

Safe and effective practice

Guidance on physical activity
mental health provision



Supported by



Thanks to all the people with lived experience of mental health problems, and over 150 organisations, involved in codesigning our report.

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Foreword: Why do we need safe and effective practice?

We're in the middle of a mental health crisis. 1.6 million people are currently stuck on waiting lists for NHS mental health services.

We know that sport, physical activity and movement can make a difference. They can play a powerful role in helping people with mental health problems stay well alongside talking therapies, medication and other kinds of support.

With over 3 million coaches, the sport and physical activity sector has huge potential to support the nation's mental health. Physical activity can reduce the risk of developing depression and help people 'wait well' until they get more support. It can also be a valuable part of our support toolkit, providing fun, joy, structure and social connections.

The benefits of moving for the mind are well evidenced. 10 years ago, we launched Get Set to Go, our flagship physical activity programme. Since then we've seen a huge increase in the number of providers offering programmes specifically designed to support mental health.

We applaud the sector for stepping into this space and offering more opportunities for people with mental health problems to get active. But unfortunately, our research with those of us who have lived experience of mental health problems reveals that not everyone has the same experiences of, or access to, physical activity.

Coaches and providers are incredibly passionate about mental health and often motivated by their own lived experience. But many say they don't always feel supported by employers and funders to meet the level of mental health need they're seeing in their sessions. They don't feel empowered to set boundaries if a participant's needs feel too high-level for them to intervene.

Safe and effective for everyone

Our guidance brings together best practice from across the sector and has been shaped by people with lived experience of mental health problems. It's aimed at helping the sport and physical activity sector respond to the mental health crisis and ensure that physical activity is **safe** and **effective** for everyone involved.

We want to create a mentally healthy society, and know that physical activity and movement has a key role to play. But we also have a duty of care to ensure it's safe and effective for everyone involved.

Dr Sarah Hughes
Chief Executive, Mind

Foreword: Improving knowledge and accessibility of physical activity for mental health

We welcomed the chance to help develop this guidance on safe and effective practice, and congratulate Mind's physical activity team for leading this important project.

We're aware from Sport England data^{1,2} that over a third of adults in the UK struggle to achieve the recommended guidelines for physical activity. It's a similar story for under-18s.

We also know there are physical and psychological benefits of being active³ – and that due to the impact of physical activity on our brain it can directly benefit people with mental health problems⁴. There are also potential additional psycho-social benefits like reducing loneliness and building a sense of achievement and confidence for participants⁵.

The sport and fitness industry can feel inaccessible for more vulnerable groups. This means people with severe mental health problems are less likely to access physical activity. This population has a significant mortality gap⁶ compared to the general population, and we believe that improving access to physical activity could help reduce it.

This guidance seeks to improve the knowledge of those working in all sectors of mental health – as well as people in the fitness and leisure industry. With this knowledge they can promote the benefits of physical activity but also make it more accessible to those with mental health problems⁷.

We hope this project will grow and be embraced and embedded more widely. We look forward to seeing the outcomes for this important piece of work and hope to work together more closely in future.

Dr Caz Nahman

Chair, Royal College of Psychiatrists, Sports and Exercise Special Interest Group (SEPSIG)

Dr David Prosser

Deputy Chair, Royal College of Psychiatrists, SEPSIG

About our work

With support from the Mental Health and Movement Alliance and Sport England, in 2024 our physical activity team started to codesign guidance to safely and effectively support both participants' (adults and young people) and deliverers' mental health in sport, physical activity and movement settings.

These settings can be anywhere from group walks in a park, to activities led by trained healthcare professionals.

This guidance draws together good practice from across different settings. It's not a quality mark – but it may be useful for self-assessment.

We understand it will take time for organisations to apply this guidance. They may decide to prioritise some parts over others to start with. That's why, in September 2025, we'll be releasing extra resources and templates to support them. Meanwhile, we'll continue to encourage deliverers to share knowledge, learning and resources so we can help everyone access the benefits of sport, physical activity and movement for our mental health.

What's a deliverer?

We use the words **deliverers** and **workforce** in this guidance. They cover a diverse range of people in the sector from volunteer 'facilitators' of informal physical activity sessions through to fully trained leaders, coaches and instructors who provide 'taught' or 'coached' sessions.

Who is it for?

We've designed this guidance mainly for people who facilitate, teach, coach or lead physical activity sessions. However, people working across the health sector (statutory and voluntary) will find it helpful, as well as funders and commissioners.

Our guidance covers all ages. But we recognise deliverers will be working with specific processes and safeguarding procedures for adults, and children and young people.

Our main focus is supporting people with mental health problems to be active. This includes people experiencing more common problems like anxiety and depression through to less commonly understood problems such as borderline personality disorder, bipolar disorder and schizophrenia.

You'll find guidance for both people in community settings and those in primary and secondary care.

What do we mean by 'physical activity'?

In this guidance we use the World Health Organization's 2002⁸ definition of physical activity:

Physical activity is any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person's work.



What don't we cover?

At Mind we're here to fight for mental health. However, we know people may experience [dementia](#), [autism](#) and other [neurodiverse](#) conditions alongside mental health problems.

For people who experience both, we'd recommend adapting our guidance based on input from people with lived experience of these conditions. We know our colleagues in other charities do amazing work in these areas.

The right to physical activity

Our guidance is based on the idea that everyone has a right to physical activity. This idea comes through in these parts of the [Universal Declaration of Human Rights](#):

- **the right to health** – article 25
- **the right to rest and leisure** – article 24
- **the right to education** – article 26
- **the principle of non-discrimination** – article 2

For children, through the [UN Convention on the Rights of the Child](#), the right to physical activity comes through in:

- **the right to survive and develop** – article 6
- **the right to have a voice and have views considered and taken seriously** – article 12
- **the right to health and health services** – article 24
- **the right to play, rest and leisure** – article 31



Background

The mental health crisis

1 in 4 of us in England will experience a mental health problem at some point each year (McManus et al, 2016)⁹. Despite this, improvements to mental health have stagnated in some areas and gone backwards in others.

The impact of mental health problems isn't felt equally. People living with less commonly understood mental health problems in England are up to twice as likely to report experiences of poor physical health (Pizzol et al., 2023)¹⁰. They're also around 5 times more likely to die prematurely (below the age of 75) than those without mental health problems (OHID, 2023)¹¹.

People in Mind's online community [Side by Side](#) told us in a YouGov survey that they had multiple severe physical and mental health problems that impacted their daily life (Mind,

2024)¹². It was very common for participants to have an existing physical health condition such as arthritis, heart problems or chronic fatigue.

We Are Undefeatable

In 2019 Mind joined forces with the [Richmond Group of Charities](#) to launch the [We Are Undefeatable](#) campaign. It aims to support those of us living with long-term health conditions to move in our own way¹³.

Physical activity is proven to support more than 20 common physical and mental health conditions. Reducing inactivity can cut the risk of some health conditions by between 10% and 50%, depending on the condition (Academy of Medical Sciences, 2015)¹⁴.



