User Participation, Mental Health and Exercise: Learning from the Experiences of Barrow Community Gym

FINAL REPORT

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EXECUTIVE SUMMARY

1 Aims

Barrow Community Gym is an innovative, community-based gym aimed at improving the well-being of people with mental health problems, developed by the Bay Community Trusts' Physiotherapy service and based in Barrow in Furness, Cumbria. As a community service the Community Gym is underpinned by a high degree of user involvement, including volunteer, training and employment opportunities. This research study was set up to establish an integrated and informative research base, to evaluate the first two years of the gym in its community setting. The aims of the research are to evaluate the process of developing the Community Gym project from the perspectives of users, staff and referral agencies. Within this aim, the creation of 'healthy alliances' is an important focus of study. Additional research objectives addressed the benefits of gym attendance, and explored aspects of user participation in the gym. In order to meet these aims and objectives, the research has addressed the following questions: how can exercise benefit people experiencing mental health problems? In what ways can users be involved in decisions about health services are planned and delivered? What role might users play in creating evidence about effective health care?

2 Methods

The methods used in this research fall into two distinct but complementary phases:

Phase One employed a researcher-led qualitative methodology to explore processes of participation and stakeholder perceptions of outcome. The methods used comprised focus groups, workshops, and interviews with gym users, staff, and professional workers from health, social services, and the voluntary sector involved in referring to the Community Gym.
Phase Two comprised a participatory research approach which led to the creation of a user-led evaluation tool which will enable users to take on a central role in the on-going evaluation of the gym. the methods used in phase two comprised the creation of an evaluation working group, the design of a questionnaire, with a user-led pilot, implementation and analysis.

Though out the lifetime of the research study, the researchers were members of the gym's management group, and regular feedback of research findings was incorporated in the research design.

3 Findings

'Healthy Alliances': Links with Community Agencies

As a community based facility, the gym has established partnerships with many statutory and voluntary agencies, and now operates an open referral system.

The Referral System
Referrers see the Community Gym as having:

- Easy access geographically (town centre site, good transport links)
- Straightforward referral procedures
- Minimal delay in accommodating new users
- Access for varied groups of users (e.g. young people leaving care)
- Flexibility in accommodating to users' needs

Strengthening Community Links
Links with referral agencies have been developed by:

- Consultation between gym staff and key workers concerning users and volunteers (identification of support needs)
- Collaboration with agencies providing training opportunities and specialist support to gym staff

Characteristics of the Community Gym Influencing User Accessibility

The Gym Facility	***Fitness instructors***	***Volunteers***	***Service users***
Non-institutional in appearance; bright, cheerful surroundings; well equipped	Appreciation of mental health problems	Personal experience of mental health problems	Personal experience of mental health problems
Non-stigmatising community setting	Provide one-to-one support/personal encouragement/ progress monitoring	Provide practical help with equipment and exercises	Focused on improving health and well-being
Alternative/ complementary to 'medical' mental health services	Adapt exercise programmes to user needs Flexible approach		Mutually supportive/ co-operative/non-competitive
Offers constructive and meaningful activity	Establish relationships of trust with users		
Socially valued activity	Non-judgmental approach		
Feels 'safe' for vulnerable people	'Separate' from medically based health services		

Exercise and Well-Being: The Benefits of Attending a Community-Based Exercise Facility

Physical health gains	*Psychological Well-being*	***Social Benefits***
• Improved health/well-being • Increased energy/stamina • Weight management • Increased mobility • Reduced alcohol / drug use	• Positive thinking • Increased self confidence • Reduced depression • Increased self esteem • Anger management • Reduced anxiety	• Opportunities for social contact • Group support

User Involvement in the Community Gym

Purposes of User Involvement:

- To contribute to the development of services that are sensitive to the needs of users.
- To contribute to the empowerment of users both in respect of their control over the services they receive and over their lives more generally.

Types of User Involvement

- User group meetings
- Users' informal contributions to daily running of facility
- User representation on staff recruitment panels
- Gym newsletter
- 'Fitness buddy' training
- Volunteer scheme
- Evaluation Group
- Employment Opportunties

What User Involvement Means for:

a) Gym Users
- Combats discrimination and exclusion.
- Therapeutic value: i.e. feelings of achievement; increased self confidence; control over events; ability to make constructive choices, improved decision-making.
- Influence on services.

b) Gym Staff
- Partnerships with service users via volunteer scheme
- Reduction in professional 'distance' between staff and users

c) Service Development
- Services sensitive to needs of users.

Barriers and Enabling Factors/Sustainability
User involvement is a positive initiative, but it raises issues such as:

- Potential confusion over staff/service user role boundaries. This has been addressed by:
- Developing clear guidelines concerning expectations and responsibilities (volunteers' contract)

User involvement may be experienced as stressful at times. This has been addressed by:

- Volunteer contracts - clarifying roles and support
- Support of mental health key worker throughout
- Regular supervision (by gym manager)
- Opportunities for training (e.g. NVQ training in gym instruction)
- Regular reviews of progress (with gym staff and key worker)
- Flexible forms of involvement

User involvement also presents issues for staff. These have been addressed by:

- Staff supervision (both within staff team, and from external agency)
- Clear guidelines for user involvement

Long-Term Development of the Community Gym

- Premises (expansion)
- Wider range of activities
- Educational opportunities
- Social activities
- 'Moving on'
- Raising of public profile

Conclusions

Emphasis is placed on:
- Importance of developing and strengthening links with a range of community agencies
- Importance of providing a secure, non-stigmatising, welcoming environment for service users
- Therapeutic benefits of physical exercise: physical, psychological and social
- Necessity for user involvement in services to be responsive to users' needs, and flexible in nature
- Wider social implications of user involvement
- Desirability of further expansion of the facility
- Implications for further research

CONTENTS

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1 INTRODUCTION

This report describes an evaluative study of an innovative community-based exercise facility for people with mental health problems, which has been developed by the Bay Community Trust's Physiotherapy department. Jointly financed by the Regional Mental Health Partnership Fund, and the Morecambe Bay Health Authority, the gym has recently moved from a hospital based service to one that is more centrally based within the local community. The aim was to create an exercise facility in the heart of the community, where people with mental health problems could take an interest in their physical well-being. At the point where it was relocated to a community site, the exercise facility was re-named Barrow Community Gym (BCG). BCG provides opportunities for users to take part in running the facility, and to have input into its planning, development, and evaluation; for example a formal volunteer system provides users with a range of opportunities to gain work experience and qualifications.

The importance of psychological well-being to the quality of life of individuals, families and communities is reflected in the emphasis in recent government initiatives to tackling mental health problems in the general population. For example, mental health was identified as a priority area in the public health strategy document *Our Healthier Nation.*[1] Similarly, mental health was a key area within the *Health of the Nation* report,[2] with targets focused on improving the health and social functioning of mentally ill people. Within *Health of the Nation,* there was also evidence of a more holistic understanding of health and a more empowering approach to changing health-related behaviour, part of which involves engaging in regular physical exercise. Its importance as an aspect of healthy living was summed up by the '*More People, More Active, More Often'* campaign by the Health Education Authority, as a result of which a range of initiatives has been developed to encourage participation in exercise across different sectors of the population.[3] A number of these initiatives involve specific provision for people with mental health problems.

Not all therapeutic interventions aimed at relieving mental distress are equally valued by recipients, however. The Survivors' Movement, for example, has called for mental health services that provide alternatives to a hierarchical, medicalised, psychiatric model of service provision.[4] [5] BCG is offered as a therapeutic facility at an interim stage in recovery, which may be used either in conjunction with other services,[6] or as a stand-alone intervention.[7] There is increasingly strong evidence that physical activity can have benefits to mental well-being, with particular potential for decreasing depression and anxiety and improving self esteem.[8][9][10][11][12][13][14] Despite growing recognition of the positive effects of physical exercise on the psychological and social well-being of those with mental health problems, however, specialist exercise facilities devoted to people with mental heath problems are comparatively rare.

1.1 Aims of the Study

This study was set up to establish an integrated and informative research base, to identify user perspectives, and evaluate the process of developing the Community Gym project, with the Bay Community NHS Trust.

Process Objectives

- To explore user perspectives on their participation in the development of the Community Gym
- To review models of user involvement and feed in examples of good practice to the development of the Community Gym.
- To explore the creation of 'healthy alliances' via provider/sponsor partnerships.

Feedback Objectives

- To use the research findings to inform the development of the Community Gym.

1.2 Focus of the Study

With these objectives in mind we set out to discover, from the perspectives of different stakeholders (users, gym staff, and referral agency staff), precisely what the BCG offers service users. We examined the perceived benefits of physical exercise for people with mental health problems, and questioned whether there were those who failed to benefit, and if so, why. Service users were also asked to consider any ways in which they felt attending BCG would help them in the long-term.

We looked at different areas of responsibility within BCG; for example those aspects of daily operating of the gym that were seen as staff responsibilities, those tasks that users undertook for themselves, and whether there were any areas with the potential for developing joint working practices.

User involvement in the service was a further primary focus of interest, in connection with both the formal elements (for example, the volunteer scheme and user group) and the informal, such as users helping each other with exercise equipment. We explored the ways in which user involvement works in BCG, the benefits that were felt to stem from such involvement, and any constraints seen as hindering progress. Participants were also asked for suggestions for making participation more attractive and effective to users.

We also looked at how BCG 'fits' with other mental health services; for example whether users were in contact with other agencies, and if so, how their experiences of such services compared with attending BCG. Systems for referral and follow-up of progress were also discussed with gym staff and community agencies, to discover whether there was scope for development.

Finally, the long-term development of BCG was discussed with all research participants, to explore their visions of the future of the facility.

1.3 Structure of this Report

Section 2 of this report describes the research design; that is the methods utilised, details of the sample groups, and the process and outcome measures employed. In providing a community mental health service BCG necessarily collaborates with other health, social services and voluntary organisations. In Section 3, therefore, we discuss the ways in which users access BCG in the first instance, referral agencies' views of the referral system, criteria used in deciding on referrals, arrangements for users' progress reviews, and possible methods of strengthening such community links.

Section 4 explores those aspects of BCG which influence psycho-social factors for people with mental health problems; these include characteristics of the facility itself (appearance, location, and type of activity) and those who both provide and use the service. In Section 5 the main benefits of gym attendance are described, that include physical health gains, improvements in psychological well-being, the effects on prescribed medication, and social benefits. Although for the purposes of clarity these are organised under discrete headings it must be stressed that it is the *overall* experience of gym attendance that is important in the context of people's lives, rather than any one isolated effect.

As the ethos of the gym encompasses service user participation, in Section 6 we outline the different types of user involvement in BCG, and explore the meanings of involvement for service users, staff, and for service development. Barriers and enabling factors in relation to user involvement are then explored, and issues of sustainability considered. Section 7 looks at the long-term development of BCG, with regard to gym premises, the range of activities, users 'moving on' from the service, and its public profile. Finally, in Section 8 of the report we discuss the findings of the study in relation to the issues that it was designed to investigate, and consider the implications for further research.

2. RESEARCH DESIGN

2.1 Research Methodology

Our study has two distinct, but complementary phases. The first phase was conceived and led by the research team based at Lancaster University following a research protocol which emphasised an interpretive approach to evaluation. Qualitative research methods were used to assess service users' subjective perceptions of the benefits of the exercise facility. In this way we are able to explore the meanings behind areas such as user involvement and 'participation' in service provision. The second phase of the research was characterised by a participatory research approach with increasing levels of user involvement in the research process. The methods used involved a combination of qualitative and quantitative methods.

Since the purpose of our research, was to explore user perspectives on services, a participatory model of research provided particular advantages. In particular, user participation in research enabled gym users to become closely involved in defining evaluation criteria.[15] Participatory research aims to:

> ... negotiate a balance between developing generalisable knowledge and benefiting the community that is being researched and to improve research protocols by incorporating the knowledge and expertise of community members.[16]

A participatory approach also provides a means of generating information that bridges the gap between those who collect information for developing services and those who are intended to benefit from those services.[17] This is particularly relevant in service evaluation which encompasses the views of a wide range of stakeholders. The underlying principles behind participatory research rest with its emphasis on research participants and researchers collaborating as equals, through sharing power in decision making and by drawing on each other's respective knowledge and insights.[18] [19] [20] With this model in mind, therefore, we adopted co-operative methods of working, with the aim of producing research that was 'more relevant, credible and meaningful to consumers'.[21] The final characteristic of participatory research is that it can provide the means through which users are at the heart of the research process, this enables research to be *for* users, rather than *on* users[22].

