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Lifestyle psychiatry: a conceptual framework for application in mental health care and support

Jeroen Deenik, Jentien Vermeulen, Scott Teasdale, Felipe Schuch, Wolfgang Marx, Ben Perry, Gustavo Garcia Diez, Nazareth Castellanos, Mohamed Elshazly, Grace Gatera, Matt Waugh, Piril Hepsomali, Javier Bueno Antequera, Jesus Borrueco Sanchez, Alvaro Lopez Moral, Camilo López Sánchez, Miguel Angel Oviedo Caro, Melissa DeJonge, Chermaine Noortman, Myrthe van Schothorst, Natascha den Bleijker, Luana Scrivano, Douglas Noordsy, Hannah Fabian, Patrick Jachyra, Justin Chapman, Gia Merlo, Sam Manger, Adrienne O'Neill, Katarzyna Karolina Machaczek, Oliver Ardill-Young, Paula Ramírez, Evan Matthews, Jeffrey Lambert, Josh Firth, Lamiece Hassan, Felice Jacka, Philip Ward, Brendon Stubbs, Wiepke Cahn, Simon Rosenbaum, Davy Vancampfort, Joseph Firth

Abstract

Lifestyle-related behaviours—such as sedentary behaviour, physical inactivity, poor nutrition, disrupted sleep, and substance use—are increasingly recognised as important factors in the onset and persistence of mental illness. Evidence for the efficacy and cost-efficiency of lifestyle interventions in mental health is growing, and such approaches are now embedded in international guidelines and endorsed by major health organisations and associations as ‘lifestyle psychiatry’. Nevertheless, despite this progress, these interventions remain underused in mental health care and support. One contributing factor is the lack of a shared conceptual understanding of ‘lifestyle psychiatry’. This conceptual ambiguity risks fragmented practice, inconsistency in research, and uncertainty around its role in policy, care and support. Therefore, this paper offers a conceptual foundation for lifestyle psychiatry, developed with an international group bringing together perspectives from mental health professions, lived experience, and research. It defines core domains, outlines key challenges to behaviour change specific to mental health populations, and calls for multi-level and equity-oriented approaches. The proposed framework aligns with person-centred and recovery-oriented care and serves as a shared reference point for practical application and future development. It aims to support the structured, context-sensitive integration of lifestyle psychiatry into mental health care and support.

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Background

Despite advances in treatment, many people living with mental illness continue to face significant challenges.¹ Preventive strategies have also yielded limited progress. Certain health behaviours – such as sedentary behaviour, physical inactivity, poor quality nutrition and sleep and substance use (including smoking) – are linked to the onset and persistence of mental illness.² Lifestyle interventions hold significant clinical and economic value for improving mental health outcomes and complement their established role in improving physical health – especially relevant for those at higher risk for or living with mental illness.³ In addition, they may help reduce the worsening of existing conditions, accelerate recovery, support long-term stability, and slow symptom progression.²

This growing evidence base has led to increasing inclusion of lifestyle interventions in mental health guidelines and standards across regions.^{4–11} Notable examples include guidelines from the World Federation of Societies for Biological Psychiatry and Australasian Society of Lifestyle Medicine⁴, the European Psychiatric Association⁷, and the Lancet Psychiatry Physical Health Commission.^{3,6} These documents synthesise available evidence and offer graded recommendations for practice. Building on this momentum, leading organisations and associations – including the World Psychiatry Association and the American Psychiatric Association – have launched initiatives highlighting the relevance of lifestyle in mental healthcare.^{11–15} The World Health Organization has also emphasised person-centred outcomes like agency, social connection, and quality of life.¹⁵

As a field, lifestyle medicine has predominantly focused on physical health and chronic conditions such as cardiovascular disease and diabetes.^{16,17} Its application in psychiatry remains limited, despite growing awareness of the lifestyle-related needs of people at higher risk for or living with mental illness. Still, there is no consensus on what constitutes ‘lifestyle psychiatry’. Previous working definitions have made valuable contributions by positioning lifestyle psychiatry within the broader field of lifestyle medicine, offering pragmatic frameworks that emphasise core lifestyle domains and underscore the relevance of behaviour change across mental health contexts.^{16–20} While these frameworks have helped shape the field, they reflect pragmatic or emergent perspectives and vary in emphasis and scope. As the field rapidly evolves, a shared conceptual foundation is needed to guide future research and practice.

