

**Priorities and opportunities for lifestyle psychiatry:
consensus from the LifePsych Society**

FIRTH, Joseph, DEENIK, Jeroen, CASTELLANOS, Nazareth, DIEZ, Gustavo G, SCHUCH, Felipe B, SCRIVANO, Luana, ROSENBAUM, Simon and WARD, Philip B

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/35765/>

This document is the Accepted Version [AM]

Citation:

FIRTH, Joseph, DEENIK, Jeroen, CASTELLANOS, Nazareth, DIEZ, Gustavo G, SCHUCH, Felipe B, SCRIVANO, Luana, ROSENBAUM, Simon and WARD, Philip B (2025). Priorities and opportunities for lifestyle psychiatry: consensus from the LifePsych Society. *World Psychiatry*, 24 (2), 277-279. [Article]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

Priorities and opportunities for lifestyle psychiatry: consensus from the LifePsych Society

“Lifestyle psychiatry” encompasses the role of modifiable behavioral health factors – such as physical activity, sleep, diet, and stress management – in preventing and treating mental health conditions¹. Since lifestyle interventions are gaining recognition as fundamental components of psychology and psychiatry^{1,2}, the LifePsych Society has been established to advance research, education, and global integration of lifestyle medicine into mental health.

The inaugural LifePsych Society summit, held in June 2024, convened international experts working across various sectors, to discuss practical and sustainable integration of evidence-based lifestyle interventions into diverse mental health care contexts. Here we summarize the priorities and opportunities identified from the summit, focusing on: a) inclusive implementation strategies, b) emergent trends in lifestyle psychiatry, and c) future directions for lifestyle psychiatry and the LifePsych Society.

As to implementation strategies, there was broad consensus that, while published evidence has increased dramatically, more effort is needed to implement evidence-based interventions sustainably and effectively in diverse mental health care settings^{3,4}. Various examples illustrated how principles of implementation science can be adopted to deploy lifestyle interventions flexibly across the continuum of care^{4,5}. The importance of continuously evaluating locally implemented interventions was highlighted; this is essential in supporting adaptations based on feedback and changing circumstances, while providing a foundation for research to support their translation across different settings^{3,5}.

Advancing lifestyle psychiatry also requires developing and implementing culturally responsive and sustainable interventions in collaboration with colleagues from low- and middle-income countries. To meet the needs of target populations, interventions must be deeply rooted in the cultural fabric of the communities they aim to serve. Early engagement with local stakeholders was recognized as a key factor in ensuring that lifestyle interventions respect local traditions, beliefs, and capacities of the clinical and public health services involved⁶.

Co-creating interventions with local experts as equal partners fosters a sense of ownership, helping to maintain momentum and continuous improvement as needs evolve^{5,6}. Leveraging peer and community support networks can be particularly effective in resource-limited settings. Community-based lay health workers can be trained to deliver interventions, thereby expanding reach and reducing costs. This delivery model empowers individuals and strengthens community bonds, which facilitates sustainable behavior change.

Alongside individual-level interventions, it is vital that social determinants of mental health, such as food insecurity, are addressed to ensure the provision of comprehensive care⁵. Overall, the successful implementation of lifestyle psychiatry combines implementation science, cultural sensitivity, and community engagement to meet the needs of diverse populations worldwide^{6,7}.

As to emergent trends, it was acknowledged that broadening the scope of lifestyle psychiatry by researching and evaluating innovative therapeutic modalities is essential for securing its role in the future of mental health care. Summit discussions highlighted the potential of mobile health applications and wearable devices to monitor real-time physiological and behavioral data – such as activity levels, sleep patterns, and heart rate variability. This supports the delivery of scalable, personalized lifestyle interventions with regular feedback and tailored adjustments.

The LifePsych summit highlighted the many opportunities that digital technologies offer for health promotion⁸, especially for individuals with mental illness. However, it was emphasized that these technologies should complement, rather than replace, the traditional elements of health promotion, and that low-resource settings may face additional barriers towards technology adoption, which have yet to be overcome.

The discussion also addressed a paradox in using digital tools to improve lifestyle behaviors: the very technologies designed to promote health may lead to sedentary behavior and excessive social media use¹. The importance of researching digital device usage as a “new lifestyle factor” was emphasized in this context. The focus is understanding how to utilize these technologies positively while mitigating their potential downsides⁸.

Other innovative therapeutic modalities were also identified as promising areas for future research. Mindfulness, in particular, was highlighted as an increasingly evidence-based approach for improving mental health, especially in trauma recovery and stress reduction⁹. The broad applicability of mindfulness-based interventions was also recognized, as they are accessible, adaptable across cultures, and require minimal resources. Additionally, more nascent context-specific therapeutic approaches were discussed, including outdoor activities combining physical exercise, exposure to nature, nutritional interventions, psychoeducation, and community engagement to enhance mental health outcomes⁷.

Concerning emerging research, recent mechanistic discoveries on how lifestyle behaviors may influence mental health – for example, by modulating inflammation, neurotrophic factors, and the microbiome-gut-brain axis – were identified as rapidly developing and promising sub-fields within lifestyle psychiatry^{1,2}.

