



ADVANCED SKILLS FOR ACTIVE LIVING

Deliverable title
Final Course Essay

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Organisation
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Table of contents

Acknowledgments.....	3
Introduction	3
Methodological indications.....	3
Results	3
Quantitative results.....	3
Qualitative results	5
Module 1 - Knowing the different mental conditions and illnesses, their symptoms and the effects they may cause	5
Module 2 - Understanding what physical activities/ exercises to associate to patients with specific Mental Health conditions	6
Module 3 - Being able to tailor the physical activity to the users' age, gender and cultural characteristics	6
MODULE 4 - UNDERSTANDING THE PSYCHO - SOCIAL IMPLICATIONS AND THE BARRIERS TO PHYSICAL ACTIVITY FOR USERS WITH MENTAL HEALTH PROBLEMS AND HOW TO OVERCOME THEM.	7
Conclusions.....	8
Annexes.....	9
Annex 1 – Essay for trainees' template	
Annex 2 – National report Czech Republic	
Annex 3 – National report Greece	
Annex 4 – National report Italy	
Annex 5 – National report Spain	



Acknowledgments

This report is part of the Advanced Skills for Active Living (ASAL) project, which is co-funded by the Erasmus+ Programme of the European Union.

Introduction

WS3 “Training” concerned the implementation of a course addressed to sports professionals, to raise their awareness on how sport and physical activity can be beneficial for Mental Health (MH) and to give them the tools and knowledge needed to work with patients experiencing MH problems.

A detailed training plan had been provided to partners before the beginning of the course, indicating timing, roles, responsibilities, procedures to be followed and tools to be used to monitor and report the training results.

The unpredictable explosion of COVID-19 pandemic and the consequent restrictions forced the partnership to change its plans: part of the training was provided in virtual modality, and the internships had to be totally adapted to the new conditions. Nonetheless, all partners succeeded in completing the course and in providing the **internship assessments**, which report the trainees’ feedback on their internship experience and are the core of the WS3 output.

This document reports the main findings emerged by the analysis and comparison of the partners’ reports, which are attached to this document.

Methodological indications

The training plan proposed a number of tools to facilitate the monitoring of the course and the gathering of the participants’ feedback, with a view to allow the comparison of the most outstanding quantitative and qualitative data among countries. Among these tools, there was the **“essay for trainees”** (Annex 1), a semi-structured questionnaire to be completed by the trainees at the end of the internship and aimed to gather their feedback on their training experience as a whole.

The essay for trainees template was proposed in English, translated by each partner in their mother tongue and distributed to the trainees for their completion. They were then analyzed and reported by each partner in the **“national reports”** template, whose structure mirrored the essay’s one to facilitate the reporting of the findings. The national reports were then gathered by the WS3 leader and their main findings reported in this document. Specifically, the document reports some **quantitative** data on the users (number, gender, age...), on the typology of Mental Health structures involved and on the physical activities proposed by the trainees. Some **qualitative** information follows, providing thoughts, feelings and suggestions on the trainees’ part.

Results

Quantitative results



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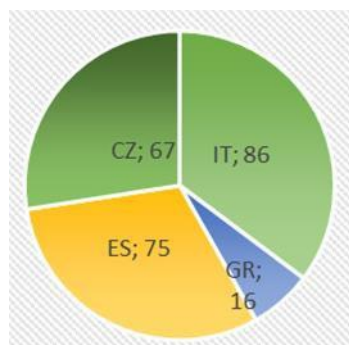
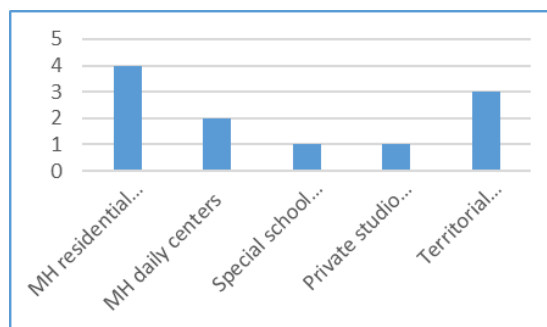
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The training activities were carried out in Spain, Italy, Czech Republic and Greece.

