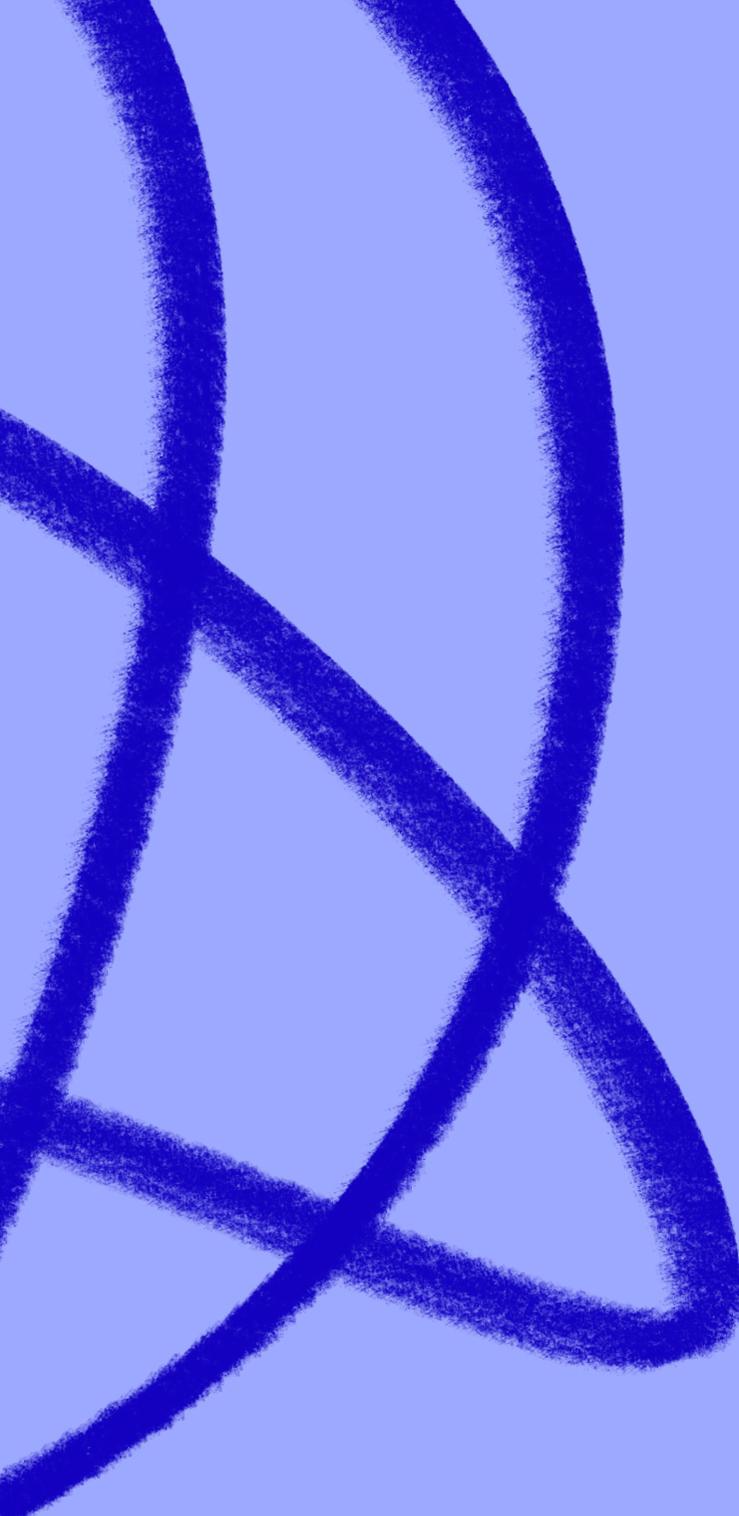




# Mental Health and Physical Activity Toolkit

**Guide 5:**  
Engaging people  
in physical activity  
to support their  
mental health





# About this guide

We've created this guide to upskill sport, physical activity and mental health providers on how to engage and support people experiencing mental health problems in sport and physical activity.

## Who is this guide for?

Anyone with little to no previous experience in supporting people experiencing mental health problems in physical activity.

## What does this guide cover?

Click on the headings below to go straight to the information you're looking for.

**03** Inspiring and empowering people experiencing mental health problems in physical activity

**06** Behaviour change theory underpinning people's physical activity journey

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# Inspiring and empowering people experiencing mental health problems in physical activity

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# Inspiring and empowering people experiencing mental health problems in physical activity

There are many studies which have shown that being [physically active can improve mental health](#). Many people find that physical activity helps them maintain positive mental health, either on its own, or in combination with other treatments.

But physical activity isn't always helpful for everyone's mental health. People may find that it is helpful at some times and not others, or just that [it doesn't work for them](#). For some people, physical activity can start to have a negative impact on their mental health, for example, if they have an eating problem or are [overtraining](#) (see [Guide 2: The relationship between physical activity and mental health](#) for more information).

It's important to establish people's reasons for engaging with your activity and tailor it around them. This is called a person-centred

approach (see [Guide 4: Making physical activities inclusive to people experiencing mental health problems](#)). Spending time with a person enables you to assess their wider support needs, and identify any potential barriers to them becoming active. It also helps you to support people to find their own motivation for getting more active.

To build people's confidence, try giving them the opportunity to watch your activity before their first session and meet some of the participants. Think about meeting participants 5-10 minutes before the session starts to get to know them and find out what they want to get out of the activity. If you're short of time, try asking for this information in a group setting (if people feel comfortable doing this).



### Key questions you could ask include:

- Why did you decide to join the programme?
- What would you like to get out of the programme?
- Are there any changes you'd like to see in the next few weeks/months (for example, improvements in sleep, energy levels, wellbeing)?
- What do you find hard about getting active?
- What type of support would you like?

Remember, people's goals may not be related to sport or physical activity. For example, they may talk about wanting to feel confident rather than learning a new sport. Their aspirations, goals and challenges may change over time and it's important that you can respond to these changes.

### Top tools

- Our [Get Set to Go Plan](#) helps people think about what they want to get from physical activity and identify what support they need to reach their goals. The plan is a great tool to help you assess people's needs, ambitions and goals and support them to review these throughout their physical activity journey.
- You can find a checklist of ideas to help you think about how you can support people before, during and after sessions in [Appendix 1](#).
- In 2020, lived experience experts from Mind's national Physical Activity Advisory Group [talked about the barriers they've faced in getting active and how they've overcome them](#).
- The Activity Alliance's [Talk to Me Principles](#) can help you identify your audience's priorities so you can tailor your offer to meet their needs. In [Guide 4: Making physical activities inclusive to people experiencing mental health problems](#), we've adapted the principles so they're relevant for people experiencing mental health problems.



# Behaviour change theory underpinning people's physical activity journey

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# Behaviour change theory underpinning people's physical activity journey

Sport England has done extensive research into the process a person goes through when they're trying to change their behaviour, or build a new habit.