2.1.1 Phase One: Focus Groups and Interviews

The initial phase of the research began with the setting up of user focus groups, which were used primarily to explore users' experiences of gym attendance, in addition to seeking their opinions on the research itself. Similarly a staff focus group was set up to discuss the perceived benefits of gym attendance for users, staff roles in the gym, ideas concerning user involvement in services, and staff views on the research project. The intention in conducting such groups was to allow participants the opportunity to discuss their experiences and points of view with others, to develop themes important to them, and crucially, to have input into the research agenda.[23] At an early stage of the research a focus group can provide access into the perspectives of the participants, suggest areas for study that might not be evident from the literature, and identify topics to be further explored at the interview stage.[24] The groups therefore acted as a source of preliminary data, helping to shape the content of subsequent individual interviews with service users and staff. Subsequent focus groups also acted as a 'member check'[25]; that is in providing feedback on ideas and concepts generated from the initial focus groups and interviews; for example in a 'workshop' exploring issues of user involvement in services.

A major part of the research strategy involved conducting individual semi-structured interviews with gym users. These provided a means of exploring ideas that might otherwise have been 'lost' in a group situation, and allowed greater in-depth questioning on areas of importance to group participants. While group interviews may be useful in obtaining an overview of a particular setting, there is the possibility that an individual's views will be submerged or obscured. Interviews used in combination with focus groups therefore fill any potential gaps and allow fuller data to be obtained, in addition to including those in the research who prefer not to take part in groups.[26] Interviews were also carried out with staff from the gym, and with professionals involved in referring to the gym, from health, social services and the voluntary sector, to ensure that viewpoints from different stakeholders were represented. (For details of study recruitment see Appendix One.)

2.1.2 Phase Two: Creating a User-Led Evaluation Tool

In the second phase of the research we set up an evaluation working group (consisting of four users, a staff member, and the researchers). The purpose of the evaluation groups was to develop an evaluation tool, that could continue to be used to provide on-going evaluation and audit after our research had finished. Over several meetings, users' were centrally involved in formulating the content and design of a short questionnaire (see Appendix 2). Users received brief training in interview skills and the questionnaire was piloted with other gym users by members of the group. Based on user advice, the questionnaires could be either self-completed (around half), or completed with assistance from users from the evaluation group. A final version of the questionnaire was distributed to all gym users who had been attending for at least three months. Some members of the evaluation group also became actively involved in data preparation and analysis, with assistance from the NHS Trust clinical audit team and the researchers. The process, therefore, included both the collaborative and educational elements that have been described as central in participatory research.[27] It was possible to build on users' previous experience of completing questionnaires (a not infrequent occurrence for those using mental health services) and their computer skills. This phase of the research could be described as a 'co-learning and empowering process' in which 'researchers learn from the knowledge and "local theories" of community members, and community members acquire further skills in how to conduct research'.[28] Box 1 provides a user's account of the evaluation group.

Box 1. A User's Perspective on the Research

My name is Rebecca and I have been nominated by the evaluation group to tell you what we are about. The evaluation group consists of a staff member, two researchers and 4 gym users. As part of Lancaster University's research, the evaluation group was set up to compile information on the gym by way of a questionnaire. For the evaluation group this posed quite a challenge. We had to organise a set of questions that would:

- *Give answers that could be put in a database.*
- *Ask questions that would highlight both positive and negative aspects of the Gym.*
- *Show areas in which the gym could make improvements.*
- *Give gym users a voice.*
- *But most importantly, be COMPLETELY ANONYMOUS.*

Personally, I found the process of setting up the questionnaire a challenge with many rewards. What originally seemed a very daunting task soon became interesting, fun and it gave me the chance of doing something worthwhile. Another reward was the chance to work with a fantastic group of people! Cheers Everyone!

We have now finished the questionnaire and are hoping to send it out to users. We would appreciate your help and co-operation in completing these questionnaires. Don't worry these are not going to be personal questionnaires and they are anonymous. But, when the answers are compiled on database, it should highlight areas in which the gym is working, areas that need improvements, and also find out what YOU the users want from YOUR gym. Please don't think, oh no, not another form, as it is the results from these questionnaires that will give you the user what you want. So be warned a questionnaire will be circulating in your area soon. I wish to thank you all in advance for filling out the questionnaires and also everyone that helped make this happen. Thanks,
Rebecca

2.1.3 Exit Strategy

Although there are advantages for a service in employing external evaluators, for example in terms of introducing particular areas of expertise, and providing support and training in research methods, there are also inherent disadvantages. Researchers have no long-term investment in the facility and

they lack immediate experience of the service. Our ultimate aim, therefore, was that the users of BCG would be enabled to take the evaluation forward (with staff support where necessary). Ensuring mechanisms for sustainability are in place has been identified as important for the continuation of user involvement in services,[29] and is no less so for their participation in evaluating services. Hence, in the final stages of the research an exit strategy was devised. A system for identifying users as they reach their six monthly stage of attendance was set up by the gym. Responsibility for issuing questionnaires, inputting data, collaboration with the NHS clinical audit team, and providing the management group with subsequent data analysis was agreed with all concerned. It was also recognised that new user collaborators would eventually be needed, and appropriate training would therefore need to be made available.[30] Arrangements were therefore made with the clinical audit department of the NHS Trust for this to be provided. Although the initial survey has included less than 40 users, as the questionniare is re-administered over time, it will be possible to compile a cumulative database to assess the long-term experiences of the gym.

2.2 Characteristics of Study Participants

2.2.1 Phase One: Focus Groups and Interviews

Two focus groups were held in the initial stages of the research, attended by fourteen gym users in all. A 'workshop' on the topic of user involvement in services also included eight gym users, the majority of whom had taken part in the earlier stages of the research. Individual interviews were also conducted with twenty gym users (twelve men and eight women). Their ages ranged from nineteen to fifty-nine, with a mean age of thirty-nine (SD=9.5). A total of seventeen interviews was also conducted with gym staff, and professional workers from health, social services, and the voluntary sector, who were involved in referring clients to the Community Gym.

Table 1: Primary diagnosis of interview participants

Depression/ Anxiety	Schizophrenia	Alcohol/ Drugs	Depression/ Alcohol	Total
15	1	3	1	20

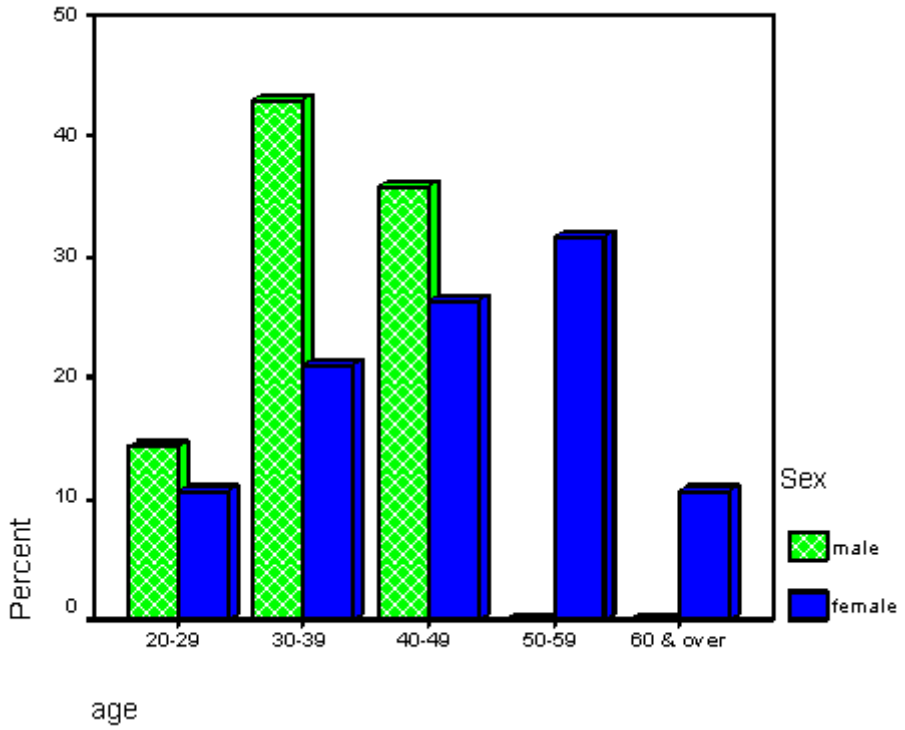
Table 2: Referral source of interview participants

GP	CPN	Drug & Alcohol Services	Mental Health Day Unit	Psychiatric Ward	Other
6	4	3	2	3	2

2.2.2 Phase Two: Evaluation Questionnaire

75 evaluation questionnaires were issued and 36 (48%) were completed (a number of users had ceased to attend in the intervening period); 42% of the sample were male and 58% female**.** The age profile of this sample was as follows:

Figure 1: Age profile of questionnaire sample



2.3 Process and Outcome Measures

Our evaluation study had the principle aims of exploring aspects of process and outcome related to users' experiences and involvement in the facility. However, the emphasis of our research was on *process* measures; that is we set out to understand how attending BCG 'worked' in the context of users' lives.

The government strategy document *Our Healthier Nation*[31] emphasises the role of evidence as being at the heart of *effective* planning and delivery of health services. However, what constitutes evidence is often difficult to define. Traditional approaches to evidence-based health and social care have tended to favour quantifiable means of measuring the effectiveness of services;[32] for example the Health of the Nation Outcome Scales for Severe Mental Illness (HoNOS - SMI), which were developed to measure the health and social functioning of mentally ill people.[33] By rating such items as behaviour, impairment, symptoms and functioning in a social context, and tracing changes in individual 'scores' over time, HoNOS - SMI can be used to monitor outcomes of interventions. However, such measures have been criticised as providing only 'a crude indication of the condition of users'.[34] Crucially they take no account of the context in which such services are embedded[35], nor do they explore the *process* of service delivery in any meaningful way.[36] It is argued therefore that:

> The evaluation of services needs to go beyond performance indicators, outcome measures, quality circles, user satisfaction questionnaires, etc. to contribute towards policy and service development. This necessitates a knowledge about and understanding of users' lives.[37]

Increasingly there is a recognition that qualitative methods are needed to complement quantitative methods (such as HoNOS - SMI) as a means of exploring process issues relating to understanding how interventions work, and how they can be refined.[38] This is particularly important in non-medical forms of healthcare that may provide more subjective outcomes and benefits. The advantages of using qualitative research methods, for example focus groups and in-depth interviews, for this type of study are that its methods of data collection are flexible, it provides the means to develop in-depth perspectives, and it lends itself to producing 'rounded understandings' of participants' experiences.[39]

FINDINGS

3 'Healthy Alliances': Links with Community Agencies

Links with a wide range of community agencies are vital to the successful operation of BCG, both as a source of referrals, and as a means of providing specialist mental health support for gym users and staff. Partnerships have therefore been established with many statutory and voluntary agencies, including Social Services, MIND, Making Space (a support service for schizophrenia sufferers and their families), the Salvation Army, Health Promotion, and Furness College.

3.1 Referral Routes

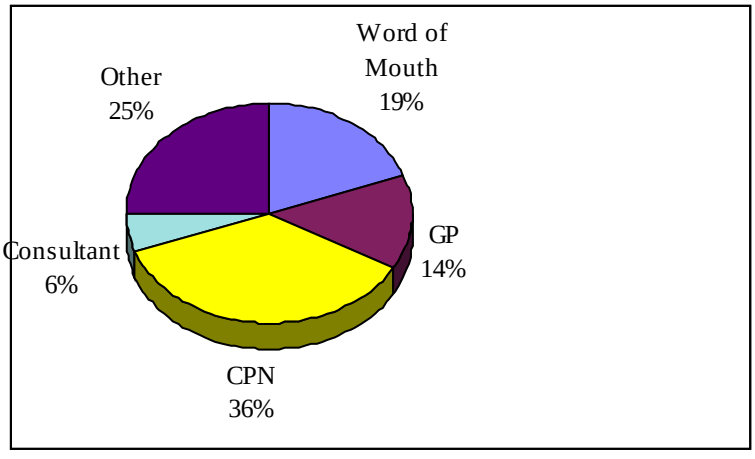
Potential users of BCG can take one of several referral routes. Initially, in order to consolidate the transition from the hospital site, referral was solely through mental health teams. Other linked agencies, such as MIND, Making Space, Social Services, and Probation were also encouraged to refer through a mental health key worker. The system was then opened up to local GPs, who now form an increasing percentage of new referrals, providing a smooth transition for users between primary and secondary care. The gym's partnership with Social Services also enables young people leaving care to access the service. Referral sources for the first two years of operation are shown in Table 3 below.

