

ACTIVE LIVING FOR MENTAL HEALTH: A SYNOPSIS AND A COLLECTION OF BIBLIOGRAPHY

ALMH DEFINITION

«Active Living for Mental Health is the multidimensional complex of policies, therapeutic approaches, actions and personal behaviours that promote and enable the exploitation of the benefits arising from sport, physical exercise and physical activity in general in order to maintain good mental health and to address mental health problems.» https://www.almh-platform.eu/

ALMH CORE PRINCIPLES

- MENS SANA IN CORPORE SANO the holistic approach of the human being and health.
- There is no health without mental health in terms of public policies
- The contribution of Physical Activity and Exercise in the wider context of mental health is fully evidenced. An updated collection of 432 scientific publications is available in the Appendix.
- Promotion of the psychosocial model of MH. "(...) Adopting this approach would be entirely compatible with the best traditions of psychiatry and may even be the profession's last chance to secure its future". "Get the Message Right: A Psychosocial Model of Mental Health and Wellbeing. In: A Prescription for Psychiatry". Palgrave Macmillan, London, 2014. https://doi.org/10.1057/9781137408716 2)

ALMH MOVEMENT OBJECTIVES

- Official and definitive integration of physical activity / exercise in the National Health Systems either independently or in combination with other therapeutic interventions through the prescription of exercise.
- Reduction of the use of psychiatric medicine or substitution of drug therapy by others where they prove to be equivalent or more effective.
- Strengthening community psychiatry: "Open doors" wider context acquires a tangible substance when PE services, among many others, are provided physically in the open air or in public places in interaction to the general population.
- Enhancing individuals' active participation in their personal treatment from the right to information or the right to choose among therapeutic options and finally become the active subject instead of passive object within the therapeutic process.
- Improvement of therapeutic procedures through the protection and enhancement of physical health and well-being of MH services' users.
- Addressing the stigma of the mentally ill by opening up treatment to the community, strengthening online therapeutic communities and promoting inclusion.
- Reduction of the cost of treatment as ALMH does not require consumables, equipment or other costs
- Addressing root causes of mental problems such as workplace conditions through active contact with nature.





- Intervention and highlighting the consequences of the negative characteristics of social conditions, such as the urban built environment, transportations and other.
- Enhancing the effectiveness of the prevention of mental disorders by utilizing ALMH. This parameter, like any prevention process, has negative effects for those who expect profit from the maintenance and spread of mental disorders.
- Direct intervention and contribution to the treatment of extreme MH situations such as youth suicides
- Upgrading MH professionals' skills by introducing ALMH in educational curricula.
- Improvement of the scientific profile of MH professionals and upgrading their reliability. Psychiatry has documented terrible failures: chemical convulsion, electroconvulsive therapy, mental surgery, development and descending of psychiatric hospitals. It also stands often defenseless by the intense intervention of pharmaceutical companies in the formation of therapeutic perceptions despite the scientific disrepute of many formulations and marketing methods. In the midst of the growing questioning of the methods of describing and classifying mental disorders, ALMH emerges as the great challenge and opportunity for the discipline of Psychiatry. (Egas Moniz may have received the Nobel Prize for lobotomy (!), but the real professional recognition/satisfaction comes only from the services' users within the daily medical practice.) This is the time to choose between Vienna, Paris and Trieste or New York, Indianapolis and Basel.
- Active citizenship: Contributing to the ability of MH services' users to defend their rights, broadening the support of the general population in their claims and developing integrated approaches for living conditions and policies' applications.
- Development of institutional tools to monitor and promote ALMH
- Strengthening prevention by establishing the balance of mind and body from early childhood within primary education.
- Improving the quality of life for the elders
- Strategic synergies of MH with the Sport and Wellbeing sectors
- Fighting for evaluation of the applied MH policies and accountability of MH services' providers
- Setting aside the biomedical model for MH.
- Urgent incorporation of ALMH in the overall context to address COVID 19 consequences (or pandemics at large).

And finally, if we intend to proceed a little deeper....

- Reduction of political control through biopower / bioethics
- Reflection on the foundations of modern western civilization as they were developed on the basis of the Cartesian "cogito" and the separation of spirit and body.

More info on ALMH:

https://mentalworld.site/global-observatory-of-active-living-for-mentalhealth/ https://mentalworld.site/the-value-of-sport-on-preventing-youth-suicides/ https://www.almh-platform.eu/ http://enalmh.eu/index.php/en/

APPENDIX: LIST OF SCIENTIFIC LITERATURE





APPENDIX: LIST OF ALMH RELATED SCIENTIFIC LITERATURE

The list is presented in alphabetical order

- 1. Arent, S.M., Landers, D.M., & Etnier, J.L. (2000). The effects of exercise on mood in older adults: A meta-analytic review. Journal of Aging and Physical Activity, 8, 407-430.
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