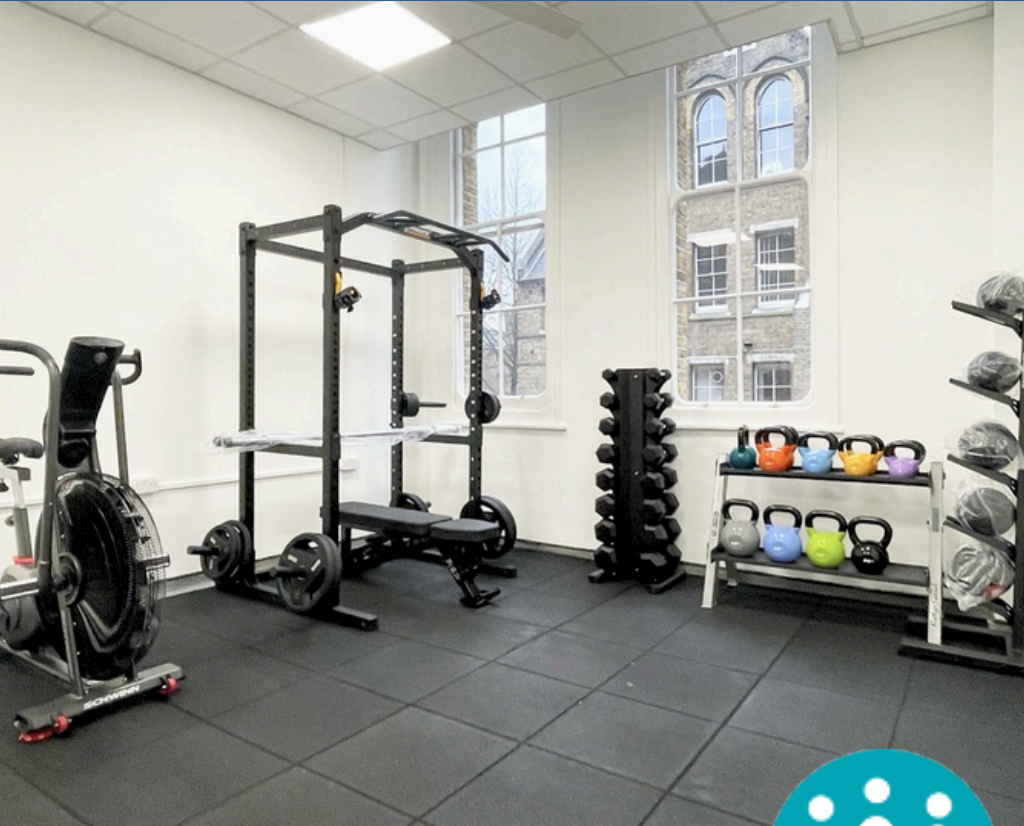


COMMUNITY LIVING WELL

PHYSICAL ACTIVITY PROGRAM



IMPACT REPORT
JULY 2026



PARTNERSHIPS



Community
LivingWell

Working together for your wellbeing



NHS
Health
Charity



Noctor



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KEY FINDINGS

887

NUMBER OF GYM SESSIONS SINCE SEPTEMBER 2023

132

NUMBER OF PARTICIPANTS IN PHYSICAL ACTIVITY (PA) PROGRAM

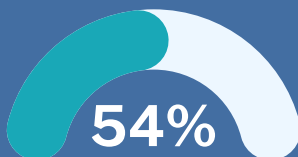
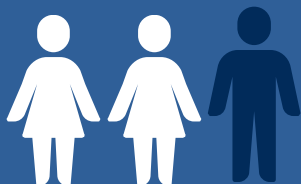
95