Alongside the Cabinet Office, it has developed a 'Stages of Change' model to illustrate these steps. Find out more in the table below:

## How to support people through each stage of their behaviour change journey

Stages		Top tips
<b>Pre-contemplation</b>	Not on my radar	<ul style="list-style-type: none"><li>• Speak to people experiencing mental health problems to identify if they would like to be more physically active and what prevents them from doing so.</li><li>• Identify how physical activity can be integrated into activities that your target audience is already doing. If you're delivering wellbeing sessions, for example, could you offer physical activity as part of the menu of activities on offer?</li><li>• It can be challenging to influence the pre-contemplation stage unless you have the resources to reach your local community. The <a href="#">We Are Undefeatable</a> campaign highlights how to market activities to people with long-term health conditions, including mental health problems, and provides free <a href="#">resources and marketing templates</a>.</li></ul>
<b>Contemplation</b>	Thinking about it	<ul style="list-style-type: none"><li>• Take time to understand why people are interested in coming to your sessions. Getting more active may not be their primary motivation.</li><li>• Explore what people's current or future barriers to participation might be and help them to think of ways of overcoming them. If they have any safety concerns then think about how you can address these to reassure them.</li><li>• See <a href="#">EAST: making your physical activity offer more attractive</a>.</li></ul>

Stages		Top tips
<b>Preparation</b>	Planning to do something soon	<ul style="list-style-type: none"> <li>● Provide information about the session. What will people be doing – can you share any information about the specific activities or exercises? Where will they be going? What do they need to bring? What should they wear? Who will they meet? What will it cost?</li> <li>● Help people make achievable commitments to themselves. Setting goals that are SMART (specific, measureable, achievable, realistic and timely) can be useful here. Find more information on SMART goals in our <a href="#">Get Set to Go Plan</a>.</li> </ul>
<b>Action</b>	Getting started	<ul style="list-style-type: none"> <li>● If you're working with a group of people then take time at the start to talk through rules or agreements participants want to ensure everyone is comfortable taking part. Examples of questions you could consider when developing a group agreement can be found in the Appendix 3 of <a href="#">Guide 6: Engaging volunteers in a physical activity and mental health service</a>.</li> <li>● Make sure everyone knows that it's OK to not attend every session. Some people may be unwell for a number of weeks, but may intend to return when they feel better.</li> </ul>
<b>Maintenance</b>	Sticking with it	<ul style="list-style-type: none"> <li>● Rewards and incentives can be a great way of keeping people engaged in programmes lasting four weeks or more. For example, is it possible to reward participants for taking part in three-quarters of your sessions? Again, it's important to find out what kind of incentives appeal to people, as well as investigating what you and your partners can practically offer.</li> <li>● Always relate the activity back to the person's aspirations. Research from Get Set to Go shows that people are more likely to continue if they see the value and benefit of the programme for themselves.</li> </ul>

Becoming active isn't the end of people's journey. People's activity levels are likely to change over time with the potential for them to lapse into inactivity – especially if their mental health declines.

This means it's important staff and volunteers understand the stages above so they can provide the right support at the right time. This support could include helping people to think about their goals and enable them to either continue being active or to take a break and return later, depending on what's right for them. For example, an encouraging phone call or text to someone who may have missed a few sessions can make a big difference to them. It's important to reassure participants that if they do need to take a break, they haven't failed and it's not the end of their journey; they can always return to physical activity when they're ready.

## Case study

### Debbie's journey to getting active

#### Pre-contemplation

**“At the start of my Master’s course I wanted to do something to change my lifestyle. I spent a lot of time sitting on the sofa at home, but I was frightened about the prospect of doing something different. I knew that the university had a good reputation for sport and I was enthused by the number of people who were doing interesting things, a number of whom were more mature students like me.”**

#### Contemplation and preparation stage

“During Freshers’ Week I met the university Sports Disability Officer (SDO). We arranged to meet-up to talk about how I would like to change my lifestyle and the activities I might feel comfortable doing. I had high expectations of myself and I wanted to compete. She spoke very gently to me about how that may not be immediately achievable, but that she would help and encourage me along with other coaches. She wasn’t dismissive at all and my hopes weren’t dashed too much.

#### Taking action

The first exercise class I went to was water aerobics. How I hated it! In fact, I nearly didn’t get in the pool at all. I was about to turn around and go back home, but was spotted by the SDO and encouraged to at least go and watch the session. We had a conversation about how far I had come in actually attending the session. I had taken two buses to get to the sports centre so why waste that time and effort? After that, the next step of getting in the water was relatively easy and she encouraged me every moment of the session.

We met a couple of days after the water aerobics session to discuss whether I’d want to tryout the gym. After experiencing those initial negative feelings about the water exercise, but then finding it made me happy, I wanted to do more. She said that she could arrange for a student buddy volunteer to come with me.

In those early days, the unwavering support I received from the SDO was vital. They were always encouraging – even if I missed a session – and knowing that they wouldn’t give up on me made all the difference.

Eventually, I found and fell in love with badminton, and I have had encouragement from many people since I started playing. At first, I found it difficult to



## Case study

schedule the meetings with the coach and volunteers to establish my fitness and ability levels. Everyone was so busy and, as I am quite shy, I felt like I was pestering them. Being new to sport I was unsure about how much I could expect from them. Going out for a coffee with my gym buddy and speaking to them about my concerns really helped. I also appreciated the support from my badminton coach who reassured me when I doubted my own ability. I can now enter the sports centre without thinking everyone will be looking at me, knowing they are in their own zone doing what they can to stay healthy.

## Maintaining activity

Even now, I still catch up with the SDO every now and again, which helps me take stock of how far I've come. I often want to achieve things quicker than is sometimes possible. The support I receive at these catch-ups helps me to look at the bigger picture and know that I need to improve on certain areas of my badminton game before I can move on.”

## Online support

Online support can be a great way of reaching people at every stage of their behaviour change journey. It provides opportunities to help people share their successes, and encourage and inspire others.



## Case study

### Sports and Physical Activity Coordinator at Newport Mind

“Before online sessions start, I speak to each participant to discuss any concerns and worries they may have beforehand. I also book one to one Zoom sessions with participants so they can practice using Zoom and familiarise themselves with the different functions. This has been really beneficial in building confidence and allowed people to feel at ease when attending the sessions.

I also factor in an extra 15 minutes before each session starts in case there are any technical issues.

All online sessions have a co-host present to help with any technical issues or any other problems.

Participants feel reassured knowing that the co-host can assist them using the chat function.☞

### Top tool

**EAST: making your physical activity offer more attractive**

**Sport England uses the [EAST model](#) to capture key elements that make sessions more attractive to target audience(s).**

EAST stands for:

E – Easy for me to attend. I have information about the session and know what I need to bring with me. It’s easy for me to find and travel to the session.

A – Attractive to people like me. I know it’s for me and there will be like-minded people there: for example a beginners’ group for people just starting out. The people featured on the posters are from my community and marketing contains quotes and testimonials from people I can relate to.

S – Social within my context and territories. It’s somewhere I feel comfortable attending, for example in the local park or community centre. It’s designed for people at

a similar life stage or with similar interests, for example ‘parents with buggies’ or older people – or members of my faith community.

T – Timely. The session is being run at a time of day that suits me and fits with my life stage. For people experiencing mental health problems, think about factors such as the effects of medication and how mental health fluctuates. Participants may not be able to attend every session, and may prefer sessions that start later in the day.

Remember, people are likely to identify with more than one community because of factors such as their faith, ethnicity, sexuality, gender, age etc. It’s important to understand this and apply the EAST model to reflect that.

The [Behavioural Insights Team](#) have developed a report from their work into exercise referral programmes in Greater Manchester. It highlights practical tips to implement EAST in physical activity programmes.



# Overcoming barriers to activity for people experiencing mental health problems

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# Overcoming barriers to activity for people experiencing mental health problems

There is good evidence that physical activity can improve the quality of life of many people experiencing mental health problems. But it's important to think about the different levels of support people may need to access and enjoy the activities. Our research shows that nearly 70% of people experiencing mental health problems feel their mental health makes taking part in sport too difficult<sup>1</sup>. To make sure people are able to participate, consider:

- What type of support you have built into the session – it's important there's a member of staff present with the appropriate level of mental health training and experience to support the group. Depending on the needs of your group, this might be a trained volunteer, support worker, occupational therapist or mental health nurse.
- Your group's size – consider whether a smaller group size would be useful, to make it easier to provide support to people and ensure sessions are person-centred. Where necessary, individual risk assessments should reflect the type of activity and the environment in which the session is taking place.

