Get Up and Go: Walking Away from Depression

Jonathan Norton

Psychologist

Counselling Service, University of Melbourne

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Two recognised protective factors that can minimise the impact of depression are regular exercise and social contact. Barriers to putting such strategies into practice for those with depression include fatigue and lack of motivation. “Get Up and Go: Walking Away from Depression” is an innovative exercise program run at the University of Melbourne which addresses these barriers. In this program a volunteer is linked with a depressed person, and the pair go on a weekly walk, over a period of several months. This offers a structure to assist the depressed person to become more physically active, and provides the benefits of social contact and exercise. The program is overseen and coordinated by university Counselling Service staff. This paper describes the operation of this program, which began in 2004. It reports on background and precedents, the mechanics, pitfalls and lessons, and presents feedback and evaluative data to date.
*Get Up and Go* is a University based walking exercise program aimed at students and staff with depression, persistent low mood, or social isolation. In this program, clients are paired with a volunteer walking partner, and they meet for a minimum of once a week to walk for a minimum of one hour.

The origins of this program date to the late 1990s, when Doutta Galla Community Health Service (CHS) in inner Melbourne received seed funding from Vicfit (an organisation established through the Departments of Health and Sport and Recreation to coordinate the promotion of fitness in Victoria) to pilot a program which they called “Walking Away from Depression”. This sought to bring the benefits of regular walking exercise to individuals with low mood.

With permission of Doutta Galla CHS, Ranges CHS in Melbourne then began delivering a similar program. Whilst modestly successful in the Community Health context, the program was then brought to a tertiary setting through the Counselling Service at the University of Melbourne, who have trialled a program now named *Get Up and Go* from 2004 onwards. This paper reports on the program to date at the University of Melbourne.

The benefits of exercise for general health and well being are well known (Harris, 1987; Hassmen, Koivula & Uutela, 2000). Less well known are a
series of studies which demonstrate the beneficial impact of regular aerobic exercise specifically upon mood (Dimeo, Bauer, Varahram, Proest & Halter, 2001; Hansen, Stevens & Coast, 2000; Lee, Goldberg, Sallis, Hickmann, Castro & Chen, 2001; Martinsen, Medhus & Sandvik, 1985). In particular, a series of related studies conducted by researchers at Duke University examined the effects of walking upon depression (Blumenthal, Babyak, Moore, Craighead, Herman, Khati, Waugh, Napolitano, Forman, Appelbaum, Doraiswamy & Krishnan, 1999; Babyak, Blumenthal, Herman, Khati, Doraiswamy, Moore, Craighead, Baldewicz & Krishnan, 2000). Subjects diagnosed with major depressive disorder were split into 3 treatment groups (1) medication (30mg Zoloft); (2) exercise (thirty minutes on a treadmill, three times per week); and (3) medication and exercise. It was found that after four months, all groups exhibited significant improvement, and the proportion of those who no longer qualified for a diagnosis of major depressive disorder was comparable across groups. However a separate paper reported a follow up. At ten months, the relapse rate amongst those who had previously improved was significantly less in the exercise group (10%), than in both the medication group (40%), and the combination group (30%). The researchers themselves were unsure how to interpret these results, and the findings don't prove that exercise alone relieves depression, but they certainly open the door for approaches that include regular physical activity as a complement, or alternative, to medication and psychotherapy.
Explanations of the benefits of exercise for depression vary in the literature, but two keys ideas include the following:

*Exercise stimulates neurotransmitter activity, specifically*

*norepinephrine, dopamine and serotonin, which elevate mood* (Missett, 2001),

and

*Exercise provides a distraction, and gives participants a sense of control, as well as a potential means of social interaction, both of which have a positive impact on depression* (Missett, 2001).

Examples of aerobic exercise known to help with mood include: jogging, running, dance, cycling, swimming, hiking, and playing team sports that involve constant running, such as basketball and soccer. Why therefore develop a program based around walking? There are peculiarities common to those with a depressive disorder that make walking an appealing entrée to regular exercise. Lower intensity activities, such as walking, are a good starting point to build a regular pattern of exercise. No equipment is needed. It can be done (more or less) anywhere, and does not require either joining a club or travelling to a specific venue. So, being easy to undertake, especially for previously inactive individuals, there is a greater likelihood of adherence.
In addition, walking can simply be fun and relaxing, especially with other people. Hence the idea of walking with a partner, or as part of a group. But more than this, the commitment to meet with a walking partner provides a structure and motivation to exercise: again, adherence is improved. This is a cornerstone of Get Up and Go as an intervention targeting those with low mood.

