

When the Mind Meets the Body

Health and wellbeing for schools

Most risk factors for developing non-communicable diseases, such as diabetes and heart disease, are established during adolescence. Urgent action is required to prevent the premature death of this cohort in Ireland as a result. We conducted a quasi-experiment combining positive psychology and lifestyle medicine to help students improve their sleep, nutrition, stress management, and physical activity. Here we reflect on our findings and the implications for school wellbeing policy and practice.

Introduction

According to the World Health Organisation (WHO, 2021), 72% of annual global death is attributable to non-communicable diseases (NCDs) such as diabetes, heart disease, stroke, lung disease, certain cancers, and mental health disorders. Almost 70% of risk factors for developing NCDs (smoking and alcohol consumption, drug use, poor diet, lack of physical activity) are established during adolescence (Akseer et al., 2020).

At the same time, the Growing Up in Ireland longitudinal study identified a worrying lifestyle trend in young people in Ireland (McNamara et al., 2020). Almost half of their 17–18-year-old cohort had smoked cigarettes, a third had tried e-cigarettes, and 30% had used cannabis. According to the WHO screening tool, 89% of youths consumed alcohol, with 36% reporting risky drinking behaviour; 20% were overweight; 8% were obese; 17% reported self-harming; and 10% reported anxiety and/or depression.

According to a recent report, 61% of Irish residents aged 15–24 met the weekly recommended guidelines for physical activity (71% of males, 51% of females) (Healthy Ireland, 2019). Young people spend almost 6 hours of a weekday sitting (ibid.). Urgent action is thus required to prevent the premature death of current post-primary students in Ireland.



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Lifestyle medicine

Lifestyle medicine (LM) is an emerging branch of medicine with a focus on preventing and managing non-communicable diseases through evidence-based lifestyle interventions and education (ACLM, 2022). It focuses on six pillars of health: eating healthy food, regular physical activity, adequate sleep, stress management, avoiding risky substances (alcohol, tobacco, illicit drugs), and cultivating positive relationships.

LM-based interventions that support lifestyle changes have been shown to prevent – and in some cases reverse – NCDs such as type 2 diabetes and heart disease (Bodai et al., 2018). Adolescents have specific needs in relation to LM pillars compared with adults. For example, it is recommended that adolescents get 8–10 hours of quality sleep each night (Hirshkowitz et al., 2015), and engage in 60 minutes of moderate physical activity daily and three days of strength-based exercise weekly (WHO, 2020).

Taking all this into consideration, we conducted a quasi-experiment with 176 students aged 12–20 in post-primary schools, combining positive psychology and LM tools to help them improve sleep, nutrition, stress management, and physical activity (Burke et al., forthcoming). Positive psychology is a science of wellbeing (Burke, 2021). It explores positive subjective experiences (e.g., flow, positive relationships, psychological richness), positive individual traits (e.g., curiosity, kindness, forgiveness), and how organisations and groups, including schools and workplaces, can facilitate positive experiences. Combining LM with positive psychology can tap into optimal functioning of the body and mind. We refer to this approach as positive health (O’Boyle et al., 2023).

Activities used in the four-week experiment were sampled from over 100 research-based positive-health tools compiled by academics at the University of Medicine and Health Sciences, Royal College of Surgeons in Ireland (Burke et al., forthcoming). We integrated some activities with each other by ensuring that body and mind were represented throughout. For example, instead of asking young people to eat well, we asked them to perform three acts of kindness to their body and eat well or reflect at the end of the day on the three good things they ate, thus combining kindness and gratitude with nutrition. Instead of asking them to engage in sleep hygiene, we asked them to write down, before going to bed, three funny things that happened to them that day or to vividly imagine three positive events that could happen the next day. This combined sleep hygiene with positive psychological concepts of humour and positive prospecting.

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Results and conclusion

The results showed that combining positive psychology and LM interventions was more effective at improving young people's wellbeing and many aspects of their health than engaging with pure LM interventions such as exercise, probiotic food, or sleep hygiene. The experiment took place halfway through the school year, which adversely affected all students' wellbeing. However, the students who participated in the experiment reported the smallest decline compared to the control group. This finding is in line with our research with adults, which showed that people who flourish psychologically are nine times more likely to use the six pillars of LM than those who languish (Burke & Dunne, 2022).

Lifestyle medicine (LM) focuses on six pillars of health: eating healthy food, regular physical activity, adequate sleep, stress management, avoiding risky substances (alcohol, tobacco, illicit drugs), and cultivating positive relationships.

While the interventions effectively improved psychological and emotional wellbeing, participants who practised a combination of interventions reported a decline in their satisfaction with sleep. This may have been due to having 'too much of a good thing'. In our previous research, we highlighted that the mechanisms for engaging in body-and-mind interventions differ between psychological wellbeing and health practice (ibid.). Thus, schools cannot assume that introducing any wellbeing and health interventions for their students will have a positive outcome on all aspects of their body and mind.

Wellbeing interventions, ironically, can harm young people's wellbeing (Burke, 2021), and there are programmes currently implemented in Irish schools that have not been empirically assessed. Thus, care needs to be taken with the dosage and content of interventions when implementing them. Also, psychological interventions are not enough to improve students' wellbeing. Alternative interventions need to be designed and validated that combine body and mind to create a healthier future society. Finally, it is important to measure not only the psychological outcomes of these programmes but also their impact on the body, as it may differ. Only then can we truly contribute to growing a healthy generation free from non-communicable disease.

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