

## MENTAL HEALTH COMMISSION INTERIM TOPIC REPORT:

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### Topic 2: The opportunities presented by Physical Activities and Sport (including the Commonwealth Games Legacy) to support Mental Health and Wellbeing

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#### Introduction

This paper reviews evidence about the opportunities presented by physical activities and sports (including Birmingham's recent Commonwealth Games) to support mental health and wellbeing. The paper draws on local and national evidence and indicates potential actions to maximise the positive impact of physical activities and sports.



#### What is the Mental Health Commission?

The West Midlands Combined Authority (WMCA) has convened a Mental Health Commission because of the strong consensus that the pandemic has undermined mental health in the West Midlands, and that this has been experienced unequally, with some groups experiencing bigger (negative) impacts than others. The people more likely to experience negative impacts included people living in areas of higher deprivation, people on lower or more precarious incomes, people from racialised communities (i.e. those from Black, Asian and other ethnic minority communities), people living with pre-existing mental or physical health problems, people with caring responsibilities, especially women, and children and young people.

As such the West Midlands MH Commission aims to support the pursuit of a mentally healthier region by:

1. Supporting a clear regional understanding of the differential mental health and wellbeing impacts of the COVID-19 pandemic on local people – at home, in education, at work and at play.
2. Understanding the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing;
3. Co-developing priority actions for the WMCA and partners to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.

It is fulfilling its role by exploring 6 priority topic areas which its members have chosen. The implications of the cost of living crisis is one of those topics. For more information on the Commission see <https://beta.wmca.org.uk/what-we-do/wellbeing/west-midlands-mental-health-commission/>.

#### Purpose of this document

This document sets out the initial findings and emerging recommendations from the third topic that the Commission explored, in September 2022, and further discussed with the Health of the Region Core Group. We are sharing this with interested parties to get initial feedback, which will then be used to stimulate action as well as being used to inform the final findings and recommendations of the Commission. Some key considerations are:

- a) **Findings** – do they cover the key issues? Is there any further, substantive evidence or information available to further develop them, particularly in respect of the local issues?
- b) **Recommendations** – do they cover the key issues? What are the highest priority ones? How might the recommendations be delivered and involving whom?

### Sport, exercise and physical activity: What's the difference?

These terms are used in different ways by different people, but, in general, they are used to describe forms of movement that vary in terms of how planned and structured they are. 'Sport' is usually used to refer to planned and structured activities. The goal is often competitive (to outperform another person or team), and it is sometimes institutionalised (e.g. taking place in a formal setting and/or overseen by a professional body). Examples: gymnastics, netball, football and tennis.

When someone says that they're going to do some exercise, they're usually talking about some form of physical activity that is less formal and structured than sport. Also, the emphasis tends to be more on maintaining or developing physical fitness (with mental wellbeing benefits) than on competition. Examples: going for a swim before work, jogging around the park, taking part in a yoga class.

Physical activity is an overarching category that covers sport, exercise and all other forms of being 'on the go'. This includes very informal and unstructured activities that are open to a majority of people, not only those who are motivated to be active and who already have reasonable levels of fitness and mobility. Examples: dancing, walking the dog, playing in the playground, gardening.

The national, WMCA and local attention including the Commonwealth Games legacy is to increase the number of people who are doing some physical activity and making it part of their everyday lives. This is where the greatest health and community gains can be made in behaviour change. Although, most health benefits can be made by doing more than 150 mins of moderately intensive activity per week.