Table 3: Source of Referral

	1998-1999 %	***1999-2000 %***
GP	27	44
CPN	26	18
Drug and alcohol services	16	8
Psychiatric ward	9	4
Consultant psychiatrist	6	1
Clinical psychology	7	4
Social worker	3	-
Rehabilitation unit	1	1
Mental health day unit	1	3
Probation	1	6
Leaving care	-	4
Community acute services team	-	6
Other	3	1
Total	100% *(n=193)*	100% *(n=295)*

Subsequently, a protocol was developed to allow self-referrals. Although only a small percentage of users currently access the facility by this means, this is expected to increase over time as its reputation spreads. In the evaluation questionnaire we asked how users had initially heard about BCG, with the following results:

Figure 2: Users' initial source of information[40]
n=36



An important and innovative route of access to the gym, therefore, is via word-of mouth, as existing users encourage others to self refer, for example:

> I had a friend who had an alcohol problem. He was supposed to come here [BCG]. I did say to him, 'You'd love it. Once you get into it, you'd love it'.

As a safeguard however, those interested in joining BCG must subsequently seek approval from a GP or mental health key worker, in order to confirm that they would derive psychological benefit from attendance.

3.2 Referral System

Many referral agencies (see Table 3) see BCG as more readily accessible to their clients than other statutory mental health services, for example psychiatry or clinical psychology. One agency worker commented, for example:

> The referral system to the gym is wonderful as far as I can see. It's one of the only things that it's easy to access. It's available, and you're not waiting two years for something.

Accessibility in this case is concerned with both geographical and bureaucratic elements.[41] The gym is situated in the town centre with good local transport links. It is seen as easy to gain entry to, with straightforward referral procedures and minimal delay to clients. Typically, the time elapsing from a referral to the BCG being received, to a user's first attendance, would be a period of two to three weeks. Waiting times are kept low by scheduling staff time for introducing several new users to the gym each week, thus avoiding a backlog of new referrals. Use of the BCG involves no financial costs to the individual, which is particularly important to those on low incomes and welfare benefits. BCG provides access for varied groups of service users who satisfy the referral criteria (for example, young people leaving care and women suffering from post-natal depression).

3.3 Criteria for Referral

Criteria for determining suitability of clients for gym referral are broadly similar across the agencies involved. Decisions are made by referrers concerning whether BCG would help clients function more effectively psychologically, for example in managing stress levels, distracting from life problems, controlling anger and reducing lethargy. Some interest in engaging in physical exercise is thought by the majority of referrers to be important for potential users, while past experience of taking part in physical exercise is seen as a bonus, but not an essential prerequisite. Those who are depressed about their body image are also thought to benefit from involvement in regular physical exercise.[42] Furthermore, clients undergoing community detoxification for alcohol and drug problems are identified as groups who may find organised exercise helpful in maintaining motivation for abstinence. Finally, BCG is seen as a possible referral for clients wishing to 'move on' from medically based mental health services to a community facility, as part of the process of rehabilitation.

However, there are also clients who are seen by agency staff as less suitable for referral to the BCG, notably those with very severe mental health problems, in particular psychotic illnesses, who may have difficulty in engaging with a regular programme of exercise.

3.4 Review of Users' Progress

The gym operates a review system which provides the means of monitoring a user's progress in BCG. For those gym users with key workers, or contacts within the mental health care system, for example a monthly progress report is exchanged between gym staff and key workers. This report concerns a service user's attendance, and general state of mental health (mood and behaviour), alerting workers to any potential difficulties. In addition to these regular reviews key workers are also contacted where necessary, for example if the staff feel their input would be helpful, at the request of a gym user, or if the gym is alerted to a problem by a carer. Such links act as an 'early warning system' for those service users who may be vulnerable to relapse into illness, with the advantage that:

> Somebody can go there [BCG] and be well, but if they start to break down there's a link with services. It's two-way; the staff have that link, as do the clients. (Agency worker)

Since moving to the community site the gym has taken an increasing number of referrals from GPs; they are likely therefore to be increasingly important sources of feedback on service users' progress. Follow-up of progress is currently by a standard letter, issued by the gym on a six monthly basis. GPs also expect to be contacted by gym staff if a problem arises with a patient.

3.5 Strengthening Community Links

BCG staff liaise with key workers attached to Community Mental Health teams and contribute to users' care programmes. Such liaison between gym staff, key workers and GPs helps to develop BCG's links with referral agencies and establish partnerships within the community. An advantage of forging partnerships with other agencies, both in the public and private sectors, is the opportunity it provides for users to explore additional leisure, educational, and employment possibilities. Furthermore, for those gym users considering taking on responsibilities through the gym's volunteer scheme, in which users can gain vocational experience and qualifications (see Sections 4:3 and 6:1 of this report), consultation with key workers ensures that their participation in BCG does not conflict with their overall care plans.

Collaboration with other mental health agencies also provides training opportunities and specialist support to gym staff. Ideally it provides staff with an insight into the 'broader picture' of local services for people with mental health problems, such as in-patient facilities, day services, outreach and community support, and how these may be accessed.

4 Making the Gym Accessible to Users

The Community Gym is no different to any other community mental health service in that for it to be 'successful', it first needs to be appropriate for and accessible to the client group it intends to serve. A factor that emerged as a recurring theme throughout our research was the importance of mental health services being defined against psycho-social criteria of accessibility. Factors such as whether a service is welcoming in appearance, appealing to those in need, non-stigmatising,[43] non-threatening to a user's self esteem, non-judgmental and delivered by competent people, have been identified as influential in this context.[44] We therefore explore the ways in which BCG has begun to provide support to people with mental health problems within a co-operative and user-centred approach.[45]

The question of psychological accessibility was explored in a number of ways. Service users were asked to consider:

- Which aspects of attending BCG they most valued.
- Which other mental health services they used.
- What they liked and disliked about these services.
- How other services compared with BCG.

In addition, referral agency staff were asked to consider:

- What role BCG plays in the overall network of mental health services.

We were therefore able to identify those aspects of the BCG that contribute to users' perceptions of the service as accessible; these include the characteristics of the facility, the staff, volunteers involved in providing the service, and other service users.

4.1 The Gym Facility

The appearance of the BCG is far removed from what might be thought of as a typical 'institutional' mental health facility. The community setting avoids many of the less obvious trappings associated with illness and hospital life familiar to many ex-patients, such as the antiseptic smell and the seemingly endless empty corridors. Moving from a hospital site has therefore been important to the development of the gym as a 'community' service. Consistent with any other modern gym facility BCG is well equipped with 'top of the range' exercise equipment, in bright and cheerful surroundings; often with music playing as a background to the activities. Within the gym there is a staffed reception desk and an area where users can relax and socialise if they so wish; while adjoining the main gym there are shower and changing facilities, and a small kitchen where free tea, coffee and soft drinks are available. BCG therefore actively avoids having an institutional environment; rather it fosters the 'club' image in its use of space, its facilities and its 'open' aspect. Moreover, since it is not readily identifiable as a mental health facility it does not attract negative attention from the local community.

BCG is seen by the majority of research participants as distinctive from the mental health system, and therefore likely to be less associated with stigma. An important role played by the BCG is that it can be used either to complement other types of therapy, or as an alternative to 'traditional' methods of dealing with mental health problems as a stand-alone intervention. Those users referred by GPs, for example, may find that attending BCG means that further intervention is unnecessary,[46] thus avoiding the residual stigma associated with certain psychiatric services (such as in-patient treatment). For other users who have had prior involvement with the mental health system, attendance at the gym is generally perceived as part of 'moving on' from patient status, in that there are no nurses or doctors in attendance, nor are users there primarily to talk about their mental health. For many this 'distance' is an attractive aspect of the current gym. One service user commented, for example:

> I'm glad the gym has changed to here. Because I've had enough of that hospital. I want to be away from it.

Similarly, from a referrer's point of view:

> It's better, because it's away from AB [psychiatric hospital]. There is a stigma in many people's minds about attending mental health [services]. They'd rather jump in a river than see a psychiatrist. That's the advantage of a community site, because it draws away from that.

Many agencies identify the gym as providing an arena that can help service users gain confidence in public places. There exists amongst service users a certain expectation of adverse reactions from others, which relates to the stigma perceived by those with mental health problems[47] [48] and the social oppression they experience.[49] For example, a user said:

> If you were going to another gym it wouldn't be the same, because they might take the mickey, or you might get abuse.

Essentially BCG is seen as a safe space for people who feel vulnerable, and is typically perceived as psychologically less 'risky' than using other community based facilities, which are open to the general public. Although this aspect of the gym facility may be particularly important to those with a history of psychiatric contact, however, its importance is not exclusive to this group. Symptoms of depression and anxiety, and accompanying lack of confidence and self esteem, may be sufficient in themselves to exclude full participation in community activities. BCG therefore offers an interim stage for users wishing to access mainstream leisure facilities and services.

Although the image, community site and degree of 'risk' attached to attending the facility are crucial to perceptions of accessibility, the type of activity on offer is also important. People with mental health problems have been identified as needing 'a place to go', a venue for leisure activities, some form of work-related activity, and a space to mix with others and develop social relationships,[50] all of which are present in BCG. Research with mental health service users has demonstrated that they want to be doing something more than 'passing the day' or 'filling their time',[51] and to be offered constructive alternatives to sheltered work schemes or rehabilitation centres where the type of activity on offer has been described by one ex-patient as 'a dead-end sort of joke'.[52] Physical exercise is identified by many users as a meaningful activity in its own right, which provides them with a sense of purpose and is therapeutic within a holistic context. For example:

> ...when I've been {to the gym] I feel a lot better. I've done something, and I feel better about myself.

Being seen by family, friends and acquaintances to be taking part in a socially valued activity, which is encouraged in the wider population, is also an important factor for some.[53] As one user explained:

> I'll see one of my friends. 'What have you been up to?' What can you say? 'I've just been sat at home all day'? I can say, 'I've been down to the gym'. It sounds a lot better.

4.2 Gym Staff

Staff at the BCG have an appreciation of mental health problems, although they are not formally trained in mental health service provision. Their role is to provide skilled fitness instruction, personal encouragement, progress monitoring, and both practical and (to a degree) emotional support. That staff in the BCG are primarily fitness instructors, and not mental health professionals, is seen by many gym users as a distinct advantage, in that it encourages a willingness to talk openly without fear of repercussions (for example, sectioning under the Mental Health Act). The majority of referral agencies also see this perceived separation from the more formal mental health system as of benefit to their clients, in that the focus of the gym is on physical activity, rather than counselling or psychotherapy. For example:

> The gym staff are gym staff. They're not nurses and they're not health professionals. And people can go there and see somebody that doesn't want to know the ins and outs of their illness. And go and have a chat about football, and be normal.

> They're [service users] not there to talk about their problems. The opportunity's there for some general support, so I think it's different in that respect. It's a safe place where people understand them, but they're not there to talk about it.

However, there are also service users, particularly those with experience of the hospital-based facility, for whom lack of trained mental health professionals on site is a source of anxiety. An initial difficulty for some gym users on transferring from the hospital site to the community base was that they experienced a lower degree of 'safety', as links with the mental health system became less immediate. Staff recognise this as a potential difficulty; for example:

> A lot of it was, people feeling quite naturally, that it's not going to feel as safe out there in the community. 'It feels very safe here [psychiatric unit]. My keyworker's just up the corridor, and I can speak to them for a couple of minutes'. It must have felt quite tricky to come down here.

