NHS

Incorporating physical activity interventions into NHS Talking Therapies

A toolkit

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THE NATIONAL LOTTERY

SPORT ENGLAND

NHS
Camden and Islington
Talking Therapies

NHS
Buckinghamshire
Talking Therapies

Foreword

Capitalising on the strong evidence base for the use of physical activity in the prevention and treatment of common mental health problems, this toolkit has been developed as a guide for mental health services who want to integrate interventions around physical activity into their clinical work.

It has been designed by two NHS Talking Therapies for anxiety and depression services (NHS TTad), Camden & Islington, and Buckinghamshire, and aims to distil the key learning points from a three-year collaboration with Sport England. The 'Increasing Physical Activity in Psychological Treatment' (IPAcT) pilot project explored how to integrate physical activity interventions into existing psychological treatment, to help service users become more physically active to support their mental health and consider how feasible this is to do in practice. This project started and ran from October 2020-October 2023, with the planning phase beginning in early 2020, and was therefore impacted by the COVID-19 global pandemic. For this reason, the interventions trialled in the early stages of the project were designed to be delivered remotely via online video platforms (e,g., Microsoft Teams and Zoom). The impact of the interventions on mental health outcomes and levels of physical activity were measured. For more detail on the IPAcT report click here (hyperlink to be added)

We hope this toolkit will inspire and motivate other NHS Talking Therapy services to trial incorporating physical activity-based interventions into their work and learn from our experiences.

Joshua Cane, Josef Landsberg, Judy Leibowitz, Suzie Gittus
Toolkit working group

> We're committed to helping NHS Talking Therapies services embed physical activity into mental health treatment pathways, so that more people living with mental health challenges can reap the many benefits of moving more for their overall wellbeing.
>
> Despite the evidence base of the benefits of physical activity on mental health, until now physical activity has not routinely been a part of service delivery. Through this work, however, the new toolkit will support NHS Talking Therapy services across the country to introduce physical activity into treatment pathways for depression and anxiety.
>
> **Tim Hollingsworth**
> **Chief Executive of Sport England**

Contents

Introduction

Physical activity and mental health

There is a strong evidence base supporting the use of physical activity to help prevent and treat common mental health problems. The National Institute for Health and Care Excellence (NICE) guidance currently recommends a programme of physical activity for people with depression at all levels of severity[1], and increasing physical activity levels has been linked with improved quality of life, sleep, and improved ability to cope with stress.

> **If physical activity were a drug, we'd talk about it as a miracle cure**
>
> **Professor Dame Sally Davies, CMO 2017**

The evidence base suggests that:

- For those with mental health difficulties, physical activity may not only reduce the onset or progression of depression and anxiety but may also help target commonly reported symptoms (e.g., low mood[2], anxiety symptoms[3], low self-esteem, and feelings of fatigue).
- Several systematic reviews of the evidence base have shown physical activity to have comparable effects on the symptoms of depression as Cognitive Behavioural Therapy and medication.[4]
- Being physically active in later life can help enhance quality of life by improving mental wellbeing; cognitive and emotional functioning; psychological wellbeing; satisfaction with life; decreasing loneliness; mood and physical functioning.

Despite the many benefits of physical activity on mental health, the symptoms of common mental health difficulties can directly impact a person's ability to engage in physical activity (e.g., fatigue, lack of motivation, avoidance) and therefore make it less likely that someone experiencing these difficulties will be physically active and experience the benefits on offer. In addition there has been no consistent approach adopted by mental health services (such as NHS TTad) to take advantage of the benefits of physical activity in improving mental health outcomes.

1 https://www.nice.org.uk/guidance/ng222

2 Archer T, Josefsson T, Lindwall M. Effects of Physical Exercise on Depressive Symptoms and Biomarkers in Depression. CNS Neurol Disord – Drug Targets. 2015 Jan 26;13(10):1640–53.

3 Ramos-Sanchez CP, Schuch FB, Seedat S, Louw QA, Stubbs B, Rosenbaum S, Firth J, van Winkel R, Vancampfort D. The anxiolytic effects of exercise for people with anxiety and related disorders: An update of the available meta-analytic evidence. Psychiatry Res. 2021 Aug;302:114046.

4 Schuch, F., Vancampfort, D., Richards, J., Rosenbaum, S., Ward, P., & Stubbs, B. (2016). Exercise as a treatment for depression: A meta-analysis adjusting for publication bias. Journal Of Psychiatric Research, 77, 42-51.

Key considerations when getting started

This toolkit provides a range of suggested interventions which can support the integration of physical activity into psychological interventions and can be adopted and adapted by any NHS TTad service (and other mental health teams).

It outlines a set of possible objectives that can be followed by any NHS TTad service trying to incorporate physical activity-based interventions, alongside specific examples from the pilot sites. The ideas are not intended to be prescriptive or a one-size-fits-all approach. Neither are the topics and suggested activities intended to be exhaustive - some may resonate with you more than others. It is a starting place.

The most effective way of doing this is to collaboratively design the interventions, informed by the needs and experiences of staff, service users, and key local physical activity stakeholders, with authentic senior management buy-in.

In addition to this, nominating an appropriate clinician with a special interest in integrating physical activity into mental health treatment can be helpful (or creating a bespoke 'Physical Activity Coordinator' role within your team). This clinician should be supported to set up a 'lead area' and/or a working group who would use this toolkit as a guide and start to implement some of the suggestions. Using quality improvement methodology, like the "Plan, Do, Study, Act (PDSA)" cycles they could present their work to the senior management team, ensuring further buy-in and intentionally pursuing a collaborative approach to service improvement in this area.

Although the objectives are presented sequentially, these objectives should not be thought of as linear, but rather a set of interacting processes that build on each other. The foundational objective, on which all others follow, is to create a culture where clinicians regularly have conversations about physical activity as part of their clinical work. Once this becomes the norm, it should allow for clinicians to build on this with change focussed conversations, signposting to community-based resources, and referrals to the specific interventions which may be offered within the service.

The following objectives will form the basis of the toolkit:

Foundational Objective:

Embedding physical activity into work culture

The Physical Activity toolkit - One page summary

Why Physical Activity?

Physical activity has a strong evidence base for the treatment and prevention of mental health difficulties and is in the NICE guidance for the treatment of depression at all levels of severity. Clinicians in NHS TTad services are well placed to have change focussed conversations with service users and this may lead to improved mental health outcomes when combined with existing treatments.

Where to start

Make the case to clinical leads and managers of the service. Create a lead area around physical activity which will allow staff dedicated time to develop this area of the service. Follow the below objectives.

These objectives should be thought of as a set of interacting processes that build on each other.

Foundational Objective: Embedding physical activity into work culture

- Service leaders commit to supporting the workforce in this area.
- Develop a 'physical activity lead area' or a bespoke 'Physical Activity Co-ordinator' job role.
- Support clinicians (through regular training and supervision) to routinely ask lifestyle questions with a focus on levels of physical activity.
- Collaborate and involve local stakeholders and service users to develop interventions and pathways for signposting.

Creating a shift in culture and implementing the below objectives will take time and it is important to be patient and consistent.

