Get Set to GO

mind
for better mental health

SPORT ENGLAND
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Sport and physical activity for people with mental health problems: a toolkit for the sports sector

Introduction

We're Mind. We provide advice and support to anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding. We work in partnership with over 140 local Minds across England and Wales, delivering high quality services to anyone who needs them. We won't give up until everyone experiencing a mental health problem gets both support and respect.

Being physically active is key to supporting your mental health. Approximately 1 in 4 people in the UK will experience a mental health problem each year.[1] Research shows that being active can reduce your risk of depression by up to 30%.[2] It can also reduce anxiety and stress, combat low mood and increase self-esteem.

This toolkit has been developed to help you make your services more accessible to people with mental health problems. It shares learning and best practice from other organisations, and uses real examples and tested resources. It has been developed specifically for the sport and physical activity sector and covers:

- Understanding mental health.
- How incorporating mental health outcomes will benefit your organisation.
- Key stakeholders in the mental health sector.
- Mental health sector terminology.
- Mental health problems and the law.

This guidance has been designed to sit alongside our *Delivering a sport and physical activity service: A toolkit for mental health providers*. We hope you'll find the toolkit useful. For further information please visit **mind.org.uk/sport**

1 *Adult Psychiatric Morbidity Survey* 2007 (England) Available here: http://www.hscic.gov.uk/pubs/psychiatricmorbidity07 (Accessed June 2017)

2 Department of Health (2011) *Start Active, Stay Active*. Available here: https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers (Accessed June 2017)

Contents

Guide 1: Understanding mental health

This guide covers

- What mental health is.
- What causes mental health problems.
- How mental health problems are diagnosed.

What is mental health?

Just as we have physical health, we all have mental health too. The World Health Organization defines mental health as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.[3]

What is mental wellbeing?

Mental wellbeing describes the wider set of thoughts and feelings that influence our emotions and day-to-day behaviour. Just as we can look after our physical health, we can do to take care of our mental wellbeing too. Looking after our mental wellbeing can play an important role in developing our ability to cope with the ups and downs of life. More information about mental wellbeing can be found on Mind's website.

What are mental health problems?

Approximately 1 in 4 people will experience a mental health problem in any given year.[4] Common mental health problems include depression and anxiety, while less common problems include schizophrenia and bipolar disorder.

If you experience low mental wellbeing over a long period of time, you may be more likely to develop a mental health problem. If you already have a mental health problem, you're more likely to experience periods of low mental wellbeing, but that doesn't mean that you won't also experience periods of feeling well. Mental health problems can affect the way you think, feel and behave. They can affect anyone regardless of age, race, religion or income.Physical health problems tend to be better understood than mental health problems, and there is still stigma and confusion around mental health diagnoses.

3 World Health Organization. *Mental Health: a state of well-being.* Available at: http://www.who.int/features/factfiles/mental_health/en/ (Accessed June 2017)

4 *Adult Psychiatric Morbidity Survey* 2007 (England) Available at: http://www.hscic.gov.uk/pubs/psychiatricmorbidity07 (Accessed June 2017)

What causes mental health problems?

Mental health problems can have a wide range of causes that can be complex and interrelated. In most cases, no one is precisely sure what the cause of a particular problem is – it's likely to have been a combination of factors.

A list of common causes can be found on Mind's website.

Some people may also be more likely to develop mental health problems because of their background and life circumstances. It can be hard enough living with a mental health problem, but when a person also faces stigma and discrimination because of their ethnicity, sexuality, disability or other, things can be even harder. As a result, a person may be at a greater risk of developing a mental health problem because of their:

- Age
- Race
- Faith
- Gender identity
- Sexual orientation
- Disability or long-term health condition
- Pregnancy or maternity
- Marriage or civil partnership

Support services may have little understanding of what people from different backgrounds and life circumstances need. Because of this lack of understanding many people who already face multiple barriers then become more unwell and reach crisis point.

More information about people who face multiple barriers and discrimination can be found on Mind's website.

Mental Health Myth Busters

Lots of myths and misconceptions surround mental health. These can make it more difficult for people with mental health problems to seek and find appropriate help and advice. Myths and misconceptions also make it more difficult for the public to fully understand mental health, and can fuel the stigma that people with mental health problems often face.

The Time to Change campaign aims to raise awareness of mental health and works to end the stigma surrounding it. Run by Mind and Rethink Mental Illness, it has a wide range of resources to help you discover more about mental health and separate the myths from the facts. Take the Time to Change Mental Health Quiz to see how much you know.

How are mental health problems diagnosed?

When diagnosing a mental health problem, doctors look for groupings of certain symptoms. For more common problems, particularly depression and anxiety, a doctor will normally conduct a short questionnaire with their patient to make an assessment.

Less common mental health problems are usually diagnosed by a specialist such as a psychiatrist or a psychologist. While there may be common symptoms associated with mental health problems, we must remember that the way people experience them can be very different. Labels and diagnoses do not define a person, nor do they shape a person's entire life.

There are a number of common mental health diagnoses, including:

- Depression
- Anxiety
- Obsessive-compulsive disorder (OCD)
- Phobias
- Eating problems
- Bipolar disorder
- Schizophrenia
- Personality disorders

More information on each of these can be found on Mind's website and our YouTube channel.

How are mental health problems managed and treated?

If you have a mental health problem there is a range of support and treatment available. Some of the most common are listed below. Different communities manage wellbeing in different ways, so it's important to deliver culturally appropriate support. For example this could involve delivering interventions in familiar surroundings by people from a similar background to your audience.

Arts therapies	Arts (or creative) therapies involve using the arts in a therapeutic environment with a trained therapist. The different types of regulated arts therapies include: • Dance movement therapy • Drama therapy • Music therapy • Visual art therapy

Ecotherapy / Nature-based interventions	Ecotherapy and nature-based interventions cover a wide range of treatment programmes which aim to improve mental and physical wellbeing through doing outdoor activities. These include: • Gardening • Conservation • Physical activity in the natural environment You can hear from people who have benefited from getting active in nature on Mind's YouTube channel.
Peer support	Peer support is when people use their own experiences to help each other. Forms of peer support include: • Community groups • Mentoring • Befriending • Self-help groups • Online communities • Support groups Roseanne from the Swift Tees community running group talks about how she found peer support through sport in this video from Mind's Side-by-Side peer support programme. Further information about peer support can be found on Mind's website.
Psychiatric medication	Psychiatric medication includes all drugs which can be prescribed to treat different types of mental health problems, or to reduce the symptoms. There are four main types: • Antidepressants • Antipsychotics – drugs used to treat the symptoms of psychoses when a person perceives or interprets reality in a very different way from people around them • Mood stabilisers • Sleeping pills and minor tranquilisers First-hand accounts about the effects of different forms of medication can be found on Mind's YouTube channel.

Sport and physical activity	In guide 1 of *Delivering a sport and physical activity service: a toolkit for mental health providers*, we looked at how physical activity can support physical and mental health. Mind's Get Set to Go programme is changing lives with support from Sport England and the National Lottery. In the heart of communities, our local Minds are providing bespoke Get Set to Go sports programmes to get people moving. These programmes are removing the barriers to physical activity that people with mental health problems often face. A collection of stories from people with mental health problems who have overcome barriers to getting active can be found on the Get Set to Go website.
Talking treatments	Talking treatments involve talking to a therapist about your thoughts and feelings. Common talking treatments include: • Cognitive Behavioural Therapy (CBT) – a form of psychotherapy, which looks at how your feelings, thoughts and behaviour influence each other and how you can change these patterns. A video guide to CBT can be found on Mind's YouTube channel. • Counselling – a shorter and more focused treatment than psychotherapy that provides a safe and confidential space to talk about your thoughts and feelings.

To find out more about the different support available to manage and treat mental health problems visit Mind's website.

Guide 2: How will incorporating mental health outcomes benefit my organisation?

This guide covers:

- How developing physical activity services that support and improve mental health and wellbeing can add value to your organisation.
- Key stakeholders in the health sector, and how to engage them.
- Common terminology used in the health sector.

How can developing initiatives that support mental health and wellbeing benefit my organisation?

Approximately 1 in 4 people will experience a mental health problem in any given year,[5] so it is almost certain that people with mental health problems are already engaging with your organisation. By developing your resources and capacity to support people with mental health problems, and working in partnership with mental health sector organisations, you can strengthen your service in the following ways:

- By helping your existing participants look after the mental health of themselves and others.
- Physical activity programmes designed to support people with mental health problems can tap into the help, resources and recognition available through initiatives such as the Mental Health Charter for Sport and Recreation (see box below).
- By supporting the mental health of people with physical health conditions. Nearly half of people with a mental health problem also have a long-term physical health condition.6 So if, for example, you deliver physical activity programmes that target people with diabetes or cardiovascular disease, then it is likely that a high proportion of these participants will also have mental health problem.
- Mental wellbeing is a key outcome in the latest government and Sport England strategies, so for organisations drawing funding from Sport England it will be useful to be able to articulate how you're supporting this outcome. Organisations drawing funding from Sport England will increasingly need to articulate how they will meet mental health outcomes within their work.

