

Social Work Intervention in the Prevention of Lifestyle Disorders

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ABSTRACT

A person's regular daily practices are a major contributing factor to the occurrence of lifestyle disorders. It could encourage someone to lead a sedentary lifestyle on a daily basis if these practices are harmful. Such a lifestyle may also contribute to a number of chronic, non-communicable diseases, some of which can be extremely hazardous. The rationale behind the study was, in past one decade, there is significant increase in lifestyle disorders and with the use of day to day technology has tremendously changed the life which makes it easier and comfortable. The objective of this review paper was to examine the role of social work intervention in prevention of lifestyle disorders and to find out the outcome of psychosocial intervention from the previous studies done. We used PubMed, Web of Science and Google Scholar, three reputable databases to identify the relevant literature and for those papers inclusion and exclusion criteria were determined in order to find the results. We took papers from the years 2010 to 2023. Some modifiable risk factors that can be addressed by social work interventions include low education, sedentary lifestyles, obesity and smoking in middle age, diabetes, hypertension and depression in middle age. There is various intervention measures that can be used in prevention of lifestyle disorders and improve the quality of life. Poor adherence to lifestyle treatments remains a key obstacle to treatment effectiveness and positive health outcomes for obese patients. The use of behavioural treatment techniques was found to considerably increase adherence, with beneficial impacts on session attendance and total weekly minutes of physical activity.

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INTRODUCTION

Lifestyle disorders are becoming the leading cause of death in the modern world and they are spreading as devastatingly as pandemics. According to WHO estimates, cardiovascular illnesses account for over 75% of deaths worldwide and are most common in lower and middle-income countries. Diseases that fall under the category of lifestyle disorders include diabetes, heart disease, obesity and hypertension (Sudhir, 2017). The most studied risk factors include lifestyle, stress and negative emotions. Over the past few decades, psychological therapies for cardiovascular disorders have drawn a lot of interest (Albus, 2010). Studies show that including behavioural strategies in obesity treatment may improve patients' ability to stick to lifestyle intervention plans and sustain long-term behavioural changes (Foreyt, 2005).

Cardiovascular diseases (CVDs) continue to be the primary cause of death worldwide, accounting for around 30% of all fatalities. The main risk factors for the development of CVD include lifestyle illnesses such as hypertension, diabetes mellitus, dyslipidemia and overweight/obesity. While treating a patient, doctors should always check for any imbalance in the six essential factors and recommend the appropriate regimen based on the body's needs. Lack of exercise, which is associated with a sedentary lifestyle and unhealthy diet, can accelerate the ageing process, cause diseases of the body and brain and lower overall quality of life. Sleep is similar to rest and wakefulness to movement and adequate sleep is necessary for normal physical and psychosocial functions (Bhavanani, 2017).

Social Work Practice in Healthcare

The first social worker was employed in India's healthcare system in 1946 at J.J. Hospital in Bombay and later in 1950 at Lady Irwin Hospital in Delhi. Social workers play a crucial role in health promotion and illness prevention. They are involved in different initiatives meant to enhance the general health of individuals and communities. Illness prevention and health promotion are conceptually different. In health promotion, interventions aim to enhance people's overall well-being rather than

focusing on a particular illness agent or process (Woolf et al., 2008). All health-related actions are viewed as preventative in the public health literature and are divided into three categories: primary, secondary and tertiary prevention (Schmidt et al., 2016). The World Health Organisation defined health in 1948 as a condition of whole physical, mental and social well-being rather than only the absence of disease or incapacity. In this context, the terms “physical,” “mental” and “social” refer to the body, the mind and the broader sociocultural milieu. Consequently, it is clear that elements from each of these domains directly and significantly contribute to defining and forming an individual’s health.

Through the modification of the bad lifestyle behaviours, interventions may enhance the general health and well-being of those suffering from lifestyle disorders or severe mental illness. To evaluate the effectiveness and practicality of these lifestyle modifications, a simple, trustworthy and reasonably priced anthropometric measure such as the Body Mass Index (BMI) had to be chosen (Reinehr, 2011). Other characteristics of lifestyle, such as stress, living largely indoors, consuming alcohol or smoking and reducing physical exercise, have also changed. These days, there is evidence connecting stress to cancer, respiratory infections, heart disease and weakened immune systems. People are becoming more vulnerable to illnesses like diabetes and cancer as a result of many of these lifestyle changes (Merrill et al., 2007). In recent decades, there has been a growing interest among researchers in the role that lifestyle plays in health.

An evidence-based treatment for depression called behavioural activation entails systematic attempts to raise activity levels and, consequently, the likelihood of rewards, an improvement in mood and a decrease in negative thoughts. In women who reported difficulties to exercise, had poorly managed diabetes and co-occurring depression, combining behavioural activation with exercise was shown to be acceptable and practicable (Goldstein et al., 2004).

Ayurveda and Lifestyle Disorders

In Ayurveda, one of the world’s oldest holistic healing systems, lifestyle disorders are viewed through the lens of the balance between the mind, body and environment. Ayurveda emphasises the concept of *Dinacharya* (daily routines) and *Ritucharya* (seasonal routines), which are designed to maintain harmony between an individual’s internal constitution (*Prakriti*) and the external environment (Chattopadhyay, 2017). According to

Ayurvedic principles, many lifestyle disorders—such as obesity, diabetes, hypertension and heart disease—arise from an imbalance in the body's *doshas* (Vata, Pitta and Kapha) due to improper lifestyle choices, poor dietary habits and a disconnection from natural rhythms (Thakkar et al., 2011).

