

People Active for Change and Equality

Baseline report from survey, People's Panels and focus group

Graeme Reekie
Wren and Greyhound Limited
December 2016



Wren and Greyhound
Impact • Income • Innovation



Introduction

This report marks a point in time, near the start of the PACE project – and the evaluation which will follow the project’s three-year journey. It summarises the results from:

- An electronic survey which ran between Sept-Oct 2016, generating 329 responses
- 3 ‘People’s Panel’ local consultation events which took place in Glasgow, North Lanarkshire and North Ayrshire
- Focus group activity in one of the events (North Ayrshire)

It aims to set out a clear baseline against which PACE can be measured, using outcomes from the project’s evaluation framework:

1. People with mental health issues have increased representation in the strategic development of the Scottish Sport & Physical Activity community
2. The Scottish Sport & Physical Activity community is more committed to including mental health in its strategic planning.
3. Staff delivering sport and physical activities have increased knowledge, awareness and education of mental health issues
4. People with mental health problems increase participation in sports and physical activities

The report sets out a number of conclusions for PACE and its partners which can be used to support messaging, develop strategies and increase participation.

Who took part in the survey and People's Panels?

329 people took part in the survey, which was promoted through SAMH's website and networks (target: 200). Respondents identified themselves as:

Someone who has experienced mental health problems	216
Someone who works in sports/physical activity	78
Both	42

Note: The total shown (336) is higher than 329 because seven people gave more than one answer to the question. This arose from a fault in the survey design and will be corrected in future versions of the survey.

10 people gave further details. Four have experience of a family member's mental ill health. The other six made these notes:

- An Occupational Therapist working within a mental health team
- I used to work in sport. 3 years+ ago.
- I know someone who is experiencing mental health problems
- Physically disabled
- Off work for 6 months with depression
- Enjoy physical activity

Survey responses came from 27 local authority areas, affirming the project's intention and ability to engage people from across Scotland:

Aberdeen	East Lothian	North Ayrshire
Aberdeenshire	East Renfrewshire	North Lanarkshire
Angus	Edinburgh	Perth & Kinross
Argyll and Bute	Falkirk	Renfrewshire
Borders	Fife	South Ayrshire
Clacks	Glasgow	South Lanarkshire
Dundee	Inverclyde	Stirling
East Ayrshire	Inverness	West Dunbartonshire
East Dunbartonshire	Midlothian	West Lothian

The three People's Panels were made up of people with lived experience of mental health problems (including a small number of unpaid carers) and physical activity professionals. One or two local SAMH staff also assisted each event to help people take part and to help the facilitators understand local areas. A breakdown of the people attending each event is shown in the table below:

	Glasgow	North Lanarkshire	North Ayrshire
Total Number	19	13	18
Professionals	7	8	9
People with lived experience	12	5	9

Outcome 1. People with mental health issues have increased representation in the strategic development of the Scottish Sport & Physical Activity community

Indicator 1.1 A total of 100 people affected by mental health problems inform strategic development in the 3 target areas through participation in People's Panels

This target was not met in the initial three People's Panels. Not counting professionals, 26 people with lived experience did take part, and their contributions inform this report and ongoing engagement with physical activity professionals in the target areas. However recruitment to the Panels was lower than expected. This is thought to be due to geography (North Lanarkshire and North Ayrshire are large counties that can be hard to travel around), or timing (PACE is still establishing relationships with local networks).

Indicator 1.2 A total of 600 people affected by mental health problems inform strategic development through participation in online national People's Panels

In total, 257 people affected by mental health problems took part in the 'online People's Panel' (electronic survey). Their contributions have not yet informed strategic development, but it is the intention that they will do, for example through this report. Annual repeats of the survey will continue to inform project and strategic developments, and if this year's experience is repeated, exceed the target of 600 people.

Indicator 1.3 A Mapping Exercise is carried out in 3 target Leisure Trust areas to identify existing provision, inform gaps and contribute to PACE recommendations

Mapping activities took place in the People's Panels, identifying:

- Places people use (or go) to be physically active
- Places people are aware of but do not use
- Gaps in provision

These will be analysed by the Project Manager and local physical activity professionals to help understand:

- The extent to which people with mental health problems *are aware of* local services
- The extent to which people with mental health problems *use* local services
- If and how services could do more to attract or engage people

Indicator 1.4 Number of people with mental health problems taking part in surveys throughout the programme