5 *Adult Psychiatric Morbidity Survey* 2007 (England) Available at: http://www.hscic.gov.uk/pubs/psychiatricmorbidity07 (Accessed June 2017)

6 Sport England (2016) *Mapping Disability: the facts.* Available at: https://www.sportengland.org/media/3988/mapping-disability-the-facts.pdf

When setting up a service to support people with mental health problems, it's best practice to work with mental health partners at an early stage. By doing so you will be demonstrating a willingness to support them to meet their goals, as well as your own. Benefits include:

- Engaging their service users to help you design and develop your service from the outset. This will help you to understand their aspirations, motivations and challenges, and the ways they can contribute to your service.
- An opportunity to align the outcomes of your service with those of the local mental health sector to foster positive working relationships, and to avoid duplication.

For information to help you decide how you can develop a mental health and physical activity offer, see guide 3 in *Delivering a sport and physical activity service: A toolkit for mental health providers*.

The Mental Health Charter for Sport and Recreation

The Mental Health Charter for Sport and Recreation sets out how the sport sector can use its collective power to tackle mental health problems and the stigma that surrounds them.

The Charter outlines six actions that the sport sector can take to help make mental health a better understood matter.

- Use the power of sport and recreation to promote wellbeing, with a special focus on encouraging physical activity and social interaction for their contribution to good mental health.
- Publicly promote and adopt good mental health policies and best practice within sports and recreational activities.
- Promote positive public health messages using diverse role models and ambassadors to reduce the stigma attached to mental health problems.
- Actively tackle discrimination on the grounds of mental health to ensure that everyone is treated with dignity and respect.
- Support the establishment of a pan-sport platform to work closely with the mental health sector to develop and share networks, resources and best practice.
- Regularly monitor performance, assess progress and take positive action on mental health issues.

Since the Charter was launched in 2015, 278 organisations* have signed it to commit to tackling mental health stigma through physical activity.

* Correct as of March 2017.

Action taken by signatories ranges from community initiatives such as England Athletics' mental health ambassadors programme, to national action such as the Football Association's Time to Talk films and Mentally Match Fit workshops. The Professional Players' Federations are also leading the way. For example, the Rugby Players Association's #LifttheWeight campaign highlights the resources available to support rugby players with some of the challenges they may face during and after their careers.

To find out more about the Charter and how you can get involved, visit the Sport and Recreation Alliance website.

Who are the key stakeholders within the health sector?

When mapping your stakeholders, it's important to include people with mental health problems because their experiences can inform the services you offer. For example, they can help you manage and mitigate the barriers they face to being active. They can also help you find the activities that will interest them the most and advise you on the type of adaptations you can make to ensure they're inclusive and appealing.

Our toolkit *Delivering a sport and physical activity service: A toolkit for mental health providers* outlines ways you can engage people with mental health problems in your work. We have also developed an 'Influence and Participation' toolkit to support you to think about how you can involve people with experience of mental health problems in developing your physical activity sessions. This toolkit will be available on our website, summer 2017.

There are also a number of other key local and regional stakeholders* you should think about engaging to maximise the impact of your service.

* Please note that the names and forms of these stakeholders may vary between locations.

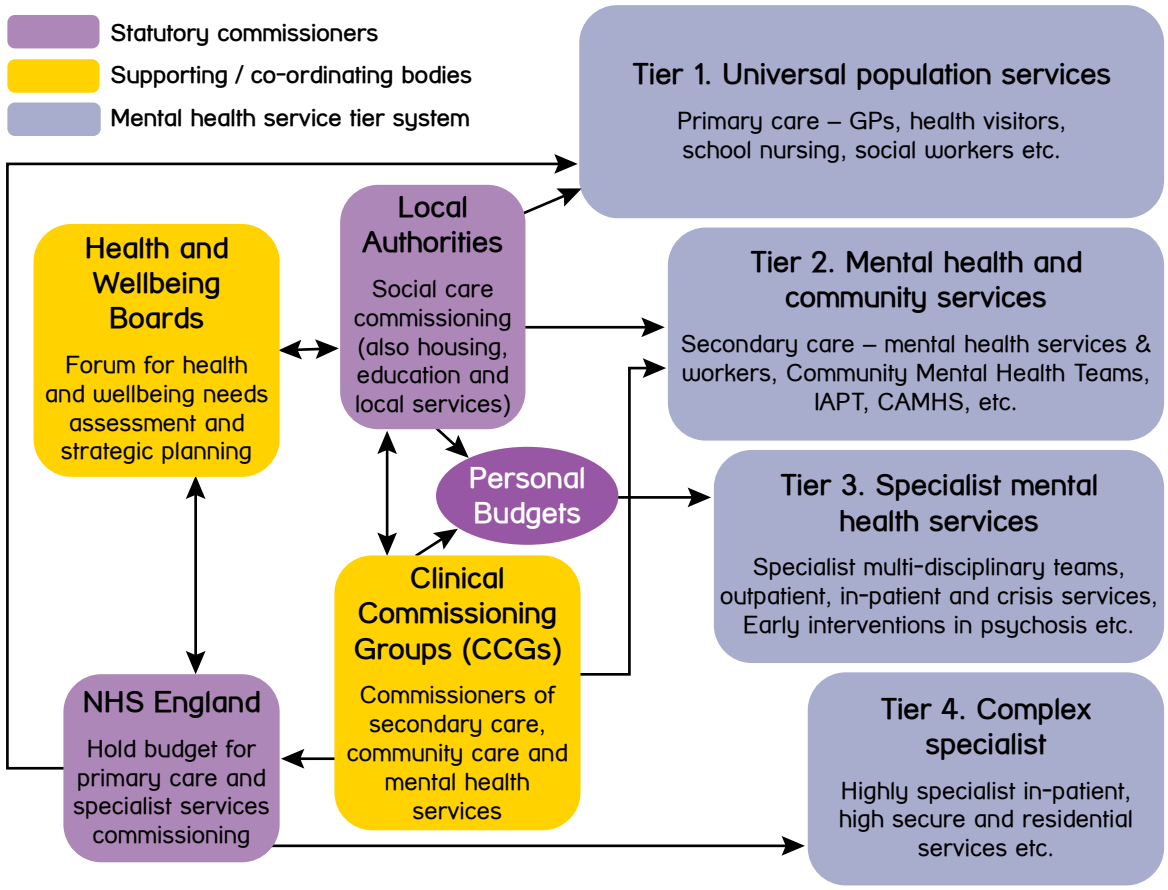
Key stakeholders you could engage with			
Type of organisation	Description	Potential support they can offer	Key stakeholders
Primary care	Primary care is likely to be a person's first point of contact with the NHS. This includes community based services such as GPs and Nurses, as well as Allied Health Professionals such as Pharmacists.	• A referral partner who can identify patients who would benefit from physical activity and refer them to your sessions. • A source of advice and guidance on the type of support an individual with physical health conditions may need before engaging with your sessions.	• GP • General Practice Nurses • General Practice Managers • Community Psychiatric Nurse • Community Mental Health Nurse • Pharmacies • Health visitors • Clinical Commissioning Group (CCG) Mental Health lead
Secondary care	If a person has received primary care and needs to seek further support, they may be referred to a specialist who has expertise on their specific issue. This is known as secondary care and it usually takes place within a clinical setting.	• Promoting your activities and events. • A referral partner who can signpost clients to your sessions. • Link to local mental health networks. • Point of contact to signpost participants if they require further support.	• Psychiatrist • Psychotherapist • Therapist • Community Mental Health Teams • Early Intervention Teams • Crisis Resolution and Home Treatment Team • Children and Adolescent Mental Health Services (CAMHS) • Mental health inpatient teams (wards and hospitals) • Private mental health providers • Occupation Health teams • Psychological wellbeing practitioners (PWPs) • CCGs Local Authority lead
Public health	Any measure that helps people to stay healthy, and protects them from threats to their health and wellbeing, which does not involve health services.	• Ensure your service complements existing initiatives. • Promoting your activities and events. • Link to local health and wellbeing networks.	• Local Public Health teams • CCG Sustainability and Transformation Plan (STP) lead

Key stakeholders you could engage with			
Type of organisation	Description	Potential support they can offer	Key stakeholders
Voluntary sector	Non-governmental organisations that are not-for-profit and operate to make a positive impact on society. The voluntary sector has a number of other names, which include the third sector, charity sector and not-for-profit sector.	• In-depth information about mental health. • Resources and insight from programmes developed to support mental health through sport and physical activity such as Get Set to Go. • Providing training courses including Mental Health First Aid (MHFA) and Mind's Mental Health Awareness for Sport and Physical Activity (MHASPA). • Point of contact to signpost participants if they require further support. • Trained volunteers who can provide peer support and mentoring to participants. • Opportunities to engage your target audience, during both the planning and delivery phase of your service. • Funding partner to help you access a broader range of funding streams.	• Mind • Rethink Mental Illness • Scottish Association for Mental Health (SAMH) • Together • Bipolar UK • CALM • Samaritans • Mental Health Foundation • Mental Health Matters • Young Minds • Student Minds • MindOut • National Survivor User Network (NSUN) • Faith groups • Community groups • Homeless charities

There are also a number of other stakeholders in the health, voluntary and public sectors that can support the delivery of your sessions.

Children and Young People	• Nurseries • Children's centres • Schools • Colleges • Adult education • Universities
Local authority	• Social care services – a series of video guides that explain how social care works can be viewed on the King's Fund website. • Local authority run leisure services • Local authority teams working with diverse communities
Housing	• Housing associations

As you'd expect, different health sector professionals don't work in isolation from each other. The diagram below shows a simplified picture of the relationships between stakeholders and how they interact. The King's Fund have also created case studies to illustrate how mental health services work with other public and health services.



