



**SPORT FOR  
DEVELOPMENT  
COALITION**

# Moving for mental health

**How physical activity, sport  
and sport for development can  
transform lives after COVID-19**



Policy brief:  
**January 2022**



Edge Hill University



Loughborough  
University

# The challenge

COVID-19 has deepened inequality and fuelled a mental health crisis.

## **We urgently need to respond with inclusive strategies harnessing physical activity, sport and sport for development.**

COVID-19 has had a significant impact on people's mental health and wellbeing. Many effects are likely to be substantial and long term.

The pandemic has affected everyone. But not everyone has been affected equally. COVID-19, and associated lockdowns, have accelerated and deepened existing inequality. This means we urgently need strategies which support everyone's mental health - especially people living in more disadvantaged and deprived communities.

## **There's clear evidence movement works**

There's clear evidence developing a healthy relationship with physical activity and being involved in linked programmatic interventions and social networks is beneficial. Research shows it can improve people's mental health, support wellbeing and resilience and help tackle social isolation.

## **What this policy brief is for**

This policy brief has been produced to help inform government policy and promote the benefits of community-based physical activity for everyone. It's also designed to support and inspire public bodies, funders, commissioners and policy-makers as well as community-based programme providers aiming to enhance the impact of movement for mental health.

In this brief you'll find clear, evidence-based recommendations to protect and enhance the contribution of physical activity, sport and sport for development to mental health in the UK.

This is a summary of our research.

## **Mental health and levelling up health inequalities**

“ Realising our mission to level up in health means tackling our social backlog - in mental health and public health - with the same spirit and sense of urgency with which we all tackled the pandemic. ”

“ [...] Whether it's in the NHS or across the country, it's vital people are getting the right kinds of support... mental health...[is] an indispensable part of levelling up in health - and the key to a safer, fairer and more supportive society. ”

**The Rt Hon Sajid Javid MP,**  
Secretary of State for Health  
and Social Care (Department  
of Health and Social Care/Javid, 2021)



# Our main recommendations

1

Develop a cross-government strategy that positions promoting movement for mental health as a responsibility across relevant departments and organisations.



2

The Office for Health Improvement and Disparities takes responsibility for this strategy and works together with other departments and partners to provide more opportunities for people to get moving for positive mental health while tackling deep-seated inequalities, including through integrated care systems.



3

The strategy should prioritise collaborative cross-sector partnerships, and the role of experts by experience and diverse community stakeholders in the design, implementation and evaluation of movement for mental health policy and programming.



4

Professionals and volunteers promoting movement for mental health should receive more standardised training and professional development. An enhanced focus on health professionals, peer support workers and social prescription link workers is required.



5

Commissioners, funders, project implementers and research partners must collectively prioritise and fund more consistent and accessible evaluations to identify different impacts and outcomes.



# Our research



## **This research has been co-created by more than 40 organisations, including experts by lived experience.**

It's fully informed by evidence and submissions by over 70 community organisations, consultations and inputs at roundtable sessions including a diverse range of stakeholders including sport and mental health organisations, public bodies and government departments.

Including the views and voices of experts by lived experience was essential. We're grateful for representatives from Access Sport, Activity Alliance, Dame Kelly Holmes Trust, Mind and Rethink for facilitating this critical insight.

The research was led by an expert team made up of academic researchers from Edge Hill University (Professor Andy Smith) and Loughborough University (Dr Florence Kinnafick and Dr Eva Rogers).

The overall project was part of the collaboration between the Sport for Development Coalition and Mind aimed at enhancing the contribution physical activity, sport and sport for development can make to addressing the mental health and wellbeing emergency caused by COVID-19.

## **The research was done in three parts:**

**1**

A systematic search of the academic peer-reviewed empirical literature on physical activity, sport, sport for development and mental health outcomes during COVID-19 (published between March 2020-May 2021).



**2**

Synthesising relevant policy documents, grey literature and submissions from primary and secondary care providers and community organisations who responded to a request by the Sport for Development Coalition and Mind between March and May 2021.



**3**

Stakeholder engagement activities run by Mind and the Sport for Development Coalition including roundtable discussions and input from experts by lived experience.

# Our key findings

1

## COVID-19 has made the existing mental health crisis worse

Mental health was a serious public health crisis before COVID-19. And now studies suggest COVID-19 has seen people's mental health seriously decline. Evidence from the UK Household longitudinal study suggested prevalence of mental health problems increased from 24.3% in 2019 to 37.8% in April 2020 and remained elevated in both May and June 2020 (Daly, Sutin & Robinson, 2020).

2

## COVID-19 has increased health inequality

COVID-19, and associated restrictions, have accelerated and deepened existing health inequalities.

It's now clear that inequalities in mental health and other health inequalities, "have emerged [through] COVID-19 - as it interacts with and exacerbates existing social inequalities in chronic disease and the social determinants of health" (Bambra et al., 2020: 4).