NUMBER OF LOCAL ORGANISATIONS IN SIGNPOSTING DATABASE

454

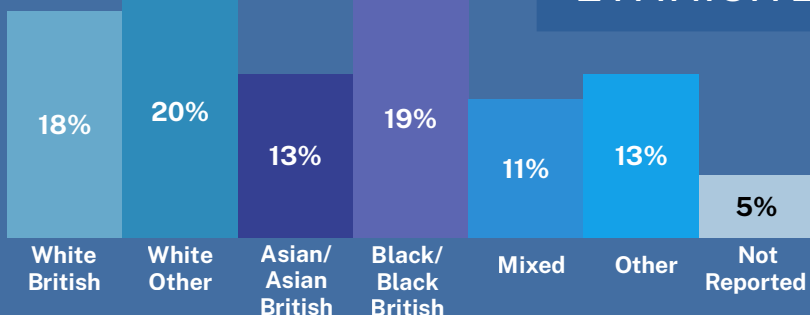
NUMBER OF REFERRALS MADE INTO THE PA PROGRAM

NEARLY 2 IN 3 ARE FEMALE (64%)



MORE THAN HALF REPORT A LONG-TERM HEALTH CONDITION

HIGH ENGAGEMENT ACROSS DIVERSE ETHNICITIES



BACKGROUND

Physical activity (PA) is recommended by NICE for a range of mental health conditions. ^{1,2}

Between 2024 and 2025, NHS Talking Therapies received over 1.8 million referrals, with PA increasingly incorporated into treatment pathways. ³

In 2023, Community Living Well (CLW) appointed a Physical Activity Coordinator to develop a PA program for individuals participating in Talking Therapies. ⁴

PA sessions are delivered in a newly developed gym on-site at CLW, funded by CNWL NHS Health Charity, Sport England, National Lottery and LiveMore.

“

*I loved the personalised training. **I was treated with respect and challenged at each session** which made me look forward to something I had lost interest in.*

”

PROGRAM OVERVIEW

PA Sessions at Community Living Well Gym

The program offers up to **12 personalised PA sessions** for individuals referred from **K&C Talking Therapies**, modeled on **KBIM Service** in Sydney.⁶

The gym is shared with the **Sport Therapy Team** at St. Charles Mental Health Unit.



Signposting

Participants receive **community signposting** and **online resources**, tailored to their **health conditions**, from a database of over **95** organisations.



