



# Get Set to Go Programme Evaluation Summary

2014 to 2017

# Contents

Foreword .....	3
Executive summary .....	4
Methodology .....	10
Relationship between sport and mental health recovery .....	10
Effectiveness of the Get Set to Go model .....	15
Impact of online peer support .....	27
National campaigns and influencing .....	34
Recommendations and next steps .....	37

## Independent evaluation team

Dr Florence Kinnafick,  
Loughborough University

Dr Nathan Smith, Senior Research  
Scientist, Ministry of Defence

Dr Paul Appleton,  
University of Birmingham

Lorna Tweed, Doctoral Researcher,  
Loughborough University

Natasha Bayes, Researcher,  
University of Northampton

Catherine Tiler, Peer Researcher

## Mind

Hayley Jarvis

Jacob Diggle

Madeleine Musgrove

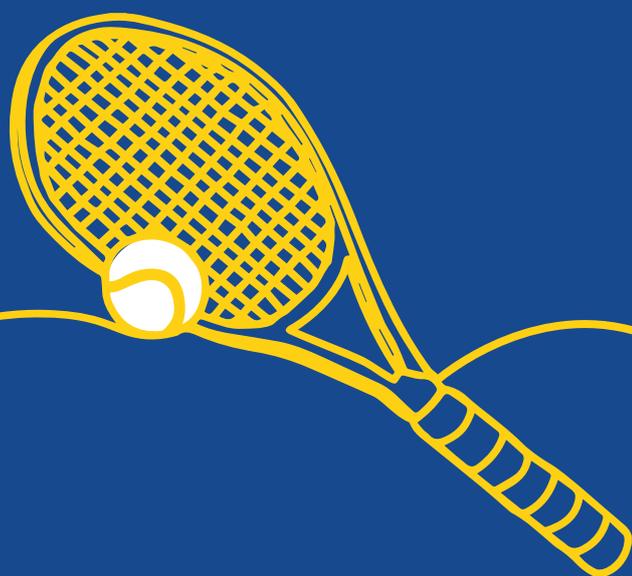
Rowena Ward

Toril Cooper

Tony Li

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# Foreword

**Evidence shows that people with mental health problems are more likely than the general population to have physical health issues, yet they face additional barriers to becoming active.**

We know that getting active can have a positive impact on your physical health, but it can impact your mental health too – reducing the risk of depression by up to 30%,<sup>1</sup> lifting mood and improving self-esteem. Despite this, 70% of people with a mental health problem say their mental health prevents them from taking part in sports.<sup>2</sup>

The Get Set to Go programme was launched with the support of Sport England and the National Lottery in July 2015 to help people with mental health problems benefit from being physically active.

The programme saw 3,585 people with mental health problems take part in specially designed physical activity projects. Delivered in communities across England by eight local Minds, participants received group and one-to-one support from peers with an understanding of how mental health can be a barrier to physical activity. Participants took part in a range of activities including fitness, football, badminton, boxing, walking, boccia and even Ultimate Frisbee.

Nationally, Get Set to Go campaigned to promote the benefits of getting active on mental health, reaching over 19 million people with specially developed information. A further 8,219 people accessed information and support to help them get active online through Mind's Elefriends website.

An evaluation of Get Set to Go was carried out by academic researchers, and this report brings together key learning from the programme.

The evaluation team (from Loughborough University and the University of Northampton) worked with over 1,000 Get Set to Go local and digital participants to track their progress, making this the largest ever study of its kind internationally. The 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. Recent national government strategies have also supported the fact that physical activity is key for mental health, highlighting the importance of programmes such as Get Set to Go.

We've worked closely with the sport and physical activity sector to deliver Get Set to Go, and hope our learning and recommendations continue to contribute to reaching our shared aim of helping more people with mental health problems become and remain physically active.

My sincere thanks to everyone who has contributed to this valuable piece of work.



*Paul Farmer*

**Paul Farmer**  
Chief Executive, Mind

1. Department of Health (2011), Start Active, Stay Active. Available here: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216370/dh\\_128210.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf)

2. Mind research, 2015

# Executive summary

It's common knowledge that being active is good for the body, but there is increasing evidence that it's good for the mind too.

The National Institute for Health Care Excellence (NICE) guidelines state that physical activity should be one of the first interventions recommended by doctors for mild to moderate depression. Being physically active can reduce someone's risk of depression by up to 30%.<sup>3</sup>

It can also reduce anxiety and stress, combat low mood and increase self-esteem. Being physically active is especially important for people with severe and long-lasting mental health problems (such as bipolar disorder or schizophrenia), because they are:

- Twice as likely to die from heart disease.<sup>4</sup>
- Four times as likely to die from respiratory disease.<sup>5</sup>
- On average, likely to die between 10 and 17 years earlier than the general population, driven in large part by poor physical health.<sup>6</sup>

To help tackle these challenges Mind and Sport England launched the Get Set to Go programme, with the aim of engaging 75,000 people with mental health problems in sports and physical activity.



## What did the Get Set to Go programme involve?

The programme had three main delivery strands:

### Local delivery

- This was delivered by eight local Minds (independent charities affiliated to Mind, delivering services tailored to their community as part of a network covering England and Wales). The local Minds provided group-based activities to introduce people to sport and physical activity within a supportive setting. A range of activities were provided, including sports such as football and badminton, fitness activities such as gym and boxfit, 'mindful' activities such as yoga and tai chi, and even boccia, Ultimate Frisbee and seated volleyball.
- Participants entered the programme either through self or professional referral. A Sports Coordinator was recruited in each area to organise the programme locally, and to

3. Department of Health (2011), Start Active, Stay Active. Available here:

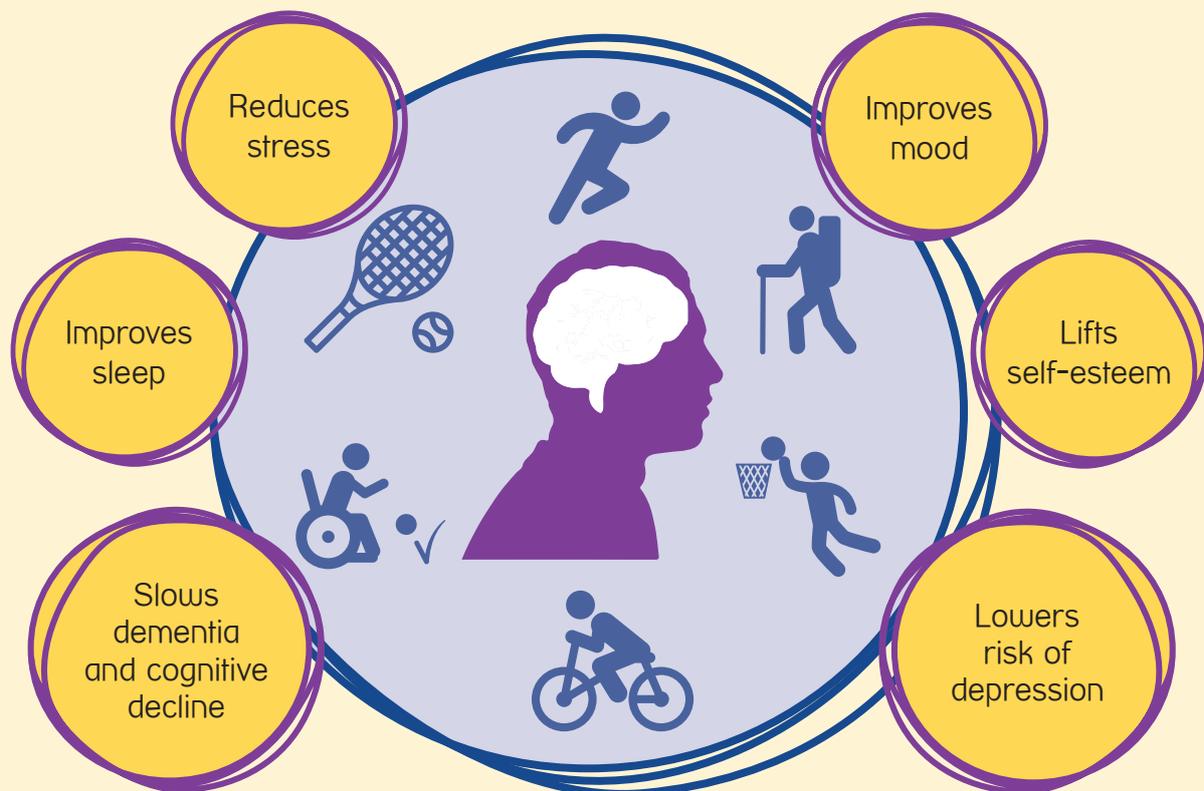
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216370/dh\\_128210.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf)

4. Harris E and Barraclough B (1998), Excess mortality of mental disorder, British Journal of Psychiatry

5. Phelan M and others (2001), Physical health of people with severe mental illness, British Medical Journal

6. Mind, Physical Activity, Sport and Mental Health. Available at: <https://www.mind.org.uk/information-support/tips-for-everyday-living/physical-activity-sport-and-exercise/?ctald=/about-us/our-policy-work/sport-physical-activity-and-mental-health/slices/info-pages/#.WeRuSjdwbIU>

## Impact getting active has on mental health



Adapted from Sport England (2017)

recruit, train and support a team of volunteer Peer Navigators (people with lived experience of mental health problems who provided one-to-one support, or group 'peer support', to the programme participants).

- Peer support (people using their own experiences to help each other) played a key role because participants received group-based and one-to-one support from other people who had experienced mental health problems. The Peer Navigators were able to provide tailored advice because they understood the additional challenges mental health problems present to people who want to get active.
- The Sports Coordinators also worked with mainstream sport and physical activity providers, giving training and support to help ensure that their projects were welcoming and accessible for people with mental health problems.

### Digital peer support (people using their own experiences to help each other online)

- The Elefriends website is Mind's online peer support community – anyone over 18 who is struggling with their mental health can join. Elefriends users give one another advice and support across a range of topics. The community is moderated by Mind, and the 'Ele' (Mind's avatar) posts content on a range of topics.