This means we urgently need strategies which support and level up the mental health of everyone - but especially those living in more disadvantaged and deprived communities (Bambra et al. 2021; Campion et al. 2020; Marmot et al. 2020).

3

## Physical activity, sport and sport for development can make a difference

There's strong evidence for the mental health benefits of physical activity (including exercise). For example, the European Psychiatric Association says there's clear evidence of the benefits of physical activity for preventing and treating mild to moderate mental health problems (Stubbs et al. 2018).

### Mental health benefits of physical activity include:

- Improved social cognition, functional capacity and quality of life.
- Increased social interaction, shared experiences, optimism and life satisfaction.
- Reduced stress, worries, cognitive decline and loneliness.
- Improved self-esteem, increases in perceived social support and a sense of belonging.
- Reduction in depressive symptoms (including low mood and energy).

(Shvedko et al. 2018; Vancampfort et al. 2017.)

## Benefits for children and young people

Evidence of the mental health benefits of physical activity for children and young people is less established. However, there's evidence of a causal link between exercise and cognitive functioning, in part for depression (Biddle et al. 2019).

For children and young people in particular, community sport has been identified as a potentially important mental health promotion setting (Vella, 2019; Vella et al. 2021).

## A role for targeted community sport and sport for development

There is **also an important role for targeted community sport and sport for development interventions**. It is important to recognise that the evidence for community sport and sport for development programmes is less developed (see Smith et al. 2016). But sport participation has been linked to more favourable mental health outcomes alongside positive social development and reducing social exclusion (Graupensperger et al. 2021).

Faulkner and Tamminen (2016: 414) have also suggested that **“there is good evidence that sport participation, particularly team sport participation, may have a protective effect against depressive symptoms”**.

Participating in sport in community settings, and as part of sport for development programmes, may make a positive contribution to aspects of mental health and may be a helpful component in preventing and treating mental health problems. But this is likely only to occur under specific circumstances which are increasingly, but not yet fully, understood (Smith et al. 2016).

**Different people, different contexts, different outcomes.**

Different outcomes will be produced in different social contexts where community sport and sport for development programmes are delivered (Smith et al. 2016). We need more research on these contexts, mechanisms and processes supported by more consistent and comparable evaluations.



# Key areas for emphasis in movement for mental health policies and strategies



## 1. Challenges in primary care

Even before COVID-19, many Health Care Professionals (HCPs) didn't have the right knowledge to give advice on physical activity and behaviour change (Din et al. 2015).

They urgently need training on what's available to strengthen referral pathways from primary care to community physical activity, sport and sport for development programmes.

Previously, programme results have been inconsistently reported, with a lack of robust and standardised measures. This limits the evidence available for HCPs to understand exercise referral schemes' (ERS) efficacy (Shore et al. 2019).

More resources are needed for community initiatives to support mental health in primary care (Sidhu, 2019). These initiatives need to be informed by experts by lived experience with a focus on tackling inequality. Social prescribing (referring patients from a GP to community sources of support) is also crucial.

### Case study



#### Working collaboratively at Wesport Active Partnership

Wesport Active Partnership offers a holistic social prescribing service through GP surgeries aimed at people with long-term mental or physical health problems and/or welfare issues. All participants saw improvements to their mental and physical health through mental wellbeing scores. Project leaders explained a collaborative partnership between the GP surgery and the community project workers was crucial for the long-term impact of the programme, and to help recruit clients. This kind of collaborative working between primary care and community programmes is particularly critical for movement and mental health programmes.

## Case study



### Training staff: Active Suffolk and Two Rivers Medical Practice

Thirty-three clinical and non-clinical staff at Two Rivers Medical Practice received physical activity training from Active Suffolk. Initial findings indicated that the project successfully increased physical activity behaviours and access to local services and activities.

## Our recommendations for primary care

- All actions should be underpinned by insight from experts by lived experience.
- Healthcare providers should use place-based investment to better reflect local communities' mental health needs.
- Social prescribing and programme and intervention design, delivery and evaluation should focus on inequality and capacity and resource (including transport).
- Referral pathways from primary care to community physical activity, sport and sport for development programmes must be strengthened.
- Primary care providers should recommend staff undertake training to share the benefits of moving for mental health.

## Training and capacity building for Healthcare Professionals

Primary care providers should recommend staff train on movement for mental health. For example, [The Royal College of General Practitioners \(RCGP\) Physical Activity toolkit](#) as part of the Moving Healthcare Professionals (Sport England and Public Health England) online training. People need to access these kinds of practical resources to encourage discussions around movement for mental health in routine care.





## 2. Challenges in secondary care

Even before COVID-19 there was limited funding, resources and structural support available in secondary mental health services to implement sport and physical activity into routine care (Pratt et al. 2016).