The internship aimed to involve individuals with MH problems in a specific program of physical activity proposed by the trainees. The choice of the users to be involved was left to the partners, according to the health and social policies regulating the national MH services. Users might be patients living in residential structures, or attending daily centers, or even benefitting from territorial services or private initiatives.

The patients participating to the internship program were reached out in:

- 4 residential structures
- 2 daily centers
- A special school for mental health and autism
- A private studio of psychology for mental health
- Different territorial services

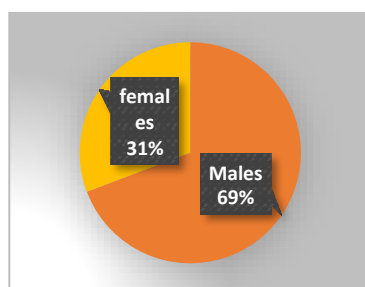


244 users in total took part to the physical activity programs proposed by the trainees in 4 countries where the course had been delivered:

- 86 in Italy
- 75 in Spain
- 67 in Czech Republic
- 16 in Greece.

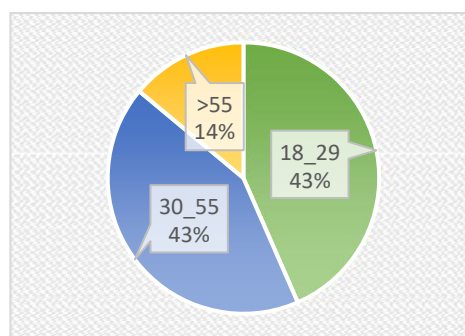
Out of them:

- 169 males
- 75 females



As for the age range:

- 106 were between 18-29,
- 104 were between 30-55,



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- 34 were >55.

They were nearly all national citizens, with the exception of 4 third countries nationals.

The greatest part of the activities took place **outdoors**, particularly in football fields, swimming pools, parks and rivers, biking routes and nautical centers.

For **indoors** activities, gym, swimming pools and equipped rooms within the MH structures were the most used places.

On average, the proposed activities were scheduled twice a week, but in a few cases the frequency decreased to one time or increased to three times a week. As for the **duration of each session**, it greatly varied according to the countries, with Greece proposing activities for less than one hour, the other partners one hour and more.

The activities were mostly performed in **groups**, organized according to the users' age, gender, ability to perform the proposed exercises or to understand the tasks to be performed.

The most appreciated **group sports** were football, volley, basket, water polo and table tennis; as for **individual exercises**, swimming and walking/jogging were constantly proposed, followed by aerobic, dance, workout, biking, bowling, muscle strengthening and stretching.

Qualitative results

This part of the document summarizes the participants' most meaningful comments, in terms of appreciation, level of satisfaction and perceived utility for future work opportunities.

The trainees' essays started with a question about the training quality, aimed to know the trainees' perception of the proposed modules. Specifically, the question was "**which of the acquired knowledge and skills had resulted to be more useful for their practice in the internship**". The trainees' feedback is reported for each of the 4 proposed modules.

MODULE 1 - KNOWING THE DIFFERENT MENTAL CONDITIONS AND ILLNESSES, THEIR SYMPTOMS AND THE EFFECTS THEY MAY CAUSE

It was acknowledged to be a very relevant part of the training, with high impact on the internship practice. It had oriented trainees in working with different clients, allowing them identify and properly interpret specific symptoms, and to propose the most suitable activities. Knowing the symptoms and the health conditions, recognizing the side effects of drugs in physical performances and the uneasiness they can generate in the users gives you the opportunity to create a constructive relationship with the users, to choose the best communication strategies to stimulate and motivate users, and to avoid failures and drop outs.

The module provided a general but essential frame on which to build approaches allowing to create a serene team and to make the individual potential emerge, understanding that each person is unique, regardless of what the diagnosis is.



MODULE 2 - UNDERSTANDING WHAT PHYSICAL ACTIVITIES/ EXERCISES TO ASSOCIATE TO PATIENTS WITH SPECIFIC MENTAL HEALTH CONDITIONS

All the trainees highly appreciated this module, as they acquired the ability to leverage their plans to the specific illness, either dementia, schizophrenia or depression and to propose adequate exercises and activities accordingly. They understood the importance of tailoring the exercise plan to the individual needs: perceiving the needs and wishes of individuals is the first step to guarantee that the physical activity doesn't turn to a counterproductive measure at a certain step of the disease. In fact, when a physical activity is proposed, the border between becoming a protective agent against symptoms and exacerbating anxiety can be very labile. This module also allowed to understand that persons with a certain type of disorder may have a problem with contact sports and with large groups of people, preferring individual or in pairs activities.