- If any of your participants have support workers or carers, invite them to get involved in sessions. This will give them the opportunity to experience the sessions for themselves and gain a better understanding of your service. It also means there's more support available within your group.
- Whether any participants experience side effects from the medication they take. If they do we recommend they speak to their GP to ensure your physical activity is safe and appropriate for them.

**“My anxiety was really bad when I left the mental health unit. I felt really unsettled about being out and about. I challenged myself and decided to attend the Get Set to Go walk.**

**For the 12 week period, the walking sessions were the only social contact I had during the pandemic. The team really supported me and now my strength, stamina and anxiety are much better.”**

Get Set to Go participant (Mind in Brighton & Hove)

<sup>1</sup> Mind (2015). [People experiencing mental health problems put off of sport because they are not 'gym body ready'](#).

The table below provides some tips on how you can work with participants to help them overcome some of the common barriers they may face.

Your first step should be to ask the participant about their needs. By empowering the participant to provide this information, you will be in a better position to understand the barriers they face and find the appropriate solution for them.

Barrier	Possible solutions	
<b>Physical</b>	Participants may have other health conditions or disabilities	<ul style="list-style-type: none"> <li>● Ensure coaches are aware of any disabilities or health conditions of participants in the session, and that a <a href="#">Physical Activity Readiness Questionnaire (PAR-Q)</a> or health questionnaire is completed. Coaches should be aware of participants' needs and differentiate the session accordingly.</li> <li>● With PAR-Q information, consider how this personal data is stored and used. You can find guidance in <a href="#">Guide 7: Measuring the impact of a physical activity and mental health service</a>.</li> </ul>
	Medication may make participants feel particularly tired	<ul style="list-style-type: none"> <li>● Offer sessions at a range of different times.</li> <li>● Encourage participants to consider when they feel most energetic and to sign up to sessions taking place at those times (where possible).</li> </ul>
	Medication can cause increased sensitivity to the sun	<ul style="list-style-type: none"> <li>● Remind participants to bring sun cream and a hat to the sessions especially during the summer.</li> </ul>
	Medication can increase thirst levels	<ul style="list-style-type: none"> <li>● Encourage participants to bring their own water but provide water if possible.</li> <li>● Encourage participants to take breaks during the session.</li> </ul>
	Medication and certain mental health problem symptoms such as hearing voices may make it difficult for participants to concentrate	<ul style="list-style-type: none"> <li>● Ask the participant what support they require so you can adapt activities accordingly. This may include:               <ul style="list-style-type: none"> <li>– Providing shorter, fun, have-a-go type sessions and regular breaks.</li> <li>– Making activities easier and less demanding.</li> <li>– Keeping instructions clear and concise and avoiding jargon.</li> </ul> </li> </ul>

Barrier		Possible solutions
<b>Physical (continued)</b>	Having to travel long distances to access the service	<ul style="list-style-type: none"> <li>• If no local service is available, could you provide travel support?</li> <li>• Work with partners to provide sessions in a range of community venues.</li> </ul>
	Participants not comfortable attending sessions in person	<ul style="list-style-type: none"> <li>• Deliver sessions online or virtually.</li> <li>• Record or broadcast sessions taking place in person.</li> </ul>
<b>Technical</b>	Participants may not understand the rules, or feel intimidated by technical instruction	<ul style="list-style-type: none"> <li>• Offer short taster sessions.</li> <li>• Make sure rules are clear and simple, and keep them relaxed.</li> </ul>
	Coaches and officials may not understand participants' needs	<ul style="list-style-type: none"> <li>• Ensure you provide appropriate training for coaches if needed. The first step should always be to ask the participant about their needs.</li> </ul>
<b>Psychological</b>	Participants may feel anxious about trying a new experience	<ul style="list-style-type: none"> <li>• Provide images or videos of the venue, facilities and staff who deliver the activity to help reduce anxiety for new participants (see pages 21-22 of Mind's <a href="#">Developing peer support in the community: a toolkit</a> for a template). You could also create a video tour of your venue, such as this one from <a href="#">Kimberley Leisure Centre</a>.</li> <li>• Ensure images on your promotional material accurately reflect the session.</li> <li>• Arrange a phone call or send an email before the first session to explain what the participant will be doing. Answer any questions and explain what they will need to bring and what will be provided.</li> <li>• Invite them to 'buddy' with an experienced participant or a volunteer with personal experience of mental health problems.</li> <li>• Provide positive case studies showing examples of other people who have gone through the same experience. You can find some on the <a href="#">Mind</a> and <a href="#">We Are Undefeatable</a> websites.</li> <li>• Encourage them to use the <a href="#">Side by Side</a> online peer support site where they can ask community members for tips, advice or encouragement to help them take that first step.</li> </ul>

Barrier	Possible solutions	
<b>Psychological (continued)</b>	Participants may feel anxious about being in a group setting	<ul style="list-style-type: none"> <li>● Speak to participants who are anxious about engaging in a group to find out what you can do to reduce their anxieties.</li> <li>● Have a point of contact participants can speak to ahead of their first session, at the start of activities and for the first few weeks and months. This can help to reduce their anxieties and provide a welcoming experience for everyone.</li> <li>● If existing participants are happy to do so, you could showcase the benefits they have experienced from taking part. You could present this as a video or case study.</li> </ul>
	Participants may find decision making difficult	<ul style="list-style-type: none"> <li>● Encourage them to see taking part in a sport and physical activity service as a good opportunity to practice decision-making skills.</li> <li>● Provide opportunities for participants to improve their decision-making skills. For example, is there the opportunity for participants to support an official during a match?</li> </ul>
	Participants may have bad days	<ul style="list-style-type: none"> <li>● Ensure coaches are trained in how they can support someone if they're not feeling well.</li> <li>● Provide a quiet room or space.</li> <li>● Make sure another coach or volunteer is available to take over the session if needed. Find more guidance on our <a href="#">website</a>.</li> </ul>
	Safety and hygiene concerns, especially if activities are taking place indoors	<ul style="list-style-type: none"> <li>● Clearly communicate the steps that you and your partners are taking to ensure participant safety. These may include: <ul style="list-style-type: none"> <li>– Protocols you have put in place at the venue concerning physical distancing and hygiene.</li> <li>– The protocols the coach will put in place before, during and after the session.</li> <li>– Reducing the need for participants to complete paperwork.</li> </ul> </li> </ul>

## Case study

### Supporting people in psychiatric hospitals to be active

**Promoting and facilitating physical activity in a psychiatric hospital can be challenging, especially given the variety of interventions on offer and the busy patient treatment programme. This is more challenging in hospitals with fewer resources where there are no designated exercise professionals.**

James Routen, Health and Fitness Manager at Rampton Hospital, believes this can change.

**“I’m confident that we are making good progress in having physical activity and exercise recognised as so much more than diversional therapy [leisure based activity programs],” he says.**

**“The appointment of qualified, experienced and motivated exercise professionals is the most important factor in ensuring quality and meaningful physical activity takes place in psychiatric hospitals.”**

He suggests physical activity needs to be built into a patient’s [Care Programme Approach](#) (CPA). The CPA determines the package of care the patient will receive to support their mental health recovery.

Community physical activity providers can play an important role in supporting patients’ mental health recovery. James suggests physical activity providers who would like to establish a good relationship with their local psychiatric hospital should start with the exercise professional and their line manager (usually the Head Physiotherapist or Head Occupational Therapist).