As part of Get Set to Go, the Elefriends website was developed to better support users sharing stories about the impact getting active has had for them. This included new motivational information from Mind and a 'Being Active' hashtag to allow users to share their experiences and support each other to become more physically active.



## What makes Get Set to Go unique?

Get Set to Go was co-developed by people with mental health problems through a series of steering groups and workshops. This helped ensure that the programme was relevant, meaningful, empowering and based on the needs of people with mental health problems.

It is the largest programme in the world that uses a peer support model to help people with mental health problems to become active. The programme has been rigorously evaluated to provide important learning to shape future physical activity programmes for people with mental health problems.

### National communications, campaigns and influencing

- As part of Get Set to Go, Mind ran a number of national campaigns to raise awareness of how being active can support people's mental health, and to encourage people to become more active. Mind developed a series of resources to support these campaigns, including printed and online physical activity guidance and motivational blogs and videos. Mind also developed resources to support sports and physical activity professionals to be better able to help people with mental health problems get more active (including information booklets, training materials, leaflets and videos).
- Mind also regularly provided comments and spokespeople for the media on the topic of sport and physical activity for mental health. Mind has secured a wide range of coverage across print, radio, television and events through this work.
- Additionally, Mind supported the Sport and Recreation Alliance and Professional Players Federations' Mental Health Charter for Sport and Recreation. The charter works to encourage the sport sector to use its collective power to tackle mental health problems, and asks organisations to commit to a series of pledges to help achieve this. Through this partnership Mind has worked with the national governing bodies of many sports (including the FA and England Athletics).

## How has the programme been evaluated?

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 – provided digitally and face-to-face – has on the people who give and receive it, and the effectiveness of the Peer Navigator (voluntary peer support role) 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 team investigated the experiences of over 1,000 Get Set to Go programme participants through surveys, interviews, focus groups, and mood and physical activity diaries. The evaluation team also recruited a group of Peer Researchers – each with a personal lived experience of mental health problems – who worked with local Minds to help them gather data from their programme participants.

A control group of Mind service users who did not take part in Get Set to Go were also tracked as part of the research to understand experiences of similar individuals who didn't engage in Get Set to Go activities.

# What was the impact and reach of the Get Set to Go programme?

## The Get Set to Go programme

- Raised awareness of how being physically active can support mental health with 83,282<sup>7</sup> people.
- Provided online peer support to 8,219 people.
- Supported 3,585 people to become active in local communities, with 1,870 registering for ongoing support from volunteer Peer Navigators.
- Recruited, trained and supported 224 volunteer Peer Navigators.
- Trained over 325 coaches and leaders in mental health awareness for sport and physical activity training.
- Engaged with over 900 professionals and 605 organisations to share the learning from Get Set to Go with a reach estimated at millions.

**Get Set to Go has saved my life. It has turned my life around and really helped me to cope with my mental health. It helps us all to socialise outside of the groups. I have done some fantastic activities, had loads of fun and sampled sports that I've never had the chance to try before.** Participant, Get Set to Go

### The programme evaluation showed that:

- Get Set to Go successfully supported people with mental health problems to become more physically active. After three, six, and 12 months, participants who engaged with the evaluation were doing 30 minutes of physical activity on more days a week than when they joined the programme. This was a significant change and was not seen in the control group of the local Mind service users who were not part of Get Set to Go.
- The impact of the programme was enhanced by the role of volunteer Peer Navigators, each with lived experience of mental health problems, who were critical to creating a positive experience for participants. Importantly, the supportive social environment enabled participants to feel comfortable enough to return following a period of ill health (physical or mental).
- Participants who took part in the evaluation engaged in, on average, at least one more day of vigorous activity per week. Moderate activity went up by almost two days a week after six months in the programme.
- Even during periods of low mood and low motivation, participants were generally able to maintain gentle to moderate activity (such as walking).
- At the three month follow up, there was a significant change in participants' perception of their social support (their feeling that they are cared for and know people who can help them). This was as a result of the increased social interaction and connection built through group activities. People who reported increased social support also reported better wellbeing and felt a better ability to cope and be resilient at each measured time point.
- Participants felt more 'autonomous' in their motivation to be physically active. 'Autonomous' motivation means wanting to be active because you enjoy it rather than because you feel pressured into it. This type of motivation is associated with feelings of wellbeing, social support, empowerment and coping skills. Participants who reported feeling this type of motivation also reported better overall health.
- Overall, participants' and the control groups' general mental wellbeing was maintained over 12 months. Participants continued to experience episodes of poor mental and physical health, which impacted on their ability to be physically active. However, the Get Set to Go programme achieved significant improvements in a number of areas – such as increased social support and a better quality of motivation to be active – and helped

7. People who engaged with our campaigns through a variety of means, such as web and social media content

to reduce barriers to physical activity for Elefriend users. These areas are associated with positive mental health and wellbeing.

- Qualitative data showed that participants saw Get Set to Go as an important first step in their recovery process.
- Qualitative data also highlighted that 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.
- People who took part in peer support online felt more positive about physical activity, and their motivation increased. However those who weren't already active in some way didn't act on this motivation. This indicates that online information alone is not sufficient to support people with mental health problems to become more physically active, but is beneficial for people who are already active. Information combined with peer-to-peer interaction can improve their wellbeing and perceived social provision.

## What were the practical challenges of delivering the programme?

- While involving people with a personal lived experience of mental health problems is a strength of the programme, fluctuations in individual's mental health meant that many of the Peer Navigators, Peer Researchers and programme participants needed to take a leave of absence at some point during the programme. Most people did, however, choose to return, with the research showing that the social environment and support available helped people feel able to come back.
- The programme was delivered by eight independent local Minds, so changes to their organisational strategy, funding and/or staffing would impact on delivery. The programme provided flexibility to allow local Minds to tailor their Get Set to Go projects to their community's needs, which meant there were some differences in how the

### The Get Set to Go programme

Communications  
and media  
campaigns

People with lived  
experience of mental  
health (participants  
and Peer Navigators)

Local delivery  
through our local  
Mind network

Digital -  
Elefriends online  
peer support



programme was delivered across the country. For example, some were delivered over six weeks rather than 12, while others had short breaks in delivery.

- Get Set to Go was independently evaluated to provide in-depth understanding of the impact of the programme, to help improve future activities and to contribute to the wider evidence base. The evaluation method required extensive data collection, so participants had to complete lengthy forms at the beginning of the programme, and again at three, six and 12 months. This was particularly challenging for some participants, and led to a drop-off rate in the data collection.

## Key learning

This report provides a summary of the key findings of the evaluation of the Get Set to Go programme. The evaluation highlights several important elements of Get Set to Go that should be replicated in any programme aimed at supporting people with mental health problems to get more physically active.

The key learning includes:

### Local programme delivery

- Regular timetabled sessions should be scheduled, changes should be kept to a minimum, and a clear exit route should be created following a 12-week programme.
- Sport and physical activity providers should deliver group sessions that promote connection with others to create an empathetic and welcoming environment. Where possible, sessions should be peer-led. The peer support element should be central to the programme.
- Additional support should be offered to participants attending their first session, including practical information and support to access the session and the facilities.
- Family and friends should be included in the programme through 'bring a friend' and/or information sessions.



- Organisations should provide information on reducing barriers to physical activity by giving specific information on how to overcome barriers, particularly initial barriers.
- Clear communication about the programme should be provided, and personalised text messages should be used as attendance prompts.
- Providers should promote walking as an achievable, beneficial and sustainable method of being active.
- Mental health providers should build good, strong relationships with mainstream facilities and local sports organisations. This helps maintain stability for the participants and provide a welcoming atmosphere. Training should be provided to reduce stigma within mainstream facilities, and to help them positively interact with people with mental health problems.

### Digital delivery

- Information should be brief and concise.
- Digital platforms should host specific conversations around physical activity, focusing on the initial barriers and what individuals have done to overcome them. Positive peer-to-peer interaction should be encouraged.
- Digital peer support platforms should consider ways that participants can access local information via platforms, and attend group sessions/meet-ups off line.

Full recommendations can be found on pages 38-39.

# Methodology

This section provides an overview of the objectives the evaluation team worked towards, and the approaches they adopted in their research.

## The research objectives

Objective one	To understand the relationship between sport and mental health recovery
Objective two	To understand the effectiveness of the Peer Navigator model for encouraging sustained sports participation
Objective three	To understand the impact of online peer support on mental health
Objective four	To understand the impact of online peer support on sport participation

The evaluation team used a combination of quantitative and qualitative methods over the three-year evaluation to capture data from a range of participants.



Methods	Objectives				Timescales
	One	Two	Three	Four	
Literature review	X				
<b>Local delivery</b>					
Survey: Get Set to Go participants + control sample	X				Baseline, three, six, and 12 months (April 2015 to June 2017)
Participant focus groups	X	X			18 months (October 2016 to January 2017)
Mood diaries: Get Set to Go participants	X				18 months (October 2016 to January 2017)
Peer Navigator focus groups		X			18 months (October 2016 to January 2017)
Peer Researchers interviews	X				Telephone interviews: at induction and 24 months (May 2017)
Mental Health Awareness in Sport and Physical Activity Training	—	—	—	—	Pre and post training, 6 month follow up (2016 to 2017)
<b>Digital delivery</b>					
Survey: Elefriends users	X		X	X	Baseline, three, six, and 12 months (April 2015 to June 2017)
Telephone interviews: Elefriends users	X		X	X	18 months (October 2016 to January 2017)
Content exploration				X	15 to 18 months
<b>National delivery</b>					
Interactive workshops: target population for campaign			X	X	1. Target = general public: (12 August 2015) 2. Target = women: (13 May 2016) 3. Target = South Asian women: (6 April 2017)

## Quantitative research methods

Data was collected from over 1,000 participants (see box below for outcome data), comprising 725 Get Set to Go local delivery participants, 207 people involved in digital delivery through Mind's Elefriends website, and 77 people from the control group (a group of local Mind service users who were not part of Get Set to Go).