Ayurveda does not just treat the symptoms of lifestyle disorders but seeks to address their root causes by promoting a holistic approach to health. This includes personalised dietary recommendations, herbal treatments, physical activity, mental health practices like yoga and meditation, and adherence to natural rhythms. Ayurvedic interventions aim to restore balance in the body and mind, thereby preventing the onset of lifestyle disorders and promoting overall well-being (Deshmukh et al., 2015). The goal of every Ayurvedic regimen is to attain equilibrium and alleviate the body's particular ailments. An Ayurvedic lifestyle eventually improves symptoms by fostering mental, emotional and social well-being. Ayurveda offers guidelines for preserving mental well-being. Thus, the Aharaj and Viharaj regimen of Ayurveda can undoubtedly yield real and effective results to prevent a variety of lifestyle disorders (Gupta et al., 2017). It is recommended to divide the food in the abdomen into three sections: one for liquids, one for solid foods and one for pita, kapha and vita, respectively. When consuming food in this amount, there are no negative effects that could arise from consuming food in an improper amount (Chimankar et al., 2020).

The rationale for this study lies in the understanding that lifestyle problems have social and behavioural components as well as medical ones, making them more than just medical problems. By exploring the role of social work in preventing lifestyle disorders, this study seeks to highlight the potential for a more holistic and integrated approach to public health. Social workers had empowered individuals and communities to adopt healthier lifestyles through education, counselling, advocacy and the creation of supportive environments. This study was particularly relevant in the context of a rapidly changing society where traditional support systems are weakening and lifestyle-related health issues are becoming increasingly common. By examining social work interventions in the prevention of lifestyle disorders, this research aims to contribute to the development of more effective, sustainable and socially informed health strategies.

METHODOLOGY

We utilised the four-step PRISMA process to critically gather literature data about social work interventions for lifestyle problems worldwide. 1) identification (looking up and gathering information), 2) screening, 3) determining eligibility and 4) text inclusion. In December 2023, a thorough literature search was carried out on the following electronic databases: Google Scholar, Pub Med and Web of Science. Our decision to begin our review in 2013 was influenced by earlier research that examined the advancements in worldwide research on lifestyle interventions from a social work standpoint. Three databases were searched thoroughly for relevant material using these terms. “Lifestyle”, “social work” and “intervention” were the search terms used. Before being included in the evaluation, publications have to fulfil a number of eligibility requirements. The study covered the literature from 2010 to 2023. By going through the included articles’ reference lists in order to find more pertinent research, relevant databases were also searched for publications that cited the included studies and articles that were connected to them. The authors conducted a two-stage study selection process based on eligibility criteria: first, they obtained identified articles for a full-text review by reviewing the abstracts and titles of the search results; second, they checked full papers based on eligibility criteria. Any psychosocial or behavioural intervention for calculating the impact on social functioning and/or routine behaviour in lifestyle disorders was required to be included in the studies. We made an effort to get in touch with the author if this information was not easily accessible in the article.

Inclusion and Exclusion Criteria

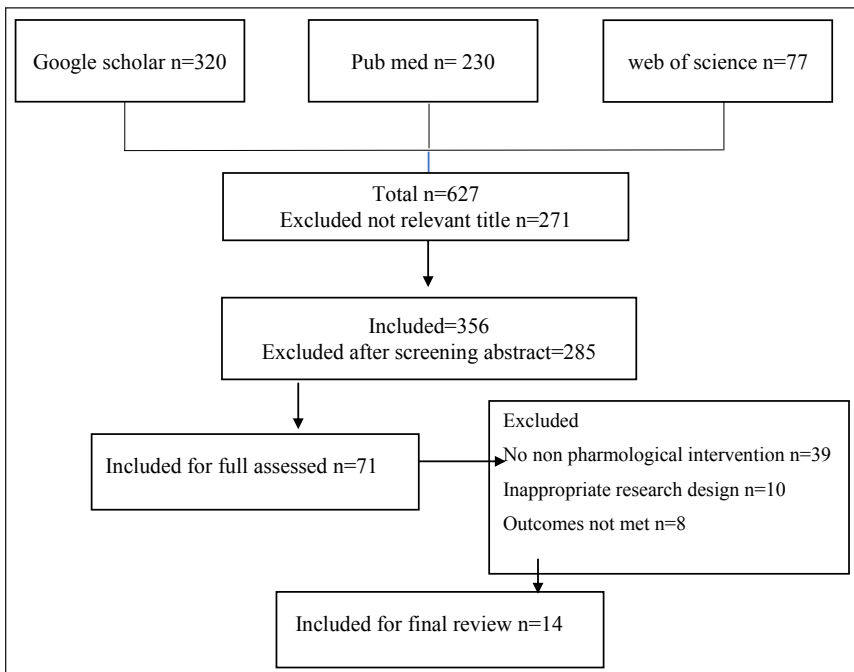
The randomised controlled study was included in study and studies which included the non-pharmological treatments studies in the study. The studies that focus on outcome of intervention and impact based studies (study that showed impact of certain change in life style) the study which examining interventions with individual or group. The publications that were released between 2010 and 2023 and those that focus on community-based interventions for illnesses related to lifestyle.

The papers were excluded which were published before specified date and which were not published in English language. Since the study was

intended to be a secondary literature analysis without the direct use of human subjects, medical records or human tissues, ethical approval was not necessary.

Data Extraction and Management

The first author directly determined the initial eligibility of the studies gathered from the database searches by looking through the titles and abstracts. Studies that appeared to meet qualifying requirements were considered for inclusion. The studies that would be considered for study inclusion were chosen by the second author. Each study was assigned a unique number and was chosen at random.



