* Propensity weighting methods allow us to make stronger causal inferences compared to common regression models.
* Ours results compared to RCTs (compare effect sizes?)
* Relatively poor MH in younger ages, confirming Chen 2022
* PE strongest effect on Adaptability and Resilience, lowest on Social Self (is this in line with current literature? Comments on different exercise modalities?)

There are several limitations with the current study. Firstly, unlike randomization, propensity score weighting does not adjust for unobserved covariates (Joffe & Rosenbaum, 1999). An unbiased treatment effect assumes that all potential confounders are observed, which is unlikely to be the case in any observational study.

Limitations:

Strong ignorability assumption; propensity scoring assumes all potentially confounding covariates are observed

Dropped ethnicity and gender identity

Self reported PA

Cross sectional

Volunteer online survey

Ordinal nature of PA questions = difficult to assess exact non-linear effects

Joffe, M. M., & Rosenbaum, P. R. (1999). Invited commentary: propensity scores. *American journal of epidemiology*, *150*(4), 327-333.