



ACTIVE LIFESTYLES BUDDYING PROJECT

BACKGROUND

What is the project?

In November 2008 the Croydon Mental Health Promotion Strategy Steering Group, part of the Healthy Croydon Partnership, invited tenders for a pilot project for a Buddying Service which would aim to increase the number of people with a history of mental health problems engaging with the local Active Lifestyle Programme. Mind in Croydon tendered for this service and won the tender in February 2009. The pilot was to run from April 2009 until March 2010.

Why was this commissioned?

People with mental health problems are more likely to have poor physical health than the general population, putting them at greater risk of cardiovascular disease and cancers, but at

the same time they find it difficult to benefit fully from the services that are available to them which could help reduce this risk. Irrespective of diagnosis, people often report lack of motivation and anxiety as barriers to attempting a new activity in their lives. Furthermore, service users often report that the fear of stigma and discrimination discourages them from participating in community based activities. There is also evidence that physical exercise and active lifestyles can improve peoples' mental health as well as their physical health. Active lifestyles can help peoples' recovery by providing opportunities to meet with other people, become less isolated, more socially included and improve confidence and self-esteem which can enable them to make progress in other areas of their lives.

We surveyed service users to understand better the barriers that were preventing them from accessing services. Service users said that they found going into new environments very daunting and what they valued was a friendly face and someone to go along with them to help develop their confidence. Therefore, having the support of a buddy was something that would enable them to overcome this barrier.

How does it work?

We recruited volunteer buddies to work with people experiencing mental health difficulties to help them to access physical activities in the community. 24 volunteer buddies were recruited from a number of sources. At the end of the pilot we had matched 10 buddies and placed them in a range of settings. We particularly encouraged mental health service users to volunteer. Eight buddies facilitated groups, such as the Exercise on Referral Scheme's gym sessions, or Boxercise (a 10 week course using non-contact boxing training techniques), whereas the other two buddies worked one-to-one with people. Buddies usually worked with service users for approximately 14 weeks, starting off in a very supportive role, and then gradually distancing themselves from giving direct support, e.g. by

giving telephone support. All buddied activities took place in mainstream settings such as gyms, parks, swimming baths etc.

How did we recruit buddies?

We recruited buddies by advertising the role at Croydon Volunteer Centre, placing articles in the local papers and service user group newsletters such as Hear Us and The Mental Health Forum, and by giving talks to the community mental health teams. We also encouraged people who have accessed Active Minds to become volunteers. 16 of the buddies recruited had experienced mental health difficulties, and 12 had accessed Mind in Croydon's services in the past. The remainder had contacted Mind in Croydon after seeing an advert locally, the majority coming through Croydon Volunteer Centre.

How were the buddies trained and supported?

We had an initial meeting with buddies to talk them through the process. Buddies then received a two day training package. The first day was an introduction to Mind in Croydon, and focused on the role of the buddy. We discussed the reality of working with service users, the expectations for buddies and their match, including boundaries and confidentiality issues. Buddies had a chance to plan a "route map" with their match and were

