

# Mind – Supplementary written evidence (NPS0109)

## About Mind

We're Mind, the mental health charity for England and Wales. We stand shoulder to shoulder with people with mental health problems to provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Since 2014 we have been supporting the sport and physical activity sector to better understand mental health through our strategic partnership with Sport England, supporting thousands of people to use physical activity to help them to stay well and live well with mental health problems and as a platform to raise awareness of mental health, tackling mental health stigma.

## Summary of response

- As we rebuild from the coronavirus pandemic, the UK government must put mental health at the very heart of the political agenda. This must include developing a cross-government plan, which spans all domestic departments. Sport and physical activity, led by DCMS, should form part of this, covering the role of participation, volunteering and spectating as a vehicle to achieve wider mental health outcomes.
- Greater collaboration and commitment to long term investment will help to ensure greater efficiencies and effectiveness of physical activity programmes delivering mental health outcomes.
- Physical activity should be embedded in community mental health pathways to ensure that everyone has access to physical activity programmes to improve mental health outcomes regardless of where they live.
- Mental health is everyone's responsibility. Whilst there has been progress since the launch of Sporting Futures in 2015, mental health should be embedded within sport and physical activity through the professional standards and a commitment to help everyone involved in sport and physical activity to thrive.

### **1. How can local delivery, including funding structures, of sport and recreation be improved to ensure that people of all ages and abilities are able to lead an active lifestyle? For example, how successfully do local authorities and other bodies such as Active Partnerships, Leisure Trusts, local sports clubs and charities work together, and how might coordination be improved?**

1.1 Physical activity and sport have been long established by Mind, and our network of around 120 local Minds, as a way to support people to improve their mental health. This includes ecotherapy, walking, yoga, tai chi and a range of physical activities, which are part of the fabric of wellbeing services delivered locally.

1.2 Since 2015, Mind has supported over 8,500 people through the Get Set to Go programme, a physical activity programme using peer support. The

programme is delivered with the support of Sport England, the National Lottery and funds raised through our partnership with the English Football League. Our evaluation worked with over 1,000 local and digital participants to track their progress, making this the largest ever study of its kind. Findings show that physical activity has an important role to play in building resilience, enabling and supporting mental health recovery and tackling stigma and discrimination. In our evaluation report with Loughborough University we identified recommendations for both the sport/physical activity sector and mental health sectors (available [here](#)).

1.3 In 2019, following an extensive codesign process Mind launched regional networks, as part of the Sport England funded Sector Support and Influencing programme. The networks bring together organisations from across the sport, physical activity and mental health sectors at a local to regional level to increase the number of groups who are equipped with the skills to support and engage people with mental health problems in physical activity. The network leads were selected following a competitive tendering process, with all but one of them led by Active Partnerships (one is led by the Activity Alliance).

1.4 To date the eight networks have engaged over 700 organisations from across the statutory and voluntary sectors fostering a learning community and collaboration. Despite the challenges of the pandemic the networks have thrived with increased interest from organisations and individuals wanting to understand and realise the mental health benefits of physical activity.

1.4 Moving forwards it is essential that local delivery partners and funding structures work collaboratively with each other and people with lived experience of mental health problems to plan, develop and deliver programmes, using the expertise of partners. Specially designed programmes to reach people with mental health problems who are inactive are successful, but not without challenge, especially with competing priorities of partners and challenges around the short-term nature of investment model, often resulting in lost expertise and momentum.

1.5 The current funding model from Sport England is for 2-3 years with programmes expected to work towards self-sustaining thereafter. Reaching people with the greatest inequalities for whom will gain the most by becoming more active, requires targeted interventions and resources that can rarely be sustained without investment. For example, peer support models require staffing and infrastructure support to ensure volunteers are adequately recruited, supported and given regular training and supervision. A more effective and efficient impact on the nation's mental health could be achieved by proactively funding programmes that reach these audiences successfully with a longer-term investment to avoid start stop nature of physical activity projects.

1.6 Sport England should facilitate collaboration between sports and health umbrella organisations such as the Sport and Recreation Alliance, Active Partnerships, ukActive, Activity Alliance, Richmond Group of charities and National Academy for Social Prescribing to increase collaboration of partners locally by developing shared priorities and approaches to reduce the existing duplication of effort at a national, regional and local level.

