



Mentor Allan

# BRIEFING PAPER



# OUTDOOR PHYSICAL ACTIVITY FOR PEOPLE WITH MENTAL HEALTH PROBLEMS



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## Outdoor Physical Activity for People with Mental Health Problems

### Briefing Paper Introduction

In order to communicate the learning arising from the Mentro Allan project, papers have been written to suit different audiences. Study papers have been prepared specifically for researchers reviewing findings across a number of themes, whereas briefing papers are aimed at local or national project/service managers and policy makers. Each briefing paper covers a different topic although there are many aspects that inter-relate. Finally, practitioner guides are being written for those working in the field, directly delivering projects or activities, and case studies are being prepared to bring to life some of the lessons learnt showing what has been successful, what has been tried, and how some of the challenges have been overcome.

### Background to Mentro Allan

*“Creating an Active Wales is central to our One Wales ambition for a healthier future for all. It recognises that sport and physical activity are beneficial to health and that a partnership across the Welsh Assembly Government, Local Authorities, the NHS, the Third Sector and our communities is essential if we are to gain the benefits of an active and healthy Wales”<sup>1</sup>.*

The Mentro Allan (Venture Out) programme<sup>2</sup> is a five year project funded by the Big Lottery Fund and is actively supported by a diverse network of local and national partners. Mentro Allan aims to increase activity levels amongst the ‘hard to reach’ sedentary population by increasing the use of the natural environment of Wales. The programme aims to make the parks, waterways, coastal environments and countryside of Wales accessible to a wide range of people that might otherwise never use them<sup>3</sup>. The distinctive features of Mentro Allan are its:

- Aim to motivate a diverse range of sedentary groups to become more active
- Focus on physical activity in the outdoors environment
- Use of action research to involve participants in achieving behaviour change
- Gathering of evidence of what does and doesn’t work in practice.

### Key points of the paper

This paper considers how to engage people with mental health problems in using the outdoors/natural environment, including barriers to participation and how they were overcome. It discusses the benefits of outdoor activity for this group, based on common findings and messages that could be transferable when developing new projects. We summarise findings from recent discussion groups and from case studies exploring the influence of the outdoor setting and the natural environment on participation, and its role in helping people to sustain their behaviour change. Mental health issues could affect people in all target groups due to other pressures they experienced. MA participants who may be considered to have mental health issues represented a wide range of needs from long term mental health service users to those who are undiagnosed but finding it difficult to cope.

Emerging findings demonstrate the positive impact of outdoor physical activity on people with mild to moderate mental health problems including anxiety and depression.

### The evidence on which this briefing paper is based

Throughout the programme, an action research approach has been used to gather feedback from participants, activity providers, project staff and partners. Each project has adopted an experimental approach, testing what works through observation and dialogue with participants to help develop a successful programme of activity. Evidence for this paper has been drawn from a series of workshop or ‘cluster’ sessions with Mentro Allan staff,

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<sup>1</sup> Minister for Heritage and Minister for Health and Social Services: Creating an Active Wales December 2009

<sup>2</sup> Part of the Big Lottery’s UK-wide Community Sports Initiative, although Mentro Allan focuses on physical activity opportunities as well as sport

<sup>3</sup> Big Lottery Fund: [www.biglotteryfund.org.uk/prog\\_mentro\\_allan](http://www.biglotteryfund.org.uk/prog_mentro_allan)

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focussing on the outdoor location and its impact on diverse groups of participants and individuals. The findings have also been informed by feedback from participants, activity providers and project coordinators and by case studies produced by individual groups.

The emerging findings from this research work are discussed below.

### Initial engagement

Many of the projects have begun by engaging with mental health services and voluntary organisations which provide support for service users, for example Mind. This route is helpful in that those providing the MA intervention gain valuable background information. In some cases, these organisations provide initial support by accompanying participants until they feel comfortable with the MA group. Many people, however, find MA projects by word of mouth and this means that project coordinators are not necessarily aware of where people are on the mental health continuum.