Participants completed the survey at four time points during the programme: at registration and again at three, six and 12-month follow ups. Data about participants' background (age, gender, ethnicity, etc) was collected along with outcomes for the programme. All outcomes were measured using standardised questionnaires that have previously been used in similar research.

### Outcome data collected for local and digital delivery

#### Physical activity behaviour

- International Physical Activity Questionnaire with an additional question at the request of Sport England about sport engagement (IPAQ-2)
- Single Item Measure for physical activity one x 30 minutes per week (Sport England)

#### Mental health

- Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)
- General Self-Efficacy Scale (GSE)

#### Barriers and Motivation to exercise

- Exercise Benefits and Barriers Scale (EBBS adapted for barriers)
- Behavioural Regulations in Exercise Questionnaire (adapted BREQ-2 Short version)

#### Social support

- Social Provisions Scale (SPS-10)

In order to explore the link between physical activity and mood, 42 participants completed a mood and physical activity diary for seven days.



## Qualitative research methods

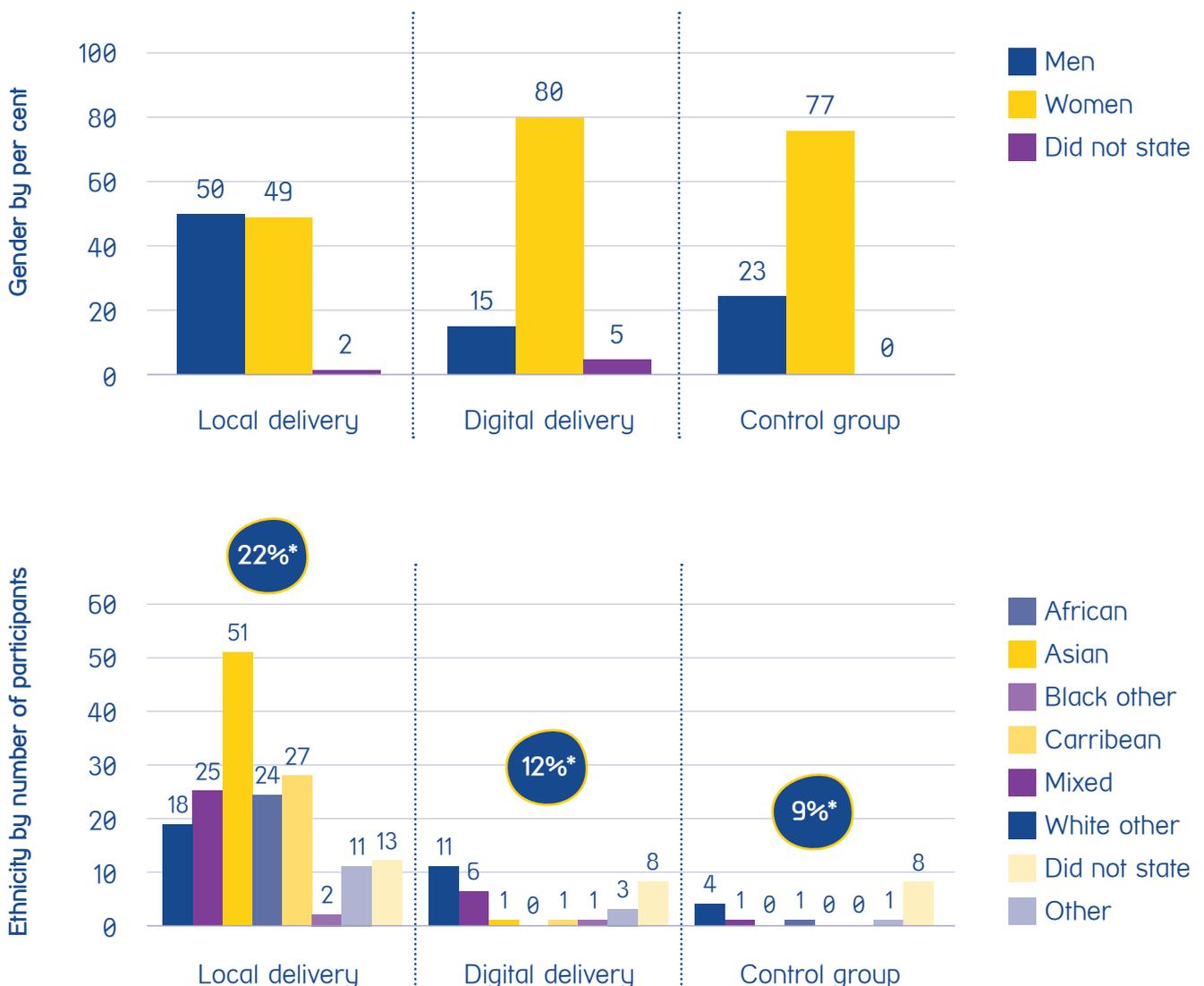
Interviews and focus groups were conducted to explore participants' experiences of the programme, and to gather learning from people involved in running the programme. Interviews were held with 35 local delivery participants, 21 users of the Elefriends website, 28 volunteer Peer Navigators, nine Peer Researchers, and 12 Sports Coordinators.

Three focus groups were held following the national communications campaigns, with a total of 24 participants from the campaigns' target audiences taking part in these.

## Profile of participants

In total 1,009 people took part in the evaluation across participants registered in local programmes, Elefriends website users and the control group. Unfortunately, not all participants completed the follow up surveys – a common issue in community-based research.

The data provides a rich picture of the profile of the people who took part in the programme. The intervention and control groups were proportionally similar in age and, at the beginning of the process, perceived wellbeing, social support, coping and resilience. It is, however, worth noting that there were more women than men in both the control group and the Elefriends group.



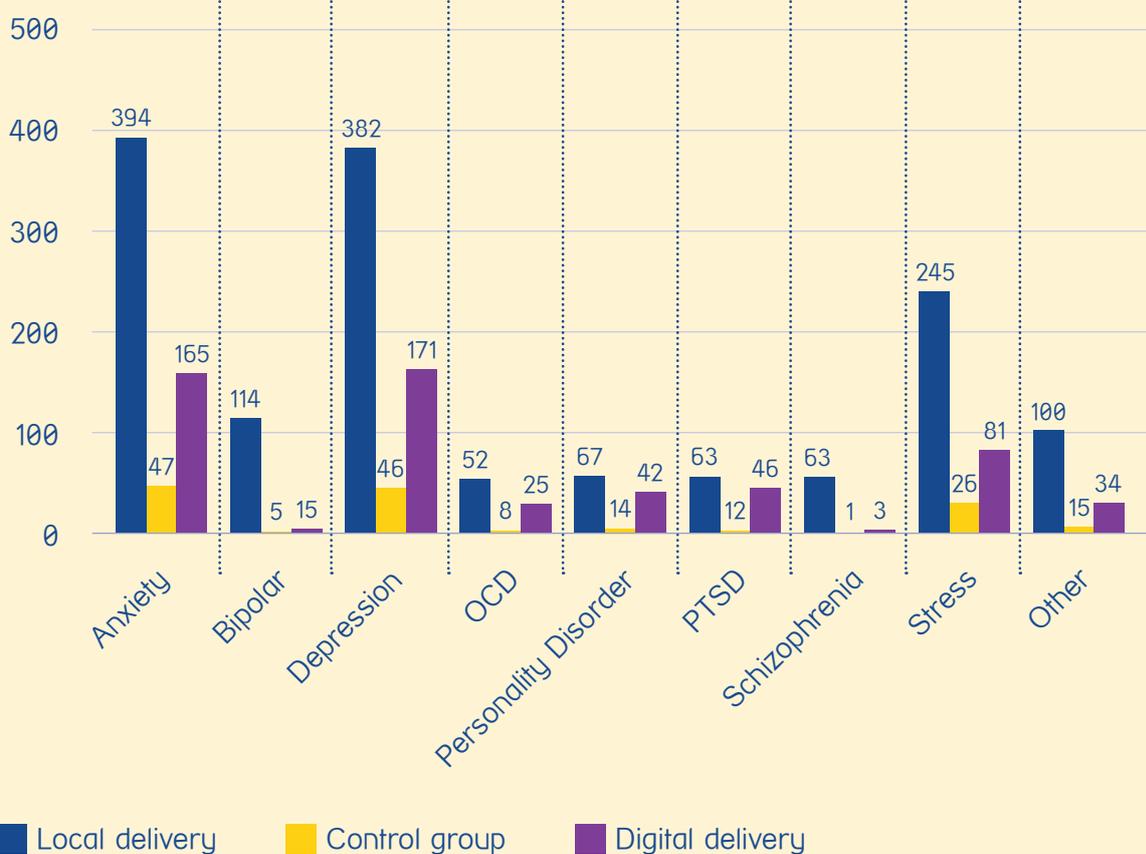
## Mental health diagnosis

The programme reached a wide range of people including some experiencing common mental health problems such as anxiety and depression, and some with severe and long-lasting mental health problems such as bipolar disorder and schizophrenia.

## Physical activity levels

Just over a quarter (28%) of participants reported that they did not take part in any sport or physical activity when they joined Get Set to Go. A further 22% reported that they didn't engage in 30 minutes of moderate physical activity on any day in the week preceding the survey.

### Get Set to Go – mental health diagnosis



#### Please note

- i) Some participants ticked more than one response. Others not listed include: schizo-affective disorder, psychosis, hearing voices, eating disorder, alcohol dependency, agoraphobia and disassociation disorder.
- ii) Stress is not a mental health disorder, however can be a precursor to developing a common mental health problem.

Source: Loughborough University (2017)



# Relationship between sport and mental health recovery

This section presents the findings in relation to objective one: *to understand the relationship between sport and mental health recovery*. It looks at what these findings mean for people taking part in the programme, and for future development of this or similar programmes.

## Social support

The research findings show that Get Set to Go was effective in increasing perceived social support (the feeling that someone is cared for and that they know people who can help them).