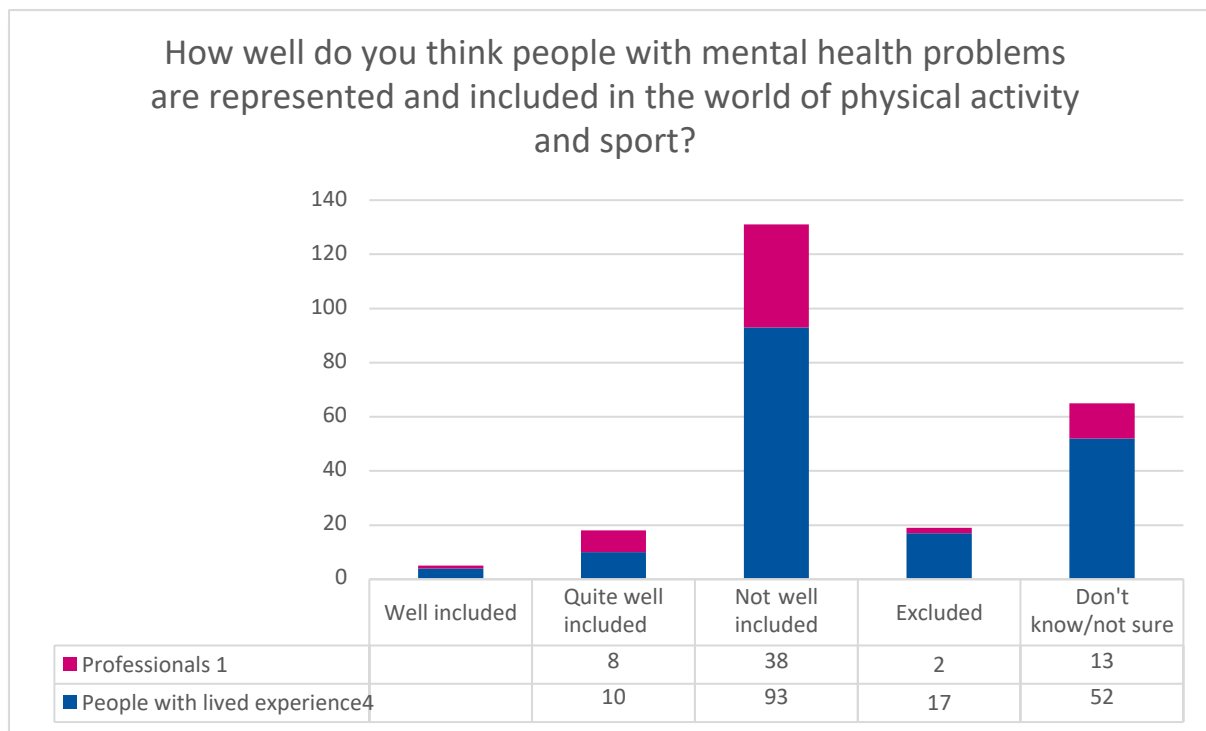
See 1.2 above.

Indicator 1.5 Level of involvement of people with mental health problems in steering group. None at present, and this is expected to change.

Indicator 1.6 Level of involvement of people with mental health problems in (social) media campaigns. This is done on an ad hoc basis with so there is not a bank of media champions within the organisation.

Indicator 1.7 Levels of representation within sports and physical activity community

The majority of respondents indicated that people with mental health problems are not currently well included or represented within the sports or physical activity community.



Although the survey question gave examples of involvement (consultation, decision making, planning services, informing policies), some people misunderstood it and focused on *participation*:

'I think it is improving with more knowledge out there, but there are still lots of people out there who would like to get active but don't know how to get to that place.'

Some people shared this view that mental health awareness is improving, though others identified that problems persist:

'There is a greater understanding now.'

'I think it is a current drive. It is being more widely recognised how much benefit PA has on MH.'

'My gym is very pro activity being used to promote good mental health.'

'There are a number of health referral programmes which target and understand the impacts of mental health. However, the world of sport has a long way to go...Having played hockey for 20 years I was forced to stop due to illness. I have always been open about the impact illness had on my mental health. Despite countless efforts of trying to 'get back into it' I have given up because my team mates simply stopped talking to me and appeared visibly awkward when I did return. As a club - the members and coach - lacked empathy. It was the brave few who actually made me feel welcome and said hello.'

'I've never been asked about my mental health in relation to the physical activities I participate in.'

Amongst those who believe barriers to involvement (and participation) exist, the 'invisibility' of mental health, and the stigma that arises, were identified as the biggest obstacles.