The module was also appreciated because it highlighted the importance of proposing the right exercises, either individual or in groups, according to whom the users are and what their mood is, associating the technical part with the communication approaches. During the internship it was evident that the choice of a physical activity instead of another is affected by the personal and pathological characteristics of each individual.

MODULE 3 - BEING ABLE TO TAILOR THE PHYSICAL ACTIVITY TO THE USERS' AGE, GENDER AND CULTURAL CHARACTERISTICS

Trainees understood that gender, age and social status have a role in the acceptance of physical activity, and that the specific physical activities have to be adapted to the individual specificities.

The internship clearly demonstrated that it is necessary to adapt the practice of sport to the person: some patients had to be accompanied slowly and constantly to the activity, some others had to be gradually introduced to group activities. When team sports were proposed, some gender and age-based approaches were needed, to avoid the uneasiness and embarrassment which might stem from the perceived inability to perform the exercise. Intensity and quantity of the proposed exercises should therefore vary according to age and genderspecificities.

Some trainees had to face gender-related problems: it was reported that water activities, even if highly appreciated by all the users, represented a problem for women because of the swimming suit: as the greatest part of female-users was overweight (a condition often exacerbated by medications), they had a low self-esteem, which had to be taken into due account and solved.

For older users, physical activity resulted extremely important, particularly for the opportunities of social contacts it promotes, but the exercises had to be carefully chosen, taking into account their physical conditions and co-morbidities.

For young people, it was evident that the fact to be young doesn't mean that everyone is able to exercise at high intensity.

Understanding the cultural background of third countries nationals also revealed to be determinant to make physical activities accepted: in one case, it was necessary to show the results of the scientific research on the benefits of sports for mental health, to convince parents to allow their sons to participate to the activities.



In any cases, an important message delivered by module was that, independently from age or gender, sport have to take into account individual wishes and enjoyment have to prevail.

MODULE 4 - UNDERSTANDING THE PSYCHO - SOCIAL IMPLICATIONS AND THE BARRIERS TO PHYSICAL ACTIVITY FOR USERS WITH MENTAL HEALTH PROBLEMS AND HOW TO OVERCOME THEM.

It was a highly appreciated module, as it clarified that sport should create social links, especially when it is practiced in team. It explained the problems that athletes can face because of impaired interpersonal relationships, decreased motivation, persistent stigmatization, difficult integration. Trainees understood that, when planning physical exercises programs, it is necessary to integrate them into the users' life, to motivate, support, accompany them to their goals. Motivating means planning individual approaches and have a positive attitude. It is important to recognize the psychosocial effects of the physical activities, that imply friendship, the gradual overcome of fears, the acquisition of self-confidence. Obstacles to participation in physical activity may derive from a limited or inappropriate offer, which does not take into account the individual needs and personality traits.

One of the trainees reported that, during the internship, he had to face the difficulties linked to the psychological blocks, which can hinder the performance of a single exercise or of the full training session. The course had taught him that to overcome the impasse you should stop that exercise and propose something different to all the group, to go back to the exercise which provoked the block when the tension is released, presenting it with different words and stressing the capacity of the person to make the exercise which seemed impossible beforehand.

The final part of the trainees' essay concentrated in the assessment of the their training/internship experience, trying to understand how the relation with users and supervisors was, the difficulties experienced during the internship and if, in their opinion, the training had omitted relevant topics which would have been useful during the internship.

The **feedback from the users** resulted very positive. They highly appreciated the proposed activities, and their enthusiasm was visible. The change in their mood at the end of the activity and their smiles were proof enough of their appreciation, which was also verbally expressed and demonstrated by their willingness to participate to all the proposed activities.

The **feedback from the supervisors** was positive as well: they behaved as sensitive guides, providing valuable advice and feedback on the proposed exercises and appreciating the planned activities. Many of the supervisors, and particularly the health professionals involved in the internship, were supportive and grateful for the trainees' work during the internship. So only positive feedback was received.