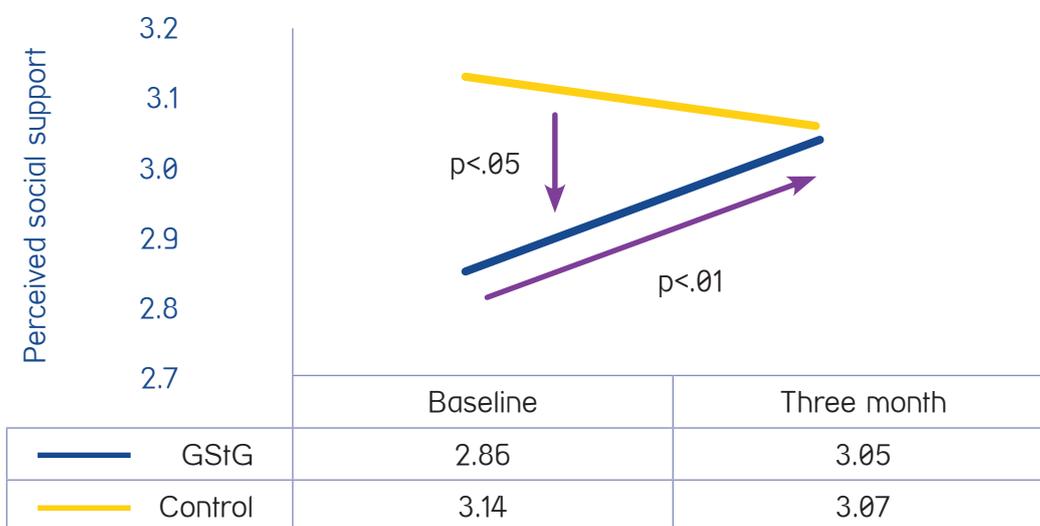
Participants reported an increased perception of social support at the three-month follow-up survey (compared to the control group, which showed no significant change).

Social support is a core component of wellbeing and, significantly, participants who reported high levels of social support also reported high levels of mental wellbeing.

The increases in social support can be largely attributed to the peer-led nature of the programme, including the Peer Navigator role and the group setting. Working with Peer Navigators with lived experiences of mental health problems meant participants felt understood by those who were supporting them in their efforts to be active.

**I think working with somebody who understands it helps more because I don't believe people that talk about these situations that haven't been there... they can't relate to it. If you talk to somebody who's been in the same position, you know they understand how you've been feeling or how you are feeling at that moment of time.** Participant, focus group

### Perceived social support baseline to three months



Range 1-4



This view was shared by Peer Navigators themselves, who felt empowered by using their previous negative experiences to support others.

The programme enabled participants to meet and engage with new people, and to build meaningful social connections. Supportive friendships often developed beyond the group sessions, and these connections have the potential for long-term impact.

**The groups are just great, I go to one and I've got best mates there now, we go out for meals, we do stuff, we all talk, when one of us is down, the rest of us help to get that person up.** Participant, focus group

Participants' social connections were supported during the programme by a range of sources. For example, relationships with Peer Navigators led to participants feeling more competent, and the Sports Coordinators helped participants feel cared for and encouraged. Friends and family outside of the programme also provided motivation for some to continue getting more physically active.

**The staff have been brilliant – the Sports Coordinator is excellent, they really encourage you and make sure you know what the next step is... so you keep track of what's available to you.**

Participant, focus group

## Mental wellbeing

Both Get Set to Go local delivery participants and members of the control group maintained their levels of general mental wellbeing over 12 months.

While improvements to wellbeing were measured, changes in the negative symptoms of mental health were not measured. This could be explored in future research.

During the qualitative research, participants reported that they continued to experience episodes of poor mental health which caused them to lapse in their activity levels. Many reported that they remained able to do some gentle activity (such as walking) during periods

of poor mental health. Most participants who lapsed also felt able to re-join their sport and physical activity sessions when they felt better, due to the positive social environment created by the Peer Navigators and Sports Coordinators.

**It's not somewhere that I'm worried about going back to because again it's going back to that non-judgemental approach... it makes it safe for you.**

Participant, focus group

Participants with a long-term mental health problem may take time to feel as though they have made a recovery, and to therefore self-report a change to their wellbeing.

There was an expected drop in response rates to surveys between three, six and 12 months. It is possible that significant changes in mental wellbeing may have been detected if more participants had provided data. It is also important to note that the programme was not designed to be a clinical intervention, but to form part of the participant's toolkit of community-based support.

The qualitative data collected throughout the programme supported existing evidence that various types of physical activity are beneficial for improving perceived mental wellbeing. In several cases the improvements to perceived wellbeing were significant and life changing.

**I've got a life that I never thought I would ever get back to, and it's better than what my life was [before taking part in Get Set to Go]... I've done things that I would never, ever have of dreamt of.**

Participant, focus group

Participants told the evaluation team that they were better able to cope and be more resilient than they were before the programme started.

**I find myself being able to cope a lot better with problems now... I definitely got stronger, there's no doubt about it... I'm doing really, really well, I can cope with a lot more things than I've ever done in my life.** Participant, focus group

Participants also reported gaining confidence by stepping outside their comfort zone when they were supported to try new experiences. They experienced better general mood, particularly on days on which they were physically active. The 'feel good factor' was attributed to increased energy and improved confidence. This is supported by findings from the mood and physical activity diaries.

Physical activity sessions, particularly group-based sessions, helped participants reduce over thinking by providing distraction and helping to clear their minds due to the concentration required for the session. Physical activity sessions also helped people to feel calmer and more positive.

**It calms my mind, it stops me ruminating, it actively lifts my mood and it makes me feel a lot more positive about life.** Elefriends, digital interview

Participants told us that the programme led to increases in self-esteem and pride because they recognised their own achievements. Through improving their skills, participants experienced mastery (a comprehensive knowledge or skill in a subject or activity) and improved perceptions of their competence, physical skills and physical self. The structure of the programme helped participants feel more stable by giving them a routine and an increased sense of purpose.

The programme helped to reduce participants' feelings of loneliness and isolation. Participants told the evaluation team that they felt happier because they enjoyed the sessions, and that the sessions were a place where they could laugh – the focus was no longer on their mental health problem but on enjoying the experience of being physically active together.

Participants saw the programme as an important first step to their mental health recovery. They felt the programme gave them confidence and empowered them to access further opportunities to support their recovery.

**I've just been given therapy on the NHS for a year, there's no way that I would have been in a position to do that [therapy] if I had not [been part of Get Set to Go]. I think Mind's brought me to a place where I'm ready to take advantage of that [therapy] and hopefully just move on with my life.** Participant, focus group

## Motivation, and barriers to being physically active

During the programme, participants reported an increase in 'autonomous' motivation. This is where people are motivated by enjoyment or by valuing the benefits of physical activity, rather than getting active to avoid feeling guilty or because they have been told to.



Autonomous reasons to be physically active are associated with increased wellbeing across all time points in the programme, and can help participants sustain higher levels of physical activity.

Experiencing barriers to being physically active was negatively associated with mental health at all time points. This indicates that people who perceived more barriers to physical activity also had lower levels of wellbeing.

Participants lacking motivation reported lower levels of wellbeing and more barriers to being physically active. Participants discussed how increasing the intensity and duration of physical activity could result in pain or prolonged exhaustion. Given the relationship between physical and mental health, and evidence that people with long-term health conditions are at greater risk of mental health problems, the increase in physical pain could have negative impacts on some people's wellbeing.

Sports Coordinators and Peer Navigators explained the concept of burn out and over training to the participants, which allowed them to self-reflect and understand what was happening.

As participants experienced the benefits of being active, some wanted to continuously increase their levels of physical activity and, at times, this led to increased worry and anxiety. Supporting participants to be self-aware, reflect on physical activity levels and take positive action was key.

**If you do too much you get anxious about that. That can escalate... it burns you out really.** Participant, focus group

On occasion, physical activity at a high intensity level was used as a form of self-harm. This further supports the need for volunteers to be aware of the dangers of over-exercising, and to tailor physical activity engagement to meet the needs of the individual (see recommendation 7).

## Understanding the relationship between physical activity, peer support and mental health recovery – a summary of the key findings

Impact of increased level of physical activity, peer support and group work on mental health	When it works	When it doesn't work
Improvement to perception of social provision	<ul style="list-style-type: none"> <li>✓ Getting support from people with lived experience of mental health problems</li> <li>✓ Increased social interaction</li> <li>✓ Connections through group activities</li> <li>✓ Sources of social support:               <ul style="list-style-type: none"> <li>• Peers on the programme</li> <li>• Peer Navigators</li> <li>• Sport Coordinators</li> <li>• Family/friends provide support and encouragement</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✗ When family, friends and other influencers make participants feel guilty for taking part in the programme</li> </ul>
*Improvements to mental wellbeing	<ul style="list-style-type: none"> <li>✓ Increased coping and resilience</li> <li>✓ Improvement in mood</li> <li>✓ Reduction in rumination (over thinking)</li> <li>✓ Provides stability</li> </ul>	<ul style="list-style-type: none"> <li>✗ When personal barriers (such as low mood and low energy) are difficult to overcome</li> <li>✗ When the structure of sessions changes or breaks down it can negatively impact mood</li> </ul>
*Psychological processes of physical activity and wellbeing	<ul style="list-style-type: none"> <li>✓ Increased social interaction</li> <li>✓ Increased social support</li> <li>✓ Reduced barriers to physical activity</li> <li>✓ Better quality of motivation to exercise</li> <li>✓ Better wellbeing and ability to cope and be resilient</li> </ul>	<ul style="list-style-type: none"> <li>✗ When mental health is particularly poor, positive processes were interrupted</li> <li>✗ If exercise is happening at a high intensity it could:               <ul style="list-style-type: none"> <li>• exacerbate manic episodes</li> <li>• result in negative symptoms including pain</li> <li>• lead to prolonged exhaustion</li> <li>• post exercise</li> <li>• be used as a form of self-harm</li> </ul> </li> </ul>

Impact of increased level of physical activity, peer support and group work on mental health	When it works	When it doesn't work
Sense of self	<ul style="list-style-type: none"> <li>✓ Improvement to self-esteem</li> <li>✓ Positive changes to physical self (link between mental health and physical health)</li> <li>✓ Participants experience mastery (they develop a comprehensive knowledge or skill in a particular subject or activity)</li> <li>✓ Overcoming self-imposed limits</li> <li>✓ Empowerment</li> </ul>	<ul style="list-style-type: none"> <li>✗ Heightened anxiety relating to body image and exercising with others</li> <li>✗ Fear of the unknown</li> </ul>

\* Findings are supported through both quantitative and qualitative data.



