

Institution: Leeds Metropolitan University

Unit of Assessment: Unit 26 – Sport and Exercise Sciences, Leisure and Tourism Title of case study: Improving physical activity provision for mental health service users 1. Summary of the impact

Since 2000 we have conducted research and evaluations into sport and physical activity provision for people with severe and enduring mental health problems. Findings have impacted practitioners and professional services leading to improved management, provision and delivery of physical activity and sport groups for users of mental health services in Bristol. As a result of improved practice, a further impact has been on the health, welfare and social inclusion of people with mental health problems through increased participation rates in physical activity and sport.

2. Underpinning research)

The research explored how participation in physical activity can be beneficial for people diagnosed with severe and enduring mental health problems. The research began in 2000 as Dr David Carless' doctoral research at University of Bristol. Carless (appointed by Leeds Met as research fellow 2006; senior research fellow 2007; reader 2011) has continued and developed the research at Leeds Metropolitan University in collaboration with Dr Kitrina Douglas (independent researcher; visiting fellow University of Bristol 2004; senior research fellow Leeds Met 0.2 FTE 2012). Since 2007, a series of studies have been published in 10 articles in international peer-reviewed journals.

Douglas and Carless were commissioned through 2005-8 and again through 2009-12 to conduct longitudinal evaluations of the Bristol Active Life Project (BALP), a partnership between Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Bristol City Council (BCC), and several voluntary sector providers. BALP provides community based physical activity and sport opportunities for people with, recovering from, and at risk of mental illness. The insights developed through evaluating this project have dovetailed with the understandings generated through the research studies.

The work differs from most previous research in this field by using narrative and ethnographic methods to privilege and understand the experiences of people with mental illness. Focussing on the stories of people with mental health problems has: (a) identified the ways physical activity and sport can be experienced as beneficial [1,2,3]; (b) provided new understanding of the meaning and value of physical activity and sport in the context of individual service users' lives [6]; (c) generated insights into what constitutes effective delivery, provision, and support [4,5,6].

The findings identified 3 ways physical activity and sport can be beneficial:

1. For those individuals who previously held (or currently hold) an athletic identity, re-engaging in physical activity or sport can facilitate the reconstruction of a valued sense of self or identity that has been lost or damaged through the experience of mental illness [1]

2. For others, adventure experiences through physical activity or sport can stimulate the creation and sharing of new life stories around the experience of action, achievement, and relationships [2]

3. For some, physical activity or sport can serve as a vehicle or stepping stone for particular outcomes (e.g., improved fitness, weight loss, social connectedness) which help individuals to – in



one way or another – move on in life [3]

The findings also identified important practical, organisational and delivery issues that affect both participation rates and outcomes:

- Low participation rates among women that could be increased through targeted initiatives (such as dance and aerobics groups) [6]

- Difficulties with gaining information on activities, accessing groups, and sustaining participation that require provision of specialised and intensive social support [4]

- Community-building potential of activity groups which allow service users to peer-support each other [4]

- The importance of the ethos and philosophy that underlies delivery (i.e., how sessions are delivered) in supporting participation and maximising personal benefits [5]

3. References to the research (bold names indicate current Leeds Met staff):

10 papers published in international peer-reviewed journals, including:

[1] **Carless, D.** (2008). Narrative, identity, and recovery from serious mental illness: A life history of a runner. *Qualitative Research in Psychology*, *5*(*4*), 233-248. doi:10.1080/14780880701826101

[2] **Carless, D. & Douglas, K.** (2008). Narrative, identity and mental health: How men with serious mental illness re-story their lives through sport and exercise. *Psychology of Sport and Exercise, 9*(*5*), 576-594. doi:10.1016/j.psychsport.2007.08.002

[3] **Carless, D.** & **Douglas, K.** (2008). The role of sport and exercise in recovery from mental illness: Two case studies. *International Journal of Men's Health, 7(2),* 137-156. doi:10.3149/jmh.0702.137

[4] **Carless, D. & Douglas, K.** (2008). Social support for and through exercise and sport in a sample of men with serious mental illness. *Issues in Mental Health Nursing*, 29, 1179-1199. doi:10.1080/01612840802370640

[5] **Carless, D.** & **Douglas, K.** (2012). The ethos of physical activity delivery in mental health: A narrative study of service user experiences. *Issues in Mental Health Nursing, 33,* 165-171. doi:10.3109/01612840.2011.637659

One book based on the research (targeted at health professionals and coaches) has been published:

[6] **Carless, D.** & **Douglas, K.** (2010). *Sport and Physical Activity for Mental Health.* Oxford: Wiley-Blackwell. Available from Leeds Metropolitan University.