'Provisions for people with physical disabilities to participate in most sports and outdoor pursuits are very good. Similar provision for people with mental health problems are non-existent. Funding is normally readily available for physical disabilities and almost impossible to source for mental health problems. There is a lack of training on mental health problems and the benefits of participation. There are barriers to participation are real and as difficult to overcome as a set of stairs for a wheelchair user - they are mostly invisible and poorly understood though.'

'It's not something you would necessarily wish to share with others. I wouldn't want others to know therefore wouldn't have mentioned it to my sports club when I trained with them.'

'It's a taboo subject within Scottish athletics- many good athletes have been put on the scrap heap thru lack of support and mentoring.'

'People with mental health illness are involved in sport and physical activity at many levels in my experience, as participants, leaders and administrators, and it proves to be a major support to them, but many naturally do not share their illness with others and so are not recognised as such. We should not expect them to either necessarily.'

'Not all mental health problems are obvious so (it's) very difficult to say. However, if answering for people with acknowledged problems, then I'd tend towards not well included. Certainly I rarely see them identified as a key consultee or prioritised. I'm not sure how we can identify or measure the current representation, given that so many people with mental health problems must by definition be hidden from view.'

If invisibility and stigma are the main barriers, involvement and role models were suggested as answers.

'I think they are positive role models but are reluctant to be open about mental health problems. It would be great if there was better representation and more initiatives similar to Health Active Minds.'

'Efforts are being made and some of the high profile campaigns are very good but more substantial, far-reaching representation is required. Have been campaigning for many years to use people with life experiences to be involved. Anyone who has 'achieved peace of mind' after a mental illness is so willing to help other people. It is likened to pyramid selling and firstly we should be listened to and secondly be very much involved in planning services.'

'I've heard of "sports stars" discussing their mental health however generally I think Joe Bloggs is underrepresented in planning of services etc. Usually consulted once plans are made, if it all, rather than in the development stages.'

The use of high profile role models appears to be contested though, as some people feel they are not representative of or relevant to people with mental health problems.

'I think it's very much healthy and well people preaching to those who are not. I was over 16 stone with major mental health issues last year and now I've lost a third of my body weight and feel much better- not cured- but better mentally. I would have totally disregarded 'advice' to exercise from Andy Murray etc. because they have nothing in common with me.'

To get underneath this question a little more, the People's Panels explored it further. This identified that people don't have a preference for or against 'celebrity' role models (e.g. elite athletes) and what one participant called 'everyday role models'. Instead, each type of role model has a different purpose. Celebrities can raise awareness and reduce stigma. But everyday role models encourage participation by showing what is possible.

'Celebrities tackle stigma – it means something if they've got personal experience.'

'Images of people like me. People who've been through it, peer people to relate to. And elite athletes as role models. We need them, it raises the profile of mental health.'

Peer support and encouragement was the second most common suggestion from People's Panels for increasing participation (behind supporting progression through discrete provision). As in the quote above, people want credible examples to look up to.

'Real life stories and images, people who've been through it.'

'Believe in recovery! Bring people back as mentors.'

Outcome 2. The Scottish Sport & Physical Activity community is more committed to including mental health in its strategic planning.

Indicator 2.1 100 partner organisations demonstrate their increased commitment by formally supporting a Mental Health Charter in their strategic planning.

Indicator 2.3 Capacity building and cascading of information to 100 organisations including Leisure Trusts and wider stakeholders

Indicator 2.4 Levels of use of toolkit

Work has not been carried out towards these indicators yet.

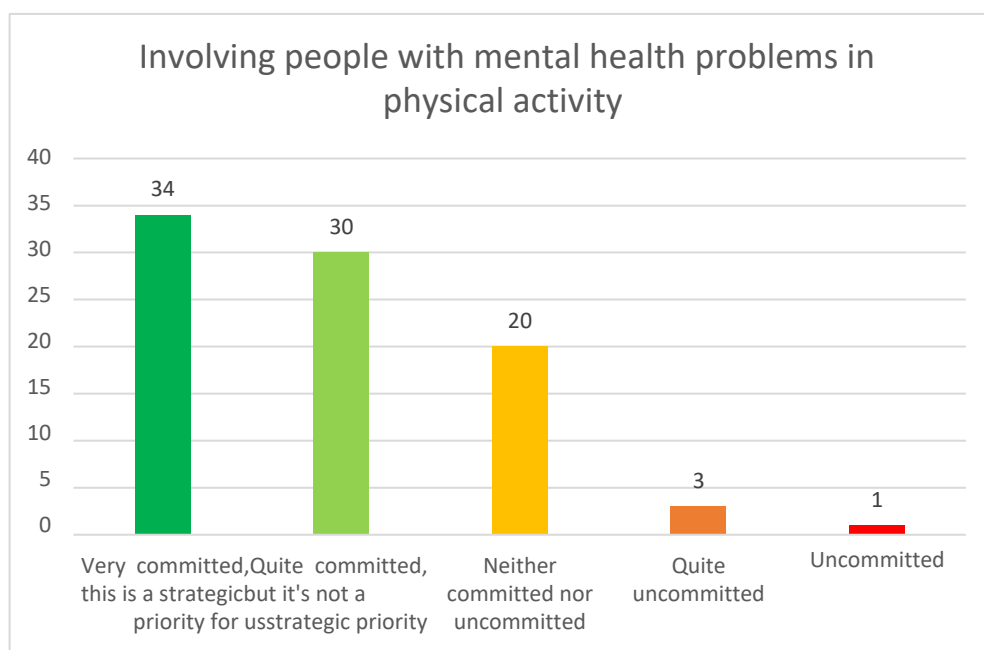
Indicator 2.2 - 100 partners identify their organisational commitment to strategic planning support and areas of mental health priority.