Given the broad and varied nature of the term, questions persist about what lifestyle psychiatry encompasses. The term lifestyle itself is not clearly defined and may evoke different meanings across cultures and contexts. For example, lifestyle can refer to geographical traditions (e.g. the Mediterranean lifestyle), social status (e.g. the jet-set lifestyle), or commercial domains (e.g. wellness products, home magazines, spa culture).¹⁸ Without a clear conceptual framework, lifestyle-related approaches risk remaining vague, overly broad, infer personal responsibility for illness and symptom management, or being diluted by commercial, ideological, or popular media narratives that undermine its clarity and role in health care. A shared conceptualisation can help prevent conceptual drift and ensure scientific and clinical efforts are better aligned and effective. This paper aims to offer a foundation to guide future research, implementation, and policy development.

Lifestyle medicine as a basis for informing lifestyle psychiatry

Lifestyle psychiatry is considered a specific branch of lifestyle medicine that focuses on the prevention and treatment of mental illness. Given its foundation in lifestyle medicine, it is essential to first outline the broader principles of lifestyle medicine, before delineating the scope and direction of lifestyle psychiatry.

Multiple definitions of lifestyle medicine are in circulation, with two predominant interpretations emerging. One by Egger et al.²¹, which informed the Australasian Society of Lifestyle Medicine (ASLM)²², and the other by Guthrie²³, the basis for the American College of Lifestyle Medicine (ACLM) and the Lifestyle Medicine Global Alliance (LMGA)^{24,25} (see Table 1). Both position lifestyle medicine as a foundational component of conventional care, not a separate discipline instead of a new kind of medicine.

Table 1. Definitions of lifestyle medicine

Egger et al. ^{21 a}	<i>The application of environmental, behavioural, medical, and motivational principles to the management (including self-care and self-management) of lifestyle-related health problems in a clinical and/or public health setting</i>
Guthrie ^{23 b}	<i>The use of evidence-based lifestyle therapeutic approaches, such as predominantly whole food, plant-based diet, physical activity, sleep, stress management, tobacco cessation, and other nondrug modalities to prevent, treat, and, oftentimes, reverse lifestyle-related chronic diseases.</i>

^a basis for e.g. Australasian Society of Lifestyle Medicine.

^b basis for e.g. American College of Lifestyle Medicine and Lifestyle Medicine Global Alliance.

Despite shared principles, they differ in emphasis. For example, Egger et al. include public health, explicitly recognising the impact of social determinants (e.g. income, education, policy) on behaviour—acknowledging that not all health outcomes are the result of personal ‘choice’. This reduces the risk of individual ‘blame’ often associated with lifestyle-related illness.^{21,26} Guthrie places greater emphasis on chronic disease and the importance of evidence-based interventions. This helps protect the field from commercial distortion or the inclusion of poorly supported practices.²⁶ A synthesis of both approaches—e.g., evidence-based interventions and involving environmental factors—is preferable.²³ Recognizing environmental factors and the necessary quality assurance, both the ASLM and ACLM add social connectedness and involvement of trained professionals as important factors.^{22,24}

Conceptualizing Lifestyle Psychiatry

Lifestyle psychiatry applies the principles of lifestyle medicine to support the health and wellbeing of people at higher risk for or living with mental illness, integrating interventions that promote a healthy lifestyle across all phases of care and support, while being responsive to their unique needs and lived experiences.