With respect to the **difficulties experienced in the activities with the users**, they were reported to be minor ones and easy to overcome. The most frequent obstacles consisted in the patients' difficulty to respect the sport rules, in the decreased motivation and in the conflicts between participants, but the theoretical knowledge acquired during the course and the support of the health staff made the work easier. The initial phase, when the users were met and the activity presented, was sometimes difficult because of the patients' resistance to what was proposed.

When asked about **aspects/topics omitted by the training, which would have been useful in the internship**, trainees reported that it had been a successful combination of theory and practical



situations. Maybe more time for live sessions with the users would have been appreciated, but this comments mainly came from the Greek part, where the internship was made at distance.

As for additional topics, it was suggested to make available a repository of project activated in this sector for free consultation, to make a clearer distinction between sport and physical exercise, to face unexplored areas, as for example sport and serious autism.

Finally, when questioned about **what the experience had meant for them**, trainees highlighted the effective organization of the course, the acquired knowledge, the opportunity the training gave them to meet other persons with their same professional background, a new awareness of MH issues and of a different view of the work with people with MH problems. They understood the impact that sport and physical activity may have upon the management of the patients' quality of life, how much they can impact on the rehabilitation and treatment of MH problems, how valuable it can be to make patients laugh and feel happy.

From a professional perspective, they reported that the course has opened a wide range of possibilities, besides making trainees grow as persons. They also reported to have established new contacts, acquired inspiration and motivation for future work and learnt to communicate with MH users in an effective way.

Nearly all the trainees confirmed their intention to continue practicing the sports profession in the field of Mental Health, should the opportunity arise.

Conclusions

What reported in this document testifies that the quality and contents of the course were highly appreciated and contributed to open the trainees' mind. It was acknowledged to be a demanding course, because of its length and of its academic approach, but the committed trainers were able to facilitate the understanding of the heaviest topics through practical examples and usecases.

COVID-19 highly affected the training, forcing partners to propose virtual lessons for the remaining modules and changing the internship plans. The virtual modality was not particularly appreciated, as the personal contacts and the ideas exchange that naturally emerge in in-presence meetings cannot be effectively replaced by remote means.

Nonetheless, despite of all the unexpected difficulties, the training was completed and the assessment resulted extremely positive. It makes the ASAL consortium optimistic in the possibility to re-propose the course in the future, at more favourable conditions, to promote sport and physical activity as a stable practice within MH premises and services.



Annexes:

Annex 1 – Essay for trainees' template

Annex 2 – National report Czech Republic

Annex 3 – National report Greece

Annex 4 – National report Italy

Annex 5 – National report Spain



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ASAL TRAINING COURSE

“Training Professionals of Exercise, Physical Activity, Sport and Health related areas in Mental Health Issues”

T.4. FINAL COURSE ESSAY - TEMPLATE

1. General data on the Internship

Name and Surname _____

E-mail _____

Name of the MH Structure where internship took place _____

Name and Surname of the Internship Supervisor _____

Role of the Supervisor in the MH Structure _____

E-mail _____

2. Description of the Structure where the internship took place

- ☐ Hospital
- ☐ Residential setting
- ☐ Daily centre
- ☐ Territorial services
- ☐ Other (specify)..... _____
- _____
- _____

3. Description of the users participating to the activities

Gender ☐ Males N_____

☐ Females N_____

Age ☐ 18-29 N_____

☐ 30-55 N_____

☐ > 55 N_____

Nationality ☐ Locals N_____

☐ Migrants N_____

4. Description of the places where the internship took place

- ☐ Outdoors
- ☐ Football field
 - ☐ Tennis court
 - ☐ Swimming pool
 - ☐ Park
 - ☐ Other (specify) _____
- ☐ Indoors
- ☐ Gym
 - ☐ Swimming pool
 - ☐ Room within the structure
 - ☐ Other (specify) _____

5. Frequency and duration of the proposed activities

(indicate, on average, how often the patients attended the PA/exercise sessions)

Frequency

- ☐ Once a week
- ☐ Twice a week
- ☐ Three or more times a week

Duration

- ☐ Less than 1 hour
- ☐ 1 hour
- ☐ More than 1 hour

6. Groups subdivisions (more options possible)

- ☐ Same activities for all the patients, all together
- ☐ Subdivision in small groups, according to the users' specific characteristics
- ☐ age
 - ☐ gender
 - ☐ mental disorder
 - ☐ other characteristics (specify) _____
- ☐ Individual work with single users