**Method**

**Setting**

The University of Melbourne is primarily based on a single inner city campus in Parkville in Melbourne, with approximately 34,000 students (around 8,000 of these are International), and 6,000 staff.

**Volunteer Recruitment and Training**

In order to establish the program, it was first necessary to train a bank of volunteers to be walking partners for the target client group.

Advertisements for volunteers were sought through posters placed around campus, advertisements in the student newspaper, and promotion through
the University’s Student Ambassador Leadership Program (involvement in which demands completion of some hours of volunteer work within the University community).

Since late 2003, over 60 inquiries from potential volunteers have been received. Formal training and orientation have been provided to 30 of these, and 24 have walked with at least one walking partner. Most of the volunteers have been undergraduate and postgraduate students, although three staff offered their own time (effectively a lunchtime) to volunteer for the program. Some volunteers subsequently withdrew because of changes to their commitments, or because they had left the university, and generally it has become necessary to induct a new batch of volunteers towards the beginning of each academic year. At the time of writing, nine volunteers were active and sixteen were on a waiting list for training.

A “position description” for the volunteer role was drafted and those showing initial interest were sent this as well as a description of the operation of the program, with training times and dates offered. The training/orientation was run by two Counselling Service staff. It took the form of a four hour session, and aimed to: provide information on depression with a view to demystifying the condition, cover basic listening skills, discuss the operation of the program in some detail, and look at what was expected of those in the
volunteer role. In later trainings, a “veteran” volunteer was brought in as a guest to report on their experiences and respond to questions. Volunteers were also encouraged to lead clients in a pace of walking that would lead to an increase in heart rate – it was not to be a dawdle and a chat, but a focused exercise activity.

Other key messages given to volunteers included: the importance of maintaining boundaries and protecting their own privacy; that their role was not to be a friend, nor a counsellor, but simply a walking partner; not to give advice; as much as possible to be themselves; and not to tolerate any unacceptable behaviour.

Ongoing support to volunteers was provided via email and telephone by the program coordinator, who was a psychologist and counsellor at the University Counselling Service. In addition, peer support and debriefing meetings, facilitated by the coordinator, were offered for volunteers.

*Promotion and Assessment*

The current incarnation of this program has evolved over time. Presently at the University of Melbourne the program is promoted through online and poster material distributed around the campus, through liaison with other
student service areas, and within those attending the Counselling Service for individual counselling.

Those interested in participating in the program are asked to leave details, and the coordinator in turn makes initial contact by telephone. The nature and limits of the program are carefully explained, so that potential participants are clear about what is on offer. For those who indicate they wish to proceed, a brief assessment ensues there and then, taking around thirty minutes. This covers: background information and history of mood issues, severity of condition, previous or concurrent treatment, previous hospitalisations, suicidality, strengths and interests, physical contraindications, and current exercise levels. In addition demographic and personal information including date of birth and home address are taken.

In some circumstances it may be the assessment of the coordinator that the person’s situation makes this program unsuitable for them. Exclusion criteria include: current suicidality, concurrent problematic drug use, or diagnosis of psychotic disorder. In such cases alternative treatment options will be explored with the client. As much as anything, these criteria are applied to protect volunteers, who are non professional persons giving their time and who cannot be expected to handle situations which might require considerable clinical expertise and sensitivity.
Having been assessed, the client is then sent a package of information in the mail including the Zung self rating depression scale (Zung, 1965), which they are asked to complete and send back forthwith, and a walking log which they are asked to use to record their participation in this program through its duration.

Upon receipt back of the completed Zung self rating depression scale, a volunteer exercise partner of same gender is arranged. The volunteer contacts the client and they arrange an initial time to meet and walk.

The assignment of a matched gender walking partner has been in most instances uncontroversial. There has been no strong case made to date to arrange things otherwise in this program. Pairing up two people who are strangers to each other can be difficult enough for some participants, but knowing that the walking partner will be of same gender tends to allay some initial anxiety.