Source: Sport England

How do I approach key stakeholders within the mental health sector?

In guide 4 of the toolkit *'How do I identify and engage my key stakeholders?'*, we looked at different approaches to engaging stakeholders. These included considering:

- The stakeholder's priorities and how your service can support them.
- The aims of your organisation and what you plan to achieve through delivering physical activity to support mental health.
- A clear idea of the type of support you would like in return.
- An easy way for them to contact you to discuss next steps.

A first step in ascertaining your stakeholder's priorities is to be aware of some of the strategies that are shaping their decisions. Some key strategies that are shaping the way mental health services are developed and delivered are highlighted in the table below.

National strategies	
Five Year Forward View for Mental Health (FYFVMH)	Sets out a detailed 5-year plan for improving the mental health of people in England across all ages. Over half of the 20,000 people who contributed to the report (51.9%) wanted greater access to treatments and interventions, and almost one-third (32.9%) wanted a greater variety of treatment options. It also recommends physical activity as an intervention to support people with mental health problems who are at a greater risk of poor physical health. The full report and associated documents can be found on the NHS website and a summary can be downloaded from the NHS Confederation.
No Health Without Mental Health	A cross-government mental health strategy that sets out six objectives to improve the mental health, wellbeing and outcomes of people with mental health problems.

Mental Health Crisis Care Concordat	A national agreement between local services and agencies involved in the care and support of people in mental health crisis. It sets out how organisations will work together better to make sure people get the help they need.
Future in mind	A government report, which sets out recommendations to better support children and young people's mental health.
Together for Mental Health	10-year strategy to improve mental health and wellbeing across Wales.

Local and regional strategies	
Health and wellbeing strategy	Determines the key health priorities in your area. A guide to health and wellbeing strategies is available on the UK government website.
Sustainability and Transformation Plan (STP)	Brings together all parts of the health economy, to show how they are planning to implement the NHS' Five Year Forward View, which includes the Five Year Forward View for Mental Health. More information about STPs can be found on the King's Fund website.
Suicide Prevention Plan	A multi-agency approach to plan to prevent suicide in each local authority. The lead will be different in each local authority – i.e. in one it could be the local authority, in another it be the police or the CCG. You can find more information on the UK government website.

Devolution agenda	If a region has devolved powers, (such as London and Manchester), the Mayor will be able to create their own strategies to deliver services. The powers vary between regions so it's important to find out what their Mayor is responsible for, and whether this presents an opportunity for local engagement. More information about devolution can be found on the LGA website.

Sport England's website also provides information about local health structures and links to resources to help you engage them.

There are also a number of existing national campaigns and initiatives aimed at improving public health and wellbeing.

- Public Health England's One You campaign
- CSP Network Workplace Challenge
- Ambitions to improve and support the health and wellbeing of NHS staff.

It is worth considering how your service can complement and integrate with these schemes to maximise your resources and strengthen your impact.

Common terminology used in the mental health sector

Like all sectors, there are a lot of terms frequently used within the mental health sector that might be unfamiliar to you. The following table defines some of the more commonly used terms. This is not an exhaustive list and more information can be found on Mind's information pages.

Lived experience	A person who has their own experience of living with a mental health problem. This term is most commonly used when involving people with experience of a mental health problem in work that will influence the development of new or current services / projects.
Improving access to psychological therapies (IAPT)	A programme offering talking treatments for common mental health problems, such as anxiety and depression. This programme is also called 'psychological services (IAPT)' in some places.
Psychological Wellbeing Practitioner (PWP)	A Psychological Wellbeing Practitioner works within the Improving Access to Psychological Therapies (IAPT) service. They are trained to deliver talking treatments to help people understand and manage their emotions and behaviour.
Early intervention teams (EITs)	An early intervention team (EIT) works with anyone aged 14–35 who is experiencing a first episode of psychosis or is at significant risk of doing so.
Clinical Commissioning Group (CCG)	Clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Community psychiatric nurse (CPN)	A registered nurse with specialist training who works with people who receive community-based mental health care (i.e. care outside of hospital). They are also known as Community Mental Health Nurses (CMHNs).
Care Plan	A plan developed between a person and a team of mental health professionals, which outlines how their care will be coordinated. Part of the care plan includes mitigating any risks to the individual's wellbeing and detailing the support in place if they reach mental health crisis.
Crisis services	A mental health crisis is when a person feels that their mental health is at breaking point. Any service that is available at short notice to help someone resolve their crisis or to support them while it is happening can be described as a crisis service. Further information can be found on Mind's website.

Crisis Plan	A crisis plan highlights the support an individual might need if they're in a mental health crisis. The plan can include information about recognising early signs that a person is approaching a mental health crisis and advance treatment statements, including their preferences, and childcare arrangements. If the crisis plan is developed in conjunction with mental health professionals then it is called a joint crisis plan (JCP). More information about crisis planning can be found on Mind's website.
Recovery college	A place where people with lived experience can work together to design and attend courses that would not typically be offered in other educational settings e.g. courses in understanding recovery and peer support training.
Comorbidity	When someone has more than one physical or mental health problem at the same time.
Secure mental health services	Specialist services providing treatment for adults with mental health problems who are at significant risk of harming themselves or others. Patients are detained under the Mental Health Act 1983.
Forensic mental health service	These services are for people who may pose, or who have posed, a risk to others. Patients may come from prison or general psychiatric service. A short explanatory video is available on the South London and Maudsley NHS Foundation Trust website.
Approved Mental Health Professional (AMHP)	Mental health professionals who have been approved by a local social services authority to carry out duties under the Mental Health Act 1983. They are responsible for coordinating a person's assessment and admission into hospital if they are sectioned.
Mental Health First Aid (MHFA)	A short course that helps you learn how to identify, understand and support someone who may be experiencing problems with their mental health. Further information can be found on the MHFA England website.
Mental Health Awareness for Sport and Physical Activity (MHASPA)	A three-hour awareness course aimed at sport and physical activity providers, coaches, sports administrators, front of house staff and volunteers.

Case Study: Tees Active give an account of their partnership with Middlesbrough and Stockton Mind

Tees Active is a charitable leisure management organisation with responsibility for leisure facilities within Stockton-on-Tees. We run a programme called Club 55, which supports inactive adults aged 55+ into physical activity with the aim of improving their physical and mental wellbeing.

We decided we wanted to improve our organisational knowledge and understanding of mental health problems so that we could make sure our services were inclusive. We reached out to Middlesbrough and Stockton Mind who were happy to work in partnership with us.

As a result of this partnership, we have been able to offer Middlesbrough and Stockton Mind's Get Set to Go participants free activities and sessions at our facilities. We programmed these for the afternoon to make them convenient for Middlesbrough and Stockton Mind's participants, and to make use of our facilities at traditionally quiet times of the day. In return, Middlesbrough and Stockton Mind delivered workshops for our staff and coaches to improve their awareness of mental health.

Through this partnership we've also learned some innovative ways of helping participants overcome some common barriers to getting active. For example, Middlesbrough and Stockton Mind's Sports Coordinator photographs the door of any new facility that their participants may need to go through to access an activity. This then gets shown to participants, which helps alleviate some of their potential anxieties around getting involved in activities in a new setting.

The strength of the partnership between Tees Active and Middlesbrough and Stockton Mind is a result of the strong and positive personal relationships both organisations have worked to build, and the fact that we are each able to help the other improve our services.

Allan McDermott, Sports Academy Manager, Tees Active

What is social prescribing?

Social prescribing is a way for healthcare professionals to refer people to services in their community that do not take place within a traditional medical setting, such as a hospital or a GP practice. Examples include exercise classes, gardening sessions or art groups. Social prescribing acknowledges that a person's health is affected by a wide range of factors in addition to medical causes, such as social, environmental and economic factors. In doing so, it complements any existing treatments a person may be undergoing and helps to address their needs in a holistic way. It also gives the person a greater choice of treatment options and can help them to better manage their condition and build social ties within their community.

Case Study: GLL's Healthwise programme

Healthwise is a 12-week GP referral programme designed to support inactive people with long term medical conditions in becoming more active. It's run by GLL, a charitable social enterprise that provides community leisure and fitness facilities in partnership with more than 30 local councils across the country.

Healthwise members receive an individually tailored programme from staff who are trained in behaviour change techniques - this helps them start building activity into their lives. They are offered access to classes and courses designed to help them manage and even improve their condition. Participants who successfully complete the programme are also offered a heavily discounted membership over a three year period to encourage them to be physically active long term.

The time taken to understand each member's aspirations and their barriers to becoming active are critical to the success of the programme. Every person who signs up to Healthwise has an initial consultation with a member of staff to discuss their relevant medical history and current physical activity levels, they then have a follow-up when they have completed the programme.

Healthwise staff offer members the opportunity to review their progress during multiple stages in the programme to discuss whether their requirements. Staff are also trained in Mental Health First Aid, so they have in-depth knowledge about mental health and can guide members to specialist services who can provide further support.

The Healthwise programme can adapt to the needs of the individual throughout the programme, quickly responding to any changes and, by doing so, enhance the member experience.

"I've found the support and encouragement to go back to swimming that was provided by this initiative invaluable in helping me overcome my mental health challenges, and have started to feel more like the old me again. When I prioritise my swimming and general health over the demands in the rest of my life, I feel a lot better. It has made all the difference."

Healthwise participant, Oxfordshire

The National Institute for Health and Care Excellence (NICE), who decide which drugs and treatments are available on the NHS, recommend physical activity as one of the first treatments for mild-to-moderate depression. More guidance on the treatments available for mental health problems are available on the NICE website.