In [Section 17 of the Mental Health Act](#), a patient can leave the hospital if authorised by the doctor or clinician in charge of their care. This includes for physical activity reasons such as to go to a gym or leisure centre. If this is the case, it’s important the physical activity provider and hospital staff discuss the following beforehand:

- Barriers the patient may face accessing the provider’s services as well as the support and reasonable adjustments they may require.
- Who from the hospital will accompany the patient to the first session to provide support (like filling in paperwork, advising on clothes to wear, what transport to take)? Ideally this would be a staff member with an interest in physical activity.



## Case study

- Front-of-house staff at the facility should be involved in the conversation to ensure they provide a friendly welcome to the patient when they first attend.
- Mitigating and managing any risks through a risk assessment and care plan.
- Any concerns or questions the provider may have.

Any member of staff accompanying a patient on Section 17 leave has a duty of care to ensure that they adhere to the conditions of their leave. If the member of staff and the patient agree to take part in an activity together this can help to build and strengthen a therapeutic relationship.

James highlights that “taking part in physical activity before a patient is discharged from hospital helps to build their confidence and develop positive lifestyle choices, motivation, social skills and connections in the community.” It will also increase the likelihood the patient will continue activity after their time in hospital and recognise it as an important aspect of their recovery.

## Top tools

- [Mind’s information on physical activity and your mental health.](#)
- [Mental Health Awareness for Sport and Physical Activity+ eLearning training](#) – completing this course will give you the knowledge, skills and confidence to better understand and support people experiencing mental health problems. You’ll learn how to create a positive environment that ensures they enjoy the benefits of being active and keep coming back for more.
- [Returning to sport and physical activity after lockdown for individuals](#) – guidance that helps people prepare to return to activity after lockdowns.
- [‘Return to play’: Mental health guidance to support the return of sport and physical activity](#) – equips the sport and physical activity sector with tools and information to support the mental health of staff, volunteers and participants.

## Case study

### Creating a positive and encouraging participant experience

“I was diagnosed with severe clinical depression in 2015. I have been hospitalised for six months in the past and currently take antidepressants.

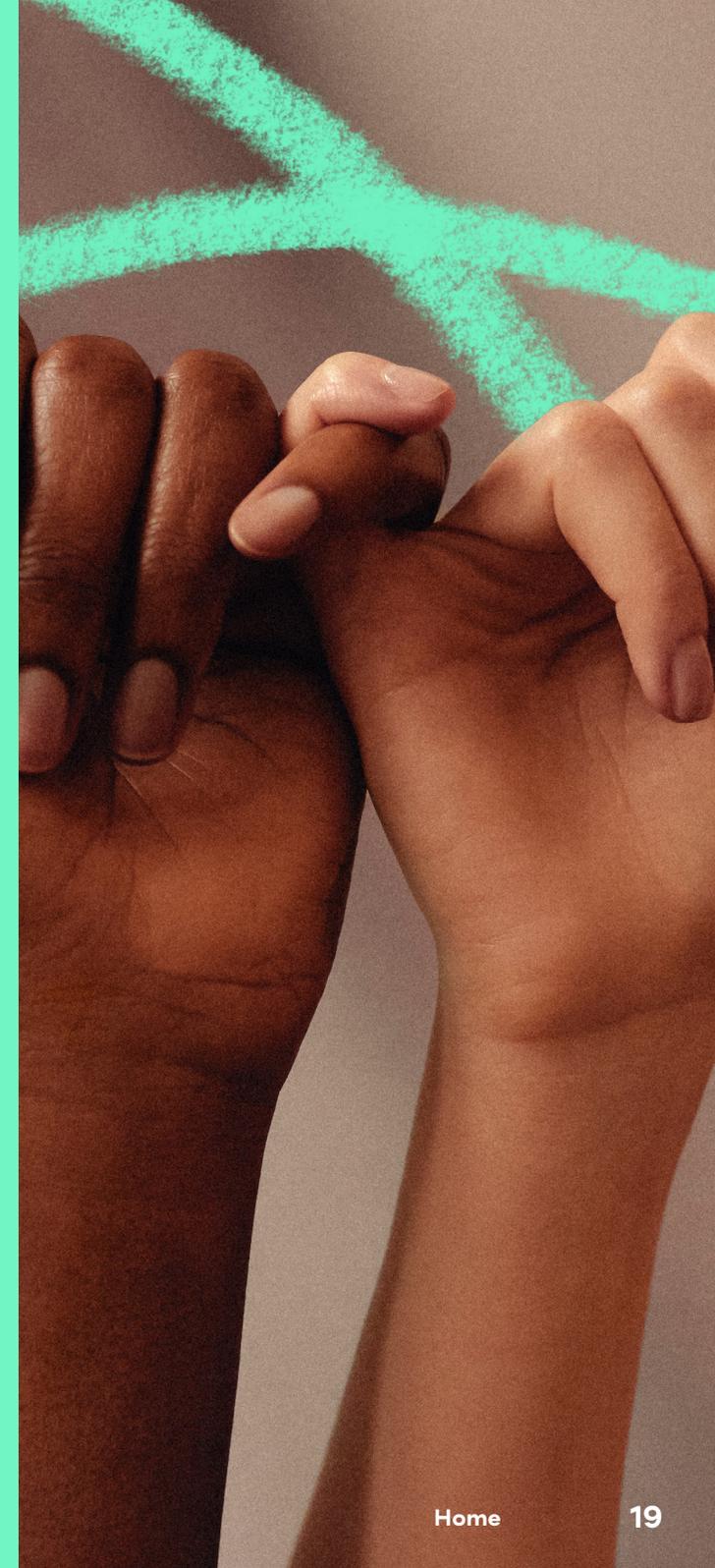
Initially, I was nervous about taking part in a paddle boarding session. I am obese and have previously found places like gyms very unsettling: I get a feeling people are judging me and I feel excluded from these sorts of facilities.”

“**The paddle boarding instructor was very positive, and it was easy to engage with the activity. He was really encouraging and reassured me about my ability. Very quickly, I felt competent about being on the water. During the session both the instructor and member of staff from Springfield Mind were reassuring, empathetic and helped to boost my confidence.**

**The member of Mind staff made participation easy and was really motivating in terms of helping me to take part. Simple actions like waiting in the car park to meet us reduced my levels of anxiety and put me at ease quickly.**

**I would never have tried this activity before without Springfield Mind’s endorsement and encouragement. Both they and the instructor made me feel emotionally and physically safe.**✉

Springfield Mind participant





# Tips for designing referral pathways to and from your sessions

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# Tips for designing referral pathways to and from your sessions

There are two main pathways people can take to join your service (both pathways are highlighted in the diagram on the next page):

- **Referral:** where people are signposted through another organisation (like a GP or health service) or another service within your organisation.
- **Self-referral:** where people can join without the need to be referred.

Each pathway has its advantages and disadvantages. Choose yours based on who you want to reach and restrictions from funders and partners. To make sure you engage a wide range of people, it's best to use a mixture of referral and non-referral pathways. When planning these pathways, engage referral partners and participants to help you design them. This will help partners gain a better understanding of who the sessions are aimed at and ensure that your referral processes complement their own.

Make sure all marketing information (whether non-referral or referral) clearly explains the aims of the service, and what participants should gain from it. It's a good idea to have this information available on your website.

It's also a good idea to provide some key information about the service in the referral form. This should help referral partners decide whether it's right for the person at this stage in their journey. Include information like the type of support you can offer participants and ask for details about any physical and mental health problems.

## Top tools

You can find a template referral form from [Get Set to Go in Appendix 2](#) of this guide.

## Referral

- Programme forms partnerships with referral partners, such as GPs, NHS, local authority etc.

- Referral partner organisations identify clients who may benefit from participation in the project.