As the client base of BCG expands and diversifies, however, this aspect of the service is less likely to present problems. Moreover, BCG staff recognise that users may have 'off days' or breaks in attendance relating to their mental health status, and may require support from other health professionals.There is a degree of flexibility in staff expectations in relation to gym users' progress, therefore, which encompasses occasional setbacks as well as encouraging users to explore new possibilities.

Many of those attending BCG (in common with the majority of the general population) are unused to taking regular physical exercise. They may initially find attendance at the BCG a little daunting, therefore, as the following comment by a gym user suggests:

> I'd never been in a gym in my life. I thought, 'I'm never going to be able to do this'.

Staff recognise that gym attendance may be particularly difficult for people who are anxious or depressed, as this example illustrates:

> It must be really traumatic for people to come in here at first. We had a guy come in this morning, beads of anxiety on him. He said he'd never done it [exercise] before. He'd not been doing anything with himself anyway. He wants to tackle his anxiety problems in a more positive way, so he's coming here. For this guy to get through the door, it's really big, brave stuff.

A major difference for staff between working in a gym for people with mental health problems, and a mainstream gym, is the importance of establishing of relationships of trust with service users. Users are supported to identify their own health/fitness goals and staff work closely with them to monitor individual progress. By taking a holistic approach to supporting users, which takes into account both their physical and psychological well-being, adapting exercise programmes to individual capabilities and needs, gym staff try to ensure that users' often fragile self esteem is not threatened. This degree of attention from staff helps to provide gym users with a sense of security; for example:

> You feel that being here someone's always keeping an eye on you, always interested in how well you're doing. They just seem interested. You don't feel that anyone's talking about you behind your back. You really do feel that you're in a safe environment.

> If I'm not sure about anything I can always ask one of them [staff]. 'Cause they're all qualified like, and they're quite happy to take time out to tell you. If you're having a bad day they'll listen to you. I suppose that's why I feel comfortable in this place, and I keep coming back.

Staff are perceived as taking a non-judgmental approach, and consequently referral agency staff see BCG as offering an enabling environment in which recovery and rehabilitation can take place. One said, for example, with reference to a user with alcohol problems:

> It's quite an accepting environment. There is a social aspect to it, a psychological support aspect, because the workers at the gym will be aware that a person is attending the gym post detox, and will be aware that that can be a difficult time for their motivation.

This awareness of potential difficulties allows gym staff to provide the necessary level of support to the individual, and to be alert for any sign of relapse.

4.3 Volunteers and Gym Users

Part of the remit of the BCG is to provide opportunities for service users to gain vocational experience within a service setting (see Box 2). In addition to fitness instructor training gym users may participate in, for example, producing a newsletter, maintaining exercise equipment, assisting with general administration, and organising social activities. User involvement of this type has its roots in the 'clubhouse' model. The 'clubhouse' approach is characterised by a particular ethos and methods of working with people with mental health problems, based on an entitlement to meaningful activity, respect and dignity.[54] [55] This ethos means that users can be supported and directed to develop vocational opportunities where appropriate. Although other mental health agencies in the area provide occupational opportunities, it is comparatively rare for service users to be able to progress to the same extent with the same level of continuity.

Box 2
The Volunteer Scheme: A Case Study

The volunteer scheme began at the original gym, sited at Dane Garth psychiatric hospital. An established gym user began initially by helping around the gym with general maintenance tasks, before progressing on to training in fitness instruction, and assisting other users with their exercise programmes. By the time of the move to the BCG site he was well established as a volunteer, and close to completion of his training at NVQ level 2 of gym instruction. From that base he went on to be employed on the Stepping Stones Employment Project (limited to 12 months), to provide instruction to gym users and NHS Trust staff in exercise sessions at the gym, and to find similar work elsewhere. His is an example of a user volunteering in a mental health project with what can be seen as an 'ideal' outcome; that is a service user gaining 'hands on' experience, and undertaking educational and training courses, eventually leading to employment as a professional fitness instructor.

Entry into the volunteer scheme can either be specifically sought by a gym user, or more frequently suggested by gym staff, who recognise an individual's potential. This would usually take place after a period as a service user of around six months to one year. There is a formal procedure for volunteering, which involves completion of an NHS Trust application form, taking up references, medical checks and so on. Although volunteers (as the term suggests) are unpaid they can claim travel and lunch expenses and training is provided free of charge. In addition to the basics of gym instruction this might consist of courses on movement to music, step instruction, circuit training, nutrition and first aid (amongst others).

From a service perspective the volunteer scheme was initially set up to provide the opportunity for meaningful training and work experience for service users. These are elements rightly seen as in short supply for people with long-standing mental health problems. Work training and experience are also seen as ways of building service users' confidence and self esteem, by encouraging them to take on responsibilities. However, volunteering is not a 'one-way street' with the benefits all accruing to the user. From a practical point of view staff point out that volunteers can be useful to the gym, covering for staff absences, for example, and making it possible to provide additional services, such as exercise sessions for NHS staff. Furthermore, while staff members have skills in fitness instruction, which they can pass on, volunteers have first-hand experience of mental health problems, which is valuable in dealing with other service users' problems.

Service users endorse the importance of work experience and opportunities for education and training which the volunteer scheme provides. It is seen as a way of working towards personal goals, whether or not these are directly connected with the gym, or as a 'stepping stone', en route to somewhere else. However, there are intrinsic satisfactions in the role of volunteer which are of equal importance; for example building confidence, feeling useful by helping others in the gym, and breaking down the perceived 'gap' between 'mental patients' and professional staff by acting as a role model to others. The service user can be seen to have a 'foot in both camps' as a service user and a member of staff, a role that has both advantages and tensions. Finally, becoming a volunteer is seen by some as a means of destigmatising mental illness, in demonstrating capabilities which they feel are often doubted by others.

Volunteers are seen as providing particularly valuable assistance to other service users. Because their personal experience of mental health problems allows them an insight into the type of difficulties experienced by gym users, they are able to offer a degree of emotional support, in addition to practical help with gym equipment and exercise programmes. For example:

> I think they [volunteers] know how you feel, initially, when you go in there. I think I would feel more confident approaching them than the fitness instructors. I think they understand how you're feeling, which helps.

BCG users are generally seen to differ from members of 'mainstream' gyms, in that they are not primarily concerned with bodybuilding or attaining high levels of physical fitness. They are likely to have personal experience of mental health problems, and therefore be more empathetic in their attitudes to others with similar difficulties. (This is naturally not invariably the case, but it does represent the majority experience.) A typical comment was:

> There's more to this than just going and working out. If you're in a room with people with similar troubles you're more comfortable. Rather than going to a gym where everybody's getting on with their own stuff. I think, 'Do they notice me being whatever?' Whereas I come here, everyone's....not similar, but along those lines.

The ethos in the gym is therefore largely one of co-operation rather than competition, with the emphasis on improving levels of health and well-being, rather than increasing fitness as an end in itself. A number of gym users with experience of mainstream facilities made direct comparisons in stressing the advantages of BCG for people with mental health problems, for example:

> Everyone knows that everyone's got their own place. Seems to be a good unwritten rule up there, that nobody goes up and takes the rip out of anyone else. I did feel intimidated when I used to go to the [mainstream] gym and see these big muscle guys.

> Looking over your shoulder at people. What weights are they doing? It's not like that. Whereas I think the other gyms are like that. So you feel safe in this gym.

Mutual support between gym users may therefore help to counteract the effects of negative stereotyping by 'outsiders'.[56] The benefits of mutual assistance to people suffering mental distress have been recognised, for example in psychiatric patients' associations in Italy, in which participants support each other in their attempts to escape the 'sick role'.[57] In this respect BCG may be seen as a 'community of identity', which is characterised by:

> ...a sense of identification and emotional connection to other members, common symbol systems, shared values and norms, mutual - although not necessarily equal - influence, common interests, and commitment to meeting shared needs.[58]

Accessibility of the facility to female users has recently been enhanced by the introduction of a 'women's space'. In response to an identified need[59] the gym is open to women only on one afternoon a week. The arguments for the separate provision of services for women with mental health problems

are well rehearsed,[60] [61] [62] but relate primarily to women's different social circumstances and health needs, and in particular to their relationships with men and past experiences of abuse.[63] When considering influences on the psychological accessibility of a facility, therefore, gender is a factor to be taken into account. During our research, for example, women described a positive element of gym attendance as having time for themselves, away from the everyday pressures of their lives. Our survey also found that, as an aim of gym attendance, meeting other people was of greater importance for women than for men, a finding that was statistically significant (see section 5:2 of this report).

4.4 Conclusions

Psycho-social accessibility of the BCG is associated with a number of aspects of the service: these include the characteristics of the facility (appearance, community location, and type of activity), and those involved in both providing and using the service. Gym users find the facility welcoming, friendly, and non-stigmatising, both in its location, and in the type of opportunities it provides. Separation from 'mainstream' mental health services, and the absence of specialist mental health staff, for many users is part of the attraction of the Community Gym. Our research suggests that there are two schools of thought in evidence, however; one that sees the 'distance' from the mental health system as a valuable characteristic of the gym, and the other (a minority viewpoint) which identifies lack of specialist knowledge and support on-site as a drawback. It is important, therefore, that staff involved in running a facility of this type, which caters for a wide range of people with mental health problems, have access to appropriate training and support, without compromising their role as distinct from mainstream mental health providers.

The gym provides a professional approach to gym instruction, with additional elements that maximise its accessibility to users. Crucially important in promoting the gym as psychologically accessible for people with mental health problems is the relationship fostered between staff and service users. The approach to physical exercise taken by instructors, for example, which is sympathetic to the needs of the client group, ensures that the self esteem of those taking part is not threatened. Other factors that help to promote an atmosphere in which gym users feel safe and secure are the level of one-to-one supervision provided by staff, their non-judgmental attitudes to service users, and flexibility regarding users' rates of progress. This is underpinned by the presence of volunteers and other gym users, who are seen, in the majority of cases, as appreciative of each other's problems and as offering mutual support.

Because BCG is tailored to the needs of people with mental health problems attendance is typically seen as less psychologically 'risky', and therefore 'safer' than other community leisure facilities. It may be used in addition to other therapeutic approaches, or as a sole intervention, according to the needs and circumstances of the individual. As a service, therefore, it is more likely to encourage this client group to take up and maintain exercise regimes, with all the physical and psychological benefits that that entails.

5 The Benefits of Attending a Community-Based Exercise Facility

BCG seeks to offer therapy in line with evidence-based practice, particularly that concerning the effects of exercise on physical and psychological health. Our research, therefore, aimed to explore the range of benefits associated with exercise for people with mental health problems.

5.1 Psychological Well-being and Exercise

There is increasingly strong evidence that taking part in physical activity can benefit psychological well-being, and is particularly effective for decreasing symptoms of depression and anxiety. Assessing the benefits of exercise for people with mental health problems is a complex issue, however.[64] Experiences of low self esteem and fatigue (typical symptoms of depression or anxiety) may inhibit willingness to exercise, for example,[65] [66] while poor mental health is frequently accompanied by poor levels of physical health.[67] However, a number of studies demonstrate the potential of physical exercise to improve or protect psychological well-being.[68] [69]

Population surveys, for example, suggest that regular exercise has a significant protective effect on mental health. A secondary analysis of four population studies undertaken in the United States and Canada linked improvements in mood, general well-being and reduced symptoms of depression and anxiety with increased levels of physical activity.[70] This association was particularly significant for people aged over 40, and for women.[71] Similarly, a longitudinal community study in the United States, which was set up to explore behavioural, social and psychological aspects of participants' lives and their physical health, found that those participants who reported low levels of activity were at greater risk of developing depression than those with higher levels.[72] A study of university undergraduates undertaking physical exercise also concluded that it had a protective or preventive effect with regard to depressive illness.[73]

Moreover a large-scale study of health behaviour in the United States,[74] which assessed motivational readiness for change in exercise behaviour, found that those least prepared to take regular exercise enjoyed the lowest levels of (self-perceived) quality of life. Those people exercising at the researchers' criterion level (three times a week for 20 minutes) experienced increases in their mental health-related quality of life.

