

Understanding the experience of initiating community-based group physical activity by people with serious mental illness: a systematic review using a meta-ethnographic approach

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Table 3. First and second order construct table

<p>The journey used to frame and organise the second order constructs</p>	<p>Summary definition ('translation') of the phase of the journey</p>	<p>First order constructs: illustrative quotations from participants in primary studies</p>	<p>Second order constructs and summary definition ('translation') of the second order construct</p>	<p>Papers that include the second order construct</p>
<p>Underlying influences impacting upon the initiation of physical activity</p>	<p>Underlying influences that can play a part in all stages of the physical activity initiation journey.</p>	<p>“It’s hard to make changes in your diet and follow the [exercise] routine...when you’re at a point where you just don’t care” (Yarborough 2016, p. 6)</p> <p>“If you got your PC out and ran, like, 14 web searches and 8 lots of Photoshop and Word for Windows, it would gradually crank to a halt. And that’s exactly what going to the gym is like for me.” (Carless & Douglas 2012, p. 168)</p>	<p>Characteristics of the condition</p> <p>Characteristics of the SMI and feeling ‘well enough’ to engage in PA are underlying issues that influence all phases of the initiation journey.</p> <p>Characteristics of the condition include; poor body image, fatigue, low self-esteem, powerlessness and the influence of fluctuations in the condition. Life is viewed through the lens of the condition, leaving little room for anything else.</p>	<p>Carless, 2007 [36]; Carless & Douglas 2012 [32]; Crone 2007 [41]; Evans 2017 [35]; Irving et al. 2003 [29]; Wärdig et al. 2013 [28]; Yarborough et al. 2016 [27]</p>

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		<p>'... sometimes the actual drug treatments that you have that make you very tired, and, makes it sometimes a struggle to actually get out of bed and do something' (Felix, 45 yrs). (Hodgson et al 2011, p. 26)</p> <p>"because being on my medication – I've put quite a bit of weight on and [physical activity] helps keep control of my weight as well because you get a bit self-conscious about that." (Evans, 2017, p. 185)</p>	<p>Side-effects of medication</p> <p>The side-effects of the antipsychotic medication make it difficult at all phases of the initiation journey because the individual does not feel 'well enough' to participate. The negative side-effects of medication include; tiredness, fatigue and weight gain. In the initiation of PA, it is important to get the medication right before starting to be more active.</p>	<p>Carless 2007 [36]; Carless & Sparkes 2008 [13]; Evans 2017 [35]; Faulkner & Sparkes, 1999 [38]; Hodgson et al. 2011 [30]; Yarborough et al. 2016 [27]</p>
Thinking about being active	The first phase of the journey in which people's predisposing perceptions,	<p>"It's like, putting myself in a position of vulnerability, having to meet lots of new things, people that aren't necessarily predictable, I can't</p>	<p>Thoughts and beliefs about being active in a group setting</p> <p>Feelings of social isolation and</p>	<p>Carless & Douglas 2012 [32]; Evans 2017 [35];</p>

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	<p>beliefs and values influence the decision about whether to engage in physical activity. These relate to general perceptions about physical activity and being more active, rather than beliefs about a specific type of physical activity.</p>	<p>always say who's going to be there, or who's not going to be there" (Carless & Douglas 2012, p.167)</p> <p>"I have problems talking to strangers " (Evans 2017, p. 182)</p>	<p>vulnerability make it difficult to initiate PA in a community, group setting. Community settings are believed to be more unpredictable due to social anxiety and apprehension around strangers.</p>	<p>Hodgson et al. 2011 [30]; Hoffman 2013 [34]</p>
		<p>'It's just that I've got an activity for the afternoon that I'm not sat watching TV something like that. I watch so much it just sort of draws me. I need to sort of break away from a day indoors and get out and do something ... It's something to get me out of bed, get out of bed that morning.'" (Carless & Douglas, 2008a, p. 583)</p>	<p>Expected outcomes of being more active</p> <p>Thoughts about the outcomes of engaging in PA influence decisions about whether to take part in the activity. The expected outcomes need to be meaningful for the individual and outweigh the potential negative side-</p>	<p>Carless 2007 [36]; Carless & Douglas 2008a [40]; Carless & Douglas 2012 [32]; Evans 2017 [35]; Faulkner & Sparkes 1999 [38];</p>

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			<p>effects. Positive outcomes include; a way of controlling symptoms, health improvement, a way of accessing clinical support/professional help, an opportunity to talk to others who share a similar experience, seeing friends or making friends, a worthwhile reason to get out of the house, and weight control. Negative outcomes include; feeling vulnerable and insecure, stigma and embarrassment, problems with being coached/controlled by others, having to interact with others, having a panic attack, aches, pains and sweating.</p>	<p>Graham et al. 2017 [31]; Hodgson et al. 2011 [30]; Hoffman 2013 [34]; Irving et al. 2003 [29]; Wärdig et al. 2013 [28]; Yarborough et al. 2016 [27]</p>