More information about social prescribing can be found on the King's Fund website.

Guide 3: Sport, mental health and the law – what do I need to know?

This guide covers:

- The Equality Act and how it relates to mental health.
- How you can use the Equality Act to better support people with mental health problems.
- Information about the reasonable adjustments you can make.

Mental health and the Equality Act 2010

Everyone has the right to equal access to services and support. The Equality Act 2010 is the law that gives people the right to challenge discrimination. An individual is protected under the Equality Act if they can show that they have been treated badly because of one or more of the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

A mental health problem can be classified as a disability if:

- It is long-term, i.e. lasts more than 12 months, or is likely to do so.
- It has an adverse effect on the individual's ability to carry out normal day-to-day activities, e.g. the ability to get up in the morning or plan a journey to work.

When assessing if a person can be defined as having a disability under the Act, it is important to note that the assessment must take into account how the person's mental health problem could affect their day-to-day life if they were not receiving treatment. The focus is on the effect of the mental health problem, rather than the diagnosis. If a person does not currently have a mental health problem, they are still protected from discrimination if they have previously had a disability (as defined by the Equality Act) in the past.

Example – Anne

Anne has recently experienced a bout of depression which is affecting her ability to perform day-to-day activities. She is struggling to get out of bed, take care of her personal hygiene and leave the house to see friends and family. She is not receiving treatment. In this instance, it would be reasonable to assume that Anne's condition amounts to a disability.

However, if Anne was receiving treatment and was able to perform day-to-day activities then she might still be considered to be living with a disability 'but for' the treatment she is receiving. Without the treatment, her mental health condition would in all likelihood have had a substantial adverse effect on her day to day activities, and therefore be defined as a disability.

Discrimination under the Equality Act

There are many situations in which an individual may feel like they are being treated unfairly because of their disability. However, the Equality Act is specific in the types of discrimination it covers.

Type of discrimination	Description	Example
Direct discrimination	Treating someone less favourably because of a disability.	Restricting a group or individual's use of your facilities at certain times because of their mental health problem. Rejecting a person's application to join a sports club on the grounds of their mental health problem.
Discrimination arising from disability	Treating someone unfavourably because of something connected with a disability, rather than the disability itself.	A leisure centre dismisses a trainer who has been absent for 3 weeks with a recurrence of a longstanding depressive condition. The leisure centre is not dismissing the trainer because of their disability, but because of the absence. However, the absence arises in consequence of the disability and will be discrimination unless the centre can justify it.
Indirect discrimination	Applying a policy or condition which adversely impacts a protected group – e.g. disabled people.	Organising a team selection session at 7am on a Saturday morning when you are aware that an individual's medication makes them feel lethargic first thing in the morning.

Type of discrimination	Description	Example
Harassment	Creating a hostile or degrading atmosphere because of someone's disability.	A member of leisure centre staff imitates the behaviour of an individual with mental health problems and makes fun of them on the basis of their mental health.
Victimisation	Treating someone unfavourably because they have made or supported a complaint of discrimination.	Refusing to put a player forward for a captaincy because they have supported a team-mate's complaint over their mental health problem.

It is important to note that in the two types of discrimination (indirect and discrimination arising from disability) it is possible for a body or employer to legally justify behaviour that would otherwise be considered discrimination. To do this they must show that their action was a 'proportionate means of achieving a legitimate aim.' The Equality Act does not define what this means, and so when considering a situation that may result in potential discrimination under the Equality Act it is sometimes useful to take it in two stages and to consider various questions. It is often easier to consider the 'legitimate aim' first, and then move on to the 'proportionate means':

- Legitimate aim
  - What is the reason for the rule or policy or the behaviour?
  - Is that reason genuine and valid?
  - Does the organisation have a real need for the rule or policy or the action?

  There are all sorts of things organisations might have as legitimate aims. For example:
  - Ensuring the health and safety of members
  - Helping the efficient running of the organisation
  - Ensuring the efficient use of resources.
- Proportionate means
  - Is the rule or policy reasonably necessary to achieve the legitimate aim?
  - Has the organisation considered how the rule or policy or the action might affect people with disabilities?
  - Has the organisation balanced its own needs against the impact that its rule or policy or action might have on people with disabilities?
  - Is there a way of achieving the organisation's aims in a way that causes less of a disadvantage to people with disabilities?

Example

A leisure centre has a rule that if anyone wishes to cancel a pre-booked class in the gym then they must telephone reception at least 24 hours before the class in order not to be charged for it. The centre used to allow people to cancel by email, but sometimes there was a backlog of emails and so cancellations were not processed in time for classes. The centre therefore imposed the rule that cancellation could only be made by telephone and not email. Many people with mental health problems find telephone conversations difficult for a variety of reasons. This rule therefore has the potential to disadvantage people with disabilities.

Legitimate aim: the leisure centre has introduced this rule with the aim of ensuring that it ran its services efficiently. This is a genuine and valid reason and the centre has a real need to ensure its services are run efficiently.

Proportionate means: the leisure centre does not reasonably need the rule in order to make sure its services are run smoothly. It hasn't considered how the policy might affect those with mental health problems and has really only considered its own needs. Setting up a text messaging facility, or proper management of its email system would achieve the centre's aims without causing difficulties to people with mental health problems. The aim of the rule is 'legitimate', but the means used to achieve the aim were not 'proportionate' and so the rule is not justified.

Which organisations need to adhere to the Equality Act and in what ways?

All organisations or individuals that provide a service to the public, or a section of the public, must adhere to the Equality Act. The Equality Act defines a service provider as an organisation or person that provides services to the public, or a section of the public, for payment or for free. This definition covers a large number of community sports bodies, including gyms and leisure centres. Some sports bodies can also be considered as associations **under the Equality Act if they have:**

- 25 members or more.
- Rules for admission (not necessarily formal or written), and a genuine selection process for prospective members that is not solely determined by whether a person pays a fee to join that organisation.

Examples of associations include private clubs such as golf and other sports clubs.

A sports body can also fall under the Equality Act as an employer. More information about the steps employers can take to avoid mental health discrimination in the workplace can be found on Mind's website.

The public sector equality duty (PSED) is a special duty that most public authorities (such as government departments, local authorities, police forces and NHS hospitals) have to:

- Remove or minimise any disadvantages people may face because of their mental health problem.

- Take steps to meet the needs of people with mental health problems that are different from the needs of people who don't.
- Encourage employees with mental health problems to get involved in public life or in any other activity in which their participation is disproportionately low.

The PSED applies to any body that is run or hosted in whole, or part, by a public sector organisations. This includes local government sports development teams and local authority leisure providers, and can include County Sports Partnerships if they are hosted by their local authority.

Example case study – John

John has been diagnosed with schizophrenia and has been detained in hospital under the Mental Health Act on various occasions. He is on anti-psychotic medication, and has decided to join a cricket club.

At the club, John revealed his diagnosis and asked if he could coach the under 11s side. The club captain refused to let him coach the children, saying "it's just not worth the risk." The club now needs to consider the following issues

- John is a 'disabled person' under the Act if his condition without medication has an adverse effect on his ability to carry out day to day activities.
- If his condition does not currently satisfy the definition of disability, it is still possible for John to be discriminated against on the basis of a past disability.
- It may be that the club is directly discriminating against John (less favourable treatment because of his disability). This cannot be 'justified' by the club.
- It may be that the club argue that the way they are treating John is because of something arising in consequence of his disability. They can justify this if it is a proportionate means of achieving a legitimate aim. In this case the club might argue that a legitimate aim would be safeguarding children. Having identified a legitimate aim, the club would then have to show that refusing to let John coach children was a 'proportionate means' of achieving that aim. If the club did not carry out a proper risk assessment, and instead simply made a decision on the assumption that someone with John's diagnosis presented a risk to children, it is difficult to see how it could argue that a ban on coaching children would be a proportionate means of achieving that aim. Also, it is almost impossible for an organisation to argue that action is proportionate if there is a less drastic way of meeting their aims. In a case such as this if the risk assessment identified issues of concern it might be more reasonable to allow John to coach alongside another club member, rather than to impose a total ban.

- If John wishes to coach children then he, like anyone else, will need to complete a Disclosure and Barring Service (DBS) check and other recruitment procedures such as application, interview and training. The DBS check will show if John has any criminal convictions or any other information that the police deem as relevant. In some circumstances the police can disclose information relating to the individual's mental health. For further information on this see Mind's guide to working with vulnerable adults and children.

Later, one of John's team members became aware of John's diagnosis and gave him the nickname "Psycho", which John found upsetting. He complained to the Club secretary who did not take any action.

The Equality Act does not create duties on individual club members, and so the team member himself is not liable. However, if an association or service provider fails to take action on offensive conduct they are aware of, and where they have some degree of control over a situation, they could be found liable for harassment. Also, if an association sets standards of behaviour for their members, associates and guests which have a worse impact on people with a particular protected characteristic than on people who do not have that characteristic, this could be indirect discrimination.

If they do set standards of behaviour, they must make reasonable adjustments to the standards for disabled people and avoid discrimination arising from disability.

The reasonable adjustments you can make

Whether a person's mental health problem is or is not defined as a disability under the Equality Act it is always best practice to carry out risk assessments and take specialist advice to ensure that your policies and procedures do not have an adverse effect on the health of your employees and service users.