Clinical samples have also been used to examine the effects of physical exercise on mental health, often using comparisons with other types of treatment. A study by Martinsen, Medhus and Sandvic,[75] for example, randomly assigned one group of patients experiencing mental health problems to aerobic exercise and a control group to occupational therapy, with the result that the exercise group experienced a greater decrease in depression. Similarly, research comparing modes of treatment for elderly patients, either treating them with antidepressants, or assigning them to exercise training, found that in the long term the exercise programme was equally as effective in reducing symptoms of depression.[76] In reviewing the evidence Martinsen and Morgan[77] argue that exercise may be as effective as psychotherapy in alleviating mild to moderate depression. For moderate to severe depression exercise can be used in combination with other treatments.

Few studies have been conducted on the effects of physical exercise on anxiety.[78] However, the evidence suggests that taking part in aerobic exercise is effective in reducing anxiety (although resistance exercise is not similarly effective).[79] [80]

There are a number of theories concerning why physical exercise is effective in relieving depression and anxiety.[81] Leisure activities are more likely to be associated with improvements in psychological well-being than housework, for example, suggesting that energy expenditure is not the only factor involved.[82] An increased sense of mastery and accomplishment associated with pursuing fitness aims and learning new skills may provide part of the explanation.[83] Other possibilities include the opportunity to work off hostile or angry feelings, or use exercise as a distraction from life's problems.[84] Social reinforcement may also be an important factor in reducing symptoms of both depression and anxiety,[85] as taking part in exercise is generally a socially approved means of

occupying one's time.[86] Psychological benefits experienced by those who regularly attend a gym, therefore, may be associated with the pursuit of exercise as a desirable lifestyle activity.[87]

The research evidence is sufficiently robust to conclude that 'there is a positive mental health benefit associated with increased levels of physical exercise'. [88] Including exercise programmes in mental health services is therefore seen as a desirable development.[89] Although exercise is relatively inexpensive and with few (if any) adverse side effects, however, it is underused as part of the psychiatric treatment repertoire.[90] [91]

We set out therefore, to explore the contribution which taking part in a community-based exercise facility can make to the well-being of people with mental health problems.

5.2 Users' Aims

In our survey, gym users were asked to think back to when they first joined BCG, and identify factors that were important to them at the time; in other words, what they had hoped to achieve. The results are detailed in the table below.

Table 4: Factors important to users on joining BCG

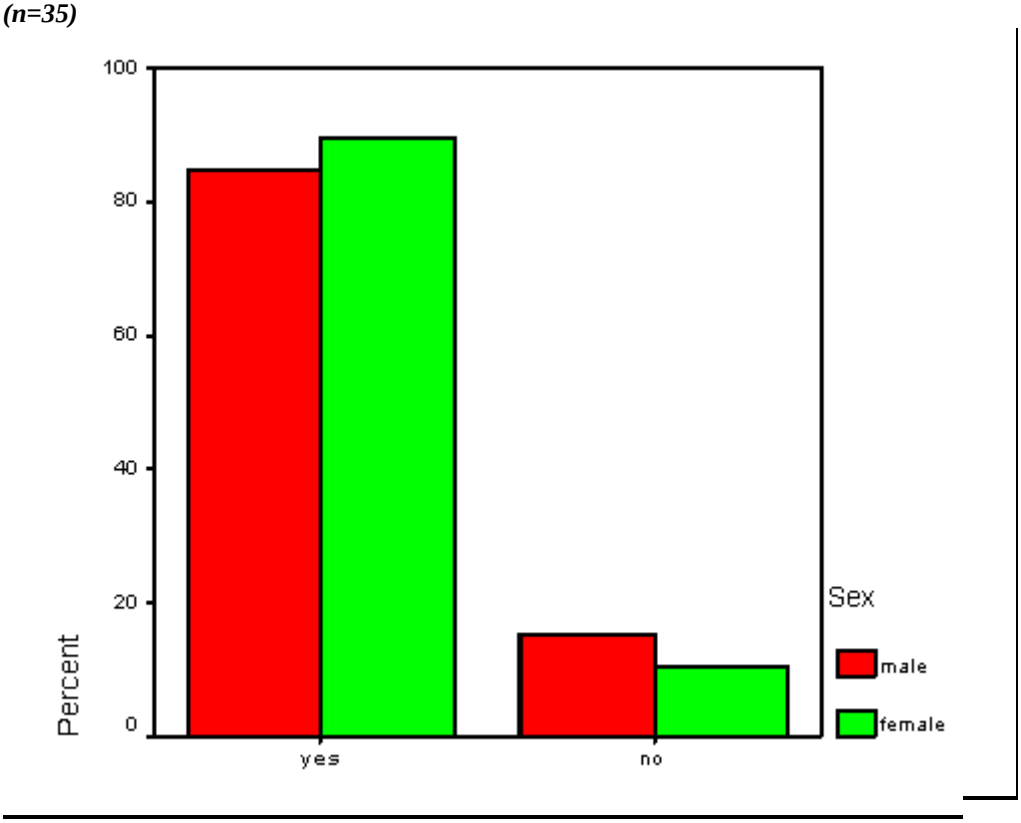
	Male ***(n=15)***	**Female** ***(n=21)***
Improved health/well-being	79%	84%
Meeting other people	21%	58%
Building self-confidence	64%	42%
Stress control	57%	58%
Increased mobility	36%	32%
Weight control	57%	42%
Other[92]	7%	5%

Improving health and well-being, therefore, was the most common aim for both men and women. Building self confidence, controlling stress, weight control,[93]and, to a lesser extent, increasing mobility were also important factors for gym users. For women meeting other people was high on the list of desirable aims of gym attendance (58% of women, compared to 21% of men), a finding that was statistically significant (Pearson Chi-Square, p=<.05, 2 - tailed). For men building self confidence was second only in importance to improved health and well-being.

5.3 Physical Health Gains

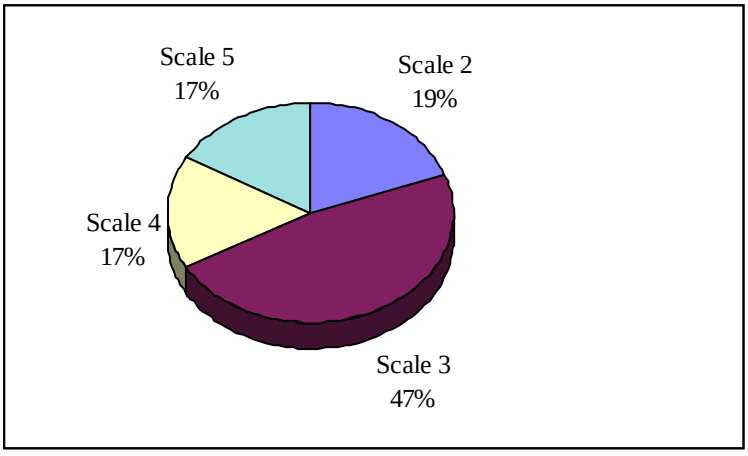
We then looked at how users' aims had been borne out (or not) in practice. Participants were asked whether they had experienced any health benefits as a result of gym attendance, and 89% agreed that they had. The following table displays the findings for men and women.

Figure 3: Health benefits experienced since joining the Community Gym *(n=35)*



Users then rated such health improvements on a scale of 1 – 5, with the following results:

Figure 4: Users' ratings of health improvements (1 = no improvement, 5 = major improvement) *(n=36)*



The majority of respondents (81%) who felt their health had improved, therefore, rated such improvement at level three and above on the scale, while over a third (34%) chose level four or five.

In the main, health gains associated with gym attendance were concerned with general physical well-being, and increased energy and stamina; for example, 'I am a lot happier and healthier', and 'I can function properly', while one user simply said, 'Less pain, more happy'. Weight management, increased mobility, and specific health benefits such as reduced blood pressure, relief for insomnia, arthritis, and back problems were also described by users. Reducing alcohol and drug use was also important to a minority of participants.[94] One gym user described typical health benefits derived from gym attandance as:

> Just getting fitter. I just feel great; I've never felt so well. I'm eating better, and sleeping. I'm properly tired when I go to bed now. I don't get out of breath when I'm walking up hills or anything. I just feel a bit livelier in myself.

Improved physical well-being and general health were also seen by gym staff and referral agencies as important benefits of gym attendance. Furthermore, as one staff member pointed out, encouraging people to take care of themselves physically, often following periods of self neglect associated with mental health problems, may in itself be an empowering process.

Alongside improved health and well-being gym users reported increases in other activities such as socialising, vocational activities, and rediscovering long-neglected pursuits such as cycling. Even small changes were viewed by participants positively, for example:

> It's already helped me; it's given me a lot of confidence. I've started doing a lot more things that I would never have done if I hadn't come to the gym.

5.4 Psychological Well-being

Although physical benefits are important, other aspects of participating in exercise are equally valued. It was stressed in a report of an evaluation of an '*Exercise by Prescription'* project carried out by the North Yorkshire Health Authority,[95] for example, that:

> The physical benefits of exercise/physical activity are frequently cited to 'persuade' people to participate in these behaviours, yet social and psychological benefits such as making friends or reduced stress may be more meaningful for individuals... [96]

To explore the psychological aspects of taking part in organised physical exercise, therefore, as part of the evaluation questionnaire we took statements extracted from focus groups and interviews and asked gym users to indicate their level of agreement (or disagreement), with the following results:

Table 5: Psychological benefits of gym attendance: users' perspectives

	Strongly agree		**Agree**		**Uncertain**		**Disagree**		**Strongly disagree**		**Missing values**		**Total**	
	n	**%**	n	%	n	%	n	**%**	n	**%**	n	**%**	n	**%**
My self confidence has risen	5	14	16	44	9	25	1	3	0	0	5	14	36	100
I am generally less depressed	5	14	15	42	6	17	4	11	1	3	5	13	36	100
I feel less stressed	6	17	13	36	7	19	4	11	1	3	5	13	36	100
My self esteem has improved	5	14	15	42	8	22	2	6	0	0	6	17	36	100
I am able to cope with my anger more easily	7	19	8	22	10	28	4	11	0	0	7	20	36	100
I am less anxious	4	11	9	25	10	28	5	14	1	3	8	22	36	100
I am more active in my everyday life[97]	8	22	15	42	6	17	2	6	1	3	4	10	36	100
I am thinking more positively	8	22	17	47	7	19	1	3	1	3	2	6	36	100

As the above table indicates gym users experienced a broad range of psychological health benefits from taking part in physical exercise. Improvements were often experienced in several overlapping domains, for example:

> I'd say that the most important thing for me is that it helps me deal with my depression and everything, my anxiety; helps keep me occupied throughout the day. Makes me feel good about myself and increases my confidence.

Accompanying reductions in the negative effects of mental illhealth, such as depression, stress, anger and anxiety, users also spoke of increases in self confidence, improved self esteem,[98] and feelings of positivity and well-being. A typical comment was:

> I've got a lot more confidence. I enjoy it. It gives me something for me, to look forward to going to. I feel much brighter in myself. I'm not as depressed as what I was.

Taking part in organised exercise can provide a sense of purpose and meaning to the day, and a feeling of a positive commitment to the self; factors which might otherwise be lacking for people experiencing mental health problems; as the following comments illustrate:

> You just feel better about yourself, having done something. You feel that you've got the circulation going, made an effort to do something, and you just feel a bit better about yourself. I suppose it's your self esteem, your self respect. You've made an effort to do something; you've made an effort to come...

> I feel great about myself. It really does make me feel good about myself. With me suffering from the depression and everything, I found I was staying in bed all day. Coming to the gym actually motivates you a lot more.

Two statements which received significant levels of agreement from users were 'I am thinking more positively' (66% 'strongly agreed' or 'agreed'; p=<.05, 2 - tailed) and 'I am more active in my everyday life' (64% 'strongly agreed' or 'agreed', p=<.05, 2 - tailed). These two factors were often interlinked, as one user explained:

> You're thinking differently, you're thinking more positively. That's the way you start behaving more positively as well.