Flow Chart of the Study

Reference	Objective	Method	Population	Intervention	Outcome
Sampogna et al. (2018)	To assess the effectiveness of a novel psychosocial group intervention that emphasises healthy living and includes psychoeducational, motivational and problem-solving strategies.	RCT, randomized head-to-head comparison trial with two parallel arms.	The population of the study were person with severe mental illness	Intervention provided psychoeducation, motivational intervention and cognitive-behavioral therapy	Therefore, there is the need to develop and test the efficacy of new interventions for changing unhealthy behaviors. We hope that the study protocol presented herein will help to fill this gap and improve physical health of patients with lifestyle disorders.
Roberts & Bailey (2013)	To investigate the motivations behind and obstacles to involving individuals an educational lifestyle program To obtain crucial understanding on how service users perceive these treatments.	An ethnographic qualitative study.	NA	The dynamics and interactions within the group across ten weeks of one-hour weekly meetings. Behaviours or acts that suggested incentives or obstacles to attendance piqued our particular interest.	Key themes from participant interviews included social networking, information and communication, weight management, the involvement of healthcare professionals and perceived advantages.

Reference	Objective	Method	Population	Intervention	Outcome
Hunter et al. (2018)	Venous thromboembolism (VTE) is a major cause of death and morbidity and a dangerous, possibly traumatic, potentially fatal illness. The purpose of this study was to acquire a thorough understanding of the effects of VTE and investigate the experiences of individuals over the first year following a VTE.	Longitudinal qualitative interview.	Eleven participants (seven females and four males) recruited from a community.	Semi-structured audio-recorded interviews with a sample of eleven individuals who had a pulmonary embolism or deep vein thrombosis for the first time in the preceding year.	The article discusses targeted psychosocial interventions that improve psychological well-being, lessen discomfort and better identify and help those who are at risk of experiencing it.
Aschbrenner et al. (2012)	Involving family members and significant others in a healthy lifestyle program for individuals with serious mental illness (SMI) may have both advantages and disadvantages, according to one study.	Six focus groups, each consisting of three to eight people.	30 people with SMI.	A health mentor, who helps him or her develop a personal health plan and provides ongoing education, assistance with goal setting and motivational support through weekly, individual contacts.	Thematic analysis showed that one perceived advantage of including others in a healthy lifestyle program was social support for exercise and food.

Reference	Objective	Method	Population	Intervention	Outcome
Lazo et al. (2010)	It is advised that people with non-alcoholic fatty liver disease (NAFLD) lose weight by changing their lifestyle. Its effectiveness in treating individuals with type 2 diabetes is unknown, though.	RCT	5,145 persons with type 2 diabetes who are overweight or obese.	Patients with type 2 diabetes benefit from a 12-month intensive lifestyle intervention that lowers steatosis and the incidence of NAFLD.	Thus, the current suggestion for weight loss via lifestyle change as the initial step in patient therapy is supported by our findings.
Makrilakis et al. (2010)	To share our experience putting into practice the first community-based lifestyle intervention program designed to identify high-risk patients and stop Type 2 diabetes from developing.	Intervention based study.	7900 individuals in primary care facilities and workplaces.	Six sessions, lasting one hour each, were included in the one-year intervention program. A trained dietician conducted PSI sessions in the participants' neighbourhoods or places of employment.	Greater weight loss was the outcome of increased adherence to the intervention sessions.
Giuntella et al. (2020)	To record young adults' changes in sleep, time management and physical activity during the start of the epidemic and investigate the connection between these changes and mental health.	Three cohorts of University of Pittsburgh students were enrolled in the research.	The sample of the study was 628.	NA	These findings point to the significant influence of COVID-19 on lifestyle and overall wellbeing and provide guidance for programs meant to improve mental health.

Reference	Objective	Method	Population	Intervention	Outcome
Clark et al. (2011)	To ascertain the efficacy and financial viability of an occupational therapy intervention centred around preventive lifestyle, implemented across multiple community-based locations.	A randomised controlled trial.	There were 460 men and women in the study, ages 60 to 95.	A certified occupational therapist leads once-weekly, two-hour small group sessions.	The use of lifestyle changes may help to lessen these unfavourable effects.
Andrews et al. (2016)	The Agnew Relationship Measure was used to evaluate the therapeutic alliance; treatment retention and modifications to symptoms and health-related behaviours were the main results.	Intervention based study.	(N = 178) leading a wholesome lifestyle	An extra sixteen in-person, one-hour counselling sessions made up the "Healthy Lifestyles" intervention (HLC).	According to the current study, the telephone-delivered intervention had the highest rate of treatment retention (80.2%).
Kelly et al. (2013)	Perceived societal endorsement of nutrition and physical activity among individuals with severe mental illness participating in a healthy living program.	Cross-sectional analyses.	(N = 158)	NA	Using natural resources to encourage healthy habits may be able to assist those with severe mental illness in starting and maintaining lifestyle changes.