As a result, you may need to make reasonable adjustments, which are changes that organisations and people providing services or public functions have to make for an individual if their disability puts them at a disadvantage compared with others who are not disabled. Examples of good practice include:

- Concessions for people receiving benefits based on their health needs enabling them to access leisure centres and gyms at a reduced rate.
- Offering targeted sessions for people with mental health problems that take into account the barriers that may make it difficult to them to take part e.g. starting later in the morning, smaller groups, or ensuring that the coach has received mental health awareness training.
- Instructors offering to meet personal training clients in the car park to help overcome their anxiety of walking into the gym alone.

Organisations have an anticipatory duty to make reasonable adjustments, which means you must plan in advance to meet the access needs of people with disabilities.

By making reasonable adjustments, you will help to make your sessions more accessible to a wider audience and create a positive experience that will keep participants engaged. They're also a great way of helping you to gain a higher level of achievement in the Equality Standard for Sport.

A good way of anticipating the adjustments you may need to make is to involve people with mental health problems and mental health service providers in the development of your service. This will help you to find out what type of support and considerations you need to make, and the types of local partnerships you will need to develop. Tips on how you might do this are included in *Delivering a sport and physical activity service: A toolkit for mental health providers*.

It is useful to review your policies and practices to see how they might present barriers, and then consider what steps you might need to take to minimise or remove them.

A sports provider or association can also take what's known as 'Positive Action' to encourage people with a protected characteristic to engage with them. It applies to those who share a protected characteristic and:

- Suffer a disadvantage connected to the characteristic.
- Have needs that are different from the needs of persons who do not share it.
- Take part in an activity, but where their representation is disproportionately low.

An example of positive action could be running taster sessions supported by a local Mind to encourage people with mental health problems to try out a sport.

Mind's website has more guidance on reasonable adjustments that organisations can make.

Where can I find additional guidance?

Mind's legal line provides legal information and general advice on mental health related law covering:

- Mental health
- Mental capacity
- Community care
- Human rights and discrimination / equality related to mental health issues

You can call the helpline on 0300 466 6463 between 10am and 6pm Monday to Friday (except bank holidays).

Further information and guidance can be also be found on the legal rights pages of Mind's website.

Guide 4: Safeguarding and managing risk (adults)

This guide covers:

- What safeguarding is
- Adults at risk
- Top tips for safeguarding risk management
- Boundaries, and when and how to break confidentiality
- Managing conversations about mental health
- Looking after staff and volunteers' mental wellbeing
- Further info & FAQs

This guide is for organisations providing physical activity programmes or sessions for adults (18+) with mental health problems. It will support you to promote safeguarding, prevent abuse, and protect staff members and adults at risk. This guide was written with support of The Ann Craft Trust (ACT). The ACT believe that every disabled child and every adult at risk deserves to be treated with the same respect and dignity as everyone else in society. They are a leading provider of safeguarding training, consultations and safeguarding adult reviews working closely with organisations and individuals across the UK to raise awareness and improve practice.

What is safeguarding?

Safeguarding means protecting people's health, wellbeing and human rights. It's fundamental to high-quality health and social care and is about keeping everyone safe and taking care of their wellbeing. Find out more on the Quality Care Commission's website.

To find out about the differences beween safeguarding adults and children, please see Annex 1.

To find out about the principles of safeguarding, see Annex 2.

Adults at risk

Are all people with mental health problems 'adults at risk'?

1 in 4 people in the UK will experience a mental health problem each year. Just as our bodies can become unwell, so can our minds. Mental health is fluid and can change day to day, week to week and year to year. Many people with mental health problems do not receive support services and when 'well' would consider themselves able to

take care of themselves independently. However, some of your participants, staff or volunteers may be receiving support from services, or may be eligible for services but are not receiving them and may be at a greater risk of experiencing abuse or neglect.

The Care Act 2014 makes it clear that abuse of adults is linked to circumstances rather than the characteristics of the people experiencing the harm. So, someone may have a mental health problem and have 'care and support needs', but they are not experiencing abuse or neglect. In that case they are not an 'adult at risk'.

An adult at risk is someone who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Find out more about adults at risk in Annex 3.

Abuse and neglect of adults

What types of harm can adults experience?

The Statutory Guidance to the Care Act 2014 identifies 10 categories of harm:

Self-neglect

This covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Modern Slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude.

Domestic Abuse

This includes psychological, physical, sexual, financial and emotional abuse perpetrated by anyone within a person's family. It also includes so called 'honour' based violence.

Discriminatory

Discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

Organisational

This includes neglect and poor care practice within an institution or specific care

setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical

This includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Financial or material

This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect/Acts of omission

This includes ignoring medical or physical care needs, failing to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Emotional or psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

For information on issues which are not included in the Statutory Guidance to the Care Act 2014 but are also relevant to safeguarding adults, please see Annex 4.

Indicators of abuse or neglect

What are the indicators that someone may be at risk of, or experiencing harm?

Things to look out for include:

- Changes to someone's appearance, behaviour or routines
- Weight gain or loss

- Appearing frightened in the presence of certain people
- Unexplained lack of money or inability to maintain lifestyle
- Appearing withdrawn and isolated
- Unexplained marks/ bruising to the body

To find out about who might abuse adults, see Annex 5.

What should I do if I am concerned about an adult?

It is important that you familiarise yourself with your organisation's safeguarding policy and procedures. We recommend reviewing them in light of any new sports or physical activity programmes or services you are planning, and in relation to mental health problems. You may feel that it includes sufficient procedures for supporting people with mental health problems in your organisation, however if you believe it to be lacking in provision we hope this guidance will support you to develop your approach.

Check now to see what you have in place. If there is not a clear process for dealing with concerns then you can access a sample policy and procedures that you can adapt to fit your setting from the Ann Craft Trust http://www.anncrafttrust.org/good-practice-in-sport.php.

If you are concerned about someone, don't keep it to yourself. Wherever possible speak to the adult involved about your concerns and find out their views. Let them know what you are going to do next. Share the issue with the person in your organisation with responsibility for safeguarding(often your line manager). Discuss what you need to do next, depending on the information that you have.

If you are not sure of what to do you can call your local authority safeguarding adults team for advice, you do not have to give people's personal details, just the issues. The workers there will be able to help to guide your actions. If it needs to be referred to them as a safeguarding issue they will guide you through the information that they need and whether you need consent from the adult involved.

To find out more about why people with mental health problems are more vulnerable to abuse and neglect, see Annex 6.

Top tips for safeguarding adults

- Develop a safeguarding adult at risk policy and procedure separate from the safeguarding children policy and procedure.
- Ensure that the definitions and legislation are up to date and relevant.
- Include some case examples that are relevant to your activity.
- Reference your organisation's policies and procedures that link to the document – for example whistle blowing and safe recruitment.
- Find out the contact details of your local authority safeguarding adults team so that you know where to go for advice and to make referrals.

- Link into your Local Adults Safeguarding Board – they offer training and guidance regarding safeguarding adults.
- Get the details of any support organisations relevant to your activity.
- Outline the roles, responsibilities and accountability of staff and volunteers, and in particular who takes a lead on safeguarding.
- Consider how you will ensure that the policy and procedures will become working documents that are referenced and followed by everyone within the organisation – staff, volunteers and participants.
- Think about any training needs that arise from safeguarding adults.
- Include discussions about adult safeguarding within team meetings and supervision sessions.
- Consider including a complaints procedure or right to appeal within your policy and procedures. An individual should have the right to complain if their concern is not followed up or is ignored by the organisation, whether the concern is regarding themselves or another person.
- Contact the Ann Craft Trust for advice and support.

Risk management

At Mind we have developed a separate approach to manage situations where someone in contact with us is at risk from themselves, rather than someone else. This could be because they are considering self-harm or suicide. We call this our Risk Management policy. We cover risk from others within our Safeguarding policy.

Our approach to supporting people at risk will always take account of our commitment to empowering people to make their own decisions and take action for themselves. However, we balance this with active support to help people to have free choice whilst also offering help.

When choosing the best approach for your organisation, consider:

- your existing policies and procedures
- the skills, knowledge and experience of your staff in relation to mental health
- the support you have from other professionals and services such as confidential helplines, mental health professionals including supervision
- out of hour/on-call and emergency procedures for your organisations

You should consider providing additional training or guidance for the members of staff who would need to respond to any safeguarding concerns which are flagged during a session, along with those involved in the escalation process. Differing levels of training are available, including:

- Introductory level – 3 hour CPD Mental Health Awareness for Sport and Physical Activity course

- Intermediate level – 2 day Mental Health First Aid course
- Advanced level – ASIST Applied Suicide Intervention Skills Training 2 day suicide prevention and risk management training

Boundaries

Boundaries are guidelines, rules or limits that define acceptable and unacceptable behaviour for your staff, volunteers and participants. Boundaries exist to protect everyone. Establishing clear boundaries is necessary for all services, but it is imperative when designing a mental health sports or physical activity service. It is important to establish what expectations you have of a new service and any staff or volunteer roles within your organisation, club or group.

Relationships with participants may vary depending on the other roles that staff and volunteers have within the club or organisation. For example, the staff member may also be a coach/leader / Welfare Officer / Social Secretary/ Development Officer. Your club or organisation's policies should support you to establish boundaries.