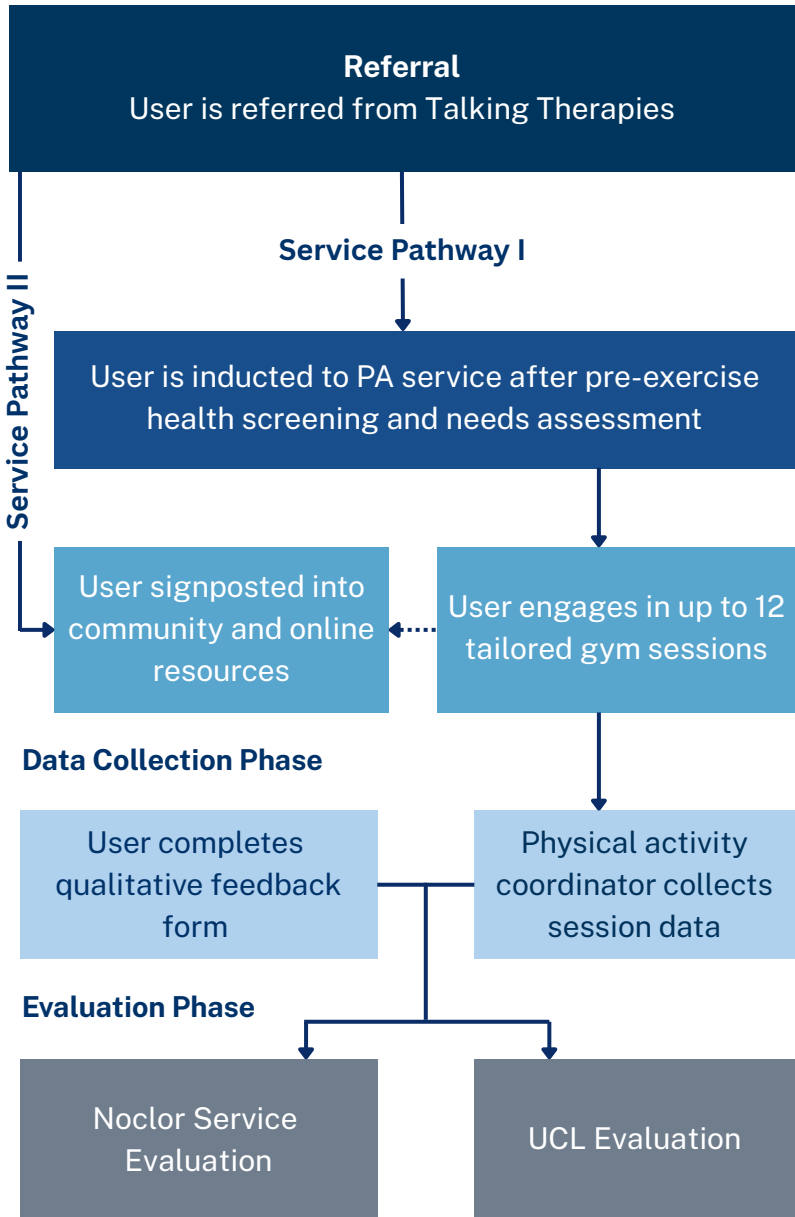
Feedback and Evaluation

After completing the program, participants are encouraged to provide **feedback** on the PA service. This information is used to inform **program improvements**.

In this evaluation, **quantitative** changes in **treatment scores** for PA and non intervention groups were compared and presented descriptively.

Qualitative Findings from **UCL** evaluations on PA participant experience are also discussed.⁴

PROGRAM PATHWAYS



METHODS

Demographic data and changes in treatment scores closest to PA sessions were analysed

1. Data Source

- Data was extracted via electronic patient record system used by the NHS Talking Therapies service (IAPTus).
- The search strategy included patients with the following criteria:
 - Physical Activity (PA) referral labels
 - Completed treatment, and
 - Had GAD-7 and PHQ-9 scores recorded at both the start and end of TT treatment.
- The search in **December 2025** was conducted for records since **September 2023**, approximating the Physical Activity Coordinator start date.
- From over 9,800 records, N=322 PA labels were identified. Demographic data was analysed for all participants, of which **152** met the criteria for GAD/PHQ analysis.

2. Sample Groups

- Records were organised by three groups, dependent on treatment exposure.**
- The dataset included demographic information and treatment scores.

3. Analysis

- Changes in baseline and final scores for all groups were assessed.
- **Baseline** scores in Group 1 were the GAD-7 and PHQ-9 scores closest to the first PA session.
- Data analysis found that, on average, Group 1's baseline scores were recorded **40 days** into TT treatment. Scores closest to this baseline were selected for comparison in groups 2 and 3.
- **Final** scores were the GAD-7 and PHQ-9 scores closest to the final PA session.
- Demographic data was analysed, looking at gender, ethnicity, age and LTCs

4. Findings & Reporting

- The report outlines preliminary findings based on a descriptive analysis of the data.
- Statistical testing will be undertaken in the next phase of the project, when GAD-7 and PHQ-9 scores will be taken at PA sessions.

PARTICIPANT GROUPS

Physical Activity (Group 1, N=55) Criteria:

- Assigned a PA referral label in IAPTus.
- Recorded GAD-7 and PHQ-9 scores at both baseline and end of TT treatment.
- Engaged in PA whilst in TT Treatment.
- Attended a minimum of one PA session.
- Provided resources on community and online PA information.
- Participants who commenced PA sessions after TT treatment had been completed were excluded (**N=30**)

Signposting (Group 2, N=55) Criteria:

- Assigned a PA referral label in IAPTus.
- Recorded GAD-7 and PHQ-9 scores at both baseline and end of TT treatment.
- Signposted by PA coordinator whilst in TT Treatment.
- Provided resources on community and online physical activity information.
- **NOT** attended any PA session.
- Equal numbers of signposting as total PA participants were selected for fair comparison (**N=55**)

No Physical Activity (Group 3, N=42) Criteria:

- Assigned a PA label in IAPTus.
- Recorded GAD-7 and PHQ-9 scores at both baseline and end of treatment.
- **NOT** engaged with the PA coordinator during participation in TT Treatment.
- **NOT** attended any PA session.
- **NOT** provided resources on community and online physical activity information.
- Goup size (**N=42**) was the total number of people with a PA Referral Label who received no intervention

***After treatment,
physical activity has
helped me build a
regular part of my
routine, providing a
structured and
positive outlet for
stress relief.***

SERVICE DATA

Between September 2023 and June 2026, nearly **900 physical activity sessions** were delivered from **450 referrals**. Approximately **250 tailored signpostings** were made into community and online resources.

