

# Kickin2Shape & Mental Health

## What is Healthwatch?

Healthwatch is here to *demonstrably influence commissioning, service provision or strategic decision making...* and this report outlines the work we have done collaboratively with Second Step, University of West of England, Bristol City Community Trust, Bristol Active Life Project and Avon and Wiltshire Mental Health Partnership Trust. The pilot project was funded by the Healthwatch Bristol Community Pot grant. Healthwatch will make use of our statutory powers and the information shared with us, to help to set the commissioning agenda for the future, putting local people at the heart of decision-making.

### Background

Healthwatch Bristol received an application from Second Step and Bristol Active Life Project (BALP) to examine the burden of health costs to the NHS on people with Severe and Enduring Complex Mental Health Conditions (CMHCs). People with CMHCs tend to be less active and have increased health risks compared to the general population, with higher levels of premature mortality and morbidity. In Bristol, this group has, on average a reduced life expectancy of 20 years - a significant health inequality (Vancampfort et al. 2012).

### Project Scope

A new walking football and nutrition programme was developed called Kickin2Shape and has been included in the existing Bristol Active Life Project. What was different is that the cohort of participants were currently not accessing any physical exercise but were receiving secondary mental health care due to their mental health conditions. The full report can be found [here](#).

Bristol City Community Trust (BCCT) has been delivering the Kickin2shape project locally for populations which are known to be more isolated than average. The pilot aimed to engage 6 -8 participants in a 12 week activity programme which comprised of a 30 minute educational weight management component and one hour of physical activity - walking football.

“When I am in the session, it’s a distraction for my thoughts. It does motivate me a little bit, I think well I have done that, I may as well do something else. So coming here helped get me out of the house and do something different. Then other things aren’t as scary, like volunteering and eventually getting into paid work... It has encouraged me to go to a thing that is social. It is helping me feel more normal- generally accepted by people and not so isolated.” Attendee



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## Outcomes - What have we learned?

The promotion of the walking football project and recruitment of participants began in March 2018, but continued until July 2018. A flier was produced and AWP disseminated the information to the community mental health teams and around Bristol, as well as providing existing service users with information about the sessions.

Some tweaking of the promotional fliers was necessary to attract a larger pool of participants, making it more user-friendly and with less jargon. More emphasis was put on the social aspect of the group, rather than the focus put onto weight management.

The input of expert adviser into this process had a **significant impact** on the design and wording of the flier. Conversations with service users, staff, care coordinators and the coach revealed that the majority of service users found it less beneficial to engage in the nutrition activity, when compared with the walking football itself.



Image1: A Walking Football participant

However, although the nutrition element may not have had a direct impact upon the participants eating habits, one of the participant's quotes upon how engagement with physical activity had an indirect impact on positive change to their diet.

**"I was eating ready meals because I didn't have the energy to cook from scratch and now I am moving into a more steady diet, with feeling**

**better I got more energy, so I am more likely to eat a diet with less salt and more greens. Just being less depressed makes me eat better."**

## What were the barriers and enablers to accessing services?

It was important with such a new project to identify the key enablers and barriers experienced by service users in attempting to attend the football sessions.

**"We have a lot of people enrolled for this programme to begin with, but it's hard to keep the representation going and so numbers fluctuate." Support Worker**

**"Walking football is like a continuous mindfulness in that you want to get to the ball but not run either, so that is a good workout mentally."**

**"Having the sessions free of charge was attractive. If I had to pay £5 per session and my weekly allowance is only £10, which would have been a barrier."**

**"Good transport is important, if it is too far away, that can be a barrier to travelling to the venue."**

Participants also highlighted the role of staff members in carrying out the sessions.

**"I really like the staff because they are very professional and not patronizing or aloof and friendly, and I feel I connect with them."**

It is important to note that the experts by experience have all indicated having enthusiastic support workers to enable them to enrol and attend has been a key enabler. Having that trust and support has been key, rather than expecting individuals to attend from their own "self-start."

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With social prescribing the onus is on the individual to attend and discover new activities, but people with mental health issues need more coaching and coaxing into attending and enrolling into social activities to start with.

## Some Encouragement in Recovery

Interestingly, while the participants reported no significant change in use of other health services, their interviews account suggests that they feel more active as a result of taking part in the walking football sessions. This latter point is particularly important as the participants reported having an overall feeling of being more active and engaged in other day to day activities, with some growing independent in their own self care and overall recovery.

Overall our findings reports positive outcomes from the walking football, enabling service users to gain:

- A sense of social inclusion
- Stepping stone into getting fit/learning new skills
- Sense of safety
- Motivation booster to doing other things?
- Improved mood
- Increased self-esteem, sense of achievement
- A sense of normality

## What Next? Recommendations

The evaluation highlights the need to identify an effective referral route that would enable those with CMHC to access programmes such as Kickin2Shape. There is currently no referral pathway for those with CMHC in primary care. There could be potential to develop the exercise referral scheme (ERS) to those with mental health conditions, as currently people with cardiac conditions, parkinsons, cancer etc can be referred.

Funding means that after this pilot, where do these service users go to exercise and have social interaction? Having an ability to continue this work would be important so that patients do not regress/become more isolated and have a negative impact on their mental health.

**“It coincided with better contact with my GP, I have been able to go myself the last couple of times (instead of having to take someone with me). When I don’t do activities in the community, I get very self-conscious and it makes it difficult to make contact with my healthcare team. It is good for me to have a structured group and being friendly with people without having to engage highly...”**