### Barriers to engagement

#### Barriers for the participant

There is still a stigma around mental health issues and coordinators have found when promoting activities that people with these problems often take information saying that it is for someone else. This stigma may be magnified in some BME communities where families may try to confine a person with mental health problems to the home. This behaviour may originate from cultural or religious beliefs, or may be due to a lack of understanding of mental health issues.

People with mental health problems often have anxieties about social situations or about being outdoors. These concerns can be sustained by the attitude of their support worker who is trying to protect their client from situations which might be distressing and these concerns should be addressed before activities begin.

A preliminary consultation with mental health service users identified several barriers including:

- Just leaving the house can be a challenge
- Need to take account of users' existing levels of activity and disability
- Public transport limitations and peoples limitations in using public transport
- Effect of medication
- Aversion to enforced or competitive activities.

#### Barriers for the provider

Project coordinators are not mental health professionals and this can increase risks for both leaders and participants without careful planning and liaison. Owing to their mental health condition, participants may lack social skills, making interaction with others challenging. This can manifest itself in difficult behaviour such as being unaware of personal space or seeking to monopolise one person's attention. Activity leaders need to deal sensitively with behaviour which could deter others from taking part.

Diagnoses range through a spectrum of mental health problems. Some people are better than others at seeking help and engaging with services, so whether or not someone is a service user is not necessarily a good measure of the problem. It is possible, however, that those who have been diagnosed and treated will be in a more stable condition than those who have not and this needs to be taken into account by staff completing risk assessments for outdoor activities. Risk assessments should be fluid, as people with mental health problems can become more or less able to take part in some activities, as their condition improves or deteriorates from time to time.

#### Overcoming the barriers

Project coordinators networked with fellow service providers, and organised open sessions with voluntary organisations, support workers, NHS providers including GPs, and potential participants to discuss the type of outdoor activities that might be acceptable. The philosophy of rehabilitation and recovery underpins the delivery

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of mental health services in Wales, so moves to encourage service users in new and diverse opportunities, including outdoor physical activity, are welcomed. However, some preliminary work with sceptical support workers may be needed to ensure that they do not undermine participants' attempts to try something new. Without understanding on both sides, this could result in a clash of cultures, where support workers believe they are protecting the client, whilst activity leaders see potential for more challenging activities.

Many participants may already be contemplating physical activity outdoors because they know it will benefit their health, but lack the impetus to actually do it. They want to get out of the house, be in the natural environment and socialise but need some extra support to do so. Some people are referred to the project by voluntary or NHS providers, some are brought in by friends and others self-refer as a result of local campaigns or word of mouth.

At the outset there needs to be careful planning with an emphasis on safety, one-to-one contact and personal attention. Coordinators have found that the initial session needs to be very accessible in terms of weather, venue and focus on the participant's needs. Concentrating on specific places and getting to know the clients is essential. Beginning with a task-based activity, such as conservation, is unlikely to work, as people may find it intimidating. People with mental health problems are often apprehensive about meeting new people or visiting unfamiliar places. To help overcome this, some participants were initially accompanied by someone from the referring organisation (voluntary, social services or NHS), who continued to attend until the client felt safe with the coordinator and other group members. Participants reported that it was important to them to know that there was someone on hand who understood their problems and could deal with any issues related to their condition.

As the group begins to gel and confidence is gained, action research methodology can be used to tailor activities to the preferences of participants. This is covered in more details in the Action Research Briefing Paper.

### Leadership role

The personality of the provider is crucial to development and some projects have foundered temporarily when a trusted leader moves on and there has been no overlap with their replacement. Feedback from project staff and participants consistently shows the importance of a key person who can encourage people to take part in a new type of activity. The continued involvement and support of this person is needed to maintain participation among individuals until it becomes an established behaviour. It could be a project coordinator, an activity leader, or even a prominent/respected community member or volunteer. The length of time it takes to persuade people to try taking part in physical activity outdoors varies greatly between different individuals within the target group. When developing a project aimed at people with mental health issues, establishing the group can take longer than might be expected in mainstream sports development, and a high level of support from a key person is essential.