This indicator should be more evident once the Mental Health Charter is developed and supported. As a baseline, the survey asked professionals two questions about the extent to which their organisation was strategically committed to involving people with mental health problems

- In physical activity; and
- In planning services.

Involving people with mental health problems in physical activity

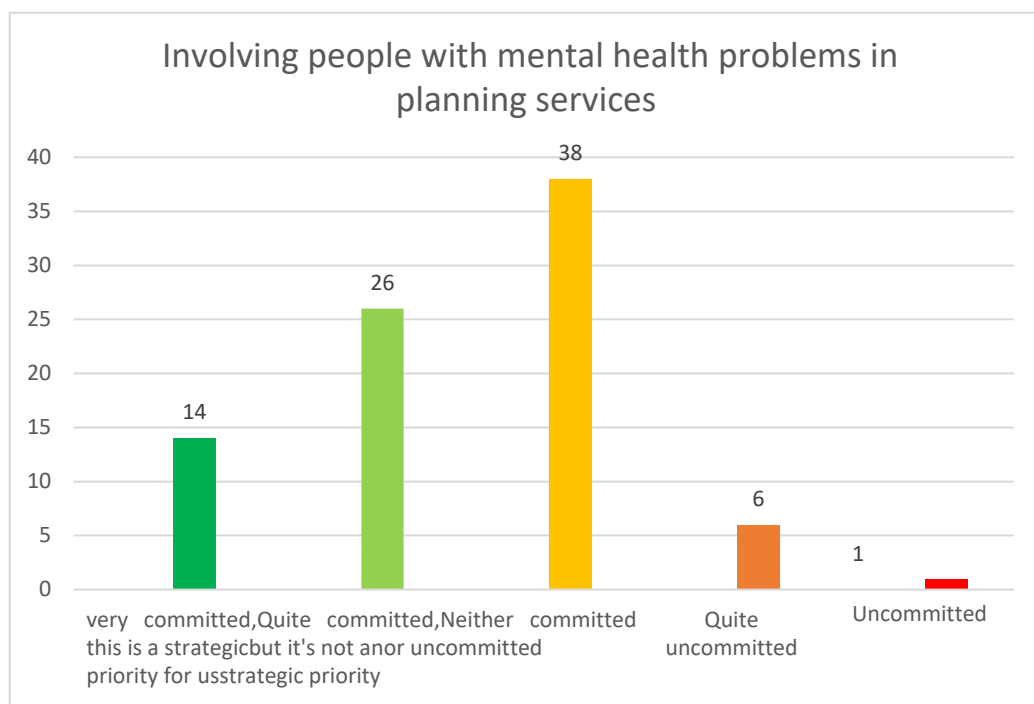
34 out of 88 (38%) physical activity professionals reported that their organisations are 'very' committed to involving people with mental health problems in physical activity. These organisations could be expected to reflect this commitment in signing up to the Mental Health Charter when it is developed. 30 respondents (34%) described their organisation as 'quite' committed, but not strategically. These types of organisation, and the 20 (23%) who were 'neither committed nor uncommitted' will need to be persuaded of the Charter's benefits if this target is to be met.



Involving people with mental health problems in planning services

There was less commitment to involving people in planning, with only 14 people (16%) indicating that their organisation was 'very' or strategically committed to this. 26 people (30%) felt their organisation was 'quite' committed, but the largest cohort of people (38 people, 45%) reported that their organisation was 'neither committed nor uncommitted'.

If this indicator is to be achieved, there is clearly a further distance to travel than there is for simply involving people in physical activity. This may mean the project needs to engage with staff at different levels of the physical activity community.