5.5 Prescribed Medication

Amongst those gym users for whom prescribed medication was a significant factor in their lives approximately one half (9) had reduced the dosage during their attendance at the Community Gym, while for a sizeable minority of participants (6) regular dosage had remained the same. Two people had actually increased their consumption of prescribed drugs. These findings, however, must be seen in the context of other aspects of people's lives. Life crises such as bereavement, relationship upheavals, or job loss, for example, may temporarily affect an individual's ability to manage on a reduced level of medication; while interventions from other agencies may also influence strategies for coping with mental illhealth. Taking a holistic approach, therefore, a reduction in prescribed medication is perhaps not a significant factor in isolation, except in so far as it reflects an individual's feelings of well-being, and overall quality of life. Moreover what constitutes 'success' in this context may vary; for example health professionals may focus on users' compliance with taking medication, lessening of symptoms, and reduction of relapse into illness.[99] From users' perspectives, however, greater emphasis may be placed on finding alternatives to medication, and on minimising interference with other, more important aspects of their lives.[100]

5.6 Social Benefits: the Role of BCG

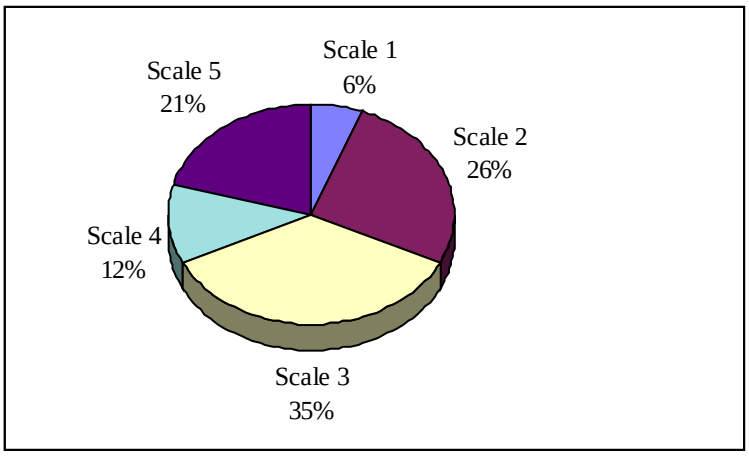
Research concerning the elements of the 'clubhouse' model of mental health rehabilitation that contribute to members' quality of life emphasises the beneficial effects of fostering social contacts and improving social skills.[101] In BCG there is an area where users can meet informally, in addition to occasional opportunities to join in social activities. The majority of users commenting on the social side of the gym were positive; for example, 'Everyone is friendly and supportive' and, 'It has helped me become more socially aware'. However one user commented that they were not aware of *any* social aspect of BCG, while others said that there was insufficient social activity.

The opportunity for social contact afforded by the Community Gym is of varying levels of importance to users, however. For some gym users it is highly rated; they value the 'craik' [talk] as much as the opportunity to exercise.[102] [103] For example:

> ...it's nice to come and talk, isn't it? That's what I enjoy. I like the gym, but I like to come and talk to people as well.

For others, while socialising may be a significant part of their enjoyment of the gym, it is not their main priority. We asked users, therefore, to rate the importance of the social aspects of the gym to themselves, on a scale of 1-5, with the following results:

Figure 5: The importance of social aspects of Community Gym attendance: user perspectives (1= not at all important; 5 = very important)
(n=34)



The majority of users (68%) therefore rated the importance of social contact in the BCG at level 3 or above, with one third (33%) choosing level 4 and 5 on the scale. The level of importance attached to social contact in the gym differed for men and women in our research, however.[104] Women rated the importance of social contact more highly than men. None chose 1 on the scale of importance (not at all important) compared to two men, for example, while 68% of women rated the social side of the gym at level 3 or above on the scale of importance, compared to 57% of men. This finding links with the stated aims of users on joining the gym, in which women were more likely to identify meeting other people as a particular goal. Furthermore, in interviews a number of women explained that they prefer to socialise with other women, hence the introduction of the women-only session in the gym.

The extent to which social contact is sought in the gym is very much an individual preference. Users may attend simply for the exercise if they so wish. An important aspect of the BCG experience for many, however, was the importance of being with others with similar problems, of feeling accepted, and not being an 'outsider'. This avoids the need for potentially distressing explanations concerning personal histories. For example:

> It's nice to see a smiling face and know that people here know precisely, well not exactly how you feel, but they've got a damn good idea. They're not going to be dismayed, or shocked at anything you might say, because they're having similar problems.

5.7 Conclusions

Our research provides a variety of insights into the ways in which the physical, psychological and social aspects of attending an exercise facility interact in the context of people's lives, and demonstrates the contribution which taking part in purposeful activity makes to their physical and mental well-being. Although both physical and psychological health gains are seen as worthwhile in

themselves, what is notable about the BCG experience, from the perspectives of both gym users and other stakeholders, is the combination of both in an holistic 'treatment package'.

Although the BCG is part of the health service it offers more than simply health gains; for example opportunities for social contacts for those who may have become isolated as a result of their illness.[105] However, since the main focus of the gym is physical exercise users are able to engage socially if they wish, but under circumstances of their own choosing, and in a relaxed way. This type of service, therefore, has benefits not only for the well-being of the individual, but also on a broader scale, in bringing those often confined to the margins of society into the heart of community life. In the following section we explore the ways in which involving users in running the facility can contribute to aspects of social inclusion.

6 User Involvement in Action at BCG

There is a growing acknowledgement amongst mental health service providers of the need to involve service users in decisions concerning service planning and organisation. The Department of Health, in *The Health of the Nation Key Area Handbook on Mental Illness,*[106] and most recently in the *National Service Framework for Mental Health,*[107] for example, stressed the responsibility of NHS purchasers and providers and local authorities to consult with users and their carers about community care plans for this client group. An earlier shift from segregated service provision for the mentally ill in large psychiatric hospitals to more community-based models of treatment encouraged this inclusive approach.[108] Such advances, however, can be seen to be hard won, following as they do in the wake of vociferous campaigning by the mental health user/survivor movement, seen by some commentators as inspired by the liberation movements of the 1960s and 1970s,[109] and fuelled by the influence of the self-help lobby in North America and the Netherlands.[110] Campaigning organisations such as Survivors Speak Out, Campaign Against Psychiatric Oppression and Mind have been instrumental in bringing about changes in attitudes towards those suffering from mental illness, and have highlighted the injustice of their former exclusion from structures of power and their competence as self advocates.[111] [112] [113] The proliferation of user groups within health and social care services in the UK (although there are local variations) is testament to the increasing acceptance of the idea that services should be responsive to their demands.[114] Barnes and Wistow[115] identify a number of purposes which user involvement in mental health services may serve, which include for example:

- To contribute to the development of services that are more sensitive to the needs of users.
- To contribute to the empowerment of users both in respect of their control over the services they receive and over their lives more generally.

The philosophy underpinning the recent expansion of user groups in health and social care services, however, may differ from that which drives the user/survivor movement. Types of user involvement envisaged by those involved in 'top-down' initiatives; for example, consultation procedures, patient's charters, community care plans, complaints procedures, customer satisfaction surveys and involvement in assessment,[116] can be seen to place the emphasis on service users as *consumers* of services.[117] [118] This approach goes hand in hand with such developments as the introduction of the internal market in the NHS, the purchaser/provider split, the commodification of services, and the increasing emphasis placed on private and voluntary provision of welfare services in evidence during the 1980s and early 1990s.[119] [120] [121] [122] The 1980s therefore, alongside an increase in competition between a range of health and social care providers, saw the birth of the 'empowered consumer'[123] [124] [125] whose opinions were not only sought, but a required part of service planning and assessment.

The consumerist approach to user involvement is a contentious one, however, as the values of the market place may coexist uneasily with welfare provision for marginalised groups in society. As Biehal[126] points out, 'Consumers of social services are rarely in a position to "take their custom elsewhere".' Nor are they, in their transactions with agencies, in a position of equal power with professionals, from which to exercise their supposed rights as consumers.[127]

In contrast the democratisation approach to user involvement, typified by the user/survivor movement, emphasises *citizenship,* and the right of service users to be involved in decision-making at grass roots level.[128] As Barnes argues, 'Citizenship is not just about having certain rights (and concomitant responsibilities), but also about being able to participate in the community'. [129] An example of the type of principle underlying the democratisation approach to user involvement can be found in the Birmingham Community Care Special Action Project (CCSAP)[130] [131] which states:

> People who have special needs because they are elderly, have a mental handicap, mental illness or physical disability, should be valued as full citizens with both rights and responsibilities. They are entitled to be consulted and to have an opportunity to influence the pattern of services on which they depend, to meet their individual and changing needs.[132]

6.1 Characteristics of User Involvement

User involvement in mental health services can take place on several levels; firstly through campaigning and advocacy groups at both national and local levels;[133] secondly in the planning, organising and managing services; and finally in organising individual care, for example in needs assessment procedures and the development of care plans. Participation at service level, which is our main focus, has been developed in numerous ways; typically through consultation with patients and users' councils, surveys, focus groups, citizen's juries and user groups.[134] [135] In some areas of the country service users are directly involved in contract specification and monitoring of services, and in training professionals.[136]

Differences in mental health services with a high level of user involvement, in comparison to 'traditional' services for this client group, should be clearly recognisable. For example, they should be seen to be more democratic and less hierarchical in their organisation, with clear policies and established structures for users to influence the 'making and creating' of the services they receive,[137] thus ensuring that users have a 'voice' in the planning, management, and review of services. At BCG, this is achieved primarily through:

- ***User group meetings***: initially convened to consult users over the move to the community site (choosing premises, equipment, and colour schemes). Recent groups have been concerned primarily with developing the social aspect of the BCG.

- ***Users' informal contributions*** to the daily running of the gym; for example cleaning the kitchen, washing up and watering plants.

- ***Staff recruitment panels***: users are always invited to take part in interviewing potential members of gym staff. On each occasion prior to a panel taking place a preparatory session is held for users, to discuss interview questions and procedures.

- ***'Fitness buddies'***: 'fitness buddy' training, carried out in collaboration with the local college of further education, is the latest user participation venture in the gym. Less intensive than full-scale gym instructor training this course allows gym users to test out their capabilities in a supportive environment, without taking on the commitment of volunteer status at the outset. A recent 'fitness buddy' training course has resulted in two gym users going on to additional training in fitness instruction.

- ***Volunteer scheme***: this encourages users to develop their skills, in whatever capacity they choose; for example administration, equipment maintenance, or gym instruction. Volunteers can take NVQ training in gym instruction, share responsibilities with staff members, and by gaining qualifications and experience eventually obtain employment as professional fitness instructors. Two volunteers have successfully completed this process.

The volunteer scheme at Barrow Community Gym exemplifies a non-hierarchical model; as users are able to work with gym staff on an equal footing and become active agents in service provision their status changes from that of consumers or recipients of services to that of providers and co-workers. Although volunteers are unpaid their training is provided free of charge, they are able to claim travel and lunch expenses, and receive a fleece jacket with the Community Gym 'corporate' logo. These factors symbolise the importance of their roles, and the integral nature of their contributions to the running of the gym.

Box 3
Gym newsletter: *Gym Talk*

The production of the Community Gym newsletter is a joint effort between users and staff, combining different levels of user involvement, from direct volunteer input into editing, to writing jokes and designing cartoons. *Gym Talk* is now published every two to three months. The idea of a newsletter produced by gym users for gym users was one which had been 'floating' for some time, when following a meeting on user involvement convened by the research team it crystallised into a reality. In attendance at that meeting and subsequently the driving force behind the newsletter, the editor Kerry took up the challenge. In addition to her duties as editor and reporter, she has successfully recruited other gym users onto the editorial team.

Gym Talk is a community effort, and its varied content of articles, recipes, poems, personal accounts and stories, interspersed with useful information, reflects this inclusive ethos. Moreover it provides a focus for publicising social events and other opportunities for users to become involved in the life of the Community Gym. In common with other aspects of user participation in BCG, production schedules are flexible, so that if problems arise they can be accommodated.

Finally, a valued aspect of the newsletter is the continuity of contact it provides to those whose attendance at the gym has lapsed for one reason or another, often persuading them to return to active membership.

6.2 The Meanings of User Involvement in the Community Gym

User involvement in the BCG is meaningful in different ways; for gym users, for gym staff, and in terms of service development. Gym users, for example, identify a number of personal benefits in active participation in the service. These sometimes lie in achieving personal goals, such as gaining educational or vocational experience through the volunteer scheme. One volunteer explained:

> It's really changed my life, given me the chance to do something I want to do. Without this place I couldn't do that.

