

Introduction

At a time of uncertainty surrounding children's health, brought to the forefront in recent times by the global pandemic Corona Virus, our young children have had to adapt to being out of school, social distancing and limited outside activity. The implications on child health is not yet known, but with mental health already a public health crisis, what role can movement play in helping our young people stay mentally as well as physically healthy?

In October 2019, the All-Party Parliamentary Group on a Fit and Healthy Childhood (APPG) published its third report on child mental health, *Mental Health through Movement*. The report cites an 'all pervasive' digital culture for instilling a compulsion for children to be 'pushed indoors' by screens and draconian reductions in opportunities for outdoor play (APPG, 2019).

Unfortunately progress from Government around policy reform for mental health, has been somewhat 'stop start' over many decades, with no legislative change for young people since 1983. However there are signs of hope, with movement be recognised as a tool which can play a crucial role.

In this article I present the political context for mental health and movement, and consider what physical education's role might be. With 1 in 10 children already diagnosed with a mental health condition and 1 in 4 still undiagnosed, mental health is already a worrying concern (APPG, 2019), and fast becoming a contemporary matter for education too.

The political context for movement and mental health in Childhood: A case for greater alignment

The connection between positive mental health and physical activity (PA) has long been established. The indication being that exercise and PA have beneficial effects across several physical and mental health outcomes, leading to a better quality of life (Penedo, and Dahn, 2005). However despite this growing evidence, the role of PA to support children's mental

health in the United Kingdom (UK) has yet to be recognised, or strategically operationalised. At best, separate policies have run concurrently. For example the Department of Health and Social Care (DHSC) and Department for Education's (DfE) (2017) *Transforming Children and Young People's Mental Health Provision: A Green Paper*, was established around the same time as the DHSC's (2017) *Obesity Strategy: A plan for action*. Both strategies looked at physical health and mental health in separate entities.

Although some research examining the link between obesity and mental health in children is conflicting (Xavier and Mandal, 2005), there is strong evidence to suggest that by adolescence, obesity can lead to an increased risk of low self-regard and impaired quality of life (Griffith, Parsons and Hill, 2010). Factors associated with mental health problems in obese children can also include lower levels of PA, low self-esteem, body dissatisfaction, eating disorders and weight-based teasing (Gatineau and Dent, 2011).

Over the past decade, political interest for both physical and mental health in childhood have become more popularised, evident in a series of Parliamentary debates¹ aimed at tackling rising levels of childhood obesity, declining PA and poor mental health. The 2010-2015 Coalition Government pledged to improve the mental health of young people as part of their commitment to a 'parity of esteem' in physical health and mental health services. A series of reforms then prevailed. Below I provide a brief synopsis of these central documents, indicating where an association between child physical and mental health have been made and where positive signs to move towards reform for our young people is realised.

- The Department of Health (DoH) (2011) strategy, *No Health without Mental Health*, established a plan to improve mental health for all ages. It stated 'By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does' (p.4).
- The DoH (2014) strategy that followed, *Closing the Gap: priorities for essential change in mental health*, also recognised that people with mental health problems have higher levels of physical health issues (e.g. obesity), than the population as a

¹ See Hansard <https://hansard.parliament.uk/> vol 594, vol 764, vol 796, and reforms (Parkin, Long, Gheera & Bate, 2020).

whole, and do less PA. Here a connection between poor physical health and mental health is understood, but only in the terms of health outcomes.

- In March 2015, The DoH and NHS England established the *Children and Young People's Mental Health and Wellbeing Taskforce*. The 'Taskforce' was introduced in the publication *Future in Mind* (DoH and NHS, 2015) where a series of ambitions were set out. Key areas for action emerged from the taskforce, including: promoting resilience, prevention and early intervention, improving access to effective support for the most vulnerable, ensuring accountability and transparency and developing the workforce. Despite the report stating the need for a 'whole system approach' for mental health provision (DoH and NHS, 2015:4), PA was not considered in association with young people's mental health.
- The Government's commitment to mental health provision was further recognised in *The Five Year Forward View for Mental Health* (The Mental Health Taskforce, 2016), an independent report from the newly established Mental Health Taskforce. This included specific objectives to improve treatment for children and young people by 2020/21. It highlighted that physical and mental health is closely linked. Recommendation 20 of this report was for Public Health England to prioritise people with mental health problems and those who are at greater risk of poor physical health.

