



**Transformation
Partners**
in Health and Care

Exploring how physical activity can be better utilised within IAPT services to help improve mental health outcomes.

Findings and recommendations report
December 2022

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Executive summary

This project aimed to explore how physical activity could be better utilised within Improving Access to Psychological Therapies (IAPT) services to help improve mental health outcomes. It looked to build a picture of the current landscape in order to inform future activities and policies.

A series of surveys, interviews and focus groups were carried out with IAPT staff, service users, commissioners and experts in the physical activity sector. The purpose was to learn from their experiences and ideas for change to help develop recommendations for future action. Our primary lens was focused on IAPT staff and service users.

We found that practitioners and service users recognise physical activity as playing an important role in improving mental health, and there is widespread appetite to do more to support IAPT service users to be more active. However this is not reflected in current practice in IAPT services due to limited capacity to deliver physical activity initiatives and establish partnerships that can support with this.

IAPT services are well-positioned to support service users to overcome barriers such as motivation through the use of psychological techniques in traditional practice. To do this, the emphasis should be on enabling service users to move more to feel better, and shifting away from the common association of physical activity as exercise. Approaches should align with existing IAPT provision by aiming to be inclusive and focus on integrating service users into their community.

It is an important time to consider how to shift the culture across the system to better integrate physical and mental health within IAPT services to improve outcomes. To achieve this, four overarching recommendations are proposed (see right). A combination of short and long term plans should be considered to embed a greater focus on physical activity in treatment plans for IAPT service users to improve mental health outcomes.

Four overarching recommendations to consider:

1: Review and refresh national IAPT guidance and incentives to recognise physical activity as a priority for IAPT services.

2: Equip and empower IAPT staff with the knowledge and skills to give advice on physical activity and motivate service users to move more.

3: Facilitate collaboration and sharing of expertise between IAPT services and local partners¹ to achieve shared goals.

4: Develop a joint plan to better promote best practice and emerging work in this area with credible partners in physical activity and mental health.

¹Local partners include community physical activity providers, Active Partnerships, Local Authorities, voluntary sector among others.

Context & approach

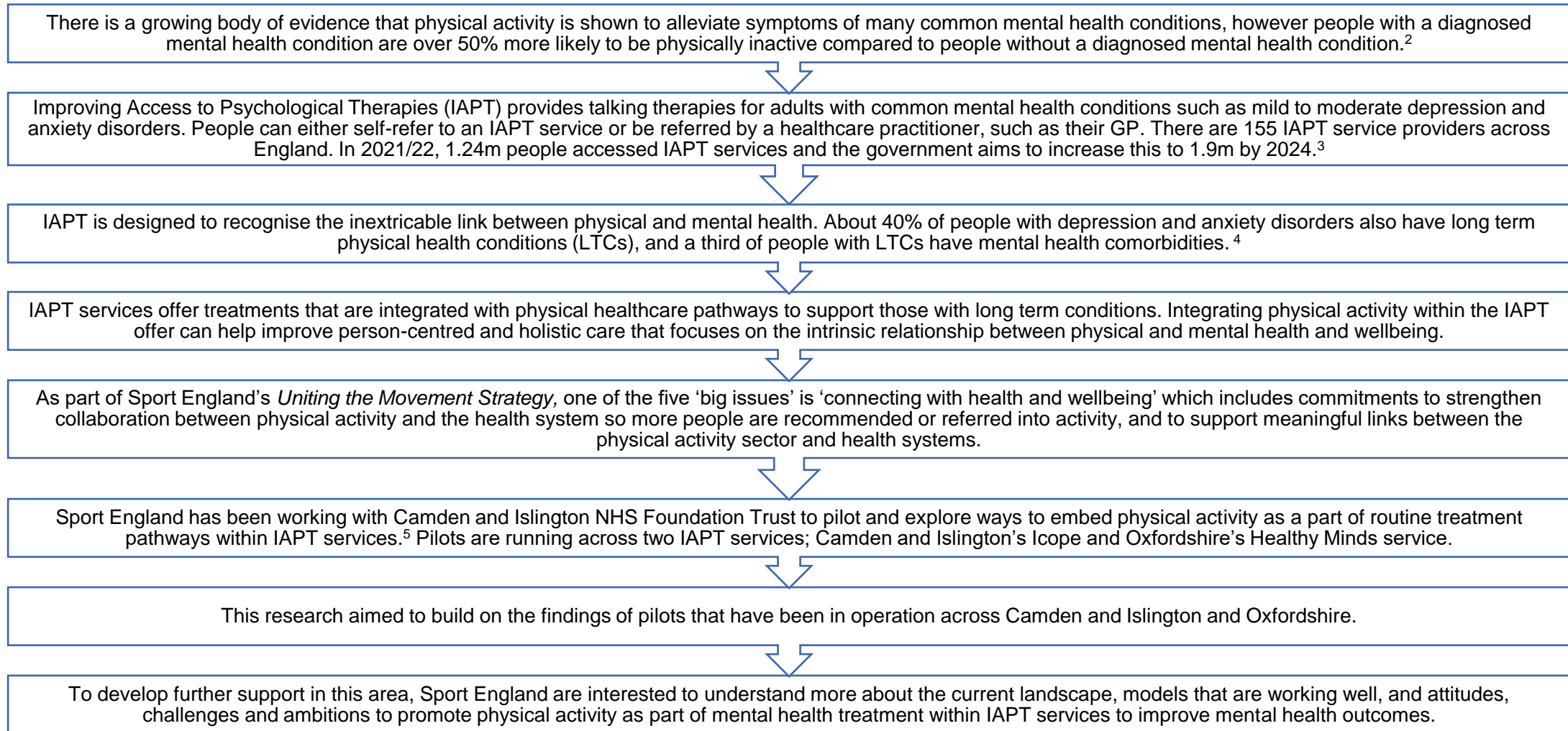
This section provides an overview of the background, objective and approach taken through this research, and our survey sample.

Partners involved

A collaborative approach was taken through this research involving a wide range of stakeholders, and people with lived experience of common mental health conditions.

- This research was commissioned by Sport England who are an arms-length body of government responsible for growing and developing grassroots sport and getting more people active across England.
- This research was conducted by Healthcare Consulting, a consultancy service by the NHS for the NHS specialising in providing rigorous and effective project management, analytics, and communication approaches.
- Subject matter expertise was provided by Healthy London Partnership, a partnership body which is an integral part of London's health and care system designed to secure the health and care improvements needed for London's unique global city population.
- Clinical leadership and subject matter expertise was provided by Camden and Islington NHS Foundation Trust who deliver a range of services for residents who may benefit from a mental health intervention.
- Other partners that have contributed to this research and the development of this document include IAPT staff, service users, commissioners, and the Department of Health and Social Care. As well as experts in the physical activity sector including local providers, Active Devon, Active Norfolk, London Sport, We Are Undefeatable and Sport England.

Project background



² [Sport England Active Lives Survey 2020-2021](#)

³ For more information on IAPT services [see here](#)

⁴ <https://www.england.nhs.uk/wp-content/uploads/2018/03/improving-access-to-psychological-therapies-long-term-conditions-pathway.pdf>

⁵ For more information on the pilots [see slide 77](#)

Objective and approach

This research aimed to explore how physical activity could be better utilised within IAPT services to help improve mental health outcomes. It looked to build a picture of the current landscape in order to inform future activities and policies.

To gain this insight, a series of surveys, interviews and focus groups were carried out with IAPT staff, service users, commissioners and experts in the physical activity sector.

The purpose was to:

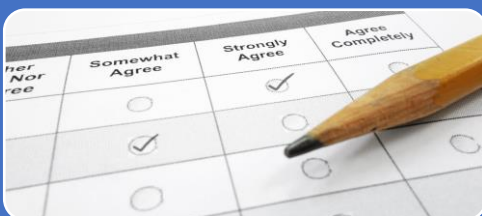
- Understand views on the role of physical activity in the support provided to people with common mental health conditions
- Explore aspirations and barriers to increasing physical activity levels
- Learn from approaches that have worked well in enabling culture and behaviour change
- Explore potential solutions and ideas for change to help develop recommendations for future action.

Overview of methodology



Desktop research

- Desktop research of existing evidence.



Surveys

- Tailored surveys to facilitate widespread engagement with Service Users, IAPT Staff, Service Commissioners and Community Physical Activity Providers. ([see Appendix A](#))



1:1 interviews and mini focus groups

- 13 in-depth 1:1 interviews conducted with IAPT Leads, Service Users and Service Commissioners.
- Three focus groups conducted with key stakeholder groups: IAPT Staff, Service Users, and Community Physical Activity Providers. ([see Appendix B](#))



Focus groups

- Focus group with behaviour change experts to develop and refine practical recommendations that will have an impact.
- Final consultation focus group with IAPT staff and service commissioners to test findings and recommendations. ([see Appendix B](#))

Survey Sample: Who we reached

IAPT staff as well as commissioners and physical activity providers across the country responded to the survey. There was also a good response from a diverse group of IAPT service users, representative of the national picture (in age, gender and ethnicity)⁶ of people who access IAPT services.

Professionals ⁷	
Response number	224 IAPT staff, 32 community physical activity providers, 13 commissioners
Background	Two-thirds (69%) of IAPT staff responses were clinicians. The remaining third of staff responses were completed by Managers, Service Leads, Psychological wellbeing practitioners (PWPs) and Cognitive Behavioral Therapy (CBT) Psychotherapists.
Locality	101 people who responded shared the location of their service, of which 23% were based in London, 10% in Liverpool, 8% in Sheffield, 8% in Trent.
Service Users ⁷	
Response number	86 IAPT users
Age	46% aged 26-39, 31% aged 40-59, 16% aged 60-79, and 7% aged 18-25
Gender	65% women, 33% men, 2% prefer not to say
Ethnicity	74% White, 11% Asian or Asian British, 8% Black, Black British, Caribbean or African, 5% Other, 2% Mixed
Disability	54% consider themselves to have a disability or long-term condition
Locality	50 people shared the location of the services they access, of which 82% were based in London and 10% in Telford.

⁶ For more information on how representative our service user sample was of the national picture [see slide 41](#)

⁷ For more information on our survey sample [see slides 35-44](#)

Summary of key findings and overarching recommendations

This section provides an at a glance summary of the key findings and overarching recommendations developed to help respond.

Summary of key findings

There was considerable synergy in the opportunities and challenges shared by IAPT staff, commissioners and service users in how physical activity could be better utilised within IAPT services to help improve mental health outcomes.

- Physical activity is widely acknowledged by all stakeholders as important in improving outcomes for people with common mental health conditions. ([see slide 14](#))
- There is widespread appetite to do more to increase physical activity levels through IAPT services. ([see slide 15](#))
- There are examples of emerging innovative physical activity approaches in IAPT services that show the potential to make a difference. However this is limited to a small number of IAPT services. ([see Appendix C](#))
- Time-pressured services often focus on their core offer and achieving clinical targets which physical activity is not a part of. ([see slide 17](#))
- There is a lack of confidence amongst IAPT staff around engaging and motivating service users to move more and a perception of risk on advising on suitable physical activity (in the context of long term conditions). ([see slide 20](#))
- There is limited awareness amongst IAPT staff of community physical activity providers to refer or signpost service users to. ([see slide 23](#))
- Lack of motivation is a common barrier to being active. ([see slide 20](#) and [slide 49](#))
- There is a perception amongst IAPT staff and service users that there is not enough suitable community physical activity provision available that meet the needs and interests of service users e.g. tailored support for those with mental health conditions. ([see slide 20](#) and [slide 59](#))

Key findings and recommendations

The overarching recommendations are based on the key findings that emerged from the surveys and focus groups. Two of the key findings are overarching and underpin the recommendations.

Overarching Key Finding 1 - Physical activity is widely acknowledged by all stakeholders as important in improving outcomes for people with common mental health conditions.

Overarching Key Finding 2 - There is widespread appetite to do more to increase physical activity levels through IAPT services.

Key findings

- Time-pressured services often focus on their core offer and achieving clinical targets which physical activity is not a part of.
- There is a lack of confidence amongst IAPT staff around engaging and motivating service users to move more and a perception of risk on advising on suitable physical activity (in the context of long term conditions).
- Lack of motivation is a common barrier to being active.
- There is a perception amongst IAPT staff and service users that there is not enough suitable community physical activity provision available that meet the needs and interests of service users e.g., tailored support for those with mental health conditions.
- There is limited awareness amongst IAPT staff of community physical activity provision to refer or signpost service users to.
- There are examples of emerging innovative physical activity approaches in IAPT services that show the potential to make a difference. However this is limited to a small number of IAPT services.

Overarching recommendations

- Review and refresh national guidance and incentives to recognise physical activity as a priority for IAPT services.
- Equip and empower IAPT staff with the knowledge and skills to give advice on physical activity and motivate service users to move more.
- Facilitate collaboration and sharing of expertise between IAPT services and local partners to achieve shared goals.
- Develop a joint plan to better promote best practice and emerging work in this area with credible partners in physical activity and mental health.

Supporting findings and recommendations

This section provides further detail on the two overarching key findings, the short-term and long-term recommendations and supporting evidence.

Physical activity is widely acknowledged as important in improving outcomes for people with common mental health conditions

“I would like activity and being outside, and the benefits of this, to play a part in designing better services for mental health improvement.” – IAPT staff

IAPT staff

99% say it is very important

Commissioners

12 out of 13 say it is very important

Service users

91% strongly agree / agree

“Groups can provide a chance to meet new people too and have a chat, which is positive to your mental health.” – Service User

“..physical activity has shown time and time again to have significant benefits to mental health and I personally feel it is difficult to separate both physical and mental health, [physical activity] is a key element in helping people sustain good mental health and long term physical health improvements.” IAPT staff

There is widespread appetite to do more to increase physical activity levels through IAPT services

“I would love to see more of an emphasis on physical activity to improve mental health and also a more general holistic view of how what you do to your body e.g. food as well as movement, will effect the way you feel.” – IAPT clinician

IAPT staff

Only 17% of IAPT staff are satisfied with the support their service offers to service users to help increase their physical activity ([see slide 58](#))

“I think [physical activity] at any level is helpful to improve mental health. It would be great to have more opportunity to incorporate this into our work.” – IAPT Clinician

Commissioners

9 out of 13 commissioners are NOT satisfied with the support on offer to increase service users’ physical activity ([see slide 64](#))

Service users

82% strongly agree/ agree that physical activity is important to them.
37% of service users would like to start or do more physical activity than they currently do⁸. ([see slide 46 – 47](#))

“Physical activity groups is the way forward. It would help to improve mental health, and it would also motivate to do more in your own time.” Service User

⁸This is perhaps lower than expected as the sample who responded to this survey is over indexed on active service users.

Recommendation 1:
**Review and refresh national IAPT guidance
and incentives to recognise physical activity
as a priority for IAPT services**

What did we find and how can we respond?

Key findings:

Time-pressured services often focus on their core offer and achieving clinical targets which physical activity is not a part of.

Supporting evidence:

99% of IAPT staff believe that physical activity improves outcomes in mental health.

Interviewed participants told us that, where pockets of innovation exist, it is led by passionate individuals or strong advocates for physical activity who can be role models and promote the benefits. However they can struggle to justify or sustain a strong focus on physical activity without the national mandate in place.

92% of IAPT staff do not have specific plans in place to introduce or enhance physical activity support. (See slide 60)

Lack of session time to meaningfully discuss physical activity with service users was the 2nd most frequently mentioned barrier by IAPT staff. (See slide 59)

“Changes must come from the top....IAPT services are very manual, and guideline based, but physical activity isn't integrated into that and isn't well fleshed out in the guides...If this is not updated, many will not implement physical activity”. IAPT clinician

“I feel that the pandemic has had a big impact on how people manage their physical health, including on staff. Making it difficult for a demotivated staff member who is not active or motivated to offer the same to patients. I feel that staff wellbeing should be incorporated in the way IAPT services work”. - IAPT clinician

“Not a designated intervention/opportunity to talk solely about physical activity, always seen as an 'add on' rather than an important entity in itself”. – IAPT clinician

“We have a lot to cover in not a lot of time, in terms of session numbers. Making time to discuss [physical activity tends] to fall to the bottom of the priority list, unless it's a specific goal the clients themselves say they want to work on.” – IAPT clinician

Overarching recommendation:

- Review and refresh national guidance and incentives to recognise physical activity as a priority for IAPT services.

Why is this important and how can we make this happen?

Stakeholders identified incorporating physical activity into national guidance such as the IAPT manual as a key priority in influencing changes to practice. Without this, integrating physical activity into mental health treatment will continue to happen sparingly and will not be embedded into day-to-day practice.

This recommendation is timely as the IAPT manual is due for a review, and the recently released [NICE guidelines for depression](#) recognises group physical activity interventions as a treatment option.

Short-term solutions

Continue to develop the evidence-base for the impact on service and clinical outcomes through pilots such as the Camden and Islington and Oxfordshire IAPT to steer changes to guidance.

Long term solutions

Review the IAPT Manual with the aim to better incorporate physical activity as a priority through:

- Alignment with new NICE depression guidelines
- Protocols and guidance to embed into core conversations with service users:
 - Triage & assessment processes which could include social prescribing referrals as part of the offer
 - Treatment plans
 - Psychological techniques to support service users to overcome motivational barriers

Review financial incentives and targets with the aim to capture physical activity interventions, as well as the impact of the interventions on service users' mental health outcomes.