Objective 1 – Map out local provision

- Find out what provision already exists in your local area (contact your Active Partnership, any local physical activity strategy groups or your local sport development/active living team within your local authority)
- Ensure clinicians are kept informed about how and where to signpost patients (keep this information up to date).

Objective 2 – Set up your interventions

- Mitigate any perception of risk (see consensus statement from Faculty of Sport and Exercise Medicine)
- Use terms like "physical activity" or "movement" instead of "exercise".
- Encourage clinicians to use motivational interviewing techniques to enhance change-focussed conversations.
- Develop interventions that incorporate physical activity alongside existing psychological treatments.
- Continuously monitor and evaluate interventions and adjust and refine.

Objective 3 – Consistency and Communication

- Ensure messaging around interventions and community links are consistent and clear; remove barriers in referral pathways where possible.
- Continuously monitor performance and escalate achievements and concerns appropriately within governance structures.
- Provide refresher sessions for existing staff and induct new staff on this area of service provision.
- Maintain relationships with stakeholders.
- Incorporate physical activity initiatives into staff wellbeing activities.

Objective 4 – Review and revise

- Keep a "Lessons Learned Log".
- Be open to changing things based on feedback and outcomes.
- Seek regular feedback from staff and service users.
- Review clinical outcomes routinely for those service users engaged in these interventions.

Foundational objective: Embedding physical activity into work culture

Why is it important?

The healthcare system in the United Kingdom is structured in a way that draws a sharp distinction between mind and body. For this reason, services dealing with physical health problems have traditionally been kept quite separate from services working with mental health. However, the more we discover about the human body, the more the evidence suggests that we should be moving towards understanding the body as an integrated system, rather than a set of independently functioning organs and body parts. This understanding fits well with the now substantial body of evidence showing that increasing levels of physical activity is an effective treatment for depression and anxiety; the NICE guidance recommends physical activity to improve physical and mental health and general wellbeing in twelve of their published guidelines[5].

The fact that most mental health professionals are not taught about how the physical systems of the body impact mental health, means that they are often not trained to think about physical activity as an important area of intervention when working with their service users. A recent survey by Transformation Partners in Health and Care[6] showed that, whilst many mental health professionals are aware that increasing physical activity is an important way of improving mental health, the following barriers often prevent this happening in practice:

- A lack of confidence amongst clinicians 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).
- Limited awareness amongst clinicians of community physical activity providers to refer or signpost service users to.
- Time-pressured services often focussing on their core offer and achieving clinical targets which physical activity is not a part of.
- A perception amongst clinicians 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.

Following on from the above findings one of the key recommendations from the report was to:

‘Equip and empower NHS Talking Therapies staff with the knowledge and skills to give advice on physical activity and motivate service users to move more.’

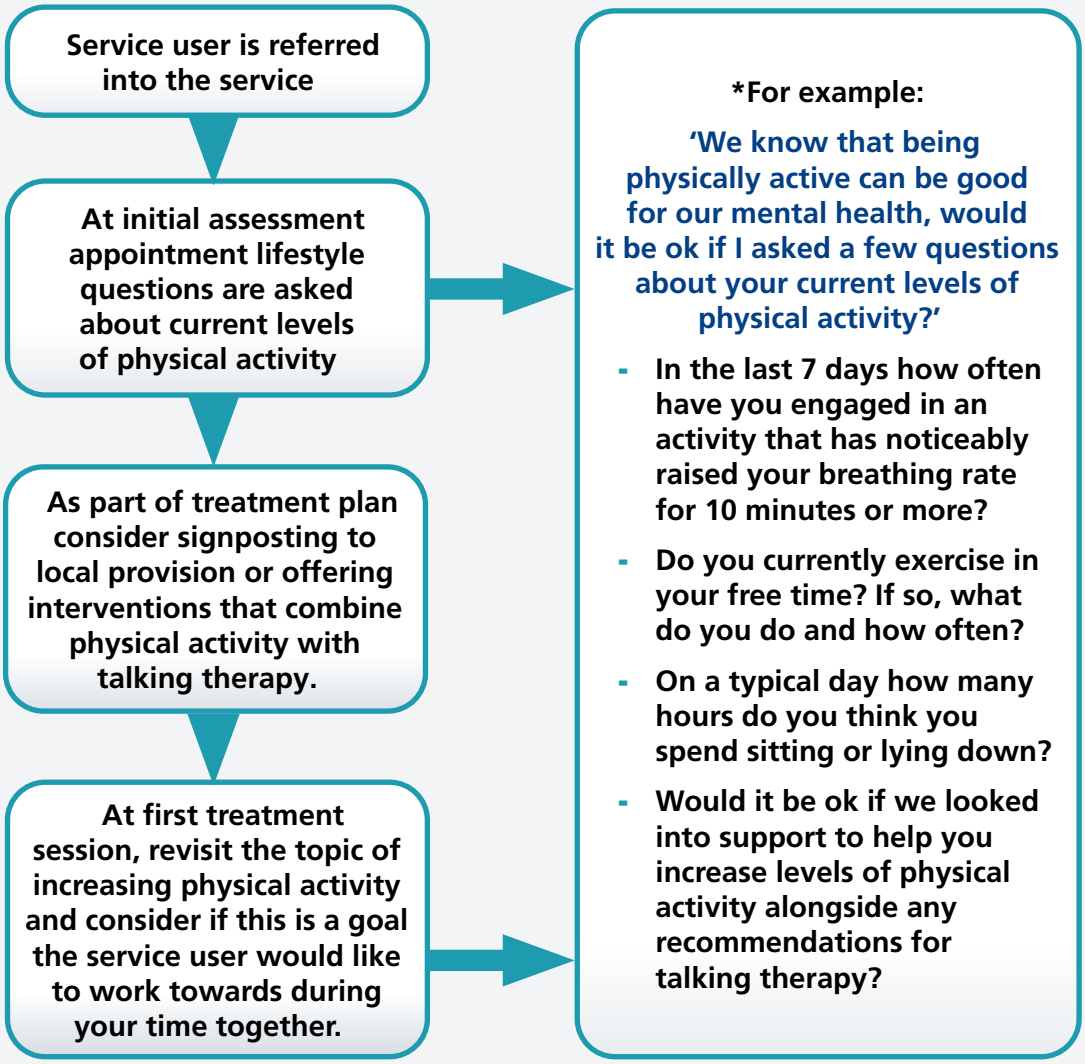
5 NG90, NG16, NG7, CG43, PH11, PH54, PH44, PH41, PH27, PH25, PH17, PH13

6 https://www.transformationpartnersinhealthandcare.nhs.uk/wp-content/uploads/2023/03/At-a-glance-summary-How-can-physical-activity-be-better-utilised-in-NHS-Talking-Therapies-services.pdf

What can be done to achieve this?