- Referral partners complete referral form and submit to programme coordinator.

- Client attends a session and may attend with a support worker.

### Advantages

- Staff from referral partners can support clients to attend sessions and provide additional support during the session.
- Referral process helps to ensure the programme is right for the client.
- Referral partner can provide evidence of results helping you to demonstrate your impact.
- Can help to strengthen the relationship between referral staff and the client.

### Disadvantages

- Setting up and managing referral partnerships can be labour intensive.
- Programme is less accessible – individuals have to be referred which may be a barrier if they aren't accessing mental health services.

## Self-referral

- Programme advertises through a variety of channels, posters/ flyers and events

OR

- Programme runs tasters for existing community groups

OR

- Individual hears about the programme through a trusted source, such as friend, family etc

- Individual meets with staff to see if the programme is right for them.

- Individual attends a session.

### Advantages

- More accessible – participants don't need to fulfil eligibility criteria.

### Disadvantages

- People with multiple barriers require a range of marketing tools to reach prospective participants.

Adapted from Time to Change (2011). Setting up a football and mental health project: A best practice guide for starting new projects.



# Guidance and support available to engage different audiences

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# Guidance and support available to engage different audiences

In this section, you'll find some tips and sources of support to help you think about how to make your physical activity sessions more inclusive and accessible. Some of the groups below may be more likely to experience mental health problems; the reasons for this are varied and complex, but they are often linked to the experiences and barriers people face in society, such as discrimination and exclusion.

When you're planning your physical activity sessions, it's important to work with your local communities to understand their needs and find out what would enable them to take part in and enjoy the sessions.

- 1. Adults who are inactive**
- 2. Disabled people and people with long-term health conditions**
- 3. People experiencing poverty and social exclusion**
- 4. Children and young people**
- 5. Faith communities**
- 6. Gender identity**
- 7. Older people**
- 8. Racialised communities**
- 9. Sexual orientation**

This list isn't exhaustive and we understand people are likely to identify with more than one of these communities.

## 1. Adults who are inactive

The Chief Medical Officer defines an inactive adult as someone who, over the course of a week, doesn't carry out a total of 30 moderate intensity equivalent (MIE) minutes of physical activity. You can find a useful definition of what counts as moderate intensity activity on the [NHS website](#). The guidance differs for children and young people, as well as some specific adult audiences. Find more detailed information on activity guidelines on the [UK government website](#).

Sport England has developed guidance and tools to help organisations support inactive people to engage with physical activity, which draws on insight from the [Get Healthy Get Active](#) programme. They have also developed a set of principles to help organisations think about how they can design projects and services that deliver maximum impact. You can find these resources on the health and inactivity pages on the [Inactive People](#) section of the Sport England website.

Here are some ideas to help you engage and support inactive adults.

Idea	Considerations
<b>Think about the stakeholders that can help you to reach people who are more likely to be inactive</b>	<ul style="list-style-type: none"><li>● Stakeholder within the health sector:<ul style="list-style-type: none"><li>– Community Mental Health teams</li><li>– GP surgeries</li><li>– Hospitals</li><li>– Mental health crisis services</li><li>– NHS Health Check teams</li><li>– Recovery Colleges</li><li>– Social prescribing services (where available)</li></ul></li><li>● Other stakeholders in the community:<ul style="list-style-type: none"><li>– Community centres</li><li>– Faith centres</li><li>– Local Authority</li><li>– Voluntary sector organisations, like <a href="#">local Minds</a> or local members of the <a href="#">Richmond Group of charities</a>, such as Age UK or Rethink Mental Illness groups.</li></ul></li></ul>

Idea	Considerations
<p><b>Promote the benefits of physical activity to colleagues and clients in other services in your organisation</b></p>	<ul style="list-style-type: none"> <li>● Explain how physical activity can support people experiencing mental health problems and provide guidance on how they can encourage and support people to be more active.</li> <li>● The <a href="#">Moving Medicine</a> website is designed for healthcare practitioners to help them have conversations with people about getting physically active.</li> <li>● Deliver taster activities to people using existing services. Start with low impact activities, such as walking, yoga or table tennis, or adapt activities so participants can perform them seated (see <a href="#">Guide 4: Making physical activities inclusive to people experiencing mental health problems</a>).</li> <li>● An activity is likely to be more attractive if it takes place in a setting that's familiar to the person.</li> </ul>
<p><b>Invite family, friends, support workers and carers to get involved</b></p>	<ul style="list-style-type: none"> <li>● This will give them the opportunity to experience the sessions for themselves and gain a better understanding of your service. It also means there's more support available for them in the group.</li> </ul>
<p><b>Co-design your marketing and sessions with the people you're aiming to reach</b></p>	<ul style="list-style-type: none"> <li>● Involve potential participants in helping you to design the type of sessions that would be attractive to them, such as: <ul style="list-style-type: none"> <li>– the type of activities they want to take part in</li> <li>– time and location of sessions</li> <li>– the content and images used in your marketing materials.</li> </ul> </li> </ul> <p>For more information see <a href="#">Guide 3: Involving people with lived experience of mental health problems in the design and delivery of your work</a>.</p>
<p><b>Remember to build up activity levels gradually</b></p>	<ul style="list-style-type: none"> <li>● If possible, encourage participants to reduce sitting time as a positive first step to increasing physical activity (sitting time is linked to reduced mental wellbeing and increased barriers to getting active).</li> <li>● For people who need to stay seated, the <a href="#">NHS's sitting exercises</a> are a good starting point.</li> </ul>

## 2. Disabled people and people with long-term health conditions

- An estimated 43% of adults in England have at least one or more long-term health conditions, including physical and mental health conditions<sup>3</sup>.
- People with multiple conditions have poorer health outcomes and multimorbidity (the presence of two or more long-term health conditions). Multimorbidity occurs 10-15 years earlier in people living in the most deprived areas. At least £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing<sup>4</sup>.
- 46% of people with a mental health problem also have a long-term physical health condition<sup>4</sup>.
- People with a long-term physical condition are two to three times more likely to experience a mental health problem<sup>4</sup>.
- Physical activity can help people manage a range of long-term conditions<sup>5</sup>. However, due to additional barriers and challenges put in their way, disabled people or those with a long-term health condition are less likely to be physically active<sup>6</sup>.

3 NHS (2020). [Health Survey for England 2019.](#)

4 The King's Fund and Centre for Mental Health (2012). [Long-term conditions and mental health – The cost of co-morbidities.](#)

5 Mayo Clinic (2018). [Exercise and chronic disease: Get the facts.](#)

6 Sport England (2020). [Active Lives Adult Survey May 2019/20 Report.](#)



## Case study

### We Are Undefeatable

**We Are Undefeatable** is a national campaign to support the 15 million people who live with one or more long-term health conditions in England. The campaign aims to help those with long-term health conditions such as diabetes, cancer, arthritis and mental health problems to build physical activity into their lives.

On the website you'll find tools, resources and guidance to help you support people to build activity into their lifestyle, no matter what their condition. These include:

- **Five in Five:** a customisable mini workout to help you move in whatever way works for you. Simply pick five individual exercises from the exercise library, and do each for one minute at a time.
- **My Daily Undefeatable:** a Facebook Messenger chat-bot that answers questions about what motivates you and sets regular check-ins about how moving made you feel to keep you motivated.
- **Advice on finding free activities and links to tools to help you find sessions local to you.**

Find out more by visiting the [website](#) or follow [@undefeatable](#) on Twitter.



## Case study

### A mother (K) and daughter's (J) Get Set to Go journey (Mind in Brighton & Hove)

(K) contacted her local Mind about their Get Set to Go programme and how her daughter could get involved. She explained (J) has autism, and experiences depression and has high levels of anxiety which prevent her from attending many activities.