These emerging innovations reflect a shift toward multidisciplinary and integrative approaches. To maximize impact, we must work with relevant bodies to develop and disseminate training in the evidence base and its application, and, in partnership with our colleagues in low- and middle-income countries, to ensure the development of culturally responsive, acceptable and engaging interventions. To facilitate this, sustained collaboration with stakeholders, from the inception of ideas right through to real-world implementation and scaling up, is crucial to achieving meaningful global mental health impact.

As to future directions, it was acknowledged that the future of lifestyle psychiatry holds significant promise, driven by a commitment to continuous research and refinement of evidence-based, culturally sensitive, and scalable approaches. The LifePsych Society aims to propel the field by fostering an international network that generates support, motivation, and exchange of resources and materials. Within this, a central priority is to make a tangible impact on global health care systems through accelerating the implementation of evidence-based interventions to improve mental health outcomes.

The collaborative environment of the LifePsych Society will facilitate ideas sharing and mentorship, and it has the geographical reach required to support multi-site studies and independent replications. The Society will also enable the co-creation of globally applicable resources that can be tailored to specific contexts to address diverse health care needs. A focus on inclusive development and implementation will remain paramount by incorporating voices from different backgrounds, disciplines and settings.

To operationalize its mission, the LifePsych Society will now move towards establishing a formal structure with clear goals, measurable objectives, and regular meetings. A declaration of intent will outline its vision, ethical guidelines, and strategic priorities, facilitating partnerships and attracting funding. Within this, the Society is exploring two initiatives aiming to encourage global uptake and promote interdisciplinary research: a) creating region-specific sub-networks to address local needs and increase the accessibility of in-person meetings, and b) developing a digital knowledge hub for disseminating research, case studies, and best practices.

In conclusion, the future of lifestyle psychiatry depends on fostering inclusivity and innovation to produce impactful research and widescale implementation. As lifestyle psychiatry is poised to become an integral component of global mental health care^{1,2}, the LifePsych Society aims to facilitate global collaborations, establish shared priorities, and enhance the capacity for meaningful research across diverse settings.

Joseph Firth^{1,2}, Jeroen Deenik^{3,4}, Nazareth Castellanos⁵, Gustavo G. Diez⁵, Felipe B. Schuch^{6,7,8}, Luana Scivano^{1,9}, Simon Rosenbaum¹⁰, Philip B. Ward^{10,11}, for the LifePsych Society Consortium

The other members of the LifePsych Society Consortium include:

Salek Ahmed (Bangladesh); Oliver Ardill-Young (Australia); Jesús Borrueco-Sánchez (Spain); Javier Bueno-Antequera (Spain); Wiepke Cahn (Netherlands); Alejandra Carrillo (UK); Pablo Cuesta (Spain); Melissa deJonge (Canada); Mohamed Elshazly (Egypt); Hannah Fabian (UK); Josh A Firth (UK); Chloe French (UK); Grace Gatera (Rwanda); Lamiece Hassan (UK); Piril Hepsomali (UK); Felice Jacka (Australia); Jeff Lambert (UK); Álvaro López-Moral (Spain); Camilo López-Sánchez (Spain); Katarzyna Karolina Machaczek (UK); Jamie Marshall (UK); Evan Matthews (Ireland); Wolfgang Marx (Australia); Chermaine Noortman (Netherlands); Miguel Ángel Oviedo-Caro (Spain); Paula Ramirez (Colombia); Brendon Stubbs (UK); Scott Teasdale (Australia) Davy Vancampfort (Belgium); Matt Waugh (UK).

¹Division of Psychology and Mental Health, University of Manchester, Manchester, UK; ²Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK; ³Mental Health and Neuroscience Research Institute, Maastricht University, Netherlands; ⁴GGz Centraal centre for mental healthcare, Netherlands; ⁵Nirakara Lab, Complutense University of Madrid, Madrid, Spain; ⁶Department of Sports Methods and Techniques, Federal University of Santa Maria, Santa Maria, Brazil; ⁷Institute of Psychiatry, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil; ⁸Faculty of Health Sciences, Universidad Autónoma de Chile, Providencia, Chile; ⁹Department for Life Quality Studies, University of Bologna, Bologna, Italy; ¹⁰Discipline of Psychiatry and Mental Health, Faculty of Medicine and Health, University of New South Wales, Sydney, NSW, Australia; ¹¹Ingham Institute of Applied Medical Research, University of South Wales, Liverpool, NSW, Australia;

Further information on the LifePsych Society is available at: www.lifestylepsych.org.

1. Baron D, Noordsy D. World Psychiatry 2021;20:454.
2. Marx W, Manger SH, Blencowe M et al. World J Biol Psychiatry 2023;24:333-86.
3. Deenik J, Czosnek L, Teasdale SB et al. Transl Behav Med 2020;10:1070-3.
4. Curtis J, Teasdale SB, Morell R et al. Early Interv Psychiatry 2024;18:731-8.
5. Kirkbride J, Anglin DM, Colman J et al. World Psychiatry 2024;23:58-90.
6. McKeon G, Curtis J, Rostami R et al. J Immigr Minor Health 2024;12:1-5.
7. Vancampfort D, Kimbowa S, Ward PB et al. Disabil Rehabil 2023;45:170-5.
8. Firth J, Torous J, López-Gil JF et al. World Psychiatry 2024;23:176-90.
9. Vancampfort D, Stubbs B, Van Damme T et al. J Psychiatr Res 2021;34:181-91.