To support the need for a clear conceptualisation of lifestyle psychiatry, as proposed in this paper, Figure 1 visualises key barriers to lifestyle change commonly faced by people at higher risk for or living with mental illness. While some of these barriers are also found in other vulnerable populations – such as individuals living in poverty or facing chronic physical illness – they tend to be more pronounced and interrelated in the context of mental illness. This highlights the importance of a focused approach within mental health care and support. Grounded in ecological models of health behaviour, this figure illustrates how lifestyle behaviour is not only shaped by individual factors, but also by surrounding interpersonal, community/environmental and policy/societal influences. This highlights the necessity of a multilevel approach. While not all barriers are discussed in detail here, they reflect recurring themes around lifestyle in mental health care and support – drawing on clinical experience, implementation research, and perspectives from both health professionals and people

with lived experience^{2-4,6,7,27} – and highlight potential leverage points for intervention within mental health systems. Addressing these barriers effectively often requires tailored approaches that account for fluctuating motivation, cognitive capacity, self-stigma, discrimination, and structural limitations—common characteristics of mental health care contexts. While similar considerations may be relevant in other areas of health care, they are particularly critical to the success and sustainability of lifestyle interventions in mental health care. Building on the definition of lifestyle medicine, we propose a conceptual definition of lifestyle psychiatry below, which we subsequently break down into its core components to clarify the rationale behind each element.

Lifestyle psychiatry is the application of individually tailored, single or multiple evidence-based lifestyle interventions, including –but not limited to– a healthy diet, regular physical activity, adequate sleep, stress management, reduction and avoidance of harmful substance use, and meaningful social connectedness—for the prevention, treatment, and recovery support of individuals at higher risk for or living with mental illness. These interventions may be self-led or delivered by qualified professionals and supported by systems and policies that address both individual and broader socioecological factors, aligned with existing mental health care and support.

The application of individually tailored, single or multiple evidence-based lifestyle interventions

The conceptual foundation of lifestyle psychiatry rests on the use of evidence-based interventions. As discussed earlier in this paper, this ensures the field remains grounded in approaches with demonstrated clinical relevance and avoids the inclusion of practices that are poorly supported or diluted by commercial, ideological, or popular media narratives. At the same time, the emphasis on evidence should not be interpreted too overly narrowly. Particularly in the context of lifestyle interventions, which often span multiple domains and system levels (as illustrated in Figure 1), there must also be room for innovation, cultural relevance, and pragmatic adaptation to reflect the diversity of human experiences.

Lived experience plays a key role in this regard. Individuals at higher risk for or living with mental illness often face fluctuating motivation, self-stigma, discrimination, and barriers to access, which directly affect the effectiveness and implementation of lifestyle interventions in real-world settings. Experiential evidence from people with lived experience should inform the design of interventions to ensure they are acceptable, accessible, and feasible across diverse contexts. Incorporating these perspectives strengthens the relevance, practicality, and sustainability of lifestyle psychiatry in real-world settings. In addition to experiential knowledge, valuable theoretical and practical insights may also be drawn from other medical fields in which lifestyle management forms a cornerstone of treatment and prevention.¹⁶