Our Big Mental Health Report (Mind, 2024)¹⁵ suggests adults are feeling lonelier – and both adults and young people say their wellbeing is getting worse. Providing support isn't cheap. The cost of poor mental health is calculated at £300 billion a year in England alone, double the NHS annual budget (Cardoso and McHayle, 2024)¹⁶.

Our report identified 4 recommendations which physical activity deliverers (alongside colleagues in health) are well-positioned to help support:

1. Making sure people with a mental health problem get quality care on time.
2. Supporting young people with their mental health.
3. Tackling mental health stigma and discrimination.
4. Dealing with the social factors affecting mental health.

The evidence of physical activity for mental health

There's growing evidence that physical activity can play a key role in supporting the nation's mental health. It can be effective both as a preventative measure and working alongside medication, talking therapy and other forms of support. 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).

Physical activity can:

1. **Improve social connections:** Taking part in physical activity can allow you to connect with more people, make new friends and feel "valued and cared for" (Kinnaick, 2017). It also helps to reduce isolation (Smith et al. 2020¹⁷).
2. **Reduce symptoms of anxiety and depression** (Pascoe et al., 2020)¹⁸.
3. **Improve mood:** Exercise can release endorphins (sometimes called 'feel-good' hormones) that can lift mood (Schuch et al., 2016)¹⁹.
4. **Improve sleep:** Taking part in regular moderate exercise can relieve tension leading

to a restful night and improved sleep (Rebar et al., 2015)²⁰.

5. Be a protector factor against developing depression (Choi et al., 2019)²¹.

6. Reduce stress and anxiety: Physical activity releases cortisol which helps us manage stress (Stults- Kolehmainen, et al., 2014)²². Being physically active also gives your brain something to focus on. This can be a positive coping strategy for difficult times.

7. Increase self-esteem: The sense of achievement people get from exercising or learning a new skill can help them feel better about themselves and improve their mood (Barton, 2012)²³.

There are significant economic benefits too:

- Sport England, with support of Sheffield Hallam University and Manchester Metropolitan University calculated the annual social value of community sport and physical activity to be more than £100 billion, with a return on investment of £4.20 for every £1 spent (Sport England, 2025)²⁴.

Since 2015, there's been increased recognition of the role sport, physical activity and movement can play in supporting the nation's mental health. Over 470 sport and physical activity organisations signed up to the Mental Health Charter for Sport and Recreation since its launch. Baroness Tanni Grey-Thompson's Duty of Care Report (2017) outlined the duty of care for both participants and the workforce.

During the Covid-19 pandemic one of the only reasons we could leave our homes was to be active for our physical and mental health. This helped increase awareness of the role of physical activity for mental health, helping shift the public's perceptions.

The Moving for Mental Health report (Smith et al., 2022)²⁵ explores the role of physical activity during this time and how it shaped the nation's recovery from the Covid-19 pandemic. As a result, we've seen an increased number of physical activity programmes commissioned to intentionally support mental health in a range of settings.

This report builds on the recommendation that mental health and community partners

(like local government, voluntary organisations and sport and health bodies) should work together to shape the design, delivery and evaluation of policies and programmes. These initiatives should use physical activity, sport and sport for development to promote mental health in neighbourhoods, places, and across systems nationally.

We need to work together for change

We're working to tackle the country's health inequalities through Sport England's [Uniting the Movement](#). This means we're committed to making sure our guidance complements wider research, standards and processes being developed in the physical activity and health sectors. We're sharing findings with several research projects and collaborations to avoid duplicating effort. You can find these in [Appendix A](#).



What we did

Between February 2024 and January 2025 Mind's physical activity team worked alongside:

- Louise Palmer, a consultant with lived experience of mental health problems.
- Dr Phil Cooper MBE, former nurse consultant and clinical transformation/ suicide prevention lead at Mersey Care NHS Foundation Trust and co-founder of State of Mind Sport.

We wanted to understand people's current experiences and views on what they considered '**safe and effective physical activity practice for mental health outcomes**' through workshops and one-to-one meetings.

Over the last year we've shared, listened and redrafted guidance based on feedback to create this final report.

We explored:

Themes

Expectations of how deliverers provide a **person-centred approach** to support participants. This may include the:

- welcome into sessions.
- support during session.
- support after and between sessions.

The **mental health knowledge and experience** required to deliver sessions safely.

The **support, supervision, tools and resources** required to support both participants' and deliverers' wellbeing. This may include:

- how they build mental health knowledge, understanding and confidence.
- support from line managers and partners.
- the tools and resources they use.

We also asked about the level of information people with lived experience of mental health problems felt necessary to share.

Settings

We worked through the different settings where people do physical activity. These are set out in the [Moving for mental health: How physical activity, sport and sport for development can transform lives after Covid-19](#) report (Smith et al.,2022)²⁶.

Getting and staying active isn't a straightforward journey. Many people use different settings based on their needs, preferences and opportunities. Based on feedback from the Physical Activity Clinical Champions' mental health leads (part of the [Moving Healthcare Professionals programme](#)) we added an extra setting 'Independent'.





	Description	Examples of delivery	Who
Independent	Resources to support people to be physically active independently. This includes in their home or independently in green (outside) or blue (on or in water) settings.	<ul style="list-style-type: none"> • We Are Undefeatable Campaign. • NHS Every Mind Matters. 	Everyone
Community open	Population-level programmes aiming to engage the public in physical activity, sport or sport for development.	<ul style="list-style-type: none"> • Fitness and leisure-based. • Sports clubs and groups. • parkrun. • Community/youth group-led – informal physical activity groups open to the wider public. 	Everyone
Community targeted – mental health	Targeted to deliver wider health, wellbeing and social outcomes. This means they're community programmes designed to support mental health outcomes.	<ul style="list-style-type: none"> • Mental wellbeing walking/running/boxing/football groups. • Walk and Talk programmes focusing on mental wellbeing. • Programmes that include a physical activity and a mental health psychoeducation element. For example, advice on stress, wellbeing, food and mood, sleep etc delivered by trusted sources. 	People who may have a mental health diagnosis or be at risk of experiencing a mental health problem.
Primary care	Services that provide the first point of contact in the healthcare system.	<ul style="list-style-type: none"> • Targeted social prescribing physical activity programmes for mental health outcomes (adult focused). • Talking Therapy physical activity services. 	People experiencing clinical symptoms – often mild–moderate mental health problems.
Secondary care	Secondary care services provide expert care and specialist treatment for patients referred from primary services.	<ul style="list-style-type: none"> • Community programmes aimed at people in secondary care such as Safety Nets (aimed at young people) and Coping through football (aimed at adults). • In-patient sessions, for example Sport in Mind and NHS-led sessions. 	People experiencing more severe clinical needs including people in crisis.

Who took part?

We identified key audiences to work with and understand their experiences.

These included:

- adults and young people with lived experience of mental health problems.
- frontline deliverers (the people on the ground delivering physical activity programmes): sports and physical activity organisations and healthcare professionals.
- funders and commissioners.

See [Appendix B](#) for all the organisations who supported our guidance.

Sessions were held online, except for the EFL in the Community workshop which was held in person.