4. Details of the impact

The **first impact** concerns the planning and management of physical activity services. Findings led to recommendations regarding delivery, for example appointing a project worker to liaise between



the mental health provider (AWP) and sport provision in the community (BCC). While BALP began under the auspices of AWP, continuation, expansion and sustainability depended on developing an effective link between mental health services and community sport provision. Our recommendations led to a full-time Physical Activity Development Officer for Mental Health being appointed in 2009. This appointment and subsequent improved management and delivery has seen sport and physical activity provision in Bristol for people with mental health problems expand. Expansion is evidenced by increasing attendance figures from 6150 in the 3 years from 2006-8 to 9183 in 2009-12 (49% increase in participation). Attendances have continued to increase year on year through 2009-10 (2615 attendances), 2010-11 (3003) and 2011-12 (3565). Additionally, by 2012 the number of activities offered had increased to 30 [A] [D] [E].

The **second impact** concerns an impact on society through increasing social inclusion of women in sport and physical activity. This stems from our findings concerning a low proportion of women with mental health problems accessing sport and physical activity and the sociocultural factors involved. We recommended that other activity forms should be incorporated within BALP to appeal to a wider range of women. This led to the introduction from 2009 of new activities targeted towards women including aerobics, African dance, martial arts, Tai Chi, yoga, trampoline, and a women-only exercise group. While in 2008 only 30% of new referrals to activity sessions were female, this figure had increased to 39% by 2010-2011. By 2012 the proportion of women had risen to 56% of referrals [A] [D] [E].

The **third impact** concerns improved provision and access to health and welfare services for people with mental health problems. Delivery changes resulted from our identification of the specific difficulties some people with mental health problems faced in becoming aware of, accessing and sustaining participation in existing sport and physical activity provision. BALP responded to these findings by (a) establishing an online referral system and (b) establishing partnerships and referral pathways through local support agencies. Together, these changes provide multiple referral routes (including self-referral) that facilitate and support access and involvement among a socially excluded section of the community. By 2012, 18 partner agencies had made referrals. The BALP website has made it possible not only to advertise and promote sessions but also to create a publicly accessible point of entry. By 2010, 50% of referrals were received online and by 2012 all referrals were online. By 2012 there had been 7631 unique visits to the website indicating significant usage of the website as both an information resource and a referral system which partners and service users alike described as straightforward, practical and efficient [A] [D] [E].

The **fourth impact** also concerns improved provision of health and welfare services. Our published findings document and theorise the benefits that service users experience through regular involvement in sport and physical activity. These publications influenced practice within AWP leading the Trust to begin hiring specialised sport coaches to deliver sport opportunities in mental health contexts [D] [E]. Reference to the publications helped stengthen applications for external funding [E]. These funding applications (e.g., to the Football Foundation) have been succesful over a 6-year period (2006-12) thereby supporting continued provision of community physical activity and sport provision across Bristol for people with mental health problems [A] [B].

The **fifth impact** concerns the development of resources to enhance professional practice. In addition to 10 papers in international peer-reviewed journals, we have sought to increase the impact of the research on professional practice by publishing a first of its kind book [C] which



provides a practically oriented but state-of-the-art resource for mental health professionals, exercise leaders, and sport coaches. The book provides guidelines on effective provision of sport and physical activity in mental heath contexts. The book was published internationally (by respected publisher Wiley-Blackwell), increasing reach from local (Bristol) to international.

The **sixth impact** concerns an influence on professional standards, guidelines and training through delivering research-informed CPD. To date, we have given 3 workshops for 45 mental health professionals, exercise leaders, and sport coaches as an educational initiative to support the development of skills in effective physical activity and sport delivery in mental health settings [A] [D].

5. Sources to corroborate the impact

Reports, documents, reviews:

[A] Douglas, K. & Carless, D. (2012) *An evaluation of the Bristol Active Life Project: 2009-11*. Avon and Wiltshire Mental Health Partnership NHS Trust and Bristol City Council. *Available from:* <u>http://www.bristol.gov.uk/sites/default/files/documents/leisure_and_culture/sports_clubs_and_centres/sports_and_health_projects/BALP Report 2012 JULY FINAL.pdf</u>

[B] Douglas, K. & Carless, D. (2008) *An evaluation of the Bristol Active Life Project 2008.* Avon and Wiltshire Mental Health Partnership NHS Trust and Bristol City Council. Available from Leeds Metropolitan University.

[C] Carless, D. & Douglas, K. (2010). *Sport and Physical Activity for Mental Health.* Oxford: Wiley-Blackwell. Available from Leeds Metropolitan University.

Organisations/individuals:

[D] **Physical Activity Development Officer for Mental Health**, Bristol City Council (*For confirmation of impact on BALP programme development and staff education workshops*)

[E] Senior Physiotherapist in Mental Health, Avon and Wiltshire Mental Health Partnership NHS Trust (For confirmation of impact on practice in AWP Trust)