Following on from this recommendation, below are some ideas on how to integrate this foundational objective into your service culture:

- Focus on gaining senior management buy-in and their commitment to supporting the workforce to embed physical activity within the service culture. Presenting the evidence base and the survey by Transformation Partners in Health and Care (referenced above) at a senior management meeting.
- Develop a 'lead area' or a bespoke 'Physical Activity Coordinator' (click here for Job Description) job role focussed on physical activity, where clinicians have dedicated time to develop this area and help to promote the cultural change.
- Collaborating with your local authority and Active Partnership can provide useful local intelligence on what is available in your local area and could potentially influence future design of interventions (see objective 1 below).
- Involve current or past service users in curating messages about the importance of physical activity for improving mental health. For example, adding quotes to your service website or creating posters for staff areas. We Are Undefeatable have produced free resources for healthcare professionals and service users to help promote moving more with a long-term health condition (see resources list below).
- Encourage clinicians to routinely ask lifestyle questions in all assessment appointments, with a specific focus on levels of physical activity. This may involve amending existing assessment templates to include these prompt questions. See the below diagram as an example of how physical activity could be discussed at various points during a service user's journey through the service:



- Involve current or past service users in curating messages about the importance of physical activity for improving mental health. For example, adding quotes to your service website or creating posters for staff areas.
- Explore existing training, education, and resources available for clinicians:

Physical activity clinical champion training (PACC)

Led by The Advanced Wellbeing Research Centre with the Faculty of Sport and Exercise Medicine and Intelligent Health, this peer training network supports professionals to discuss getting active with service users. It aims to increase clinicians knowledge and skills in having conversations around physical activity. This training is ideal as a team or service together to raise awareness and kick start better use of physical activity in practice.

Format: Face to face or online, interactive training delivered by a healthcare professional
Duration: 1-1.5 hours
Cost: Free
To book: email pacc@shu.ac.uk or find out more here.

British Medical Journal (BMJ) learning

Through BMJ learning online, clinicians can access nine bitesize e-learning modules that highlight the importance of physical activity, with detailed evidence-based summaries on specific conditions including cancer, diabetes and mental health. Module 8 is specifically focused on the benefits of physical activity on depression, anxiety, sleep and dementia. This training is ideal for staff inductions and on-going CPD.

Format: online e-learning modules
Duration: 30-45 minutes per module
Cost: Free
Access: https://new-learning.bmj.com/collection/10051913

Moving Medicine:

Moving Medicine is an initiative by The Faculty of Sport and Exercise Medicine and provides clinicians and allied health professionals with accessible, evidence based, condition specific information to help give advice on physical activity at all stages of children, young peoples and adults treatment pathways, including anxiety and depression. Each condition includes a step by step guide on **how** to have good quality conversations about physical activity and useful patient information. You can explore the resources available here.

We Are Undefeatable

We Are Undefeatable is a movement campaign developed by 15 leading health and social care charities for people living with long-term health conditions. It aims to support and encourage finding ways to be active that work for people and their condition. The campaign has created some useful resources for healthcare professionals such as the Movement Conversation Starter.

We Are undefeatable have produced free resources for healthcare professionals and service users to help promote moving more with a long-term health condition:

WAU Resources:

Click here for Moving More at Home poster
Click here for text messaging template
Click here for WAU campaign video for waiting room TV screens
Click here for WAU waiting room poster
Click here for WAU patient leaflet
Click here for WAU healthcare professional leaflet

Examples from NHS TTad Services

Lead role:

Camden & Islington developed a lead area focussed on physical activity and committed to ensuring that there was always at least one clinician allocated to lead on this. Their work plan was adjusted to allow for sufficient time (1-2 hours per week). Buckinghamshire had funding to develop and recruit to a bespoke part-time "NHS TTad Physical Activity Co-ordinator" role that linked in with existing long-term condition pathways.

Understanding staff attitudes and offering training to staff:

Buckinghamshire conducted a staff survey (click here for link to survey), focussing on assessing clinicians' attitudes to discussing physical activity with their service users to inform further training. One of the themes it helped identify was clinicians' fear around being perceived as "judgmental" when asking about physical activity.

Camden and Islington invited a Physical Activity Clinical Champion (PACC) to deliver the training on the importance of "prescribing movement". As mentioned above, the below link has information about the training and how to book a session:

https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/physical-activity-clinical-champions

Embedding appropriate prompts for clinicians:

Both services worked with leads, supervisors, and clinicians to amend assessment templates to ensure that questions around lifestyle and physical activity are included. For example, the questions that are in the flow diagram on page 8.

Involving service users:

From the start service users were approached and engaged in the design of the interventions. Current and past service users helped develop the best ways to engage people, design questions, and structure interventions. This was facilitated via contacting people already engaged in service user involvement groups and seeing if they were interested in being involved in this project work.

Creating a shift in culture will take time and it is important to be patient and consistent.

Objective 1: Map out local provision

Why is it important?

Many people have an understanding that increasing physical activity is an important way of improving physical and mental health. However, simply knowing this information will not necessarily lead to behaviour change and human beings are well known for having competing motivations (e.g., immediate gratification vs long term goals). Even if people do intend to act on good intentions, they may struggle to know where to start with increasing physical activity and this may be a barrier to change.

As outlined in the foundational objective, creating a culture where clinicians regularly discuss the benefits of physical activity with service users and help them overcome barriers to change, is an important first step when trying to help people become more active. In addition, once there is 'buy-in' from service users, it is helpful to have a range of recommended resources and services particularly if someone feels they need extra support in turning their good intentions into action.

What are Active Partnerships?

Active Partnerships play a crucial role in integrating physical activity into health and care systems. They are well placed to support NHS TTad, playing a helpful role in convening local partners and connecting NHS TTad to local physical activity provision. There are 43 Active Partnerships that, between them, cover every part of England. You can find the partnership nearest you, by searching the interactive map on the Active Partnership Networks website.

What can be done to achieve this?

The below steps can be useful starting points for finding out what existing provision there is locally:

- Search for your local Active Partnership and get in contact with them to see if there are opportunities for joint working.
- The local authority may already have existing local physical activity strategy groups that meet regularly. They might be in a good position to help you map out all available options.
- Contact your local council funded leisure centre and ask to be put in contact with an 'Active Living Officer'. This person/ team will normally work for the council and their main aim is to increase the levels of physical activity of those who live in the local area. Setting up a meeting with this person or team can be a good opportunity to consider opportunities for joint working. They may also be able share resources or materials that can be sent to service users showing what is available in the borough.

- Look up local wellbeing walking groups via the Ramblers' website www.ramblers.org.uk
- Check with local care navigators or social prescribing schemes to see what services are available and if they are happy to accept referrals for people who want to increase levels of physical activity.
- Hub of Hope is a helpful resource for checking what is available locally around physical activity: hub of hope

Once the above steps have been followed, it is often helpful to set up a document that has all these resources and contacts in one place so clinicians can easily see what is available. This document should be routinely updated. Regular email updates and reminders in team meetings of the resources can also be helpful. As well as local provision, it may be useful to include the following national resources and free digital apps:

- **Get active**
  Better Health - NHS (www.nhs.uk) - tools, tips and special offers to move more every day.
- **We Are Undefeatable**
  We Are Undefeatable - a movement campaign with free resources that encourages finding ways to be active that work for people living with long term health conditions.
- **We Are Undefeatable workouts**
  YouTube - a variety of free, accessible and enjoyable home workouts from complete beginners.
- **Join the Movement**
  Sport England - simple, fun and free ways to get active, both indoors and outdoors, that you can enjoy.
- **Couch to Fitness**
  Couch to Fitness - get active from the comfort of your own home with Couch to Fitness by Our Parks. The sessions are suitable for multiple fitness levels, with no equipment needed.
- **BBC Sounds**
  10 Today | Physical activity for older people - Available Episodes - A daily 10 minute movement programme from Sport England and Demos designed for older people to protect against poor health and improve mental health and maintain independence.