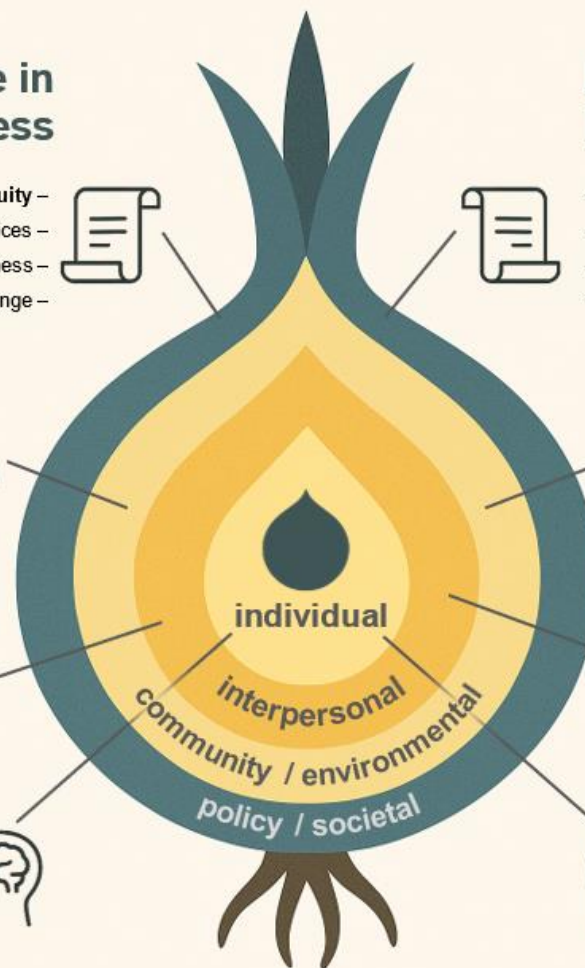
Including –but not limited to– a healthy diet, regular physical activity, adequate sleep, stress management, reduction and avoidance of harmful substance use, and meaningful social connectedness

These domains reflect modifiable health behaviours with robust evidence for their influence on both physical and mental health outcomes in people at higher risk for or living with mental illness.^{2-4,6,7,27} While the listed behaviours are core targets in line with lifestyle medicine, the phrasing “but not limited to” is deliberately included to reflect the evolving nature of the field and allows for the

inclusion of other health-related behaviours where relevant and supported by evidence, such as work-directed activities and green prescriptions.⁴

Barriers to lifestyle behaviour change in mental illness

- Socioeconomic disadvantage and structural inequity –
- Fragmented care, limited coverage or exclusion for lifestyle services –
- Policy neglect of upstream health promotion for people with mental illness –
- Undertrained workforce in lifestyle psychiatry or behaviour change –
- Obesogenic or unsafe environments and facilities –
- Limited access to resources (e.g. healthy food, activity support) –
- Exclusion from lifestyle services (e.g. cultural or digital barriers) –
- Lack of tailored programs within care or community settings –
- Lack of social support, conflicting norms –
- Social isolation and unsupportive home environments –
- Stigma, low expectations, and non-supportive role models (including professionals) –
- Low energy, anhedonia, cognitive symptoms and reduced motivation –
- Medication side effects (e.g. weight gain, sedation, increased appetite) –
- Internalised stigma and low health literacy and self-efficacy –
- Practical barriers (e.g. transport, costs, prior negative experiences) –



Interventions to support healthy lifestyle behaviours in mental illness*

- Policies supporting healthy behaviours (e.g., smoke-free, healthy food options)
- Embedding lifestyle in mental health guidelines
- Workforce development: training, accreditation, funding of (integrated) programs
- Campaigns to reduce stigma and promote mental health equity
- Structural and built environment changes (e.g. green space, healthy food options in care)
- Social prescribing to local programs and resources
- Cultural adaptation and sensory-friendly environments
- Peer support, buddy systems, and lifestyle contracts (e.g. joint smoking cessation with family/peers)
- Inclusion of relatives/carers in planning and support
- Training for and integration of relational and motivational work into routine mental health practice
- Psychoeducation and self-management tools
- Tailored coaching by trained professionals
- Wearables and mHealth tools
- Flexible, stepped interventions supporting autonomy and enjoyment

Figure 1. Conceptual model informed by ecological frameworks of health behaviour^{28,29}, illustrating selected (non-exhaustive) barriers and example interventions at different levels relevant to lifestyle psychiatry, reflecting key insights from consolidated findings of recent evidence syntheses and expert guidance.^{2-4,6,7,27} * Evidence-based, multi-phase application (from prevention to recovery), self-led and/or professionally supported, person- and context-sensitive delivered.

