

A Review of the Effects of Specialist Physical Activity on the Psychological Health and Physical Activity of Children

Literature Review: Plan

[General introduction]

- Sedentary lifestyle
- Physical activities link to physical and psychological health

Relationship between physical activity and mental health

- Relationship in adults is well supported
 - *Reference: American College of Sports Medicine, 1998; Australian Institute of Health and Welfare, 2006; Bane & McAuley, 1998; Blair, Kohl, & Paffenbarger, 1989; United States Department of Health and Human Services, 1996.*
- Little evidence in children
 - Inconsistencies in previous research on children– attributed to methodological and measurement difficulties rather than no relationship.
 - But if relationship can be consistently demonstrated, physical activity may be a useful tool in enhancing children’s mental health. (Trouble in the past determining direction of relationship).
- Discuss decline in children’s mental health and rates of mental health in Australian children
 - 1 in 15 children will develop a mental illness (AIHW)
 - Highlights the relevance and importance of addressing the issue.
 - *Reference: (Australian Institute of Health and Welfare, 2006; ABS, Prosser & McArdle, 1996).*
- Discuss research that supports physical activity for improving mental health in children.
 - *Reference: Parfitt & Eston, 2005; Lagerberg, 2005; Calfas & Taylor, 1994; Biddle, Fox & Boutcher, 2002; Cale & Harris, 2005*
 - *Self esteem and exercise??*
 - Previous research shows physical activities effect on:
 - Body Image - (*Hausenblas & Fallon, 2006; Taveras, Rifas-Shiman, Field et al., 2004; Gehrman, 2003; Monaci and Nuvoli, 2002; McCabe and Ricciardelli, 2003*)
 - Stress - (*Norlander, Moas and Archer, 2005; Annesi, 2004; Bykov, 2001; Uechi, Takenaka and Oka, 2000*).
 - Depression – (*Tomson, Pangrazi, Friedman & Hutchison, 2003; McCabe and Marwit, 1994*) James – I’m still yet to decide whether to put this section here or further down. I’m having trouble fitting it in context down the page.

- If Physical activity is a mechanism for improving mental health, we need to look for opportunities for children to be physically active.
 - Introduce the idea of the school and physical education classes to implement programs.
 - Limited research has focused on the use of school physical education as a tool for improving mental health.
 - Previous interventions have focused on improving physical activity levels but haven't addresses or assessed psychological variables.

School physical education/ Specialist teacher

- Argument for physical education as a targeted setting for mental health intervention and improving physical activity levels.
 - Many studies have focused on PE intervention to increase Physical activity levels but none have looked at PE to improve psychological variables/mental health.
 - *Reference: Fairclough & Stratton, 2006; Ridgers, Stratton & Fairclough, 2006; McKenzie et. al., 2004; Trudeau & Shepard, 2005.*
 - School physical education provides an opportunity for structured physical activity participation that is available to most young people. (Cale & Harris, 2005)
- Current school guidelines
 - 120 minutes of physical education per week, set down by the ACT Department of Education.
 - Growing concern that teachers are not reaching guidelines
 - Trouble fitting in curriculum even though previous research demonstrates it benefits (*Faucett, Nugent, Sallis & McKenzie, 1997*).
- Are existing PE practices sufficient enough in terms of improving psychological variables (body image, depression, stress)/mental health and improving levels of physical activity?
- Whether its worthwhile using specialist staff
 - Previous research shows specialist PE teacher provides better quality and quantity time in PA. (*McKenzie, Sallis, Koldy & Faucette, 1997; Faucette, McKenzie & Patterson, 1990*)
 - Classroom teachers are typically untrained to conduct quality lessons (*McKenzie, Sallis, Koldy & Faucette, 1997*)
- If previous research indicates the benefits of a specialist teacher, what are the processes and methods of change / what do they do differently– leading into next topic what has worked in the past?

Intervention/theory behind intervention – Processes and methods for change

- Previous interventions: What works? What are the processes and methods that work in a program?
 - Modelling?
 - Learning atmosphere?

- Lesson content - Programs oriented towards skill development/designed to increase competence rather than success/failure. – win/lose.
- Other school-based mental health interventions - MindMatters (Waring & Hazell, 2002). James – I wasn't going to include this as I thought I might be going over the word limit and wasn't sure how relevant non-physical education mental health interventions would be.
- Little if any previous research has focused on using physical activity interventions with the inclusion of mental health aims and objectives.

Conclusion

1. Physical activity contributes to mental health, but there is a need for work on providing more specialised PE which can maximise PE's potential mental health benefits.
2. There is a need to research to compare, for example, current primary school physical activity practices to programs run by physical education experts, to determine whether a specialist program is worth the effort.
3. There is also a need to better understand which specialist program processes are most salient in terms of the any positive changes may transpire.

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References to be added

Hausenblas & Fallon, (2006); Taveras, Rifas-Shiman, Field et al., 2004; Gehrman, 2003; Monaci and Nuvoli, 2002; McCabe and Ricciardelli, 2003)