## **2. How can children and young people be encouraged to participate in sport and recreation both at school and outside school, and lead an active lifestyle? If possible, share examples of success stories and good practice, and challenges faced.**

2.1 There is growing evidence of the benefits of physical activity on mental health outcomes for young people including the role in preventing mental health problems in later life. Sedentary behaviour in children and young people is a marker for higher risk of depression, with even light activity reducing the risk of depression in later life (Kandola et al).

2.2 Although our work at Mind in using physical activity with children and young people is emerging, young people have told us that activities need to be fun and enjoyable. This furthers our learning from our Loughborough University research recommendation that we should seek to build intrinsic motivation when developing programmes to deliver mental health outcomes.

2.3 Through our partnership with the Association of College Sport (AoC Sport), we worked together to create tutorial packs educating students of the role of being active in supporting their mental health. This has reached over 61 colleges with a reach of 6,000 students since September and is supported by young people who have become mental health champions.

2.4 Physical activity can be as effective at reducing symptoms of depression as medication.

The current NICE Guidelines state that children receiving treatment for depression, psychosis and schizophrenia should receive lifestyle information including the benefits of exercise. As the evidence based on the effectiveness of supervised exercise programme for children and young people accessing CAMHS becomes more established we would like to explore a more prominent role of physical activity as part of the pathway.

2.5 We are working with Children's Coaching Collaborative led by Sport England, youth and physical activity organisations to re-position physical activity with children and young people and with the sector to become child centred.

## **3. How can adults of all ages and backgrounds, particularly those from under-represented groups, including women and girls, ethnic minorities, disabled people, older people, and those from less affluent backgrounds, be encouraged to lead more active lifestyles? If possible, share examples of success stories and good practice, and challenges faced.**

3.1 70% of people with mental health problems told us that they experience barriers to becoming physically active in their local communities. Barriers identified included anxiety about attending new places and meeting new people, the impact of not having anyone to attend with, the impact of living with mental health problems include fatigue, lack of energy and motivation and the impact of medication, along with poor experiences of physical activity previously.

3.2 Through Mind's Get Set to Go programme we worked with local Minds and community based sports and physical activity organisations to deliver an

evidence based peer support programme offering both 1:1 and group based support to become active. Since 2015 over 8,500 people have accessed the programme with other groups and organisations adopting the evidence based model in their locality.

3.3. Loughborough University found that people who took part in Get Set to Go were active on average an extra 1.3 days each week. Our findings showed that people who were regularly physically active also experienced better wellbeing.

3.4 Qualitative data showed that participants saw Get Set to Go as an important first step in their recovery process and participants felt better able to cope and be more resilient in their day-to-day lives. This was driven by improvements in self-esteem, feeling part of a community, having a regular routine and structured activities, and positive feelings after physical activity.

3.5. The researchers made a series of recommendations for organisations wanting to deliver physical activity programmes including:

- Codesigning and delivering programmes with people with lived experience of mental health problems.
- The important role of peer support, people “in the same boat” supporting one another.
- Creating a welcoming environment, helping people to overcome the barriers by supporting both 1:1 and in groups.
- Physical activity and mental health providers working together to use their expertise.
- Ensuring sports and physical activity providers access mental health training to ensure they are knowledgeable and confident.
- Increasing intrinsic motivation through people being active because they want to and enjoy it, rather than feeling guilty.
- Emphasising the importance of walking, as people who took part could maintain this when their mental health prevented them taking part in other activities.

3.6 Through our work with people with lived experience of mental health problems, we know that access to specially designed programmes is limited and is a ‘postcode lottery’ across the country.

3.7 To address this we would like to see better collaboration between DCMS and DHSC to support targeted interventions to support mental health outcomes in community mental health pathways, with a long-term commitment to embed physical activity across mental health ecosystems as an engagement tool and mechanism for delivering mental health outcomes.

3.8. There are pockets of emerging good practice that the National Plan can draw on including:

- **IAPT Services** - Sheffield IAPT services signpost people to physical activity whilst they are on the waiting list for services. Wesport (Active Partnership for Bristol and surrounding areas) have teamed up through our innovation fund with Bristol, North Somerset and South Gloucestershire to explore how physical activity can complement the service. Camden and Islington IAPT service are currently developing a programme to embed physical activity through Sport England funding.

- **Social prescribing** – through link workers signposting into existing Get Set to Go programmes and those led by our partners such as Sport in Mind.

3.9 Further work is needed to support physical activity to be embedded across the community mental health pathway. Over the next 12 months, through our Sport England programme we will be working with regional networks to develop learning of what works and the challenges to help further this agenda.