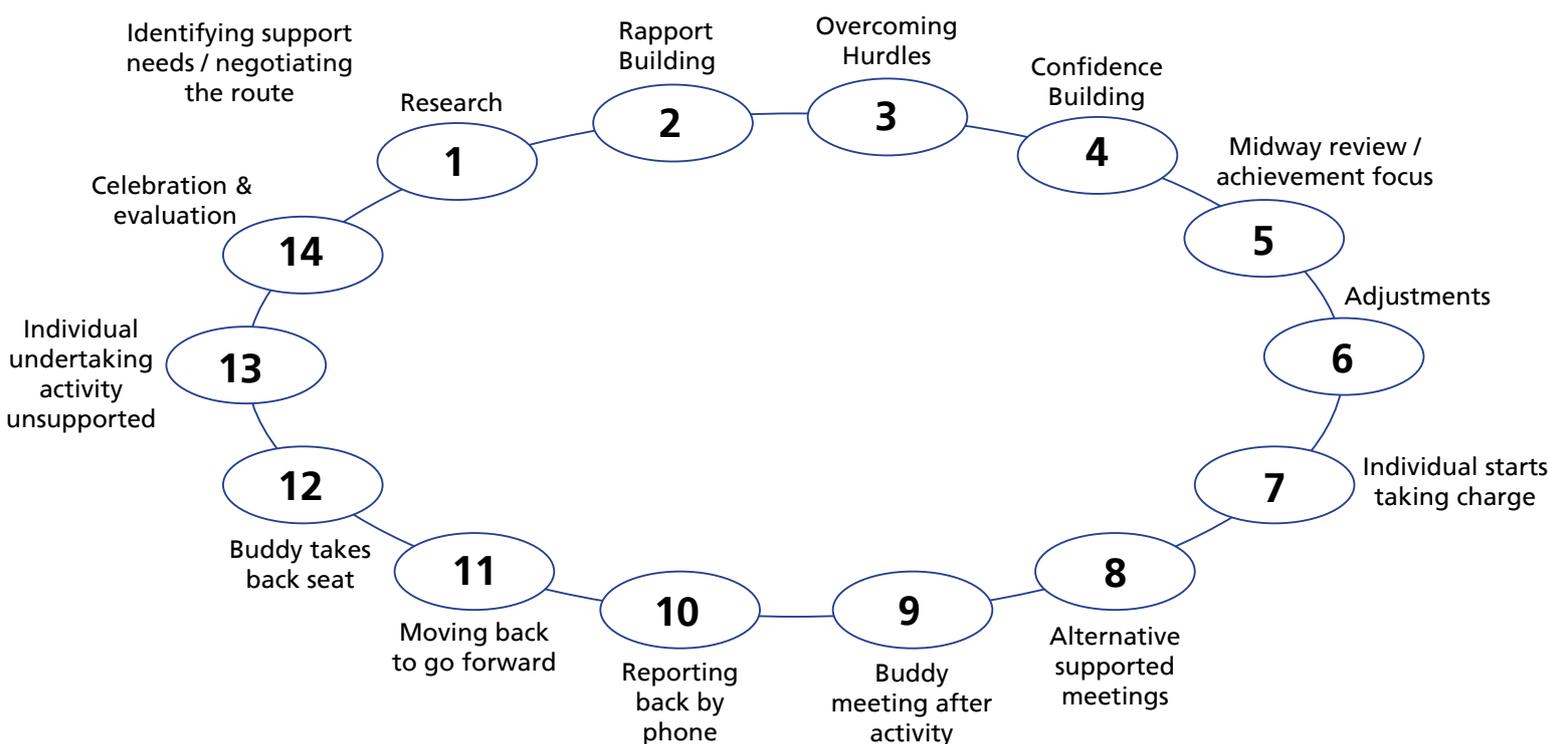
encouraged to role play the initial meeting to help them to understand what service users experience when they start a new activity to enable them to empathise with their matches. The second day was run by an external facilitator and focused on communication and motivation.

Buddies were supported by two project coordinators though weekly phone contact, one to one sessions as and when needed and monthly group support sessions. At these sessions they built confidence and learned from each other though sharing experiences, problem solving and celebrating successes.

How did we match buddies to service users?

Each buddy was carefully matched with the service user based on their interests and needs. When we first met with the buddies we ascertained their interests and hobbies as well as having a general discussion around their life experiences. This enabled us to get a good idea of the buddy's skills, strengths and personality. We also asked service users about their preferences when being matched with a buddy so that we could match service users and buddies to enable the highest chance of a supportive relationship forming, and therefore successful buddying.

The 14 week Buddying Support Programme



What were the buddies doing?

Four buddies had expressed an interest in facilitating the boxercise groups, as they felt they had benefitted enormously themselves, and wanted others to enjoy the same. Four buddies, as a result of facilitating the boxercise sessions in the past, had gone on to complete their Level 2 Fitness Instructor qualifications, and therefore wanted to work in a gym setting, so they supported groups of people to access the Exercise on Referral Scheme. The buddies who worked with people on a one-to-one basis worked with one person at a time, due to time constraints. However, one of the buddies was on a student placement with the service and was able to buddy up with five people. The number of

people to be supported by a buddy depended on the availability of the buddy and the needs and interests of the people being buddied.

Referrals

From April 2009 to March 2010, 69 people were referred to the service (and they were supported by 10 buddies), with an almost even split of 33 males and 36 females. The average age was 37, and ranging from 18-60. Chart 1 (below) gives the breakdown of ages.

Ethnicity

The service reached people from a range of ethnic groups, reflecting the diversity of Croydon. Chart 2 below details this.