Another critical consideration for lifestyle psychiatry is its application in conditions where lifestyle-related behaviours are deeply interwoven with psychopathology. For instance, people at higher risk for or living with mental illness are more vulnerable to developing substance dependence compared to the general population^{30–32}, which requires careful clinical attention beyond general health promotion. Similarly, eating disorders involve disrupted relationships with food, weight, and body image that necessitate tailored, multidisciplinary care. While lifestyle psychiatry emphasises healthy behaviours, these domains must be approached with caution in such contexts to avoid oversimplifying complex conditions or inadvertently reinforcing harmful behaviours.^{3,4,6} When appropriately applied, lifestyle psychiatry can complement such specialized care by fostering structured, health-oriented habits that support symptom management, enhance functioning, and – where possible – contribute to long-term recovery.

Finally, the inclusion of *meaningful* social connectedness is particularly salient to mental health. This domain is increasingly recognised in clinical guidelines as a key component of lifestyle interventions in psychiatry, given its well-established links to mental health outcomes.⁴ While social connectedness is often viewed in terms of interpersonal relationships and social support, emerging frameworks describe that connectedness also encompass connections to nature, community, culture, spirituality, and self as essential subcomponents.³³ We also explicitly added *meaningful*, as how people connect is increasingly shaped by digital technologies such as smartphones, social media, and online platforms. While they offer opportunities for engagement and support, they are also associated with increased risks of depressive symptoms, anxiety, and lifestyle disruptions (e.g., sleep disturbance), particularly in younger populations.^{34–37} Therefore, especially within lifestyle psychiatry, it is important to consider these factors and not only promote social engagement, but also help individuals cultivate forms of connection that are meaningful, appropriate, and supportive of their mental wellbeing.

For the prevention, treatment, and recovery support of individuals at higher risk for or living with mental illness.

Lifestyle psychiatry encompasses interventions that contribute across the full continuum of prevention to treatment and long-term recovery for people at higher risk for or living with mental illness. Lifestyle-related behaviours play an important role in both the development and treatment of mental and physical health conditions. In mental health care and support, these interventions have been shown to influence not only core psychiatric symptoms but also broader outcomes such as quality of life and psychosocial and cognitive functioning.^{2–4,7}

In practice, lifestyle psychiatry is typically applied in services spanning secondary and tertiary prevention, treatment, and recovery support. This includes settings ranging from clinical care to community-based services, including those supporting people with severe and persistent mental illness.⁷ Interventions may be delivered at different levels (see examples in Figure 1) to support protective lifestyle behaviours. These include, for instance, peer-led activity groups in inpatient settings, tailored nutrition education in early intervention services, or social prescribing initiatives connecting individuals to walking clubs or community gardens. Supporting recovery also requires attention to the psychosocial and cultural dimensions that – although extending beyond lifestyle alone – substantially shape health behaviour. An individual’s sense of meaning and purpose, experiences of social exclusion, discrimination, or perceived loss of identity or cultural connection can profoundly affect their motivation and capacity for behaviour change.³⁸ These factors are often foundational to whether how, and why a person engages with any form of care – including lifestyle-

based approaches. Actively considering these influences ensures that interventions resonate with people's lived experience and can be adapted to personal, cultural and geographic needs and contexts, thereby enhancing their impact and sustainability in practice.³⁸

Taken together, this highlights that lifestyle psychiatry is not only concerned with symptom relief, but also with enabling people to pursue well-being and meaningful participation in daily life.

These interventions may be self-led or delivered by qualified professionals

As part of their foundation in lifestyle medicine, interventions practiced within lifestyle psychiatry may be self-led or facilitated by professionals, depending on the individual needs, preferences, and capacities. Self-led strategies are consistent with the emphasis on self-management in chronic care and include behaviour changes initiated and maintained by individuals themselves. These approaches can be effective and supportive, particularly when supported by accessible resources such as psychoeducation, peer-led programs, and tools that provide feedback, monitoring, or reinforcement of progress (e.g. digital applications, structured self-reporting, or community-based programs). However, self-led efforts may also benefit from guidance and safety monitoring to ensure they are sustained, evidence-based, and appropriately adapted to clinical needs. This is particularly relevant in complex or co-morbid presentations, where challenges such as symptom burden, fluctuating motivation, or uncertainty about health information may otherwise limit effectiveness.