Introduce national initiatives to focus on improving the physical activity of IAPT staff.

Recommendation 2:

Equip and empower IAPT staff with the knowledge and skills to give advice on physical activity and motivate service users to move more.

What did we find and how can we respond?

Key findings:

- Lack of motivation is a common barrier to being active.
- There is a lack of confidence amongst IAPT staff around engaging and motivating service users to move more and a perception of risk on advising on suitable physical activity (i.e. in the context of long term conditions).
- There is a perception that there is not enough suitable community physical activity provision available that meet the needs and interests of service users e.g., tailored support for those with mental health conditions.

Supporting evidence:

Lack of confidence and knowledge was the 3rd most frequently mentioned barrier by IAPT staff to supporting service users. (See slide 59)

The perception that there is a lack of accessible services in place was frequently mentioned as a barrier. (See slide 59)

IAPT staff find it difficult to:

- Talk and ask about physical activity in a meaningful way
- Advise people on suitable physical activity, particularly for people with LTCs
- Engage and motivate inactive people

Service users want more information and physical activity initiatives (see slide 55)

Motivating service users to get started was one of the top two most frequently mentioned barriers by IAPT staff. This was echoed by service users who frequently identified LTCs, mental health and motivation as barriers to getting active. (See Slide 49)

"I work with people with LTCs and that can be a barrier as they can be very limited in what they can do." - IAPT clinician

"We often have workbooks that differ for different issues...I don't think we have one that focuses on physical activity...It is not something that we really discuss in supervision, professional development, training...I can't think of that many signposting options for it". - IAPT, clinician

Participants shared the following tips to motivate service users:

- Consider the language you use around physical activity as exercise can feel intimidating
- Sow the seed during CBT to overcome internal barriers
- Encourage service users to start with once a week and to reflect on how they felt afterwards
- Provide active support to enable people to get started as this is often the hardest part.
- See slide 51 for service users' motivators.

"Mood and motivation [are a barrier]. Sometimes I feel so down that I... purposefully avoid gym sessions and not leave the house". - IAPT service user

Overarching recommendation:

- Equip and empower IAPT staff with the knowledge and skills to give advice on physical activity and motivate service users to move more.

Why is this important and how can we make this happen?

Stakeholders identified increasing the confidence of the workforce and reducing the perception of risk on advising on suitable physical activity (i.e. in the context of long term conditions) as a key priority. The focus should be on enabling all staff members to have meaningful conversations about movement with all service users in day to day practice, and recognise when service users may need specialist support e.g. when complex needs are presented.

Short-term solutions

Share existing physical activity training materials that staff can access (e.g. Physical Activity Clinical Champion training, Moving Medicines conversation resources and risk consensus statement messages) ([See Appendix D](#))

Promote and increase understanding amongst the workforce of free national materials and partnerships to address individual needs. ([See Appendix D](#))

Work with Active Partnerships and Local Authorities to map local resources and opportunities available to meet individual needs.

Long-term solutions

Develop CPD training for IAPT staff to improve their confidence on how to motivate and enable behaviour change around movement in service users and how to advise on suitable physical activity in the context of LTCs.

Engage with Health Education England and Higher Education Institute to integrate relevant training into IAPT curriculum.

Recommendation 3:
**Facilitate collaboration and sharing of expertise
between IAPT services and local partners to achieve
shared goals**

What did we find and how can we respond?

Key findings:

- There is limited awareness amongst IAPT staff of community physical activity provision to refer or signpost service users to ([see slide 20](#)).

Supporting evidence:

49% of IAPT staff are not aware of local services that they can signpost or refer service users to. 67% of staff do not work with external partners to support service users to be more active. ([See Slide 57](#))

Lack of awareness of local services and partnerships was one of the top two most frequently mentioned barriers by IAPT staff to supporting service users. ([See slide 59](#))

Service user interests are varied so awareness of a range of physical activity opportunities is required by the workforce:

- Most interested in walking, yoga, swimming, exercise classes and cycling.
- Of those interested in more support, 35% wanted both in-person and virtual delivery options. ([See Slides 47-48](#))

Community physical activity providers suggested that service user engagement and retention may increase if initially accompanied by their IAPT team, or followed-up to encourage attendance. They also found that having a direct link into IAPT teams worked effectively in ensuring that there is a clear understanding on what the offer is and how they can work together to identify those that would benefit most. ([See slides 66-67](#))

“We cover a large area, so sometimes it’s difficult to know local offerings for signposting. We would like to have links with key providers and make referrals.” - IAPT clinician

“I am limited to signposting clients to support services but, I’m not aware of many or how their services work. It would be good to form community partnerships with services that may support physical activity” - IAPT clinician

“The partnership works both ways. By hosting IAPT services in our leisure centres, it bridges the gap between transition to a referral to physical activity. Behaviour change is more likely to happen” - Physical activity provider, Blackpool

“Direct contact with those who work with patients - having them sold on the service we provide and understanding it properly so they can identify service users who would benefit, and refer them in easily” - Physical activity provider

Overarching recommendation:

- Facilitate collaboration and sharing of expertise between IAPT services and local partners to achieve shared goals.

Why is this important and how can we make this happen?

Building relationships and partnership-working with local services is important in ensuring approaches to incorporate physical activity into mental health treatment are inclusive, sustainable and focus on integrating service users into their community, this is particularly important as IAPT services offer short-term interventions.

Stakeholders highlighted that the pathway to support service users into community physical activity provision requires more than signposting and information sharing. Experts in this field highlighted the important role Active Partnerships could play in connecting IAPT services with local physical activity opportunities.

Short-term solutions

Set-up an Active Partnerships Network around physical activity and mental health, and support this network to work with IAPT forums to share ideas.

Support relationship building between Active Partnerships and IAPT services to increase connectivity to local physical activity opportunities, learning and access to funding.

Local Authorities and Active Partnerships to maintain and share signposting databases and Activity Finders of local services available with IAPT services.

Explore opportunities for IAPT staff to increase linkages to appropriate local pathways as part of treatment plans depending on service user needs, for example social prescribing and Exercise on Referral schemes.

Explore opportunities for IAPT services to have Physical Activity Champions (e.g. volunteers), or connect in with existing external champions or physical activity leads who are responsible with keeping staff up-to-date with local services on offer and look for opportunities for joint-working with community physical activity providers.

Promote [Mind's mental health awareness e-learning](#) course for community physical activity providers.

Long-term solutions

Develop a shared understanding and closer working between IAPT staff and local partners such as community physical activity providers and the voluntary sector to encourage local joint projects through:

- Local initiatives e.g. IAPT staff carrying out workshops within a community providers space and vice-versa.
- Community physical activity providers offering taster sessions to IAPT service users and staff.
- Memorandums of understanding or charters to formalise ways of working.

Recommendation 4:

Develop a joint plan to better promote best practice and emerging work in this area with credible partners in physical activity and mental health

What did we find and how can we respond?

Key findings:

- There are examples of emerging innovative physical activity approaches in IAPT services that show the potential to make a difference. However this is limited to a small number of IAPT services. ([see Appendix C](#))

Supporting evidence:

Approaches include:

Physical activity education for service users, such as videos, podcasts, Getting Active workshops for people with LTCs and a wellbeing app on increasing physical activity.

Incorporating physical activity and talking therapy, e.g. 'Walk and talk therapy' sessions

Delivery of physical activity sessions e.g. activity groups facilitated by IAPT staff or co-delivered with external partners

Recruitment of physical activity specialists / coordinators and champions into the service.

Although half of IAPT staff feel that they have the flexibility to incorporate physical activity in their interventions, only 18% are satisfied with the level of support they offer to service users with physical activity (as part of a treatment plan for mental health). This suggests there is interest and benefit in sharing learning on approaches other services have taken. ([See Slide 58](#))

"[Service users] enjoyed the running group. We joined in, had fun and even ran in the rain...It proved that there was more within them...Some came back to encourage and mentor others to join the groups". -IAPT staff

"Physical activity is something that I try to encourage clients to engage in as part of my interventions" - IAPT clinician

Overarching recommendation:

- Develop a joint plan to better promote best practice and emerging work in this area with credible partners in physical activity and mental health.

Why is this important and how can we make this happen?

Stakeholders highlighted the importance of not reinventing the wheel and sharing learning and approaches that have been effective in incorporating physical activity into treatment plans to improve mental health outcomes.

Short-term solutions

Develop and share a positive practice guide and implementation toolkit with case studies on how services have incorporated physical activity. For example, a toolkit is under development as part of the Camden and Islington NHS Foundation Trust pilots.

Work with the National IAPT team to develop a National webinar to share good practice and practical steps to take.

Long-term solutions

Share learning from National Green Social Prescribing pilot sites on approaches to scaling up green social prescribing and increasing service user referrals to environment and nature based activities to support mental health.

Establish communities of practice for IAPT services to support knowledge sharing on approaches and learning on how to support service users to be more active, and to raise physical activity higher on the agenda for IAPT services e.g. by including in job descriptions and staff appraisals.

Appendices

Appendix A:

Survey analysis

Survey questions and responses – service users

Part A

Does this information about what counts as physical activity surprise you, or is it as you expected? Why did you give that rating? If you were surprised, why was this?

How much time do you spend being physically active each week?

To what extent do you agree with the following statements?

- Being physically active is important to me.
- Physical activity can improve my mental wellbeing.
- I have access to enough support and information to enable me to be physically active.
- During lockdowns, I tended to be...
- Compared to before the pandemic started, I am now...
- Is there anything else you would like to tell us about any of your responses so far?

To help shape the support we offer, we're keen to hear more about how you currently stay physically active and what you would like to do more of:

- Walking
- Running
- Swimming
- Cycling
- Tennis, football or other ball sports
- Exercise classes
- Dancing
- Yoga
- Gardening, DIY
- Through my job
- Other activity

Part A - responses

[Slide 38](#)

[Slide 39](#)

- [Slide 46](#)
- [Slide 14](#)
- [Slide 52](#)
- [Slide 39](#)
- [Slide 39](#)
- Not included as no/no new information shared

[Slide 47](#)

Survey questions – service users

Part B	Part A - responses
What challenges or barriers can get in the way of being as active as you'd like to be?	Slides 49 and 50
In the past, what has helped increasing your physical activity?	Slide 51
To what extent do you agree or disagree with the following statements: <ul style="list-style-type: none">• My mental health service promotes physical activity to me as a way of improving my mental health• I am satisfied with the physical activity information and/or support from my mental health service• My mental health service's support has increased my physical activity levels.	Slide 53
Please describe the support your NHS mental health service offers around physical activity. If your service does not support you with this please type N/A.	Slide 54
Is there any additional support that you would like from your NHS mental health (or other) service to improve your mental wellbeing by helping you become more physically active?	Slide 55
If you think additional support to increase your physical activity would be helpful, would you be interested in this being virtual or in-person?	Slide 48
What barriers, if any, might you experience to accessing local physical activity services if your mental health service connected you to them?	Slides 49 and 50
Any other comments?	Not included as no/new information shared
Demographic information questions	Slides 36 and 37

Survey questions – IAPT staff

	Responses
How would you rate the importance of physical activity as a way of improving mental health and wellbeing for people with common mental health conditions (e.g. anxiety, depression)?	Slide 14
To what extent do you feel that you have the flexibility within your IAPT service to incorporate physical activity into your interventions? If you would like to comment on any particular challenges that limit your flexibility, please use the space below.	Slide 58
What place does physical activity have in the support you offer service users to improve their mental health?	Slide 61
Do you work with external partners to provide support to service users to increase physical activity levels to help improve their mental health?	Slide 57
Are you aware of local community physical activity services that you could refer service users to?	Slide 57
How satisfied are you with the level of support your service currently offers to service users with increasing their physical activity as a part of their mental health treatment?	Slide 58
What are the barriers or challenges (if any) to supporting service users with increasing physical activity?	Slide 59
Does your organisation have plans or an ambition to introduce or enhance the level of support offered to IAPT service users to promote physical activity as part of their mental health treatment? Can you tell us more about these plans or ambitions?	Slide 60
How satisfied are you with the support available to you from others (such as commissioners, providers, practitioners) to help increase the physical activity of service users as part of their mental health treatment?	Slide 62
Any other comments?	Not included as no/no new information shared

Survey questions - commissioners

	Responses
How would you rate the importance of physical activity as a way of improving mental health and wellbeing for people with common mental health conditions (e.g. anxiety, depression)?	Slide 14
Do you support IAPT services to promote physical activity to service users as part of their mental health treatment, either through commissioned services or by facilitating/empowering the use of non-commissioned services?	Slide 62
How important do you think it is that IAPT services should consistently promote physical activity to their service users as part of their mental health treatment?	Slide 64
How satisfied are you with the support on offer to increase physical activity of service users as part of their mental health treatment?	Slide 64
Does your organisation have plans or an ambition to initiate or enhance the level of support offered to IAPT services to promote physical activity to service users as part of their mental health treatment plan?	Slide 63

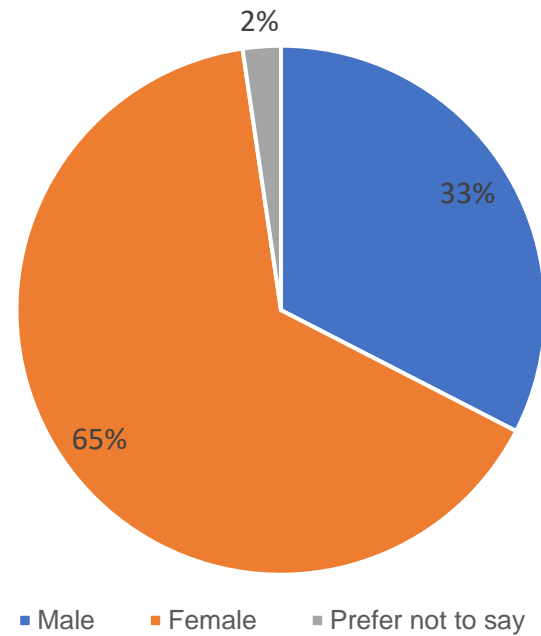
Survey questions – community physical activity providers

	Responses
<p>Do you work with or receive referrals from IAPT services with the aim of increasing the physical activity levels of service users to help improve their mental health?</p>	<p>Slide 65</p>
<p>If yes:</p> <ul style="list-style-type: none">• How do you work with IAPT Services?• In your work with IAPT Services, what have you found has worked well?• If you support people with mental health conditions through referrals from IAPT services, have you noticed any particular challenges or issues they experience in accessing your services?• Does your organisation have plans or an ambition to introduce or enhance the support offered to IAPT service users to promote physical activity to help improve their mental health?• We want to understand what different services are doing to increase physical activity levels as a way to improve the mental health of people who use IAPT services. If you know of any other services that might have something to share, please share the name of the service here.• Any other comments?	<ul style="list-style-type: none">• Slide 65• Slide 67 • Slide 65 • Not included, shared separately to the report • Not included no/no new information
<p>If no but we're planning to or would like to:</p> <ul style="list-style-type: none">• Does your organisation have plans or an ambition to introduce or enhance the support offered to IAPT service users to promote physical activity to help improve their mental health?• We want to understand what different services are doing to increase physical activity levels as a way to improve the mental health of people who use IAPT services. If you know of any other services that might have something to share, please share the name of the service here.• Any other comments?	<ul style="list-style-type: none">• Slide 65 • Not included, shared separately to the report • Not included no/no new information
<p>If no or don't know:</p> <ul style="list-style-type: none">• We want to understand what different services are doing to increase physical activity levels as a way to improve the mental health of people who use IAPT services. If you know of any other services that might have something to share, please share the name of the service here.• Any other comments?	<ul style="list-style-type: none">• Not included, shared separately to the report • Not included no/no new information

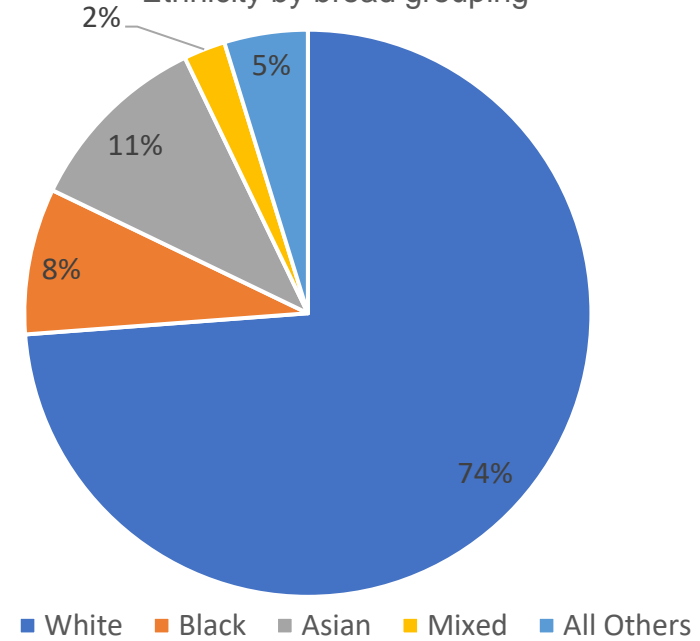
About our sample: service users

Service user demographics (1 of 2)

What best describes your gender?