Outcome 3. Staff delivering sport and physical activities have increased knowledge, awareness and education of mental health issues

Indicator 3.1 2000 staff demonstrate improved knowledge and reduced stigma of mental health issues, as a result of training and signposting resources

Indicator 3.2 Number of specialist training sessions delivered and level of participation to build capacity of target Leisure Trust staff, improving knowledge & reducing stigma

Indicator 3.3 PACE collectively agrees and disseminates content of Scottish Charter, in-formed by two learning exchange visits to 100 partner organisations

Work has not been carried out towards these indicators yet.

Outcome 4. People with mental health problems increase participation in sports and physical activities

Indicator 4.1 People's Panels, online panel and pilot Leisure Trusts inform best promotional messages to reduce stigma preventing participation

As with Outcome 1, it is too early for action to have been taken on promotional messages, but the survey and People's Panels have begun to identify messages, most of which are straightforward but some of which are quite nuanced. These will be explored under the headings below:

- Barriers - perceived
- Barriers – experienced
- Messages for people with lived experience
- Messages for physical activity services

Barriers - perceived

Although some common barriers were identified in the survey, some differences also emerged, notably in the different weight given to these by people with lived experience and by professionals.

What do you think are the barriers to people with mental health problems taking part in physical activity? (Open question with free text response)			
People with lived experience (162 comments)		People who work in physical activity (61 comments)	
Motivation	47	Confidence/esteem	21
Confidence/esteem	44	Others (e.g. groups, new people)	18
Anxiety/fear	43	Judgment/stigma	16
Energy	29	Motivation	12
Cost	26	Awareness of opportunities & benefits	12
Others (e.g. groups, new people)	24	Anxiety/fear	11
Judgment/stigma	18	Staff awareness at facilities	9
Embarrassment	12	Lack of support	9
Lack of support	11	Cost	7
Leaving the house	11	Lack of appropriate opportunities	5
Getting started	9	Ill health	2
Lack of appropriate opportunities	8	Medications	2
Awareness of opportunities & benefits	8	Getting started	2
Ill health	6	Isolation	2
Isolation	5	Embarrassment	1
Family commitments	4	Energy	0
Medications	3	Body image	0
Body image	3	Family commitments	0
Staff awareness at facilities	2	Leaving the house	0

Both groups identified *confidence* and *motivation* as barriers. However professionals were likely to underestimate the impact of mental ill health on *energy* and *leaving the house*. This may indicate a need for training/awareness.

Similarly, from the perspective of a future Charter, it is interesting that professionals were more likely to focus on *service barriers*, such as people’s awareness of opportunities, lack of appropriate opportunities, or staff awareness of mental health. Having said that, they were less likely than people with lived experience to identify cost as a barrier.

Barriers – experienced

What barriers have you experienced, if any?	
People with lived experience (53 comments)	
Motivation	25
Anxiety/fear	17
Energy	13
Confidence/esteem	12
Judgment/stigma	9
Other people (e.g. in groups, new people)	7
Cost	7
Body image	5
Time	5
Lack of appropriate opportunities / access	4
Leaving the house	4
Staff awareness at facilities	3
Ill health	2
Medications	2
Getting started	2
Isolation	2
Embarrassment	2
Ability	2
Support	1
Awareness of opportunities/benefits	1
Family commitments	1
None/not applicable	6

One of the most interesting parts of the survey results was that people gave slightly different responses when asked about the barriers they had actually experienced. For example, *time* and *family commitments* emerged, and *body image* emerged more clearly. These may be barriers for the general population, but they are more pronounced when combined with mental ill health.

‘Presence of self-harm scars makes me avoid exercise because I get too hot wearing full sleeves and long leggings. I also find I have low motivation and I feel self-conscious about my body - I feel like people at the gym would stare at me.’

‘Often I don't want to get off the couch and shower never mind exercise. And often when I do want to go I take panic attacks and get anxious over the fact that I'm not in great shape, that people are staring at me, that it's obvious I'm not confident and don't know what I'm doing. If it's the gym I don't get changed in changing rooms. It's a very high pressure thing.’

'When working shifts in Glasgow I was often out the house for nearly 12 hours when travel was taken into consideration. I had no energy and so no real desire to try and balance getting home, dinner and gym.'

'Times and locations don't suit my work pattern. Childcare is a significant barrier if in the evening.'

The survey themes were reflected in the People's Panels, but in a different order of priority. Less emphasis was placed on mental ill health, and more on *body image* and *lack of appropriate support*. Service barriers were also identified, possibly because the Panels contained a high proportion of physical activity professionals.