Session	Number of people	About the workshop
Adults with lived experience of mental health problems workshops x2	17	People with a wide range of mental health problems including less common mental health problems, and varying experience of sport, physical activity and movement in all settings including primary and secondary care.
Young People's Physical Activity Advisory group	6	Young people aged 16–25 with a wide range of mental health problems including less common mental health problems.
Frontline deliverers workshops x2	13	Deliverers from across the range of settings from community open through to secondary care. Community clubs, peer-led groups, the leisure sector including personal trainers and deliverers from sport for development charities.
Organisations workshops x2	12	Leisure providers, umbrella organisations, National Governing Bodies of Sport (NGBs), Active Partnerships and sport for development organisations.
EFL in the Community	16	Established in 2008, EFL in the Community uses the power of sport to improve people's lives and make a positive contribution to communities across the country. It supports 72 club charities linked to each Football Club, with representatives attending the co-design session.
Healthcare Professionals (HCP) x2 workshops	16	A wide range of engagement with HCPs including GPs, nurse practitioners, CBT and talking therapists, community and crisis mental health practitioners, occupational therapists, physiotherapists, along with HCP educators and a former ICB commissioner/director of strategy/transformation.
Mental Health and Movement Alliance	20	National mental health organisations using physical activity to support mental health outcomes. The Alliance includes Rethink Mental Illness, Scottish Action on Mental Health, Rugby League Cares, Movember, Mental Health Swims, Mental Health Football Wales, Mind over Mountains, DOCIA Sports, Young Peoples' Mental Health Foundation.
Royal College of Psychiatrists – Sports and Exercise Psychiatry Special Interest Group (SEPSIG)	3	Including the SEPSIG chair, finance and communications lead (both practising psychiatrists) and a GP with special interest in psychiatry.

We also reached out to wider sector partners through sessions at these forums:

- Active Partnerships Community of Practice for Mental Health (facilitated by Mind)
- Young People's Mental Health in Physical Activity Community of Practice (facilitated by Mind)
- Local Mind Physical Activity Community of Practice (facilitated by Mind). We have more than 100 local Minds across England and Wales. They're independent charities that run mental health services in local communities
- Ahead of the Game Conference (Comic Relief and Athlead)
- Community Leisure UK Strategic Health Group
- Mental Health Community of Practice (led by West Midlands Combined Authority)
- National Physical Activity and Healthcare Collaborative Group (led by NHS Horizons)
- Sport for Development Coalition conference
- Sport welfare officers – Sport Welfare Officer Network
- Richmond Group Movement for All Community of Practice



Our assumptions

We've made these assumptions when developing our guidance:

- [Safer recruitment guidelines](#) have been followed which are proportionate to the role (this may include references, interviews, Disclosure and Barring Service checks) with safeguarding policies and procedures in place.
- Appropriate training for physical activity delivery is provided, along with adequate insurance coverage, where applicable, including employer's liability, clinical negligence, public liability and professional negligence. Also, ensuring that physical first aid provisions are in place for the activities and spaces where they're run.
- Data is kept secure and compliant with GDPR.

- Relevant policies and procedures are in place and deliverers are familiar with them.
- Monitoring and evaluation of the effectiveness of services is happening at the right level for the type of operating environment/service.

The people who codesigned our report strongly believe that organisations should aspire to:

- Encourage coproduction in the design, delivery and evaluation of services at a level appropriate to the operating environment and service type.
- Ensuring that deliverers adopt a rights-based approach, including the right to be active.



Our findings

This work has been welcomed by partners across the sport, physical activity and mental health/physical health sectors from voluntary and peer-led organisations through to established third sector and statutory providers.

Most importantly, people with lived experience of mental health problems (both young people and adults) told us our work will help to clarify expectations. They also said it will reduce ambiguity when accessing sport, physical activity and movement programmes to support their mental health in different environments.

Main findings

These points were identified by multiple groups during our workshops.

1. Interpersonal skills and personal qualities are vital

The interpersonal skills and personal qualities of both the deliverer(s) and referrers were found to be vital across all settings.

These qualities can be hard to explain. But people mentioned:

- the ability to build rapport
- strong communication skills
- empathetic understanding
- emotional intelligence
- compassion
- inclusivity
- respect for diversity and neurodivergence

Deliverers and referrers expressed these qualities in different ways depending on their style of working. So while some used a bold communication style to build rapport others used quieter methods to make people feel included.

2. Values-based recruitment is fundamental

In community targeted mental health settings, people felt values-based recruitment was fundamental to the programmes.

Recruiting the ‘right team’ also means that sessions don’t fail because one team member has to drop out – they can be replaced by another with the same values.

This was echoed by healthcare professionals who spoke about how the skills and qualities of the referrer were vital.

3. More awareness and training is needed

Deliverers, commissioners and funders need to be more aware of the evidence-based support that can be provided in each setting. This point was also mentioned in the Moving for Mental Health report.

They also need to invest in the people, training and systems to make sure participants are safely and effectively supported.

4. Funding is limited for community targeted mental health and primary care-based physical activity programmes

Participants, deliverers and organisations described a ‘postcode lottery’ affecting the programmes’ continuity, staff retention and deliverers’ skill level. This threatens long-term sustainability, weakens the capacity of the system to respond to shared opportunities and challenges, and means lost opportunities to gain practical insights from programme staff.

5. Line managers of programme deliverers in sport for development organisations don’t often get mental health training

They aren’t mental health professionals, so don’t have the knowledge or experience to provide clinical or casework supervision.

Some organisations described working with expert partners such as colleagues from NHS Trusts or local mental health services to provide this aspect of supervision, with line managers focusing on operational and pastoral support. Others described more of a multi-disciplinary approach, recruiting staff with these skills.

Establishing scope of practice and expertise is vital along with pathways to refer people, and contingencies to ensure support is provided as scheduled. Board Safeguarding champions who receive extra training is becoming more widespread across the sector. Some participants suggested having mental health champions on boards or clinical advisors.

6. It's important to consider substitution

Sessions should always follow the idea of non-maleficence, which means 'do no harm'.

This means they shouldn't happen without properly trained and experienced delivery staff and clinically trained supervisors. If those people aren't available, they must be substituted with others who have the same level of skills and experience, or they shouldn't happen.

It's vital that providers delivering community targeted, primary care and secondary care sessions are committed to **Continuous Professional Development** (CPD) on mental health, comorbidities (when someone has two or more conditions) and intersectionality (considering people's overlapping identities and experiences). They must also be committed to continuously improving services.

Findings from healthcare professionals

- They identified the need for further guidance to support the delivery of physical activity. This includes information about the training and skills needed to deliver sessions and **insurance** requirements. Insurance, and concerns about health and safety, were given as one of the biggest blockers for delivery. This is not exclusive for patients

with mental health problems but applies across all physical activity guidance.

- They also identified the need to engage colleagues who are **not physically active** through more use of evidence and lived experience testimonials. They suggested using the [Moving Healthcare Professionals](#) programme as a first step to understand the benefits of physical activity and movement, before introducing this guidance.

🔗 Delivery needs to be safe, this guidance must remove red tape, not add to it. 🔗

- They shared that this guidance is especially valuable when supporting patients on waiting lists, particularly in primary care, where people can be directed to community-based or targeted mental health physical activity opportunities. This helps them to **'wait well'**.
- Once launched, they said the guidance could be promoted to training providers and institutions to reach **student healthcare professionals**.