Many of the problems of daily life experienced by people identified as suffering from mental health problems, such as social isolation, finding constructive ways of spending the day, loss of status, and the lack of a sense of belonging and importance, may be addressed by involvement in work-related activity.[138] [139] [140] [141] For this group, therefore, access to meaningful employment takes on additional importance. For the individual it could be a means of progressing towards personal goals (although these are not always defined). For example:

> ...it gives you the chance to get your life kick-started again. 'Cause coming here you can meet people, you can train, and there's also career opportunities.

> ...it [volunteering] can completely change your life.

Involvement in the Community Gym, therefore, may draw people who have felt excluded as a result of their illness back into community life, 'Having a life, living, being normal'. Active involvement of users in mental health services may therefore be one means of combating the discrimination and exclusion typically experienced by this group.[142]

Moreover there are important subjective benefits to be gained from user involvement in service delivery. Feelings of achievement and increased self confidence, for example, were typical gains described by those actively participating in BCG. Whether taking part in a one-off event such as a staff interview panel, or taking on a long-term commitment as a volunteer, a major benefit was the boost to self confidence experienced by participants. Research has demonstrated that a characteristic problem for people caught up in mental health services is the 'struggle for value'; that is the need to

feel that they are doing something purposeful, and preferably of use to others.[143] In addition to contributing to an individual's sense of achievement and ultimate recovery from mental illness, there are inherent satisfactions in the role of volunteer, for example, in working alongside others who have similar problems, and helping them to benefit from gym attendance.

The therapeutic value of involvement was also stressed by referral agencies taking part in the study.[144] [145] [146] Assuming responsibilities in the gym is seen as an important way of enabling users to regain a sense of control over events, and increase the ability to make constructive choices and decisions. [147] For example, a referral agent, speaking of a client, said:

> ...once he sees he can do it [become involved] that helps. That moves him down the road another step towards control. And that's the whole game, that sense of control. Being in control, not just of your drinking, but of your life.

Taking control of one aspect of life, therefore, has the potential to affect an individual's ability to exert control in other areas (in this case drinking behaviour).

In a 'traditional' mental health service staff set the agenda (within the limitations of their respective roles) in deciding the type and content of services on offer, how these fit the needs of service users, and how they are delivered. At BCG the active involvement of gym users through collaborative working practices, reduces professional 'distance' between the two groups, enabling relationships to be developed based on trust and mutual respect.

User involvement also has advantages in influencing the direction of service development, and moulding this as closely as possible to users' service needs. This was a point frequently stressed by referral agencies taking part in our study. For example, one referrer explained:

> I suppose if the gym is making changes on the basis of what users say it's important. It validates the changes. I think very often people using a facility get a different impression of it from the staff views, so I think it is useful from that point of view.

These views echo ideas enshrined in recent governmental policy, which sees service users as 'empowered consumers', who are best placed to identify service priorities. In BCG users are involved in ways that enable them to have a direct input into how the service is run, and thus to contribute to the development of a service that reflects their needs.

6.3 Barriers and Enabling Factors

User participation in services is not without constraints, however. A recurring theme throughout our study, particularly concerning users participating in the volunteer scheme, was the potential difficulty experienced in negotiating staff/service user role boundaries. This is partly because fitness instruction requires instructors to have a level of training and expertise, which it is not open to everyone to acquire. Although encroaching on what is perceived as primarily the sphere of professionals has been identified as potentially threatening to staff, [148] [149] service users also have clear ideas concerning role limitations. A number of people, for example, see becoming a volunteer in the gym as crossing an 'invisible dividing line' between users and staff, with the consequence that confusion over the boundaries of their roles may arise.[150] One commented, for example:

> They [staff] treat you like one of them, but you're not sort of thing; you're still a user. It was a bit confusing really.

For gym users who may have come to regard themselves as 'patients' in the mental health system any change in status, however welcome, may be worrying. One way in which the Community Gym has sought to address this problem is by formalising a volunteers' 'contract' that provides clear guidelines concerning expectations and responsibilities, on the part of both the volunteer and the gym.

Gym staff may also experience problems in working alongside gym users who have mental health problems, and require support in their roles as facilitators. This is currently provided in BCG through

a system of supervision, either from within the staff team, or external to the gym. In similar mental health projects the provision of staff training specifically on user involvement issues has been identified as important to its success, as has the development of staff guidelines for facilitating involvement.[151] [152]

During the course of our study it became evident that some gym users, for a variety of reasons, were reluctant to become actively involved in the Community Gym. While it is recognised that there may be times when the symptoms of mental illness preclude active participation,[153] there are other factors at work. A major factor affecting service users' willingness to participate in the Community Gym, whether in decision-making, or the daily running, is the potential for such activities to be stressful. For those who are suffering from depression or anxiety (a majority of gym users), for example, the prospect of additional pressure on their lives may be daunting.. A specific source of concern for some service users was the difficulty involved in dealing with others, who are seen as vulnerable by virtue of their illness, while simultaneously coping with their own problems.

As the volunteer scheme and user involvement has developed at BCG these types of problems have been recognised. In part they have been tackled by the institution of the volunteer contracts that also include the requirement for volunteers to have the ongoing support of a mental health key worker (external to the gym), to have regular supervision, opportunities for training, and regular reviews of progress. Alongside the structured approach of the volunteer scheme, however, more flexible forms of user participation, requiring varying degrees of responsibility and commitment, have also been developed. This has helped to provide opportunities for active involvement for a wide range of users.

6.4 Sustainability of User Involvement

Many of the issues described in the previous section influence sustainability and continuity of user involvement. Both service users and referral agencies stressed, for example, that those suffering from mental health problems need encouragement, continuing support and careful monitoring of their progress, to overcome any initial barriers to involvement in services, and to offset potential stresses.[154] [155] [156]

The introduction of the volunteers' contract in BCG allows such monitoring to take place, and enlists mental health key workers' support throughout the period of volunteering. The form of the volunteer contract is constantly under review, however, as the gym develops and new challenges emerge. The gym has responded to an increasingly diverse group of users by extending and adapting opportunities for involvement, while gym users have helped to mould forms of participation in the gym by their response (or lack of response) to management and staff initiatives.

6.5 Broader Implications of the Community Gym Experience

While there are distinct advantages to mental health services in involving users in planning and decision making, there are also implications in terms of ensuring that everyone has equal access to services and opportunities to participate, and that systems are in place to offer the necessary support to users and staff. By providing opportunities for users to participate at different levels of the service, for example in service planning and evaluation, publicity, fitness instruction, and the organisation of social activities, the BCG has begun to address the first of these issues. The gym newsletter, for example, has proved particularly effective as a vehicle for user involvement since it not only encourages users to play a vital part in its production, but also publicises user-oriented events and activities. Encouraging service users to recognise their existing skills, and to develop new ones, at a pace that suits their particular circumstances and personal resources, would appear to be an essential prerequisite for successful participation.

In the context of the volunteer scheme the use of written contracts has begun to address some of the barriers to active involvement that have emerged. Confusion over role boundaries, for example, has been tackled by providing detailed guidelines. Furthermore, mechanisms have been put into place for professional mental health support to be provided to a user from the outset of volunteer duties. Support for staff responsible for facilitating user involvment in the gym, in the form of training and supervision, has also been identified as important.

7 The Long-Term Development of the Community Gym

The topic of developing the Community Gym in the long-term was one that generated much enthusiasm and ideas, focusing primarily on the gym premises, the range of activities on offer, 'moving on' from BCG, and its public profile.

7.1 Premises

Expanding the existing gym facilities into larger premises was a popular idea with the majority of those taking part in the research. This would obviously provide more space for equipment, staff and users, and importantly, the opportunity for a greater range of activities (including social activities and user groups). Additional space would also allow assessment procedures, which include the sharing of what for some is sensitive information, to be conducted with a greater degree of privacy than is currently possible. Access to the gym for people with physical disabilities was another common concern, as the gym is currently reached by climbing two flights of stairs. A general lack of service provision for people with mental health problems during weekends and evenings also means that an extension of opening hours would be welcomed.

7.2 Activities

There is scope for an increased range of activities within BCG and community-wide, providing what one staff member described as 'the complete optimum of leisure', and extending the therapeutic benefits of physical activity beyond the confines of the facility. Provision of a wider range of activities could also help to draw in greater numbers from 'harder to reach' groups of clients, such as older people and women. Users identified the following types of activity as of interest:

- Step classes
- Aerobics
- Abseiling
- Canoeing
- Swimming
- Badminton
- Painting
- Skipping
- Rope climbing
- Reflexology
- Aromatherapy
- Yoga
- Relaxation
- Fell-walking

It is not only the range of activities suggested that is notable, however, but the way in which gym users engage with the therapeutic ethos of BCG in offering suggestions for development.

The strengthening of existing links with both publicly funded and private facilities in the local area is seen as one means of offering a wide range of opportunities to service users. Some gym users do prefer activities separate from mental health provision, but others welcome group support, particularly in the early stages of participation. Gym staff may therefore act as 'effective bridges into wider neighbourhood and community facilities'.[157] One example of this is the recent introduction of swimming classes, organised by a member of the gym staff, at a local leisure centre. BCG also plan an outreach project at a proposed healthy living centre in an outlying area of town, which currently enjoys few leisure facilities.

One of the consequences of moving from the hospital site is the less immediate link with BCG for in-patients at the local psychiatric hospital, who in the past had direct access to gym facilities. Although individual patients do travel to the Community Gym for exercise sessions this is not always easy for

ward staff to arrange, particularly in the early stages of treatment. The provision of outreach exercise classes on the hospital site or alternatively, supported visits to the gym, would be a welcome development, therefore.

Educational opportunities were also identified as of interest to a number of gym users. Since this research project began a liaison worker with the local college of further education has visited the Community Gym, informed users about courses available to them, and encouraged users to access a variety of educational and leisure courses.

Social activities, for a substantial number of people attending the gym, are an important part of their enjoyment of the facility, and are generally enthusiastically received. Scope for further development of the social aspects of the Community Gym has therefore been highlighted. Part of the function of the users' newsletter is that it can provide the basis for social activity, whilst at the same time being the type of venture that users can dip in and out of.

7.3 Moving On

An important part of the Community Gym's service is its rehabilitative function. It is not intended to be a day centre for those with mental health problems, nor to act as a permanent support in their lives, but as an interim stage in recovery, a 'safe stepping stone'. This is seen as important in avoiding potential dependency on a service. For example:

> People come and think, 'This is where I'm safe'. It's a hell of a shock, and there's a lot of grief involved when somebody comes round and says, 'Now then, let's think about you reducing'. And there's a lot of loss, a lot of stress, a lot of problems. (Staff member)

Gym attendance can be seen as a 'springboard' for moving on to other activities, in a number of cases, for example, in boosting a user's confidence to go to a mainstream gym. As one service user explained:

> I think to be able to use this like a springboard to go to something else is a good way of using it. I've always said my objective is to come here to do this, to get the confidence for other things, to go to the gym Flex Appeal, whatever.

Building up the confidence to move on, whether to another gym, to employment or education, is an important part of the process of recovery for some gym users. Others see their future in terms of continued involvement with the gym, perhaps through the volunteer scheme. However, involvement in activities outside the gym does not necessarily translate into a readiness to move on from mental health services. (The extent to which this is possible will, in any event, vary according to an individual's mental health status and support needs.) A number of gym users do not make plans beyond their current attendance at the gym. Active planning for those service users in this situation is seen by other mental health providers as vital, either in collaboration with other agencies, or independently. For example:

> I would like to see them [gym staff] spending some of their energies on the next stage beyond, and having active things they do to encourage that.
>
> Sometimes people need help to move on, and see what else is going on in town.

Part of the role of the recently engaged support worker in the gym, therefore, is to assist service users to find constructive pathways out of services, where this is practicable. For example, there is an opportunity for individual users or small groups to access mainstream leisure facilities free of charge, with the support of a BCG instructor, in a partnership arrangement with a local health and fitness club. Encouraging service users to develop strategies for 'moving on' is therefore an important part of service planning for the Community Gym.