Free digital apps

- **Active 10**
  A brisk walking app that helps track walking and steps from your phone. It helps set goals and gives helpful tips. Get active - Better Health - NHS (www.nhs.uk)
- **Couch to 5k**
  A running programme for absolute beginners. Couch to 5K has helped millions of people like you start running. Get active - Better Health - NHS (www.nhs.uk)

Examples from NHS TTad Services

Signposting flyer

Buckinghamshire collaborated with a local social enterprise, Leap, (a team that aims to improve the lives of local residents through physical activity and sport) to develop an interactive signposting leaflet to share with service users in Buckinghamshire who wanted to improve their levels of physical activity.

Click here to see the leaflet.

Resources spreadsheet

Camden and Islington developed a spreadsheet with links to local provision and this was distributed to the team via the cloud storage and sharing programme 'SharePoint'. Clinicians were encouraged to add or remove resources if they received updated information about a service or found out it was no longer running.

Meetings with the local authority

Camden and Islington set up a regular quarterly meeting with an Active Living Officer who works for Camden Council. They were able to provide updates on local provision and ensure the services clinicians were signposting service users to were still running and gave information on any new provision that became available.

In Buckinghamshire, the Talking Therapies service is an active member on the 'Buckinghamshire Physical Activity Strategy Group'. Chaired by a public health practitioner in the local authority, this multi-agency working group aims to encourage everyone living in Bucks to be more active and therefore gain the many benefits that being active can bring, whatever age or ability, with a particular focus on those who are currently inactive. This group was helpful in gaining further insights in the development of the physical activity interventions and signposting resources for the Bucks Talking Therapies service. It is through this group that the service was also introduced to Animal Antiks, a local charity which became a significant partner in one of their physical activity interventions. Ongoing strategic objectives are set with a focus on improving mental health outcomes using physical activity through this group.

Objective 2: Set up your interventions

Why is it important?

Whilst many people can benefit from being signposted to local physical activity initiatives, simply doing that can lack the proactive follow-up or level of support often required when working with service users whose motivation to engage is already impaired because of their mental health difficulties.

What can be done to achieve this?

This section invites services to consider developing their own physical activity interventions that sit alongside the evidence-based treatment interventions they are delivering for common mental health problems.

- **Following the evidence base**
  Note that physical activity interventions should not replace evidence-based Talking Therapies interventions. They will either be an adjunct to existing therapy (i.e., an optional workshop alongside what is already being offered) or an additional component of a specific Talking Therapies intervention (I.e., physical activity component added to an existing CBT intervention).
- **Service user involvement**
  From the start, service users were approached and engaged in the design of the interventions. This was facilitated via contacting people already engaged in service user involvement groups and seeing if they were interested in being involved in this project work.

Managing perceptions of risk

When services set about planning to integrate physical activity into existing treatments, a commonly cited concern is the potential risk that this may pose to service users living with existing long term health conditions. This may lead to concerns from clinical leads and managers that the organisation would need additional indemnity insurance to cover any risks. In addition, clinicians may feel unsure what to advise service users living with long term physical conditions about physical activity due to perceived risks and may therefore avoid the topic.

In response to some of the above concerns the Faculty of Sport and Exercise Medicine, in partnership with the Royal College of General Practitioners, Sport England and supported by the Office for Health Improvement and Disparities, developed the consensus statement on risk in the British Journal of Sports Medicine. The full article can be read here. The statement also provides healthcare professionals with specific symptom related evidence and advice to share with people living with long-term conditions who have concerns about specific symptoms and signs they experience.

Below are four key messages from the consensus statement which can help services think about risk in relation to offering physical activity interventions. These are taken from the following summary of the consensus statement: https://movingmedicine.ac.uk/riskconsensus/. You can access the symptom specific advice at this link too.

1. **The benefits outweigh the risks:**
   Physical activity is safe, even for people living with symptoms of multiple long-term conditions. Regular physical activity, in combination with standard medical care, has an important role in the management and prevention of many long-term conditions.
2. **The risk of adverse events is very low but that's not how people feel:**
   People with long-term conditions are often fearful of worsening their condition or experiencing potentially undesired consequences from physical activity. In fact, when physical activity levels are increased gradually, the **risk of serious adverse events is very low**. Well informed, person-centred conversations with healthcare professionals can reassure people and further reduce this risk.
3. **Everyone has their own starting point:**
   Everyone has their own starting point, depending on their current activity level. Help people identify where they are and agree a plan to begin there and build up gradually to minimise the risk of adverse events.
4. **Stop and seek medical review if…**
   Advise people to stop and seek medical review if they experience a dramatic increase in breathlessness, new or worsening chest pain and/or increasing glyceryl trinitrate (GTN) requirement, a sudden onset of rapid palpitations or irregular heartbeat, dizziness, a reduction in exercise capacity or sudden change in vision.

It was agreed by Buckinghamshire and Camden & Islington NHS TTad services that if the above principles on risk management were followed, no additional insurance would be needed to cover the physical activity interventions planned. It was also highlighted that if there were individual service users where there were concerns or queries, these should be discussed in supervision, with the service users GP and/or with those delivering the interventions.

If your service is interested in hiring qualified sport coaches to run physical activity sessions, information about the qualifications and insurance requirements can be found here.

Interpersonal style and the discussion of physical activity

With all the interventions trialled, clinicians were encouraged to promote the idea that any increase in levels of physical activity is likely to help our mood/mental health and that any type of movement counts. This stance was encouraged to help service users challenge any preconceived ideas they may have about what physical activity 'should' be (e.g., running, going to a gym) and encouraged people to see other forms of movement as beneficial for mood (e.g., walking, cleaning, dancing etc). This stance also aimed to encourage service users to see movement as a way of improving mood rather than using physical activity solely for the pursuit of other aims such as weight loss or body shape changes. The terms 'physical activity' or 'movement' were primarily used instead of 'exercise' as these are more all-encompassing, relatable and inclusive terms.

Clinicians were encouraged to facilitate the interventions and use Motivational Interviewing principles when discussing lifestyle change- see page 9 for links to resources that can be helpful for this. Clinicians were encouraged to embrace the 'Spirit' of motivational interviewing when having change-focussed conversations. The below PACE acronym can be a helpful reminder of these principles:

Partnership
Trying to form a collaborative relationship where we are 'side by side' with the service user rather than over or above them.

Acceptance
Respect for the service users' self-determination and freedom of choice about if they want

to make a change. Offering an affirming stance and inherent appreciation for the person's worth.

Compassion
A therapeutic stance aimed at promoting the welfare of service users.

Evocation
The service user has the wisdom and strength to change, the goal is to draw this out rather than provide all the answers.

The above principles are also important when trying to promote a work culture where physical activity is discussed regularly.

Measuring what works

Before starting to implement changes or creating new interventions, it is important to consider how you plan to evaluate their acceptability, effectiveness, and feasibility. It is best to use a combination of measures that capture quantitative and qualitative data, in addition to clinical outcome measures such as the PHQ9 and GAD7 and Patient Experience Questionnaires.