Chart 1: The age range of people referred to Active Minds Buddying

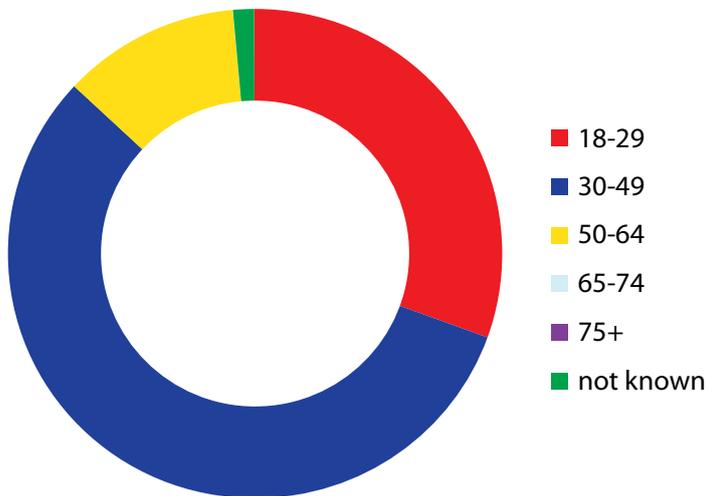
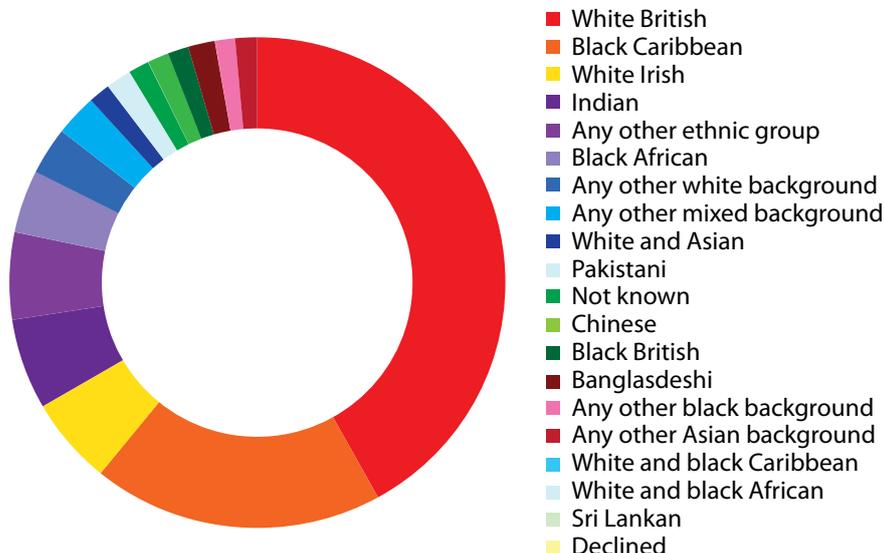


Chart 2: Ethnicity breakdown of service users of Active Minds Buddying



Employment Status

38 people who were referred were unemployed (57%), while three people were working, and three people were off work due to ill health. Ten people were volunteering, and four were studying. One person was retired, and four people were at home as house wife/husband. Three people had ticked 'other' and three people did not respond to this question.

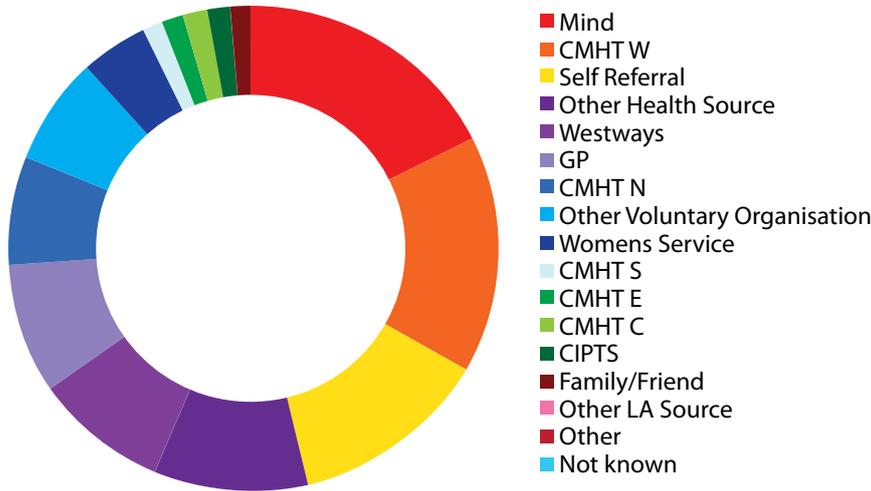
Sexuality

59 service users (86%) reported that they were heterosexual, while 1 person reported being homosexual. The remainder said that they were asexual, unsure, or did not want to disclose this information.