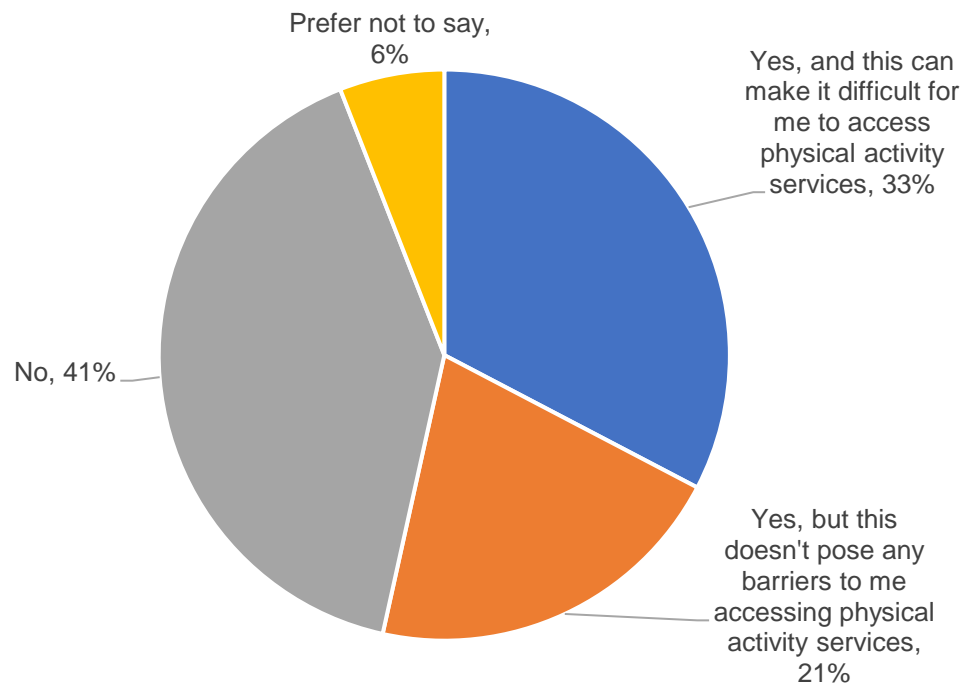
Ethnicity by broad grouping



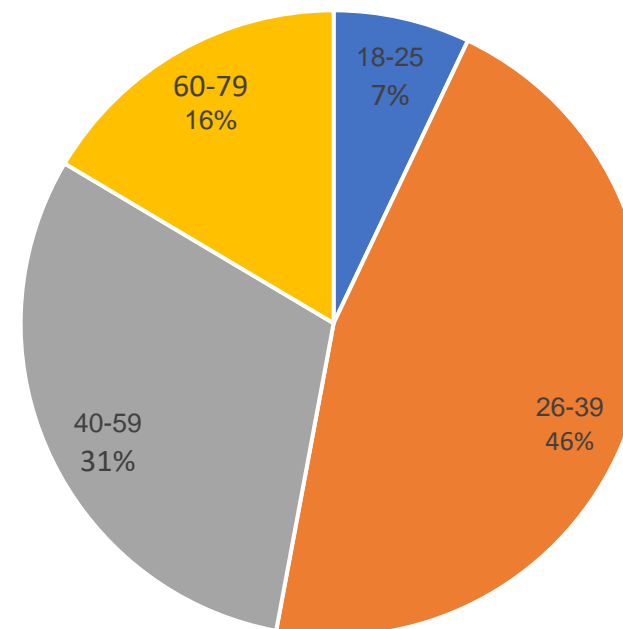
Majority of the survey responders were women, 65% and/or white 71% (n=86)

Service user demographics (2 of 2)

Do you consider yourself to have any disabilities or long term health condition(s)?



Age



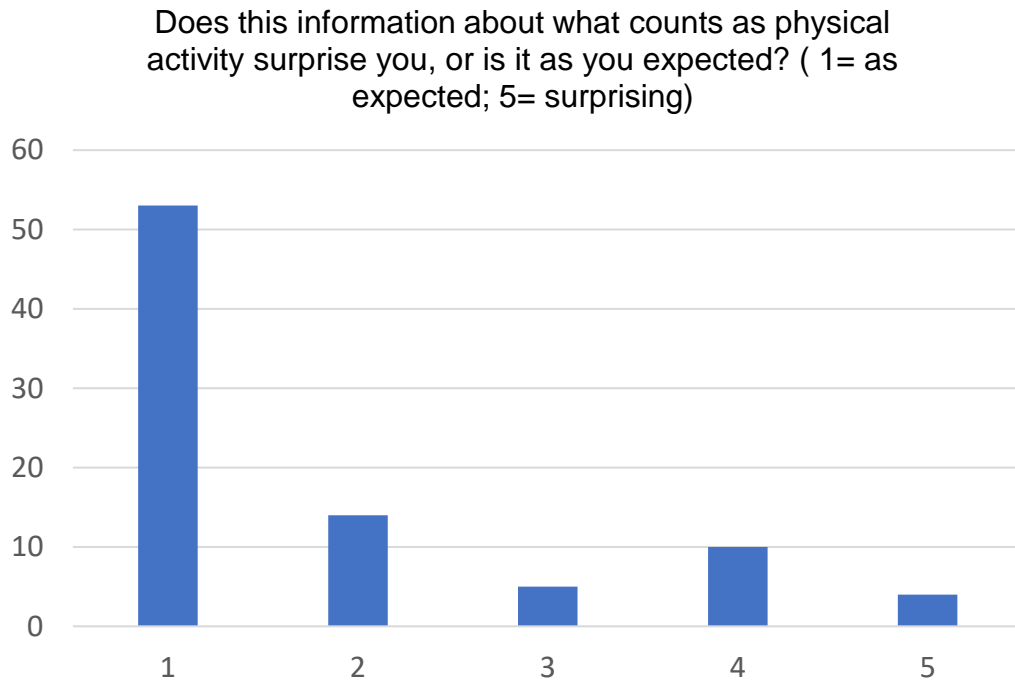
- 77% of survey responders were aged between 26 and 59 (n=86).
- 54% consider themselves to have a disability or long-term condition.

Majority of service users who responded understand the definition of physical activity

Service users were asked if they agree that the following sentence is a description of physical activity *“Any movement that makes you breathe a little faster or feel a little warmer counts as physical activity. This includes things you might not expect, such as walking, gardening, or things you do as a part of your job.”*

53% scored this question with 1 “as expected”, which shows this is a well informed group on what is meant by physical activity.

Majority of those who gave a response of 3, 4 or 5 said they were surprised because they understood physical activity to be “intense exercise classes” or “sports and sweating a lot”. They were surprised that gardening or house work could be examples of physical activity.



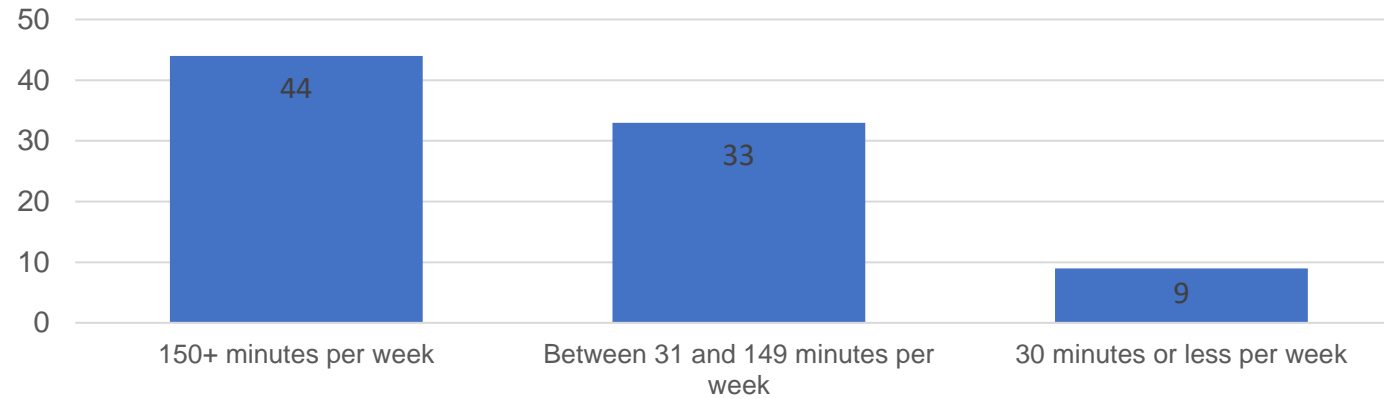
“I expected [physical activity] had to be more strenuous to count.”

“I imagined physical activity to be a more formal or structured thing.”

“I didn’t realise gardening could be counted as [physical activity].”

An active cohort of service users took part in the survey

How much time do you spend being physically active each week?

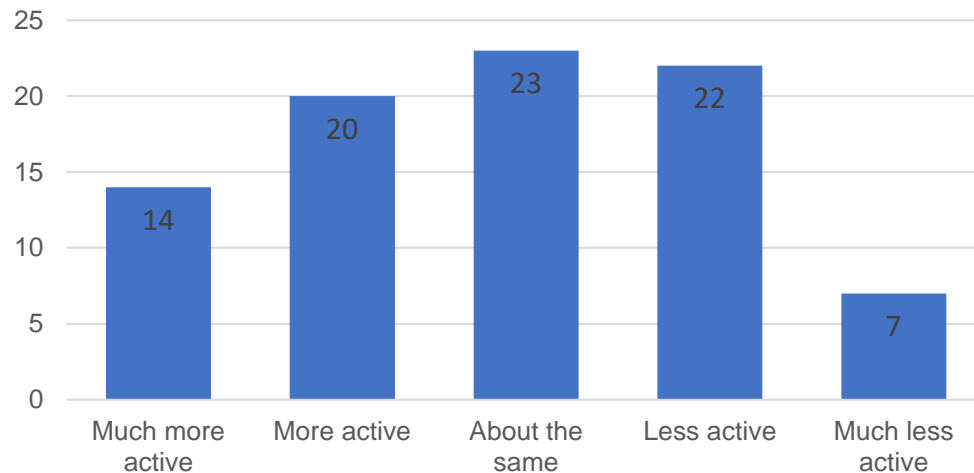


Approximately 50% of IAPT service users are very active (exercising more than 150 minutes a week).

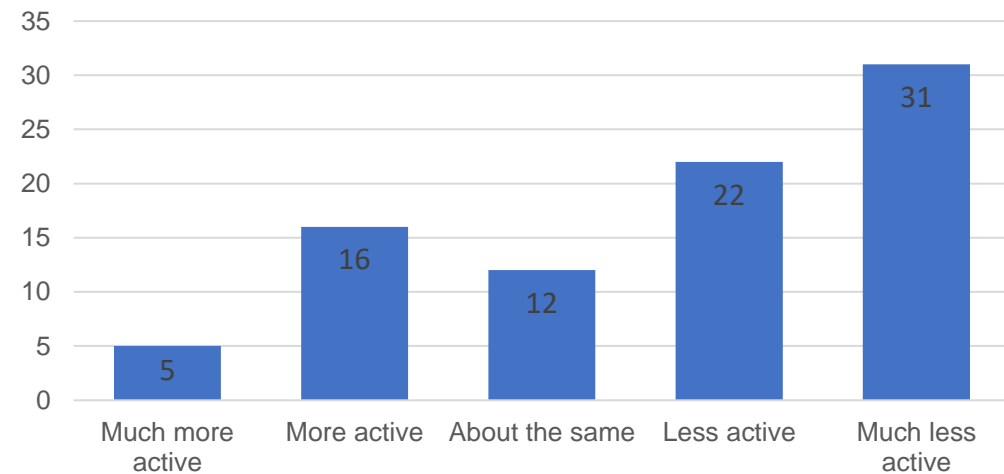
Compared to before the pandemic started, around 40% are now more or much more active.

Note, the majority of those who responded to the survey already engaged in physical activity. This is potentially more than the average IAPT service user.

Compared to before the pandemic started, I am now...

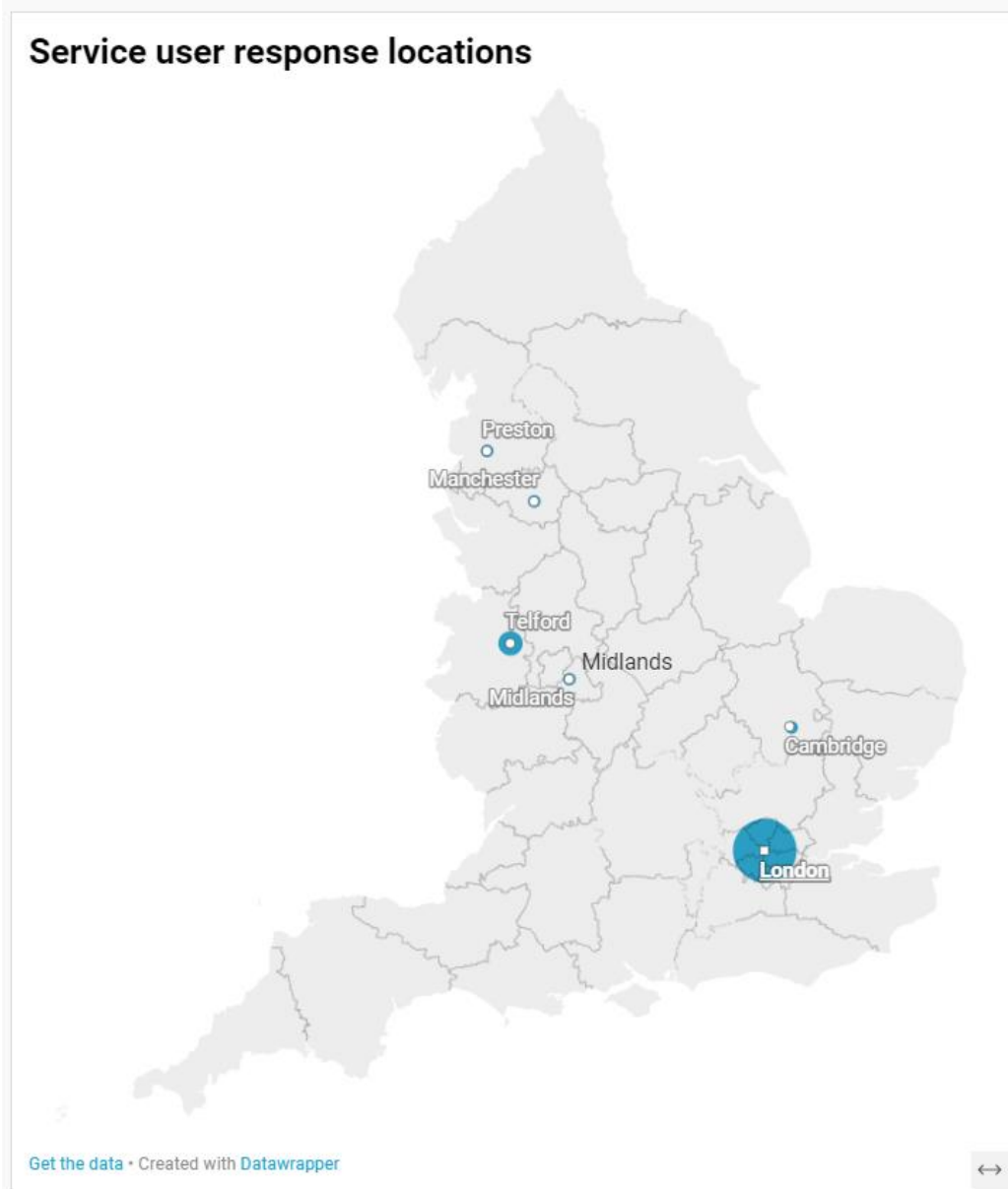


During lockdowns, I tended to be...



Where our service user respondents access IAPT services

Service user response locations



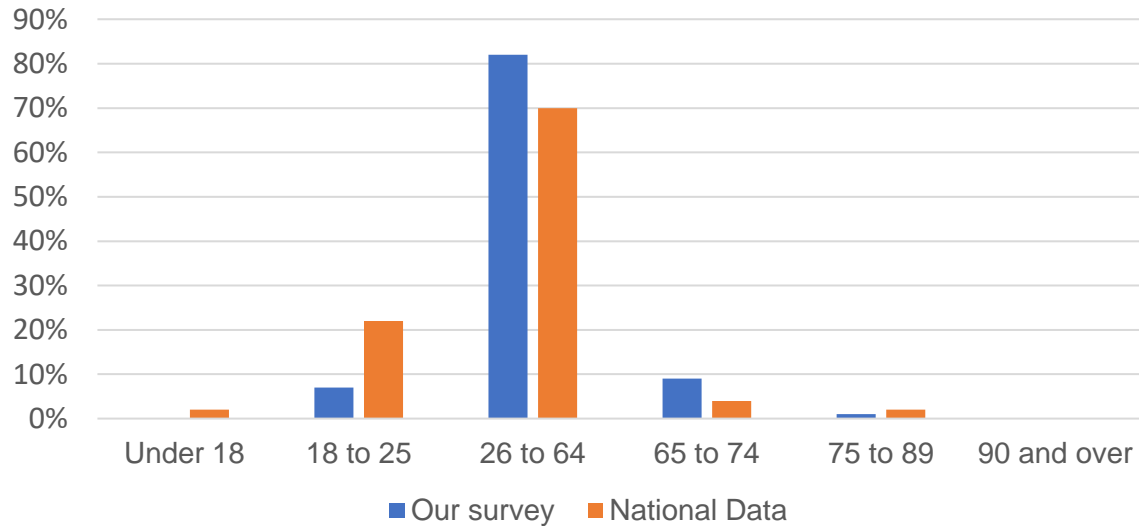
Sharing location was optional.