*Weekly Walking*

The newly linked pair meet and participate in a regular walk, for an hour, once per week, for approximately a three month period. The mutual time they find to walk is wholly determined by them and subject to their own
schedules and commitments. The Counselling Service takes no role in this, although we offer our premises as a safe and public meeting place for an initial meeting. From here, the pair “runs itself”. The coordinator will check in with volunteers by email on a regular basis, but unless one or other makes contact with a question or concern, the pair is assumed to be functioning well.

After three months, the coordinator contacts both clients and volunteer to review. The client is encouraged to find ongoing exercise activity in the university or the community that suit their needs and interests. This might be something like gym, aerobics, or yoga. They are asked to complete another Zung self rating depression scale and a program evaluation form. The volunteer can choose whether to be available to take on another client for a further three month period.

In some exceptional circumstances, all parties might agree that the best course is to continue walking as a pair for a further period.
Results

Between January 2004 and December 2005, there have been 32 walking pairs, including six current at the time of writing. The mean age of participants has been 28 years old. Of the 32 clients, 12 (37.5%) were local (Australian) students, and 20 (62.5%) were international students (16 Asian, 4 other). So this program seems to have found a place in responding to the adjustment, mood and isolation issues facing international students.

Clients found out about the program mainly through attending the Counselling Service for individual counselling, with 21 (68%) reporting this as the source of their knowledge. Others reported seeing a poster on campus (8, or 25%), seeing an item in a student email newsletter (2, or 6%), whilst one responded to an item in Farrago, the University’s student newspaper.

The mean score on the Zung self rating depression scale among the 32 clients who started the program was 0.64, which for this scale is interpreted as being in the moderate to severe range for depression. This indicates that the program is successfully targeting those it is setting out to target (that is, individuals with significant mood issues).
Of the 26 who had “completed” the program, 19 (73%) walked for a minimum of three months, whilst the remaining 7 (27%) ended prematurely or “faded out”. The latter cases included those who lost commitment to maintain involvement in the program, or where personal circumstances changed, and in one instance arose after a volunteer dropped out.

Of the 19 who maintained participation over at least three months, the mean number of times walked in that period was 9.9. Zung Depression Scales and program evaluation surveys were returned at the end of their participation from 14 of these clients (74% of this subgroup of 19). Among the 14 who therefore had completed a pre and post depression scale, scores were significantly lower (reflecting lower levels of depression) after the three months of walking, as shown in Table One.

Table One: Pre and Post Intervention scores on Zung Self Rating Depression Scale.

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<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Paired t test</th>
</tr>
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<tbody>
<tr>
<td>Mean</td>
<td>0.65</td>
<td>0.56</td>
<td>t(13) = 4.42, p&lt;0.01</td>
</tr>
<tr>
<td>SD</td>
<td>0.11</td>
<td>0.13</td>
<td></td>
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For the same paired data, Cohen’s d = 0.85, with an effect size of 0.39, indicating a medium treatment effect. However there are major methodological limitations here that restrict the interpretation of these
results. This is heavily biased data, from a group that excludes those who ended their involvement prematurely or did not choose to provide information after their involvement in the program was over. Further, in the absence of a matched control group, and without controlling at all for whether these clients were concurrently receiving counselling, taking medication, or engaged in other relevant treatments, it is impossible to state how much of the overall reduction in mood was directly attributable to exercise. At best, for some clients regular walking appears to be not inconsistent with reduction in mood.

For the 14 who provided written feedback at the end of the program, item responses are presented in Figure One.

![Figure One: Evaluation Responses - Get Up and Go (n=14)](image-url)
Clients were asked to make comments on what they liked and disliked about the program. Sample comments of what clients liked included:

"Walking regularly with someone to talk to."

"Having to commit to walking every week with someone, I couldn’t find excuses not to do it."

"Regular social contact."

"Strolling around Royal Park and enjoying the trees and animals and talking to someone nice and kind."

"Looking forward to something interesting and social each week."

"Being accountable to someone else to exercise, exercise was not a chore, had good chats with partner."

Sample comments of what clients did not like included the following:

"The actual walking!"

"Not being able to stop for coffee."

"It is hard to build a friendship between us."

"That it was restricted to three months."

"The challenge of finding a time that worked for us both."