Image/feeling judged (11 comments)

Staring, judgment, worrying what others think. Other people's opinions. Not knowing anyone – will they like me, will I be good enough?

Mental ill health (7 comments)

The mental health condition itself – anxiety, effects of medication, feeling tired.

Confidence (7 comments)

Confidence (lack of!)

Professionals' awareness (6 comments)

Appropriate training in mental health issues.

Taking time/effort to help people find physical activities that they enjoy (perception of 'I'm not sporty').

Lack of support (6 comments)

Reduced support

Support/lack of from friends or family. People saying 'you shouldn't be doing that'. If everyone else around you says no, it's hard to fight that.

Cost (5 comments)

Money problems – if you are not working and rely on benefits.

Venue facilities (5 comments)

Noise levels high in gyms – feedback from some students that quiet time in gyms (no music) helps them enter the facility.

Communal showers.

Access to free water.

Motivation (5 comments)

Low mood – hard to pick yourself up to do it for the first time.

Travel (5 comments)

Access to public transport

Area/location, travel

Time/timings (5 comments)

Time clashes

Ability (3 comments)

Not physically able/capable – or unsure that you have the skills or will be able to learn quickly enough.

Isolation (3 comments)

Being on my own/going on my own – buddy system works

Medication (3 comments)

GPs medicate rather than activate!

Carer mental health (2 comments)

Caring role – people who are carers might not disclose if they've got a mental health problem

Awareness of opportunities/benefits (2 comments)

Health problems (2 comments)

Kit (2 comments)

50 professionals gave comments on this question too. 16 had not experienced any barriers, though 6 had experienced 'all' the barriers they had listed. The table below shares comments on barriers that workers had experienced personally and professionally, and those they had witnessed in people – and services.

Barriers experienced personally	I also have an element of social anxiety - which means joining gyms / sports clubs / participating in large group / team activities (especially if the group is already well established) is difficult.
	I have experienced clique sports clubs/teams where as a new individual I didn't feel overly welcomed and felt a little left out.
	Being worried at how I look in the gym/thinking everyone else is talking about me. Being disheartened at my appearance when looking in the mirror.
	Identifying relevant opportunities- what will be suitable for my level/ability?
Experienced professionally	Transport and cost. Lack of facilities at outdoor venues.
	Not enough consultation with groups
	Real apprehension of joining a group initially, uncomfortable with group environment without a key person they know.
	People afraid to enter centres for first time.
Witnessed in people with mental health problems	Witnessed confidence and morale
	Have heard of these barriers from people with mental health illness.
	Have observed all of the above
	No first-hand, but second-hand. Person I know, knows all about how exercise would help them (and has in the past) but their issues stop them from getting out, getting to a gym, going for a walk, pretty much anything really.
	I am fortunate not to have experience of mental health issues but my very close sister has & still going through this battle.
Witnesses in services	As someone who works in this field I see and hear I all the time. Like 'Oh, I wouldn't know what to say to them' or 'What if they committed suicide when I was with them.'
	Lack of patience and understanding towards the person
	The stigma around mental health, lack of training/knowledge of key issues.

As with the section on perceived barriers above, important messages can be drawn from these responses about how to overcome barriers for people with mental health problems – and from services.

Messages for people with lived experience

The survey and People’s Panels each asked participants to identify **one message they would give people with mental health problems about taking part in physical activity**. The responses were overwhelmingly positive, and although the table below sums up key themes, there was one very clear message – ‘Do it – it helps’.

People with lived experience (147 survey comments)		Professionals (64 survey comments)
It works!	37	12
Give it a try	23	7
Do it!	20	6
Start small/do what suits you	13	4
Your mental health will improve	10	7
Fight your fear	9	0
Start	8	2
Enjoy it	8	9
It frees your mind	6	0
Keep going	4	1
Involve others	4	4
Your health will improve	2	0
Other:	3	2
<p>‘For me when I’m struggling for motivation or really anxious before attending something I say to myself “Get busy living, or get busy dying”</p> <p>‘Be proud of your achievement ’</p> <p>‘Do it once. Before you go, write down how you feel. After you have been, write down how you feel. Then do it again.’</p>		<p>‘You will surprise yourself ☐ ’</p> <p>‘There are many activities and facilities out there for everyone to access’</p>

There was clear agreement between professionals and people with lived experience, though professionals were more likely to identify *enjoyment* as a key message.