132

Total PA participants

454

Total PA referrals made by Talking Therapy professionals

887

Gym sessions completed by Physical Activity Coordinator

248

Total participants referred to community or online support resources only

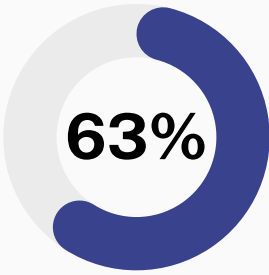
“

*It has enabled me to **feel more connected**. I feel more **confident and a lot stronger**.*

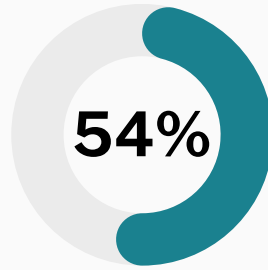
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WHO ENGAGED IN THE PHYSICAL ACTIVITY SERVICE?

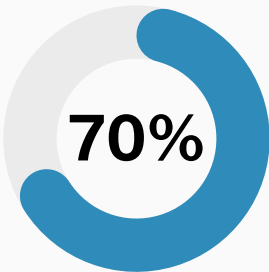
Two-thirds of the participants were female



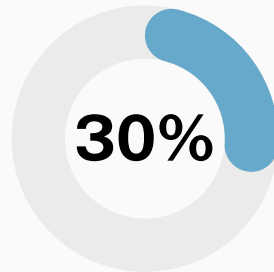
More than half reported a disability or long-term health condition



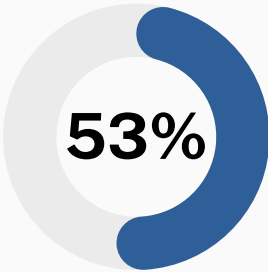
Most had depression as a primary diagnosis



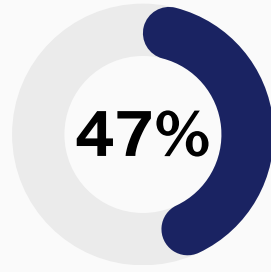
Just under 1 in 3 had anxiety as a primary diagnosis



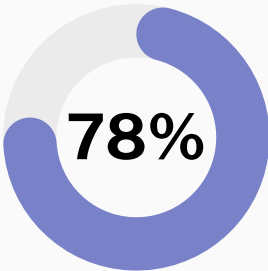
**Participants with
Step 2 Presentation
(Mild- Moderate)**