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		<p>'They [two physiotherapists] made a programme for me and I started . . . I think they asked me what I wanted to do, but they just told me what was available and what I could fit in, like a school programme.'" (Carless & Douglas, 2008b, p. 1186)</p> <p>"I need someone to push me. I don't think I could ever do it on my own bat. I think I need somebody to give me that little push, to make sure that I do it, you know... It's just having that person there to say, a member of staff or someone saying, go out and do yourself some good." (Faulkner & Sparkes, 1999, p.66)</p>	<p>Positive encouragement and informational support</p> <p>Social support is important when thinking about being active. Receiving positive encouragement to engage in PA and information about the benefits of the PA helps inform the decision about whether to take part. The source of the encouragement and information is important and could be health professionals, support workers or family/friends.</p>	<p>Carless, 2007 [36]; Carless & Douglas 2008b [39]; Carless & Sparkes 2008 [13]; Faulkner & Sparkes 1999 [38]; Hodgson et al. 2011 [30]; Hoffman 2013 [34]; Wärdig et al. 2013 [28]; Yarborough et al. 2016 [27]</p>

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		<p>'I was always playing football from the age of 16... we lived for football.' (Carless, 2007, p. 20)</p>	<p>Past experience of physical activity</p> <p>Prior experience of PA plays an important role in the decision process about whether to take part. Positive experiences in past or before they were diagnosed with the SMI facilitated initiation and helped the individual experience a sense of 'normality'.</p>	<p>Carless 2007 [36]</p>
<p>Planning and preparing for the physical activity</p>	<p>Having thought about being more active, this phase includes thoughts about the specific activity and involves the individual considering the</p>	<p>'I felt keen, you know, 'cause I felt it was good time out and, you know, it's not as if I'm playing a hectic sport, it's pretty relaxed... It looked a very relaxed style sport – that's the beauty of it.' (Carless & Douglas, 2004, p.34)</p>	<p>Thoughts about the specific activity and expected benefits</p> <p>Individuals are influenced by specific characteristics of the activity being considered. In planning and preparing for</p>	<p>Cantrell et al. 2016; Carless & Douglas 2004 [33]; Carless & Douglas 2008a [40];</p>

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	<p>specific characteristics of the activity, including the expected benefits, the location and who will be there. These thought processes all contribute to the individual developing a plan of action for the physical activity and developing a sense of feeling prepared to participate.</p>	<p>“The (sport center), it’s a beautiful track, it’s gorgeous, but...a person on disability cannot afford it. It’s a richman’s track.” (Graham et al., 2017, p. 844)</p>	<p>the activity, individuals decide how desirable the activity sounds, including what the activity entails and the opportunities it provides.</p> <p>Thoughts about the cost and location</p> <p>In planning and preparing for the activity, individuals consider the direct costs of participation in the activity and whether it</p>	<p>Carless & Douglas 2012 [32]; Crone 2007 [41]; Evans 2017 [35]; Faulkner & Sparkes 1999 [38]; Hoffman 2013 [34]; Irving et al. 2003 [29]; Wärdig et al. 2013 [28]</p> <p>Carless & Douglas, 2004 [33]; Carless & Douglas, 2008b [39];</p>

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			is affordable to them. Consideration is also given to the location of the activity and how suitable or appropriate it is believed to be for the individual or 'people like us'.	Crone 2007 [41]; Graham et al., 2017 [31]; Hodgson et al. 2011 [30]; Wärdig et al. 2013 [28]
		<p>“If it wasn’t for Sarah and Catherine [two physiotherapists] I don’t think I’d have got back into it. Well, I would have got back into it, but not so soon . . . I think it was important for them to be there first of all. It gave me a bit of confidence. Because I was so unwell, I wouldn’t have had no confidence, thinking I was gonna</p>	<p>Thoughts about who will be there</p> <p>In planning and preparing for the activity, individuals consider the other people who will be there and the expectations of how the individual will feel in the company of others. Thoughts about who will be there relate to the other PA participants and the</p>	<p>Carless & Douglas, 2008b [39]; Carless & Douglas 2012 [32]; Evans 2017 [35]; Faulkner & Sparkes 1999 [38];</p>

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		<p>have a panic attack, stuff like that... somebody there I could chat to and take my mind off it and stuff.” (Carless & Douglas, 2008b, p. 1189)</p>	<p>staff members/supervisors involved in the delivery of the activity or working at the facilities.</p>	<p>Hodgson et al. 2011 [30]; Irving et al. 2003 [29]; Wärdig et al. 2013 [28]</p>
Getting to the activity	<p>Having considered the details of the specific activity, this phase involves the individual actually getting to the activity. It is expected that the individual has a plan for participation and has moved into the phase of actually getting to the activity.</p>	<p>“I don’t actually come on the bus, Sally picks up Maureen first and then she picks me up after, and then we come in the car, so really, I don’t know how we’d get here otherwise because I’m not able to get on a bus on my own” (Hodgson et al., 2011, p. 26)</p> <p>“I have a bit of difficulty with motivation of going on my own and I’ve not really been able to</p>	<p>Physical dependency on others to get there</p> <p>Having tangible support in place physically enables individuals to get to the activity and facilitates the initiation of PA. It can involve reminders (e.g., telephone calls), help with transport, transport costs or accompaniment to the activity. Often the support comes from health</p>	<p>Carless 2007 [36]; Carless & Douglas 2004 [33]; Carless & Douglas 2008b [39]; Crone 2007 [41]; Hodgson et al. 2011 [30]; Hoffman 2013 [34];</p>