It may also be helpful to include measures that focus specifically on levels of physical activity alongside routine mental health questionnaires. The best way to monitor changes in physical activity levels is to measure this objectively such as wearable accelerometer or pedometers. However, these are expensive and reliant on users wearing and operating the devices effectively. Self-recall questionnaires are often used as a more practical method. There are a variety of validated physical activity questionnaires available including:

International Physical Activity Questionnaire- Short Form (IPAQ):
https://sites.google.com/view/ipaq/home

Short Active Lives Survey:
short-active-lives-questionnaire.pdf (sportengland.org)

It is also helpful to gather qualitative feedback from clinicians delivering the interventions and the service users who take part (see objective 4 for more information on how to do this).

Examples from NHS TTad Service

Measuring levels of physical activity

Initially services considered the use of movement tracking apps on mobile devices and smart phones. Unfortunately, whilst this is a robust and objective measure, the information governance around the development of this was too complicated. Instead, Camden & Islington and Buckinghamshire services used a subjective self-recall survey called the International Physical Activity Questionnaire (IPAQ) – Short Form (see link above) which measures the time spent on different types of physical activity in various domains of life. Clinicians aimed to get at least 3 scores throughout an intervention (at baseline, mid-point and at the final session).

Unfortunately, this initially presented some challenges and it was found that, when used as a soley self-report measure, service users often struggled to fill it in accurately or comprehend what was being asked. In addition, it helped to go through the IPAQ with service users the first time they completed it to ensure they understood what each question was asking.

A single item measure as an alternative to the IPAQ was also trialled at the end of an intervention. This measure simply asked people to subjectively rate if the intervention had made any difference to their levels of physical activity (see example below). Whilst this measure has not been scientifically validated, it could be a useful measure to use as part of evaluating the impact of interventions.

What difference has this group/intervention made to your level of physical activity?

- Joining the group/intervention means I'm more active than I would have been otherwise
- I would have been equally as active if I hadn't joined the group/ intervention
- Joining the group/intervention means I'm less active than I would have been otherwise

Interventions trialled

As part of the IPAcT pilot, the interventions trialled in Camden & Islington and Buckingham NHS TTad services were designed to increase levels of physical activity and improve the mental health outcomes of service users. It should be noted that, this project started and ran from October 2020-October 2023, with the planning phase beginning in early 2020, and was therefore impacted by the COVID-19 global pandemic. For this reason, the interventions trialled in the early stages of the project were designed to be delivered remotely via online video platforms (e,g., Microsoft Teams and Zoom).

The interventions below should not necessarily be thought of as the 'gold standard' or the best way to integrate physical activity into mental health care, but should be viewed as a starting place for ideas. Ideally services would be creative and trial their own ideas and evaluate over time what works. It may be helpful to adopt the quality improvement (QI) methodology[8] in your design, implementation, and evaluation of any physical activity initiatives.

The five interventions:

1. **Physical activity and long-term conditions workshop:** A step 2, three session online workshop offered to anyone accessing the service (step 2 and 3) with a long-term health condition- offered alongside other interventions.
2. **Group based CBT + Physical Activity for depression online group:** A step 3, ten session online therapy group for depression- offered as a stand-alone intervention.
3. **Walk and talk therapy:** A step 3 one to one CBT intervention with some sessions delivered while out walking- a stand-alone intervention offered in person.
4. **Animal Antiks:** In conjunction with a local charity, service users were given the opportunity to join nature walks with Alpacas- this was offered alongside other interventions (Step 2 and 3).
5. **Move More; Feel Better:** a module on the Foundations App: A wellbeing app with self-help resources focussed on helping people become more active. This was offered as an adjunct to anyone starting a treatment intervention (step 2 and 3) with the two participating NHS TTad services.

8 https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf

Physical activity and long-term conditions workshop

Design

This psychoeducational workshop was made available to NHS TTad service users living with a long-term condition and currently receiving treatment in the service. The workshops consisted of 3, 2hr sessions spread over 2 months and were delivered alongside regular treatment options (either at step 2 or 3). The focus of these workshops was to introduce behaviour change resources and practical support tools to help reduce the barriers to being active. The workshops were designed for a group size of 15 with peer support and discussed encouraged. Click here to see workshop materials**.**

Learning

Early in the delivery of this intervention, group participants requested an increase in the time between sessions to assist them in applying what they had learnt. Subsequently a 4-week gap was introduced to allow service users to trial the tools they had learned and record how they had found using them. Service users reported that the use of group discussion and peer support was extremely valuable. Using a motivational interviewing approach, service users were helped to identify their barriers to moving more and come up with their own solutions to these.

Service users reported at the end of the workshops, that they felt they had a better sense of control of their lives and so can use their time for more enjoyable activities, whilst still managing their condition.

Quotes from service users:

> **I have had MS for ten years so I have been up and down…I feel as good as I have ever felt now which is really nice to get back to that. And it is how I want to live the rest of my life, it is how I want to manage my condition…the long-term condition workshop helped me with that, because it just bought back into focus everything that I had been told in the past, that I had found useful in the past.**

> **I was able to say to my partner, friends, OK, I've been given this pacing process to follow and it is helping… So I was able to say, you know, I've been given pacing to do as a reason and that was very helpful.**

Group based CBT + physical activity for depression

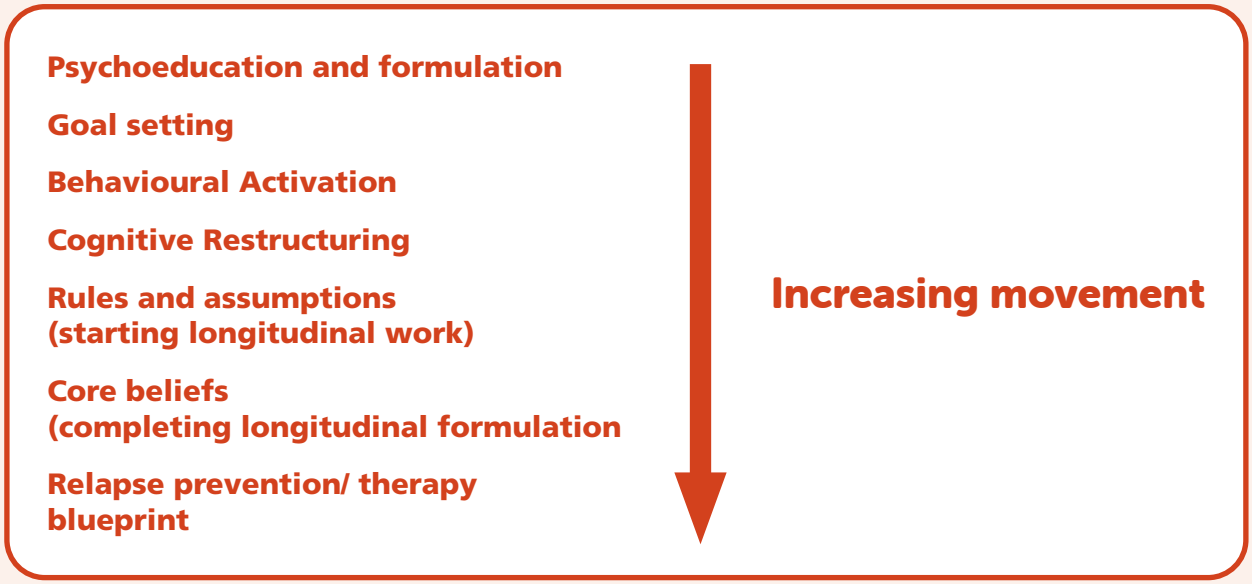
Design

This online group consisted of 10 sessions of step 3 cognitive behavioural therapy (CBT) for depression that incorporated physical activity into each session. Throughout the group there was a consistent message that increasing levels of physical activity alongside engaging with CBT will help to improve mood and, in each session, 15-20 minutes of the two-hour session were allocated for movement How service users used this time to be physically active was left up to each individual and they were encouraged to start with small achievable ways of moving given their current levels of activity (e.g., going for a walk, doing housework, engaging in a workout video for beginners, etc). In one of the sites, the movement part of the session was delivered all together as a group with facilitators taking part (using a range of light chair-based or standing exercises). This intervention was designed for a group size of up to 12 service users.