Feedback from participants cites the support from the project officer as a key motivational factor for taking part, helping them to learn new things and access new places. For many, outdoor physical activity is completely unfamiliar, so the leader must be able to introduce it in a way that interests people and makes it an experience people are willing to try. To create an added dimension, walks have been linked to local history or to observation of wildlife and, in some groups, this has resulted in participants producing artworks or poetry which express the experience of outdoor physical activity.

Activity leaders for groups with mental health issues can benefit from taking a Mental Health First Aid Course. Practical skills and competency in risk assessing both activities and individuals is essential but both leaders and participants felt that lack of professional knowledge/culture was beneficial in establishing positive relationships. It was appreciated that the Mentro Allan philosophy is based on wellness rather than illness.

### Feeling safe outdoors

The message has come from several projects that participants need to feel secure in the outdoor environment. Participants also had concerns about the weather, so coordinators had to reassure participants by holding activities somewhere where shelter could be reached and where toilet facilities (another source of anxiety) could be accessed.



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Building participants' confidence has led to sustained activity, with groups continuing to meet even in bad weather, sometimes to walk or to take part in an alternative indoor activity. Over time, many participants developed their fitness levels steadily and began to take part in walking and jogging events such as the Race for Life.

The starting point for activities will differ according to the target group. For adults with mental health problems it may be necessary to begin with an indoor activity to develop trust in a familiar location, and ensure they are happy with the process, building confidence before a new environment is introduced. This raises questions of safety and clear ground rules need to be established so that everyone understands what is expected of them. The introductory part of the process should not be rushed, as this may risk disengagement.

### Developing the project

The skilled key contact person will be positive about what people can achieve and have enthusiasm for the outdoors and the natural environment. They provide the support needed by people who are cautious, or doubt if taking part is something they can achieve. The first experience for participants is crucial: it should be positive and something that they are comfortable with, otherwise they are very unlikely to give it a second try.

More activities can be introduced via the action research process when clients have gained experience and the confidence to express their wishes. When groups began to take ownership and choose the walks and activities, the key contact had to be able to manage the process whilst listening and responding to participants' feedback. There have been a variety of developments, including walks based on local history and the natural environment, cycling, gardening, conservation, arts and education. Co-ordinators have made use of seasonal changes by leading the same walk at different times of year to observe the environment and enjoy different activities.

Local venues are the most sustainable, whether this is countryside or an inner city park, as this avoids complicated or costly travel arrangements. However, doorstep areas can be unattractive or may not be accessible for pushchairs or people with mobility problems. Where some travel was unavoidable, clients who lacked skills or confidence were given training to use public transport.

In common with other MA groups, the social element has been important in developing group cohesion and maintaining physical activity for people with mental health problems. Participants appreciate socialising via activities such as the inclusion of a pub visit or a picnic as part of a walk, or closing an activity with tea or coffee. Providing food is a good way to gain initial interest: for example, one group began as a monthly walk and picnic but developed this into a weekly activity at the request of participants.

### Benefits of the MA approach

It can be difficult to assess the benefits of a project focussing on this client group as, whilst some are able to articulate their experiences, others find it difficult to express themselves. However, participants have said that they have become more confident when meeting new people and when they are in unfamiliar surroundings. They have experienced feeling physically fitter, being able to move faster, along with improvements in balance and in their ability to climb steps.

Participants who were mental health service users commented that the practical knowledge and sense of achievement they gained from Mentro Allan led them to consider further learning options. Many also reported being able to begin integrating back into the community and feeling more able to work.

Examples from individual projects appear below:

1. A client with schizophrenia and alcohol problems attended cycling sessions and realised that she felt better if she refrained from drinking before coming to the project. She began to cut out alcohol and started cycling independently, progressing to total abstinence and now feeling much fitter. The project has rewarded her regular attendance with a voucher towards cycle purchase

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2. Participants from the Torfaen Stepping Out project valued knowing that the activity would always take place on the same day and time, even if an indoor alternative was necessary due to weather conditions. They enjoyed themed and guided walks, as long as they kept moving, as no one liked standing around for too long! Participants also liked the choice of having a long or short walk. Later in the project participants had gained the confidence to organise activities for themselves and some have trained as walk leaders and first aiders.

