



EXERCISE AS A TREATMENT TO IMPROVE ENGAGEMENT WITH MENTAL HEALTH SERVICES IN YOUTH WITH CLINICAL MENTAL ILLNESS: REVIEW AND RECOMMENDATIONS

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Poor engagement with mental health services (MHS) during youth reflects a critical failure in transitional care. The loss of youth-specific support following transition from child and adolescent MHS to adult MHS is associated with disengagement, poorer outcomes, hospitalisation, and mortality.

Methods

A structured but non-exhaustive literature search and iterative thematic synthesis were undertaken. Literature on youth needs, recovery-oriented mental health care, and exercise in mental health were synthesised to examine conceptual alignments and surmise the relevance of exercise within transitional care.

Results

Across the literature, youth with mental illness preferred services supporting wellbeing, symptom management, and participation within their communities, and showed higher engagement in recovery-oriented services. Synthesised evidence highlights a mismatch between these needs and adult MHS, where services often have limited capacity to provide the youth-specific, developmentally appropriate care present in child and Adolescent MHS before their transition.

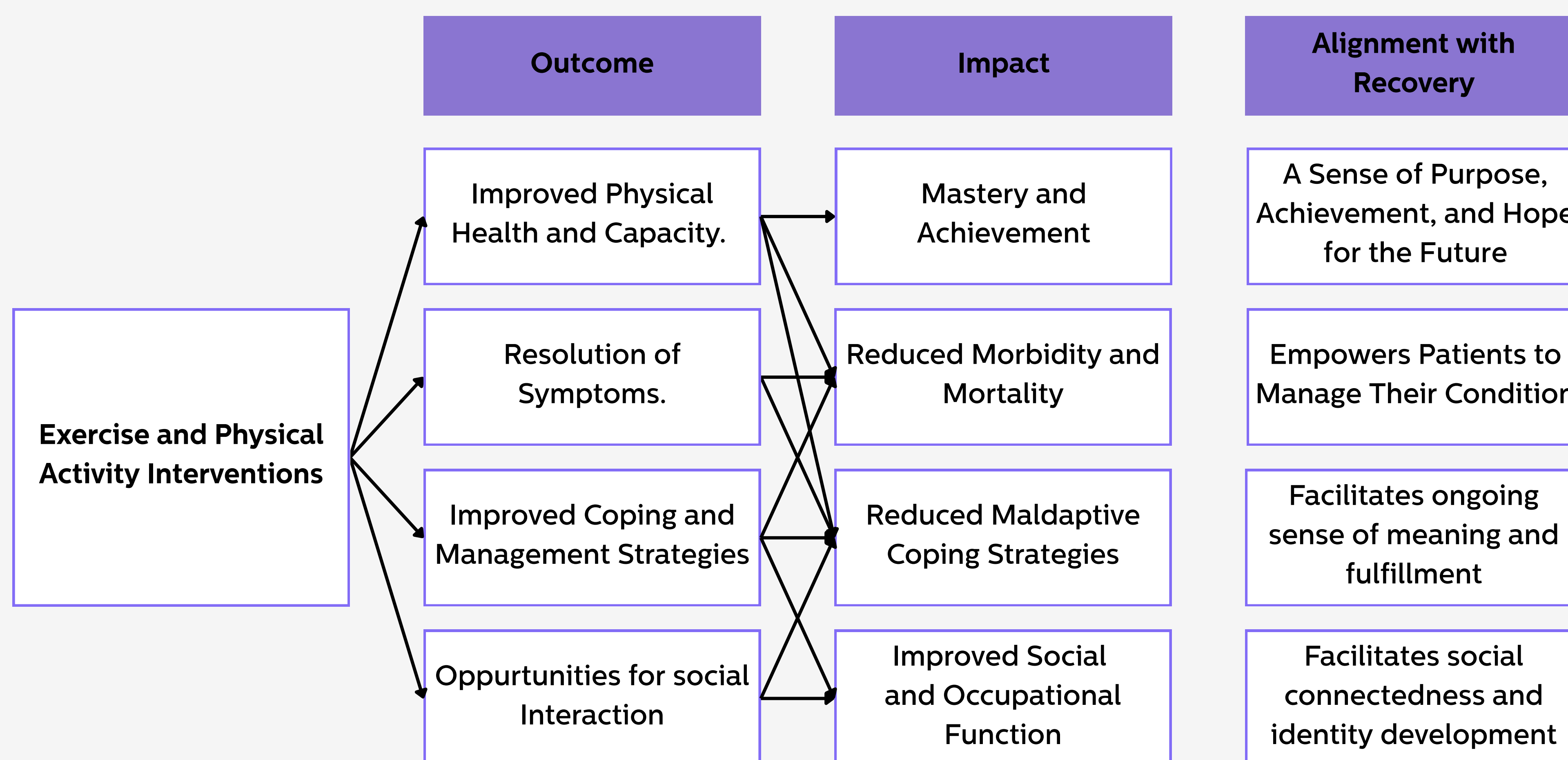


Figure 1: Exercise as an adjunctive support within a recovery-oriented care model. Based on findings from Staal & Jespersen (2015), Pascoe et al. (2020), Neill et al. (2020), Firth et al. (2020), and Smith & Merwin (2021).

When literature on exercise in mental health is considered alongside recovery-oriented care principles and youth needs, a strong conceptual alignment emerges. Exercise consistently aligns with core concepts of recovery-oriented practice supporting behavioural activation, improved self-efficacy and self-concept, symptom management, and connectedness. This aligns with youth-specific preferences for mental health interventions, suggesting relevance as an adjunctive therapy within transitional care.

Conclusions

Exercise represents a practical and feasible form of adjunctive care that aligns closely with recovery-oriented principles and youth needs. However, its role in supporting youth during the transition from child and adolescent to adult MHS remains underexplored. Greater theoretical and empirical attention to exercise within transitional care pathways is warranted to inform future research, clinical practice, and service design.

Structured exercise warrants further investigation as a youth-specific, feasible, and scalable intervention that could be utilised broadly to support increased youth engagement in adult mental health services, whilst also supporting them on their recovery journey.