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TRAINING GUIDELINES



Partners



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For updates of the SPHERE project please visit: www.ecos-europe.com/sphere



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Introduction

This document is the second of a number of planned products from an ERASMUS+ funded EU project titled “[SPHERE – Sport Healing Rehabilitation](#)”.

What is SPHERE?

SPHERE is a two-year project that aims to promote the use of physical activity as part of psychiatric rehabilitation programmes. Informed by contemporary research and examples of best practice, SPHERE will:

- Produce a set of physical activity guidelines to aid mental health practitioners.
- Following the creation of the guidelines, the SPHERE team will train teams of mental health practitioners and sport trainers in the use of these guidelines, relevant to their specific environments.
- Practice based partners will design, deliver and evaluate an intervention based on those guidelines.
- SPHERE will produce the following documents/guidance:
 1. Physical activity guidelines to aid those institutions that implement sport or exercise programmes in mental health rehabilitation.
 2. An online map providing examples of best practices through case studies across the EU in the use of physical activity for psychiatric disorders.
 3. An evaluation report of the interventions delivered as part of the SPHERE project.

The SPHERE project has seven partners from six EU countries, led by the networking organisation ECOS (European Culture and Sport Organisation), and includes third sector sport institutions and Universities. The project team includes the following organisations:

- European Culture and Sport Organization (Italy; Lead organisation)
- European Platform for Sport Innovation (Belgium)
- Everton in the Community (UK)
- Finnish Sport Federation Tampere Region (Finland)
- Rijeka Sports Association for Persons with Disabilities (Croatia)
- Cardiff Metropolitan University (UK)
- Technical University of Munich (Germany)

What is the aim of this document?

The aim of this document is to:

- Provide practitioners and mental health professionals with practical guidance to design, deliver and evaluate sport and physical activity opportunities for people with mental health problems.

What is included in the document?

The document includes four main sections referring to the document aims.

- Sport and physical activity-based interventions in psychiatric rehabilitation
- SPHERE pilot intervention
- Person-centred approach in physical activity interventions
- Guidelines

Guidelines to support mental health patients in practicing exercise

Within the realm of **psychiatric rehabilitation**, the SPHERE project team has put together a set of guidelines seeking to best harness the psychological, physiological and social benefits of sport and physical activity to facilitate patient recovery in sport-based interventions. The guidelines have been developed from a combination of an evidence synthesis from scientific literature, and a survey on the current practices of sport and physical activity for mental health in seven EU countries. A detailed explanation of the theoretical framework behind the guidelines can be found at:

www.ecos-europe.com/sphere/intellectual-outputs/training-guidelines.

Based on these sources, the SPHERE team drafted a set of punctual recommendations together with additional considerations that surround their application.

Sport and physical activity-based interventions in psychiatric rehabilitation

The guidelines may be adopted by different actors seeking to implement sports or exercise-based interventions for mental health. As different professionals and organizations will face differing and diverse circumstances such as the preferred type of sport, fitness aims, weather conditions, staff competencies, financial resources, or the surrounding environment, the guidelines have been developed as modules adaptable to particular sets of conditions. Depending on the circumstances, a particular program may adopt as many of these recommendations as possible, and adjust them to their own training and delivery protocols.

SPHERE pilot intervention

Considering the differing contexts where the guidelines may be implemented, the SPHERE project team will test them in a pilot intervention conducted in different settings by organizations in four partner countries, each with its own particular context

and conditions. The evaluation of the pilot intervention will be published in a future document.

Based on a person-centred approach that relies on the benefits of sport and exercise practice, the SPHERE intervention is guided by the following aims:

- Main aim: To support people with mental health problems to proactively enhance their life quality and develop an integrated sense of self through sports and physical activity.
- Secondary aims: To, where appropriate, support participants in symptom reduction, coping, mood regulation, comorbidity prevention, socialization, enjoyment, a sense of purpose, physical and social confidence, and provide a positive activity to take part in.

Person-centred approach in physical activity interventions

The guidelines emphasize a person-centred approach where the patient plays a proactive role in their own recovery, becoming an active participant in the process, aided by the trainer and community. Apart from helping to stabilize mood and regulate the body's biochemical processes, sport and physical activity can serve as a conduit for people with mental health conditions to enrich personal experience, develop new perceptions of the self, provide purposeful and enjoyable experiences, improve social cognition and functioning, and elaborate new meanings in personal life. This is facilitated as the participants work to achieve goals individually set with their trainers/coaches/sports leaders in the sport and physical activity sessions. Such deeper psychological developments are also important in preventing exercise addiction.