Many secondary care HCPs still don't feel confident recommending sport and physical activity for mental health or consider activity as important as talking therapies. As in primary care, evidence on movement and mental health is sparse.

COVID-19 disproportionately affects people in secondary care services already experiencing inequalities. In many cases, people living with physical and/or mental health problems have seen a decline in their mental health and experienced more symptoms since the start of the pandemic.

Community programmes working with secondary care services have generated positive results. Yet referrals from secondary care are still not operating as efficiently as necessary. This has been exacerbated by COVID-19.

In response, physical activity should be embedded in secondary care services and valued in the same way as more traditional mental health treatment (medication and talking therapies) to endorse holistic health.

### Case study



#### Working collaboratively at We Care Stockport and Ealing IAPT Services

We Care Stockport and Ealing IAPT (Improving Access to Psychological Therapies) services worked collaboratively with their local secondary care (mental health care and services for people who are homeless or seeking shelter from abuse) to deliver movement sessions to support mental wellbeing. Both programmes showed successful outcomes, including improvements in mental health symptoms, reductions in social isolation and improved motivation and confidence to exercise. Despite overall positive results, there were notable challenges. Over 60% of participants indicated there is insufficient availability of physical activity in their local area that met their needs.

## Case study



### Embedding physical activity into mental health pathways

Oxford NHS Trust ran a quality improvement project to embed physical activity into mental health pathways. The project delivered Mind's **Mental Health Awareness in Sport and Physical Activity (MHASPA+)** training to over 200 coaches, instructors and therapists in the network. Clinicians reported physical activity consultations were relevant to most of the people they assessed. However, project evaluators reported partnerships between mental health and sport and physical activity providers was key to ensure the programme's sustainability and share success. It was also noted that a 'one size fits all' approach is not appropriate for secondary mental health care services - targeted strategies to engage multiple audiences were needed.

## Our recommendations for secondary care

- Where appropriate, people with mental health problems should be supported to discuss and take part in opportunities to be physically active, including where appropriate in group, community sport and sport for development settings.
- Improvements in mental health and movement literacy should be made through relevant, responsible, clear and evidence-based messaging.

### Promoting Movement for Mental Health

- The **Digital Marketing Hub** delivered by the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) and supported by Sport England is a valuable tool to educate staff on the benefits of movement and encourage people to get active.
- As part of the **Care Programme Approach** or discharge plan, secondary care mental health workers should provide opportunities to engage with Voluntary, Community and Social Enterprise (VCSE) organisations promoting movement for mental health.





### 3. Challenges for community projects and programmes

**Community open projects** are population-level programmes aiming to engage the general public in physical activity, sport or sport for development.

**Community targeted projects** are projects which engage specific individual groups in the population and are often targeted to deliver wider health, wellbeing and social outcomes.

COVID-19 has magnified the positive and under-valued impacts of physical activity, community sport and sport for development on health and wellbeing. These include improved self-esteem and social connectedness. It has also exposed existing challenges, like limited investment and vulnerable business models, that have weakened the sector's response to COVID-19 (The Commonwealth, 2020).

COVID-19 exacerbated the existing inequity in mental health, with certain groups disproportionately affected. These include the socio-economically disadvantaged, ethnic minorities and people with mental health and/or long-term health conditions (Daly, Sutin & Robinson, 2020). COVID-19 measures have introduced new, or exacerbated existing, barriers to those already experiencing health inequalities.

Including the voices of people with lived experience of mental health problems in the design of community programmes may help identify the barriers experienced by vulnerable groups to activity. It may also inform localised and targeted schemes and facilitate the transition of vulnerable groups back to activity.

There are a vast number of community projects evidencing mental health improvements through sport and physical activity. To strengthen both the impact and the evidence for movement and sport for development and mental health, community providers could explore partnerships with academic colleagues or institutions with evaluative research experience.

## Our recommendations for community projects and programmes

- Service resourcing, delivery and evaluation must be made available at a scale and intensity proportionate to people who need them most.
- Care providers, programme designers and programme implementers should implement a **differential pricing model** (based on deprivation and other health inequality data).
- We urgently need a more sustained focus on the causes and consequences of inequalities reinforced by COVID-19.
- Mental health and community partners should work together to shape the design, delivery and evaluation of policy and programmes that use physical activity, sport and sport for development to promote mental health.
- Providers should demonstrate and report on the involvement of experts by experience and diverse community representatives when shaping design, delivery and evaluation.
- Providers should commit to more consistent and comparable evaluation and reporting of the intended and unintended outcomes of their work for mental health.
- Programme providers should understand and recognise the potential challenges of encouraging people who exercise compulsively and experience body image concerns to ensure messaging is both clear and safe.
- Workplaces should focus on employee mental health at all levels of the organisation. Normalising conversations around mental health and embedding mental health considerations in all workplace policies and practices is important.
- Programmes should develop blended or hybrid delivery of online and in-person services with support available for people switching back to in-person sessions.
- Sport for development, sport and physical activity organisations should promote and make available mental health training and resources for coaches and volunteers as part of minimum coaching standards and to support their own mental health.
- Organisations should integrate peer support and peer mentoring into community schemes to enhance community engagement wherever possible.