Things you need to consider as a club or organisation;

- **Time**: Know how much time staff/volunteers can offer.
- **Abilities**: Be clear about what professional skills, knowledge and abilities staff/volunteers have.
- **Sharing personal contact details**: Is it appropriate to share personal contact details with participants? You might want to set up a separate email address for volunteers to use, or provide staff/volunteers with a work mobile phone.
- **Social media activities** – What is your organisation's policy about interacting with participants online? It may be appropriate to develop guidelines, or to revise them. It's very common for people to reach out for support through social media, but this is likely to be outside of the boundaries you have set agreed with staff, volunteers and participants.
- **1:1 sports and physical activity sessions**: Is it appropriate to provide participants with 1:1 sessions from staff/volunteers? If so, do you have appropriate training, policies and procedures on lone working along with risk management procedures and out of hours support?
- **Confidentiality**: Be clear on what you can and cannot keep confidential, and the circumstances in which things that have been shared with you may need to be shared elsewhere. Look for this information in your organisation's data protection and confidentiality policies. (see more about confidentiality below)

Things that may not be appropriate in a sports or physical activity setting:

- Being contacted outside of club or work hours including through social media to provide emotional support with mental health and wellbeing

- Providing participants with lifts to get to their appointments with their GPs, therapists etc.
- Providing therapy or counselling support
- Diagnosing people, offering medical or clinical advice or interventions
- Dealing with challenging behaviour such as abusive or threatening behaviour

Example: England Athletics Mental Health Ambassadors

MHA boundaries

We can all do something to change the way people think and act about mental health. As a Mental Health Ambassador, you are recruited on the basis of your experiences – either personal experience of a mental health problem or experience supporting a close friend or family member.

Through the Time to Change campaign and Mind's work we know that people with personal experience supporting each other (often called peer support) offer many unique benefits to both parties including shared identity and acceptance of mental health problems, increased self-confidence, the value of helping others, developing and sharing skills, improved mental health, emotional resilience and wellbeing, information and signposting, challenging stigma and discrimination.

As an ambassador you are here to:

- Support
- Engage
- Tweet
- Share
- Talk

Mental Health Ambassadors are not recruited on the basis of qualifications. You are not here to be experts! If you are unsure about your responsibilities you should talk to your Welfare Officer or National Disability Manager.

You are **not** here to:

- Diagnose people, offer medical or clinical advice or interventions
- Provide therapy or psychological support such as counselling, group therapy sessions.
- Solve everyone's problems for them.

Top tips for staff and volunteers when setting boundaries

Be clear.

Maintaining clear boundaries starts with understanding the role and keeping it clearly defined

- Identify the kind of activities the staff or volunteers will be responsible for delivering
- Be clear about what activities staff and volunteers will undertake.

Encourage staff and volunteers to keep to the remit of the role.

- Do encourage staff and volunteers to use any skills they may have gained from training such as Mental Health Awareness for Sport and Physical Activity, Mental Health First Aid or ASIST suicide prevention (training to be able to provide suicide first aid). But it's important to remember the role in a sports or physical activity setting is as a coach/ leader or volunteer, and **not** as a counsellor or mental health nurse. You may have staff or volunteers who are trained counsellors or mental health professionals, but in a sport or physical activity their role is to listen and signpost, and not to make a professional judgement.

Signpost individuals to further information and support.

- Encourage staff and volunteers to ask the person: "What would you like to happen in this situation?" This will help to empower them and encourage them to take the course of action that seems right to them. Be clear about what you can do, as well as what you can't.
- Consider what supervision is available to staff and volunteers. Do you have regular catch up or supervision meetings. Is there an oncall person who they can talk to for advice. It is possible to offer 'clinical supervision' via your colleagues in the NHS.

Explain the role and its limits to colleagues and participants so you can manage people's expectations.

- Be clear about the activities staff and volunteers will be doing as part of their role. For example, they could say "My role as a Mental Health Ambassador is to share information that promotes awareness of how to keep yourself mentally well through physical activity."

Communicate the reasons for the boundary.

- If someone is asking for direct advice or help beyond the limits of the role, staff and volunteers could say: "Sorry, I am not the best person to advise you on that and do not have the knowledge, skills or experience to help you with this. I am not a mental health professional and stepping outside of my abilities as a coach/volunteer/champion might be unhelpful to you. But I can suggest other sources of help and support you may wish to access." The explanation shows that you understand and believe in the reasons for the boundary.

Don't make promises you may not be able to keep.

- For example don't tell someone everything they tell you is completely confidential if there is a chance what they say means you need to alert someone else in your club or organisation.

When and how to break confidentiality

It's important that there is an agreed policy on breaking confidentiality (telling someone outside the club or organisation).

We suggest that your policy enables you to break confidentiality if:

- There is immediate danger – if a person has clearly told you that they plan to take their life within the next 24 hours, or has already taken action which puts their life in danger, but does not want to seek support themselves and does not give their consent for you to do so – call 999.
- The person is physically present at your club or group and is experiencing a crisis you should act to get them support – this may involve contacting their emergency contact or a mental health professional.
- The person is planning to take action which will put others at risk (for example, stepping in front of a train) we consider this at risk of harm to others, and suggest calling 999.
- The person is under 18 – in these situations the child's welfare should come first and we would suggest contacting their emergency contact and seeking support from 999.
- There is a safeguarding concern that may have a wider impact. For example if someone alleges that they have been abused by a volunteer but asks you not to say anything. This would have to be reported as it is in the public interest that it is investigated.
- There is a safeguarding issue that concerns a child.

You should always discuss breaking confidentiality (telling someone outside the club or organisation) with the individual, and encourage them to seek help and support.

If you need to break confidentiality (tell someone such as a medical professional about your concerns without consent) we recommend this is done with support from the Welfare Officer or should they be unavailable with support of a committee member/ member of management. Breaking confidentiality is a grey area and it's much better to make a decision with the support of a colleague or manager. It's important to continue to discuss this decision after it has been taken and to look out for the wellbeing of the staff involved.

Managing conversations about mental health

If you think you need to talk to someone about their mental health, we suggest you:

- Find a quiet place with an informal atmosphere, perhaps in a café – this shouldn't feel like a formal interview.
- Actively listen to the person by giving them your undivided attention. Try to leave any questions or comments you may have until the person has finished so you don't interrupt them.

- Once a person knows they are being given the space and time to talk, they will.

If someone approaches you wanting to talk it may not be possible for you to give them the time they need there and then. You should show them you recognise that they have taken a positive step by speaking to you, explain why you cannot talk now and arrange a better time to have the conversation.

If someone is in urgent need of help you should always signpost them to support. You may want to use our website for this > mind.org.uk. They can click the yellow button at the top of the home page which says 'I need urgent help', they will then be directed to a series of options. You can also encourage them to call the Samaritans on 116 123 – lines are open 24 hours a day, 365 days a year.

- Reflect back actual words they have used, as this can encourage them to open up more.
- Use empathetic statements such as: "I appreciate this must be difficult for you…"
- Avoid clichés. Comments like 'pull yourself together' or 'you're just having a bad day' are not helpful.
- Remind them that mental health problems are more common than people think and can affect anyone at any time.
- Avoid asking too many questions, especially questions that only require a 'yes' or 'no' answer, or that begin with the word 'why.' Ask open questions to invite a more detailed response:
  - Tell me how you're feeling?
  - How do you look after yourself?
  - What support do you have in place?
- Reassure them that it is positive that they want to talk about their experience, what's happening with them, or that they are looking for support (if this is the case).
- Is the individual aware of sources of support? Signpost to further information and support. It may be helpful to ask the person: "What would you like to happen in this situation?" This will help to empower them and encourage them to take the course of action that seems right to them. Be clear about what you can do, as well as what you can't.
- The important thing is to listen, rather than give advice, the individual needs to be able to act for themselves. Signpost the individual to sources of support, rather than telling them what you think is best.

Closing conversations about mental health

- Sometimes conversations will come to a natural end. However if this does not happen give the person a gentle indication that the conversation needs to come to an end. You could say something like: "It's been good to talk, we've covered a lot and we will have to wrap up soon because I have another session." Or whatever you feel is appropriate.
- Summarise your conversation and anything you have both agreed to do. For example: "You have told me that you are going to speak to your GP about how you are feeling, and I will email you details of your local Mind."
- Ask practical questions such as 'Is there going to be someone there when you get home?' or 'Is there a friend you can go and see?'
- Remember offering a 'listening ear' and showing your acceptance, warmth and regard will go a long way to help someone. It may not be possible to get a clear idea of the next steps the person will take as a result of talking to you. Ending the conversation by inviting them to take some time to reflect on what has been discussed and to consider what they may want to do going forward could be the best way to bring the conversation to a close, especially if you feel that there is nothing more you can say at that time.
- If you feel it would be helpful, and it is appropriate within the boundaries of the role, and you are able to commit to giving more of your time in this way, you may want to arrange another time to meet up and talk.
- See risk management and breaking confidentiality for circumstances when you might take action on behalf of the individual.

Ensuring your own mental wellbeing

Being a point of contact to have conversations about mental health with colleagues can be very rewarding, but it can also be time consuming and emotionally overwhelming. You might also find that discussing subjects or traumatic events close to your own experiences, or that of others close to you, may impact on your own mental health this is often called triggering – especially if you're feeling unwell.

We encourage you to think carefully about how you'll look after your own wellbeing and make sure you have appropriate support in place. You might find it helpful to look at our information on staying mentally well and dealing with pressure.

Support within your organisation

It is also likely that your organisation offers independent support to help you manage your wellbeing. Sometimes this is called an 'Employee Assistance Programme'.