Education

People from a range of educational backgrounds accessed the service; with 14 people (20%) having no qualifications and 4 people (6%) having obtained a

Chart 3: Breakdown of referrers to Active Minds Buddying



Referrers

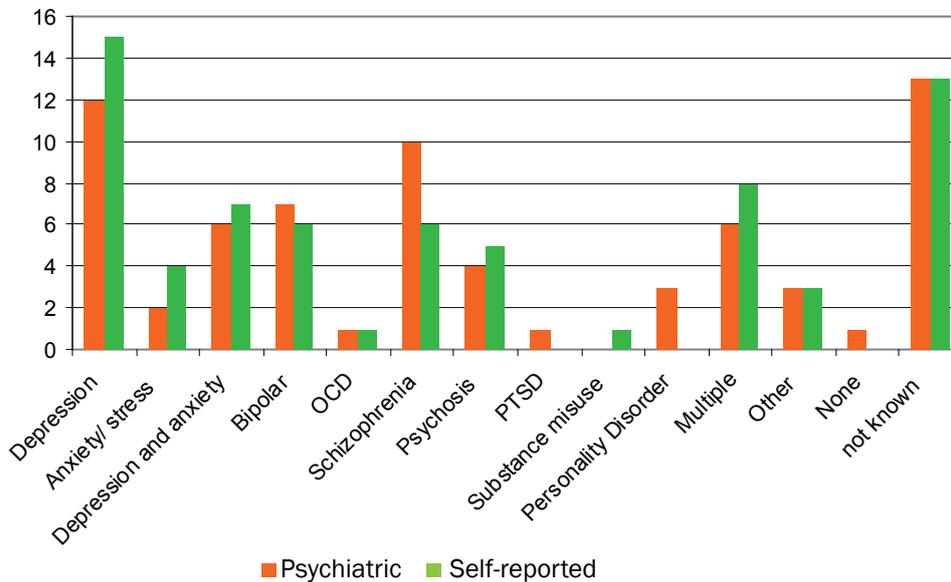
Referrals came from a range of services, with the majority coming from the Community Mental Health Teams. 11 referrals came from other Mind services, and nine were self referrals. Chart 3 gives the breakdown for this (below).

SERVICE USER ASSESSMENT

Diagnosis

We tried to record the psychiatric diagnosis as well as the service users' own report of their mental health problems. This is shown below in chart 4. The majority of people agreed with their psychiatric diagnoses, with the exception of those diagnosed with schizophrenia, personality disorder, PTSD and Bipolar. From a service user perspective more people described themselves as experiencing depression or multiple disorders.

Chart 4: Comparison of Psychiatric diagnoses compared to service users self-reported mental health problems



degree.

Self reported disability

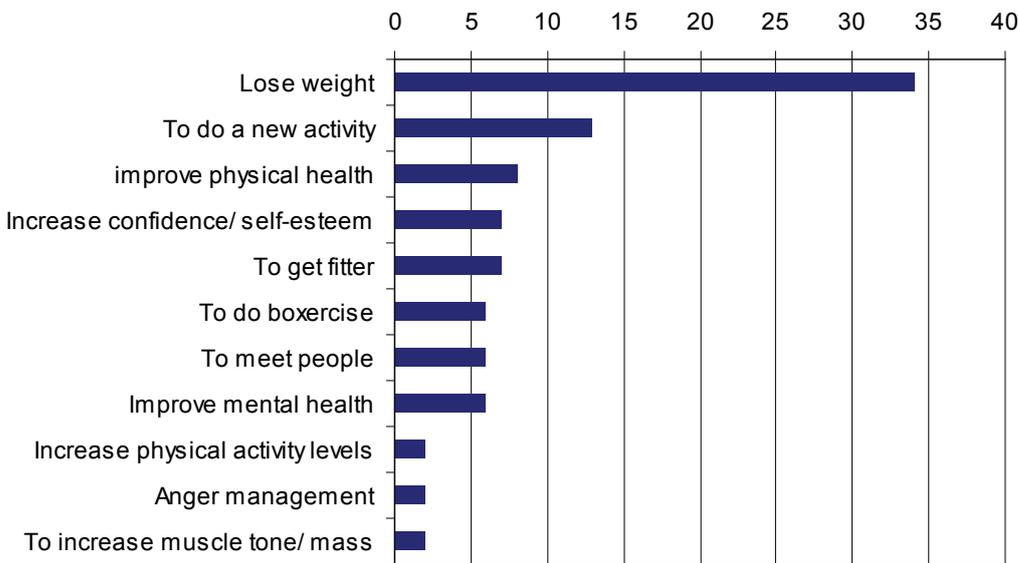
We asked service users if they had a disability. This could be any disability ranging from physical disabilities to a mental health problem. 22 people (32%) answered yes, while the majority 33 (48%) answered no. The remainder declined to answer or we have not been able to obtain the information. From a service provision perspective disability services include mental health as a disability. However, as it is not a visible disability some people with mental health problems do not class themselves in this group.

Service provision

Active Minds buddying service was accessible to a diverse group of people from all over the borough, demonstrating the demand for such support for people in order that they could access community services. All referrals were appropriate and accepted. 80% of referrals were contacted within 48 hours, and 52% were given an appointment within 2 weeks.