50 service users shared the location of where they access IAPT services.

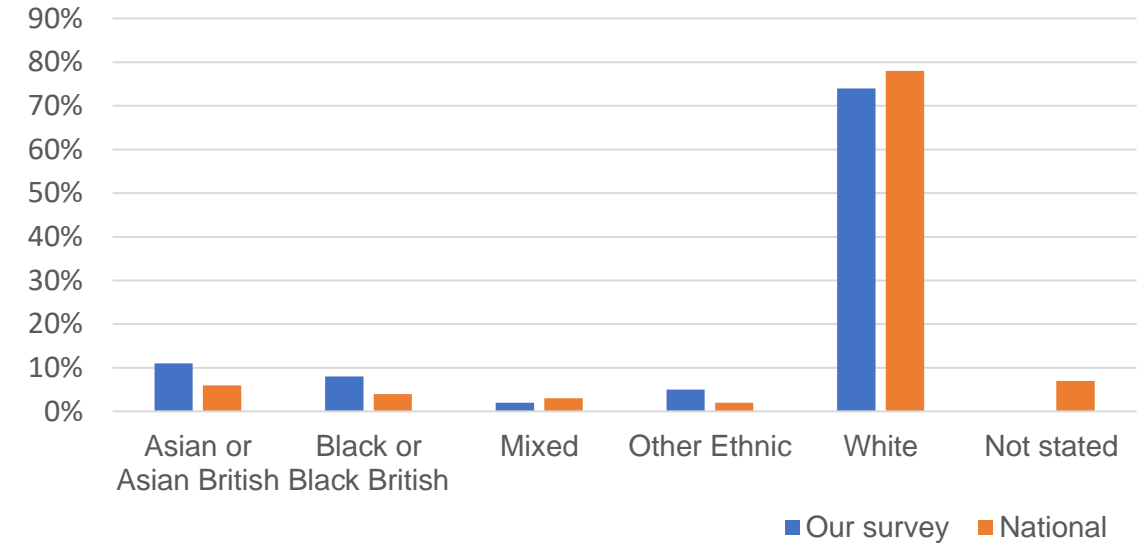
Location	%
London	82
Telford	10
Manchester	2
Midlands	2
Cambridge/Peterborough	2
Preston	2

Our survey sample in comparison to National picture of IAPT service users

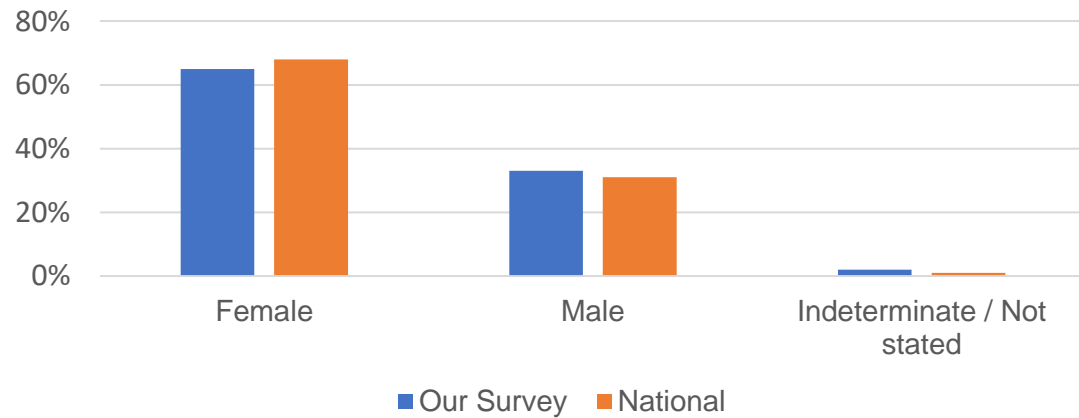
National vs Our Survey sample: Age



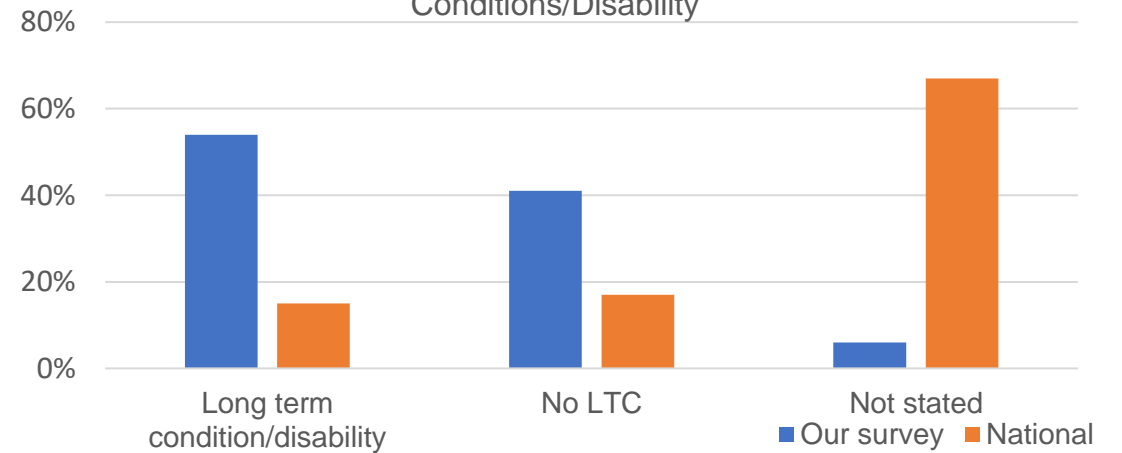
National vs Our Survey sample: Ethnicity



National vs Our Survey sample: Gender



National vs Our Survey sample: Long Term Conditions/Disability



About our sample: Professionals

Stakeholder survey responses

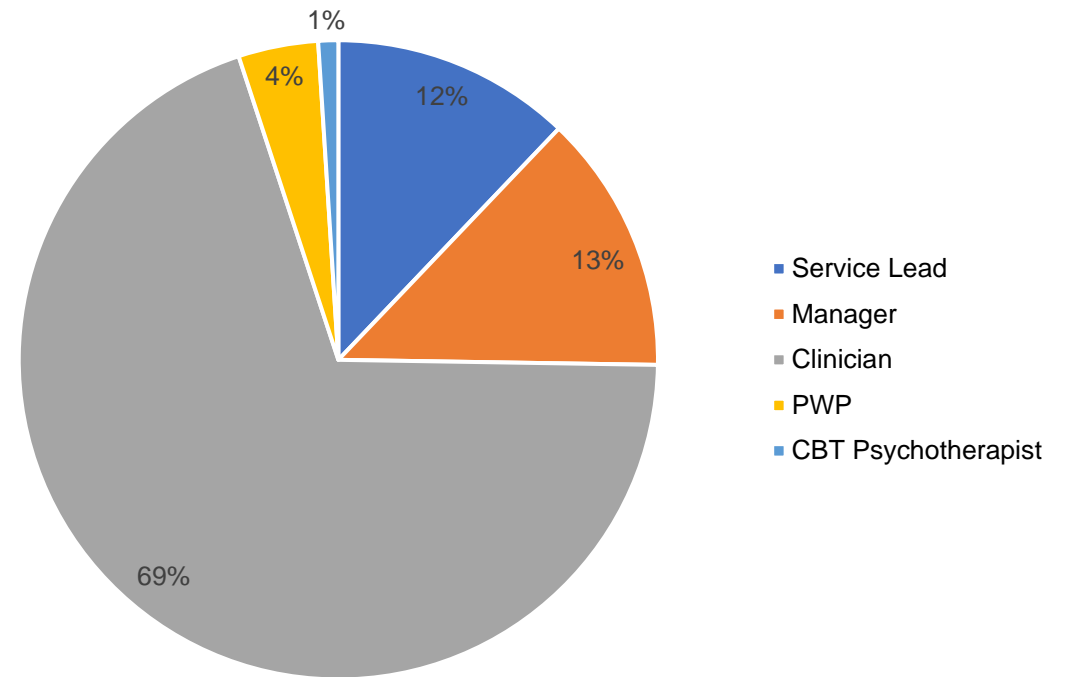
Breakdown of survey responses by stakeholder:

13 commissioners

33 Community physical activity providers

224 IAPT staff

Role of IAPT Staff



The majority of IAPT staff that responded to the survey were clinicians. (n=224)

Majority of service providers were from London but there was a good representation from across England

Response rates across England



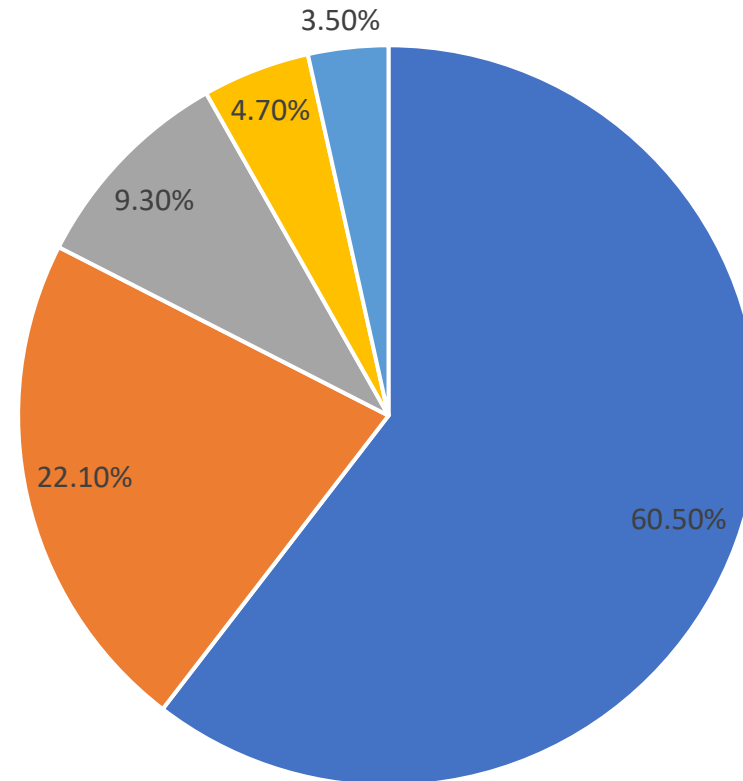
Location	%
London	23%
Others	14%
Liverpool	10%
Trent	8%
Sheffield	8%
Leicester	6%
Birmingham	6%
Telford	4%
Manchester	4%
Blackpool	4%
Prescott	3%
Norfolk/Suffolk	3%
Newcastle up tyne	3%
Hereford	3%
Ashford	2%

Total of 101 (out of 257) people shared the location of their service. Sharing location was optional.

Service users survey results

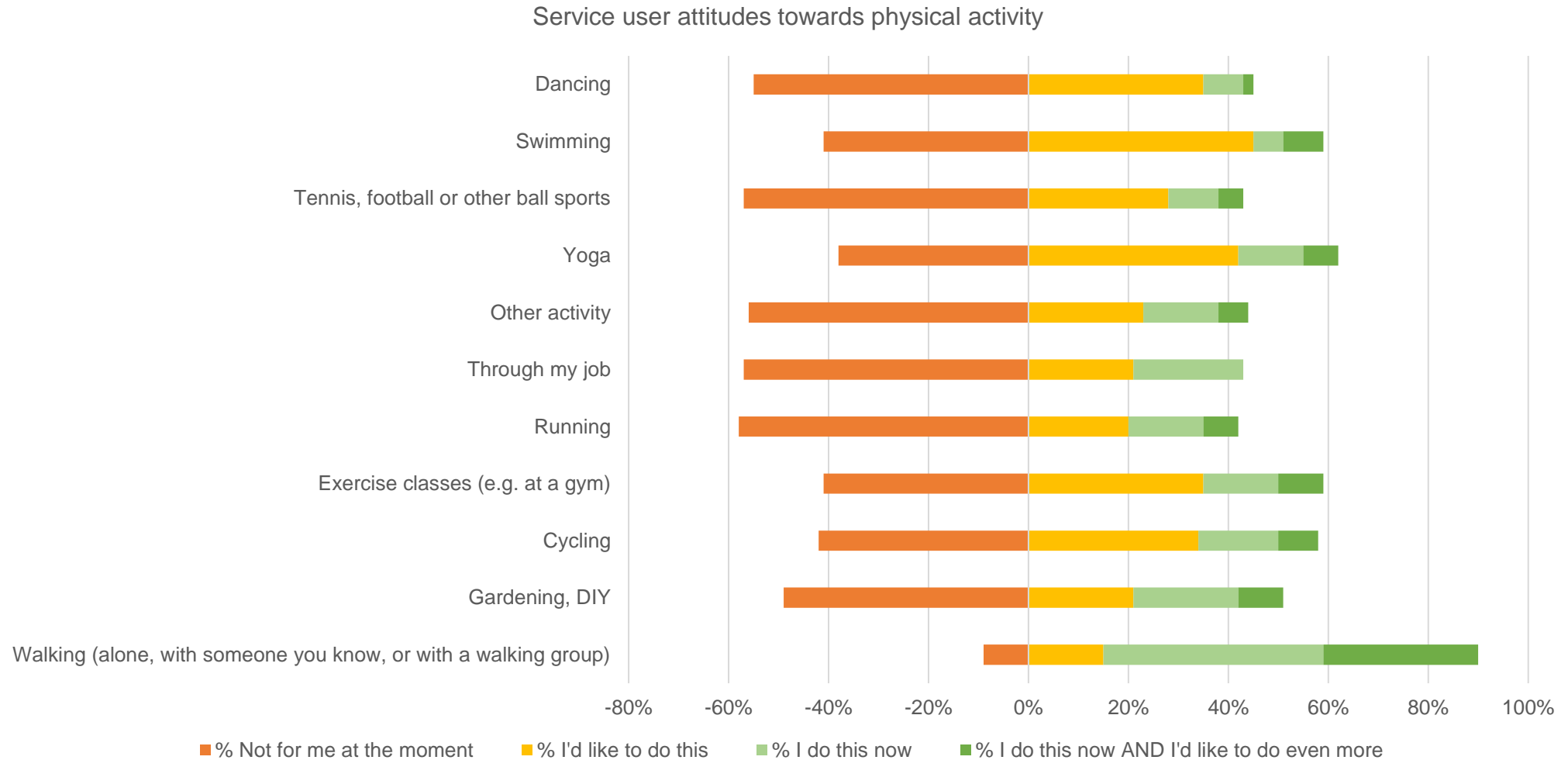
Majority of service users consider physical activity important

Being physically active is important to me.