### What do we know about the connection between physical activity and mental health / wellbeing?

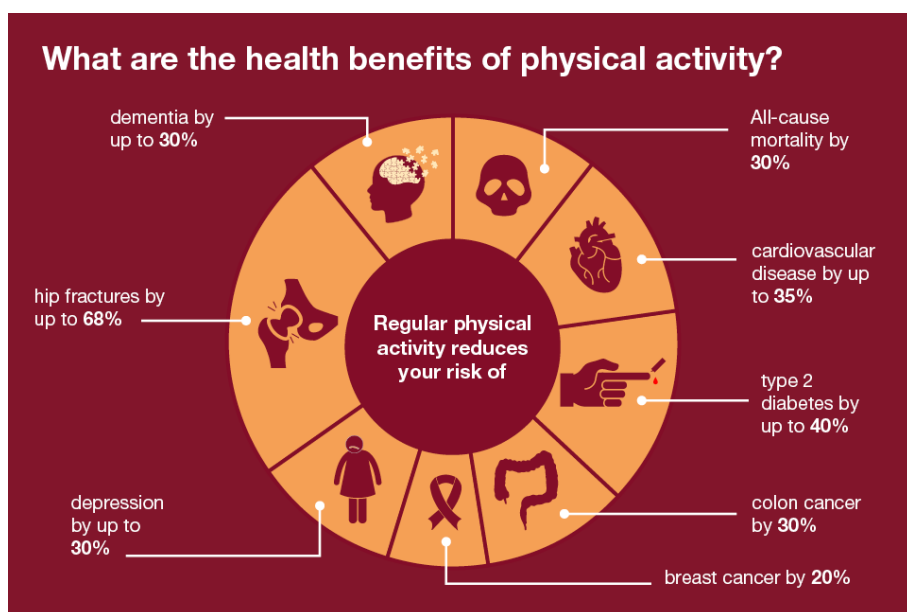
Physical activity can help prevent and manage mental health problems and promote mental wellbeing, for instance in neurobiological, psychosocial, behavioural, environmental and physical terms.



Physical activity can be used in treatment for depression, and is included in the recently updated National Institute for Health Care and Excellence (NICE) guidance for the management and treatment of depression in adults. Although there are more gaps in the literature, there is also good evidence that physical activity can be beneficial in addressing anxiety disorders.

There is evidence that, for people with a diagnosis of severe mental illness, physical activity can help with mental health symptoms and quality of life. It can also help with physical health problems and weight gain, which people with a diagnosis of severe mental illness experience at disproportionately high rates, and which can have a negative impact on mental wellbeing in their own right.

Physical activity is beneficial for people with neurodegenerative conditions such as dementia. It is both protective against dementia and, for people who are already living with the condition, it can slow further decline in functioning and improve quality of life.



### ***Government: Physical Activity Applying All our health (2022)***

There is strong evidence that physical activity is associated with a range of positive outcomes for mental wellbeing. These include increased self-confidence and self-esteem, increased resilience, reduced stress, improved mood, improved sleep and improved social connectedness through access to new social networks and activities.

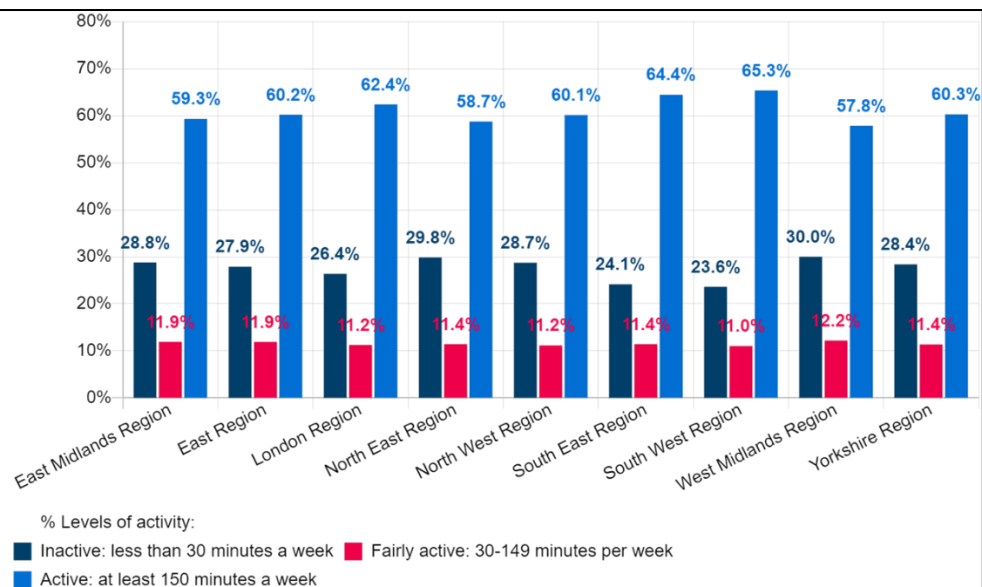
Currently, physical activities and sport are not routinely part of support for people waiting for mental health support.