**4. Sporting Future: A New Strategy for an Active Nation, the Government's 2015 sports strategy, outlines five outcome priorities: physical health, mental health, individual development, social and community development and economic development. Are these the right priorities and how successful has the government been in measuring and delivering these outcomes to date?**

4.1 Since the introduction of mental wellbeing as one of the five outcomes for Sporting Futures in 2015, as a landmark moment for sports policy, we have seen significant improvements across the sport and physical activity sector and more people using physical activity to support their mental health. Mental health should be a key priority for future sport policy.

4.2 The Mental Health Charter for Sport and Recreation was launched in March 2015 by the Sport and Recreation Alliance, Mind and the Professional Players Federation. Initially expected to engage approximately 10 signatories, this is now at almost 450 signatories including national governing bodies, players associations and leisure providers.

4.3 We have seen increased understanding by sports and physical activity providers of their responsibilities in relation to mental health and intent to take action. Each sport and physical activity organisation is at a different stage of their commitment, some lacking confidence or knowledge to progress this work, however others have invested in the infrastructure and made a commitment from the board to club level. Examples of good practice include:

- England Athletics who now have over 1,000 mental health champions in community clubs who provide mental health support and deliver the #RunAndTalk Campaign.
- The English Football League's commitment to mental health as demonstrated on with the Mind logo being added to club shirts, reaching over 18million people, #TeamTalks held at every club and programmes to support the mental health of supporters and staff.

4.4 Increased support has been provided by Mind through Sport England funding and we have seen increased funding to mental health physical activity programmes across the mental health sector such as to our partners Rethink, Sport in Mind and State of Mind. Whilst capacity has increased, so too has the demand for support to meet mental health outcomes.

4.5 The focus from government has been on elite sport and mental health, as demonstrated by the Duty for Care Review and Mental Health in Elite sport action plan. There have been significant strides as a result including the

development of the EIS Mental Health Expert Panel and training on positive mental health. However there is still much more that can be done if we are to achieve parity of esteem with physical health and embed mental health across the physical activity sector – as everyone’s responsibility.

4.6 Along with our Mental Health Charter for Sport and Recreation steering group members we would like a National Plan to include a grassroots action plan to support better mental health across sport to include;

- Work with Sport England, UK Coaching, National Governing Bodies of Sport and training organisations to embed mental health training in the coach’s pathway as part of the Duty of Care agenda, so it achieves parity of esteem with physical first aid and safeguarding.
- Invest in free mental health training for the 3 million coaches in the sector so they are better able to take care of themselves and others. 68% of coaches told us they want to enhance their awareness of mental health when coaching sport and physical activity. In two months, close to 14,000 people completed the Mental Health Awareness for Sport and Physical Activity eLearning led by Mind, UK Coaching and Sport England when it became free during the summer, as part of the COVID-19 emergency response. Further investment would allow us to reach more coaches.
- Provide a dedicated coaches support line (phone, email and chat) for coaches and volunteers from the sport and physical activity sector to support both their own and participants mental health (as outlined in the Duty of Care Review).

4.7 To date the key outcome measure for the success of Sporting Futures has been based on the ONS Wellbeing measures. There are a range of validated mental wellbeing measures that should be considered particularly for programmes designed to improved mental health outcomes of people with mental health problems. See Annex 1 for supplementary data requested at the Witness Briefing session on 20<sup>th</sup> January 2021.

## **5. Is government capturing an accurate picture of how people participate in sport and recreation activities in its data collection? How could this be improved?**

5.1 See Annex 1 for further mental health outcome data.

## **6. What can be done to improve and implement effective duty of care and safeguarding standards for sports and recreation activities at all levels?**

6.1 It is vital that everyone involved in sport and physical activity is kept safe and is supported to thrive. This includes participants, volunteers and the professional workforce.

6.2 One in four adults and one in six children and young people experience mental health problems each year. In 2019, Edge Hill University released research from the sport and physical activity sector workforce which indicated

that 57% of respondents had experienced mental health problems. 46% felt mental health and illness were taken seriously or very seriously by the leaders or managers of their organisations.

6.3 We have seen an increased awareness of organisations duty to care in relation to mental health since 2015, supported through tailored resources such as the 'Guide to Thriving at Work for the Sport and Physical Activity Sector', with organisations such as Swim England providing training across the organisation and implementing Wellness Action Plans. However, the research from Edge Hill University demonstrates that more needs to be done to embed mental health across sports and physical activity organisations and to change organisational cultures.