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		<p>manage going on my own so I appreciate going [swimming] with them [the support workers]" (Evans, 2017 p 182)</p>	<p>professionals or support workers but can also come from friends/family.</p>	<p>Irving et al. 2003 [29]</p>
		<p>"And then I have my daughter as well. I can't go out when she comes home and I can't do anything when she's at home. We're stuck in the house, like a prison." (Wärdig et al 2013, p. 606)</p>	<p>Other barriers influencing ability to get there Other barriers can include personal responsibilities or other commitments such as family life including childcare also make getting to the activity difficult. Other fears and concerns may make the journey to the activity difficult.</p>	<p>Carless & Douglas 2004 [33]; Crone 2007 [41]; Hoffman 2013 [34]; Wärdig et al. 2013 [28]</p>

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Beginning the activity	This phase refers to the phase in the individual's journey when the initial uptake occurs (i.e., they take part for the first time). It is expected that by this phase, the individual has thought about being more active, planned and prepared for a specific activity, got to the activity and has arrived at a place (physically and emotionally) of feeling ready to actually participate.	<p>“Well you’re meeting other people that are sharing a common thing aren’t you really? Common exercises, sharing that experience. That’s what I reckon anyway. So it’s good on that side of it...all doing the same thing, got the same experience and got something to talk about.” (Carless & Douglas, 2008a, p. 587)</p> <p>“When I self harm, I feel less judged on my bruises/marks at the badminton group than I do with other people. Like when I go to my volunteering at the charity shop, I wear long sleeves to cover my arms, whereas at badminton I feel comfortable wearing a t-shirt.</p>	<p>Socialisation and the influence of the group</p> <p>When beginning to be active in a group setting, individuals engage with the other people present. The initial experience is often affected by the other participants or the health professionals, support workers, or supervisors. Sharing the experience with others deemed similar to oneself elicits mutual understanding and creates a non-judgemental atmosphere. However, not all individuals will benefit from the socialisation opportunities provided through group-based PA.</p>	<p>Bizub et al. 2003 [37]; Carless & Douglas 2008a [40]; Carless & Douglas 2012 [32]; Crone 2007 [41]; Faulkner & Sparkes 1999 [38]; Irving et al. 2003 [29]; Wärdig et al. 2013 [28]; Yarborough et al. 2016 [27]</p>

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		<p>Another thing is, if we talked too much about our illness/problems to so-called "normal people" they might think we are a bit self obsessed, whereas in the badminton group because we all have similar problems, it is good to share it with each other. It's good because nothing is expected of you. You take it at your own pace. If you are having a bad day and just feel like watching, that is OK." (Carless & Douglas 2012, p. 168)</p>		
		<p>"I love the fact that there's different groups for different people. So it's tailored for everybody's needs." (Graham et al., 2017, p. 844).</p>	<p>Accessibility and scheduling flexibility When beginning to be active, the extent to which the activity can be tailored to different levels of ability and ages is</p>	<p>Carless & Douglas 2012 [32]; Crone 2007 [41]; Evans 2017 [35];</p>

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			important. Individuals value having a sense of control over the level at which they participate. Programme schedules that are flexible to other commitments or relapses the individual may might experience are beneficial.	Graham et al. 2017 [31]
		<p>“I would be meeting other people and it would be very relaxing and you could just get into the pool and do what you wanted and there would be nobody hassling you or following you. You could be just relaxed and be with your own thoughts.” (Evans, 2017, p 186)</p>	<p>Immediate benefits of taking part</p> <p>The immediate feelings or perceived benefits experienced as a result of engagement in the physical activity are important for ongoing participation. These include; mood enhancement, sense of freedom, relaxation, sense of</p>	<p>Bizub et al. 2003 [37]; Carless 2007 [36]; Carless & Sparkes 2008 [13]; Crone 2007 [41]; Evans 2017 [35]; Faulkner & Sparkes</p>

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		<p>“a bit proud of myself. I was actually doing something that was worthwhile and slightly constructive.” (Faulkner & Sparkes 1999, p. 63)</p>	<p>achievement and self-appreciation. However, emotions such as apprehension or social anxiety can also occur in group-based PA.</p>	<p>1999 [38]; Wärdig et al. 2013 [28]</p>