People who were referred had a range of goals, outlined in chart 5 (overleaf). The most common goal being to lose weight; however, social needs were also highlighted, with the next most common goal being an increase in activity. Furthermore, six people hoped to meet

Chart 5: Goals reported by people accessing Active Minds Buddying



Health Organisation (1997) recommends a healthy BMI of between 18.5 and 24.9. A BMI of 25-29 is classified as overweight, while a BMI of over 30 is obese. The average BMI of people being referred to our service was 30. The average weight was 87.5kg.

Levels of activity

We asked people to report their level of activity during one day.

new people and seven wanted to increase their confidence and self-esteem. This highlights the importance of having a good social network, an important attribute to maintaining good mental health and overall wellbeing.

Of the 69 referrals, 7 had met with a buddy to do a specified activity on a one-to-one basis. These include swimming, getting to and from the gym, attending the Boxercise (following the group sessions) cycling and walking. 30 people had attended the boxercise sessions, where four graduates of the group supported new members. 42 people have accessed the Exercise on Referral scheme, where there are three buddies each based at the gyms in Thornton Heath, Purley and South Norwood. These are graduates of the boxercise groups and have each completed their level 2 Gym Instructor Qualification. Please note that some people access more than one activity, e.g. boxercise and gym.

FINDINGS

Outcome Measures

Baseline measurements were taken at initial meetings, focusing on weight, BMI, reported levels of activity and mental wellbeing (using the Warwick Edinburgh Mental Wellbeing Scale).

Weight and BMI

Body Mass Index (BMI) is the most common method for measuring obesity, and takes into account a person's height and weight. The World

This was then broken down into the different categories, starting with the amount of time spent sleeping, to the time spent doing vigorous aerobic activity, such as running and cycling.

For health related benefits the recommended amount of physical activity is 30 minutes of moderate intensity exercise, five times a week. This can be cumulative, so 3 x 10 minutes would be acceptable in a day. Moderate activity includes walking, gardening, vigorous housework, e.g. vacuuming. For improvements in aerobic fitness and/or muscle tone, more specific physical activities, such as aerobics, weight training and running are required for 60 minutes, three times a week.

The average physical activity levels at baseline were:

- Sleep: the recommended amount of sleep per night is 8 hours (480 mins). The average reported at baseline was 451 minutes, just below the recommended amount.
- Sitting quietly, e.g. reading, watching television. At baseline this was 299 minutes.
- Sitting at a desk or table e.g. eating, writing, working on a computer. This was 94 minutes.
- Standing or driving, e.g. washing up. This was 91 minutes.
- Light housework, such as dusting, vacuuming. The average at baseline was 68 minutes
- Cycling at a leisurely pace, walking briskly. The average was 38 minutes at baseline.
- Carrying, loading, gardening. 31 minutes was

reported at baseline.

h) Aerobics or gym based exercise. The average time spent doing this was 24 minutes at baseline.

i) Running, football, racing on a bike. This was an average of 10 minutes.

Warwick Edinburgh Mental Wellbeing Scale

This is a 14 item scale which looks at subjective mental wellbeing and psychological functioning. All items are positively worded and address the positive aspects of mental health. The minimum score is 14 and the maximum is 70 and the results should be presented as the mean score for the population of interest. The average population mean is 51, with a high score indicating positive wellbeing. The mean score for service users accessing Active Minds Buddying service was 40.

Outcomes

Out of the original 59 referrals 22 have successfully completed the programme and are now taking part in a new activity, for example, they continue to access the gym or take regular exercise. 35 people continue to access the service. 12 people were discharged from the service before completing, due to a number of reasons: Five people did not attend their activity, two people dropped out due to mental health difficulties and three people dropped out due to physical health problems. A further five stopped accessing the service as they did not wish to continue with it.

As this is a one year pilot and the people that we work with tend to be ongoing for approximately 3 months or more, 45% of people have not yet received this length of support, and the three and six month follow up data is not yet due for many people.

These are the outcomes for the 22 people who have completed the programme.

a) Weight and BMI

We obtained the end weight data for 14 people who had completed their programme with Active Minds. The average change was 0.9kg reduction in weight (SD = 2.6). The average change in BMI was 0.5 reduction (SD = 1).

After the first quarter (3 months) revised measurements were obtained for 8 people, with

the average weight change being an increase of 0.5kg, since the baseline data was collected (SD = 4.1), and the average change in BMI was a 0.3 increase (SD = 4.1). This increase is due to one client who had put on some weight and this skewed the result somewhat.

