



**Mental Health and Wellness Commission**  
Thursday, September 12<sup>th</sup>, 2013  
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To: The Honorable Brian Calley, Director James Haveman, Honorable Senators Bruce Caswell and Rebekah Warren, and Honorable Representatives Phil Cavanagh and Matt Lori.

I would like to start off by thanking each of you, and Governor Snyder, for the opportunity to speak to this Commission.

My name is Brendan Kelly. I am a Licensed Master's Social Worker, and have worked in the field of mental health for over 10 years. A little over two years ago, my colleague, Timothy Pieri, and I opened an outpatient mental health practice here in Grand Rapids.

At our practice, we offer traditional outpatient therapy services to our clients. Typically, we see our clients on a weekly basis, and work mostly with those who are struggling with depression or anxiety. However, at our practice, we also utilize physical exercise as a form of mental health treatment by providing our clients with free access to our fitness center, and including exercise as a component of treatment plans.

Essential to our practice is the book "Spark", by Dr. John Ratey. Dr. Ratey is a clinical associate professor of psychiatry at Harvard University. "Spark" is a compilation of years worth of research on exercise and its impact on mental health, through which Dr. Ratey was able to establish exercise as being a valid and effective option for mental health treatment. In his book, Dr. Ratey stated that, "(exercise) is simply one of the best treatments we have for most psychiatric problems." Essentially, it was this statement, and the large and growing body of research upon which it was based, that served as the foundation for our practice.

While Dr. Ratey's book, "Spark", served as our foundation, another book, "Exercise for Mood and Anxiety Disorders" by Dr. Jasper Smits and Dr. Michael Otto, has served as our guide. In this book, Smits and Otto also used research to prove the efficacy of exercise as a form of mental health treatment, primarily for anxiety and depressive disorders. They also provided us with specific interventions on how exercise can be used as a treatment for these disorders, which have proven to be highly successful with our clients.

Importantly, Smits and Otto observe that most people are motivated to exercise for their physical health, rather than their mental health. Unfortunately, when this is the primary reason for a person to exercise, the reward they are seeking, such as weight loss, is a delayed reward. A person who is exercising to lose weight has to exercise today, tomorrow, and many more times in the days and weeks to come in order to gain the reward they are seeking. It is easy for a person to say "no" to exercising today when the reward they are seeking won't materialize until sometime down the road.

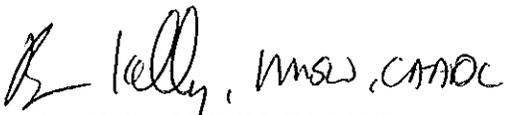
However, when we *change our focus* from exercising for our physical health to exercising *for our mental health*, the reward the person is seeking is gained right away. They feel better immediately. A depressed individual experiences a boost in mood, energy, and motivation. An anxious individual feels much more relaxed, at ease, and much less stressed-out. A person with ADD is now more able to focus on the task at hand, and a person who is struggling with addiction suddenly experiences a decrease in cravings. The reward is immediate and reinforcing.

The best part is that the person who was previously motivated to exercise in order to lose weight can still lose weight. The weight loss simply becomes a side effect of exercise as a medication. When you begin to compare the side effects of exercise as a mental health medication to the side effects of our current mental health medications, the advantages of exercise become crystal clear.

Now, I'd like to stop right here and state very clearly that we are not "anti-medication". Psychotropic medications can be very helpful and are certainly necessary in some cases. Exercise can not treat psychosis, and a person will need more than just exercise if they are struggling with severe depression. We firmly believe in the necessity of medication as a component of treatment for serious psychiatric disorders.

The 2011 report from Medco Health Solutions, "America's State of Mind" states that 26% of adult women and 15% of adult men in the United States are now taking some form of a mental health medication. Antidepressant medications are being prescribed more and more every day. They have become the status quo. By formally adopting physical exercise as a legitimate form of mental health treatment, I believe we can begin to reverse this trend.

Over the past few years, when I have talked to people about our program and its concept, the response I always seem to get is, "Wow...that just makes sense!". I highly recommend that this Commission give exercise strong consideration as a valid and effective form of mental health treatment, and begin to look at ways in which it could be utilized in the public health care system. Thank you, and I welcome any questions you may have at this time.

  
Brendan Kelly, LMSW, CAADC



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## **Mental Health Providers Should Prescribe Exercise More Often for Depression, Anxiety, Research Suggests**

ScienceDaily (Apr. 6, 2010) — Exercise is a magic drug for many people with depression and anxiety disorders, and it should be more widely prescribed by mental health care providers, according to researchers who analyzed the results of numerous published studies.

"Exercise has been shown to have tremendous benefits for mental health," says Jasper Smits, director of the Anxiety Research and Treatment Program at Southern Methodist University in Dallas. "The more therapists who are trained in exercise therapy, the better off patients will be."

Smits and Michael Otto, psychology professor at Boston University, based their finding on an analysis of dozens of population-based studies, clinical studies and meta-analytic reviews related to exercise and mental health, including the authors' meta-analysis of exercise interventions for mental health and studies on reducing anxiety sensitivity with exercise. The researchers' review demonstrated the efficacy of exercise programs in reducing depression and anxiety.

The traditional treatments of cognitive behavioral therapy and pharmacotherapy don't reach everyone who needs them, says Smits, an associate professor of psychology.

"Exercise can fill the gap for people who can't receive traditional therapies because of cost or lack of access, or who don't want to because of the perceived social stigma associated with these treatments," he says. "Exercise also can supplement traditional treatments, helping patients become more focused and engaged."

The researchers presented their findings March 6 in Baltimore at the annual conference of the Anxiety Disorder Association of America. Their workshop was based on their therapist guide "Exercise for Mood and Anxiety Disorders," with accompanying patient workbook (Oxford University Press, September 2009). For links to more information see [www.smuresearch.com](http://www.smuresearch.com).

"Individuals who exercise report fewer symptoms of anxiety and depression, and lower levels of stress and anger," Smits says. "Exercise appears to affect, like an antidepressant, particular neurotransmitter systems in the brain, and it helps patients with depression re-establish positive behaviors. For patients with anxiety disorders, exercise reduces their fears of fear and related bodily sensations such as a racing heart and rapid breathing."

After patients have passed a health assessment, Smits says, they should work up to the public health dose, which is 150 minutes a week of moderate-intensity activity or 75 minutes a week of vigorous-

intensity activity. At a time when 40 percent of Americans are sedentary, he says, mental health care providers can serve as their patients' exercise guides and motivators.

"Rather than emphasize the long-term health benefits of an exercise program -- which can be difficult to sustain -- we urge providers to focus with their patients on the immediate benefits," he says. "After just 25 minutes, your mood improves, you are less stressed, you have more energy -- and you'll be motivated to exercise again tomorrow. A bad mood is no longer a barrier to exercise; it is the very reason to exercise."

Smits says health care providers who prescribe exercise also must give their patients the tools they need to succeed, such as the daily schedules, problem-solving strategies and goal-setting featured in his guide for therapists.

"Therapists can help their patients take specific, achievable steps," he says. "This isn't about working out five times a week for the next year. It's about exercising for 20 or 30 minutes and feeling better today."

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