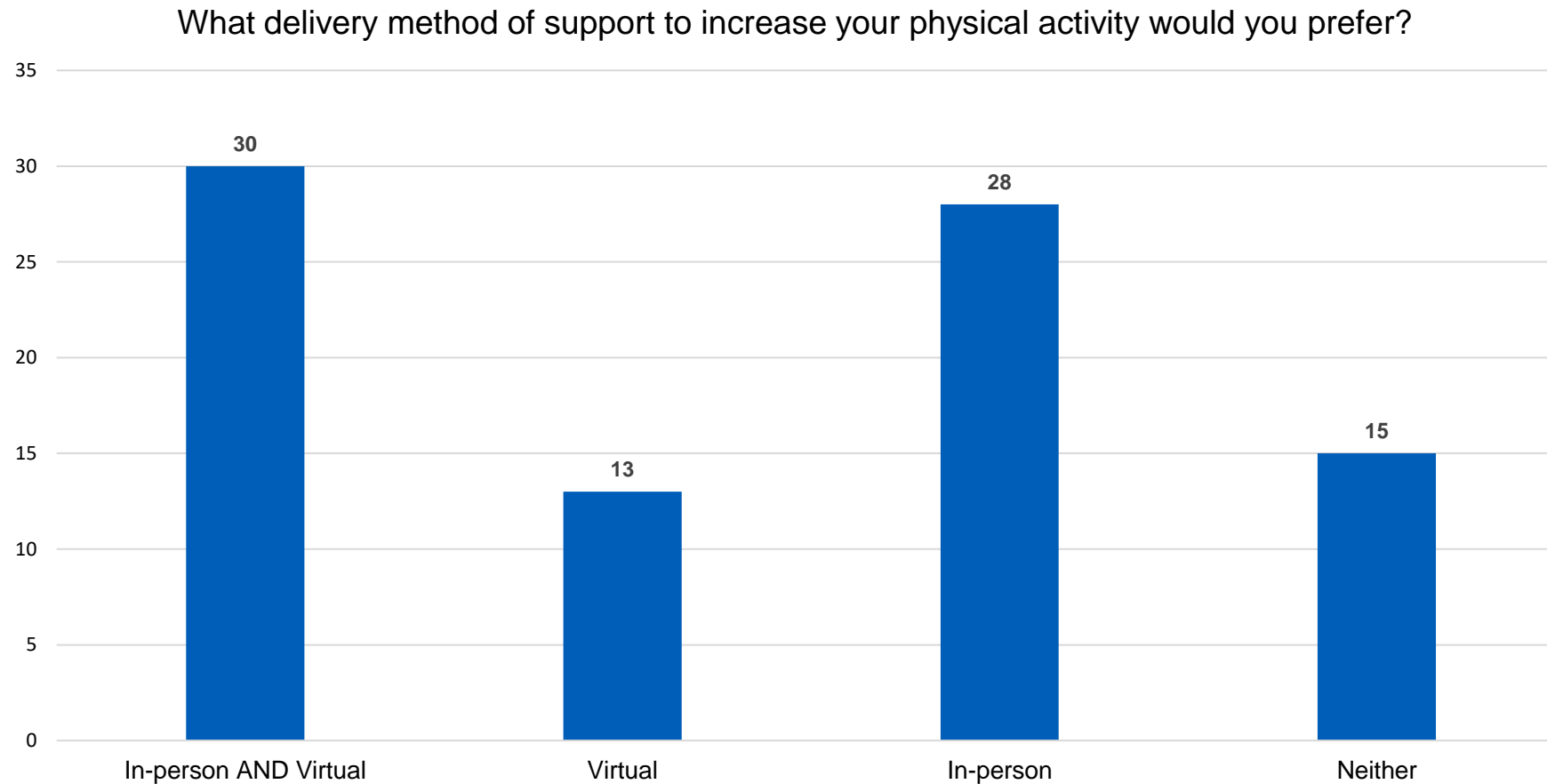


■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

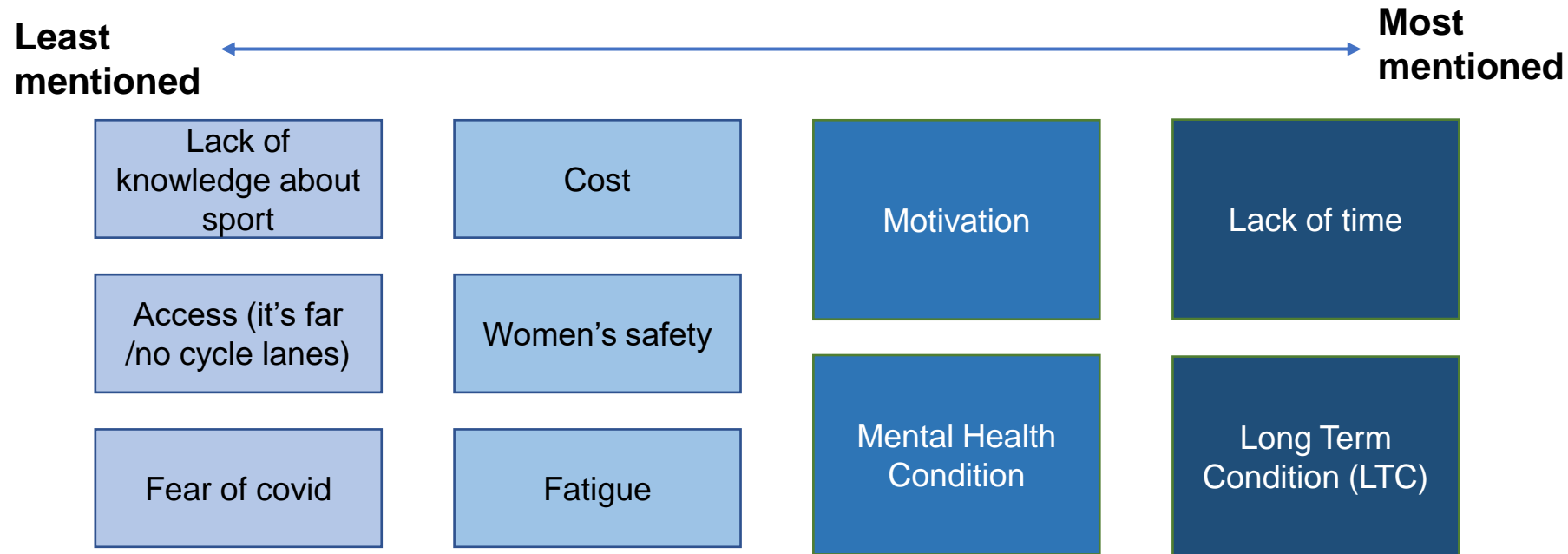
Service users are interested in doing more walking as well physical activity such as swimming, yoga, exercise classes and cycling



Service users would like to access support for physical activity in a mixed style between virtual and in-person



Lack of time, long term conditions and motivation were the most frequently mentioned barriers to being active



"With mental health it's not the actual physical activity that's the issue - it's all the mental (and financial) barriers around starting or continuing the physical activity that are the issue. I'm not unfit because I don't know how or where to exercise: I'm unfit because I really struggle to overcome all the mental health issues (like anxiety, stress, depression and low self-esteem) that HAVE to be tackled before I end up in a location and outfit, ready to exercise." - Service user

"Finances, travel, motivation and especially knowing what is available and where to find it" - Service user

"Time for [physical activity] and health which is crowded out by life and work. Lack of motivation. Injuries. Bad weather. Lack of knowledge and support when it comes to things like starting Yoga or using the machines at the gym." - Service user

Long term physical conditions and mental health conditions were mentioned as common barriers to being active by service users

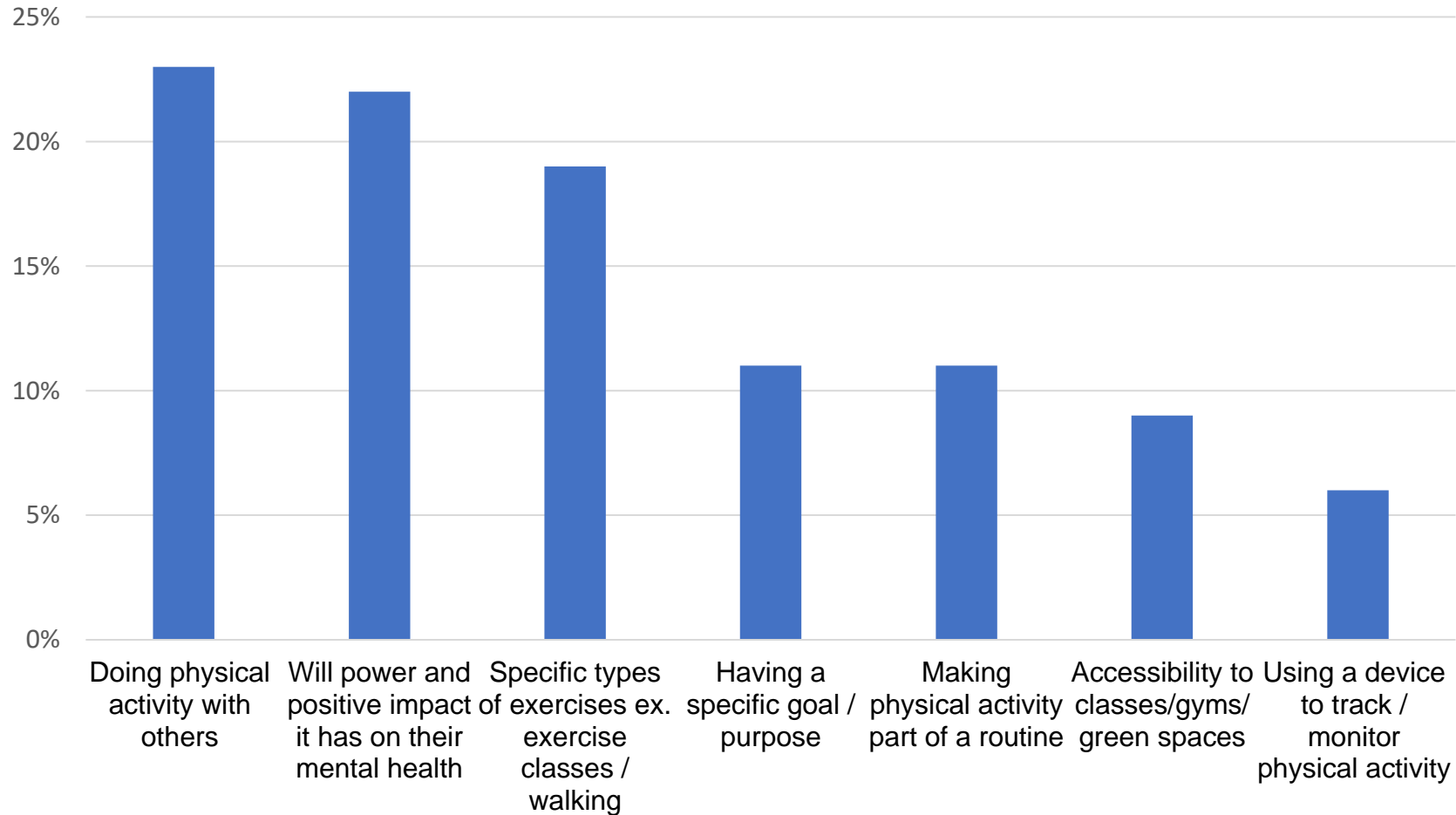
- 10% of service users who said that their long term condition was barrier to being active mentioned more than one long term condition as a barrier.
- 14% of those who mentioned a mental health condition as a barrier, mentioned more than one mental health condition as a barrier.
- 17% of those who mentioned a long term condition also had a mental health condition that was a barrier to being active.

Long term conditions mentioned as a barrier	
Physical health/physical disability	8
Arthritis (OA/RA/AS)	6
Injuries	4
Chronic pain	3
Endometriosis	2
Fatigue	3
Migraines	2
Heart condition	1
Total	29

Mental health conditions	
Depression	8
Anxiety	5
Mental health	6
PTSD	1
ADHD	1
Total	21

IAPT service users stated that doing physical activity with others motivated them to increase their physical activity

In the past, what has helped you with increasing your physical activity?



n=80

“Going with someone of the same ability.”

“There needs to be a human/ friendly or community element for me to be consistent and stay motivated.”

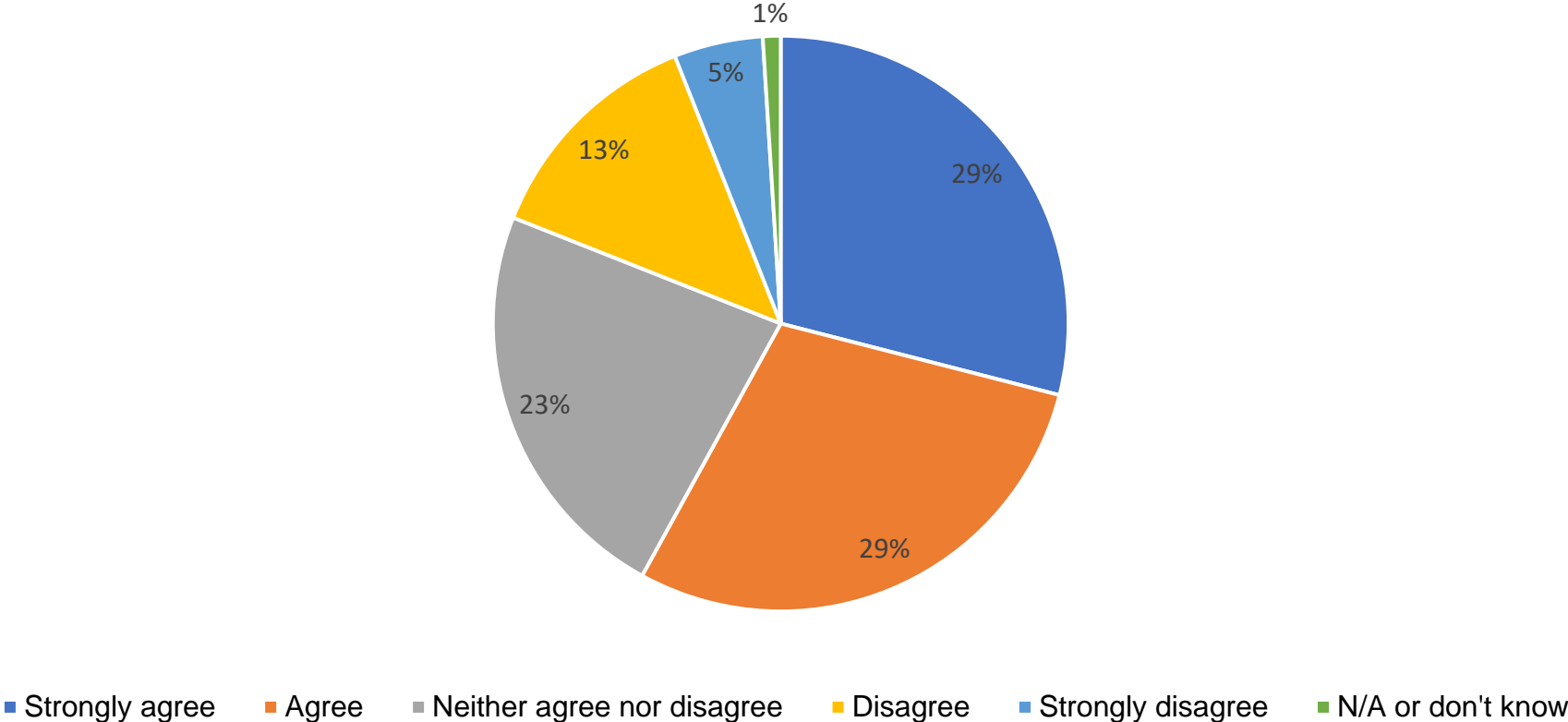
“My mental health has helped me increase my physical activity because I need to remind myself how I feel after exercise.”

“Availability of classes.”

Majority of service users feel they have enough access to support and information to be physically active

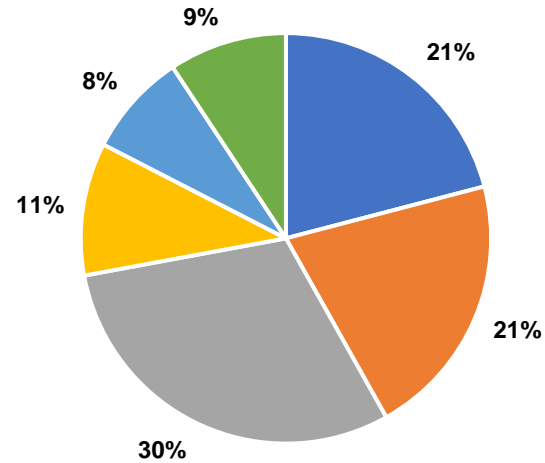
This question is not specific to mental health services, it would be worth exploring further to understand how service users access this information and support . There were more specific questions around access to support and information from mental health services which can be found on the next slide [\(slide 53\)](#).

I have access to enough support and information to enable me to be physically active.



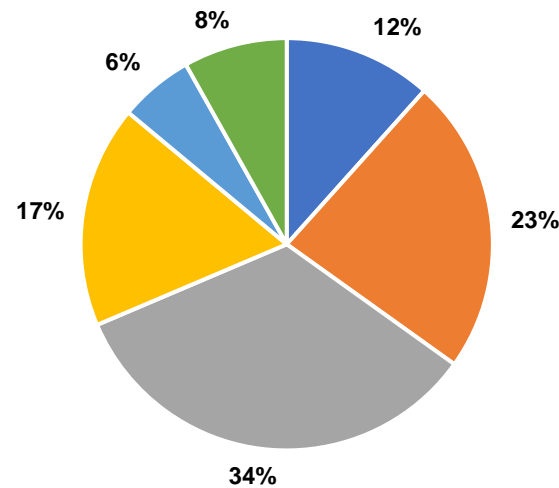
Although some service users feel that their mental health service promotes physical activity, they are less satisfied with the support offered

My mental health service promotes physical activity to me as a way of improving my mental health.



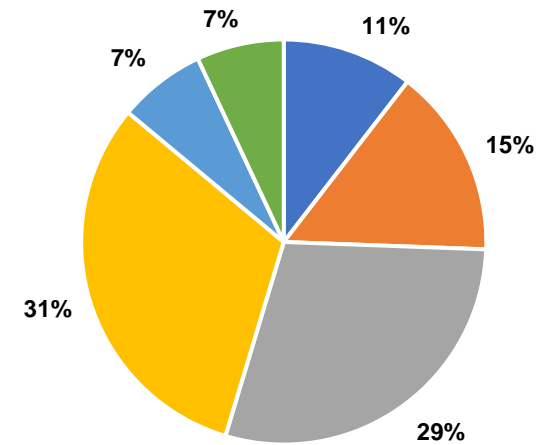
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- N/A or don't know

I am satisfied with the physical activity information and/or support from my mental health service.



- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- N/A or don't know

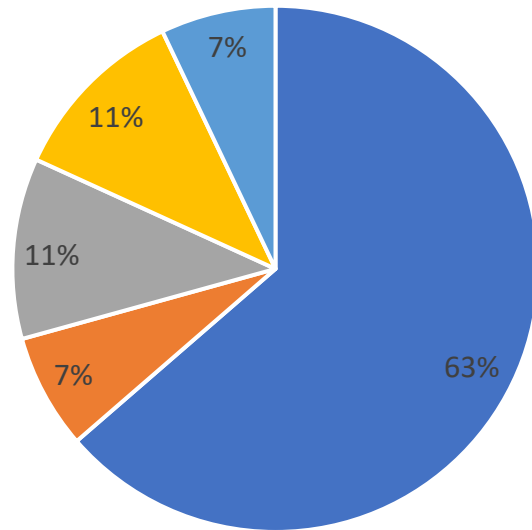
My mental health service's support has increased my physical activity levels.



- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- N/A or don't know

Majority of IAPT service users said that their mental health service does not offer support around physical activity

Please describe the support your NHS mental health service offers around physical activity.