After the second quarter (six months) revised measurements were obtained for six people, which showed a 2.6kg (SD = 6.7) decrease in weight since baseline and a 0.4 reduction in BMI (SD = 1.7).

b) Warwick Edinburgh Mental Wellbeing Scale

For all those who completed the programme we used the WEMWS. The average score had increased from 40 to 44, moving nearer the general population average score of 51. The average change from baseline was a 4.2 increase (SD = 8.5).

Eight people were followed up at three months, with the average score being 45, and the average change since baseline an 8.9 increase (SD = 3.7). Six people provided data after six months, with an average score of 40. This result is due to such a small sample, which has been affected by one person's score decreasing. The average change was a 3.5 increase since baseline (SD = 4.4).

c) Activity Levels

We obtained end data for 20 people. The results show that people reported a 90 minute increase in time spent sleeping. This increase was an improvement for clients who have previously found it difficult to sleep, and shows that exercise can be beneficial in encouraging relaxation. There was also an increase in more vigorous activities: 14 minute increase in aerobic activity and 15 minute increase in activities such as running. The standard deviation scores show a large variance in the results. However, generally, these changes were maintained for the 10 people who provided data after the 3 months, and for the seven people who had provided data after six months.

The majority of people (18) completing their programme with active minds have reported that they have experienced a large or moderate increase in their activity levels, and 4 reported a small increase. Only one person reported a large decrease, however, this individual was

Activity Levels

	Start	End	Average change	SD	3 month	Average change	SD	6 month	Average change	SD
N	53	20			10			7		
A: sleep, rest	451	456	90	237	413	13	206	490	100	192
B: sitting quietly	299	264	12	226	56	107	103	495	165	424
C: sitting at a desk, eating	94	90	-16	122	176	29	21	115	-30	100
D: standing or driving	91	81	-16	100	29	45	32	60	25	30
E: light housework	68	63	-3	62	70	8	55	120	60	100
F: cycling, brisk walking	38	39	-12	56	53	-30	56	80	-15	56
G: carrying, loading, gardening	31	55	8	63	83	11	22	175	95	140
H: aerobics, health club	24	74	14	38	57	8	112	150	75	92
I: running, football, racing on a bike	10	37	15	47	40	38	55	20	10	25

experiencing some difficulties at the time of completing the follow up report. After six months, all respondents (6) reported an increase in activity levels.

We asked people if they felt they had achieved the goals that they initially set, and all respondents believed that they had. People often reported unexpected benefits, for example, for those who had not achieved the weight loss that they had anticipated they still reported the activity to be enjoyable and that they had benefitted from meeting new people, or that they had noticed an improvement in their mood and confidence.

SERVICE USER FEEDBACK

We have been able to get some feedback from service users about their experience of having the support of a buddy:

'I wouldn't have come to the gym if it wasn't for her (buddy). She really helps me focus on my technique, making sure I stand properly, stomach in and shoulders down'. BJ

'She'd been through it (boxercise) and knew what it was like. It was great encouragement to see her doing so well.' SR

'It's nice to be surrounded by people that are positive and give you encouragement and are supportive.' SR

'My buddy was patient and listened to my

concerns.' JM

'The buddies helped and gave lots of advice on technique, as well as considering health and safety.' JM

'My Buddy was helpful; he showed me how to do the ground work. I enjoyed that and found it useful.' CM

'[my buddy] was really encouraging- really lovely. I missed her when she wasn't there. She'd had similar difficulties and it's nice to hear someone who feels the same way. She got me doing more - like one more sit up or one more minute' JJ

'[He] was a good trainer. He's an ex mental health patient so I could relate to him.' RH

'C is brilliant. She makes me laugh, and I don't realise that I've gone over my times on the machines, so that is great.' CM

'C approached me in a polite manner and instantly I felt very comfortable' CS

Buddies

One of the attributes of the buddy service was the broad range of people from all backgrounds that were attracted to the role of a buddy, which complemented the wide range of service users requesting a buddy. Because of this wide choice of buddies we were able to match service users and buddies to enable the best possible supportive relationships. Buddies came

from 7 different post codes; ages ranged from 20 to 62, with the average age being 35. The volunteers also reflected the ethnic backgrounds in Croydon, detailed in the chart below.

Of the 24 volunteer buddies, 16 had current or past experience of using mental health services. These buddies reported that they wanted to volunteer for the project, not only to share their experience and interest to help others, but also to maintain their wellbeing.

The Buddies' Experience

'I have been a gym buddy at Purley Leisure Centre for nearly a year now. I started doing two hours on a Thursday to gain confidence as I had just taken my gym instructor level 2 qualification.