**Participants with
Step 3 Presentation
(Moderate-Severe)**



**3 in 4 attended
more than one
session once
referred**

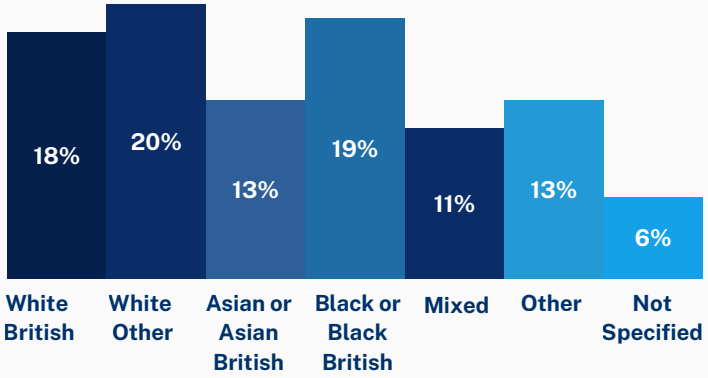


**Average duration
of engagement by
participants:**

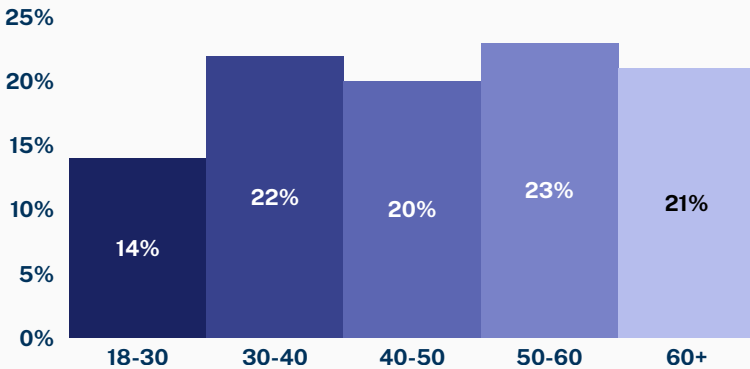


PA was widely engaged across ethnicities and ages, with an average age of 45

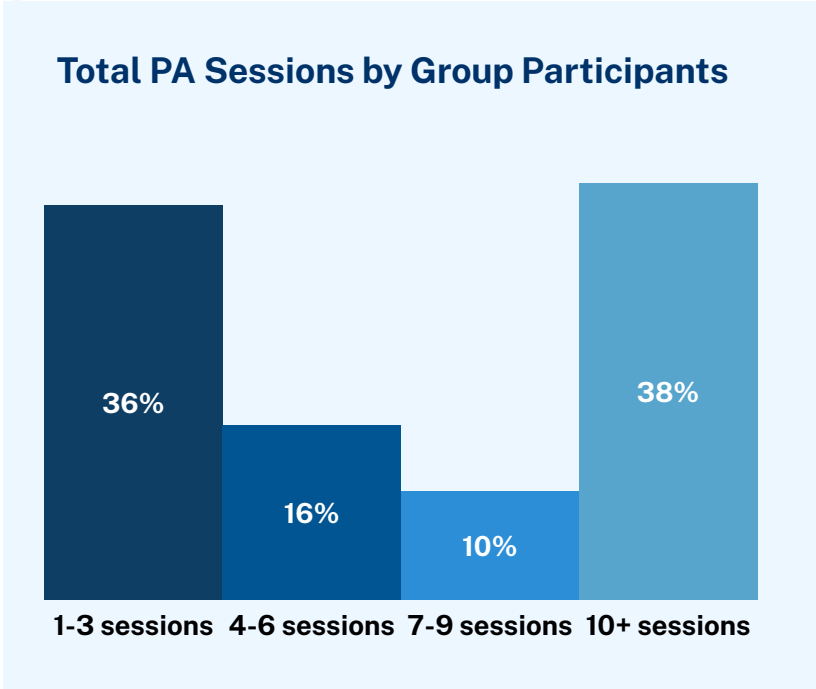
PA Participants - Ethnicity



PA Participants - Age



Over half of participants have **long term health conditions (LTCs)**, and maintained **engagement** for an average duration of **14 weeks**.



“Physical activity has **significantly improved my wellbeing** by boosting my mood, reducing anxiety, enhancing overall mental clarity and want to live.”

QUANTITATIVE DATA

Changes in baseline and final treatment scores closest to PA Sessions were compared.

Changes in baseline and final treatment scores were compared for all 3 groups. PA data looks promising. Further data collection at PA sessions and statistical testing is required.

Physical Activity - Group 1 (N=55)

	Baseline	Final	Improvement
Mean PHQ-9	15.8	11.7	-4.1
Mean GAD-7	13.9	9.6	-4.4

Signposting - Group 2 (N=55)

	Baseline	Final	Improvement
Mean PHQ-9	15.6	11.8	-3.8
Mean GAD-7	13.2	10.2	-3.0

No Physical Activity - Group 3 (N=42)

	Baseline	Final	Improvement
Mean PHQ-9	15.2	11.6	-3.6
Mean GAD-7	13.7	10.4	-3.2

QUALITATIVE DATA

Qualitative evaluation conducted at **UCL** found PA participants reported benefits across multiple domains, including **confidence, access and social connectedness**. Inductive thematic analysis highlighted four key feedback themes.⁴



1

BARRIERS SUCH AS LONG-TERM CONDITIONS, CONFIDENCE & MOTIVATION

2

RESOURCE ACCESS AND AVAILABILITY

Participants discussed the impact of health conditions on their motivation and confidence to be physically active. Motivational challenges were compounded by difficulties accessing **affordable** training environments.