- Do not receive support
- Shared information about physical activity
- Provide motivational support / activities
- Activity is mentioned / suggested
- Encourage to be active

n=82

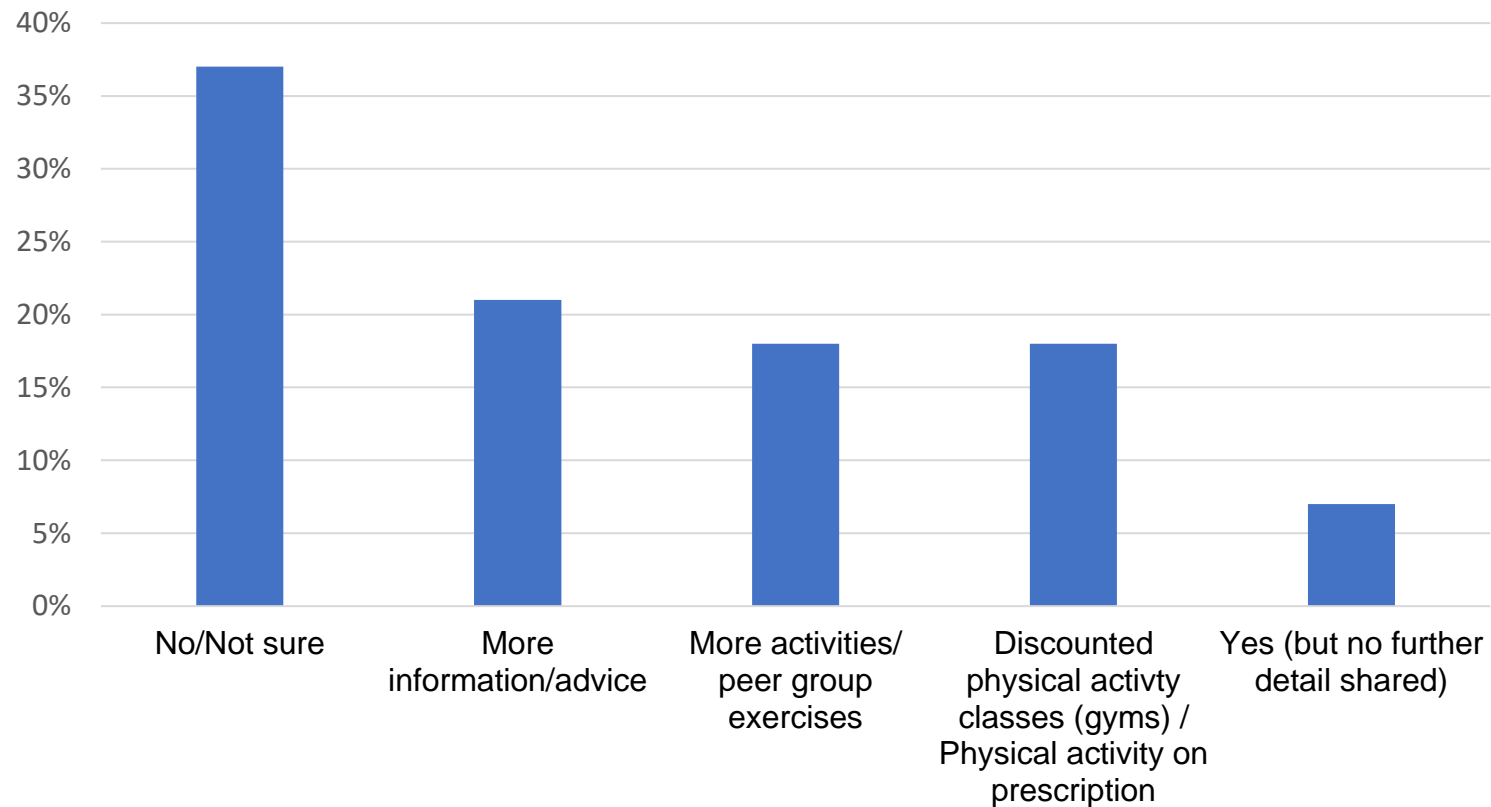
"[Support is] very limited. They just suggest doing activity will improve my mental health."

"My NHS therapy encouraged me to be more active and pointed me to external resources."

"In my IAPT sessions the therapist was kind and gentle, encouraging [physical activity], celebrating when I had cycled and pointing out the positive effect it had on my mood."

IAPT service users would like more information on physical activity and more physical activity initiatives.

Is there any additional support that you would like from your NHS mental health (or other) service to improve your mental wellbeing by helping you become more physically active?



n=83

“Suggestions of appropriate and manageable activities, groups etc.”

“Information about local activities.”

“Guided walking groups could be a good way to help people get [physically active] by walking whilst having social connection and being entertained.”

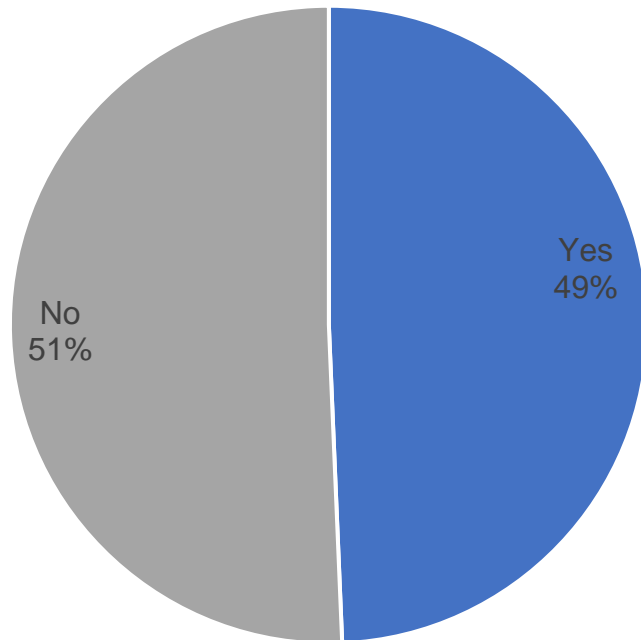
“Creating dedicated classes for people with mental health issues - which are affordable, quiet and calm.”

“I would like to see GP's being able to prescribe activities to support mental wellbeing.”

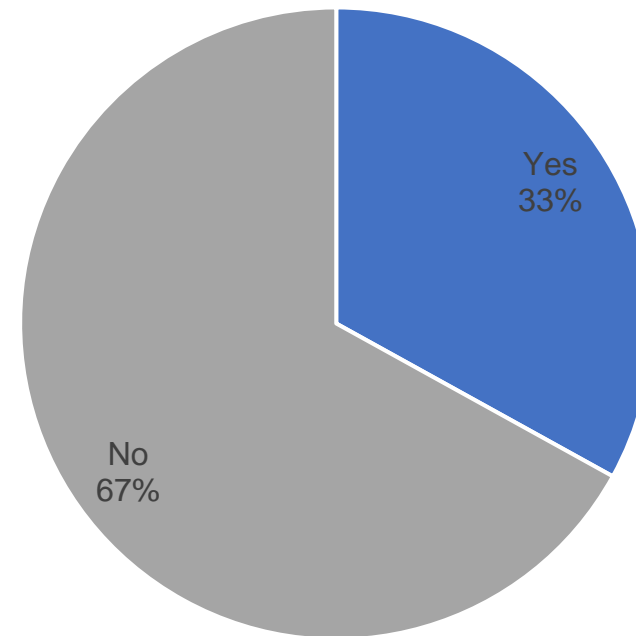
Professionals survey results

Half of IAPT staff respondents said they were not aware of local physical activity provision they could refer into. Two-thirds do not work with external partners to support their service users to increase their physical activity levels

Are you aware of local community physical activity services that you could refer service users to?

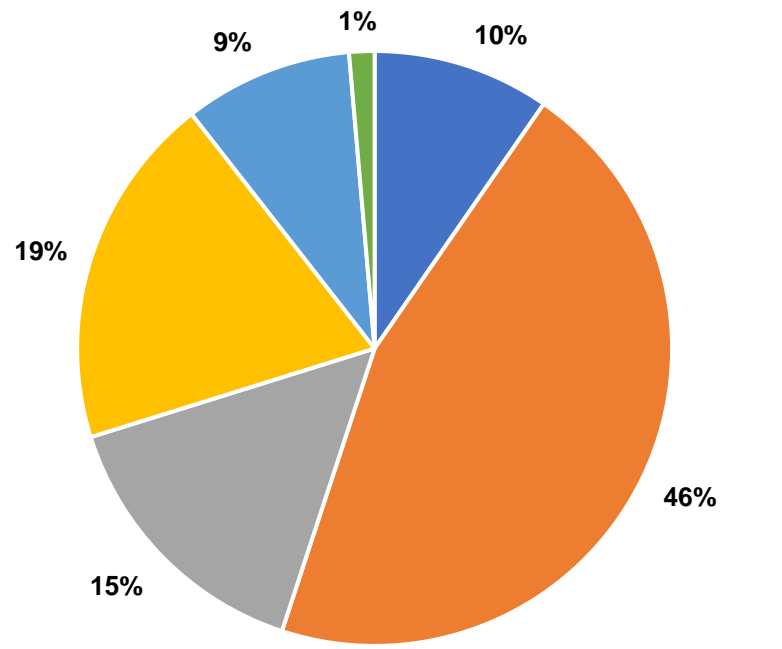


Do you work with external partners to provide support to service users to increase physical activity levels to help improve their mental health?



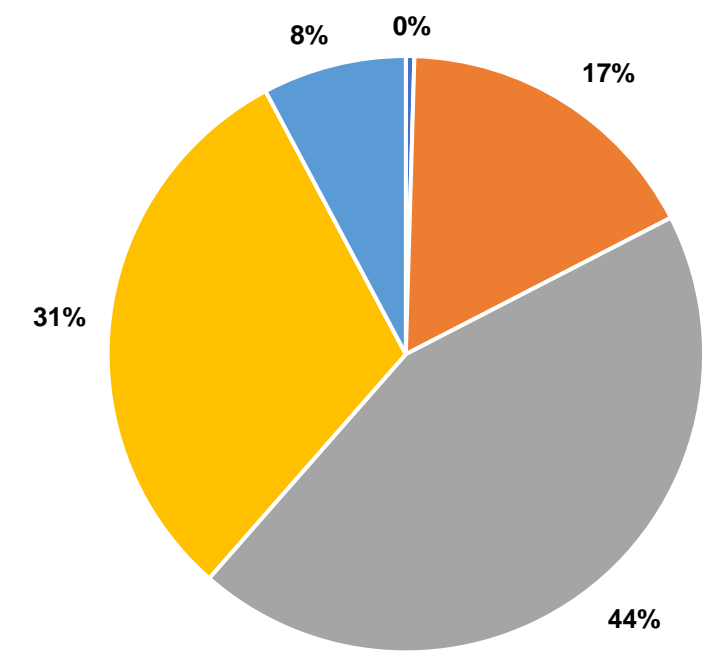
Although half of IAPT staff that responded feel they have the flexibility to incorporate physical activity in their interventions, only 18% are satisfied with the level of support they offer their service users with physical activity (as part of a treatment plan for mental health)

To what extent do you feel that you have the flexibility within your IAPT service to incorporate physical activity into your interventions?



- Fully allows this flexibility
- Somewhat allows this flexibility
- Neither allows nor limits this flexibility
- Somewhat limits this flexibility
- Fully limits this flexibility
- Don't know

How satisfied are you with the level of support your service currently offers to service users with increasing their physical activity as a part of their mental health treatment?



- Very Satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

IAPT staff frequently mentioned service user barriers and lack of awareness of local services and partnerships as barriers to increasing service users' physical activity

Least mentioned ← → Most mentioned

"I would love to see more of an emphasis on physical activity to improve mental health and also a more general holistic view of how what you do to your body e.g. food as well as movement, will effect the way you feel. Protocols and training may be helpful here in making it a regular part of treatment." – IAPT clinician

Working remotely

Service users do not see physical activity as therapy/beneficial

Work space

Lack of strategic support

Lack of confidence/knowledge of physical activity

Lack of accessible external services

Lack of session time & frequency

Service user barriers (e.g. motivation/cost/LTC)

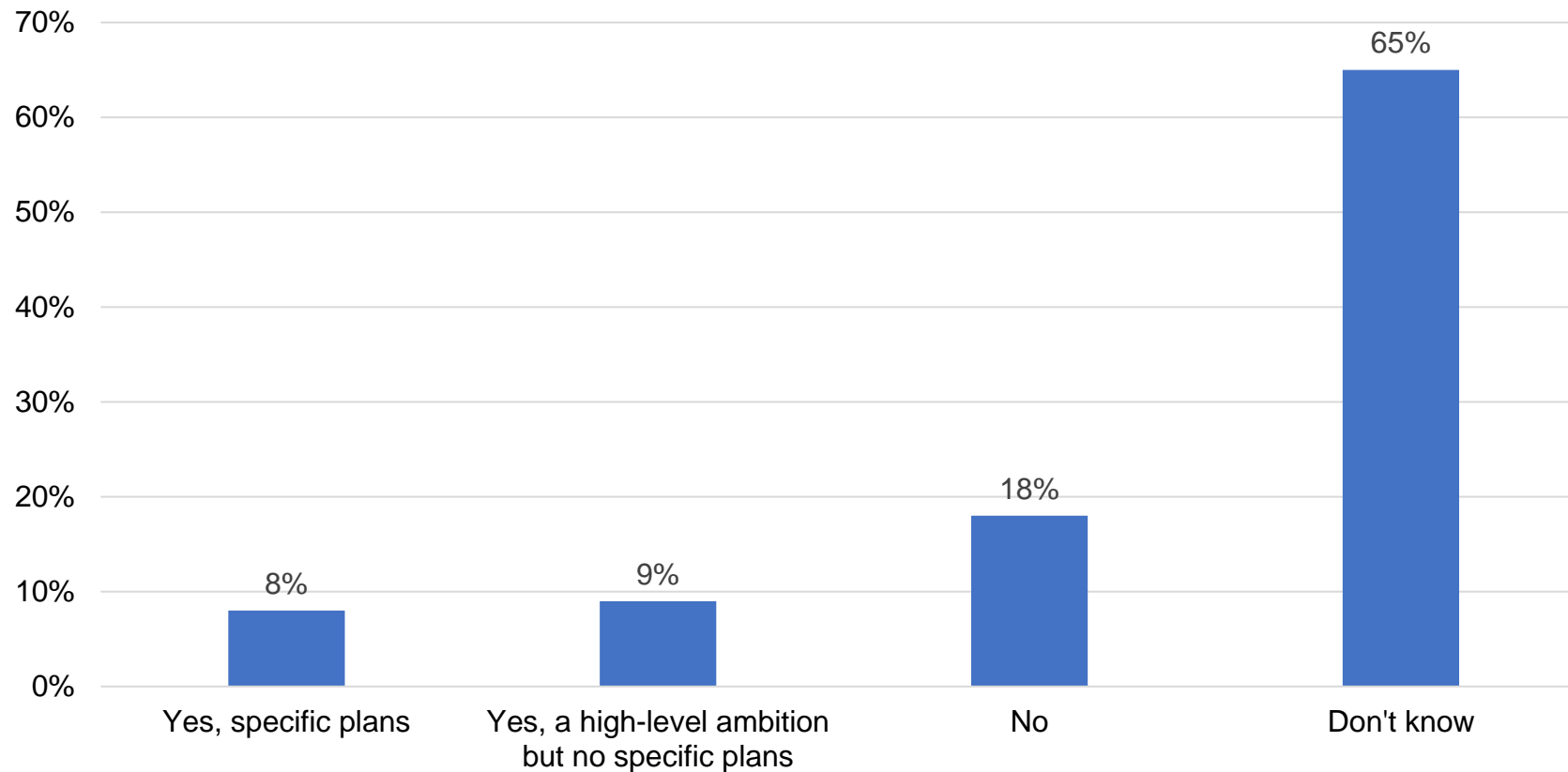
Lack of awareness of local services & partnerships

"It would be great to have more community links to free and low cost initiatives for physical activities and gyms the free options tend to be for over 60s so there isn't much available for young people." – IAPT clinician

"I think if I knew more about the different options in the area for physical activity, I would bring it up sooner and during treatment." – IAPT clinician

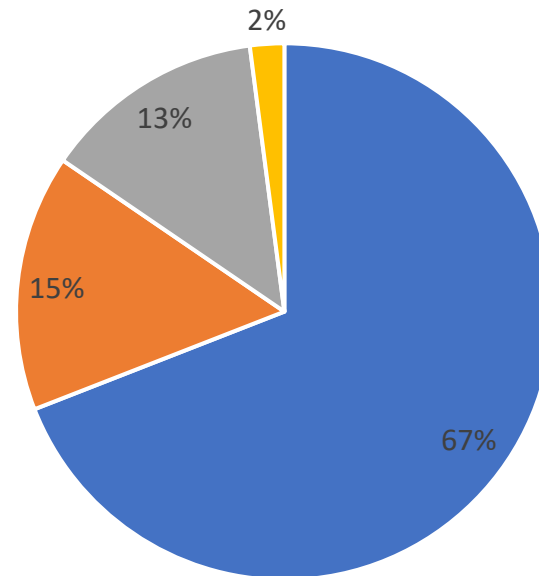
Only 8% of IAPT staff said they have specific plans to promote physical activity as part of mental health treatment

Does your organisation have plans or an ambition to introduce or enhance the level of support offered to IAPT service users to promote physical activity as part of their mental health treatment?