I was put with one person to see how I got on, but was told that there may be more later on. At first I was quite nervous but B who I was working with was very nice. As the months went by we both gained confidence together, we told each other our difficulties and worked around them. We used each others strengths to get through the session.

On the days that B didn't want to go I would call Chloe (the project coordinator) for reassurance that I was doing the right thing. However, I can motivate B, if she is having a bad day (or I am) we talk on the phone for a while which helps, then we head off to the gym.

After a few months I started doing Wednesday and Thursday. In the beginning I found that hard, as Wednesday was always my stay in the house and cry day. It has now become my Task day,

both B and I have difficulties in shopping and crowds, so now after the gym we set ourselves tasks and work through them together. Just like we do in the gym, we use each other's strengths.

I still have bad days and still lack confidence but as each week passes it gets better. I have found working with B really helpful, I don't feel so isolated and alone as I used to, as I am working alongside someone who understands.

B has worked hard in the gym and her fitness level has really improved, but sometimes its not just about the exercise, its about getting away from your problems and sharing them for a few hours.'

Although this pilot did not monitor the wellbeing of the volunteer buddy, in the 1997 National Survey of volunteering people reported a sense of personal achievement. This is echoed by the Survey of volunteering by people with experience of mental ill health carried out by the National Centre for Volunteering research in which people reported an increased sense of achievement, sense of purpose and increased confidence. Almost all respondents said volunteering had a positive effect. Volunteering gives people a sense of purpose and increases confidence (www.ivr.org.uk). Through talking to the buddies we feel the buddy project has this impact on our volunteers and that the buddies themselves valued the service as it helped to support their own recovery.

Quotes:

'For me, being a buddy has given me a much needed confidence boost, it still needs improving but it has come a long way in the last year. It has given me a chance to put my newly acquired skills and knowledge to good use. I like working in the fitness industry and this is an excellent way of easing myself into it. I have also found that I am much more compassionate and empathic towards people with mental or physical

Chart 6: Breakdown of ethnicity of buddies

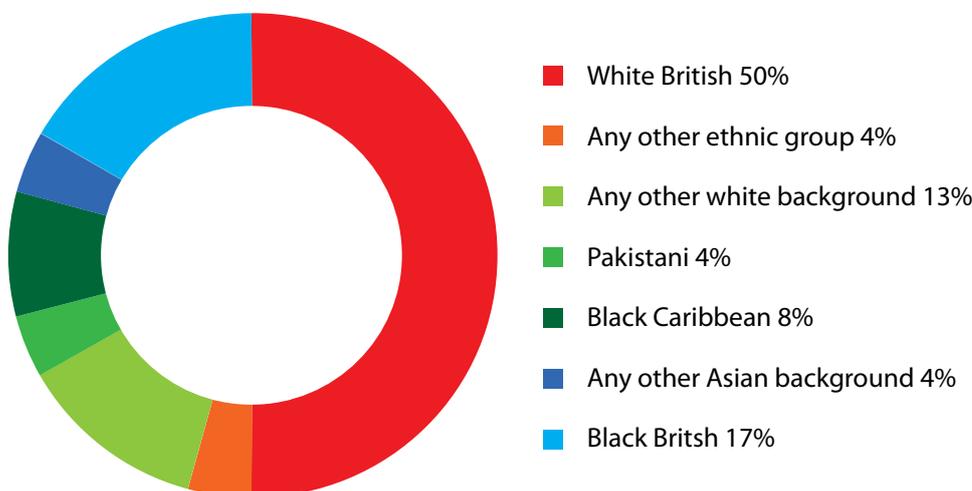
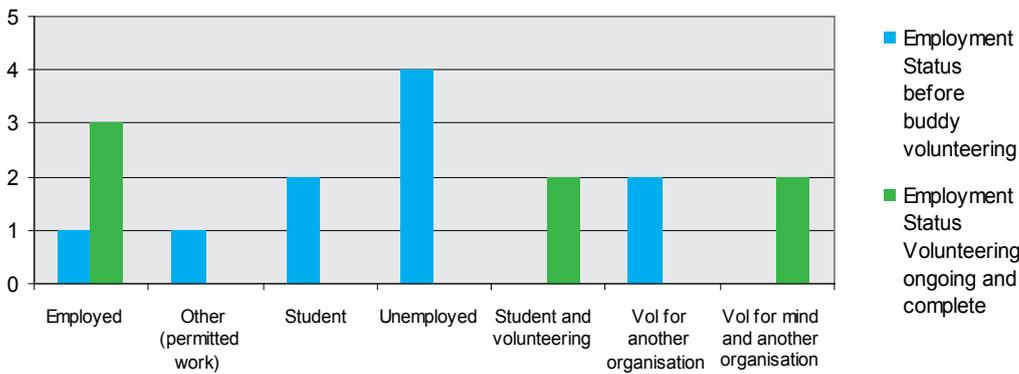


Chart 7: Employment status before and after volunteering as a buddy



taken up employment and 10 of the 24 people who had applied to be buddies had become volunteers. All buddies who had other commitments such as studying or volunteering with other organisations continued with their commitments as well as acting as a buddy. This is significant, given that 67% of buddies had experienced mental health problems and the drop out rate for any activity in this group is usually high.