Limitations of our research

Our guidance captures broad principles. However, it's important to recognise its limitations, particularly in secondary and tertiary care. This is due to the complexity of these settings and that there are fewer participants and deliverers from these services. Each service or environment will have their own procedures to ensure safe and effective practice. Consider this guidance a starting point. We welcome further research and codesign in these settings.

Secondary care is a broad term which includes community mental health teams (CHMT), hospitals, some psychological wellbeing services and crisis resolution and home treatment teams (CRHTs). Assertive outreach teams and early intervention teams are also secondary services. Tertiary care is highly specialised treatment, for example, secure forensic mental health services.

Findings by setting and theme

How to use our guidance table

We've organised our guidance by theme, like 'personalised approach' and 'measuring success'.

At the top of the table are each of our settings – going from left to right. As you move to the right, **each setting builds on the guidance for the setting before.**

So if you're working in primary care, be aware the guidance for community open and community targeted settings applies to you too.



1. Participant experience: Being person-centred

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Personalised approach			
<ul style="list-style-type: none"> • Use a child-centred or participant-centred approach with a rights-based approach (see page 7). Example: Children's Coaching Collaborative Play Their Way philosophy. • Escapism: participants appreciate activities that provide a welcome distraction from their mental health problems. I go to get away from it all. Reduce anxiety in advance by: <ul style="list-style-type: none"> • Introducing a point of contact. • Provide basic information (what to wear, where to park, where toilets are etc). • Provide virtual tours or post photos on social media. • Hold first-timer 'welcomes' or sessions. • Look out for people who look nervous/anxious. Example: parkrun provide 'first timers' briefings to share a warm welcome, course logistics (like the route and hazards) and explain how parkrun works. • Creating a welcoming environment where people feel valued: <ul style="list-style-type: none"> • First impressions of the session and the deliverer are important. • Identify new participants. 	<ul style="list-style-type: none"> • The sessions (content and evaluation) are codesigned and run with people with lived experience of mental health problems and are trauma informed Example: Recovery Colleges codesign their programmes and focus on peer support. • Emerging evidence highlights the growing use of trauma-informed approaches in the sport and physical activity sector. A study on trauma-informed approaches in physical activity, led by Loughborough University and Mind, will be completed in Autumn 2025. It will help shape further support and guidance. • Establish expectations of the sessions: Who they are for. Referral or self-referral. Level of training and leaders' experience. • Ask about mental health support needs (and other support needs) before the session. • Understand that people may need extra breaks, for example time away from the group in a quieter area. Others may need short breaks which may be part of their coping strategies. • Establish group rules or code of conduct. 	<p>Importance of trusted relationships:</p> <ul style="list-style-type: none"> • Dependence on health care professionals like GPs/social prescribing practitioner. They need to ensure appropriate signposting and outline what to expect from the group. • There should be clear communication between health care professionals and deliverers to set appropriate expectations and tailor support. • Match suitability based on people's individual need. Participants have higher expectations when matched by a healthcare professional to a physical activity session. • Build relationships between referrers, delivery teams and the individual. • Understand participants' motivations and goals through motivational interviewing or 'what matters to me' type conversations. • Regular check-ins with participants to assess their progress and make necessary adjustments. • Spot, support and signpost to professional mental health support. Liaise with referral agencies. 	<ul style="list-style-type: none"> • Choice and control are important to participants. This includes choice of activity and the amount of personal information shared with deliverers. Making codesigning sessions with participants part of everyday practice will help provide more choice and control, alongside promoting peer support. Example: Rethink A physical activity toolkit for support groups. • Spaces are trauma-informed and activities are selected therapeutically to support mental health needs. For example, not excluding physical activity for people with eating disorders or exercise addiction, if clinically safe for them to take part. Focusing on lower intensity, joyful movement rather than competition, measuring weight or time. • Access to movement should be seen as a right, not a reward, and never used as a punishment. People look forward to sessions as a positive part of their life. • Everyone has the right to move outdoors or in different spaces and has an opportunity to connect with the mindful parts of movement. Remove accessibility barriers where possible.

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Personalised approach (continued)			
<ul style="list-style-type: none"> • Introduce yourself and others in the group. • Try to learn names. • Ask people how they are. • Provide/encourage breaks. <ul style="list-style-type: none"> • Focus on fun, enjoyment and how the activity makes you feel. Deliverers shouldn't be afraid to show their passion for the activity. <ul style="list-style-type: none"> • Build trusted relationships – encourage paired or small groups to work together. Build a community. <i>“In the past I have found it helpful to be paired with a buddy who is already established in the group for the first session. Sometimes long-standing members organically step up to do this kind of thing. [The] participant gets insider info, and it takes the pressure off the leader(s).”</i> <ul style="list-style-type: none"> • Be inclusive and support individual needs. <ul style="list-style-type: none"> • Spot, support and signpost to mental health support. Tool: Spot. Support. Signpost <ul style="list-style-type: none"> • Case study: Yoga – how Sophie helped me feel safe 	<ul style="list-style-type: none"> • Create a sense of belonging and trust: empower participants so they feel listened to and heard. <ul style="list-style-type: none"> • Extra ways to help people feel welcome: <ul style="list-style-type: none"> • Offering contact before and after the sessions to build relationships. • Offering personal chats and follow-ups provides individualised support and builds trust. • Following through on communications. Don't make promises you know you can't keep. • Flexibility and accessibility – including options to take part online where appropriate. • Send individualised messages to check-in on participants who haven't been for a while or invite people who are injured to take part in alternative ways to join in, like volunteering or social activities. Always follow your safeguarding and data protection policies. This may mean reaching out to parents for under 18s. <ul style="list-style-type: none"> • Sharing mental health experiences is optional – promote choice and control, but participants are more likely to share in this setting. <ul style="list-style-type: none"> • Empower participants to set personal goals, rather than assuming they're focusing on physical achievements, building autonomous motivation. Get to 		<ul style="list-style-type: none"> • Working with third party suppliers can help a smooth transition into community activities. <ul style="list-style-type: none"> • Sessions promote belonging and identity. Providing kit can help create a sense of community and support people who don't have any. <ul style="list-style-type: none"> • Deliverers should provide one-to-one support (pre/post and regular check-ins) to understand how to tailor sessions for people's needs, preferences and motivations. <ul style="list-style-type: none"> • Health care professionals should screen for suitability for participation in programmes based on clinical support needs and conversations with patients. <ul style="list-style-type: none"> • Spot, escalate and support based on agreement set in Service Level Agreement (SLA).