Reference	Objective	Method	Population	Intervention	Outcome
Foroushani et al. (2014)	To look into how health-promoting activities affect seniors' social support networks and healthy lifestyles.	Intervention based study.	460 above 60 years of age	Sleep intervention, physical activity, spiritual growth, social support interventions, cognitive based interventions.	According to the study, the likelihood of choosing health-promoting behaviours and adopting a healthy lifestyle during this time is increased when health-promoting interventions are combined with perceived social support.
Golubic et al. (2018)	To evaluate the effectiveness of a comprehensive, lifestyle medicine intervention.	Subgroup examination of a therapeutic program in retrospect.	180 participants	Sixty-four hours of rigorous diet, culinary medicine, exercise and stress-reduction techniques spread over six months, with follow-ups scheduled at nine and twelve months.	Comprehensive lifestyle therapies that target stress reduction, improved nutrition quality, greater physical activity and weight management are appropriate.
James et al. (2010)	Coronary artery disease (CAD) development and progression are significantly influenced by psychosocial variables.	Prospective, nonrandomized intervention designed.	one hundred seventy-six patients participated.	1) Psychoeducational techniques and their style (individual versus group); 2).	A thorough lifestyle intervention has lowered a number of psychometric risk variables and result in improvements in

Reference	Objective	Method	Population	Intervention	Outcome
Meland et al. (2012)	The study assessed psychological health and patient satisfaction in individuals at high risk of congestive heart failure throughout the course of a year-long intervention research.	Evaluation research.	115 participants at high risk of CHD.	The environment (home-based versus inpatient versus outpatient). The intervention lasted for a whole year.	mental health, stress and depression measures that are clinically meaningful. Patients' pleasure with their own efforts had increased with increased responsibility and self-determination, but their contentment with medical care may decrease.

RESULTS

By changing the poor lifestyle behaviours of those with serious illnesses, interventions could enhance overall health and well-being. While medical interventions are crucial, they often address the symptoms rather than the root causes of lifestyle disorders. This is where social work can play a transformative role. To reduce this excess mortality among people with various lifestyle diseases, individual-based and/or community-level interventions must be developed and put into action. Social workers, with their focus on the social determinants of health, are well-positioned to implement preventive measures by addressing the underlying behavioural, environmental and psychosocial factors that contribute to these conditions.

	<i>Intervention</i>	<i>Possible Outcome</i>
1	Advocacy	Advocacy in social will reform meaningful changes in society.
2	Psychoeducation on healthy life style	Information that the patient and family have regarding different aspects of the disease and how it is being treated so that they can collaborate to get better results overall.
3	Self-care and developing coping skills	Eliminate a negative coping strategy that was currently in use.
4	Active listening	Engage and identify the needs of clients or service users effectively.
5	Interaction patterns at family level	Family roles, authority, affiliations and cohesion are examples of more general relationship dynamics that impact and behavioural patterns inside the family.
6	Community resource mobilization	Being able to share resources which helps to facilitate more effective solutions and prevents problem.
7	Stress control Interventions	A condition of helplessness that reduces our body's capacity to repair, defend and replenish itself, leaving us more exposed.
8	Social support interventions	Social support has the potential to improve quality of life and clinical outcomes (such as physical activity and healthy lifestyle choices).

Advocacy

Advocacy in relation to lifestyle disorders means that people with severe problems should get aware of the early stages of the disorder. Advocacy is instrumental in influencing public policy to support the prevention of lifestyle disorders (McVey et al., 2013). By lobbying for policies that promote healthy environments, such as regulations on food labelling, taxes on sugary drinks or the promotion of physical activity in schools advocates, can create systemic changes that encourage healthier behaviours and reduce the risk of lifestyle-related diseases. This includes advocating for better access to affordable, nutritious food, safe spaces for physical activity and quality healthcare services. Addressing the social determinants of health, advocacy helps to prevent lifestyle disorders in vulnerable and underserved populations (Lambdin, 2019). The social worker functions as a case manager and is in charge of organising, coordinating and evaluating the provision of services and how social work has evolved to become more client-centered and citizen-directed. Early intervention plays an important role in the prevention of the problems.

Interventions involving behavioural components and interdisciplinary teamwork are successful in addressing risk factors for lifestyle-related diseases. It has been demonstrated that lifestyle modifications are useful in preventing diabetes and other non-communicable diseases. Innovative primary, secondary and tertiary preventive strategies could be made possible by new technologies, potentially reaching a larger population than existing interventions (Burgess et al., 2017). Lifestyle choices such as food, exercise and inactivity are important modifiable risk factors for overall health. Reducing the financial and health burden is thought to require improving these practices.

Psycho-Education on Healthy Lifestyle

Psychoeducation provides individuals with a clear understanding of lifestyle disorders, including their causes, risk factors and potential consequences. By educating people about the impact of unhealthy behaviours such as poor diet, lack of exercise, smoking and stress, psychoeducation raises awareness and motivates individuals to adopt healthier lifestyles. Healthy lifestyle-focused educational interventions have been shown to improve patients' general and mental health in psychiatric patients and this suggests that educational programs may be a viable adjunctive strategy (Bersan et al., 2017). Social workers

have long been involved in promoting healthy lifestyles and preventing disease in populations that are particularly vulnerable. These days, they are a part of multidisciplinary public health teams that provide evidence-based programs for the prevention of disease and promotion of health by identifying and addressing psychosocial determinants of health (Young, 2009).

Through psychoeducation, individuals learn about the importance of behaviour change in preventing lifestyle disorders. Psychoeducation helps individuals recognise these connections and provides them with strategies to manage their mental health, thereby reducing the risk of engaging in harmful behaviours like emotional eating, substance abuse or sedentary lifestyles. By equipping individuals with knowledge and coping strategies, psychoeducation enhances their confidence in their ability to make and sustain positive lifestyle changes. By increasing awareness, promoting behaviour change, addressing psychological factors and fostering supportive environments, psychoeducation empowers individuals to take control of their health and reduce their risk of developing these conditions (Shindhe et al., 2014).