Compared to those without mental illness, individuals at higher risk for or living with mental illness often face additional, non-volitional barriers that complicate self-management. These include symptomatology (e.g. fatigue, low motivation, cognitive impairment), side effects of psychotropic medication (e.g. weight gain, sedation, appetite dysregulation) and functional limitations that hinder the initiation or maintenance of healthy routines, as illustrated in Figure 1. These challenges are consistently reflected in the perspectives of people with lived experience, who emphasise the need for tailored, proactive support in lifestyle change.^{6,39,40}

Therefore, the role of qualified professionals remains essential in promoting equitable access and sustainable outcomes. Interventions led by qualified professionals tend to show greater adherence and better outcomes compared to more generalist involvement.^{2,6,7,11,41–44} While the background of 'qualified professionals' may differ across contexts, their expertise should ideally cover three domains: understanding of lifestyle behaviours (e.g., physical activity, nutrition), knowledge of mental illness and its impact on functioning, and skills in motivational and behavioural support. Examples include allied health professionals (e.g. dietitians, physiotherapists, exercise physiologists), professionals in mental health care and support (e.g., psychologists, psychiatrists, nurse practitioners) trained in specific lifestyle behavioural change, and peer support workers with relevant training and lived expertise. Their involvement helps tailor interventions to individual capacities and preferences and adapting to complex needs across settings, thereby improving access, feasibility and impact. Recent global policy also states that such task-sharing and broader workforce inclusion in systems providing care and support for mental health challenges is needed, including lifestyle-focused professionals, ensuring interventions are attuned to the specific needs, capacities, and circumstances of individuals.¹⁵ This also includes that referring or prescribing professionals – such as general practitioners, psychiatrists, psychologists, or nurse specialists – play a key role in initiating or coordinating lifestyle psychiatry interventions in routine practice. Their contributions extend from recognising the relevance of lifestyle behaviours in assessment and care planning, to facilitating interdisciplinary collaboration, supporting staff training, and advocating for system-level changes.

To be most effective, this tailoring of care and support should be informed by co-design with people with lived experience, ensuring interventions can be adapted to individual, cultural, and contextual realities across different life stages and service settings.⁶ Given these realities, it is critical that attention to individual support is paired with attention to the broader conditions that enable or constrain behaviour change. This also helps avoid narratives of individual blame and acknowledges that mental health and lifestyle outcomes arise from complex, intersecting causes. Attributing responsibility solely to the individual can be unhelpful, inaccurate, or even unjust.² Recognising this complexity is crucial in building more inclusive and supportive models of care and support, as also discussed in the following section.

Supported by systems and policies that address both individual and broader socioecological factors

To be truly effective and equitable, lifestyle interventions must be embedded within environments that make healthy choices more accessible, achievable, and sustainable. Determinants such as poverty, food insecurity, housing instability, discrimination, unemployment, poorer health literacy and limited access to healthcare and safe and health-supporting environments exert a powerful influence on both mental health and lifestyle risk behaviours.^{2-4,6,16,45-47} These determinants often lie beyond individual control and disproportionately affect people experiencing or vulnerable to mental illness. As a result, if lifestyle psychiatry interventions focus solely on individual behaviour change, they may unintentionally widen existing health inequalities: those with fewer barriers tend to benefit more, while those with the greatest need may be excluded or underserved.^{3,6,26,48} In line with the principle of proportionate universalism – the idea that interventions should be universal, but scaled in intensity according to level of need⁴⁷ – achieving equity and impact requires that support be tailored and that interventions address not only individual but also systemic and contextual determinants (see Figure 1 for examples).