# Our key recommendations

## Recommendation 1



Public mental health should be embedded into the cross-government mental health strategy, which recognises promoting movement through physical activity, sport and sport for development for mental health as a collective responsibility across relevant departments and organisations.

## Recommendation 2



The Office for Health Improvement and Disparities must take the strategic lead with DCMS and other partners (including the UK sports councils and Mind). They should coordinate and provide more opportunities for people to get moving for positive mental health while tackling deep-seated social and health inequalities. This approach should be replicated at devolved and local level with equivalent stakeholders and through integrated care systems. Funding should draw on, and continue to include, the responsive and accessible approaches used during the COVID-19 pandemic. It should also include provision (with policy frameworks, funding and commissioning models) for direct investment in programmes and interventions that use movement alongside mentoring, talking therapies and other evidence-based actions (i.e. targeted sport for development interventions).

## Recommendation 3



COVID-19 has exposed the weaknesses of single sector responses to tackling complex mental health problems. Collaborative cross-sector partnerships and involving experts by experience and diverse community stakeholders in design, implementation and evaluation of policy and programming should be a key criterion for investment. This must be an ongoing reporting requirement for all investment in movement for mental health.

## Recommendation 4



Continuation, standardisation and expansion of training, professional development and other support opportunities should be provided for professionals and volunteers working to promote movement for mental health. An enhanced focus on health professionals, peer support workers and social prescription link workers is required.

## Recommendation 5



Right now there's a lack of robust, systemic and widely reported programme evaluations using movement to treat and manage mental health problems. Effective evaluations should be prioritised, consistent, accessible and funded. More consistent and validated tools are needed alongside context-specific evidence to identify the different impacts and outcomes of these programmes.

# Associated recommendations and actions

## For public bodies, funders, commissioners and policy-makers:

- 1** Public bodies, funders and programme implementers should report on how local communities and experts by lived experience are involved in designing, implementing and evaluating policy, funding and programming.
- 2** Funders and commissioners should include evidence of effective cross-sector partnership working as a criterion for investment.
- 3** Dedicated funding should be provided to bring together primary and secondary care services with VCSE organisations.
- 4** All stakeholders should explore developing a tool allowing policy-makers to examine the impact of their proposals on mental health.
- 5** Funders and commissioners should prioritise place-based funding models and base investment decisions on an index of multiple deprivation scores and other health inequality data.
- 6** Accessible guidance on design and evaluation (including integrating non-traditional forms of evidence) should be provided by funding bodies and commissioners.
- 7** Government should include an analysis of workforce capacity (and associated resource allocations) to promote movement for mental health and wellbeing as part of reporting requirements set out in the revised Health and Social Care Bill.
- 8** Promoting movement for mental health and wellbeing should be a pillar of work, with ring-fenced budget, in the framework of the new Office for Health Improvement and Disparities.
- 9** The Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) could embed mental health into its higher education professional standards.
- 10** Mental health training should be a mandatory part of physical education teacher training and other programmes which train people to work at all levels of sport, physical activity and sport for development.
- 11** We don't yet have enough evidence on the impact of community sport, physical activity and sport for development. Further investment needs to be made in more consistent and comparable evaluation and research.



# Conclusion



## Next steps

Physical activity isn't a panacea for the COVID-19 mental health crisis or the inequalities it has amplified and deepened. But research shows that the kind of policy responses and programmes described here can make a difference.

There is an urgent policy need to fund, support and evaluate effective movement for mental health projects co-created with the people and communities they aim to benefit - including people facing inequalities.

These projects need to be more consistently evaluated so we can identify what works (and what doesn't) to make them better. And there is a need to train staff from the NHS and beyond in how physical activity, community sport and sport for development can support people's mental health - allowing professionals to make confident referrals.

Policy-makers need to implement these evidence-based recommendations.

The stakeholders who informed this policy brief welcome the opportunity to work with partners on what needs to happen next.





## Further reading and resources

- [Moving for Mental Health Research Report](#)
- To see the full set of submissions that informed this policy brief see [Moving for Mental Health' submissions](#) | Sport for development coalition
- Mind resources to support [Organisations](#) and [Individuals](#)
- [Sport for Development Coalition resources](#)
- Resources for HCPs - [Moving Healthcare Professionals](#) led by the Office for Health Improvement and Disparities (OHID) and Sport England, to support healthcare professionals to increase their knowledge and skills, and incorporate physical activity within routine care to support quality improvement and better patient outcomes.