The local Mind suggested starting with a mindful walk.

Before the first walk, (J) and (K) met the Get Set to Go Lead at the local Mind to discuss the barriers and anxieties preventing (J) from attending activities. As a result of this, the Get Set to Go Lead had a better understanding of (J)'s needs and was able to reduce some of her anxieties.

**“(J) dislikes new places and had concerns around meeting the walk leader and other participants”, says the Get Set to Go Lead. “In advance of the walk, we identified the park exits in case she needed to leave. I attended her first walk, along with her mother, and introduced her to the other participants and walk leader. This reassured her that she could leave at any point and helped her to settle in.”**

On finishing the walk, (J) and (K) were signposted to other Get Set to Go activities. Although some were more challenging than others, (J) is now confident enough to go to the sports hall on her own and is in the process of completing a coaching qualification. (K) is able to have an hour to herself and can talk to the volunteers and staff which has been invaluable for her own mental health.

**“It was made clear to me from the start that I would be able to participate in or watch activities, according to what (J) needed”, says (K). “Later, when she settled, I never felt that my presence was unwelcome. The fact that I was bought a coffee and chatted to by leaders made me feel included. I felt a part of everything and that was the reassurance (J) needed to take part.”**



## Top tools

- Activity Alliance [Activity Alliance's resources](#) to help you design more inclusive sessions, and to promote your activities to disabled people and those with long-term health conditions.
- [UK Coaching's toolkit](#) helps those looking to make their sessions more inclusive to people with health conditions.
- [Disability Rights UK's Get Yourself Active](#) programme campaigns for change in the social care, health and sport sectors, in order to improve health and wellbeing outcomes for disabled people and to help them to get active in a way that is right for them. It includes guidance to help you engage social care staff around the benefits of physical activity.



### 3. People experiencing poverty and social exclusion

Poverty can be both a factor and a consequence of mental health problems. Consider that:

- Across the UK, men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income<sup>7</sup>.
- Children in persistent poverty have an increased risk of mental health problems, obesity and longstanding illness<sup>8</sup>.
- Sport England research shows that, of the 12 million adults in England that are in a lower socio-economic group, one-third are classed as inactive<sup>9</sup>.
- Mental health problems can be a cause and a result of social exclusion<sup>10</sup>. There are many ways of defining social exclusion, such as:

**“A state of disadvantage faced by particular groups who are felt to be removed from mainstream society, and who cannot fully participate in normal life.”<sup>11</sup>**

Whilst there are links between the terms ‘poverty’ and ‘social exclusion’, there are also distinct differences. Poverty highlights material and social deprivation. Social exclusion highlights difficulties in participating in social, economic, political and cultural life<sup>12</sup>.

There are many organisations who are championing sport and activity for social change, such as:

- [Access Sport](#)
- [Chance to Shine](#)
- [Connect Sport](#)
- [Greenhouse Sports](#)
- [London Youth](#)
- [Sported](#)
- [StreetGames](#)
- [Street League](#)
- [The Change Foundation](#)

7 Public Health England (2019) [Better mental health: JSNA toolkit: 2 Understanding place.](#)

8 Corlett A (2018). [Despite ‘the end of austerity’, April promises another deep benefit cut.](#)

9 Sport England (2017). [Spotlight on lower socio-economic groups: Active Lives Adult Survey.](#)

10 Payne, S (2011). [Social Exclusion and Mental Health – Review of Literature and Existing Surveys.](#)

11 Piachaud D, Bennett F, Nazroo J, Popay J. (2009). [Report of task group 9: social inclusion and social mobility. In: Task group submission to the Marmot review.](#)

12 Mack J (2016). [Poverty and Social Exclusion – Social Exclusion.](#)

## 4. Children and young people

- Half of all mental health problems have been established by the age of 14, rising to 75% by the age of 24<sup>13</sup>.
- One in six children (5-16 year olds) has a mental health problem<sup>14</sup>; in 2017 it was one in nine.
- It's estimated that only 25% of children and young people who need treatment for a mental health problem receive it<sup>15</sup>.
- Children and young people participating in physical activity are happier and more trusting of others. Among 7-11 year olds who strongly agree that they find sport and exercise enjoyable, 76% report high levels of resilience. Among 11-16 year olds, 56 per cent of those who exercise report higher levels of resilience<sup>16</sup>.

### Top tools

- [Sport England's Youth Personalities: Under the Skin insight pack](#) identifies six youth personality types and provides practical guidance on how you can engage with the different personalities. It also includes information on the motivations, behaviours and attitudes towards sport for young people aged 14-25.
- [Youth Sport Trust's digital resources](#) can help young people find support and cope with challenging life circumstances.
- [AoC Sport's mental health project](#) provides insight into how physical activity can support college students' mental health.
- [Student Minds and British Universities & Colleges Sport's \(BUCS\) resource](#) shares best practice and insight into designing physical activity programmes to support student health.
- [Mayor of London's Office's funded toolkit](#) offers suggestions for delivering physically distanced activities.

13 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). [Lifetime Prevalence and Age of Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication](#).

14 NHS Digital (2020). [Mental Health of Children and Young People in England, 2020](#).

15 Public Health England (2016). [The mental health of children and young people in England, 2016](#).

16 Sport England (2019). [Active Lives Children and Young People Survey: Academic Year 2018/19](#).

## 5. Faith communities

When engaging with faith communities it's important to understand their culture and beliefs. There may be cultural barriers to participation that prevent the person from engaging in your activity. You may choose to work in partnership with a local faith group who have direct contact with your target audience to help you understand the support participants need to attend.

Examples of support that may be required include:

- Some faith communities use different language around mental health. So, it's important to use accessible language when promoting your activity. For example, Suffolk Mind use 'emotional health' instead of 'mental health' in [The Qur'an and Emotional Health: An Introduction](#) to ensure it's relevant for Muslim communities.
- Be flexible with clothing people need to wear at your sessions to ensure they're comfortable. For example, allow traditional dress such as a hijab, niqab, kippah etc or long sleeves and trousers that cover the body.
- Religious or cultural commitments may be a barrier to participants attending. For example, people may have commitments on evenings or weekends such as attending a mosque, gurdwara, synagogue or church. Speak to participants to understand when would be a good time for them to attend your activities.
- There may be some points in the year where people fast as part of their religious practice. They may need extra support to attend or may not be able to engage for a period of time.
- Provide a quiet space at the activity for prayer.

### Top tools

- [Sport England's research](#) provides insight into the role faith plays in feelings about physical activity.
- Suffolk Mind launched a project to better engage Muslim groups and meet their emotional needs in a culturally appropriate way. You can see how in [The Qur'an & Emotional Health: An Introduction](#).

## Case study

### Roshni Ghar physical activity support for South Asian women

[Roshni Ghar](#) a mental health charity based in West Yorkshire host a community hub providing a diverse range of events which bring South Asian women together to learn, connect and support each other.

“We provide women information and support on staying well both mentally and physically while promoting self-care”, says Parveen, a member of staff at Roshni Ghar. “Our experience of working with clients tells us that poor physical health impacts mental health. “And we wanted to explore new ways of supporting women with long-term poor physical health conditions.”

Roshni Ghar worked in partnership with the [Get Out Get Active Programme](#) in Bradford, who funded culturally sensitive seated exercise classes, alongside swimming and sauna sessions. These sessions became popular very quickly increasing from one to three sessions a week.

Positive co-design played a huge part in designing the sessions successfully.