## **Inactivity in the West Midlands**

The number of adults, children and young people who are active is measured through Sport England’s annual Active Lives Survey. The WMCA geography has the highest levels of physical inactivity in England and some of the greatest inequalities in those who take part. We know this has an impact on physical and mental health and wellbeing. Approximately 30% of adults without a disability and 48% of adults with a disability are physically inactive.

## Context – Levels of activity (Nov 20 -21)

West Midlands = most inactive region



Recent research by Transport for West Midlands paints a mixed picture of the impact of Covid-19 on activity levels. There have been changes to how, and whether, people commute to work, and to their gym attendance. But if these changes add up to an overall increase or decrease in activity levels is unclear. More research will be needed.

There are a several initiatives in place to support people in the West Midlands to become more active and to reduce the inequalities in activity levels, and careful thought is being given to the legacy of the 2022 Commonwealth Games.

## Intersectional inequalities

Adults from mixed or multiple ethnic backgrounds are most likely to be active, and least likely to be inactive. In contrast, adults from Pakistani, Bangladeshi, and Arab backgrounds are the least likely to be active, and most likely to be inactive. The inequalities in the physical activity levels of adults of different ethnic backgrounds are also observed in children and young people.

People from Black, Asian, & Minority Ethnic backgrounds are seven times more likely to live in an urban area than someone from a White ethnic background. These geographical factors can contribute to, and perpetuate, some of the socioeconomic, social cohesion and social mobility issues that influence a person's ability to engage in sport and physical activity.

There is a gender gap observed in physical activity levels across nearly all ethnic groups, such that women are less likely to be active than men; and, for Asian and Black African women the gap is even more pronounced.

People from a low socioeconomic classification are twice as likely to be inactive compared to a person from a high socioeconomic classification, and people from the Bangladeshi, Pakistani and Black communities are disproportionately likely to have a low socioeconomic classification. Unemployed adults are 59% more likely to be inactive compared to a person who is working full or part time. About one in ten adults from Pakistani, Bangladeshi, Black or Mixed ethnic backgrounds are unemployed, compared to one in twenty-five white British adults.

Adults from the most deprived quartile of neighbourhoods are 45% more likely to be inactive compared to a person from the least deprived quartile of neighbourhoods. People from Black (20%) and Asian (17%) ethnic groups are the most likely to live in the most deprived 10% of neighbourhoods. Within those groups, Pakistani (31%) and Bangladeshi (28%) adults are the most likely to live in the most deprived 10% of neighbourhoods.

Children and young people with low family affluence are 55% more likely to be less active compared to a child or young person with high family affluence. People living in a household headed by someone from a Black, Asian, or Minority Ethnic background are more likely to be on a relatively low income. This is particularly the case for households headed by someone of Bangladeshi, Chinese, Pakistani, or Black ethnicity, with 51%, 49%, 46%, and 41% respectively on relative low income. This compares to only 19% of White households on low income.

The patterns observed in adults when looking at the influence of ethnicity, gender, and socioeconomic status on participation are also observed in children and young people.

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## Birmingham's Commonwealth Games Legacy

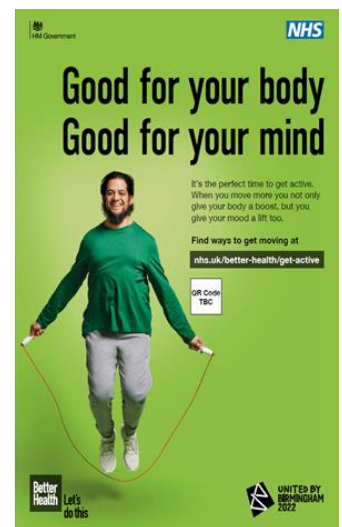
The legacy objectives included

- Improving access and opportunities to get active;
- Targeting those most in need;
- Encouraging walking, cycling and developing facilities for community use;
- Supporting people and communities to look after their mental health;

Positive impact on mental health and wellbeing was designed into a number of legacy work strands, including volunteering, community cohesion programme, physical activity, cultural programme.