It is also good practice to offer staff and volunteers regular supervision meetings or catch ups. It may be appropriate to arrange clinical supervision from colleagues in NHS.

Wellbeing kitbag or Wellness Action Plan – you might find it helpful to develop a Wellness Action Plan. Developing a Wellness Action Plan (WAP) can help individuals to actively support their own mental health by reflecting on the causes of stress and poor mental health, and by taking ownership of practical steps to help address these triggers. This process can also help people working with them such as managers and colleagues to open up dialogue with individuals, understand their needs and experiences and ultimately better support their mental health.

The WAP is inspired by Mary Ellen Copeland's Wellness Recovery Action Plan® (WRAP®): an evidence-based system used worldwide by people to manage their mental health. We all need to support our mental health, so all staff should be offered a WAP – whether they have a mental health problem or not. This sends a clear message that the organisation cares about employee wellbeing and helps encourage people to be open and seek support sooner. By planning in advance, organisations can ensure that everyone receives the support they need when they need it.

Elefriends https://www.elefriends.org.uk – A supportive online community where you can be yourself. We all know what it's like to struggle sometimes, but now there's a safe place to listen, share and be heard. Moderated by Mind, Mondays to Fridays, 10am to 5pm. It is monitored once a day on weekends and public holidays.

GP – talk to a health care professional, such as your GP.

Urgent help from Mind http://www.mind.org.uk/ – If you need urgent help please go to the Mind website and click the yellow button at the top which says 'I need urgent help'.

Samaritans http://www.samaritans.org/ **116 123** – Lines are open 24 hours a day, 365 days a year. Completely confidential, if there is something troubling you they will help you talk things through.

What does good practice look like?

Dudley Mind have a "text you are home" system for volunteers and staff who are leading sports and physical activity sessions out of hours.

Fitness in Mind teamed up with NHS locally who provide clinical supervision 1 hour per month to staff and volunteers.

England Athletics have developed a handbook and FAQ guide for Mental Health Ambassadors

Mind offer reflective practice sessions monthly for staff to discuss any issues they are having personally or with their work with a trained counsellor.

Middlesbrough and Stockton Mind meet people who have been referred to them face to face ahead of inviting them to join services to help to understand their goals and aspirations, support needs and any areas of risk.

Further information and advice

- Your local Safeguarding Adults Board is the local lead for safeguarding arrangements for adults with care and support needs.
- The Local Authority Designated Officer (LADO) – is an officer or team of officers involved in the management and oversight of individual cases of allegations of abuse made against those who work with children.
- The Ann Craft Trust (ACT) provide information and training on safeguarding adults at risk in sport. They have developed a safeguarding resource for adults. You can find this on ACT's website. www.anncrafttrust.org
- NSPCC Child Protection in Sport Unit has a range of resources and tools on its website for organisations working with children and young people. www.thecpsu.org

Frequently Asked Questions

If someone discloses a mental health problem to me should I tell other people in the club/group/organisation what I know such as other leaders, coaches, committee members or managers?

No, unless you have very serious concerns about somebody's safety, then being discreet and respecting someone's confidentiality is essential. If you think that by sharing the information with one or two other people such as the Welfare Officer/ coach/manager for a very clear and specific reason could help the person, seek their clear and specific consent to this.

You should follow these principles:

- Encourage the person to disclose information themselves with the people who need to know e.g. coach or leader.
- Focus on how it affects their involvement in the club, group or activity.
- Should you need to tell others coaches or committee members, explain to the individual that you will need to inform others such as the Welfare Officer and the reasons why.

It is important that information is treated as confidential as far as is reasonably possible as you want to build trust and respect. See guidance on when and how to break confidentiality (telling people outside of the club or organisation).

A participant has contacted one of our volunteers out of hours on Facebook and via text stating that they have cut themselves and they are having suicidal thoughts. The volunteer feels out of their depth – what should I do?

This is a distressing situation for both the volunteer and the participant. It is important to reassure the volunteer to look after their own mental wellbeing and for them to reaffirm their boundaries with the participant, but at the same time be empathetic

to their situation. The volunteer is not professionally trained to support someone experiencing a mental health crisis, they should signpost the participant to access emergency services.

- For urgent medical attention, their options are Accident & Emergency (A&E) and Emergency GP appointments.
- For urgent medical advice they can call the NHS 111 (England) or NHS Direct (Wales).

It is important that the volunteer is clear of your organisation's policy on when and how to break confidentiality. This will help you determine what further action to take should the participant not wish to seek help independently. The volunteer should also be supported to record the incident following your organisation's reporting mechanisms.

It is important to offer the volunteer the opportunity to talk this through with their manager or the Welfare Officer, signposting them to further support for their own mental wellbeing such as your Employee Assistance Programme (if this is available to your volunteers). Agree what follow up is needed with the participant and who this should come from. As part of the review, revisit your guidance about boundaries and social media contact. Do you need to make any changes to your procedures as a result of this situation?

There are so many different places and organisations. Where should I signpost someone to for their mental health?

Mind
Mind Infoline: 0300 123 3393
Our lines are open 9am to 6pm, Monday to Friday (except for bank holidays).
Email: info@mind.org.uk

Samaritans
Samaritans offer a 24 hours a day, 365 days a year confidential, free helpline. You don't have to be suicidal to call it.
Helpline: 116 123
Email: jo@samaritans.org
Their GP, NHS 111 or 999

A new participant who has been referred to our mental health sports programme has informed us they have a criminal conviction that means they are not allowed to attend a leisure centre or place where children and young people are present. Should I allow them to take part in our service?

Firstly, it is positive that the participant has been open and honest with you about their conviction. Whilst it is not your place to ask probing questions, you do have a duty to safeguard everyone in your service. A follow up question would be to ask how they feel they could be involved in the programme or which sessions they feel are appropriate for them to attend. Your response to this will depend on logistics – do you

offer sessions that would be appropriate for the participant to attend, e.g. held at an appropriate closed venue, small groups?

It may be your organisation's policy to conduct risk assessments for individuals who are at risk of harm to self or others, this is good practice. These should be written in partnership with the individual and other professionals who have referred the participant into the service and identify ways to keep everyone safe.

A volunteer has disclosed that they have a criminal conviction on their application form – can I still allow them to volunteer as a peer supporter?

It is positive that the volunteer has openly disclosed their conviction on the form however it is important to establish the nature of the conviction including when it took place and whether it will impact on the person's ability to undertake the role and the safeguarding of others.

Ahead of recruiting volunteers it is important to define the volunteer role clearly using a volunteer role description, this will help your organisation to determine whether this is regulated activity and appropriate for a Disclosure and Barring Check. It will also help you decide if the role is covered under the Rehabilitation of Offenders Act 1974, and help you assess what training and supervision is required. It may be necessary to develop a risk assessment for the volunteer, and determine which roles are appropriate for them to undertake. We recommend discussing this with your Welfare Officer and senior management, and seeking independent advice from agencies such as the police or probation, or charitable organisations such as the NSPCC or the Ann Craft Trust.

Do you have a question that hasn't been answered in this guide? Contact us at sport@mind.org.uk for further information and advice.

Annex 1: The principles of safeguarding adults

The key legislation for safeguarding adults is the Care Act 2014, and the Mental Capacity Act 2005. The Care Act 2014 made changes to adult social care by introducing a new general duty to 'promote individual well-being', it also put safeguarding adults on a statutory footing for the first time.

The Act outlines the safeguarding responsibilities of local authorities and specific organisations working with adults (such as NHS Trusts and the Police). Although it doesn't contain specific requirements for sports and physical activity providers, the principles should be used to guide your work.

The Act identifies 6 key principles for safeguarding adultsand explains how the safeguarding process is experienced by those involved.

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent.

  I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

- **Prevention** – it is better to take action before harm occurs.

  I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

- **Proportionality** – the least intrusive response appropriate to the risk presented.

  I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

- **Protection** – support and representation for those in greatest need.

  I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

- **Partnership** – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

  I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am

confident that professionals will work together and with me to get the best result for me.

- **Accountability** – accountability and transparency in delivering safeguarding.

  I understand the role of everyone involved in my life and so do they.

It is important that community services, such as sport and activity organisations, work with safeguarding services to detect abuse and neglect.

The principles firmly place the person at the heart of safeguarding. This is called 'making safeguarding personal', and it's a move away from focusing on the safeguarding process and towards helping the adults look at what would be a good outcome for them.

The Mental Capacity Act 2005 further underpins safeguarding adults. It is designed to protect and empower individuals who lack capacity, and to help those who have capacity to plan for the future. For more information see the social care institute for excellence's website.

Annex 2: The differences between safeguarding children and adults

Organisations sometimes use their exisiting safeguarding children guidance to cover 'vulnerable adults' as well. However there are significant differences between safeguarding adults and children.

Child protection guidance and legislation applies to all children up to the age of 18. All organisations that come into contact with children should have a safeguarding children policy in place and know what to do if they have a concern about a child.

The Care Act 2014 applies to all people aged over 18, even when they may be receiving what may be thought of as a 'children' or 'young people's' service. So, if you had a group of young people aged 16 – 25 taking part in activities, any safeguarding concerns for the 16 – 17 year olds should be dealt with using safeguarding children policies, and concerns for the people aged 18 years and above would come under safeguarding adults policies.

Annex 3:
Adults with care and support needs

The Care Act 2014 has moved away from labelling people as 'vulnerable adults'. The Act instead speaks about the responsibilities that local authorities have to 'adults with **care and support needs**.' This includes people who have a condition as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury.