Within these sessions, there was a specific framing of the use of movement as a way of improving mood, as opposed to achieving goals focussed on physical appearance (e.g., weight loss). This distinction was also linked with a broader discussion about engaging in activities driven by values vs rigid goals and how the latter can lead to problems with self-criticism and black and white thinking *(e.g., 'I'm annoyed at myself and feel demotivated as I didn't hit my goal of running 5km in under 25 minutes')*

The content of the sessions is outlined in the below diagram. The CBT element followed a standard protocol for a step 3 intervention for depression in an NHS Talking Therapies service. Increasing levels of movement was discussed as a consistent theme alongside the key aspects of the CBT content.

Click here to see all session materials.



Learning

One consistent challenge that arose when facilitating this group intervention was ensuring that the group members felt as accountable as in individual CBT, understood what was expected from them and engaged with the interventions fully. This included an expectation that they attend at least 8 out of the 10 scheduled sessions, attend each session on time, keep their camera on during the group, engage in home practice tasks, and participate in the physical activity component of the group. Some of the challenges experienced by service users were due to the format of the sessions being 'groups based' as opposed to one to one. The below was implemented to improve engagement:

- Whist recruiting for the groups, regular emails were sent to help ensure that referring clinicians had a good understanding of what the group offers so that they could discuss the main points with the service user before referring. Updates in team meetings were also used as a space for clinicians to ask questions about the group.
- The group facilitators conducted 10–15-minute introductory calls with the service users prior to starting the group, collecting baseline measures, encouraging engagement, and ensuring expectations are managed.
- One site actively encouraged group facilitators to join in with the physical activity element.
- If any group member was struggling to engage or contribute, a call was arranged between sessions to check in and problem-solve any barriers.
- Ensuring homework setting was explicit at the end of each group session and actively followed up at the beginning of the following session.

Quotes from service users:

"I always knew that physical activity was good for my mood, but it was, like I said, just that effort of getting up and actually doing it…it was quite useful having that structured time to go "Right, now go do it" and everyone else does it, and you go "Oh, OK, I guess I will."

"'Well the first things first, I think it was the first time we had the break, the 15 minute break, and one of the psychologists gave us an exercise, like a YouTube channel to do quick exercises… And this was for me the first time of, like, OK, here is something different I can pay attention on, you know, like again finding different ways to get out of my comfort zone and find different ways to change my mood.'

Helpful resources for group facilitators:

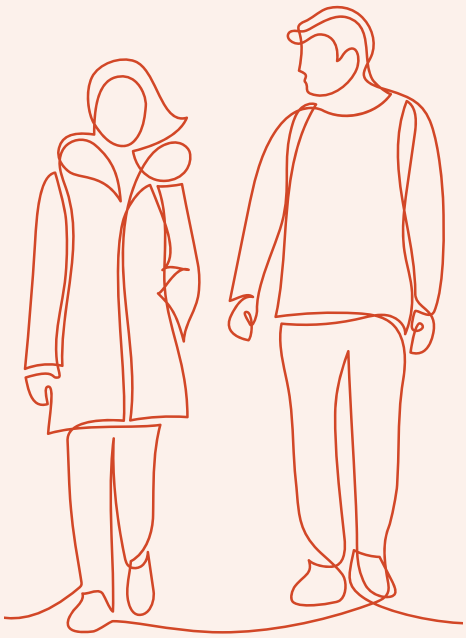
Developing skills in motivational interviewing:

Motivational interviewing in brief consultations Online course | BMJ Learning

Homepage - Moving Medicine

Physical activity that service users can engage with:

- Get active - Better Health - NHS (www.nhs.uk)
- Join the Movement | Sport England
- Ways to Move - We Are Undefeatable
- We Are Undefeatable - YouTube
- Get running with Couch to 5K - NHS (www.nhs.uk)
- Fitness Studio exercise videos - NHS (www.nhs.uk)
- Active 10
- 10 Today
- Couch to Fitness
- Stronger My Way



Walk and talk therapy

Design

An intervention aimed at integrating walking into individual step 3 CBT sessions. This intervention was similar in content and structure to the CBT + physical activity for depression group described above.

Training was offered to any step 3 clinicians who expressed an interest in delivering this intervention. Therapists were encouraged early on in sessions (normally between sessions 1-3) to discuss the benefits of physical activity and, in particular walking, as a way of helping improve mental health alongside the CBT element of the therapy. This discussion would then lead into offering service users the chance to use some of the therapy hour to go for a walk together. As a guide, 15-20 minutes of walking was suggested with the aim to have a minimum of 6 sessions that incorporated walking (e.g., 50% of sessions over a 12 session CBT treatment).

A typical session structure included:

- Setting the agenda- agreeing a plan for the session i.e. when in the session you might go for a walk (start, middle, or end).
- Discussing if there is anything the service user would rather not discuss whilst outside.
- Continuing the session as planned.

When training clinicians to discuss the benefits of walk and talk therapy the following facts were highlighted :

- *Increasing physical activity/walking is associated with improved mood, wellbeing, and a reduction in symptoms of depression.*
- *Physical activity/walking is associated with numerous physical health benefits which also impact mood and psychological wellbeing.*
- *Moving through nature has been shown to have psychological benefits as well as possibly helping with psychological processing.*
- *Walking is one of the most accessible ways to increase activity.*

- *Walk and talk therapy maps on well to CBT as a 'doing therapy' which emphasises the importance of active change/ experiments being done during therapy sessions.*

Learning

This intervention was designed to be offered in person; however, at the time when clinicians were trained to offer walk and talk, a significant proportion of sessions were delivered remotely and this reduced the opportunities for the intervention to be offered.

Clinicians fed back that during the winter months, they were less likely to offer the intervention as the weather would put them off (e.g., it was raining outside). There was also feedback that clinicians were not used to this way of working with depression (e.g., leaving the room as part of the 'active work' in the therapy which would be more routinely offered to those with anxiety disorders that require exposure/behavioural experiments) and that it might take time to get more used to approaching the work in this way. They added that it may work better for those with mild to moderate depression as opposed to severe difficulties. Clinicians also fed back that when they were able to offer walk and talk it often helped improve their own wellbeing.