3. In Merthyr Tydfil, continued links with the Life Long Learning Network have contributed to their strategic plan, which includes learning through the outdoors and reducing the number of working age people who are economically inactive.

4. In Rhondda Cynon Taf, a group providing an introduction to mountain biking has found that it has been particularly beneficial for people who have suffered from mental health problems. One participant said, "I've started going out with my friends again after five years of hardly seeing them – it's given me the confidence to socialise."

The outdoor environment can have a positive impact on perceptions of personal health and of well being. This has been reported by participants, care workers, informal carers and project staff, and there is published evidence to support the premise that being in a natural environment can promote well being and health. Strong messages have emerged that the outdoor environment provides a more rounded experience that goes beyond the benefits of just being physically active. It is difficult to encapsulate why this should be, but the following statements from participants with mental health problems describe how the outdoor physical activity experience has helped them:

- Helps you come to terms with difficult issues and emotional times
- Rhythm of walking works with talking, people's defences are dropped
- Helps you get over stages in life when you are sad
- A park can be a little oasis in a city, it can keep you going
- Sense of freedom, thoughts of work and worries can evaporate when outdoors
- Changes your mood, nice to go outdoors when no others are there
- Takes you back to basics, reduces stress
- Gives you time to think, or an opportunity to stop thinking and focus on a task
- Physical benefits of exercise include better sleep but there are wider benefits from the natural environment, spiritual, therapeutic.

### **Social interaction**

It could be argued that the social impact of MA activities can be even more important than the physical impact of outdoor activity, as people with mental health problems can become isolated due to their mental state. This has meant that the social element has been a key motivator for continued participation. Participants comment that encouragement from others, chatting - even if it is only with the activity leader - is a reason they enjoy the activities and keep coming back. People bond during a shared experience with discussions triggered by the location itself or the memories it invokes.

Some coordinators have observed that when people pair up while walking, they share problems and experiences in a supportive way. The location can prompt conversations linked with memories and associations and the physicality of walking may make it easier to talk about personal problems than when sitting indoors.

For those who enjoy groups, making an outdoor activity a shared experience provides something extra, making the total more than the sum of its parts. Sometimes the balance of risk and excitement and relying on other people makes the experience better. For those who like to be alone however, there is a lot more personal space in an outdoor environment.

### **'Local' and 'natural' environments**

This project has no set definition of what the natural environment is, rather it relates to a person's perception, but it can also suggest distance, as very few of us live in or near a 'natural environment' that has not been

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affected by humans. The concept of using the 'natural environment' for physical activity can be at odds with the concept of 'local'.

For many people who live in urban areas, parks are the most accessible or available natural space but living in the countryside does not necessarily mean that access is easy. It is possible to be sedentary in a very rural location, as it may not be easy to get out of town without a car on roads that are unsafe for walking, as traffic tends to move fast and there are few pavements. The fields and surrounding country are mostly farmed and owned by others and access to footpaths may be difficult.

Project leaders have noted the need to use locations that are appropriate to the group: some people are happy to use buses and travel to participate in an activity, whilst others, for example people with anxiety issues may find this challenging. Some people may need considerable support before feeling able to use public transport and community transport may be an alternative.

### Role of the outdoors in sustaining behaviour change

In workshop sessions the groups were asked why they thought the outdoors helped people sustain their behaviour change. All felt that the outdoors and the natural environment provided something greater than could be experienced in an indoor location and the points they made are summarised below.

1) The outdoors provides a sensory experience and feeling of wellbeing that is not just about physical activity, with benefits including

- establishing a connection with an environment that feels 'natural'
- observing seasonal changes, different weather conditions, birds, animals, flowers, local history.