The most recent DHSC and DfE (2017) Green Paper, *Transforming Children and Young People's Mental Health Provision: a Green Paper* further highlights how important PA is for good mental health and wellbeing. The cross-government sport strategy *Sporting Future* was cross linked to the Green Paper (HM Government, 2015), and recognised the important place that PA has in this strategy for young people's mental wellbeing. Sport England has since committed over £9 million of Government and National Lottery funding in sport and PA projects which specifically focus on improving mental health outcomes for people.

Where Movement and Mental Health is being Realised

Previously a teacher of physical education and now a teacher educator, I have seen how movement can be transformative in a child's and young adult's life. The body is an amazing vessel, where we it can be used to navigate the many complexities of life. Over the last two years, I have worked with a wonderful charity called 'Stormbreak' (www.stormbreak.org.uk). Stormbreak is a whole school cultural change programme using movement to develop

positive mental health for primary-aged children. Their approach is to challenge and change perceptions of mental health, give schools and children tools for sustainable change and to make movement simple, inclusive and accessible. A ‘stormbreak’, is a 5-15 minute movement-based activity that focuses on a mental health concept of resilience, self-worth, self-care, hope and optimism and relationships; foregrounding movement as an important vehicle to engage children in positive, social and communicative experiences.

While Stormbreak is unique in its approach, other programmes also exist to help young people sustain mental health through PA, including:

- The Outdoor Play and Learning (OPAL) programme (<http://outdoorplayandlearning.org.uk/>), a mentor supported school improvement programme addressing all areas of school life to sustainably improve the quality of play.
- England Athletics #RunAndRevise, targeting the 16-25 age group, by encouraging them to take a break from revision and examination stress through running a mile (<https://runtogether.co.uk/running-support/runandrevise/>).
- The charity *Mind* has developed online mental health awareness training for sport and PA in association with 1st4Sport and UK Coaching. The programme is subsidised by Sport England (<https://www.ukcoaching.org/courses/learn-at-home/mental-health-awareness-for-sport-and-physical-act>).

While these programmes present movement as accessible, simple in its construct and broad in scope, this has been a somewhat different message in recently for a nation preoccupied with competition and sporting achievement. There is, of course, a much needed place for movement in all these forms, but *how* this is taught remains an important consideration for our physical educators.

The Role of Physical Education in supporting Mental Health

With more children inactive and playing less than ever before, solutions to child health are complex. The UK’s Government prevention concordat statement for better mental health recognises a prevention focused model that facilitates lasting change for young people (PHE, 2020). To address concerns of young people’s wellbeing and mental health, expertise are required across the sector to ensure that any changes made are effective and sustainable.

With physical education having a statutory role in the curriculum, promoting health, movement confidence and competence in young people, its contribution to supporting children's mental health is therefore unquestionable. When taught well, physical education can present movement in a pro-social way. It can create friendships, develop leadership, and engender trust. When movement is valued for movement sake, it can inspire creativity, curiosity and excitement. When children learn how to take part in respectful movement, they learn to listen to their bodies and become aware of themselves and their surroundings. When competitive experiences are appropriately pitched, in an environment that is encouraging as well as motivating, resilience can grow. Sadly the converse is also true. Physical education professionals must exercise judgement as to how far the subject solve complex societal issues. By this I mean not promoting movement as a 'catch all' measure to 'fix' mental health or an obesity epidemic. Instead teachers should promote a love of learning in, about and through the physical (AfPE, 2020); focusing on the process and experiences of movement, individual achievements, presenting movement in its broadest sense and not merely reducing it to 'working out' or 'competitive sport'.

The recently revised AfPE (2020) Health Position Paper helps in this regard, making a clear distinction of the role movement has throughout the school day (see page X for Carol to add). Physical education should be led by qualified teachers, and presented with clear educational aims and objectives. This is not the same as sport that has its own unique and important contribution to the ethos and enrichment of school life; also led by suitably qualified individuals, who have the knowledge to engage young people in a safe, inclusive, social and ethical way. And finally to PA (or more simply, movement). This is the job of everyone. All day and every day!

Conclusion

Although there has been growing awareness of the relationship between physical and mental health, this has predominantly been represented in one of two ways. Firstly, in recognising the importance of mental health as an illness and the need for parity of esteem with physical health, and secondly an understanding that in order for people to improve their mental health, good physical health is required. Policy and government strategy has yet to realise the ambition of integrating movement as a means to improve a young person's mental health.

Such an approach would require a change in infrastructure that gives access to this level of support. While physical education is well positioned to make a clear contribution to children's health, both physical and mental, on its own cannot meet the pressing demand of child health. Therefore quality physical education should be accompanied by a whole school and community approach to movement, not as a replacement for it.

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