Health and social care systems carry a shared responsibility to reduce contextual obstacles and create supportive structures for health-promoting behaviour. Yet in many contexts, these systems still fall short, particularly for individuals who face multiple, intersecting disadvantages. Creating enabling environments requires coordinated efforts from healthcare organisations, communities and policymakers to create conditions that support health-promoting lifestyle behaviours within settings that treat and support people at higher risk for or living with mental illness.^{2-4,6}

While broader policy and societal shifts are essential for long-term sustainability, it is important to recognise that meaningful systemic action can begin within the immediate context of support and care. Teams and community-based services – across healthcare, social care, education, and outreach contexts – can start adapting local practices, workflows, policies and environments to better support health-promoting behaviours. Many successful initiatives have emerged in such local settings, gradually building momentum for broader structural shifts.

Recent international examples demonstrate that targeted lifestyle interventions can be implemented effectively even in low-resource or high-risk contexts, such as inpatient mental health wards, community clinics, or refugee settings.^{6,49} Nonetheless, such grassroots efforts must ultimately be supported by sustained institutional and societal commitment, including the removal of systemic barriers, supportive policies, viable financial reimbursement models, structural funding mechanisms, and organisational leadership. Without these foundations, local innovations risk remaining fragmented or unsustainable over time.

Aligned with existing mental health care and support

Lifestyle psychiatry is not a new, separate field of psychiatry, but rather an essential foundation for good practice in supporting people with mental health challenges across care and community settings. While lifestyle psychiatry draws on the broader foundation of lifestyle medicine, it is embedded within the context of mental health care and support and complements existing therapeutic approaches. It provides a structured, evidence-informed framework to support mental and physical health through modifiable behaviours and integrates these within established practices in mental health care and support. Rather than serving solely as an optional adjunct, lifestyle psychiatry is relevant to all stages and types of mental illness and contributes directly to treatment effects, recovery, and quality of life. Although much of the clinical evidence comes from studies where lifestyle interventions are used adjunctively, attending to these domains is not merely complementary, but essential: neglecting factors such as physical inactivity, poor diet, disrupted sleep, or social isolation can undermine therapeutic progress and limit recovery outcomes.^{2,4,6} Rather than operating in isolation, lifestyle psychiatry aligns with widely adopted principles in mental health care and support, such as recovery-oriented care, collaborative treatment planning, and patient empowerment. These approaches share a focus on supporting individuals to live meaningful, self-directed lives despite ongoing challenges.

Importantly, lifestyle interventions can be embedded in personalised care plans and monitored systematically, using appropriate assessment tools, outcome measures, and documentation practices, just as with pharmacological or psychotherapeutic interventions. In this way, lifestyle psychiatry compliments—not replaces—existing approaches and helps ensure that mental health care and support better address the complex and interrelated factors that shape recovery and quality of life.

Conclusion

This paper offers a conceptual foundation for lifestyle psychiatry – an emerging field that builds on the principles of lifestyle medicine, while explicitly addressing the unique barriers and opportunities within mental health care and support. By defining its scope and rationale, we aim to foster greater clarity, coherence, and credibility across research, clinical practice, and policy. Although increasingly recognised by international professional organisations, lifestyle psychiatry remains underutilised in mental health systems. Continued efforts are needed to embed lifestyle-based approaches in care pathways, professional training, and structural policies, ensuring that such interventions are accessible, sustainable, and responsive to the needs of people at higher risk for or living with mental illness. These efforts must also be grounded in co-design with people with lived experience, enabling the development of interventions, environments, and policies that are not only effective, but also empowering, and equitable and relevant to end users. Advancing lifestyle psychiatry in this way offers a meaningful path toward more holistic, person-centred, and health-promoting mental health care and support that is responsive to diverse lived experiences and needs of the people it aims to serve.

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