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Personalised approach (continued)			
	<p>know participants and help them set personal goals for the sessions.</p> <ul style="list-style-type: none"> • Encourage social relationships and peer support – run paired and group activities (if appropriate to the group – know your audience). For example, optional social time after the session such as tea/coffee, mark key moments in the mental health or sporting calendar and facilitate social activities. Identify activities which naturally allow for more of a social element, like walking, running, or paired work (for example paired combinations) or ‘glove work’ in boxing. • Build mental health literacy and self-support through psychoeducation sessions delivered by a trained and experienced practitioner/facilitator. This can be done either in the session or as an optional add on. The benefits should be clearly communicated to participants. • Support people to connect with mindful parts of the activity and safely try new things. This could include taking shoes off outside, focusing on breathing during stretches or wellbeing check-ins. • Support participants into trusted exit routes (safe, supported and reliable resources or local physical activity providers) at the end of the programme if applicable. <p>Tool: Spot. Support. Signpost</p>		

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Ratios (Making sure we provide quality experiences and participant support through our duty to care)			
<ul style="list-style-type: none"> Follow national governing body/ insurance requirements. Usually this is around 1 deliverer to 12–20 participants. This may be significantly higher for group exercise. Deliverers could be paid staff or volunteers. Training is needed to ensure that people can both lead the session and support the pastoral/ support needs of the group. 	<ul style="list-style-type: none"> A minimum of 2 deliverers, but ideally led by larger teams to provide one-to-one and group support. Smaller group numbers, for example 12–16 participants. 	<ul style="list-style-type: none"> Because the group has clinical needs, more staff, and a smaller group size, are expected. This also enables deliverers to manage challenging situations and offer peer-to-peer support. A minimum of 2 deliverers. Smaller group numbers, for example 12–16. 	<ul style="list-style-type: none"> Carry out a risk assessment. Adjust ratios based on people's needs and the environment – for example, community/inpatient/secure/forensic. This may involve working one-to-one or providing more staff than participants. The skills required may determine staffing ratios.
Measuring success			
<ul style="list-style-type: none"> 'Would you recommend to a friend?' customer experience feedback. Tools: <ul style="list-style-type: none"> Customer experience survey Community survey 	<ul style="list-style-type: none"> Gaining feedback from participants and deliverers. This could be open discussions to avoid 'triggering' forms or questions. 	<ul style="list-style-type: none"> There may be extra programme/ agency-specific outcome measures. Regular feedback from participants, deliverers and prescribers is essential to evaluate the sessions' effectiveness and ensure they meet participants' needs. 	<ul style="list-style-type: none"> Monitoring the impact of physical activity and social support on clinical symptoms, support needs and other interventions using tools like the Hospital Anxiety and Depression Scale (HADS).
Going further: Personalised approach			
<ul style="list-style-type: none"> Monitoring mental health, wellbeing or wider health outcomes to be explored with local commissioners/funders. Tool: Toolkit Guide 7: Measuring the impact of a physical activity and mental health service.	<ul style="list-style-type: none"> Time-limited programmes – follow-up outcome monitoring for participants to understand impact on mental health and physical activity outcomes. Formal outcome measures may include using: <ul style="list-style-type: none"> The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) or shortened version (SWEMWBS) The Social Provision Scale (SPS-10) 		

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Going further (continued)			
	<ul style="list-style-type: none"> • The Rosenberg Self-esteem Scale (RSES) • Or use more specialist tools to measure specific outcomes around: <ul style="list-style-type: none"> • Anxiety (GAD-7) • Depression (PHQ-9) – providing the organisation has training and systems to support people with clinical needs. • Qualitative feedback (feedback measuring quality not quantity) may include: <ul style="list-style-type: none"> • Changes in people’s daily life, self-management/treatment, impact on relationships, • volunteering/work and community. These should be delivered in a person-centred, non-judgemental approach: • Wellness action plan/kitbags for participants. • Programmes are linked to local teams including public health teams and Integrated Care Board (ICBs) – both for support/promotion and for measuring outcomes. 		

2. Skills, knowledge and experience

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Skills, knowledge and experience			
<ul style="list-style-type: none"> • Physical first aid training is often required. Formal mental health training is an advantage, but not expected. • A foundation or basic awareness of mental health is important. This includes deliverers being able to: Describe how to: <ul style="list-style-type: none"> • Identify signs of someone struggling with their mental health. • Provide immediate support. • Signpost individuals to professional support. Explain what is mental health, mental wellbeing and mental health problems. • Describe the relationship between physical activity and mental health. • Recognise professional boundaries and understand which specialists can provide additional health and wellbeing support. • Demonstrate strategies for maintaining one's own mental health and wellbeing. Example: UK Coaching and Mind provide free mental health content through the Duty to Care mental health and wellbeing pillar. 	<ul style="list-style-type: none"> • Mental health knowledge and training was felt to be essential for <u>main leaders</u>* in the team, this included: <ul style="list-style-type: none"> • Understanding the mental health continuum including positive mental health and how we can support people to thrive. • Understanding a range of mental health problems. • Understanding the barriers people with mental health problems may experience to physical activity. These include fatigue, low confidence, anxiety, motivation and sleep problems. Plus how to support people to overcome them. • The relationship between physical activity and mental health and the importance of developing a healthy relationship with physical activity. • When and how to break confidentiality and how to support people experiencing a mental health crisis. • Specific knowledge of trauma and how it relates to physical activity, neurodiversity and inclusion is beneficial. • *‘Main leaders’ are the people responsible for delivering the physical activity session and those responsible for the health and wellbeing of the participants during the session. This 	<ul style="list-style-type: none"> • Mental health knowledge and training was felt to be essential for <u>everyone</u> in the team. • Deliverers should also have a basic understanding of the mental health system and processes. • Deliverers should be knowledgeable about the specific mental health support needs of their participants. Both through liaising with the referring agency or link worker and from asking and working with the participant directly. • Ability to work both with groups and one-to-one, providing extra support to people who are not ready to access formal mental health services. • Deliverers need to understand the referral process and have experience working with referred participants to provide adequate support. 	<ul style="list-style-type: none"> • Sessions are delivered by leaders with both: <ol style="list-style-type: none"> 1. Sport and physical activity qualifications relevant for the activity. 2. Mental health training relevant for the setting may include*: <ul style="list-style-type: none"> • Preventing and Managing Violence and Aggression (PMVA), Managing Actual or Potential Aggression (MAPA) or equivalent de-escalation training. • Specific training for working in community/inpatient/secure or forensic settings. • Care plans and individual risk assessments. <p>*This training should be provided by the commissioning partner to ensure relevance for their service and patient need.</p> • OR • Sessions are delivered by a multi-disciplinary team. This includes a physical activity deliverer with mental health training and a named lead mental health practitioner as part of a team. • Deliverers need to have a basic understanding of secondary care and have experience working with participants in secondary care settings.