# Effectiveness of the Get Set to Go model

This section looks at objective two: *to understand the effectiveness of the Peer Navigator model for encouraging sustained sports participation*. The section breaks down specific elements of the Get Set to Go programme, and discusses techniques used to reach successful outcomes.

## Key results

- Participants involved in the evaluation became more physically active as a result of taking part in the programme – with more days spent engaged in 30 minutes of physical activity at three and six months. On average, participants increased their activity levels by 1.3 days a week. This supports Sport England’s ambition to increase the number of people who are participating in physical activity.
- Participants involved in the evaluation increased the number of days where they engaged in vigorous and moderate activity from baseline survey to the three month point. On average, participants engaged in at least one more day of vigorous activity per week after six months.
- 76% of participants rated the programme as very good or excellent at the three-month follow up, and 78% did so at the six-month follow up.
- 80% of participants were very or fairly satisfied with the programme at three months, and 86% of participants were very or fairly satisfied at six months.
- Peer Navigators and the group taster sessions were found to be the most useful elements of the programme.

## What were the elements of Get Set to Go that made it a success?

### Providing a supportive social environment

Peer Navigators, Sports Coordinators and other participants were all important sources of support and took on certain effective behaviours, including:

- Encouraging participation and facilitating the learning of new skills.
- Focusing on fun and enjoyment rather than focusing participants’ mental health problems.
- Providing information on physical activity and wellbeing.
- Accepting participants’ behaviours and beliefs, while establishing boundaries.
- Acknowledging negative feelings.
- Demonstrating trust, understanding and care.
- Providing reinforcement (encouraging or establishing a belief or pattern of behaviour through providing positive feedback).
- Help setting realistic goals or small steps to becoming more physically active.
- Providing advice on overcoming barriers.
- Providing a positive and supportive experience during the first session.

Attending the first session appeared to be most challenging for the participants because they did not know what to expect. The Peer Navigators played a particularly important role in providing social support when participants felt anxious about attending, and in making participants who lapsed feel welcome to return (see recommendation 11).

**The first time I came to badminton [Get Set to Go session] I was really dreading it, I'm not good with groups... but the more you come and you start talking to other people, you feel more at ease... you are made to feel comfortable, it's really good.** Participant, focus group

It is important to recognise that Peer Navigators, Sports Coordinators and other participants could occasionally have a negative impact on others through their behaviour, for instance by being too authoritative or controlling. This highlights the importance of training and boundaries being established at the start of the programme (see recommendation 10).

While many participants found the confidence to move beyond Get Set to Go, others came to rely on the supportive environment and struggled to start participating in other activities. Future programmes should work to a clear 12-week progression and exit route to move participants from the programme into mainstream activity sessions (see recommendation 2).

### Providing group sessions

Participants were a good source of social support for one another and they developed genuine friendships, had fun and were able to take part with no pressure to win.

**It gives me motivation but without too much pressure. I lost my home, my job and everything. I came to Mind because it got to crisis point... since I joined Mind it must be the first time I've laughed in quite a few years.** Participant, focus group

Group sessions also supported local Minds to overcome some of the practical challenges of recruiting and retaining volunteer Peer Navigators. Supporting peers in a group environment was less intimidating for Peer Navigators because they had the support of one another and felt less pressure should they not be able to attend.

Group sessions were also at a set time meaning that when promoting the role, Sports Coordinators could be explicit about when and where Peer Navigators were required.

### Providing support for volunteers

Peer Navigators' lived experience of mental health problems enabled them to empathise with participants. Peer Navigators were able to bridge the gap between the paid workers and the participants, as participants trusted and identified with them.

**You're pushing them forward, they were suffering for a long time and no one [was] there for them... so it's really rewarding.**

Peer Navigator, focus group

As is expected with voluntary positions, it was sometimes challenging for the local programmes to retain Peer Navigators and the loss of one would naturally have an impact on the programme delivery.

It is important to consider the mental health and recovery of volunteers and staff. During stressful periods other volunteers and Sports Coordinators were an important source of support. Volunteers valued supervisions from their Sports Coordinators and felt more competent in their roles with this support.

The Peer Navigators reported several benefits of being a volunteer including improved confidence and sense of worth.

**It's given me confidence and it's also given me a sense that what I am doing is worthwhile. Knowing that it's benefitting other people... When you get little comments "I wouldn't have come to the gym if it wasn't for you" it makes you [feel] you're doing something worthwhile.** Peer Navigator, focus group

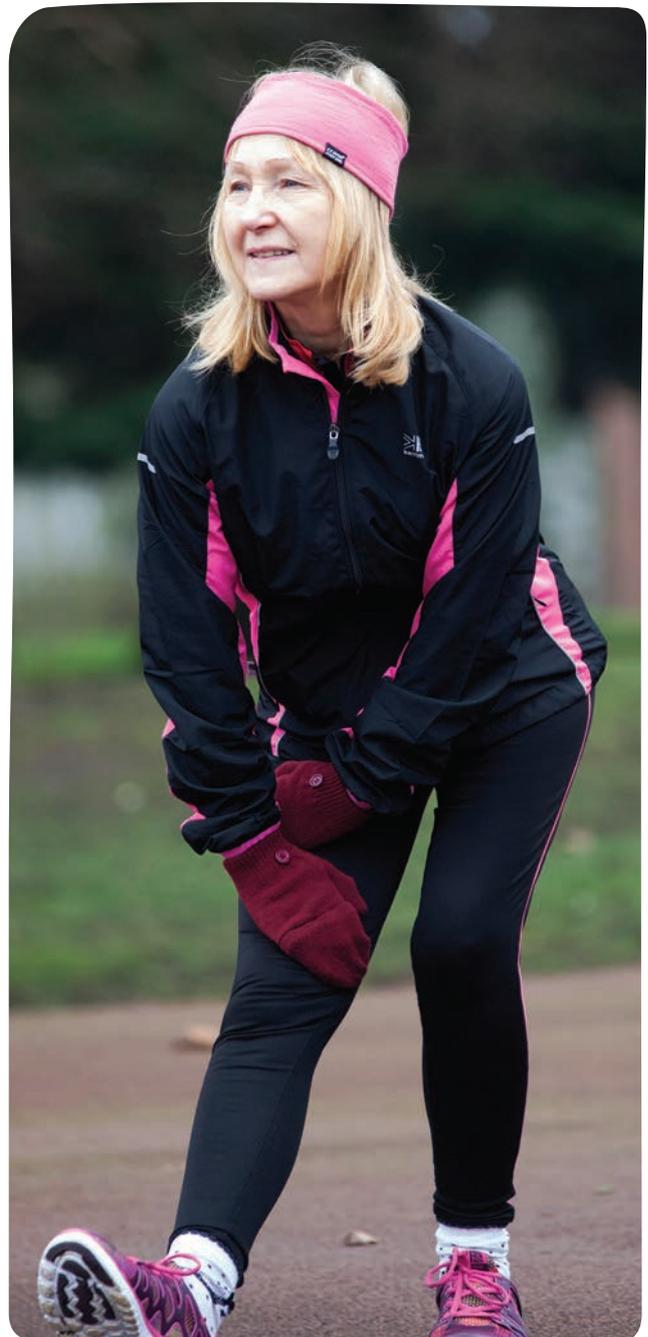
As a result of being involved in the programme several Peer Navigators gained employment or important voluntary experience, which they attribute to the support they received through their role.

### Other elements that made Get Set to Go a success

- Personalised text messages – used by Sports Coordinators to remind participants of details of the sessions – helped participants feel cared for and valued.
- A clear line of communication and smooth delivery of sessions helped to reduce anxiety for participants. Peer Navigators provided an outlet for questions and a point of contact for participants. This was made possible by:
  - Peer Navigators understanding their roles from the outset and having a contact to answer questions and provide support.
  - Participants knowing who to contact if they could not make a session or wanted details of a session.
- Accessible sessions – the most popular sessions were free or subsidised (costing the participant between £2 and £3) and easy to access through public transport.
- Clear structure to the programme and sessions – a clear and consistent structure to the programme and sessions reduced confusion and anxiety for participants who liked continuity.

**I need something that says right, on this day at this time, you go out and you go with a group of similar, like-minded people and run.** Participant, focus group

Strong relationships with mainstream facilities – sessions were most successful where there was support from the mainstream providers and facilities, as this helped to reduce the fear of stigma and enabled participants to feel welcomed and relaxed. It also helped with the smooth delivery of sessions, and encouraging participants into community-based exit routes.