Poor lifestyle choices linked to an increased risk of cardiovascular disease may benefit general and mental health across the board for psychiatric disorders. Nevertheless, in psychiatric therapies, where medication and psychological interventions continue to be the first-line treatments, these factors received little consideration despite the well-documented benefits of leading a healthy lifestyle. Theoretically, there exists a heuristic framework that elucidates the possible health effects of the contemporary lifestyle (Faridhosseini et al., 2017): the hypothalamic pituitary adrenal axis may be disrupted by insufficient exercise, a poor diet, inadequate sleep or both. This could result in elevated cortisol, oxidative stress, low-grade systemic inflammation and accelerated neurodegeneration.

Self-Care and Developing Coping Skills

The word “intervention” is sometimes disputed in social work because it suggests doing something to someone else against their consent. The supportive counselling done by social worker at medical settings which primarily emphasis on positive coping and self-care of individual and in group treatment self-care is explained to the patients. Various behaviour therapy principles are used to achieve the desired goals in treatment (Li & Shun, 2016). It is best applied as collaboration between social workers

and clients, much like therapy and counselling. Approaches to social work focuses less on risk management and deficiencies and more on people's innate ability to grow by building on their strengths.

Self-care involves making conscious choices to engage in behaviours that promote physical and mental health. This involves preventing dangerous substances, keeping an active lifestyle and eating a balanced food. By developing coping skills, individuals can overcome barriers to maintaining these habits, such as emotional eating, procrastination or social pressures (Shrivastava et al., 2013). These healthy habits are crucial in preventing lifestyle disorders. Coping skills help individuals build emotional resilience, which is the ability to bounce back from adversity and maintain psychological well-being. Emotional resilience is essential in preventing lifestyle disorders because it reduces the likelihood of engaging in stress-induced unhealthy behaviours. Promoting healthy habits, enhancing emotional resilience, improving self-awareness, empowering personal responsibility and supporting long-term behavioural change, these practices contribute to a holistic approach to health that reduces the risk of developing lifestyle-related conditions (Greaves & Campbell, 2007).

Stress is a common response to some life circumstances. Stress influences many facets of our lives and can affect anyone and we can handle things more effectively if we comprehend. There are numerous methods to promote calmness and relaxation, such as exercising, relaxing in a quiet area and listening to calming music (Mirzazadeh et al., 2023).

Active Listening

In the healthcare sector, active listening is not only crucial but also extremely significant. Healthcare professionals need to "listen" with all of their senses engaged in order to pick up on nonverbal cues that will improve the accuracy with which they assess every patient or situation they encounter throughout the day. Active listening helps build trust between individuals and their healthcare providers, counsellors or social workers (Tustonja et al., 2024). When people feel that their concerns are genuinely listened to, they are more likely to open up about sensitive issues such as unhealthy habits, stress or emotional difficulties. This trust is essential for motivating individuals to follow through with lifestyle changes that prevent disorders like obesity, diabetes and hypertension.

Active listening is much more important in emergency or life-threatening situations, even though it can be more challenging to use all

of the senses in these circumstances. Patients who are at ease tend to be more communicative and open about their most personal concerns. Paying attention to the speaker's words, feelings and nonverbal cues is a key component of active listening (Macejová et al., 2018).

Interaction Patterns at Family Level

The key factor influencing healthy family living is parenting style, which varies from home to home. Taking care of your family's physical, mental and spiritual needs is the cornerstone of most good family lifestyles; it's the same as taking care of yourself. Everybody has a unique family, with varied histories and customs that affect how they live their daily lives. Because of this, establishing healthy behaviours that the entire family can support might be difficult, but the general consensus is that sustained effort from all family members is what will ultimately lead to success (Baxter et al., 2005). This implies that they require assistance throughout the process for both their drive and the bond they have with one another.

Parents and other family members serve as role models for behaviours related to diet, physical activity and stress management. When family interactions consistently promote healthy behaviours such as eating balanced meals together, engaging in regular physical activity or managing stress constructively (Descarpentrie et al., 2021). Emotional support within the family also encourages members to discuss health concerns and seek help when needed. When families engage in discussions about health, they can educate each other on the risks of lifestyle disorders and the importance of prevention. Establishing wholesome family routines that enable each member to develop positively in their own unique way is the foundation of creating a lifestyle. Being open and wanting to have a healthy family living are important factors (Gupta et al., 2019).

Community Resource Mobilisation

The proverb "eat as much as you can for tomorrow you may diet" is adhered to in certain tribes. By mobilising resources, communities can advocate for policies that promote healthier environments, such as smoke-free zones, safe walking paths and better access to healthcare services. Communities can pool their resources to provide access to facilities like parks, gyms and community centres where people can engage in physical activities (Haenfler et al., 2012). Community-led initiatives can ensure

that prevention strategies are culturally appropriate and customised to the unique requirements and inclinations of the community, hence augmenting their efficacy.

The current burden of chronic diseases is a reflection of the risk factors that arise from bad lifestyle choices throughout the course of an individual's lifetime. These "unhealthy lifestyle" exposures, which are fundamentally influenced by social determinants of health (such as poverty, social ties, food access and built environment), prolong and sustain disparities in health outcomes, depriving vulnerable and minority groups of years of productive and healthy lives (Garg et al., 2018). At the organisational level, stakeholders fund community health organisations and educational initiatives, enabling them to provide free of cost health care to members of the community and those seeking medical attention.