### Specific areas of work included:

- **Construction workers** - Campaign resources signposted construction staff to free NHS-assured content and tools, accessible at any time;
- **Mental Health Awareness Training for Volunteers/ workforce** - Psychological First Aid training package adapted for potentially 13,000 Games-time volunteers and volunteer managers
- **Games-time public wellbeing campaign** - Used DHSC's Better Health campaign to highlight the positive link between physical activity and mental health



## Potential opportunities to maximise the positive impact of physical activities and sports



1. Physical activities being designed into toolkits for those waiting for MH treatment / support.
2. Systematically build physical activities (including sport) into health and care 'treatment' pathways for mental health;
3. Systematically reduce barriers that may prevent local people from engaging in physical activities – cost, cultural issues / perceived norms, transport, the range of activities on offer, etc. in part through co-designing inclusive physical activities with key communities to better meet their needs.
4. Support local people into employment in the sports sector and support the roll-out of sector training on mental health and wellbeing;
5. Refreshing regional leadership / stewardship arrangements for the physical activities and mental health agenda - to oversee and drive a cohesive approach, to co-develop and enable delivery of priorities that maximise positive impact to enable the delivery of a long lasting legacy;
6. Systemically reduce financial & other barriers to local people using the Commonwealth Games facilities & other facilities on their doorstep;
7. Build a stronger 'real time' evidence base of the impact of engaging in physical activities and sport – drawing on local academic institutions, grassroots & elite sports organisations and local communities.

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### Proposed next steps

- a) Circulate the document to a range of stakeholders to 'stress test' the findings and potential action points (from early November 2022) with a view to highlighting relative priorities and indicating means of delivery.
- b) Support targeted discussions to maximise the Commonwealth Games mental wellbeing legacy;

**4<sup>th</sup> November 2022**

#### **Powered by**

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## APPENDIX – ABOUT KERRY

*Kerry consistently goes above and beyond as our Martial Arts Sensei at our kickboxing club. She runs women-only classes and a group for 12-16 year old girls. These classes not only focus on physical health but also mental health, supporting women and girls to become more confident and in tune with themselves. While Kerry trains in martial arts, she goes above and beyond by facilitating an extra supportive environment. She encourages us to support each other too.*

*As a deaf member of the community, Kerry had her own struggles through the pandemic which she was open about and used time during lockdowns to improve her knowledge to help herself & her members. She's told us that she struggled when wearing masks but she has overcome her fears to not be afraid of asking people to repeat themselves.*

*Kerry has a holistic approach to health and is just as interested in how you're feeling as how high you can kick. To reflect this, Kerry created and delivered a programme throughout lockdown (and continues to do so) to keep her team focused, motivated, inspired with a strong emphasis on mental wellbeing. Kerry uses her experience to help as many people as possible overcome their fears and worries and encourages self love and being the best version of ourselves. She finds ways to ensure everyone is included, even those with disabilities and injuries. Her academy is a safe place without judgement.*

*Increasing numbers of women and girls who have joined club are on waiting lists for support from mental health services. Kerry supports young girls who have experienced bullying and women who have experienced domestic violence and trauma just to name a few, while also volunteering for the NHS. She retrained & re-joined the NHS to administer Covid jabs in the community.*

*I'm in awe in how she is constantly developing and thinking of ways to support more people. On a personal level, Kerry helped me when I was suffering from PND. She didn't know that at the time but offered such a warm and caring environment of support that was the first step in helping me realise it was okay to seek help. Since joining the club, my anxiety has significantly decreased and regular check-ins with Kerry mean I've become more aware of what I do and how this can impact my mood.*

*Time is regularly set aside in club sessions to check in with each other and discuss goals and worries. We talk things through, we come up with a plan together, we have weekly catch-up sessions either in person or via text/zoom calls. This has been done on an individual basis or small group – women of different ages all working together to get through tasks.*

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