Quotes from staff

> **Getting out of the therapy room to demonstrate how this can bring a change in affect. Also felt it changed our relationship and made the therapy more meaningful.**

> **Nice to walk side to side with someone and can feel more comfortable talking. Refreshing and feel better for being out walking during the session.**

> **I think it's feasible, I just think I might be more inclined to do it if my clients were more straightforward and I wasn't always rushing to my next appointment.**

> **It improved (my wellbeing). I can remember coming back in after a walking session and felt really energised and in a good mood which was quite different to how I had felt before the session.**

Animal Antiks

Design

Buckinghamshire Talking Therapies collaborated with a local community farm project, Animal Antiks, a charity that works with other Bucks community groups to provide opportunities to bring together animals, people, and nature.

The Animal Antiks group consisted of a 1 hour walk each week for 6 weeks, where service users were invited to come and walk with individually allocated Alpacas in the countryside surrounding the farm. This intervention focused on a pure physical activity approach, which was delivered as an adjunct to other forms of treatment. There was no formal CBT or psychoeducation delivered during the intervention and service users were encouraged to walk and talk with others in the group including clinicians.

Each week there was a slight increase in terms of the walk distance and intensity (e.g. including hill walking), but this was dependent on the group's ability (and of course the mood the Alpaca's were in that day).

Learning

Service users who participated in this intervention were positive about this intervention and reported benefiting from the movement, being outside in nature and social interactions with others. Some service users started to volunteer at the farm after the intervention finished to continue to support their own wellbeing as well as the farm and its other projects.

Quotes from service users:

> **I found after a few walks that I felt more comfortable talking with other people who were in my group and that can really help staying for the tea and coffee after the walks so you can chat with other people who are going through the same way you feel.**

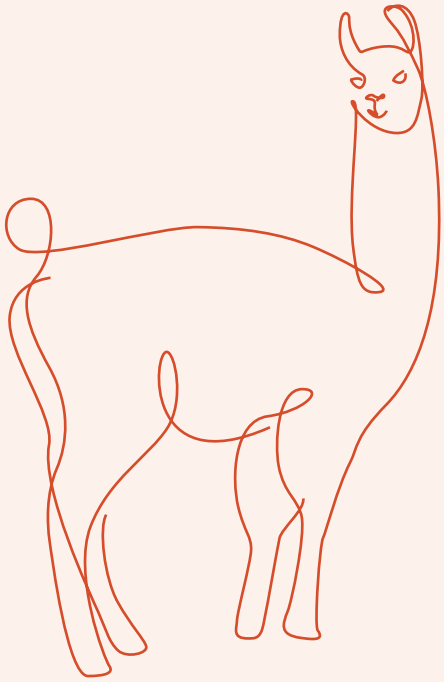
> **The animal really can brighten up your day and you can even get to talk to people who are going through the same thing you are going through and sharing coping techniques.**

9 https://www.animalantiks.co.uk/contact-us/

Quotes from staff

> Being outside and walking during the sessions has been excellent, with facilitation from the Animal Antikst staff delivery was easy, and their specialist knowledge of the animals was impactful and engaging for clients.

> I notice massive improvements in my own mood and wellbeing after attending the walks. I love animals so that automatically improves my mood but also as most of our jobs are behind a desk, being able to get out, go for a walk, get fresh air and chat to new people is so beneficial to me. I hope that my enthusiasm and love for this group is translated to clients as well.



‘Move More; Feel Better’: a module on the Foundations App*

Design:

NHS TTad services collaborated with Koa Health and a number of Experts by Experience to develop a digital intervention focused on increasing levels of physical activity. A module called ‘Move More; Feel Better” was designed and uploaded onto the Foundations App, sitting alongside a library of bite-sized tools and interventions designed to drive positive mental health outcomes and behavioural change (e.g., stress management tools, problem solving, sleep hygiene).

The ‘Move More; Feel Better’ module aimed to help service users be more physically active and improve their mental health outcomes. This was offered to service users starting treatment within the NHS TTad services involved in the project.

To ease the administrative burden on clinicians, any service user due to start treatment at step 2 and step 3 was sent an email offering the opportunity to sign up to the app, directed to the “Move More; Feel Better” module and encouraged to use it alongside the other treatment they were receiving (this was supported by non-clinical staff). The service user’s clinician was also emailed to let them know the app had been offered and to encourage them to discuss this with the service user and talk to them about engaging with the content of the app alongside the intervention they were being offered.

Learning:

There were challenges in service users taking up the use of the app. A significant amount of time was spent inviting service users to sign up, but this did not result in many service users engaging with it. For full details of numbers engaging please refer to research report linked in the foreword of the toolkit (page 2).

The sign-up process for the app involved a number of different steps and this may have reduced the likelihood that service users would complete the process. Utilization of apps like this could greatly be improved by integrating them more into existing interventions, improving interoperability between different IT systems, and simplifying the sign-up process for individuals.

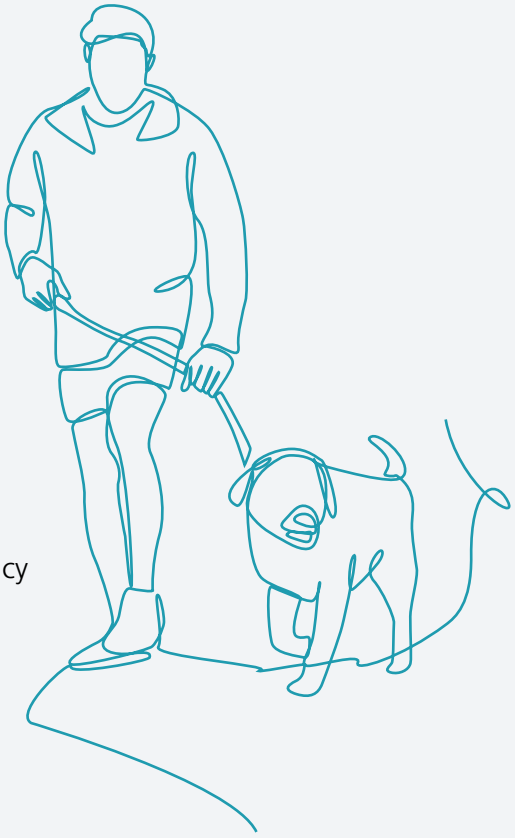
Gathering feedback on service user experience was challenging as data on app usage was stored on a separate IT system which our clinicians did not have access to.

*The development of this app intervention was not funded by Sport England. The findings have been included in this report for interest only.

Objective 3: Consistency and communication

Why is it important?

One of the challenges to clinicians being able to routinely offer support around physical activity in a mental health setting is the frequent changes in provision and the struggle to have a good mental model of what is currently available. Given the time pressures that exist within NHS TTad services it is important that the barriers to referring are low and that clinicians can feel confident that referral pathways around physical activity are consistent, high quality and available for service users who may be interested. In addition, clear communication to clinicians at regular intervals is helpful when setting up new referral pathways.



What can be done to achieve this?