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Skills, knowledge and experience (continued)			
<ul style="list-style-type: none"> • The deliverers’ personal qualities and experience are critical to create an engaging and inclusive space. This includes: <ul style="list-style-type: none"> • Being compassionate and empathetic. • Being a good communicator with strong interpersonal skills. • The ability to create a fun, positive environment. • Developing and fostering connections. • Identifying appropriate training can be a challenge for deliverers. However, participants identified the following resources: <ul style="list-style-type: none"> • Duty to Care Hub • STEP model • Spot. Support. Signpost. <p>Example: UK Coaching’s Duty to Care Hub provides modules including diversity, inclusion, safeguarding, mental health and wellbeing, physical wellbeing and ‘safe to practice’.</p>	<p>could be the ‘Lead coach’, ‘Coordinator’ or ‘Facilitator’. At least 2 people should have this training.</p> <p>Example: UK Coaching, Mind and Sport England provide Mental Health Awareness for Sport and Physical Activity training online.</p> <ul style="list-style-type: none"> • Deliverers should have experience of working with people with mental health problems, neurodiversity and trauma. This can be gained through working alongside mental health organisations to co-deliver the programme or shadowing and mentoring arrangements. Workshop participants felt that training alone did not give people the experience to deliver programmes specifically for people with mental health problems. • Deliverers should foster an inclusive, person-centred delivery style, creating safe wellbeing spaces. • The ability to respond to crisis situations (supporting people and keeping them safe in the moment) and to confidently signpost people to professional mental health support. • Values-based recruitment. Recruiting staff and volunteers based on values, behaviours and attitudes. Assessing whether they align with the values, culture and expectations of the 		<ul style="list-style-type: none"> • Specific knowledge of how physical activity and mental health come together. Understanding how trauma, eating disorders, addiction and compulsive behaviours connect with physical activity is essential. Deliverers also require a basic understanding of the impact of commonly prescribed medications on the type of activity, intensity and safety recommendations. For example: increased risks around hydration and the need for water breaks. <p>Example: Rethink Severe Mental Illness and Exercise: Delivering inclusive, safe and effective sessions eLearning (coming soon).</p> <ul style="list-style-type: none"> • Health care professionals need an understanding of how physical activity can provide a positive adjunct to medication and talking therapies, providing patients purpose, fun, empowerment and community. <p>Example: Moving Healthcare Professionals.</p>

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Skills, knowledge and experience (continued)			
	<p>organisation and with the role's main objective: improving mental health outcomes. Values-based recruitment involves organisations clearly defining their values, embedding these into the recruitment process and asking candidates to share examples of how they would apply these values in real-world situations.</p> <ul style="list-style-type: none"> • Clear information about the leaders' qualifications and experience should be available when promoting sessions. • Lived experience of mental health problems is beneficial in the delivery team – along with the confidence to share appropriate personal experience. This helps to role model positive behaviours including appropriate sharing. • Ongoing training should be provided with deliverers committed to Continuous Professional Development (CPD) and continuous service improvement. 		
Going further: Skills, knowledge and experience			
<ul style="list-style-type: none"> • Mental health training for line managers, boards and committees. • Equity, Diversity and Inclusion training. • Prevent duty training. • Emotional Intelligence training. 	<ul style="list-style-type: none"> • Dedicated suicide awareness training and how to support someone in crisis. Examples: <ul style="list-style-type: none"> • Zero Suicide Alliance (free training) • Applied Suicide Intervention (ASIST) • A Life Worth Living 	<ul style="list-style-type: none"> • Deliverers get relevant training as provided to other supporting practitioners working in primary care with a mental health focus. 	<ul style="list-style-type: none"> • Enhanced training in comorbidities/ intersectionality may be needed given the poorer physical health outcomes for people with serious mental illness. Tool: British National Formulary (BNF) provide key information on common side effects and contraindications of medications.

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Going further: Skills, knowledge and experience			
	<ul style="list-style-type: none"> Building knowledge and understanding comorbidities (when someone has two or more conditions) and intersectionality (considering people's overlapping identities and experiences). These can include long-term health conditions, neurodiversity, disabilities, menopause, men's mental health, LGBTQIA+, ethnically diverse communities, mental health and poverty and trauma-informed practices. <p>Examples:</p> <ul style="list-style-type: none"> We Are Undefeatable campaign MSA and Tower Hamlets and Newham Mind Rainbow Mind 		
Boundaries			
<ul style="list-style-type: none"> Clearly defining expectations of community open sessions and limitations. For example, that they're aimed at everyone or deliverer is unable to offer one-to-one support. Coaches/deliverers are not therapists. Limited ability to support before and after session. 	<ul style="list-style-type: none"> Group rules and/or code of conduct should be established through codesign with the group to set expectations and prevent triggering anyone. They should be clear on what group leaders can and cannot provide – including timings around when communications will be answered. This includes the need for signposting out of hours support. If there are insufficiently trained/experienced staff, then sessions shouldn't go ahead for everyone's safety. 	<ul style="list-style-type: none"> Establishing a supportive group dynamic is crucial to this group, focusing on peer-to-peer support. 	<ul style="list-style-type: none"> Boundaries, roles and responsibilities should be defined with staff, volunteers and participants ensuring everyone understands their responsibilities. Based on setting this may include: <ul style="list-style-type: none"> Using only first names. Mobile phones being locked away. Limiting access to or counting in/out kit.

3. Support for self and others

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Support for self and others			
<ul style="list-style-type: none"> • Peer support and knowledge exchange in the physical activity community including other coaches/ volunteers/committees etc. Example: EFL in the Community lead a range of Community of Practices. UK Coaching have a Connected Coaches Facebook page. • Support from welfare/safeguarding officers: deliverers must be trained in safeguarding and create an environment that supports participant wellbeing. They should have clear processes to escalate concerns. Example: British Judo have safeguarding and wellbeing escalation processes available for all clubs. Tool: The Ann Craft Trust have checklists to support different settings. • Wellbeing checks in the delivery team, including line managers/ colleagues. These could include: <ul style="list-style-type: none"> • Temperature checks. • 1–5 or 1–10 ‘how are you feeling?’ exercises. • Wellbeing battery. • Resources and signposting including: <ul style="list-style-type: none"> • NHS, 111 and Every Mind Matters. • Mental health websites. 	<ul style="list-style-type: none"> • Sessions should be delivered in collaboration with, or supported by, a local mental health service using networks and shared expertise to effectively support participants. This may involve local mental health services being part of the steering group, delivery team or referral pathways. <p>Safety processes:</p> <ul style="list-style-type: none"> • Risk assessment includes risks related to mental health, wellbeing and support needs of participants. <ul style="list-style-type: none"> • Deliverers are aware of the Consensus Statement on Risk.²⁷ A major review of scientific evidence and expert clinical consensus has found physical activity is safe – even for people living with symptoms of multiple conditions. <p>Tool: Updated pre-participation screening protocols from Sport England and the Faculty for Sport and Exercise Medicine (FSEM) – coming soon.</p> <ul style="list-style-type: none"> • Referrals are two-way with deliverers able to ask for extra information/ support. • People who have self-referred have enough information to assess whether they’re well enough to attend with the support available. 	<ul style="list-style-type: none"> • There should be a two-way partnership between referral partners and deliverers: <ol style="list-style-type: none"> 1) This may be formalised in writing through a Memorandum of Understanding (MOU) or Ways of Working agreement. 2) Referring agencies should provide guidance on support needs and suitability, only referring people who are suitable for the type of physical activity service. 3) Deliverers should be empowered to say ‘no’ when they cannot meet the needs of a referred person, or if their needs sit outside of scope of practice. <p>“We assume if referred by a statutory agency that the person is clinically suitable to take part.” Programme lead, EFL in the Community Club</p> <p>Safety processes:</p> <ul style="list-style-type: none"> • Risk assessment based on individual needs. Some participants may require an individual risk assessment. 	<ul style="list-style-type: none"> • A Service Level Agreement (SLA) should be in place between the setting and the physical activity deliverer outlining roles, responsibilities and expectations. This should include arrangements for managing declining or concerning mental health. <p>Safety processes:</p> <ul style="list-style-type: none"> • Risk assessment based on individual clinical needs, led by the clinical team. • More participants will require an individual risk assessment. • A lone worker policy may be in place for people working one-to-one. • Full induction to setting provided. • Sessions should be adequately staffed/supported by clinical staff to ensure safety of all participants. This may include health care assistants (HCAs), peer support workers, mental health nurses, occupational therapists etc.