7.4 Gym Profile

As the Community Gym develops its role at the heart of community mental health in Barrow its profile should be raised accordingly, through publicity and associated activities. This would ensure that those in need of the service are aware of its existence, that its whereabouts are widely known, and that its role and function are understood by the community as a whole.[158] It is obviously important for those attending the gym that the image portrayed is a positive one; that the gym is seen to be forward-looking in its thinking, and building on its current success. As one gym user said:

> I'm just interested in making people more aware [of the Community Gym], because I didn't know about it. I just thought it was a fabulous idea; it's something that's needed and valued, and it works for people. It worked for me.

8 Conclusions

The initial aims of this research project were to explore user perspectives on their participation in the Community Gym, to review models of user involvement, to explore the creation of 'healthy alliances' with community agencies, and feed in examples of good practice to the gym's development. This report can be seen as the 'end product' of that process. However the Community Gym has not been standing still throughout the period of the research project, and we as researchers have been involved in a continuous dialogue with staff, users and other involved agencies. Particular areas of the service have been developed; for example guidelines for volunteers, consultation with key workers regarding volunteers' care plans, and most recently, plans for outreach into community projects and increased opening hours. The findings outlined in this report should, therefore, be considered in terms of 'work in progress'.

Throughout the report we have prioritised user perspectives, in addition to outlining the views of other stakeholders, including those agencies involved with the gym in the creation of 'healthy alliances' in the community. In this context developing and strengthening links with referral agencies, from health, social services, and the voluntary sector, was identified as important to the continued success of BCG.

Although each individual takes something different from the Community Gym there are certain common factors. A theme running throughout the research, for example, was the importance attached by those suffering from mental illhealth to feeling secure, in a non-stigmatising, non-threatening, welcoming environment. A high level of psychological accessibility is achieved in the Community Gym by a combination of characteristics; the premises, location, gym staff and their approach to user/staff relationships, the volunteers and the support they provide, and the non-competitive atmosphere amongst gym users themselves.

Within this supportive context gym users experience a number of benefits in different domains; for example, improvements in their physical well-being, psychological well-being and social networks. Therapeutic aspects of gym attendance are varied; while the ways in which an individual benefits is largely contingent upon their personal history and specific aims. The flexible nature of the service provided means it is able to cater for a wide range of mental, physical and social needs. For many gym users it is the combination of factors that is appreciated in making a difference to their everyday lives.

User involvement in BCG gym was highlighted as an innovative and developing aspect of its service. In reviewing user involvement in BCG we first focused on the characteristics and nature of involvement; that is how the gym is different because of the ways in which it involves users in planning and developing the service. We then examined the meanings of user involvement for gym users, for staff, and in terms of influencing service development. While there are distinct advantages to mental health services in involving users in planning and decision making, there are also implications in terms of ensuring that everyone has equal access to services and opportunities to participate, and that systems are in place to offer the necessary support to users and staff.

The experience of BCG emphasises the necessity for user involvement to develop in ways that are both responsive to the needs of service users, and in tune with the smooth running of the service. However finding solutions to such problems is more complex than simply providing the correct structures (although this is important). Barriers to user involvement concern not only practical limitations, but also *perceptions* amongst service users as to what is possible for them to achieve in terms of influencing services.

Constraints on user involvement in mental health services may, therefore, be wider than that of the individual organisation, encompassing social attitudes towards people with mental health problems. They may typically be seen as irrational, impulsive, and generally lacking in the necessary attributes for sensible decision-making,[159] [160] or simply as 'dangerous lunatics', from whom the public need protecting (a view not discouraged by certain sections of the media).[161] [162] It is therefore suggested that:

> ...for many services (mental health in particular) the struggle for involvement may be concerned with a wider aspiration of users to participate more fully in society.[163]

The success of user involvement initiatives, as exemplified by the BCG experience, may therefore have benefits that extend beyond the confines of the service, in demonstrating positive achievements by people recovering from mental illness.

Concerning the long-term development of the Community Gym three main aspects emerge as important: the premises, the activities on offer, and the gym's public profile. Because the gym is seen as a valuable community resource, by both its users and those agencies who refer clients, further development in terms of the size of the premises, opening hours, and the range of leisure, educational and social activities it provides (either independently or in collaboration with other community agencies) is seen as desirable.

Finally, as the gym is intended to act as an interim stage in recovery for people with mental health problems it is important to develop strategies to assist service users in 'moving on' in their lives. The extent to which this is possible, will, of course, depend on the individual, the nature and severity of their problems, and the level of ongoing professional support required. While some gym users have quite specific aims in mind, for example to return to work, to continue education, or to take up membership of a 'mainstream' gym, others are much less focused on future goals. The volunteer scheme provides one means of helping people to achieve their aims, but other aspects of user involvement may be equally valuable. As a referral agent pointed out:

> It can be a tough world out there, a fight for recognition. And people who've got problems don't fight too well. If we can set it up that people can make a contribution, get recognised and valued for it, in a controlled way, once they've developed the confidence they can do it out there as well.

8.1 Implications for Further Research

8.1.1 Mental health and Exercise

Involvement in physical exercise regimes may be more effective for some mental health conditions than for others. Those suffering from depression and anxiety, for example, may experience greater advantages than those displaying psychotic symptoms. However exploring such differences in greater depth (which was outside the remit of this project) would require the undertaking of a larger-scale study, ideally including a comparative element.

There are particular groups which might be singled out for research attention. Evidence from our study, suggests, for example, that those who misuse drugs and alcohol may derive specific benefits from physical exercise, which can provide not only a distraction from substance-using behaviour, but also an alternative means of satisfaction. However this aspect of the potential therapeutic effects of exercise is currently under-researched. Other groups which studies might usefully address are young people leaving care and women suffering from post-natal depression (both groups currently using BCG).

One of the disadvantages of engaging outside researchers to undertake evaluative work is that the momentum generated during the research process may be lost when a research study comes to an end. We were keen to ensure that the learning experiences of the evaluation could be continued beyond the period that the research was funded. Part of our exit strategy as researchers was to ensure that on-going evaluation of the Community Gym can be carried out by users. The findings emerging from our initial evaluation, therefore, will be open to review and elaboration in the light of further data collection. In addition to identifying the long-term outcomes of gym attendance, patterns may begin to emerge concerning those users who *fail* to benefit from this type of facility. The support worker in the gym, whose main job is to encourage those who have difficulty in attending, could play a pivotal informative role in any future evaluation.

8.1.2 Community Studies

The participatory model of research used in the Community Gym study has implications for community studies with a wider remit than mental health; healthy living centres, for example. Health needs assessments undertaken in a community can both utilise existing resources, such as community groups, and identify individuals with particular skills[164165]. These resources can then be used to monitor and evaluate the progress of centres, ensuring that they do not simply follow the traditional pattern of professionally led services, but genuinely reflect the needs and aspirations of the community.

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Appendix One

Study Recruitment

Engaging gym users in the research project involved a number of strategies: for example addressing small groups of users in the gym; speaking to individuals; providing flyers explaining the research to new members of the gym; and displaying posters asking for volunteers to take part. The most successful of these strategies was individual approaches, although the posters were useful in introducing the idea of the study to potential participants. In the early stages of the research the problem of recruitment was most acute. For example, initial numbers of gym users volunteering to participate in focus groups, despite personal contacts, telephone reminders and letters, were reduced to around half actually participating.

Table 6: Participation in Focus Groups

	Focus Group One	***Focus Group Two***
No. users approached	17	16
No. refused to participate	5	4
No. agreed to participate	12	12
No. actually participating	6	8*

(*Includes two late participants, recruited on day of group.)

Reluctance by service users to take part in the research was attributed to several factors, which were as follows:

- Unfamiliarity with research methods (including concerns about anonymity and confidentiality).
- Intimidation by group situations and lack of confidence.
- Fluctuation of symptoms associated with mental health problems.

Our experiences emphasise the advantages of spending time in the field before approaching people with requests for interviews, particularly in services such as mental health, where potential participants may feel vulnerable and lacking in confidence. For example the familiarity factor, which is introduced when the researcher becomes well known to service users, and having a researcher present becomes less of a novelty (or potential threat) was influential in persuading at least two respondents to take part, overcoming their initial reluctance. The experience of seeing other users take part may also encourage participation. For example, one participant stated, ‘Well, I didn’t want to do it [interview] at first, and then I saw [another gym user] giving you information, and I thought, ‘Oh well, go on, do it yourself’.

The difficulties experienced in recruiting participants for the study highlight the problems that may commonly occur when conducting research with people with mental health problems; those who are suffering from depression, for example, may be disinclined to take part in focus group discussions. One participant pointed out that as she felt unwell on the day of a discussion she was likely to contribute to a lesser extent than if she was having a ‘good’ day. Changes in mental health status remained a factor to be taken into account throughout the research process. For example, on two occasions research volunteers were unable to be contacted because of a sudden deterioration in their mental health and subsequent hospitalisation. In addition, two interviews were cancelled at short notice for similar reasons, while three potential interviewees simply failed to turn up at the time arranged. Of these five, however, three were successfully interviewed at a later date. For the ‘workshop’ on user involvement, to which all service users previously involved in the research were invited, twenty invitations resulted in eight participants attending. The unpredictability of mental health symptoms, therefore, makes research planning a rather uncertain business, requiring a degree of flexibility of the part of researchers, and a willingness to change tack if a strategy is patently failing.

Other strategies to maximise recruitment include providing information to prospective participants in different forms (e.g. by means of flyers, posters, verbal explanations and printed handouts); providing different ways of taking part in the research (e.g. group and individual), and arranging groups and interviews at varying times to suit individual circumstances.

Appendix 2
Evaluation Questionnaire

***About this questionnaire*:**
This questionnaire has been designed by users of the Barrow Community Gym to:
a) give you a voice about the service.
b) help you express your service needs
c) help provide you with the best possible service

Please take a few moments to think about the questions below.
No names are recorded and any information you provide will be confidential.
Thank you for your help.

Coming to the Gym ...

1. How did you first find out about the Community Gym?
(***please tick one***)

Word of mouth ○
GP ○
CPN ○
Consultant ○
Social Worker ○
Publicity ○
Other (***please specify***) ○

2. How many sessions do you usually attend in a week?

Less than one ○
One ○
Two ○
Three or more ○

3. Have you ever taken a break from coming to the gym?
Yes ○
No ○
(If your answer is 'No' go straight to next page)

3a. If 'yes', did the break last for two weeks or more?
Yes ○
No ○

3b. What was the **main** reason for your break?

3c. What helped you to return to the Gym after the break?

4.Thinking back to when you first joined the Community Gym which of the following were important to you at that time? ***(please tick all which apply***)

Improved health/well-being ○
Meeting other people ○
Building self confidence ○
Stress control ○
Increased mobility ○
Weight control ○
Other (*please specify*) ○

How does the gym affect your life?

5. Have you noticed any health benefits since you joined the gym ?

Yes ○
No ○

5a. What benefits have you noticed?

5b. How would you rate any health improvements on the following scale ?

No Improvement 1.....2.....3.....4.....5 Major improvement
(***Please circle one***)

6. Here are some things that users have said about coming to the gym. **Please tick any statements which apply to you**:

	Strongly Agree	*Agree*	*Uncertain*	*Disagree*	*Strongly Disagree*
My self confidence has risen					
I am generally less depressed					
I feel less stressed					
My self esteem has improved					
I am able to cope with my anger more easily					
I am less anxious					
I am more active in my everyday life					
I am thinking more positively					

7. Some users have said that they really value the social side of the gym. Is the social side of the gym important to you?

Not at all important 1.....2.....3.....4.....5 Very important
(***Please circle one***)

7a. Do you have any comments about the social side of the gym?

7b. Are there any other changes in your life since joining the Community Gym that you would like to tell us about?

Finally, about the Community Gym itself.

8. Thinking about the staff at the Community Gym, is there anything they could do differently which would help you?

9. Is there anything else you would like to see the Community Gym provide? *(**please specify**)*

Thankyou for taking the time to complete this questionnaire.

If you could give us the following information about yourself it would be helpful to build up a picture of different users. Remember that this information will be kept confidential, and your name is not required.

*(**please tick below**)*

10. Male ○

Female ○

10a. Age
Under 20 ○
20-29 ○
30-39 ○
40-49 ○
50-59 ○
60 & over ○