**“We got feedback on what our women wanted to do and how they wanted to do it from the start,”** says Parveen.

**“This boosts buy-in and ensures people feel involved in the project.”**

Roshni Ghar hosted the physical activity service upstairs at their community hub. It was important the women were able to try something new in an environment they felt safe and comfortable.

“They didn’t want to try something energetic like Zumba”, says Parveen. “It needed to be an activity that was relaxing and accessible. So, we decided to try seated exercise”.

The swimming sessions were very popular, and the addition of a support worker who met the women at Roshni Ghar and walked to the swimming pool with them really helped build their confidence to attend.

“Breaking down language barriers is one of the main reasons we have a waiting list for our programmes,” Parveen explains. “Not all the women were fluent in English, so we used simple visual demonstrations to show them what they needed to do in the sessions.”

## 6. Gender identity

- 65% of men are more likely to be active compared to with 61% of women<sup>17</sup>.
- Women are up to three times more likely to experience a mental health problem than men<sup>18</sup>.

[Women in Sport](#) and [Sport England](#) have a range of resources and insight that can help you promote and engage women in your physical activity sessions.

Nine out of ten people who identify as transgender have experienced depression at some point, with over 58% feeling so distressed that they needed to seek urgent support. In one study, 70% of respondents said they felt that they had missed out on a range of everyday experiences as a result of being trans, transitioning or expressing their gender identity. This included sports and leisure opportunities<sup>19</sup>.

Think about how you can create a welcoming and inclusive environment for people of different gender identities. This may include:

- Encouraging members of your group to use their pronouns when they introduce themselves if they feel comfortable doing so. You can find guidance on pronouns on the [Stonewall website](#).
- Using shared changing rooms can be a major barrier<sup>20</sup>. Think about access to changing rooms/facilities – would participants feel more comfortable changing in gender-neutral spaces? Speak to your participants to find out if they have any requirements or concerns around changing. Think about any reasonable adjustments you could make – for example: is it feasible to provide multiple changing spaces?
- Do you separate groups into male or female-only? This may be a significant barrier for people who identify as trans or non-binary.
- Ensure the dress code or kit is gender-neutral.

17 Sport England (2020). [Active Lives Adult Survey May 2019/20 Report](#).

18 NHS Digital (2016). [Mental Health and Wellbeing in England, Adult Psychiatric Morbidity Survey, 2014](#).

19 McNeil J (2012). [Trans Mental Health and Emotional Wellbeing Study 2012](#).

20 Pride Sports (2016). [Sport, Physical Activity & LGBT](#)



## Case study

### This Girl Can

Sport England's national [This Girl Can](#) campaign aims to reduce the activity gap and inspire women of all shapes, sizes and abilities to be more physically active.

Campaign resources include:

- Top tips and resources to help women get active on their own, or with friends and family.
- A [local activity finder](#) (also includes online sessions).
- A [Supporters Hub](#) that includes guidance, activities and case studies to help you create your own This Girl Can experience.



## 7. Older people

Age doesn't have to be a barrier to physical activity. The right sessions can inspire people to feel better no matter their age. When engaging older people think about the fact that:

- Activity levels generally decrease with age, with the sharpest decrease coming at age 75+ (from 60% to 40%)<sup>21</sup>.
- In the UK, depression affects around a quarter of men and women over 65, rising to 40% of older people living in care homes<sup>22</sup>. Yet it's estimated that 85% of those over 65 with depression do not receive help from the NHS<sup>23</sup>.
- Keeping active later in life can help to maintain independence and social relationships<sup>24</sup>, reduce the risk of depression<sup>25</sup> and slow down cognitive decline<sup>26</sup>.

Insight and resources from [Sport England](#) and [Age UK](#) can help you make your sessions more attractive to older people and help them be active both outside and in the home.

## 8. Racialised communities

[Sport England's Sport for All research](#) shows that people from Asian, Black and Chinese backgrounds are far less likely to be physically active than White people<sup>27</sup>.

People from racialised communities are also more likely to be:

- be diagnosed with mental health problems
- be diagnosed and admitted to hospital
- experience a poor outcome from treatment.

The reasons for this are complex but include systemic racism and discrimination as well as social and economic inequalities and mental health stigma.

21 Sport England (2020). [Active Lives Adult Survey May 2019/20 Report](#).

22 Royal College of Psychiatrists (2018). [Survey of Depression Reporting in Older Adults Admitted to Acute Hospitals](#).

23 Age UK (2016). [Hidden in Plain Sight: The unmet mental health needs of older people](#).

24 Taylor AH, Cable NT, Faulkner G, Hillsdon M, Narici M, Van Der Bij AK (2004). [Physical activity and older adults: A review of health benefits and the effectiveness of interventions](#). *Journal of Sports Sciences*.

25 U.S. Department of Health and Human Services (2018). [Physical Activity Guidelines Advisory Committee report](#).

26 Sofi F, Valecchi D, Bacci D, Abbate R, Gensini GF, Casini A, Macchi C (2010). [Physical activity and risk of cognitive decline: A meta-analysis of prospective studies](#).

27 Sport England (2020). [Sport for All: why ethnicity and culture matters in sport and physical activity](#).

## Case study

### Dorset Mind and the Dorset Race Equality Council

Dorset Race Equality Council (DREC) was directly involved in helping Dorset Mind secure Get Set to Go funding.

The ambition was to connect individuals from minority community groups with physical activity opportunities. In addition, mental health information was provided to break down barriers these groups may traditionally face.

DREC assisted Dorset Mind to establish a partnership with a local gym. This led to the development and delivery of structured and supported gym and fitness sessions for the minority community groups.

Dorset Mind delivered Mental Health Awareness for Sport and Physical Activity training for DREC community volunteers. This helped to increase their understanding and awareness about mental health, and the impact that physical activity can have to prevent and reduce the impacts of mental health problems.

#### What they learned

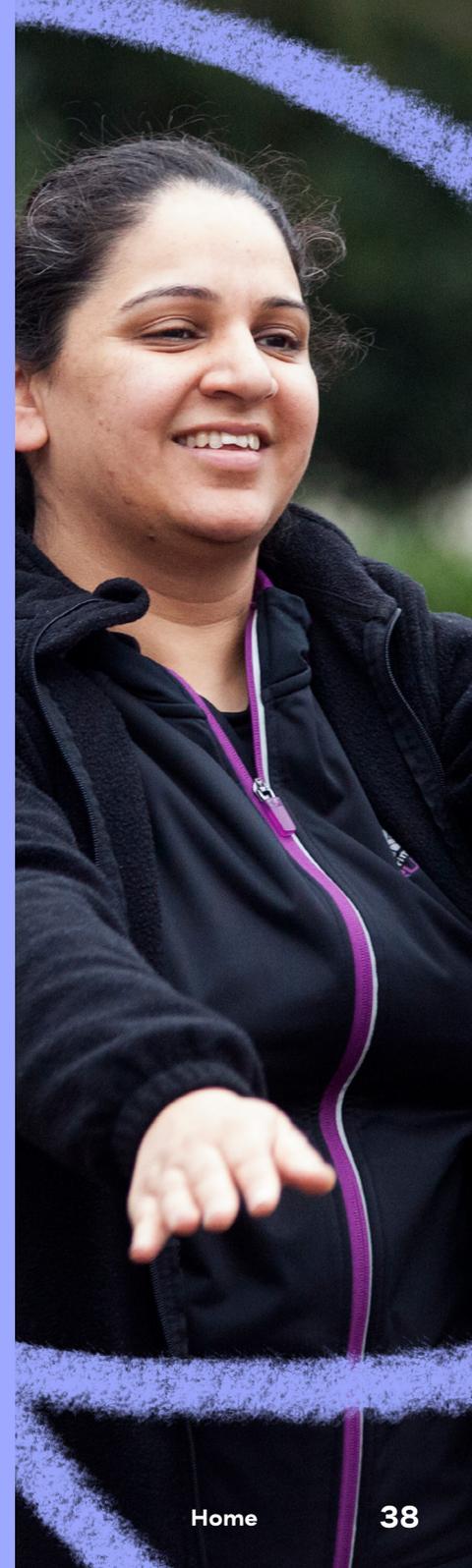
Regularly check-in with key partners. Agree on shared priorities and be clear about what each stakeholder wants to achieve through the partnership.