However, these comments also need to be regarded with some care as it is likely that those who may have been dissatisfied with the program, or who
did not experience it as beneficial, have excluded themselves from the group providing feedback.

**Discussion**

To date evidence suggests that *Get Up and Go* has been successful for at least some clients in the tertiary setting, at this particular University. There are several reasons which may be leading to its success in this context. First, both clients and volunteers are linked by a common factor – their involvement at the university, which in this case is a centralised, single campus venue. In practical terms this means that it is easier to arrange a common time and place to meet and walk, but also it sets up a more positive interaction between client and volunteer through common identifications.

In addition, the University of Melbourne precinct offers good local walking options, including a number of different and sizeable parklands. Further, the nature of the University community means that there is no shortage of volunteer interest. Volunteer participation and availability are the bedrock of this program.
Pitfalls and Lessons

As noted, the program has evolved through various incarnations at several agencies, and in so doing lessons have been learned. Major pitfalls and learning areas to date include the following:

There will be drop outs – both clients and volunteers. A certain proportion of these is inevitable. However the incidence can be reduced via thorough screening, with expectations clarified from the very beginning, thoughtful matching of pairs (having a range of available volunteers is desirable), and investing time in keeping in touch via email or telephone with one or both parties, especially early on.

If the time period for walking as a pair is left completely open, the pair might walk indefinitely, limiting the number of available volunteers at any one time. When this program was first piloted at Ranges Community Health Service, there was a review every six months but in general the approach was to let the pair inform the service when they thought the walking partnership was coming to an end. In some cases, it never did, the members of the pair became friends, and the volunteer effectively left the program. The learning has been to impose a nominal time limit of three months, about which clients are clearly informed right from the start. This keeps volunteers “fresh” and
encourages clients to think about ongoing independent exercise for themselves in the relatively short term.

*Volunteers lose interest, feel unsupported, or go “feral”:* Encouragement, support and debriefing for volunteers is vital to this program. The activity of the program occurs “out there” in the streets and parks of the community, and volunteers operate autonomously and in isolation. In some cases, they have complied with a client’s wish not to walk but to meet for coffee instead. Whilst the program recognises that such activity may be helpful in itself, and does preclude it as a supplement to exercise, *Get Up and Go* is primarily and fundamentally an exercise program, and walking is a non negotiable condition of participation. Support for volunteers is provided by regular telephone and email contact, and also by peer support and debriefing meetings. Once or twice a semester such meetings have been offered, allowing volunteers to exchange experiences and information over lunch provided by the Counselling Service.

*Failure of a walking group.* Several attempts over two years to establish an ongoing walking group consisting of “graduate” clients from the program, and led by one or two volunteers, have failed to get off the ground. In one respect this is because such a group by necessity must select a fixed time on a set day each week to run, and that time will not suit all. However the
commitment to a walking group seems not nearly so powerful a motivator for those with low mood as the commitment to meet with an individual walking partner. The current response is to try now for 2006 to establish a walking group quite separate and independent from *Get Up and Go* – a general wellbeing walking group – and have that operate successfully on its own. It would then become an obvious option for those completing *Get Up and Go* to join.

*The Future*

With *Get Up and Go* now firmly established, ongoing evolution and refinement is possible. Possible areas for development include:

- Increased involvement of student counsellors on placement in the screening and monitoring of participants, to allow expansion of the program;
- Exploration of some program coordination functions being performed by interested and suitable volunteers;
- Longer term follow up with participants some time after their formal involvement with the program is over, to evaluate ongoing adherence to exercise and maintenance of higher mood;
- More sophisticated and sound evaluation, including using a control group and collecting information from participants on concurrent, other treatments for depression received.
• As noted above, establishment of a general “Walk for Wellbeing” group separate from this program to act as a feeder point for those completing *Get Up and Go*.

**Conclusion**

An holistic approach to mental wellbeing incorporates attending to many aspects of an individual’s experience. A structured, supportive exercise program like *Get Up and Go* is proving to be an excellent complimentary service to individual counselling, and in some instances, for some individuals, is a preferable alternative. It addresses low mood, physical health, and social isolation. The program is continuing to evolve and develop, and evidence to date suggests it is effective in a University setting.
References


Missett JS (2001). Retrieved from