6.4 Mental welfare was a key chapter of the Duty for Care in Sport in an Independent Report to Government 2017 led by Baroness Tanni Grey-Thompson DBE, DL. The recommendations in chapter 6 are relevant in today's context.

6.5 To ensure that mental health is taken seriously as everyone's responsibility it needs to achieve parity with physical health and be embedded with the new professional standards for the sport and physical activity workforce.

6.7 All coaches and physical activity providers have a responsibility for both the physical and mental health of participants and should be trained on how to spot the symptoms of poor mental health, to have conversations and signpost to further support, as is the case with Safeguarding and physical first aid. Mental health awareness training should form part of inductions along with a commitment to regularly update learning.

6.8 It is important that the culture, policy and practices within sport and physical activity organisations evolve to become person centred ensuring that people's health and happiness are as important as performance.

6.9 In order to safeguard everyone involved in physical activity and sport, messaging needs to be balanced to ensure that physical activity is promoted safely to people at risk of over exercising.

### **Balancing the physical activity messaging**

Physical activity should be promoted as part of a toolkit of support for mental health including medication, talking therapies and wider lifestyle changes.

Messages and campaigns need to be shaped carefully to reflect the significant barriers to becoming active to ensure people are not being seen as 'lazy', 'not helping themselves' and to ensure that physical activity is not seen as a 'miracle cure', when we know there are a complex range of barriers and inequalities that need to be addressed.

Over-exercising can be detrimental to mental health particularly for people with eating problems and people with addictions. We are currently working with people with lived experience of difficult feelings around physical activity to shape this messaging carefully including the importance of rest days, a varied

routine and the need to build strength and balance.

**7. What are the opportunities and challenges facing elite sports in the UK and what can be done to make national sports governing bodies more accountable? For example, accountability for representing and protecting their membership, promoting their sport and maximising participation.**

7.1 The Mental Health in Elite Sport Action plan launched in 2018 led to greater accountability of sports and physical activity organisations in relation to mental health in elite sport which has led to significant progress. This should be expanded across community and grassroots sport with organisations accountable for ensuring everyone involved in their organisation thrives through demonstrable commitment to mental health at both participation and the talent pathway.

7.2 Elite sporting events provide a catalyst to engage the nation in conversations about mental health, as we have seen through the work of the Heads Up campaign with The FA and the English Football League partnership reaching new audiences. Both the Rugby League World Cup and the forthcoming Commonwealth Games provide a platform to improve the nation's mental health and inspire a generation to lead more active, healthier and happier lives.

**8. What successful policy interventions have other countries used to encourage people of all ages, backgrounds and abilities to participate in sport and recreation, and lead more active lifestyles?**

8.1 We do not have enough information on this.

**9. Should there be a national plan for sport and recreation? Why/why not?**

9.1 As we look to the future, the UK government must make the right choices to rebuild services and support, and to ensure that the society that comes after the pandemic is kinder, fairer and safer for everyone experiencing a mental health problem.

9.2 This can only be achieved by putting mental health at the very centre of the UK Government's recovery plans, not only in relation to the NHS, but across all domestic departments. DCMS should take a high level coordinating role in relation to the physical activity and mental health benefits ensuring that sport and recreation is a vehicle to achieve wider mental health outcomes through participation, volunteering and spectating.

9.3 This must form part of a broader cross-government plans which must include a focus on:

- Investing in community services – so that people can access quality support when and where they need it. This should including collaboration with the voluntary sector. Local community mental

health services – often run by the voluntary sector – play a crucial role in helping people stay well. Many voluntary sector programmes are now also at risk of closure due to the long term financial impact of the pandemic. It is essential that further funding is made available for vital voluntary and community organisations working in this space.

- Providing a financial safety net – With a slowing economy, benefit claims soaring and unemployment set to rise, we need to see the UK Government doing all it can to protect people with mental health problems from falling into poverty
- Supporting children and young people – We cannot underestimate the long-term effects of the pandemic on the mental health and wellbeing of young people. This is a pivotal moment for the mental health of the next generation and we need to seize the opportunity to balance the education system and prioritise the mental health and wellbeing of children and young people.

9.4 The plan should also seek to increase efficiencies and effectiveness of targeted sport and physical activity interventions to achieve mental health outcomes. This includes ensuring people with lived experience of mental health problems shape this work, programmes utilise expertise from both the mental health and physical activity sectors and investment into programmes is longer term, funding what works and what is evidence based.