Clear communication is key, especially when major unforeseen events dramatically change how the partnership is delivered. Don't be afraid to ask honest questions on either side, such as checking capacity and making sure everyone knows their role.

Think beyond traditional sports. Activities like Yoga or walking football can be more accessible for people put off activity by traditional sports.

#### Top tools

- [Sporting Equals](#) promotes ethnic diversity in sport and physical activity. It offers research into how organisations can effectively engage racialised communities.
- Sport England and their partners have also developed insights into [working with different ethnic groups](#).



## 9. Sexual orientation

- Evidence suggests people who identify as lesbian, gay, bisexual, trans, intersex, non-binary, queer or questioning (LGBTIQ+) are less likely to be active than the general population<sup>28</sup>.
- Research from Pride Sports highlights people who identify as LGBTIQ+ cite body image, not fitting in and anxiety about being made fun of as top concerns.
- People aged 18+ who identify as LGBTIQ+ in England are two to three times more likely than heterosexual people to report having a longstanding mental health problem<sup>29</sup>. This includes depression, anxiety and substance abuse.
- One in ten young people aged 14-19 describe themselves as lesbian, gay, bisexual or other<sup>30</sup>. They are twice as likely to experience a mental health problem as young people who identify as heterosexual.

### Top tools around people identifying to different genders and sexuality

- [Sport England](#) has insights into LGBTIQ+ participation in sport and physical activity.
- Stonewall has developed [top tips](#) to help create an inclusive and welcoming environment for people from the LGBTIQ+ community.
- Search for local LGBTIQ+ sports clubs on the [Pride Sports](#) website.
- [Gendered Intelligence](#) aim to increase understanding of gender diversity and provide advice, training and support on their website.

28 The National LGB&T Partnership (2016). [Lesbian, Gay, Bisexual & Trans People and Physical Activity: What You Need To Know](#).

29 Journal of General Internal Medicine (2015). [Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey](#).

30 NHS Digital (2018). [Mental Health of Children and Young People in England, 2017](#)



# Appendices

## **Guide 5:**

Engaging people in physical activity  
to support their mental health

Inspiring and  
empowering people  
experiencing mental  
health problems in  
physical activity

Behaviour change  
theory underpinning  
people's physical  
activity journey

Overcoming barriers  
to activity for people  
experiencing mental  
health problems

Tips for designing  
referral pathways to  
and from your sessions

Guidance and support  
available to engage  
different audiences

- Appendices

## Appendix 1 – Checklist of ideas to keep participants engaged in sessions

Before sessions	Completed
Provide a welcome pack for new starters to reduce anxiety. Include information about your session, a map showing the location of the venue and a picture of the person leading the session.	
Provide opportunities for people to ask questions or raise any concerns they may have with the coach/instructor on a one to one basis. Some people may not be comfortable raising these in a group setting.	
Set the tone of the session – be welcoming and non-judgemental. Let participants know it's OK not to attend every time.	
Manage expectations – be clear about the scope of the programme and the level of support you can provide. This may also include agreeing standards such as giving notice if a session has to be cancelled or if participants can't make the session.	
Highlight the different routes/skills participants can gain from the programme, such as training to be a volunteer or gain coaching qualifications.	
Identify and welcome people who closely support participants (like a friend, family member, a support worker or carer).	
If someone is concerned about travelling to the session on their own, look at whether a volunteer can accompany them, or whether they'd be willing to buddy up with another participant.	
A fun 'warm up' activity to get participants talking to each other at the start of the session. This helps to put participants at ease and provides a welcoming introduction to the activity.	

During sessions	Completed
In the first session, set aside time for people to ask questions and get to know the coach/instructor before the activity starts. If you have time, it may be worth making this the focus of the first session, rather than the activity itself, to build people's confidence and comfort in taking part.	
Loud music can be daunting or distracting for some people, so it's worth finding out what people would be comfortable listening to during the session.	
Activities should be fun, achievable and social.	
Try to build in mental health elements (such as mindfulness* or information sessions) before or after the activity, rather than integrating the two. This can help people leave their mental health diagnoses 'in their kitbag' and focus on enjoying the activity.	

After sessions	Completed
Organise get-togethers and celebration events to encourage people to have fun and reflect on what they've achieved.	
Develop simple systems for gathering regular feedback to improve the participants' experience, such as short feedback surveys, a comments box or building in time after the activity to gather some verbal feedback.	
Provide information sheets that recap on the activities delivered, introduce new activities or signpost to further resources such as videos or training plans.	
Check in with participants and volunteers who have not attended sessions for a while through texts or emails, and let them know they're still welcome.	
Signpost to online support, such as our <a href="#">Side by Side online peer support community</a> , wider support through <a href="#">local Minds</a> and other providers.	

\* Mindful elements can be integrated into activities like walking, yoga and tai chi.

General	Completed
Be welcoming and encourage people to keep coming back to the activity.	
Keep providing positive feedback. When providing feedback, ensure it's meaningful. If you're praising someone it's important to tell them why you're doing so.	
Wherever possible ensure that sessions occur at the same time and place each week with the same session leader.	
Always have a contingency plan in case you can't deliver the session indoors or at the original venue. If needed, could the session be delivered outside or online?	

## Appendix 2 – Get Set to Go referral form example

<b>Short programme description</b>
<b>Who is the programme designed for?</b> Include information on: target age range, target community (if applicable), the challenges the client faces you will address (e.g. social isolation, lack of confidence), the support and resources you can provide, the settings in which activities take place, e.g. leisure centres, parks, schools etc.

To ensure the service meets the needs of your client, please consider the following questions before making the referral. Please note that we will not be able to accept referrals that have incomplete information.

- Is the client ready to engage with the project?
- Do other issues need to be addressed first?
- Does the client have the time to engage with the project?
- If the client has physical health issues, please provide any relevant details that may impact their ability to engage in physical activity.
- Does the client need any additional support to engage with sessions?
- Are there any safeguarding issues of which we should be aware?



### Physical activity and sport

What activities or sports is the client interested in?

Does the client require any additional support to attend the sessions?

### Health

Please give a description and history of the client's mental health

Are there any known physical health issues? If so, please give details on how they might impact on the person's ability to engage with the programme.

## Health

Is the client prescribed any medication? If so, please give details on how they might impact on the person's ability to engage with the programme.

## Safeguarding

Is there a known risk to self or others? If so, please provide relevant information.

Referrer Details	
<b>Name</b>	
<b>Organisation/ Department</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	
<b>Email</b>	
By submitting this application, I affirm that the facts set forth in it are true, complete and without any false statements, omissions, or other misrepresentations.	
<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

Referrer
Would you like us to contact the client direct or would you, as the referrer, like to be involved in the first meeting?

Thank you for completing this referral form and for your interest in [\[insert project name\]](#).

Please return this form to:

Name:

Address:

Tel:

Email:

Website:



## Have a question or would like more information?

You can find more information at [mind.org.uk](https://mind.org.uk).  
Or why not take a look at the other guides in our [Mental Health and Physical Activity Toolkit](#).

If you have any further questions, please contact our Physical Activity team at [sport@mind.org.uk](mailto:sport@mind.org.uk).

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