7. Sports/physical activities mostly proposed

- ☐ Group/team sports:
- ☐ Football
 - ☐ Volleyball
 - ☐ Basketball
 - ☐ Team games (specify): _____
- ☐ Individual exercises:
- ☐ Tennis
 - ☐ Swimming
 - ☐ Bowls
 - ☐ Aerobic
 - ☐ Dance
 - ☐ Gym
 - ☐ Walking/jogging
 - ☐ Workout
 - ☐ Other (specify): _____

8. Most useful knowledge/skills acquired with the training for your internship practice

Provide short concrete examples of your experience for the selected options

- ☐ Knowing the different mental conditions/illnesses, their symptoms and the effects they may cause

- ☐ Understanding what physical activities/exercises to associate to patients with specific MH conditions

- ☐ Being able to tailor the PA/exercises to the users' age, gender and cultural characteristics

- ☐ Understanding the psycho-social implications and the barriers to PA for users with mental health problems and how to overcome them

9. General assessment of the training/internship experience

- ☐ Have you received any positive or negative feedback from the users?
- ☐ No
- ☐ Yes (specify): _____
- ☐ Have you received any positive or negative feedback from your supervisor/health professionals/staff?
- ☐ No
- ☐ Yes (specify): _____
- ☐ Did you experience any difficulties in the performance of your activities with the users?
- ☐ No
- ☐ Yes (specify): _____
- ☐ Do you think the training omitted some important aspects/topics that would have been useful for your experience with the users?
- ☐ No
- ☐ Yes (specify): _____
- ☐ Can you explain what this experience meant for you?
- ☐ No
- ☐ Yes (specify): _____
- ☐ Do you think you will continue to practice your sports profession in the field of the Mental Health, should the opportunity arise?
- ☐ No
- ☐ Yes (specify): _____



ADVANCED SKILLS FOR ACTIVE LIVING

FINAL COURSE ESSAY
Partner Report

Author:
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FOKUS ČR



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T.5. FINAL COURSE ESSAY – PARTNER REPORT

BRIEF SUMMARY OF THE COURSE

The pilot training program of the ASAL project organized by FOKUS ČR was done in Prague with the cooperation of Fokus Praha. The selection process of the participants was completed by the end of December 2019 and the training itself started in January 2020. Together with the internships It was scheduled to be finished by the end of May. Unfortunately due to the restrictions related to the COVID 19 pandemic the planned schedule could not be followed and it needed to be changed and postponed.

The training took place in the Education Centre of Fokus Praha starting in January and ending in November 2020. The theoretical part was organized as group sessions in 1-2 day's blocks of training scheduled mainly on weekends. This was done because the trainees were in most cases students or employees with some other regular study or work participating in the pilot course in their free time and it was the only realistic time frame that they could attend the course.

The training course started with 10 participants, out of them 3 decided to withdraw in the first month of the training from different personal reasons (mainly reconsidering their capacity and personal time available to complete the training) and 1 decided to finished in the middle of the training when the pandemic restrictions started.

The 6 remaining participants finished the training and the internship following the changed time schedule postponed from the Spring till September – November 2020.

TRAINEES

10 trainees were registered for the course (2 men and 8 women)

6 trainees finished the course:

Gender: 1 men (17 %) and 5 women (83 %)

Education: 1 trainee higher education (17%)

5 trainees University degree (83%)

with the fields: Sport activity (2), Social Work (1), Technical Fields (2)



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Previous professional experience on sport and FA:

- Less than 5 years – 2 trainees
- Between 5 and 10 years – 3 trainees
- More than 10 years- 1 trainee

TRAINERS

The training was held by **2 trainers**. One of them (the core trainer with extensive experience in both fields – in sports and in mental health) was with the group during the whole training period. The co-trainer joined in the last months of the training.

INTERNSHIPS

The internships were done mostly in Fokus Praha that provides the community based services for people with mental health problems and that runs Mental Health Centers in Prague. The major group of people with mental health problems involved in the football training was about 40 people, about 10% (4) are women, 50 % (15) are age 18-29, about 40% (12) are age 30-55 and 10% (3) are age over 55.