## **Annex 1 – Measuring mental health outcomes**

### **Example: Get Set to Go evaluation**

In the first phase of Get Set to Go (2015-17), Mind worked with researchers from Loughborough University and the University of Northampton's Institute of Health and Wellbeing to explore and evaluate the impact of Get Set to Go on participants' physical activity levels and mental health. The researchers also looked at what impact peer support had on the people who give and receive it, and the effectiveness of the Peer Volunteer support model.

Understanding the experiences of people involved in both delivering the programme and taking part in it allowed the evaluation team to explore the impact of Get Set to Go.

The evaluation also involved recruiting a team of peer researchers all of whom had experience of mental health problems. The peer researchers supported the delivery of focus groups, conducted phone interviews and assisted with the wider research.

### **Example: Ecominds Ecotherapy programme**

Ecominds was a five year programme funded by the Big Lottery Fund. Mind worked with 130 projects to support 12,000 people to access the natural environment and be active. [The University of Essex](#) used NHS validated measures for tracking participants' improvements in mental wellbeing, and over the life of the scheme discovered that:

- seven in 10 people had a significant improvement in their mental wellbeing
- self-esteem was boosted by an average of 11 per cent for six of out 10 people, and
- almost eight in 10 saw their mood improve by six per cent.

### **How do I choose the right tools and methods to measure the impact of physical activity programmes to improve mental health outcomes?**

It is best practice to use validated tools to measure changes in mental health and wellbeing and physical activity, a selection of which are listed below. It's not advisable to use all of them, but choose the most appropriate ones to help you measure the changes you are hoping to observe.

Using validated tools means that you can be sure of the quality of the questions you are asking and of the data that you will collect, because validated tools have been extensively tested to demonstrate reliability, consistency and sensitivity. They also allow you to compare your project against other interventions which use the same validated tools, which can help you to benchmark the efficacy of your project.

| <b>Tools for measuring changes in mental health and wellbeing</b>  |   |  |
|--|---|--|
| <b>Name of measurement tool</b>  | <b>Summary</b>  | <b>Age range</b>   |
| <b><i>Mind's recommended outcome measures</i></b>  |   |  |
| <a href="#">Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)</a>  | Monitors mental wellbeing among the general population and is widely used in evaluations.<br>Available in a long- and short-form. | 13-74  |
| <a href="#">Social Provisions Scale (SPS)</a>  | Measures the level of social support an individual has available.<br><br>24 and 10 item scales available.                         | 8 and over   |
| <a href="#">Rosenberg Self-esteem Scale (RSES)</a>   | Robust tool for measuring self-esteem.  | Adults and adolescents (no specific age range given on the tool) |
| <b><i>Measures commonly used in the NHS and requested by commissioners</i></b>   |   |  |
| <a href="#">Generalized Anxiety Disorder 7-item scale (GAD-7)</a>  | The sector standard for measuring self-reported symptoms of anxiety.  | 13 and over  |
| <a href="#">Patient Health Questionnaire (PHQ9)</a>  | The sector standard for measuring self-reported symptoms of depression.   | 12 and over  |
| <b><i>Additional measures you could consider</i></b>   |   |  |
| <a href="#">Recovering Quality of Life (ReQoL)</a>   | To assess the quality of life for people with different mental health conditions  | 16 and over  |
| <a href="#">General Self-efficacy Scale</a>  | Robust measure of how an individual reacts and adapts to challenging events.  | 12 and over  |
| <a href="#">Lubben Social Network Scale (LSNS-6)</a>   | A measure to gauge social isolation in older adults and the level of perceived social support received from family and friends.   | 65 and over  |
| <p><b>Important notes</b></p> <p>Some of the tools in this list include statements and questions on suicidal thoughts and thoughts of self-harm, which may be triggering for some people. When using these questions it is recommended that you put in place support for respondents who may find the questions triggering.</p> <p>A number of the tools listed above are free to use, but some require a licence. More information on the criteria for using different tools can be found on the <a href="#">Child, Youth and Family Database</a></p> |   |  |

For information and resources on the validated tools used to measure mental health outcomes for children and young people, please visit the [Child Outcomes Research Consortium](#) website. The Short Warwick Edinburgh Mental Wellbeing scale (SWEMWBS) is appropriate to use when measuring mental health outcomes for young people aged 13+.

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