Participants in the three People’s Panels used a creative tool to share their message. Unlike the survey, responses from professionals and people with lived experience weren’t separated, but similar themes emerged:

- ☐ Give it a try (13 comments)
- ☐ Involve others/seek help (7 comments)
- ☐ Enjoy it (7 comments)
- ☐ Your mental health will improve (6 comments)
- ☐ Do it! (5 comments)
- ☐ Start (5 comments)
- ☐ It works! (5 comments)
- ☐ Start small/do what suits you (4 comments)
- ☐ Keep going (4 comments)

- Your health will improve (2 comments)

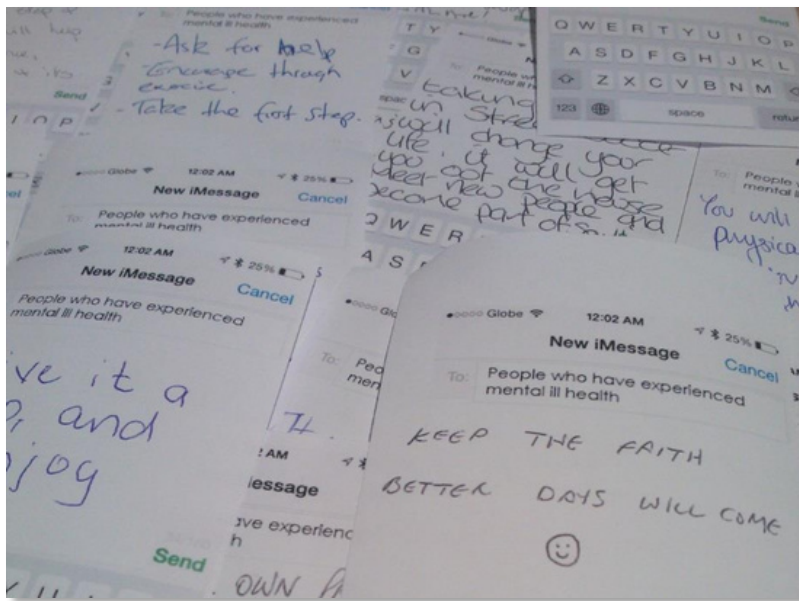


Photo: creative tool used in People's Panels

Four additional themes came out of the People's Panels that did not arise in the survey:

- Empower yourself (4 comments)
- Be positive (3 comments)
- See what's available (3 comments)
- We can help you (2 comments)

These are particularly valuable as they are rooted in the real life experience of Panel participants, who were typically already quite physically active.

Similarly, the quotes below all come from people with lived experience and are shared here in order to help inform promotional messages:

Try, even just 5 minutes a day, even just the gentlest of exercise, do something good for your body and mind.

Even if you don't feel like it, go out anyway, walk, get into the fresh air because once you've done it you will feel you achieved something.

I know it seems impossible but try it and see how it works for you.

Please push yourself past the barrier to give it a try, it really can help.

Basically, just give it a try. Making little changes does have a big impact. Taking baby steps and doing things gradually is a good healing practice.

Do it. It improves confidence, energy, self-esteem and weight loss is a bonus. It eventually gives you something to look forward to which distracts from anxiety and depression.

Just do it, it helps so much.

Take the leap, stop allowing yourself to make excuses, and soon dealing with life's difficulties will seem a whole lot more manageable.

Just focus on today, make today count.

Even if it means walking to the shop to buy a newspaper each day it all counts and it's a start and does you good. It makes a difference and YOU are worth the effort.
Xx

Be realistic and set small simple goals, don't expect too much of yourself. We all have to start somewhere.

Never give up, you are your own person and have the same rights as everyone else and it also can greatly benefit you to exercise to release those endorphins.

The first step is the hardest. Keep going.

Even when your depression is telling you not to step out of the flat, going along and doing it always works to lighten your mood.

Get involved even if it's just taking short walks around the block because there is so much evidence for exercise improving mental health.

It will make you feel better mentally and physically. It will make you feel like you have more energy and increases your confidence.

It helps you reclaim a sense of control over something.

You can't underestimate how much it can help. Running has saved my sanity.

Do what you can, a little is better than nothing.

Don't let your anxiety win. Visualise yourself beating your anxiety whilst you are exercising. Once you have done it the feeling of accomplishment is amazing. The best thing you can do to beat anxiety is exercise. Always push yourself harder, faster, longer each time.

Be bold and do it for yourself.

Best prescription you'll ever write yourself.

It might be the last thing you feel like doing, but you'll get the best feeling afterwards!

If you do it a couple times a week, you'll see an improvement on your health (both physically and mentally) within a month. It's the most underrated feel good hobby.

Do it. It helps.