Most of the internships were done at the football trainings and tournaments organized regularly for service users of Fokus Praha. These trainings are held 1 times per week (exceptionally 2x) and the trainers are the therapists and social workers of Mental Health Centers of Fokus Praha. The training is open for anyone else, it is not limited to service users.

Originally the internship was planned for the trainees to take part in various physical activities organized by Mental Health Centers of Fokus Praha. But due to the restrictions many of these possibilities were closed and football training stayed as the main opportunity for the ASAL trainees. In a few cases the trainees succeeded to join also other activities with the service users (e.g. swimming and walks) as indicated in their Final Course Essays.

The trainees could attend the trainings and also the tournaments. When taking part in the tournament they also were involved in its preparation phase and they have the great opportunity to travel with the team to the place of the tournament. It was even possible to attend such an event abroad which enabled to stay with the athletes longer time and see how important is the social aspect and impacts to them.

The football trainings were organized outside in the football field within the areal of the Psychiatric hospital Bohnice and sometimes trainings indoor in the hall.

The swimming was done at the public swimming pool and walking was done in the park area with service users were done in pair or small groups (2-3) and one trainee made the internship at the Special school for students with mental disability and autism (22 people, 50% men and 50% women, 100% age less than 29).

All the athletes were all local although one trainee reported different nationalities. There were 0 migrants.



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1. General data

Country	Czech Republic
Contact person	Hana Hanibalová
Email	hanibalova.hana@fokus-praha.cz

2. Description of the Structures where the internship took place

Hospitals N.....
 Residential settings N.....
 Daily centres N....
 Territorial services N 1.....
 Other (specify)... 1
 Special school for students
 with mental disability and
 autism

3. Description of the users participating to the activities

Gender ☐ Males N_49____
☐ Females N_18____

 Age ☐ 18-29 N_42____
☐ 30-55 N_18____
☐ > 55 N_7____

 Nationality ☐ Locals N_67____
☐ Migrants N_____

4. Description of the places where the internship took place

Outdoors ☐ Football fields N.....5.....
☐ Tennis courts N.....
☐ Swimming pools N.....1.....
☐ Parks N.....2.....
☐ Other (specify) _____ N.....

 Indoors ☐ Gym N.....3.....
☐ Swimming pools N.....1.....
☐ Rooms within the structures N.....
☐ Other (specify) _____ N.....



5. Frequency and duration of the proposed activities

Frequency

Once a week N.....1.....
 Twice a week N.....5.....
 Three or more times a week N.....

Duration

Less than 1 hour N.....1.....
 1 hour N.....
 More than 1 hour N.....5.....

6. Groups subdivisions

Same activities for all the patients, all together N.....5.....
 Subdivision in small groups, according to the users' specific characteristics N.....
 ☐ *age (N.....)*
 ☐ **gender (N...1..)**
 ☐ *mental disorder(N.....)*
 ☐ *other characteristics (N.....)*
 (specify) _____
 Individual work with single users N.....

7. Sports/physical activities mostly proposed

Group/team sports: N.....
 ☐ **Football** N...6.....
 ☐ *Volleyball* N.....
 ☐ *Basketball* N.....
 ☐ *Team games (specify):* N.....
 N.....
 Individual exercises: N.....1.....
 ☐ *Tennis* N.....
 ☐ *Swimming* N.....
 ☐ *Bowls* N.....
 ☐ *Aerobic* N.....
 ☐ *Dance* N.....
 ☐ *Gym* N...2
 ☐ **Walking/jogging** N.....
 ☐ *Workout* N.....1.....
 ☐ *Other (specify): combined activities*