## Understanding the relationship between physical activity, peer support and mental health recovery – a summary of the key findings

Element of the Peer Navigator model	Outcome for participant and/or Peer Navigator	Who is involved?	When it works	When it doesn't work
A supportive social/ motivational environment	*Adherence to GStG and return from a lapse	<ul style="list-style-type: none"> <li>• Sports Coordinator/ Peer Navigator</li> <li>• Participants</li> </ul>	<ul style="list-style-type: none"> <li>✓ A positive first session is crucial for continued engagement</li> <li>✓ A place to laugh with no pressure</li> <li>✓ Participants are encouraged to learn new skills</li> <li>✓ Participants feel valued and cared for</li> </ul>	<ul style="list-style-type: none"> <li>✗ When Peer Navigators' behaviour is controlling</li> <li>✗ When there isn't enough support</li> <li>✗ When physical or mental health posed real or perceived barriers</li> </ul>
Group sessions with Peer Navigator facilitating session	*Increased perceived social provision	<ul style="list-style-type: none"> <li>• Peer Navigator</li> <li>• Participants</li> </ul>	<ul style="list-style-type: none"> <li>✓ Staff and volunteers facilitate social interaction and friendships</li> <li>✓ The programme gives the participants more structure</li> <li>✓ When there is mutual understanding between Peer Navigators and participants it builds trust and respect</li> </ul>	<ul style="list-style-type: none"> <li>✗ When programmes lose Peer Navigators, it impacts on the delivery of sessions and the capacity to facilitate peer support</li> </ul>

Element of the Peer Navigator model	Outcome for participant and/or Peer Navigator	Who is involved?	When it works	When it doesn't work
Lived experience of mental health problems are present	Improved wellbeing and increased participation	<ul style="list-style-type: none"> <li>Peer Navigator</li> <li>Participants/ Peer Researcher</li> </ul>	<ul style="list-style-type: none"> <li>✓ Shared understanding</li> <li>✓ No judgement</li> <li>✓ Removes fear of stigma</li> <li>✓ Peer Navigators personally believing that the benefits of being physically active will have a positive impact on participants</li> </ul>	<ul style="list-style-type: none"> <li>✗ When the pressure of feeling responsible for the group becomes a problem for the Peer Navigator's personal recovery journey</li> <li>✗ When participants become dependent on the group</li> </ul>
Sports Coordinator supporting Peer Navigators through regular contact (one to one or in groups)	Retention and improved mental health of Peer Navigator	<ul style="list-style-type: none"> <li>Sports Coordinator</li> <li>Peer Navigator</li> </ul>	<ul style="list-style-type: none"> <li>✓ Removes perceived pressure for Peer Navigators</li> <li>✓ Provides them with the chance to develop skills, and helps with their own mental health recovery</li> </ul>	<ul style="list-style-type: none"> <li>✗ When Peer Navigators aren't offered support, or don't access the support they're given</li> <li>✗ When Peer Navigators work in isolation as they don't have support</li> </ul>
Peer Navigator role	Reciprocity (mutual benefit)	<ul style="list-style-type: none"> <li>Peer Navigators</li> </ul>	<ul style="list-style-type: none"> <li>✓ Peer Navigators benefit from helping others</li> </ul>	<ul style="list-style-type: none"> <li>✗ When Peer Navigators don't access support for their role</li> </ul>
Personalised text messages as prompts	*Adherence to the programme	<ul style="list-style-type: none"> <li>Sports Coordinators</li> <li>Participants</li> </ul>	<ul style="list-style-type: none"> <li>✓ Participants feel valued and cared for</li> <li>✓ Messages successfully prompt participants to attend</li> </ul>	<ul style="list-style-type: none"> <li>✗ Blanket text messages felt impersonal to some</li> <li>✗ Participants without access to a phone</li> </ul>

Element of the Peer Navigator model	Outcome for participant and/or Peer Navigator	Who is involved?	When it works	When it doesn't work
Clear line of communication	Adherence to the programme  Retention of volunteers	<ul style="list-style-type: none"> <li>Sports Coordinator/ Peer Navigator</li> <li>Participants</li> <li>Mainstream facilities</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reduces confusion for participants</li> <li>✓ Reduces anxiety for participants</li> <li>✓ Provides guidance for Peer Navigators</li> </ul>	<ul style="list-style-type: none"> <li>✗ No communication of cancelled session can be confusing and inconvenient for participants</li> <li>✗ No clear point of contact can make it difficult for participants to communicate their needs to programme organisers</li> <li>✗ No follow up when participants did not attend led to participants not feeling valued</li> </ul>
Accessible sessions	*Adherence to the programme	<ul style="list-style-type: none"> <li>Mainstream facilities/Peer Navigator / Sports Coordinator</li> <li>Participants</li> </ul>	<ul style="list-style-type: none"> <li>✓ Sessions are subsidised or free</li> <li>✓ Sessions are easy to access via public transport</li> </ul>	<ul style="list-style-type: none"> <li>✗ Sessions are currently, or will become in the future, too expensive</li> <li>✗ Sessions are far away</li> </ul>
Clear structure to the programme	*Adherence to the programme	<ul style="list-style-type: none"> <li>Sports Coordinator/ Peer Navigator</li> <li>Mainstream Facilities/Peer Researcher</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reduces confusion for participants/ Peer Navigators and Peer Researchers</li> <li>✓ Reduces anxiety</li> <li>✓ Facilitates continuity</li> </ul>	<ul style="list-style-type: none"> <li>✗ When session times change frequently it can be hard for participants to commit to them</li> <li>✗ When Peer Navigators are unable to attend regularly it has an impact on session provision</li> </ul>

\*Findings are supported through both quantitative and qualitative data.

# Impact of online peer support on mental health and physical activity

This section looks at objectives three and four: *to understand the impact of online peer support on mental health, and to understand the impact of online peer support on sport participation*. It also covers elements that did and didn't work in the digital delivery of Get Set to Go, and what made different components of the digital delivery successful.

## The Elefriends website

The Get Set to Go digital strand was delivered through Mind's Elefriends website (an online peer support community where users can share stories about getting active, support one another in their journeys and read information on physical activity provided by Mind).

The evaluation found that the site effectively supports the mental health needs of its users. This is demonstrated by increased levels of wellbeing in its users, measured using WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) with users rating the site as either very or somewhat useful at three and six months.

### What did respondents say about the Elefriends website?

- 70% of Elefriends users were very satisfied or fairly satisfied with the site.
- Over 75% of Elefriends users gave the website a rating of excellent or very good.
- 82% of participants reported the site was very or somewhat useful at three months, and 85% said the same at six months.
- Elefriends users reported a positive change in mental wellbeing and perceived social provision from three months to six months.

### How does the Elefriends website support its users to become more active, and how does it support their mental wellbeing?

- Shared experience of mental health contributed to maintained physical activity levels, although only for those who were already active.
- Although levels of physical activity did not change over time, online interactions helped to improve motivation and attitudes towards physical activity. Users who reported feeling autonomously motivated also reported better mental wellbeing and higher levels of physical activity.
- Information available through the Elefriends website (testimonials in particular) helped to positively change attitudes towards physical activity.
- Positive interactions with others helped to improve users' mental wellbeing. Users were able to provide tips on how to cope with the negative symptoms they were experiencing, and these interactions led to feelings of competence, improved coping mechanisms and reduced anxiety.

## The impact of online peer support on mental health

The evaluation shows that information provided (by Mind) on the Elefriends website increased users' awareness of various topics – including physical activity – and reinforced existing knowledge. Elefriends users perceived this information as coming from a trusted source (Mind), which gave it more credibility.

However, the information provided was not always read by users. Evaluation interviewees generally preferred the interactions with other online users, and occasionally felt that too much information could be overwhelming (see recommendation 16).

The information given by the website did not always address what Elefriends users perceived their needs to be. For example, how to take the first step in a behaviour, which they perceived to be the biggest challenge.

Positive interactions with others who were experiencing similar difficulties helped to improve users' mental wellbeing. Other users were able to provide useful tips on how to cope with the negative symptoms they were experiencing. These positive interactions led to feelings of competence, improved coping mechanisms, reduced feelings of anxiety, and in some cases, resulted in life altering decisions (see recommendation 17).

**I think it's helped me with coping strategies for mental health to try and look at the positives and what I am able to actually achieve ... I've had some really good support on there and it really has made the difference to me not being here or me being here.**

Elefriends user, phone interview

All the Elefriends users interviewed revealed that they logged on most frequently when they were at their lowest and were seeking immediate support.

Some Elefriends users discussed experiencing further negative feelings and heightened anxiety when they compared themselves to other users, and felt that they were not helping themselves as much as they should be. It was at these points that users were more sensitive to one another's comments. This sensitivity could lead to distress and to users logging out of their account.

Although Elefriends users reported that they had experienced some negative interactions with others on the site, the overriding feeling was that online peer support had increased their social provision and mental wellbeing. This supports the quantitative findings that online support improves mental wellbeing and perceived coping abilities.

The Elefriends users felt that being open and honest with their peers gave them the opportunity to build genuine friendships and networks beyond the Elefriends community.

**...I feel like I've got more people to talk to than I did before, I don't feel like I'm the only one. I have Elefriends that I'm now friends with via Facebook or email, and if I'm feeling that I need support, I'll contact them directly rather than use the Ele page.** Elefriends user, phone interview

The spaces where people can safely interact with other Elefriends users through themed conversations helped to reduce feelings of isolation. Connections often provided reassurance, and achievements were acknowledged and praised with immediate feedback. Elefriends users thrived on having a mutual connection with others through leaving comments on one another's posts. This activity gave them a sense of helping others while being helped themselves.

Both giving and receiving support improved social provision and wellbeing, though individuals who logged onto Elefriends with the hope of providing support to their peers expressed feelings of guilt or frustration if they couldn't help. Perceived failed attempts to help others heightened rumination (over thinking) and anxiety.