Free your mind, body and soul! You own the physical activity, you control how little or often you participate, you achieve within yourself and you will inspire others to do the same!

The benefits of physical activity on your overall wellbeing are incredible. It is an escape from your feelings, even if just for a couple of hours a week - there is a genuine lift in your mood and confidence after taking part.

Take the body and the head will follow. Exercise will lift your mood, empower you and give you back control.

Take it a day at a time and have a go. Be empowered, start living and feeling alive.

Messages for physical activity services

The survey and Panels went on to ask what messages people would have for leisure services. These are grouped into key themes and illustrated with quotes in the table below.

If you had one message for *leisure services* about increasing participation from people with mental health problems, what would it be?

People with lived experience (128 comments)	Professionals (52 comments)	
Listen/Understand	22	14
<p>Look at the person not the illness.</p> <p>Spend time with them and realise getting out there is the hardest thing they have done and acknowledge that</p> <p>Be patient with us, include us but don't lose faith if we aren't at every class</p> <p>Most people in the population have struggled with mental health issues at one time or other. These are your customers. They need encouragement, access and knowledgeable staff. Making it safe and accessible for people to be active means they will be active with leisure services for longer.</p>		
Be inclusive	20	11
<p>We have a responsibility to attend to all customers. By neglecting mental issues we are not promoting the vision we aim to achieve.</p> <p>Everyone is fighting a battle, even if you can't see it, be kind and open your activities to all.</p> <p>Do not be afraid to discuss mental health issues - actively discuss what measures can be put in place to make physical activity and sport inclusive for all.</p>		
Be supportive	18	6
<p>Nobody expects you to provide professional help. Everyone has the power to say 'Hello. How are you? Are you okay?' You can make the difference.</p> <p>These people will need support to access your services but the difference you'll make to their lives is huge.</p>		
Improve communications	18	4
<p>Include more 'normal' people in your advertising, instead of super muscular models.</p> <p>Talk about beating the blues with exercise. Exercise is the best therapy. Create classes specifically for people with anxiety.</p> <p>Not to focus on weight, but feeling good about yourself.</p>		
Make it less daunting	15	1
<p>Staff need to be more aware and a bit gentler in their approach to "non sporty " people.</p> <p>Take the fear out of starting out, open days for newbies, gentle welcomes rather than gung-ho!</p> <p>Make services more accessible & less daunting. Not everyone wants to work out in public areas or at 100% effort. Fitness for all!</p>		
Be welcoming	13	10
<p>Make it friendly, inviting and make participants aware it's about taking part not being perfect.</p> <p>Watch out for people who seem unsure/scared/alone. Encourage rather than crowd.</p>		
Pricing	13	2
<p>A couple of (free?) starter sessions in exercise classes would be enough to begin an ongoing process of therapeutic exercise.</p>		
Target provision	13	1

Have slots specifically for people with mental health problems.		
Improve your offer	9	4
More availability of low impact low pressure activities might help. Have designated slot times where maybe service providers can organise space without the public around so people with similar conditions can participate without judgement.		
Partnership	6	3
Improved partnership work to better engage and consult on how future programmes and activities could be designed. Sharing of experiences of those who have been involved in activity and it has had a positive impact on their mental health. Develop a buddy scheme within leisure services where those living with mental health...can support others at the start of their journey.		
Involve	5	1
Even when you think you are fully inclusive, there is always room for improvement. Speak to your community and work with local projects and organisations.		
Train	5	10
Treat everyone as an individual, think about the impact your interaction can have on someone, ensure everyone has at the very least basic mental health awareness training.		
Don't know	5	0
Other:	11	3
<p>There are real benefits in helping people get outdoors and participating in sport and physical activity.</p> <p>We're not disabled we're differently abled.</p> <p>We are not dangerous we need to exercise to keep our minds healthy</p> <p>Just do it</p> <p>Take away barriers and create something fun</p> <p>Funding to help prescribe personal trainer/ counselling support is needed.</p> <p>Food & exercise are complex subjects & when intertwined with poor mental health can seem an insurmountable challenge</p> <p>Recognise there are people they could help</p> <p>Please help us get fit and healthy for the sake of our future nation</p> <p>It could save someone's life and make a huge difference to a lot of people It's not just about making money and filling spaces.</p> <p>Please encourage it. Don't single anyone out</p>		<p>Support people in integrating physical activity into their daily routine</p> <p>Social benefits of exercise can have as big an impact as the physical benefits - leisure services can provide the outlet for people to exercise in a safe, secure environment. Everyone matters</p>

The People's Panels generated insights for implementing some of these actions, see below.