Stress Control Interventions

Stress management interventions (SMI) are categorised according to their intensity and emphasis, which indicates that interventions at the person, organisational and secondary levels can be classified as primary, secondary or tertiary. Along with other techniques like education and the development of interpersonal skills, they also include techniques like mindfulness training, cognitive behavioural therapy, exercise routines, relaxation techniques and meditation (Merrill et al., 2007). Although there are a variety of techniques for unwinding, since reducing symptoms associated with stress is their primary objective, they can all be grouped together as response-focused emotion regulation techniques. Progressive muscle relaxation is the act of tensing and relaxing different body muscles in a particular order. Therefore, one way to conceptualise mindfulness training is as a strategy for developing response-focused emotion-regulation strategies. But there are also important differences between mindfulness training and other strategies that support response-focused emotion management techniques, such relaxation and meditation (Michalsen et al., 2005).

Social Support Interventions

To have a more profound comprehension of the relationship between social support and health, we must first examine the conceptualisation and measurement of social support. The stress-buffering paradigm states that social support is advantageous because it inhibits unhealthy reactions

to stressful situations. According to recent research, social support can enhance clinical outcomes (physical activity and healthy lifestyle choices) and quality of life at a reduced cost when used in conjunction with other interventions (Tawalbeh et al., 2015). The provision of emotional, practical and educational support to individuals with diabetes with the specific aim of assisting or enabling their engagement in self-management practices is known as social support. Any action that can be accepted by members of one or more social networks with the implicit or explicit goal of supporting someone else is considered social support (Schulz et al., 2008). For instance, it might support people in overcoming obstacles in daily life, making tough decisions, finding consolation, etc. People with lifestyle problems may recover more quickly if they have more social support.

DISCUSSION

A social work intervention is when an act offers assistance to a client in order to help alter behaviour or address a problem. Social workers can use social work theories as practice models and evidence-based frameworks for thorough and successful problem-solving, decision-making and holistic treatment plans in collaboration with their clients. One such framework is systems theory, which centres the individual inside a complex and interrelated network of systems (such family, work or school, culture and environment) and aims to comprehend the impact of these systems on the individual (Ludden et al., 2014). Social workers can give counsel, advocate for their clients and provide recommendations concerning social services and activities that are intended to aid them by considering the client within the greater environment or ecosystem.

Social workers work at the baseline of the community; they usually have direct contact with the target population. The intervention procedure needs to be clear and the social worker should be able to explain the body of evidence that supports the judgements made. Before deciding on a final intervention plan, it could be necessary to have an open dialogue with the client and consider less restrictive solutions. Social workers employ a variety of interventions based on the requirements of their clients (Schroer et al., 2014). This could involve advocating for changes in laws or policies, helping to identify the root cause of an issue, providing direction and support or connecting them with local resources.

Individuals find it very difficult to change healthy behaviours.

People are more likely to be successful in modifying their behaviour if they receive social support. In this study, we provide the outcomes of a comprehensive lifestyle modification intervention that integrates physical exercise, a balanced diet and stress-reduction strategies to improve quality of life and risk factors for chronic diseases. A meta-analysis of more than 40 studies found that obese women had a statistically significant and clinically relevant increase in death from all causes and breast cancer-specific causes compared to non-obese women (Buttar et al., 2005).

Finding support networks and social media sites is a typical part of client assessment. When organising communication with the loved ones and important others of patients, social workers can be invaluable members of multidisciplinary health promotion teams (Tapsell & Neale., 2006). There is a high correlation between mental health and physical activity disruptions; however, restoring physical activity through a brief intervention does not contribute to improved mental health. These findings point to the significant influence of COVID-19 on lifestyle and overall well-being and provide guidance for programs meant to improve mental health (Rooney & Domar, 2018).

For individuals already affected by lifestyle disorders, social workers provide support through counselling services that focus on behaviour modification, stress management and coping strategies. Techniques such as motivational interviewing and cognitive-behavioural therapy are commonly used to help clients adopt and maintain healthier lifestyles (Opdenacker et al., 2008). Additionally, social workers often facilitate support groups, creating spaces where individuals can share experiences, provide mutual support and stay motivated in their health journeys.

Several medical illnesses, loneliness and sadness are brought on by immobility. These conditions render a person unable to perform everyday tasks and dependent on others. Elders can reduce tension, increase muscle strength and flexibility and achieve balance and harmony. Levels by engaging in daily 30-minute sessions of basic, conventional walking spaced out by 10-minute breaks (Hamman et al., 2006). Maintaining and promoting long-term healthy behaviour patterns requires effective stress management. Stress management skills can help you manage stress, but it cannot be completely removed. There are several strategies to reduce stress, including recognising your triggers, engaging in calming activities

like yoga or meditation, breathing deeply and slowly, exercising frequently, enjoying music and keeping a reflective journal (Webb & Wadden, 2017).

CONCLUSION

All health-related actions are considered as preventative in the public health literature and are separated into primary, secondary and tertiary preventive categories. Social workers are particularly sensitive to, knowledgeable about and experienced in dealing with issues related to child abuse, intimate partner violence, AIDS and senior citizens. As such, they ought to assume leadership positions in these domains that are suitable for illness prevention and health promotion. In terms of professional demeanour and aptitude, they also provide something unique to the field of multicultural population health promotion. The propensity of bio-behavioural mechanisms and psychosocial risk factors to cluster in the same persons and groups has significant implications for risk modification and quality of life-enhancing methods. Lifestyle disorders require a multidisciplinary approach in management and social workers have now become part of health workers. The intervention can be done at the individual level as well as the community level and due to the changing lifestyle early intervention for problems is much needed. Social workers are also working in child guidance clinics where positive parent training is done to prevent unhealthy parenting styles. In recent times, digitalisation has impacted our daily life style and modifying the same problems is not pharmacological but non pharmacological intervention has become more important.