**It is helpful to see other people's stories, as this helps me to have more faith in whether it [getting active] will help or not. So many health claims out there, sometimes it's hard not to be sceptical about them all.**

Elefriends user, blog comment

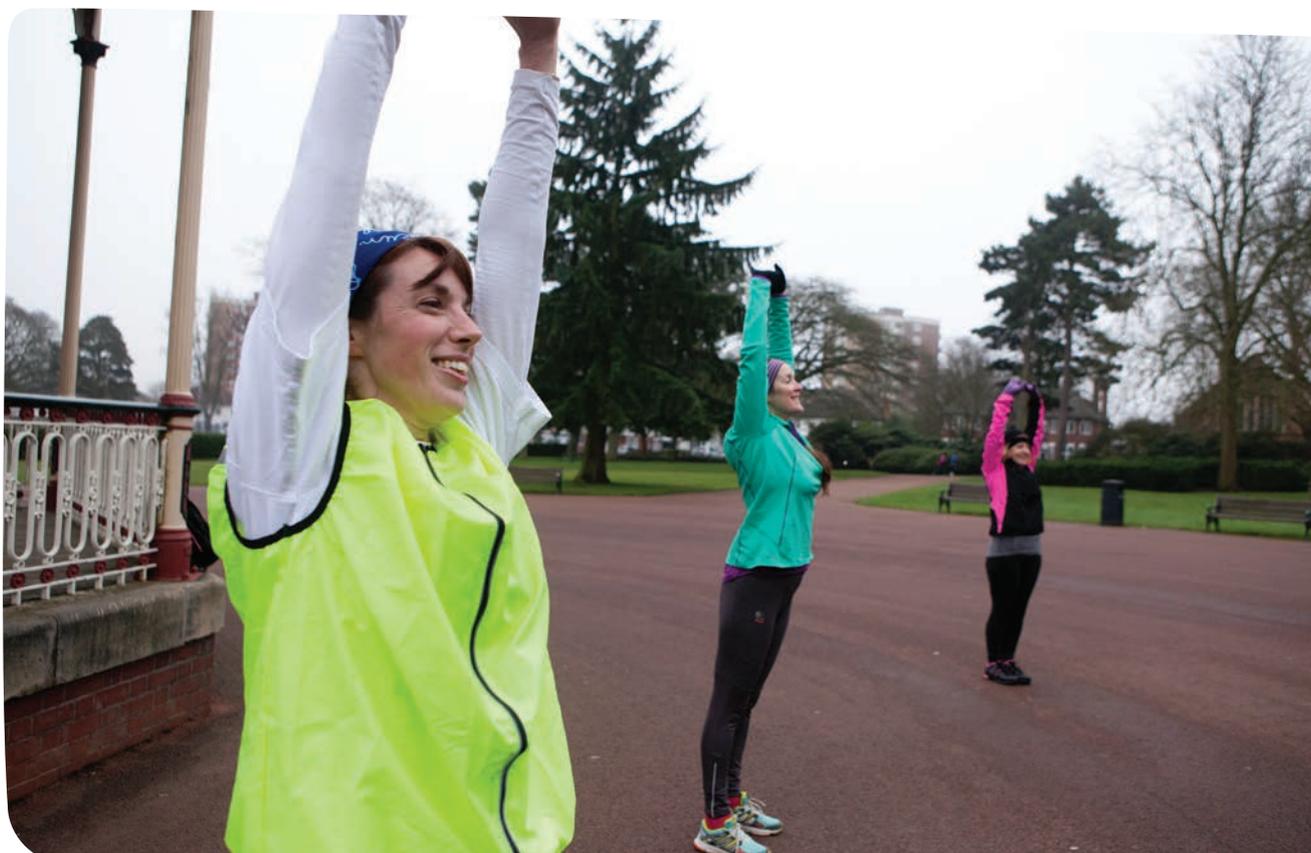
These findings indicate that peer-to-peer support is effective for improving mental health. However, it is important for platforms such as Elefriends to continue to be monitored to minimise negative comments. These issues have been explored in detail during the research on Mind's peer support programme Side by Side. For more information, visit [mind.org.uk/sidebyside](http://mind.org.uk/sidebyside).

## The impact of online peer support on mental health – a summary of the key findings

Element of online peer support	Impact	When it works	When it doesn't work
Information provided	*Improves mental health	<ul style="list-style-type: none"> <li>✓ Trusted information raises awareness of the benefits of physical activity</li> <li>✓ Reinforces users' prior knowledge</li> </ul>	<ul style="list-style-type: none"> <li>✗ When the information was not read</li> <li>✗ When 'too much' information was given it felt overwhelming</li> <li>✗ When information did not address the 'first step' to becoming active (since this step is seen as the hardest)</li> </ul>
Interactions with peers online	*Improves mental health	<ul style="list-style-type: none"> <li>✓ Peers provide tips, ideas and tools on dealing with negative symptoms of mental health problems. This leads to:               <ul style="list-style-type: none"> <li>• Perceived increased competence</li> <li>• Coping mechanisms</li> <li>• Reduced anxiety levels</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✗ When experiencing poor mental health:               <ul style="list-style-type: none"> <li>• Information becomes overwhelming</li> <li>• Users feel sensitive to other people's comments</li> </ul> </li> </ul>
Lived experience of mental health	*Increases perceived social provision	<ul style="list-style-type: none"> <li>✓ Provides a safe space with little judgement</li> <li>✓ Users feel they can be honest and open</li> <li>✓ Opportunity to build networks outside of the Elefriends website</li> </ul>	<ul style="list-style-type: none"> <li>✗ When users feel the network is too big, making it difficult to build meaningful connections as different people are logged on at different times and can be hard to find.</li> </ul>

Element of online peer support	Impact	When it works	When it doesn't work
Platform to interact with those who have lived experience of mental health (tagging #BeActive conversations)	*Reduces isolation	<ul style="list-style-type: none"> <li>✓ User feels reassured</li> <li>✓ Users have access to positive feedback immediately</li> <li>✓ Users achievements feel acknowledged</li> <li>✓ Users have a place to build social networks</li> </ul>	<ul style="list-style-type: none"> <li>✗ When there are negative comments</li> <li>✗ Most individuals engage with Elefriends when they are at their lowest/in crisis, which makes them feel more vulnerable.</li> <li>✗ Users can feel pressured to keep up with others</li> </ul>
A lived experience of mental health area on Elefriends where users can leave comments	Reciprocity (mutual benefit)	<ul style="list-style-type: none"> <li>✓ Users feel positive because they are helping others</li> <li>✓ Users feel connected with people similar to themselves</li> </ul>	<ul style="list-style-type: none"> <li>✗ When support provider experiences negative symptoms</li> <li>✗ Users feel guilt and frustration when they feel they're not helping themselves or others</li> </ul>

\*Findings are supported through both quantitative and qualitative data.





## The impact of online peer support on sport and physical activity participation

During the evaluation process, Elefriends users discussed how the information provided by the website encouraged them to maintain their physical activity levels. However, this was predominantly from individuals who had positive previous experiences of being physically active, were already active or had been active recently. This also supports the quantitative data, in that those who were already active when the baseline survey was taken maintained their levels of activity at three, six and 12 months.

Many people use Elefriends during a mental health crisis. The qualitative research suggests that people find it hard to remain motivated to exercise when their mental health deteriorates. However, a number of participants discussed how interactions with other Elefriends users helped to decrease their perceived barriers by providing helpful tips.

**Seeing someone post about how great it was to do A or B...then someone else adds something. Then I think oh I'll post about my walk around the park. Then someone else does...It can have a ripple effect.**

Elefriends, online messenger interview

Other Elefriends users would share personal experiences and suggest how to overcome feelings of anxiety when going to try something new.

Participants described experiencing feelings of pressure to be physically active or guilt if they were not active rather than being physically active because they wanted to be (see recommendation 3).

However, this was not always expressed negatively. Participants were often pleased to be nudged into physical activity by their peers and found it to be a positive form of motivation to adopt the behaviour. Levels of motivation also depended on the negative symptoms that the individual was experiencing at the time.

Periods of low motivation often resulted in participants finding it difficult to go to the gym or engage in their regular activity. Walking appeared to be the one activity that could be maintained during these times (see recommendation 6).

A reduction in the perceived reduced barriers to being physically active was highlighted in both the qualitative and quantitative data. Reasons for the reduction included:

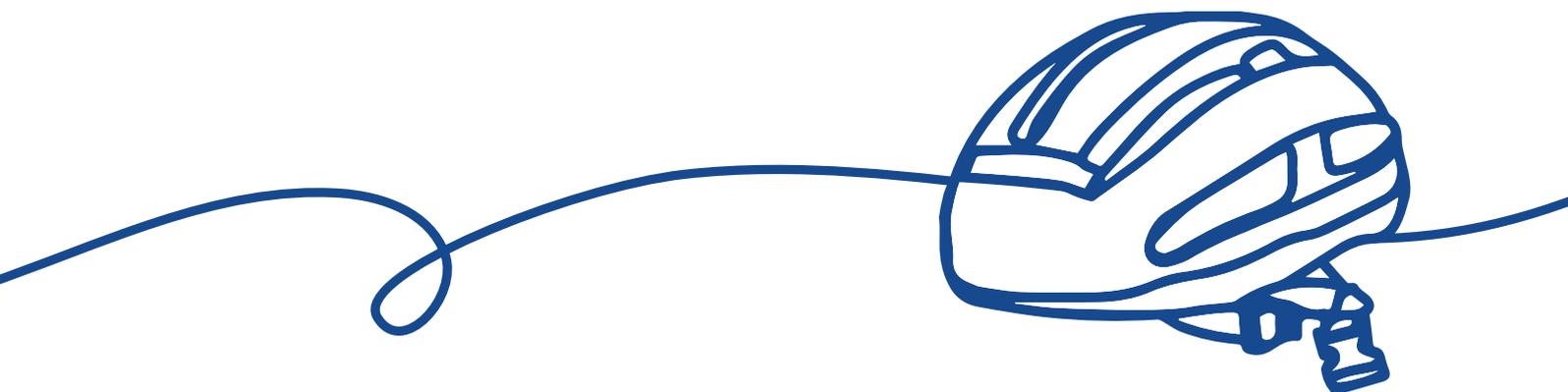
- Practical accessible advice and easy to navigate.
- Details of the benefits of being physically active to both physical and mental health.
- Testimonials sharing experiences of those who have successfully overcome the barriers.
- Focussing information on the physically inactive.