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Support for self and others (continued)			
<p>Example: The LTA provide access to a 24/7 counselling helpline through their membership scheme.</p> <ul style="list-style-type: none"> • Understand the importance of, and how to look after, own mental health and wellbeing. <p>Example: Everyone Active Workplace Health Champion scheme.</p>	<ul style="list-style-type: none"> • Adjustments may be made for key workers, mental health nurses, occupational therapists or others to be there. • Trigger statements and warnings are used as required. • Separate staff/volunteer areas (where available). • Lone worker policy may be required. <p>Safeguarding processes:</p> <ul style="list-style-type: none"> • Clear escalation processes with a process for breaking confidentiality. • Local signposting materials are available including access to crisis support. <p>Self-management and self-care:</p> <ul style="list-style-type: none"> • Deliverers are encouraged to support their own wellness and role model self-care. • Wellness Action Plans are encouraged. • Wellbeing support is available for deliverers. This may involve self-care resources, information, signposting and employee assistance schemes or apps. <p>Support and supervision:</p> <ul style="list-style-type: none"> • Supervision and wellbeing checks for the delivery team from line managers/ mental health partners. Deliverers can decide how often this happens, but it's good practice to hold every 4–6 weeks. 	<p>Safeguarding processes:</p> <ul style="list-style-type: none"> • Local signposting and services have been mapped using tools such as Hub of Hope. Relationships have been established between organisations. Deliverers understand waiting times. <p>Support and supervision:</p> <ul style="list-style-type: none"> • 4–6 weekly supervision and wellbeing checks for the delivery team should include both pastoral and clinical/ casework. 	<p>Support and supervision:</p> <ul style="list-style-type: none"> • Clinical supervision should be provided by the host/commissioning organisation. • Reflective practice sessions should be available. • Peer support networking and mentoring opportunities. <p>Safeguarding processes:</p> <ul style="list-style-type: none"> • Safeguarding training and policy should be provided by host/ commissioning organisation. • Crisis management policy and arrangements for breaking confidentiality. <p>Self-management and self-care:</p> <ul style="list-style-type: none"> • Host organisation/setting to consider making Employee Assistance Programme (EAP) support or equivalent available to third party suppliers.

1. Community Open	2. Community targeted – mental health	3. Primary Care	4. Secondary Care
Support for self and others (continued)			
	<ul style="list-style-type: none"> • This should be available immediately if there's an incident or a known risk. • Peer support and mentoring through team meetings and forums (hot and cold debriefs*) or through supportive partner organisations. *A hot debrief is a short process that happens immediately after the incident/event. A cold debrief takes place days or weeks after the event. • Commissioners should invest in quality delivery for programmes. ⚡These sessions are not a cheap alternative to therapeutic services. ⚡ 		
Going further: Support for self and others			
<ul style="list-style-type: none"> • Local signposting. • Calm space. • Safety plans. • Embed mental health messaging in relevant communications such as staff newsletters. • On call arrangements. • Supervision (pastoral) every 4–6 weeks. • Access to a coaches' line or Employee Assistance Programme service. 	<ul style="list-style-type: none"> • Clinical* or casework supervision is provided/available as well as pastoral/operational supervision. *Clinical supervision²⁸ is a process of professional support and learning through regular protected time for discussions and facilitated reflection. This can empower the person supervised to use opportunities to make improvements for self and the people they are supporting, ultimately guiding and improving quality care delivery. • Programmes are evidenced-based and designed to add to the evidence. • Reflective practice sessions are offered to delivery teams. 		

Case study: Total Wellbeing Luton

Total Wellbeing Luton is a self- and professional-referral based programme and falls under the Community targeted – mental health environment.

Total Wellbeing Luton's Power Our Minds (POM) Exercise Programme combines physical activity with emotional health support to help people facing anxiety, low mood, PTSD, loneliness and social isolation. After joining, clients benefit from tailored exercise programmes, one-to-one support, group activities and social events.

For example, a group could be doing circuits in a studio and a therapist will come in and talk to people afterwards about how to manage anxiety – so they're getting emotional support as well as physical. Everything is under one roof.

To keep everyone safe, all staff have a Level 4 mental health exercise specialist

qualification, Mental Health First Aid and Making Every Contact Count training. They also work closely with referrers and medical professionals to understand people's needs before they join.

To keep staff safe and supported, Total Wellbeing Luton offer them monthly one-to-ones to reflect on their work and ask for any help they need. Plus they can also use the free Employee Assistance Programme and have the chance to use the POM programme themselves.



Our next steps

We're working with our partners to integrate our findings in relevant standards, guidance and frameworks to support the sport and physical activity sector. Our work so far includes:

CIMSPA Core Curriculum Audience: Physical activity deliverers Setting: Community open	<p>We've campaigned for deliverers to get a basic understanding of mental health (alongside physical first aid and safeguarding) for almost a decade.</p> <p>We've codesigned core content for mental health knowledge and understanding to integrate across roles in the sport and physical activity sector. This process will start in Spring 2025.</p> <p>We also have evidence-based content for partners to integrate into their training and learning platforms.</p>
CIMSPA Professional Standard – Working with People with Mental Health Conditions Audience: Physical activity deliverers and commissioners Settings: Community targeted mental health and primary care	<p>We've worked with CIMSPA's mental health specialist expert group to develop a specialist population standard for people delivering in community targeted mental health and primary care settings. It's based on the findings of this report.</p> <p>The standard will be launched in Summer 2025.</p>
ukactive – The Active Standard Audience: Leisure Providers Settings: Community open and community targeted mental health	<p>We've worked with ukactive to signpost to this guidance. We'll make sure further resources and tools are available later in the year.</p>
Hub of Hope – physical activity and movement finder Audience: Physical activity deliverers Setting: Community targeted – mental health.	<p>The physical activity and movement finder was launched by the Hub of Hope and the Mental Health Movement Alliance in 2023.</p> <p>We've updated the minimum standards for deliverers who want to promote their sessions to reflect the findings of this report.</p>
Royal College of GPs Physical activity toolkit Audience: General practitioners Setting: Primary care	<p>We've worked with the Physical Activity lead to signpost to the safe and effective practice guidance.</p>

We're excited to keep working with people and organisations to shape this guidance. This includes co-designing extra resources, including a summary version, to help people get the most from it, out in September 2025.

Appendix A:

Other useful work

We're keen that our guidance complements other valuable work in the sector, including: CIMSPA Professional Standards – we are currently exploring the need for a population specialism professional standard for mental health 'Working with people with mental health problems in community settings' (community/primary care and secondary care) with CIMSPA and expert partners.