Ethical Approval: The research was based on a review of published/ publicly reported literature; hence, ethical approval was either not necessary or relevant.

Funding: There was no outside support for this study.

Availability of Data and Materials: The corresponding author can provide the datasets used and/or analysed for this work upon reasonable request.

DECLARATION OF CONFLICTING INTERESTS

Regarding the research, writing and/or publication of this article, the author(s) have stated that they have no potential conflicts of interest.

REFERENCES

- Sudhir, P. M. (2017). Advances in psychological interventions for lifestyle disorders: Overview of interventions in cardiovascular disorder and type 2 diabetes mellitus. *Current Opinion in Psychiatry*, 30(5), 346-351.
- Albus, C. (2010). Psychological and social factors in coronary heart disease. *Annals of Medicine*, 42(7), 487-494.
- Foreyt, J. P. (2005). Need for lifestyle intervention: How to begin. *The American Journal of Cardiology*, 96(4), 11-14.
- Bhavanani, A. B. (2017). Role of yoga in prevention and management of lifestyle disorders. *Yoga Mimamsa*, 49(2), 42-47.
- Wolf, S. H., Jonas, S., & Kaplan-Liss, E. (Eds.). (2008). *Health promotion and disease prevention in clinical practice*. Lippincott Williams & Wilkins.
- Schmidt, H., Mah, C. L., Cook, B., Hoang, S., Taylor, E., Blacksher, E.,... Aleksandrova-Yankulovska, S. (2016). Chronic disease prevention and health promotion. *Public Health Ethics: Cases Spanning the Globe*, 137-176.
- Freudenberg, N. (2007). From lifestyle to social determinants: New directions for community health promotion research and practice. *Preventing Chronic Disease*, 4(3).
- Merrill, R. M., Aldana, S. G., Greenlaw, R. L., Diehl, H. A., & Salberg, A. (2007). The effects of an intensive lifestyle modification program on sleep and stress disorders. *Journal of Nutrition Health and Aging*, 11(3), 242.
- Gupta, V., Sengupta, M., Prakash, J., Tripathy, B. C., Gupta, V., Sengupta, M.,... Tripathy, B. C. (2017). Lifestyle, stress and disorders. *Basic and Applied Aspects of Biotechnology*, 475-486.
- Chattopadhyay, K. (2017). Ayurveda and lifestyle modification: Research to practice. *International Journal of Medicine and Public Health*, 7(3).
- Chimankar, R. P., Tawalare, K. A., & Mishra, S. A. (2020). Prevention of lifestyle disorders with basic principles of ayurveda. *International Ayurvedic Medical Journal*, (Online), 4487-4492.

- Reinehr, T. (2011). Effectiveness of lifestyle intervention in overweight children. *Proceedings of the Nutrition Society*, 70(4), 494-505.
- Goldstein, M. G., Whitlock, E. P., DePue, J., & Planning Committee of the Addressing Multiple Behavioral Risk Factors in Primary Care Project. (2004). Multiple behavioral risk factor interventions in primary care: Summary of research evidence. *American Journal of Preventive Medicine*, 27(2), 61-79.
- Thakkar, J., Chaudhari, S., & Sarkar, P. K. (2011). Ritucharya: Answer to the lifestyle disorders. *AYU (An International Quarterly Journal of Research in Ayurveda)*, 32(4), 466-471.
- Deshmukh, S., Vyas, M., Vyas, H., & Dwivedi, R. R. (2015). Concept of lifestyle in Ayurveda classics. *Global Journal of Research on Medicinal Plants & Indigenous Medicine*, 4(2), 30.
- McVey, G. L., Levine, M. P., Piran, N., & Ferguson, H. B. (Eds.). (2013). *Preventing eating-related and weight-related disorders: Collaborative research, advocacy and policy change*. Wilfrid Laurier Univ. Press.
- Lambdin-Pattavina, C. (2019). Wellness, prevention and advocacy. *Psychosocial Occupational Therapy*, 262.
- Burgess, E., Hassmén, P., Welvaert, M., & Pampa, K. L. (2017). Behavioural treatment strategies improve adherence to lifestyle intervention programmes in adults with obesity: A systematic review and meta-analysis. *Clinical Obesity*, 7(2), 105-114.
- Bersani, F. S., Biondi, M., Coviello, M., Fagiolini, A., Majorana, M., Minichino, A.,...Coccanari de'Fornari, M. A. (2017). Psychoeducational intervention focused on healthy living improves psychopathological severity and lifestyle quality in psychiatric patients: Preliminary findings from a controlled study. *Journal of Mental Health*, 26(3), 271-275.
- Young, C.D. (2009). *Therapeutic lifestyle change: A brief psychoeducational intervention for the prevention of depression* (Doctoral dissertation, University of Kansas).
- Shindhe, S. S., Kusuma, N., & Suresh, B. M. (2014). Psychoeducation for mental illness: A systematic review. *Indian Journal of Psychiatric Nursing*, 8(1), 46-52.
- Faridhosseini, F., Baniyasi, M., Bordbar, M. R. F., Pourgholami, M., Ahrari, S., & Asgharipour, N. (2017). Effectiveness of psychoeducational group training on quality of life and recurrence of patients with bipolar disorder. *Iranian Journal of Psychiatry*, 12(1), 21.