As your service starts embedding physical activity into the work culture, it may be helpful to agree the best ways to ensure consistency and communication by considering some of the points below:

- After agreeing your main options for interventions around physical activity it is important to summarise these in a digestible format for all clinicians to refer to, then communicating this frequently in emails, newsletters, and team meetings.
- Ensure that regular groups and workshops are planned well in advance (e.g., having dates agreed for the calendar year).
- Provide webinars (recorded) and CPD for clinicians that includes information for clinicians on the provision that is currently available.
- Incorporate discussions around physical activity in supervision.
- Keep physical activity as a regular agenda item in team meetings.
- Seek out relevant opportunities to invite key stakeholders (e.g., local authority physical activity lead and Active Partnerships) or signposting organisations to attend specific meetings to give updates or facilitate further development of interventions.
- Incorporate physical activity in some wellbeing initiatives for clinicians so that they too can experience the benefits from moving more.
- Incorporate a section on physical activity in all local induction packs so that new starters are aware of the offer within service. See further details of free training available on page 9.

Examples from NHS TTad Services

Physical Activity Cheat Sheet	Staff Wellbeing Initiatives
Buckinghamshire developed a one page, 'Cheat Sheet', to help all clinicians keep these initiatives in mind and to encourage referrals to them: Click here for cheat sheet	The Physical Activity Co-ordinator at one of our sites offered free Yoga lessons to all staff at predetermined times in the month. These were well attended and often resulted in more conversations around other physical activity intiatives available for services users.

Objective 4: Review and revise

Why is it important?

Whilst there is a strong evidence base supporting physical activity as a treatment for mental health difficulties, there is much less consensus on **how** this should be done in an NHS Talking Ttherapy context and what type of physical activity to recommend. Should activity be facilitated in a group or one to one? Should activity be integrated into existing therapies, or should services be referring to local community resources?

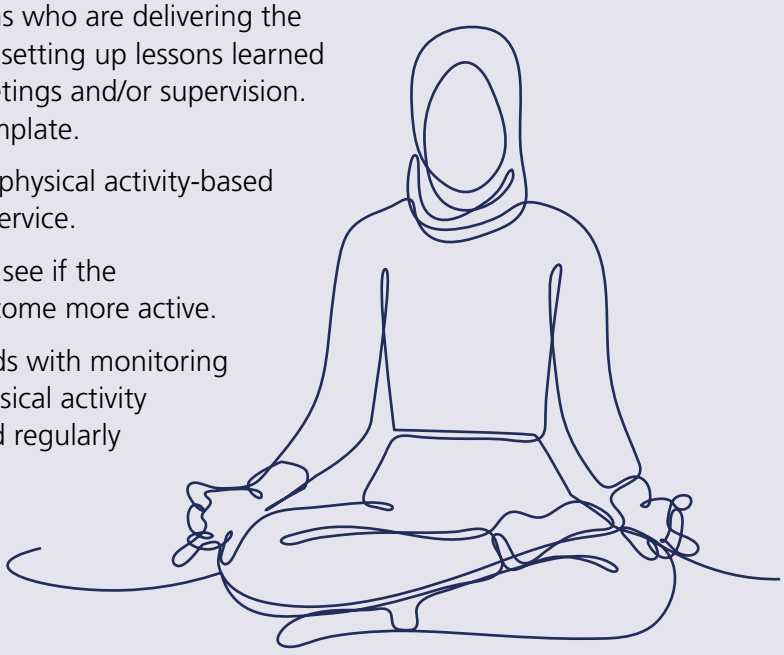
As there are no definitive answers to these questions, the IPAcT pilot project aimed to test if certain ways of working were effective and feasible to facilitate in practice. As alluded to earlier in the toolkit, every service will exist within a different context and set of pressures, and therefore a 'one size fits all' approach is unlikely to be feasible. With this in mind, it may be more helpful for services to trial different approaches and see what works in their context.

What can be done to achieve this?

Services are recommended to adopt a mindset which has been termed "actively open-minded thinking'. This describes a mindset where people are willing to revise their existing ideas and have a sensitivity to evidence that may contradict their beliefs.[10]. Throughout this pilot project outcomes and feedback about the interventions trialled were regularly reviewed. As part of this process, it is recommended to use a 'lessons learned' log for each intervention and encourage clinicians delivering the interventions to note any challenges or obstacles that arise when trialing different ways of working. It is also important to gauge and add the views and feedback from service users at regular times. As discussed earlier in the toolkit, using the quality improvement (QI) methodology to evaluate and revise the approaches being trialled can be a helpful framework for doing this.

Example methods of gaining feedback:

- Feedback from Patient Experience Questionnaires combined with a specific question about the physical activity element of the intervention.
- Asking and capturing verbal feedback from the service users at the end of each individual or group session.
- Eliciting regular feedback from clinicians who are delivering the interventions. This can be gathered via setting up lessons learned logs, asking for verbal feedback in meetings and/or supervision. see lessons learned link above for a template.
- Reviewing MDS scores and comparing physical activity-based activities to other interventions in the service.
- Review measures of physical activity to see if the interventions are helping people to become more active.
- Task Physical Activity champions or leads with monitoring overall performance and uptake of physical activity interventions offered by the service and regularly feeding back to service leads.



10 Stanovich, K. E., & Toplak, M. E. (2019). The need for intellectual diversity in psychological science: Our own studies of actively open-minded thinking as a case study. Cognition, 187, 156-166.

Examples of what changed following feedback

Below are some examples of what was changed during the pilot project in response to feedback from clinicians and service users:

CBT + Physical Activity Group for depression:

The original plan was to structure the group with the first 90 minutes being CBT and then finishing with 30 minutes of physical activity. However, clinicians fed back that having only 90 minutes of therapy time often meant the group felt rushed and switching to 15-20 minutes of movement per session allows for more time to engage in the therapy element.

Service users fed back that moving the physical activity element to the middle of the session was a helpful way to break up the content and helped improve concentration and engagement. However, in another site service users fed back having the physical activity at the start of the group felt more energising and enabled group members to then focus better on the CBT element of the group.

Feedback was mixed from service users on how they preferred the physical activity element of the group to function. Some preferred to be fully self-directed and use the time to do what they wanted to. Others stated that they liked the facilitators to give more guidance (e.g., sharing video content and suggesting everyone follows along if they feel able to). After experimenting with a few different ways of doing this a hybrid model was used, online video content was shared, but service users could also use the time to do their own self led physical activity if they preferred.

Walk and Talk therapy

Clinicians were originally advised to offer walk and talk therapy in the first therapy session where the primary focus of the work would be on depression. However, following feedback from clinicians that services users often weren't sure if they wanted to commit to this as an alternative way of doing therapy, a different way of introducing the intervention was trialled.

Clinicians were instead encouraged to discuss the potential benefits of physical activity and walking in an early therapy session (ideally between session 1-3) as a helpful way to improve mood. Clinicians would then suggest going for a walk together in the session (e.g., in the same way a spontaneous behavioural experiment to test a belief might be used). Following this walk, clinicians were encouraged to follow this up by suggesting further sessions could include a walk together during the therapy hour. Feedback suggested this helped service users become more willing to try the intervention.

Bringing it all together

This toolkit has been written with the aim of inspiring you to trial some of the ideas outlined and take up the challenge of integrating physical activity into mental health provision. As highlighted throughout this document, implementing a shift in working practices should be thought of as a marathon not a sprint, but with time and effort changes are possible. Good luck!

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Acknowledgements

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The toolkit was researched and written by Joshua Cane and Josef Landsberg

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