“

*Before this, physical activity was non-existent. I struggled to establish a **consistent routine** due to low motivation and depression.*

”

“

*I feel that I am doing something good for myself, I enjoy it so much, sometimes it's really hard to push myself to go to my session but **I know it will help me afterwards.***

”

3 ROLE OF THE PHYSICAL ACTIVITY COORDINATOR

4 IMPROVEMENTS IN MENTAL HEALTH

Participants highlighted the **important role** of the **Physical Activity Coordinator** in creating a **supportive** training environment, and the positive impact that **routine** sessions had on their mental health.

“*The trainer has a lot of innate kindness and humanity which really helps me to get the most out of our sessions. Amidst my depression it is **something I can trust.***”

“*Participating really gave me a sense of **routine** and reason to leave home as I suffer from depression, being able to **achieve something** made me feel a bit better. It gave me more confidence.*”

IMPLEMENTATION LEARNINGS

Deliver PA programs led by professionals who are sensitive to the challenges people with mental health conditions can experience and create a positive environment.

Integrate PA professionals into the multi-disciplinary team (MDT) to prevent siloed working and strengthen referral pathways.

Collect impact data from the onset with a clear evaluation strategy so that effectiveness can be evaluated.

Demonstrate effectiveness by aligning data collection and evaluation strategies to local priorities.

Disseminate evaluation data and implementation learnings across professional networks.

Incorporate routine feedback and co-produce PA programs, aiming to incorporate peer pathways.

Person centred PA Programs integrates a range of evidence based training approaches that best meet individual clinical needs and preferences.

Develop a database of community and online resources so signposting can be tailored to the individual.

Support individuals to gain confidence using PA to help manage stressors and protect against preventable health conditions.⁸

LIMITATIONS

A **limitation** of this evaluation is the challenge in establishing a **direct association** between PA and treatment scores.

WHAT DOES THIS MEAN?

Treatment scores (GAD-7 / PHQ-9) were recorded at **Talking Therapy (TT) sessions**, and not by the PA coordinator, resulting in an absence of data that aligns with PA sessions.

On average, PA sessions started **40 days** into TT treatment and continued for **18 days** after TT treatment was completed. The average duration in the PA program was **115 days**.

In response to this **limitation**, since January 2026, the **PA Coordinator** has been recording treatment scores at first and final **PA sessions**. This data will enable a more accurate assessment of mental health changes across the full PA program.

Further research and statistical analysis will be necessary to contextualise and interpret findings, with the goal of developing the PA program.

FUTURE RESEARCH

Depression

The evidence for PA in the treatment of mild to moderate depression is strong. NICE recommends further research on how to increase PA in minority ethnic groups that engage less with services. This PA program has demonstrated **wide acceptance** amongst **diverse populations**.

Anxiety

NICE state that whilst evidence for PA in the treatment of generalised anxiety is encouraging, **larger trials** are needed. 30% of participants in this PA program had an anxiety disorder.

ADHD

There is overlap between anxiety, depression and ADHD. **Long waiting lists** for assessments, and theoretical benefits of PA to ADHD symptoms can be explored in future research.

Health Economics

A randomised control trial in The Lancet (2025) showed that a community PA program was able to **offset future hospital costs** by €1,324 per person.⁷ Individuals receiving care for **severe mental illness** at St Charles Mental Health Hospital Unit have weekly access to the gym prior to discharge as part of a PA care plan. Sport England research shows that £1 of investment into community PA can generate £4.38 for the economy.⁵

***It is a real support to
me whilst I am
contending with
depression and trying
to emerge from it.***



CONTACTS

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