- Li, C. C., & Shun, S. C. (2016). Understanding self-care coping styles in patients with chronic heart failure: A systematic review. *European Journal of Cardiovascular Nursing, 15*(1), 12-19.
- Shrivastava, S. R., Shrivastava, P. S., & Ramasamy, J. (2013). Role of self-care in management of diabetes mellitus. *Journal of Diabetes & Metabolic Disorders, 12*(1), 1-5.
- Greaves, C. J., & Campbell, J. L. (2007). Supporting self-care in general practice. *British Journal of General Practice, 57*(543), 814-821.
- Mirzazadeh-Qashqaei, F., Zarea, K., Rashidi, H., & Haghighizadeh, M. H. (2023). The relationship between self-care, spiritual well-being and coping strategies in patients with type 2 diabetes mellitus. *Journal of Research in Nursing, 28*(4), 259-269.
- Tustonja, M., Stipić, D. T., Skoko, I., Čuljak, A., & Vegar, A. (2024). Active listening – A model of empathetic communication in the helping professions. *Medicina Academica Integrativa, 1*(1), 42-47.
- Macejová, A. (2018). Communication in Physician-Patient Relationship (Importance of Communication Skills-Active Listening). *Společnostvo i Edukacija. Międzynarodowe Studia Humanistyczne, 1* (28), 127-137.
- Baxter, L. A., Bylund, C. L., Imes, R. S., & Scheive, D. M. (2005). Family communication environments and rule-based social control of adolescents' healthy lifestyle choices. *The Journal of Family Communication, 5*(3), 209-227.
- Descarpentrie, A., Saldanha-Gomes, C., Guivarch, C., Dargent-Molina, P., de Lauzon-Guillain, B., Plancoulaine, S.,...Lioret, S. (2021). Family socioecological correlates of lifestyle patterns in early childhood: A cross-sectional study from the eden mother-child cohort. *Nutrients, 13*(11), 3803.
- Gupta, L., Khandelwal, D., Lal, P. R., Gupta, Y., Kalra, S., & Dutta, D. (2019). Factors determining the success of therapeutic lifestyle interventions in diabetes - Role of partner and family support. *European Endocrinology, 15*(1), 18.
- Haenfler, R., Johnson, B., & Jones, E. (2012). Lifestyle movements: Exploring the intersection of lifestyle and social movements. *Social Movement Studies, 11*(1), 1-20.
- Garg, S., Sembiah, S., Maharana, S., Mallick, N., Bhattacharya, A., & Biswas, B. (2018). Importance of giving health education regarding lifestyle modification and perceived barriers: Focus

- group discussion among community health workers of the slum of Kolkata, India. *International Journal of Research in Medical Sciences*, 6(7), 2324.
- Merrill, R. M., Aldana, S. G., Greenlaw, R. L., Diehl, H. A., & Salberg, A. (2007). The effects of an intensive lifestyle modification program on sleep and stress disorders. *Journal of Nutrition Health and Aging*, 11(3), 242.
- Michalsen, A., Grossman, P., Lehmann, N., Knoblauch, N. T., Paul, A., Moebus, S.,...Dobos, G. J. (2005). Psychological and quality-of-life outcomes from a comprehensive stress reduction and lifestyle program in patients with coronary artery disease: results of a randomized trial. *Psychotherapy and Psychosomatics*, 74(6), 344-352.
- Tawalbeh, L. I., Tubaishat, A., Batiha, A. M., Al-Azzam, M., & AlBashtawy, M. (2015). The relationship between social support and adherence to healthy lifestyle among patients with coronary artery disease in the north of Jordan. *Clinical Nursing Research*, 24(2), 121-138.
- Schulz, U., Pischke, C. R., Weidner, G., Daubenmier, J., Elliot-Eller, M., Scherwitz, L.,...Ornish, D. (2008). Social support group attendance is related to blood pressure, health behaviours and quality of life in the multicenter lifestyle demonstration project. *Psychology, Health and Medicine*, 13(4), 423-437.
- Ludden, G. D. S., & Hekkert, P. (2014, October). Design for healthy behavior: Design interventions and stages of change. In *9th International Conference on Design and Emotion 2014: The Colors of Care* (pp. 482-488). Ediciones Uniandes.
- Schröer, S., Haupt, J., & Pieper, C. (2014). Evidence-based lifestyle interventions in the workplace - An overview. *Occupational Medicine*, 64(1), 8-12.
- Buttar, H. S., Li, T., & Ravi, N. (2005). Prevention of cardiovascular diseases: Role of exercise, dietary interventions, obesity and smoking cessation. *Experimental & Clinical Cardiology*, 10(4), 229.
- Tapsell, L. C., & Neale, E. P. (2016). The effect of interdisciplinary interventions on risk factors for lifestyle disease: A literature review. *Health Education & Behavior*, 43(3), 271-285.
- Rooney, K. L., & Domar, A. D. (2018). The relationship between stress and infertility. *Dialogues in Clinical Neuroscience*, 20(1), 41-47.

- Opdenacker, J., Boen, F., Coorevits, N., & Delecluse, C. (2008). Effectiveness of a lifestyle intervention and a structured exercise intervention in older adults. *Preventive Medicine, 46*(6), 518-524.
- Hamman, R. F., Wing, R. R., Edelstein, S. L., Lachin, J. M., Bray, G. A., Delahanty, L.,...Diabetes Prevention Program Research Group. (2006). Effect of weight loss with lifestyle intervention on risk of diabetes. *Diabetes Care, 29*(9), 2102-2107.
- Webb, V. L., & Wadden, T. A. (2017). Intensive lifestyle intervention for obesity: Principles, practices and results. *Gastroenterology, 152*(7), 1752-1764.