15% of IAPT staff expect appropriate service users to be offered support to increase physical activity and its embedded into practice

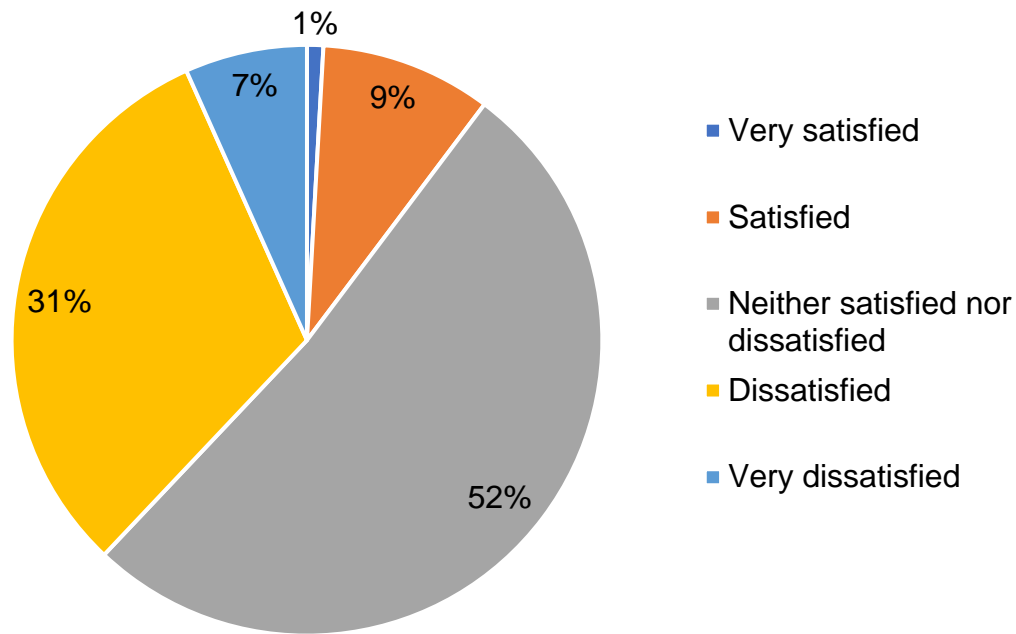
What place does physical activity have in the support you offer service users to improve their mental health?



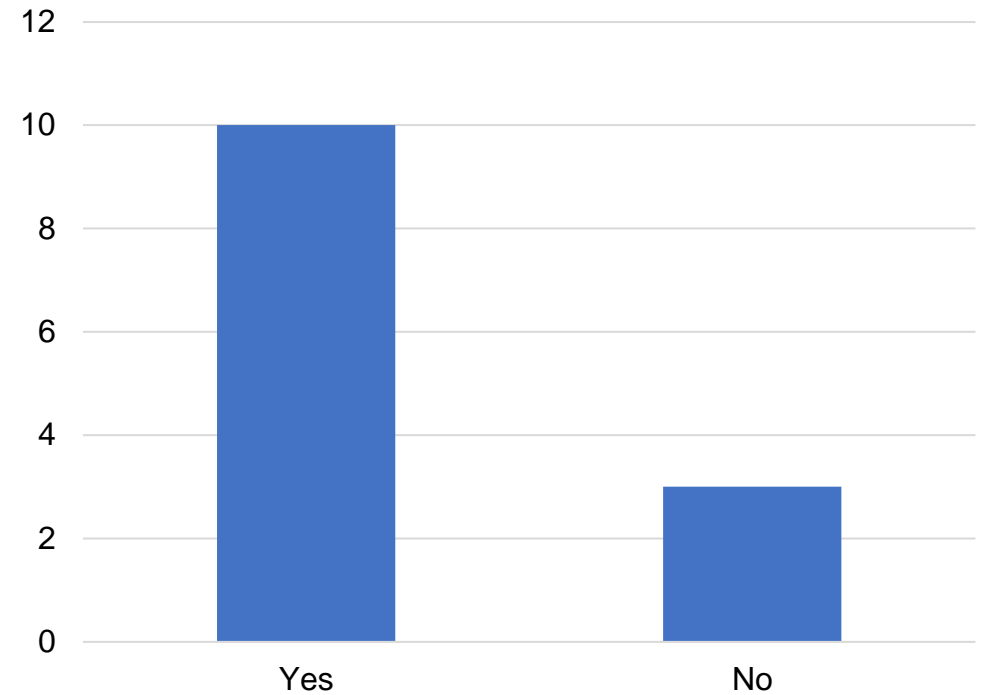
- I would expect colleagues to bring up physical activity where it might be relevant. It's covered in training but we don't talk about it much as a team
- I would expect most or all appropriate patients to be offered support to increase physical activity. We talk about it frequently, staff are trained and we try to make it easily available for service users.
- I would not expect physical activity to be part of the support we offer most patients.
- It is not covered in training

Although 10 out of 13 commissioners said that they support IAPT services to promote physical activity, only 10% of IAPT staff said they are satisfied with the support from commissioners and providers

How satisfied are you with the support available to you from others (such as commissioners, providers, practitioners) to help increase the physical activity of service users as part of their mental health treatment?

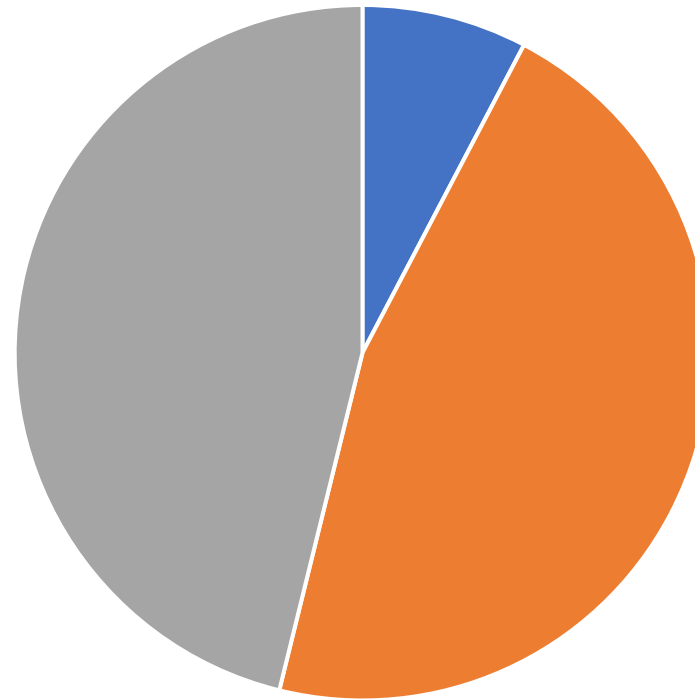


Do you support IAPT services to promote physical activity to service users as part of their mental health treatment, either through commissioned services or by facilitating/empowering the use of non-commissioned services?



92% of commissioners do not have a specific plan to enhance the level of support offered by IAPT services

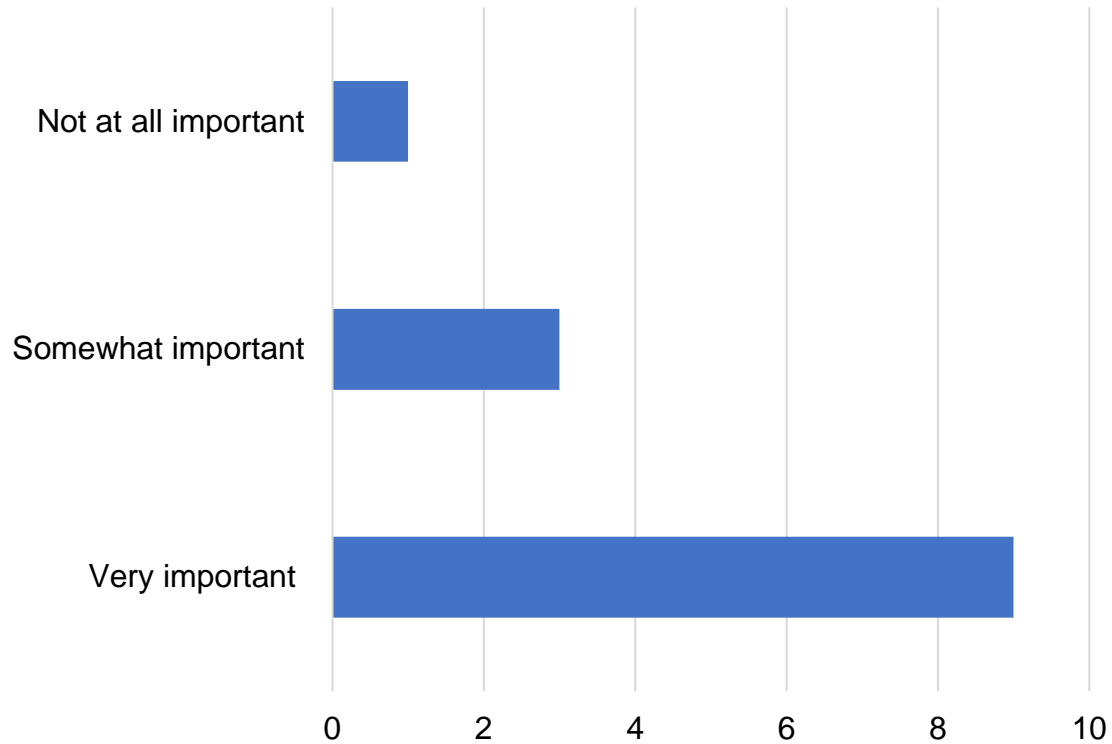
Does your organisation have plans or an ambition to initiate or enhance the level of support offered to IAPT services to promote physical activity to service users as part of their mental health treatment plan?



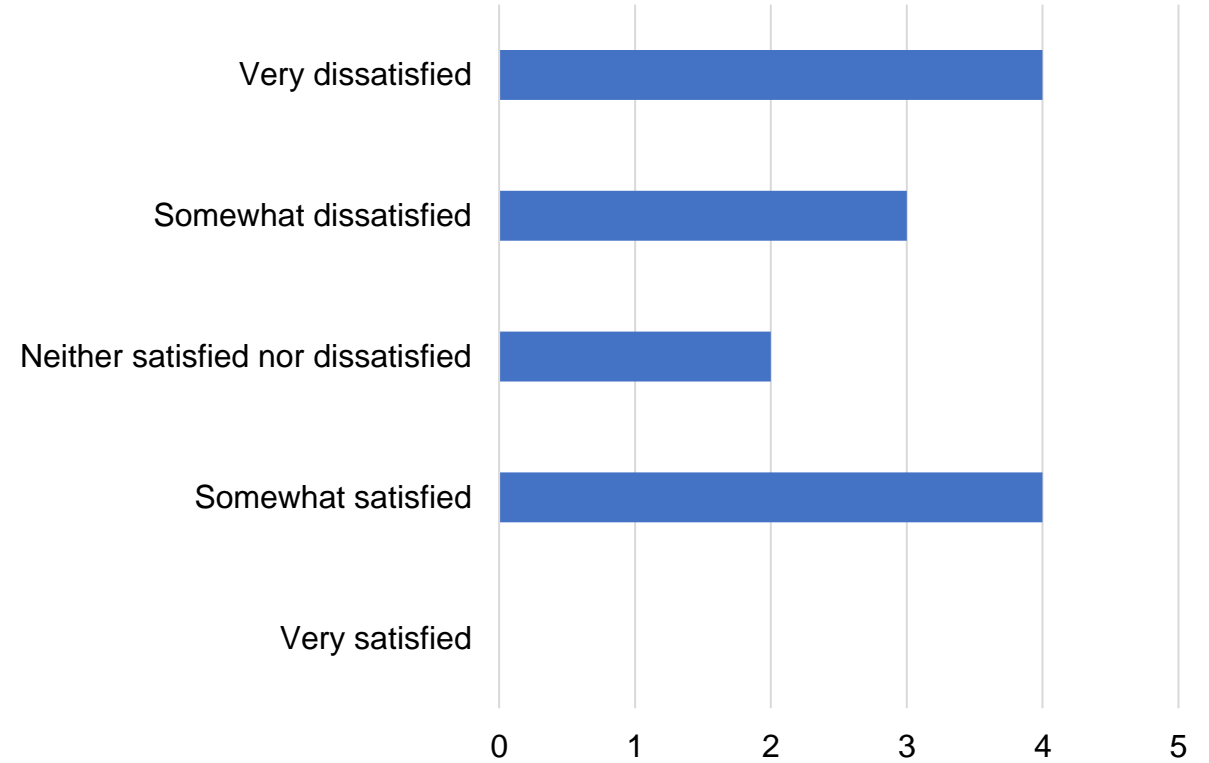
■ Yes, specific plans ■ Yes, a high-level ambition but no specific plans ■ No

Although 9 out of 13 commissioners think it is very important for IAPT services to promote physical activity as part of mental health treatment, none of the commissioners are “very satisfied” with the support on offer to increase physical activity of service users

How important do you think it is that IAPT services should consistently promote physical activity to their service users as part of their mental health treatment?

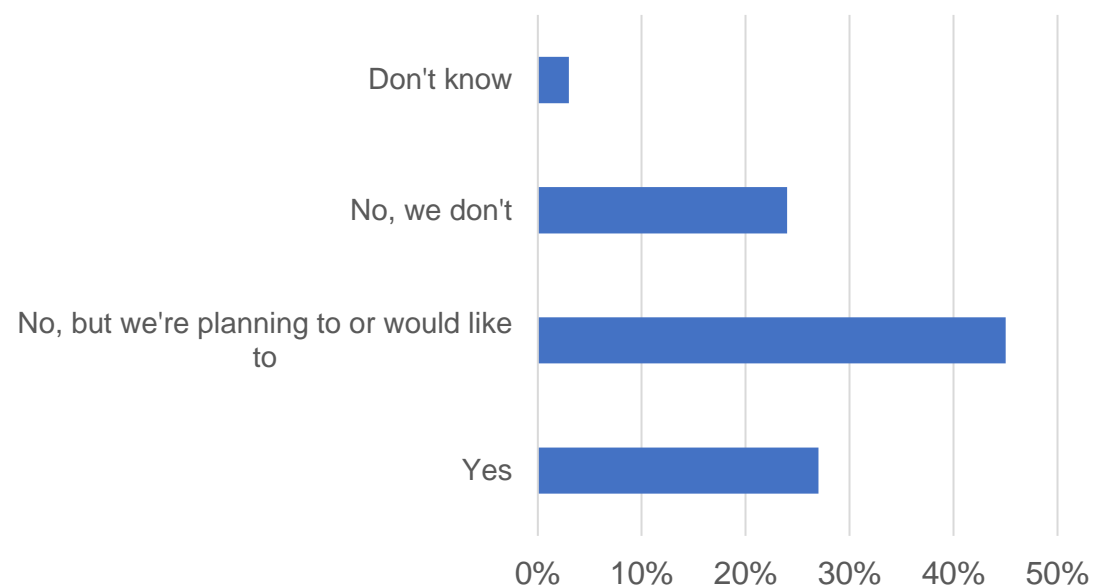


How satisfied are you with the support on offer to increase physical activity of service users as part of their mental health treatment?

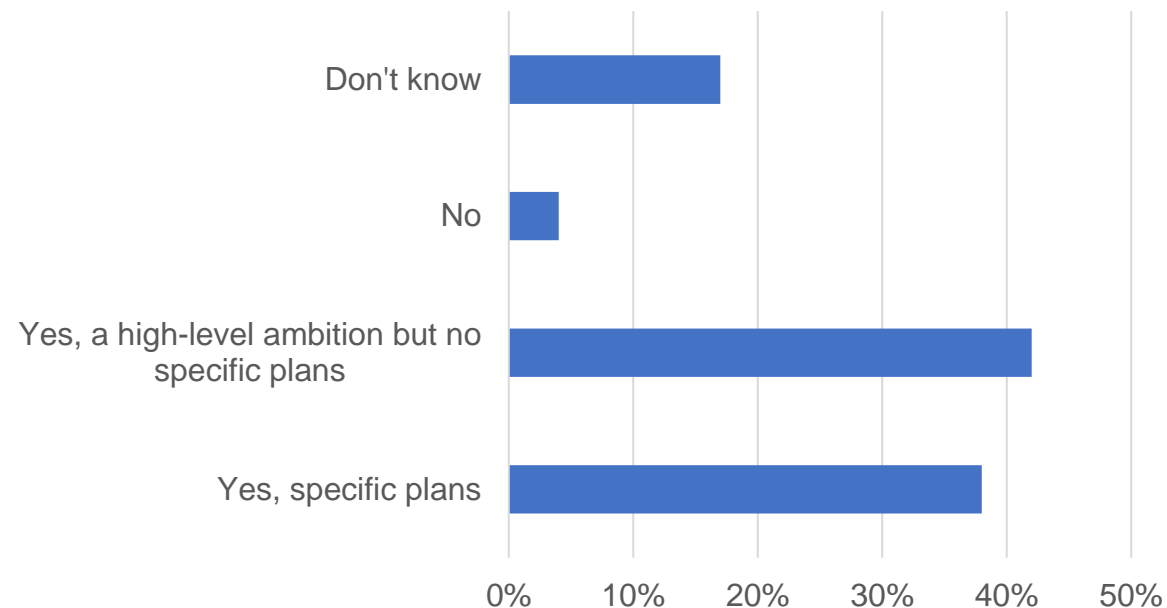


There is interest from community physical activity providers to work with IAPT services to support service users to be more active

Do you work with or receive referrals from IAPT services with the aim of increasing the physical activity levels of service users to help improve their mental health?