## The impact of online peer support on sports participation – a summary of the key findings

Element of online peer support	Impact	When it works	When it doesn't work
Peer support (people with a lived experience of mental health problems supporting others)	Behaviour	<ul style="list-style-type: none"> <li>✓ Shared experience reduces loneliness</li> <li>✓ Provides a non-judgemental, safe space</li> <li>✓ Increase users confidence</li> <li>✓ Previous experience of being physically active</li> </ul>	<ul style="list-style-type: none"> <li>✗ Negative discussions among users can negatively affect mood</li> <li>✗ Users can experience increased anxiety when participating in mainstream sports and physical activity sessions</li> <li>✗ Participants prefer to have local information provided, but this is not always possible on a website</li> </ul>
Peer support and information about physical activity	*Quality of motivation	<ul style="list-style-type: none"> <li>✓ Interactions with others helped participants feel motivated for positive reasons rather than out of guilt</li> </ul>	<ul style="list-style-type: none"> <li>✗ Low motivation is often difficult to overcome when exercising alone</li> </ul>
Information about physical activity and general encouragement from others	Participation in mainstream exercise	<ul style="list-style-type: none"> <li>✓ Previous experience of being physically active</li> <li>✓ Pride of taking part alone</li> <li>✓ Avoid perceived stigma of mental health service groups</li> <li>✓ Support from mainstream staff</li> </ul>	<ul style="list-style-type: none"> <li>✗ Being physically active alone often made users feel more anxious</li> <li>✗ Users felt worried about being misunderstood</li> <li>✗ There was a lack of support from mainstream staff</li> </ul>

Element of online peer support	Impact	When it works	When it doesn't work
Practical advice	*Attitudes and perceptions of exercise	<ul style="list-style-type: none"> <li>✓ Gentle tone</li> <li>✓ Participants can take action and incorporate into daily life</li> <li>✓ A focus on physically inactive</li> <li>✓ Simple, encouraging language</li> </ul>	<ul style="list-style-type: none"> <li>✗ When information does not detail: <ul style="list-style-type: none"> <li>• how to overcome barriers</li> <li>• how to take first steps</li> <li>• that the journey is progressive</li> </ul> </li> <li>✗ When information is not visible</li> </ul>
Detail of the benefits of exercise	*Attitudes and perceptions of exercise	<ul style="list-style-type: none"> <li>✓ Reinforcement: a reminder of why being active is good for mental health</li> </ul>	<ul style="list-style-type: none"> <li>✗ When negative symptoms create barriers</li> <li>✗ Perceived feelings of guilt if Elefriends user is not physically active</li> </ul>
Testimonials	*Attitudes and perceptions of exercise	<ul style="list-style-type: none"> <li>✓ Shared experience</li> <li>✓ Participants can see it is achievable</li> <li>✓ Optimism and motivation</li> </ul>	<ul style="list-style-type: none"> <li>✗ When perceived individual barriers are still there</li> </ul>
Focus on physically inactive	*Attitudes and perceptions of exercise	<ul style="list-style-type: none"> <li>✓ Provides a starting point for participants</li> </ul>	<ul style="list-style-type: none"> <li>✗ Details don't include how to take the first step</li> <li>✗ Details don't include local information</li> </ul>

\*Findings are supported through both quantitative and qualitative data.





# National campaigns and influencing

This section looks at the campaigning and influencing work that formed part of the Get Set to Go programme. It covers some of the activities the Mind team carried out as part of this work, and what the evaluation team's analysis of the national campaigns has highlighted.

## Campaigns

To raise awareness of the role being active has in supporting mental wellbeing, Mind delivered three national campaigns. Each campaign focussed on a specific target group, chosen based on the levels of physical activity and the prevalence of mental health problems within that group.



Campaign date	Audience	People reached*	People engaged**	People taking action***
July 2015	Adults with mental health problems	2,351,273	14,399	2,070
April 2016	Women with mental health problems	17,226,408	64,135	23,487
March 2017	South Asian women	44,498	4,748	4,748
<b>TOTAL</b>	-	<b>19,632,179</b>	<b>83,282</b>	<b>30,305</b>

The evaluation team held three interactive workshops with people with lived experience of mental health problems from the campaign target audience. The purpose of the focus groups was to explore first impressions, attitudes and perceptions of the materials used in each of the campaigns.

\* Reached: the number of people seeing the campaign, for example viewing a tweet, Facebook post or advert.

\*\* Engaged: the number of people who visit a webpage, or read a tweet or Facebook post, re-tweet, like or share.

\*\*\* Taking action: the number of people who do something as a result of the campaign, for example downloading content, visiting the GStG website, or joining a project.

## Findings

The evaluation shows that the materials were generally positively received, and participants felt that the information provided was honest, realistic and encouraging. The fact that the information came from Mind gave it more value. The real life examples used in the materials (e.g. blogs and videos) encouraged participants to consider their own physical activity behaviour.

Participants noted that the majority of the resources were accessed digitally, which would exclude non-computer literate members of the population. However, most participants felt that social media played an influential role when seeking out information, and was therefore well utilised in the campaign. Whilst participants liked the information provided, they would have liked to see more information on how to overcome their personal barriers



## Influencing

As part of Get Set to Go's influencing work, Mind developed the Mental Health Awareness for Sport and Physical Activity (MHASPA) training course. Throughout the Get Set to Go programme, local Minds provided MHASPA training to 325 people.

This three hour introductory training course was co-designed by people with mental health problems, sports and physical activity providers and Mind (with support from Sport England and UK Coaching). The course aims to increase coaches' knowledge of mental health, and of overcoming the barriers to applying this learning confidently in their setting.

Feedback from the evaluation of the MHASPA course showed:

- 81% of respondents agreed or strongly agreed that their knowledge of mental health had improved following the training. This was maintained at the six month follow up (83%).
- 84% of respondents agreed their attitude to mental health has changed, with 81% reporting they had used the knowledge from the training course.

Sports and physical activity providers shared their experiences of implementing learning from the training within their facilities with the evaluation team through a six-month follow up survey. The follow up survey found:

- stigma towards mental health within their workforce impacted on:
  - a) training other staff
  - b) having open conversations about mental health
  - c) acknowledging mental health problems
- Specific sessions for service users they had set up independently following the training were often poorly attended.
- Lack of time to implement new processes and activities, or to spend with service users was a common barrier, along with sessional staff turnover.

# Recommendations and next steps

Based on their findings, the evaluation team developed the following recommendations for any organisations wanting to support people with mental health problems to become more active.



## Local delivery

1. Family and friends should be included in the programme through 'bring a friend' and/or information sessions.
2. A regular structure should be given to the weekly sessions. Regular timetabled sessions should be scheduled, changes should be minimised where possible and a clear exit route should be created following a 12-week programme.
3. Programmes should focus on increasing the motivation of their participants by helping create feelings of autonomy, competence and connectedness.
4. Organisations should provide information on reducing barriers to physical activity by giving specific information on how to overcome barriers, particularly initial barriers.
5. Organisations should encourage participants to reduce sitting time as a positive first step to increasing physical activity (as increased sitting time is linked to reduced mental wellbeing and increased barriers to getting active).
6. Walking should be promoted as an achievable, beneficial and sustainable method of being active.
7. All peer volunteers should be provided with information on the signs of over training in order to provide effective guidance in these cases.
8. Sport and physical activity providers should deliver group sessions, which promote connection with others, creating an empathetic and welcoming environment. Where possible, sessions should be peer-led.
9. Peer support and the personal experiences of people with mental health problems should be a central element of the programme design.
10. Regular supervision and training sessions should take place between Sports Coordinators and Peer Navigators. Additionally, structures should be put in place for Peer Navigators to meet regularly to discuss ideas, raise concerns and share best practice.
11. Additional support should be provided to participants attending their first session, including practical information and support to access the session and the facilities. Mind will be developing guidance to support this.
12. Personalised supportive text messages should be used as prompts for participants, including those who have stopped taking part in the programme.
13. When groups are organised, logistical considerations should be made with sessions running in different areas of the region where possible.
14. Sports Coordinators should build good, strong relationships with mainstream facilities and local sports organisations. This helps maintain stability for participants, and provide a welcoming atmosphere.
15. Staff from mainstream facilities should attend the Mental Health Awareness for Sport and Physical Activity (MHASPA) training to reduce stigma within mainstream facilities, and to support them to positively interact with people with mental health problems.

## Digital delivery

16. Information provided on digital platforms should be brief and concise. If the content needs to be long, consider breaking it up into bite-sized sections to attract more readers.
17. Digital platforms should continue to host specific conversations around physical activity, focusing on the initial barriers and what individuals have done to overcome them. Positive peer-to-peer interaction should be encouraged.
18. Digital peer support platforms should consider ways in which participants can access local information via platforms, and attend group sessions/meet ups off line.

## Next steps

Throughout the programme Mind has shared its learning with partners from across the mental health and sports and physical activity sectors. They do this through biannual Sport and Mental Health Network meetings, and through consultancy delivered by the national Get Set to Go team.

Legacy initiatives of the Get Set to Go programme include:

- Mind in Camden have incorporated Get Set to Go into their Healthy Minds programme with support from local commissioners.
- Middlesbrough and Stockton Mind have been commissioned to extend the model to Stockton, working closely with mainstream leisure providers to support people with mental health problems to become more physically active.
- 25 local Minds have been licensed to deliver the Mental Health Awareness for Sport and Physical Activity training across England and Wales.
- The Exercise Referral Scheme Wales and Sport Wales commissioned Newport Mind to pilot Mental Health Awareness for Sport and Physical Activity training in five areas of Wales. Discussions around extending Get Set to Go into Wales are also taking place.
- Along with the Sport and Recreation Alliance and the Professional Players Federation, Mind has supported over 280 signatories of the Mental Health Charter for Sport and Recreation. Mind is developing more resources to support the sector, and will be offering tailored training and consultancy.

Mind has received interest from organisations both in the UK and internationally that would like to replicate the programme – this evaluation should provide useful information to support the process for any organisations wanting to do this.

For more information please visit [mind.org.uk/sport](http://mind.org.uk/sport), or email [sport@mind.org.uk](mailto:sport@mind.org.uk)



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- Brent, Wandsworth and Westminster Mind
- Herefordshire Mind
- Loughborough University
- Mind in Croydon
- Tyneside and Northumberland Mind
- Dudley Mind
- Lancashire Mind
- Middlesbrough and Stockton Mind
- Rochdale and District Mind

## We're Mind, the mental health charity.

We're here to make sure anyone with a mental health problem has somewhere to turn for advice and support.

Mind  
15-19 Broadway  
Stratford  
London E15 4BQ

020 8519 2122

[sport@mind.org.uk](mailto:sport@mind.org.uk)

[mind.org.uk/sport](http://mind.org.uk/sport)

 [#GetSetToGo](https://twitter.com/#GetSetToGo)

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