2) It is easier for people of differing abilities and problems to participate in an outdoor environment as a group:

- Outdoors can be less inhibiting - in an enclosed space with limited activities people can feel exposed if they are unable to participate or lack ability.
- Unusual behaviour can be better tolerated if it is outdoors; it has less impact on others than it might in an indoor setting.

3) It is easier to form social bonds in the outdoors

- Exercise itself is a social activity and being outside enhances the experience and promotes group cohesion.

### Lessons learnt

- Some of the barriers to engaging people with mental health issues could be overcome by collaborating with people and organisations working in mental health service provision who have the expertise to provide support to the participant and guidance to the activity provider.
- Following initial consultations with service providers, preliminary discussions are required with support workers or carers in order to ensure that they understand the benefits of the activities to the participants and are able to provide the participants with the necessary support.
- Familiarity of a key person at the activities is very important to the participant in the early stages. Attendance of a support worker for a few weeks can provide security for participants until they are able to get to know the activity provider and feel safe in the new environment.
- Getting to know and understand the participants on a one-to-one basis is paramount to their success in the longer term. Providing safe and secure environments, access to shelter and toilets as well as alternative activities in bad weather can increase the confidence levels of the participants.
- The provision of social opportunities as part of the activity session is one of the main reasons that participants return. Activity leaders are able to provide encouragement and support and people are more able to bond through shared experiences.

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- Activity venues need to be selected that are suitable for the participant group. Ability and confidence to travel can vary. Initially there may be greater confidence taking part in indoor activities, though the participants report greater health benefits from the activities taking place outdoors.

This paper has shown how Mentro Allan has been able to help physically inactive people with mental health problems to become active outdoors and to maintain their behaviour change. The success of the project has been based on collaboration with partner organisations, and has involved continuous interaction with participants in planning and changing activities using action research methodology.

For some participants, the experience of being involved with Mentro Allan has led to undertaking further education or training, but MA has also helped to improve individuals' social skills, which makes them more employable. For many of those who were unemployed, the experience has developed a greater readiness for work, leading to actual employment for some individuals. In a few cases this has been via jobs as support workers or instructors in areas directly related to MA but others have ventured into the wider world of work. Achieving employment has been part of a process begun by engagement with Mentro Allan and partner organisations, such as the Lifelong Learning Network in Merthyr Tydfil.

It is considered that the following are essential components of a successful programme to increase outdoor physical activity in people with mental health problems:

- Invest time at the start of the project: preparing to work with people with mental health problems requires planning with service providers, training for staff and discussing opportunities with carers and support workers.
- Provide regular activities using the same key personnel: familiarity and security are important when engaging people with mental health problems.
- Share the positive benefits of physical activity in the outdoors: emphasise the benefits for long term engagement in activities for people with mental health problems to local organisations responsible for service provision to this target group.

### Public Health

The vulnerable groups team of Public Health Wales NHS Trust is keen to support and work with organisations engaging with vulnerable populations and pleased to have been asked to review this briefing. Previous research suggests that physical activity is positively associated with mood, emotion and psychological wellbeing and evidence supporting the impact of physical exercise on mental well-being is growing; for example, a review into the possibility of regular exercise programmes for individuals with schizophrenia found that they can have positive effects on both physical and mental health and well-being.

This Mentro Allen briefing paper identifies positive approaches to working with individuals along the mental health spectrum, engaging and supporting them to access activities that have short and hopefully longer term benefits on both physical and mental health and well-being.

### Future Research

Feedback from participants on the benefits of being active outdoors and the barriers they face will continue to be gathered through the research. This allows the programme to develop further and provide learning on how to encourage more people to access the outdoor environment in Wales and sustain a physically active lifestyle.

### Acknowledgements

Mentro Allan is very grateful to the coordinators and activity leaders for their enthusiasm and dedication to promoting physical activity and enjoyment of the outdoor environment.

### Further information

The MA website contains information about the National Partnership and all local projects as well as annual reports, research papers, practitioner guides, case studies and guidance notes issued to project staff. [www.mentroallan.co.uk](http://www.mentroallan.co.uk)