Does your organisation have plans or an ambition to introduce or enhance the support offered to IAPT service users to promote physical activity to help improve their mental health?



Although only 27% (n=6) of community physical activity providers currently work with IAPT services, where IAPT service users are referred and/or signposted for physical activity support, 45% would like to work with IAPT services to increase physical activity in service users to help improve mental health.

38% of community physical activity providers have specific plans to introduce or enhance the support offered to IAPT service users.

Community physical activity providers listed the following things that have worked well and there would be value in exploring this further

Partnerships

- That the partnership works both ways. By hosting IAPT services in our Leisure Centres, it bridges the gap between transition to a referral to physical activity and service user behaviour change is more likely to happen.
- We have direct contact with those who work with patients and they understand our service properly and are sold on the benefits which allows IAPT staff to identify service users who would benefit, and refer them in easily.

Communication

- There is good communication between services for example IAPT service understands the referral pathway and how to complete the referral forms.

Positive environment

- We create an informal, supportive and safe environment with emphasis on fun and peer support. Despite being mental health practitioners we steer away from mental health slogans and promote our service using hashtags such as #Dontbeonyatod #unity #strongertogether etc. This helps to reduce anxiety when first attending.

Links with other services

- Linking in directly with the support workers/ counsellors and constantly reminding them about our services so they can signpost patients in our direction.

Community physical activity providers listed the following challenges in accessing their services, which could be explored further

If you support people with mental health conditions through referrals from IAPT services, have you noticed any particular challenges or issues they experience in accessing your services?

Only 7 responded and the following challenges were raised:

- Service users are not informed of some of the services in the area and they end up isolated and find out about services by chance.
- Limited or no access to the internet - cannot view our website to see the wide range of classes we offer.
- It can be difficult making direct contact over the phone.
- Social anxiety, fear of starting something new and joining a group.
- Busy classes, they prefer quieter classes with less people.
- Activity set at the right level and tailored for their ability.
- Regular attendance is an issue. It is difficult to stay in regular contact with everyone to encourage attendance, so help from referrers to keep encouraging attendance would be good.
- With particularly anxious people it's important that they are accompanied by their referrer when first attending.
- People are prepared to travel less, due to the extra expense.
- More mentoring is required.

Appendix B:

1:1 interviews and focus groups

1:1 interviews and focus groups summary

13 interviews and 3 focus groups were carried out with the following groups to explore good practice, key barriers/enablers, key learning and begin to generate solutions:

- IAPT staff with representation from London and across the country
- IAPT service users
- Service commissioners
- Community Physical activity providers

Another 2 focus groups were carried out at a later stage with the following groups to test and refine practical recommendations to ensure they have an impact:

- IAPT staff
- Service commissioners
- National and local experts in this field such as representatives from Active Devon, Active Norfolk, London Sport Sport England and Department of Health and Social Care.

Details of participants are noted in the following slides.

1:1 interview participants

Organisation
IAPT Clinical and Service Leads, and Staff
Whittington Health NHS Trust
Central and North West London NHS Trust
West London NHS Trust
West London NHS Trust
East London NHS Foundation Trust
Buckinghamshire IAPT Service (Healthy Minds Bucks)
Camden and Islington NHS Foundation Trust
North East London NHS Foundation Trust
North East London NHS Foundation Trust
Commissioners
NHS Herefordshire and Worcestershire
Feldon Lane Practice
2 Service Users

Focus group with IAPT staff

The purpose of this focus group was to:

- Understand views on the role of physical activity in the support provided to IAPT service users
- Explore the barriers to increasing physical activity levels faced by service users
- Explore the barriers to supporting service users with physical activity faced by IAPT services
- Explore potential solutions and ways of supporting service users further around physical activity
- Understand views on how these potential solutions could work in practice

Participants representatives from

Mersey Care NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

Mersey Care NHS Foundation Trust

North East London NHS Foundation Trust

Midlands Partnership NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

Living-Well Consortium

Focus group with Community Physical Activity Providers

The purpose of this focus group was to:

- Understand views on the role of physical activity in the support provided to people with common mental health conditions
- Explore the barriers to increasing physical activity levels faced by service users
- Explore what works well when supporting people with common mental health conditions to increase their physical activity
- Understand more about experiences of working with NHS services
- Explore potential solutions and how organisations can be involved in these in ways that work for providers and for service users

Participant representatives from

Active Lives Development Manager
Blackpool Council

Wolverhampton Wanderers F.C.

Focus group and interviews with service users

We engaged with four service users who access different IAPT services across the country through a focus group and 1:1 interviews.

The purpose of the focus group and interviews were to:

- Understand their views on the role of physical activity in the support they receive from IAPT services
- Explore the barriers to increasing physical activity levels
- Explore what they would like their IAPT service to do to help them to be physically active

Focus groups with experts in this field

The purpose of this focus group was to:

- Present an overview of the emerging findings from this project
- Test and further refine solutions and practical recommendations that will have an impact
- Gain feedback on approaches that have worked well in enabling culture and behaviour change within individuals, the workforce and across organisations.

Participant representatives from
Active Devon
Active Norfolk
Department of Health and Social Care
London Sport
Sport England
Sport England
Sport England
We are Undefeatable

Focus group with IAPT staff and commissioners

The purpose of this focus group was to:

- Present an overview of the emerging findings from this project
- Test and further refine solutions and practical recommendations that will have an impact
- Gain feedback on approaches that have worked well in enabling culture and behaviour change within individuals, the workforce and across organisations.

Participant representatives from
Midlands Partnership Foundation Trust
Central and North West London NHS Trust
West London NHS Trust
Feldon Lane Practice
West London NHS Trust
NHS Herefordshire and Worcestershire

Appendix C:

Examples of innovative approaches in IAPT services

Physical activity pilots underway

This research builds on existing pilots underway from March 2020 until October 2023 in two IAPT services - Camden and Islington's ICope and Buckinghamshire's Healthy Minds which are exploring three approaches noted below:

1

Active cognitive behavioural therapy talking groups - a 10-week talking therapy programme for people experiencing depression which incorporates physical activity directly into therapy sessions.

2

Getting active with a health condition - psychoeducational workshops support people experiencing mental health challenges who are living with an existing long-term physical health condition into activity. The workshop introduces behaviour change resources and practical support tools to help reduce barriers to being active. Peer support and reflective practice is used to encourage and motivate service users.

3

Foundations app - a self-help app providing support on sleep, diet, mindfulness, and physical activity to help people better manage their mental wellbeing.

Evaluation is planned with UCL to understand the impact these interventions have on service users and service outcomes. Findings will be available in December 2023.

Example of innovative approaches

Healthy Minds Bucks

- Partnered with simply walks group, which hold around 70 walks across the county on a weekly basis. Developed a pathway to those entering treatment to get them involved with walks.
- Employed a physical activity co-ordinator using Sport England funding.
- Held 3 sessions over 3 months looking through the lens of someone suffering from long term conditions, and covering topics such as overcoming barriers.
- Introduced a physical activity element to step 3 depression group.
- Engaged with the PWP apprenticeship training programme to enhance trainees ability to have conversations around increasing physical activity as part of their treatment for common mental health problems.
- Ensure all staff receive a thorough induction on the different treatment pathways.

Community Living Well Talking Therapies (K&C IAPT)

- Worked with the council to co-lead groups for example gardening groups - council provides a gardening expert and IAPT provides mental health support
- Planning to recruit an expert who has local knowledge of physical activity opportunities in boroughs and can:
 - adapt interventions allowing IAPT to talk about physical activity in a helpful way that makes sense from both perspectives
 - Serve as a point of expertise i.e., whilst service users are engaged in services, they have 1:1 with the PA expert to i.e. Introduction to activity
 - taster sessions of different activities set up working with their borough team
 - Maintain the staff wellbeing, and offer something for staff
- Updating a signposting database for clinicians to use with service users.

Example of innovative approaches (2)

Ealing IAPT

- Developed a Running to Better course in 2017 (combining the couch to 5k which included a local parkrun with CBT strategies) which received a lot of positive feedback from service users
- Encouraged service users to create WhatsApp groups during these sessions to strengthen cohesion and act as a platform for people to stay in touch and continue running independently with their new running friends
- Some came back to mentor others and encourage engagement from others in running groups
- This course has now been the basis of another new weight management service that is running alongside the IAPT service which includes three components: Physical (running/walking and remote cardio), Nutrition and CCBT.

Hounslow IAPT

- Worked with Positive Minds to co-deliver a running group which a PWP from IAPT would join, run with them and then provide CBT.

Waltham Forest IAPT

- Early stages of working with Gym Group to deliver physical activity education webinars for service users and setting up yoga groups.

Livingwell Consortium case study

Livingwell Consortium

What is the service?

- There is a PWP that is a fully qualified personal trainer. They deliver a combination of PWP with PT sessions (this is a HITT session).
- Therapists counselling for depression deliver 'walking therapy' in which they meet their client in the park.
- Separate to therapy they also offer online fitness/yoga classes and have a running group.
- They work with 'Run of a kind'-where a PWP/PT goes out with the leader for the runs and then does a wellbeing talk and meditation exercise at the end of the runs- this is not part of IAPT but something we offer for free.
- Sport for life- They run weekly sessions for those under 25 and can engage in this alongside therapy
- We deliver workshops in school to teens and staff- this involves fitness sessions alongside wellbeing sessions
- Retirement villages- we do chair based classes alongside PWP group course.
- Lockdown- provided fitness sessions, yoga and chair based exercise online for all IAPT clients.
- Sponsor Solihull Moors and provide fitness sessions on match days and also do training sessions with the coaches and players- all involving wellbeing sessions. We promote IAPT in these sessions.
- Fitness sessions in the school holidays for teachers- one off group PT sessions

How do you identify and engage service users in physical activity?

- We have rolled this out to any one age 18 and above but we are now focusing on school staff and over 65s. For over 65s we offer chair based exercise and for school staff we deliver the sessions at the school after the children have left.

Have you measured the impact and if so what have you found?

- Feedback has been incredible and we have found that clients are more committed to the therapy. Recovery rates have been high and average sessions are higher too. We have collected the standard IAPT MDS and also quantitative data through survey monkey.

What challenges have you faced and how did you overcome them?

- Getting the word out there and getting the right setting- the office events room isn't the best place for a PT class, parks have to be thoroughly risk assessed and make sure they are flat, have toilets and have good lighting. For fitness sessions we also need to ensure the client is safe to partake in the sessions so a PARQ form also needs to be complete alongside standard IAPT MDS. It's a lot of questionnaires for the client to fill when they first start the sessions!! Lone working policy in place and have a checking in and out system.

How could a similar approach be rolled out at other IAPT service?

- Easy if you have a park near the offices as you can do the group from the office then go for a walk with clients- or do one to ones in the park. Services have to be flexible. It's good for the therapist to get out of the office/ home too as well as the client. It takes a lot of setting up and work to get started but worth it once you get past the risk assessments, insurance and safeguarding bits.

What's next for your service?

- In the new year we want to advertise more and get more clients involved
- we are developing a group walk/ therapy group, followed by a mindful walk.
- Due to start couch to 5k with PWP course- following the couch to 5k app with one running group per week and PWP weekly intervention with silver cloud.

Camden and Islington case study

Camden & Islington IAPT

What is the service?

As part of our project funded by Sport England we have developed in Camden and Islington (together with Healthy Minds in Bucks) a number of interventions to help service users increase their physical activity levels. These include:

- 1.CBT group for depression with a specific element of each group set aside for group members to do a physical activity (walking/ an exercise video etc). This means each session includes an element of physical activity.
- 2.A series of workshops aimed at people with LTCs who are using our IAPT services. The workshops are focused on helping people with LTCs to increase their level of physical activity and come up with individualised goals, discuss barriers and support each other
- 3.Access to an app (Foundations app – Koa Health) which has specific modules focused on increasing physical activity which can be offered as an adjunct to existing IAPT interventions
- 4.Offering ‘walk and talk’ sessions with individuals who are having treatment for depression. This involves training up number of HI staff to include some sessions where the session takes place with both patient and therapist walking, to be included as part of the overall intervention – to enable a direct experience of increased activity to be part of the treatment.

How do you identify and engage service users in physical activity?

The CBT group and ‘walk and talk’ sessions are offered to people with depression, the LTC workshop is aimed at service users who also have a long term physical health condition and the app is offered to anybody starting step two treatment or CBT for depression or anxiety disorders

Have you measured the impact and if so what have you found?

As part of the Sports England programme we are evaluating all of these interventions and the evaluation is led by colleagues at UCL. We are looking at clinical outcomes, evidence of increased physical activity (using IPAQ), feedback from individuals taking part in the interventions and also from staff members. The findings from this evaluation will be available towards the end of next year.

What has worked well?

Informal feedback from people using the CBT for depression group and the LTC workshop has suggested that people who do engage with them find them helpful. It has been more difficult to get feedback from people using the app, but this will form part of the more formal evaluation outcomes. The ‘walk and talk’ therapy offering is very new, and a number of staff have been trained and are starting to use this but it is too early to comment on how this is going.

What challenges have you faced and how did you overcome them?

The main challenges have been around recruitment of people to the interventions and in particular reminding staff to consider this in their sessions with people and make appropriate referrals. In particular, getting people to use the app has been a challenge. We think this is partly the problem reminding busy clinicians to tell people about the app and encourage them to use it. Another problem is the quite complicated process of ‘on-boarding’ people to the app. Rather than relying on clinical staff to tell people about the app we started to send emails routinely to people starting treatment to let them know that they could access this if they wanted to.

This has helped increase the number of people accessing the app. We noticed that some people are reluctant to attend groups (this is a general issue – not specifically about PA) and decided to try incorporating PA more directly into some of our individual sessions (hence development of the ‘walk and talk’ approach).

How could a similar approach be rolled out at other IAPT service?

As mentioned above, we will be putting the learning from these experiences into a report which will be widely circulated. We hope this will help other services to learn from our experiences.

Appendix D:

National physical activity offers and training

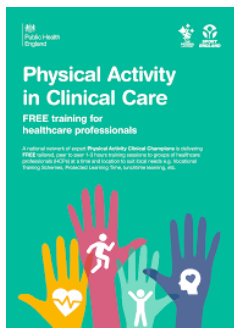
Workforce training and resources

There are a number of existing training opportunities and resources that support healthcare professionals to increase their knowledge and skills, and incorporate physical activity within routine care to support quality improvement and better patient outcomes.

Moving Healthcare Professional programme

Moving Healthcare Professionals is a national programme, led by the [Office for Health Improvement and Disparities](#) (OHID) and Sport England and has been recognised by the [World Health Organisation](#) global action plan on physical activity (2018 -2030) as good practice. The programme's education and training resources include peer-led training courses led by physical activity clinical champions, e-learning modules and resources to use during consultations such as the award winning Moving Medicine platform (winner of the Royal College of Physicians Excellence in patient care award for person-centred care 2020).

Useful training and resources



Physical activity in clinical care training (PACC)

A national network of expert Physical Activity Clinical Champions is delivering FREE tailored, peer to peer 1-3 hours training sessions to groups of healthcare professionals (HCPs).

[More information](#)



Moving Medicine

A free resource to help integrate physical activity into routine clinical care. Includes step by step physical activity conversational guides which can be selected by age, condition and time available.

[More information](#)



E-learning modules

Free to access online e-learning modules are available to help healthcare professionals understand the benefits of physical activity on specific conditions such as cancer, diabetes and mental health and help patients to manage these conditions. You can access modules on the [Health Education England E-learning for Health platform](#) or the [British Medical Journal learning platform](#)

[All physical activity training, education and resources for healthcare professionals](#)

Risk consensus statement



The benefits of physical activity for people living with long term conditions are well established. However, the fear of increasing symptoms or worsening long term problems commonly stops people from moving more. Many healthcare professionals also feel unsure about what advice they should give to people living with symptomatic medical conditions. To help address concerns around risk, The Faculty of Sport and Exercise Medicine in partnership with Sport England, OHID and the Royal College of GP's, developed a consensus statement to help us understand what safety advice healthcare professionals should give to people in clinical practice.

This includes infographics summarising what healthcare professionals should know before giving advice about risk to people living with long term conditions. Read the [consensus statement on risk](#) on the Moving Medicine website or you can [read the consensus](#) statement around risk peer reviewed article that was published by the British Journal of Sports Medicine.

It's safer for people with long term conditions to be physically active
Download infographics [here](#)

1. The benefits outweigh the risks

Physical activity is safe, even for people living with symptoms from multiple medical conditions.



2. The risk of adverse events is very low but that's not how people feel

Well informed conversations with healthcare professionals can reassure people who are fearful of their condition worsening, and further reduce this risk.



3. It's not as easy as just telling someone to move more

Be aware of the concerns of individuals and their carers to help build confidence



4. Everyone has their own starting point.

Help people identify their own starting point, begin there and build up gradually.



5. Stop and seek medical review if...

You notice a dramatic increase in breathlessness, new or worsening chest pain and/or increasing GTN requirement, a sudden onset of rapid palpitations or irregular heartbeat, dizziness, a reduction in exercise capacity or sudden change in vision.