- CIMSPA and Edge Hill University (Centre for Mental Health, Sport and Physical Activity Research): Safeguarding participant and workforce welfare in the sport and physical activity workforce.
- Edge Hill University (Centre for Mental Health, Sport and Physical Activity Research): Mental health in the sport and physical activity workforce.
- Loughborough University: Prioritising implementation strategies for effective interventions: A nominal technique study.
- Loughborough University: Realist synthesis on 'what works' in secure care.
- Loughborough University/Mind: Trauma Informed Approaches in Physical Activity.
- Sheffield Hallam University: Understanding community-based physical activity providers' capacity, attitudes, and infrastructure to support people with Severe Mental Illness (SMI) – Co-SPACES.
- Move Consultancy and Sport England/Active Partnerships – Health Pathways.
- NASP Supporting and enhancing health provision provided by community sports trusts, through a blended learning approach.
- NWG Network and Kyniska Advocacy's [Wellbeing and Welfare Guide](#) (2025).
- Richmond Group [Millions more moving](#) (2024).
- Sport for Development Coalition/Mind/Edge Hill University/Loughborough University [Moving for mental health: How physical activity, sport and sport for development can transform lives after COVID-19](#) (2022).
- Sported Guidance best practice guidance specifically for community sport and physical activity groups.
- Sport England [Code for Sports Governance](#) and Diversity and Inclusion Action Plan (DIAP).
- Sport England/Faculty of Sport and Exercise Medicine [Consensus Statement on Risk](#).
- ukactive – [The Active Standard](#) and [Building the Optimal Relationship Between the Health and Care System and the Physical Activity Sector Blueprint](#).
- UK Coaching Duty to Care and Care for Coaches.
- University of York, Leeds, Sheffield, Sheffield Hallam, Northumbria and King's College London along with Sheffield Health and Social Care NHS [Spaces Project](#) to help people with severe mental ill health to become more active.

International research

- Australian research [Mental Health Guidelines for Community Sport](#) and work to adapt/review ahead of potential implementation across UK, Ireland and Europe, funded and led by Movember.

Further information:

- Contact us at sport@mind.org.uk
- Access our current resources at mind.org.uk/sport

Appendix B:

Organisations who took part

Access Sport	Bradford District and Craven Mind	Empire Fighting Chance
Active Cheshire	Breast Cancer Now	Energise Me
Active Cornwall	Brightstar Boxing	England Athletics
Active Cumbria	British Association for Behavioural and Cognitive Psychotherapists (BABCP)	England Boxing
Active Dorset	British Judo Association	Everyone Active
Active Gloucestershire	BUCS	Exercise, Movement and Dance UK (EMD UK)
Active Humber	Burton & District Mind	Fight for Peace
Active Luton	Centre for Mental Health	Fleetwood Town Community Trust
Active Oxfordshire	Chance to Shine	Football Association of Wales
Active Partnerships Network	Child Protection in Sport Unit (CPSU)	Football Beyond Borders
Active Suffolk	CIMSPA	Fox Hollies Community Association CIO
Active Together	City of Wolverhampton Council	Get Berkshire Active
Active Wiltshire & Swindon	Coach Core	Greater Manchester Moving
Activity Alliance	Comic Relief	Haringey Talking Therapies
Age UK	Community Leisure UK	Healthwatch Birmingham
Alliance of Sport in Criminal Justice	Compass Support	Healthwatch Dudley
Andover Mind	Continuum Sport	Healthwatch Sandwell
Ann Craft Trust	Cornwall Mind	Healthwatch Solihull
AoC Sport	Coventry City Council	Healthwatch Walsall Herts
Aquatic Physiotherapy	Dallaglio Rugby Works	Sport & Physical Activity Partnership
As-Suffa Trust	Dame Kelly Holmes Trust	Iman Tennis
Athlead	Department for Digital, Culture, Media & Sport (DCMS)	Intelligent Health
Be Active (Bedfordshire)	Derbyshire Healthcare NHS Foundation Trust	Laureus Sport for Good
Belong	Diabetes UK	Lawn Tennis Association (LTA)
Birmingham Education and Youth Foundation (BEY)	DOCIA Sport	Leeds United Foundation
Birmingham City Council	Dorset Mind	Leicester City in the Community
Black Country Get Active	Edge Hill University	Living Sport (Cambridgeshire)
Boccia UK	EFL in the Community	

Living Well Consortium	Remedy	Telford Mind
London Sport	Rethink Mental Illness	The Football Association (FA)
Loughborough University	Richmond Group	The Foundation for Young People's Mental Health
Manchester Mind	Rise North East	The Running Charity
Mansfield Town Community Trust	Royal College of GPs	Think Active (Coventry, Solihull, and Warwick-shire)
MCRactive	Royal College of Psychiatrists	UK Youth
Mental Health Swims	Rugby Football Union (RFU)	ukactive
Mersey Care	Rugby League Cares	UKCoaching
NHS Foundation Trust	Run Talk Run	UNICEF
Mind in Croydon	Sale Sharks (HITZ Programmes)	United by 2022
Mind in Tower Hamlets, Newham and Redbridge	Scottish Action for Mental Health	University College London (UCL)
Mind in West Essex	Sandwell Metropolitan Borough Council	University of Bath
Mind over Mountains	School of Hard Knocks	University of Birmingham
Morecambe FC Community Foundation	Sheffield Hallam – Physical Activity Clinical Champions	University of Nottingham
Move Consulting	Solihull Metropolitan Borough Council	Versus Arthritis
Movember	South London and Maudsley NHS Foundation Trust	Volair
Moving Medicine	Spark Active	Walsall Council
Muddy Runners	Spirit 2012	Walsall FC Foundation
Muslim Scout Fellowship	Sport 4 Life UK	Warriors Pentathlon & Athletic Club
National Academy for Social Prescribing	Sport and Recreation Alliance	Warwickshire County Council
Neurodiverse Sport	Sport Birmingham	Washington Mind
Newbridge General Practitioner (GP) Practice	Sport for Confidence	Welsh Athletics
Newman University	Sport for Development Coalition	WeSport (West of England Sport Trust)
NHS Horizons	Sport in Mind	West Midlands Combined Authority (WMCA)
Norfolk and Waveney Mind	Sported	West Sussex Mind
North Yorkshire Sport	Stable Life	West Yorkshire Integrated Care Board
Northamptonshire Sport	Steel Warriors	Yorkshire Sport Foundation
Our Community Foundation	Stoke City FC Community Trust	Young Minds
Paddle UK (Paddle Sports UK)	Stormbreak	Youth Sport Trust
parkrun	Street Games	
Pennine Care NHS Foundation Trust	System Fitness	
Personal Best Foundation	TalkWorks (Devon's NHS Talking Therapies)	
Podium Analytics	Tees, Esk and Wear Valleys NHS Foundation Trust	
Preston North End Community and Education Trust		

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We're Mind. We're fighting for a future where no mind is left behind.

We want to create a mentally healthy society.

Through our information, services and campaigns, we tackle stigma, barriers and isolation so that everyone can access mental health support when they need it.

Our campaigners speak out about the real issues affecting people with mental health problems. Be part of a powerful movement and join us in the fight for mental health at mind.org.uk/campaign

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