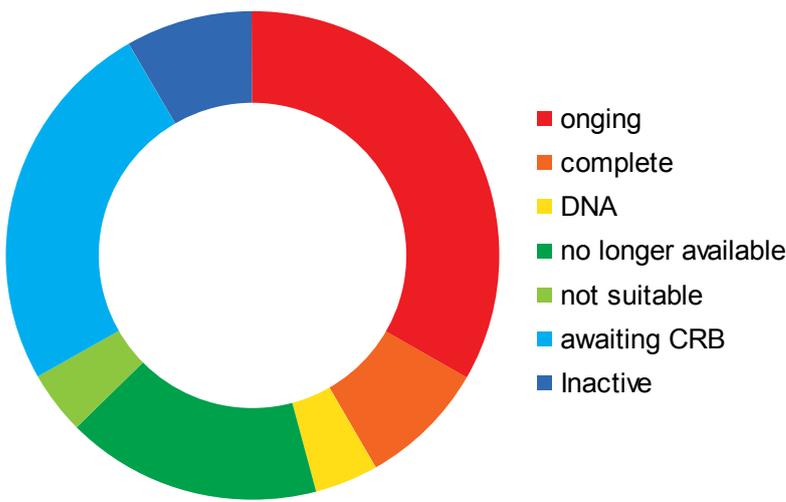
At the end of the pilot, of the 10 buddies matched with service users, 8 are currently acting as a buddy. Two volunteers are still available but have not yet been matched with a service user.

Four volunteers were no longer available to act as a buddy at the time they were

approached and matched with service users. These buddies were awaiting their criminal records checks to be completed and during this time had either become unwell or had other commitments.

The length of time that the CRB checks took to come though has been a prohibiting factor in the development of the service. We were unable to engage the volunteers until we had received their enhanced disclosures, hence the delayed matching between volunteers and service users. Currently we have 6 volunteers waiting for CRB checks. We have tried to keep volunteers engaged in the service whilst awaiting their CRB checks by running 2 day training sessions, of which, 14 of the 24 buddy volunteers attended.

Chart 8: Buddy Status



problems and disabilities, which I have always wanted to change but I guess I was never in the right environment. I do feel as though I am actually giving something back for once and making a difference by helping others improve and take control of their lives through exercise and a healthier lifestyle.'

'My Buddying Experience for Mind has been very enjoyable. I have learnt a lot about myself and have achieved My C.Y.Q level 2 course as a Gym Instructor. Currently I am working on my N.V.Q. 2 and hoping to finish very soon.

There has been lots to do as a buddy and it has been a real pleasure in helping others. Giving up just a short time each week also helps me in keeping busy.

I think The Buddying Programme has worked very well, with lots of clients benefiting from it.'

A further benefit of the service is demonstrated by comparing the employment status of buddies before, during and after taking part in the project. At the end of the pilot two buddies had

Feedback from other professionals

'The Buddy scheme has played a crucial role in supporting Mental Health service users to access the Active Lifestyles Exercise Referral Scheme. By attending Gym & Community

exercise session's buddy volunteers provide support and motivation as well as much needed encouragement to the scheme's users. The buddies have all achieved an Exercise Qualification which has enabled them to actively participate in the sessions, providing a much needed resource for the scheme. Active Lifestyles has found working with the Buddying project a valuable and worthwhile experience that has had positive outcomes for all concerned.'

Lois Curtis, Active Lifestyles

'Just a quick call to send my thanks for meeting up with SM, she said that she is absolutely loving the boxercise and I've really noticed a change in her mood and engagement in the sessions with me, so its just I'm really really chuffed, so I just wanted to thank you for your input and encouragement with her. Thanks very much.'

Lisa Wheble OT W CMHT

Summary of outcomes

Generally, we have seen some positive results from the Active Minds buddying service. The main outcomes are:

- A reduction in weight and BMI, which has been maintained for those who have been followed up.
- An increase in activity levels, which has been maintained for those people who have been followed up.
- An improvement in mental wellbeing for both buddies and service users being supported by a buddy.
- Buddies demonstrating better employment outcomes after the experience of being a buddy.

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