For these reasons, great importance is placed in keeping regular feedback and dialogue with participants, where people can share their own personal training experience while trainers/coaches/sports leaders provide an environment that allows integration with others and the achievement of goals. It is therefore recommended that goal setting, reviewing of the goals and regular feedback are used in the sport and physical activity programs to ensure that they are not only used as a tool for mood regulation but also to promote personal enrichment, a sense of purpose and enjoyment.

Sphere Guidelines

Below are a set of guidelines developed to support the use of physical activity as part of psychiatric rehabilitation programmes. The recommendations are based on moderating factors that optimize the effectiveness of physical activity programmes for people with mental health problems.

Before applying the guidelines, please consider your specific context, as certain aspects of the guidelines may not be appropriate for all circumstances. We advise to adopt as many of the guidelines as possible, when and where they are feasible for each unique setting.

#	SPHERE Guidelines
1	The programme encourages holistic clinical, psychological and social improvement. <i>For example: clinical–symptom management; psychological–improved wellbeing; social–improved social interaction and confidence.</i> <i>Where appropriate, prescription and follow up from a medical practitioner is recommended.</i>
2	The programme is designed to develop and improve skills, facilitating cognitive stimulation through the learning process. <i>For example: improved concentration, coordination, memorisation, use of equipment, and game strategy.</i>
3	Activities are supervised by an instructor/coach, who should provide technical guidance, motivation and support. <i>Instructors should adjust the programme accordingly to individual needs on a session by session basis.</i>
4	The programme should involve setting individualised goals for participants, to support gradual improvement and development. <i>For example: goals focussed on improving skills, attendance, participation, interaction with others, team working.</i>
5	Participants’ learning, development progression and personal experience are reviewed through regular discussion and feedback. <i>For example: Weekly or daily plenary sessions and feedback alongside training.</i>
6	The programme promotes group activities with an optimal group size between 5 and 15 people per 1 instructor. <i>Instructors should adjust group size depending upon circumstance (e.g., group’s ability, levels of concentration, fitness).</i>
7	Time should be designated for social interaction during and/or after sessions, while instructors should facilitate both peer to peer support and a sense of enjoyment during the programme. <i>When working in groups instructors should aim to develop participants’ social integration and social confidence.</i>
8	The programme has a minimum duration of 3 weeks, and optimally a duration of 8 weeks or longer. <i>If 3 weeks (or more) is not possible, then a higher number of sessions per week is recommended.</i>
9	Sessions are designed to include between 30 minutes and up to 2 hours of activity. <i>The duration should be dependent on individual participant circumstance (e.g., ability, fitness level, concentration levels, and availability), and nature of the activity (e.g. intensity levels, rest periods during activity, complexity).</i>
10	Sessions ideally take place at least three times per week. <i>If 3 times a week is not possible then programmes should aim for 1 or 2 times a week, while encouraging independent activity.</i>
11	Activities take place optimally before mid-day.
12	Sessions ideally finish at least 2 hours before participants normally go to sleep.
13	The programme takes place in a safe and inclusive environment in which people feel physically, psychologically, and socially comfortable, and a part of.
14	The programme should ideally seek to incorporate activities in the open air and natural environments.
15	The intensity of activities should preferably aim towards a moderate level. <i>Participants’ capability must always be considered and prioritised. Where moderate activity is not possible due to capability or capacity, low intensity is recommended. High intensity exercise should only be used with caution, where appropriate, under close supervision and by appropriately trained staff.</i>
16	Attendance to the programme is voluntary.
17	Programme attendance and involvement is flexible to accommodate for participants’ individual current circumstance.
18	Prior to engaging in the programme, participants are made aware of what is involved, consent is sought, and ideally participants are engaged in their choice of activity. <i>For example, during a personal interview, informational sessions or pamphlets/leaflets.</i>
19	The programme promotes continued engagement in physical activity beyond the programme’s duration. <i>Throughout the programme, instructors should provide participants with support, guidance and information concerning opportunities for continued physical activity engagement.</i>



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