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Childhood psychological disorders persist through adolescence and are recognised as prominent contributors to the burden of disease among young people.

The World Health Organisation (WHO, 2004) defines mental health as “A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. It is important to note that the most prevalent mental health behaviours in the world are characterised by the development of substance and alcohol use disorders (SUD/AUD) during adolescence. Health risk behaviours such as common mental disorders, AUD, HIV risk behaviours and criminal victimisation have been found to be associated with drug use, which is of major concern in the South African context.

Adolescents More Vulnerable to Mental Health Issues
Adolescence is marked by an increase in leisure-time and greater amounts of time spent with peers, which can translate to boredom. Boredom has been cited as a primary reason why youth engage in substance use and later may subsequently develop SUDs, as well as relapse to use following a period of abstinence. Youth who report high levels of boredom tend to display greater involvement in risk-taking behaviours, extreme sensation activities and/or various forms of delinquency in an attempt to combat that boredom.

Exercise as an Add-on Intervention to Mental Health Treatment
Insufficient physical activity is a growing global epidemic. In recent years, exercise has been suggested as an add-on intervention to SUD and mental health treatment, because of its well-documented benefits to physical and mental health. It is reported that youth who participate in sports and physical activities are less likely to be illicit drug users, and that regular participation in physical exercise during adolescence provided a preventive effect on alcohol and illicit drug use in adulthood.

Exercise helps with cognitive function and flexibility, in the reduction of symptoms for depression and anxiety. Exercise may serve as a mood enhancer, due to the release of endorphins and serotonin in the brain which provide the “feel good” feeling. In order to improve cardiorespiratory and muscular fitness, mental health, bone health, and cardiovascular and metabolic health biomarkers, it is recommended that:

- Children and youth aged 5–17 should get at least 60 minutes of average to hard intensity physical activity daily.
- Amounts of physical activity greater than 60 minutes provide additional health benefits.

Additionally, exercise has been found to alleviate symptoms such as low self-esteem and social withdrawal. Exercise and sport promotes healthy social activities through physical activity, thus, structured and goal-oriented exercise is recommended to counter these risks by providing healthier alternatives to anti-social behaviours. Research has shown that exercise calls up reward pathways and neurochemicals in the brain that are similar to those brought on by addictive substances.

The Role of Mental Health Service Providers
Mental health service providers can provide effective, evidence-based physical activity interventions, with the help of exercise professionals (biokineticists, physiotherapists, coaches and personal trainers) for individuals suffering from mental health issues and SUD although research to date is not entirely conclusive.

Future work must consider how changes in exercise and sport participation correspond with changing alcohol and drug use over time as well as the recommended dose and type of exercise for particular mental health conditions is needed before prescription of exercise.

The benefits of exercise far outweigh inactive lifestyles as exercise can be easily accessible. With the freedom to choose the exercise most desired, it can be concluded that physical activity can improve mental health and overall wellbeing.