There is a responsibility for local authorities to safeguard adults with care and support needs who are unable to protect themselves from either the risk of, or the experience of abuse or neglect – these are adults at risk.

Annex 4: Issues which are not included in the Statutory Guidance to the Care Act 2014, but also relevant to safeguarding adults

Cyber Bullying

Cyberbullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced marriage

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. This is being increasingly highlighted as an issue for people with learning disabilities.

Mate Crime

A 'mate crime' is when 'some people pretend to be friends with someone who has learning disabilities but then go on to exploit them. Many people with learning disabilities have 'friends' who go on to abuse them. This has led to people losing their independence, financial, physical and sexual abuse, exploitation … even murder.' http://arcuk.org.uk/safetynet/project-background

The way they are exploited may not be illegal, but it still has a negative impact on the individual. 'Mate crime' is carried out by someone the adult knows, and often happens in private. In recent years there have been a number of serious cases relating to people with a learning disability who were murdered or seriously harmed by people who claimed to be their friend.

Annex 5:
Who might abuse adults?

Abuse and neglect may be carried out by anyone in contact with adults. This may include:

- Spouses, friends, family and neighbours
- People employed to provide care
- Paid staff or professionals
- Volunteers
- Strangers

There may be indicators that adults are experiencing harm from people within your organisation, for example other participants, volunteers or staff. Or they may be experiencing harm from those connected with their life outside of the activity, for example a carer or a spouse. In either case you have a responsibility to do something.

Annex 6: Why are people with mental health problems more vulnerable to abuse and neglect?

There are a number of reasons for this including:

- The condition may be seen first and the person second. This can result in a person not being listened to, understood, believed or taken seriously and being on the receiving end of negative attitudes.
- The condition may itself impact on people's ability to understand personal boundaries, judge the motives of others, have the confidence to speak out or physically defend his/herself.
- The person may be unaware of who to talk to, they may have a fear of intimidation or getting people into trouble, they may be scared that they will lose services and they may be unaware that they are experiencing abuse or neglect.
- Involvement with many different professionals may mean that there is poor communication and safeguarding issues may be missed.

Useful contacts in the mental health sector

Rethink Mental Illness	Rethink Mental Illness is a charity that runs services and support groups that change people's lives and challenge attitudes about mental health problems. They campaign for policy change and provide expert, accredited advice and information to everyone affected by mental health problems An A-Z of mental health factsheets can be found on the Rethink Mental Illness website here. Website: rethink.org Key contact: info@rethink.org
Mental Health Foundation	The Mental Health Foundation is a charity specialising in research and policy development, with a focus on preventing mental health problems. An A-Z on a range of mental health topics can be found on the Mental Health Foundation website here. Website: mentalhealth.org.uk Key contact: Emails are via a contact form on the website
Scottish Association for Mental Health (SAMH)	Scottish Association for Mental Health (SAMH) is Scotland's leading mental health charity. It provides help, information and support, and campaigns on behalf of people with mental health problems. SAMH provides a range of sports and physical activity programmes, and support to the sport and physical activity sector. Website: samh.org.uk Key contact: enquire@samh.org.uk
Together	Together is a national charity providing a range of services to meet the different needs of people with mental health problems. Website: together-uk.org Key contact: contact-us@together-uk.org
Mental Health Matters	National organisation delivering services for people with mental health needs and other complex issues such as learning disabilities, and drug and alcohol problems. Website: mentalhealthmatters.com/ Key contact: info@mhm.org.uk

Bipolar UK	Organisation supporting people affected by bipolar. They offer information, advice and support by phone and email, and through their website. Website: bipolaruk.org/ Key contact: info@bipolaruk.org
National Survivor User Network (NSUN)	An independent, service-user-led charity that connects people with experience of mental health issues to give them a stronger voice in shaping policy and services. Website: nsun.org.uk Key contact: info@nsun.org.uk
Student Minds	The UK's student mental health charity. Student Minds delivers research-driven training and supervision to equip students to bring about positive change on their campuses through campaigning and facilitating peer support projects. Website: studentminds.org.uk Key contact: info@studentminds.org.uk
Young Minds	National charity committed to improving the mental health of all babies, children and young people. Provides information for both parents and young people. Website: youngminds.org.uk Key contact: ymenquiries@youngminds.org.uk
MindOut	A mental health service run by and for lesbians, gay men, bisexual, trans, and queer people. Website: mindout.org.uk Key contact: info@mindout.org.uk
Campaign Against Living Miserably (CALM)	A charity dedicated to preventing male suicide. CALM offers support and advice, challenges the culture that stops men from seeking help and pushes for changes in policy and practice in suicide prevention. Website: thecalmzone.net Key contact: info@thecalmzone.net
Samaritans	Emotional support for anyone feeling down, experiencing distress or struggling to cope. Website: samaritans.org Key contact: jo@samaritans.org

Time to Change	Time to Change is a national campaign to end the stigma and discrimination faced by people who experience mental health problems. It is run by Mind and Rethink Mental Illness and supported by the Department of Health, Comic Relief and the Big Lottery Fund. Website: time-to-change.org.uk Key contact: info@time-to-change.org.uk
Sport and Recreation Alliance	Umbrella body for sport and recreation in the UK. The Sport and Recreation Alliance alongside the Professional Players Federation and with support from Mind, have created the Mental Health Charter for Sport and Recreation. The Mental Health Charter for Sport and Recreation sets out how sport can use its collective power to tackle mental ill health and the stigma that surrounds it. Website: sportandrecreation.org.uk Key contact: info@sportandrecreation.org.uk
State of Mind	A charity that promotes positive mental health among sportsmen and women, fans and wider communities, and ultimately aims to prevent suicide. They raise awareness of the issues surrounding mental health and wellbeing and deliver education on the subject to all levels of sport, business, and education and community groups. Website: stateofmindsport.org Key contact: Philip.cooper@stateofmindsport.org
Mental Health Football Association	Helping create partnerships between football initiatives and those directly involved with supporting people who are experiencing mental health issues, such as NHS Trusts and standalone mental health support organisations throughout the UK. Website: facebook.com/MentalHealthFootball Key contact: communications@mentalhealthfootballassociation.com
Fitness in Mind	In partnership with Brentwood Leisure Trust, Fitness in Mind™ runs physical activity sessions that promote, encourage and provide physical activity as an aid to mental wellbeing. It is delivered by specially selected, qualified instructors, and friendly peer-support volunteers. Website: brentwood-centre.co.uk/sport-and-leisure/fitness-in-mind Key contact: fitnessinmind@brentwoodleisure.co.uk

Sport in Mind	Independent Berkshire mental health charity that uses the power of sport and physical activity to promote mental wellbeing, help aid recovery, improve physical health, encourage social inclusion and empower people experiencing mental health problems to build a positive future for themselves. Website: sportinmind.org Key contact: info@sportinmind.org

You can find further information on mental health on our website at Mind.org.uk.

If you have any further questions please contact our sports team via Sport@Mind.org.uk

Glossary

Delusions – Strongly held beliefs that other people don't share. For example, a person experiencing delusions may think that they are being watched or controlled or that they are very powerful and able to influence things that are actually outside their control.

Hallucinations – things that someone experiences that others don't, such as hearing voices or seeing colours, shapes and people that others can't. Hallucinations can affect all five senses so it is possible to experience them through taste, smell or touch.

Long standing limiting disability or illness – Impairments or health problems that limit or restrict activities in any way, in different areas of life. Where a limiting disability or illness is referred to it should always be considered long standing.

Psychiatrist – A psychiatrist is a qualified medical doctor who has taken further training and specialised in the treatment of mental health problems. They study diagnosis, management and wellbeing/resilience. They tend to focus on mainly physical treatments, such as drug therapy and electroconvulsive therapy (ECT), but they can also supervise a combination of treatments, such as drug therapy with psychotherapy or counselling.

Psychologist – A psychologist studies human behaviour and mental processes, and considers the thoughts, feelings and motivations behind our actions. They provide talking treatments, such as cognitive behaviour therapy (CBT) and psychotherapy. They may also offer individual, group, couple or family therapy. More information about talking treatments can be found on Mind's website.

Psychosis – Occurs when a person perceives or interprets reality in a very different way from people around you. The most common types of psychosis are delusions and hallucinations.

Resilience – The capacity to stay mentally well during difficult times in our lives. Resilience is not simply a person's ability to 'bounce back', but their capacity to adapt in the face of challenging circumstances, whilst maintaining a stable mental wellbeing.

Regulated arts therapies – all have recognised professional bodies which provide regulation and codes of practice for their members.

Social isolation – A state of complete or near-complete lack of contact between an individual and society. It differs from loneliness, which reflects a temporary lack of contact with other humans.

We would like to thank the following for their support and contributions to this document:

Local Minds

Brent Mind

Dudley Mind

Herefordshire Mind

Lancashire Mind

Middlesbrough and Stockton Mind

Mind in Croydon

Rochdale and District Mind

Tyneside and Northumberland Mind

External partners

Active Devon

Black and Asian Coaches Association

Sport England

UK coaching (sportscoach UK)

English Federation of Disability Sport

Tees Active

We're Mind, the mental health charity. We won't give up until everyone with a mental health problem gets support and respect.

Please support us:
Mind.org.uk/donate

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Facebook.com/mindforbettermentalhealth

Mind Infoline 0300 123 3393

Mind's registered charity number: 219830