cognitions about exercise involvement (both intentions to exercise and efficacy for exercise), and attitudes associated with the exercise experience. Paper-and-pencil tests of social influence show that powerful (external) others have a small negative impact, whereas affiliation motives/incentives appear to have no utility in accounting for adherence behavior.” (Carron, Hausenblas and Mack, 1996).

**Gaps in the community from a program perspective:**

There are a number of programs in the community sector that are designed to help increase physical fitness. However, how many programs can actually state that their target intention is to improve social skills, match activity intensity to cohorts so as to not create a stressful and demotivating movement experience and improve mental health by using non-skilled movement to facilitate positive change? After an extensive search, it would appear that there are no such programs run by appropriately skilled and qualified professionals who understand the psychological nature of movement and how to address mental health issues by using it both preventatively and from an intervention perspective.

**Current costs of programs:**

Given that there are no exact programs to compare this to, costs are difficult to ascertain. Further information on current costs of exercise programs and mental health programs that may be in a similar area can be provided upon request.

**Recommendations for change and innovation:**

Programs like the government led ‘Heartmoves’ provide an indication to the type of initiatives that use exercise to impact health. However, such a program is not focused on understanding and or skillfully influencing mental health outcomes, rather these variables are
incidental. The collective movement program would be structured community-based program run by skilled professionals with mental health training and who are specifically endorsed to work in this area. A psychological movement program that incidentally uses the physical is cutting edge in the Australian market and can be easily created and run nationally in order to start having an impact on the productivity of the nation via reducing the health burden and building meaningful connections. Funding would also help to support research into the exercise psychology field which can further inform the knowledge and skills of multiple healthcare professionals.

References:
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