cardiovascular conditions such as obesity and heart disease\textsuperscript{17}, which, of course, require additional treatment.

As well as effectively treating depressive symptoms, exercise therapy can serve as a preventative and therapeutic measure for many of the serious physiological disorders that occur alongside depression.\textsuperscript{18,19} Thus not only is exercise therapy immensely beneficial to the patient, simultaneously addressing physical and mental conditions, but its use could also alleviate many of the public healthcare costs associated with depression.\textsuperscript{20}

\textbf{But physical health is not the only aspect to suffer alongside depression.}

Sadly, suffering from depression often means suffering alone. The way in which depressive symptoms manifest in behaviour can lead to the patient becoming totally isolated from their social life.

Feelings of low self-worth and a lack of confidence reduce an individual’s competence in social situations\textsuperscript{21}. As a result, they begin to avoid any form of social contact, even withdrawing from their own friends and family\textsuperscript{22}. Even working relationships are jeopardised; low levels of motivation typically lead to reduced productivity at work, often resulting in unemployment\textsuperscript{23}.

As a result, it is not uncommon for people with depression to report having low quality social relationships\textsuperscript{24}, finding themselves in a state of total social exclusion and isolation having been cut off from their colleagues, friends and family.

And this only makes matters worse. Loneliness has shown to cause or worsen symptoms of depression\textsuperscript{25,26}, and thus patients find themselves trapped; their symptoms destroying their relationships, their loneliness intensifying their symptoms.

Even after diagnosis, the social issues of depression continue. 9/10 people who have suffered with a mental health condition claim to have been victims of stigma and discrimination\textsuperscript{27}. In the case of depression, this can only serve to exacerbate social exclusion, and contribute to feelings of worthlessness.

Yet in contemporary depression therapies, a patient’s interpersonal relationships and social competence are rarely given sufficient consideration\textsuperscript{28}, with greater focus on imbalanced biological and inappropriate cognitive processes. Though the potential benefits of enhancing the quality of a patient’s social relationships are invaluable. Reducing feelings of isolation and the provision of social support can prevent the further development of depressive symptoms\textsuperscript{29}, necessitating their incorporation into treatment options\textsuperscript{30}.

Exercise programmes aimed at treating depression are typically administered in a group format\textsuperscript{31}; in fact they are more effective this way\textsuperscript{32}. As such, exercise therapy can serve as a way to reintegrate a patient into a non-judgemental social setting. Regularly meeting with fellow patients can be an important source of support throughout the therapeutic process\textsuperscript{33}, and reduces patient’s feelings of isolation. Furthermore the attendance of group sports can also improve interpersonal skills\textsuperscript{34}, allowing patients to work towards improving their interpersonal relations and facilitating a smoother transition back to employment.

\textbf{Why stop there?}

Why indeed? While formal therapy is finite, the benefits that an exercise programme can bestow upon patients can be maintained long after treatment is discontinued, and joining a sports club is the best way to do this.

Membership to sports club provides recovering patients with regular, structured exercise regimes, the continuation of which following therapy can prevent subsequent development of depressive symptoms and lower chances of relapsing\textsuperscript{35,36}.

They can also offer a thriving social life. People who are members of sports clubs meet with friends more frequently than those who aren’t\textsuperscript{37} and the social support and interactions associated with club membership are one of the primary reasons the people commit to club sport, goes without saying that this can be of vital importance to people recovering from depression; allowing them to further the progress made throughout formal therapy.

\textbf{However...}

Despite its potential to be beneficial to patients’ mental, physical and social wellbeing, exercise therapy is drastically under-utilised as a treatment option\textsuperscript{38}. 60% of people who visit their GP with depression are prescribed anti-depressants, compared to only 2% being offered exercise therapy. This is made even more shocking when considering that 76% of patients expressed an interest in trying exercise therapy\textsuperscript{39}.

Of course, no single treatment option is perfect for everyone and exercise therapy is by no means a ‘wonder cure’; There can be many barriers between a patient with depression and successful participation in an exercise programme\textsuperscript{40}. Symptoms of depression such as fatigue, low motivation, and psychosomatic complaints can limit a patient’s ability to undertake therapy of a physical nature, so prescription should only be made following careful consideration of each individual case.

It may be for this reason that only 5% of GPs consider exercise therapy as a primary course of treatment for mild to moderate depression\textsuperscript{41}, with more traditional therapies typically being more universally applicable.

\textbf{The Role of the Athletic Community}

Action on the part of the athletic community could serve to support both medical professional and patient confidence in the prescription of exercise therapy.

The current qualifications required to lead a social club place considerable emphasis on risk assessment and consideration of physical illness and injury\textsuperscript{42,43}, and registered first aids are required and all club sessions and events.

While some governing bodies do provide information, no formal knowledge regarding mental health issues in a sporting context is required, and confidential PAR-Q forms filled out by new members only explicitly concern physical health. As a result, clubs and coaches are not necessarily prepared or equipped to support the integration, or understand the limitations, of people recovering from mental health issues like depression.

Understandably, this may deter or delay patients from engaging in activities that could be immensely beneficial to their recovery during, and wellbeing after therapy.

Given the prevalence of