8. Most useful knowledge/skills acquired with the training for your internship practice

Provide short concrete examples of your experience for the selected options

- ☐ **Knowing the different mental conditions/illnesses, their symptoms and the effects they may cause**
- Every disease has its specifics, which we must know.
 - We respect the client and are based on his needs.
 - Movement can reduce tension - the client came to the meeting very upset, after the initial verbal relief of her upset, we spent the rest of the meeting on a walk, during which the client's mood significantly improved and the dialogue was successful. It is good to motivate the client to at least take a small walk, even if her mental state worsens and she starts to be slightly depressed - after the walk she is in a better mood. She used to go through our trips more often and especially with her loved ones.
 - Because of the GDPR I didn't know the client's conditions nevertheless thanks to the theoretical part of the course I got well oriented when working with the clients and I was able to react
 - Clearly negative symptoms of mental illnesses (flattened emotion, motoric slowdown, etc.), some users have side effects of medication (salivation, significant slowdown in psychomotoric pace).
 - Beautiful supportive and welcoming environment at sporting events, mostly non-competitive access to sports matches...
 - Dementia - a disorder in which cognitive function is reduced. Manifestation: reduction of short-term memory, disorientation, communication, self-care. Exercises of medium-term intensity at an older age, such as walking
 - Schizophrenia - a disorder in which there are psychotic experiences are hallucinations and delusions. A disorder that is highly stigmatized by people is often isolated for a long time. Motivation in people with schizophrenia is very challenging. People may not be aware of their illness. Often emotions are expressed differently.
 - Depression is the most common mental disorder that can end in suicide. It is manifested by apathy and loss of appetite for normal activities.
 - Bipolar disorder – to use the periods of calmness (not apathy)
 - I knew these things from another course and from school. But the repetition is the “Mother of Wisdom”, and also since the completion of the course, some Fridays has passed. It was presented in a very comprehensible form and it was clear that the lecturer has long-term experience in working with this target group. I consider the influence of mental illnesses on everyday life, relationships and, above all, its socio-economic status to be very important and useful. A person with a mental illness is actually a "cinderella" in the PWD support system, when due to the fact that they "walk, see and communicate" they often do not achieve benefits, even financial. I also found it useful to draw attention to the very common relationship problems that often come from a lack of understanding of mental health problems on the part of others. This was followed by a very important section on stigmatization, where reminders and self-stigmatization were important.
 - I saw all this during my internship, when we went swimming with a group of several people or went on a trip. Because the clients of the services with which I visited the pool were all 3rd degree IDs, but none of them had a PWD card, we chose a pool, a swimming pool (during the



summer), where they provided a discount to disabled pensioners without disability cards. They would not be able to afford a visit to the pools for the full entrance fee often enough for it to have any effect. We also had to take financial problems into account when choosing short weekend trips around Prague, when we tried to travel only by public transport.

- Women also showed low self-esteem due to their appearance, specifically overweight, partly exacerbated by medication. Until then, one of them, the younger one, had not visited the swimming pool at all, and when walking around the complex, she initially preferred to wrap herself in a towel. Another woman, also younger, preferred not to go swimming with us because she didn't have a swimsuit. The older of the clients, with whom I used to go, often only in pairs, I helped to overcome the fear of water at first, when we stretched slightly from the beginning - warmed up our joints and then slowly tried to swim at the edge. As a result, this lady bought a card for the rest of the summer for a good price and went on her own. Men usually did not have these problems. They swam lightly and went to "load" into the whirlpool. This may have been reflected in the difficulties with which they were treated. Anxiety was more prevalent in women. They were people who had not worked for a long time and attendance at services was often their only social contact. It has always been such a regular social event for them. As far as possible, they all met regularly for some time outside the premises of the community facility.
- It was also important to warn of possible side effects of drugs that may affect physical activity. Clients, especially during the trip due to fatigue, needed a more frequent break, there was a noticeable shaking of hands, for example when eating and paying. One of the women had a problem with excessive salivation, for which she always apologized. Fortunately, I knew this and assured her that I knew it was the drugs she was taking. And much more, which one who would not be familiar with the issue could probably interpret differently.

□ **Understanding what physical activities/exercises to associate to patients with specific MH conditions**

- People with mental health problems can play sports the way they want and what they feel about - even a walk is a physical activity that can "start" a person. I understood how important an individual approach is.
- Individual and group sports activities are suitable, I just have to carefully perceive the needs and wishes of each person so that the physical activity does not become counterproductive at a certain stage of the disease.
- We have discussed this topic a lot in the course and therefore I suspect that I can say that I understand the issue of choosing the appropriate physical activity. I vividly remember the simulations played during the course, when we rehearsed such situations ...
- Theoretically yes, but I must verify it by practice
- Dementia - dancing, walking
- Schizophrenia - collective sports depends on what stage the client is at
- Bipolar disorder - Yoga to calm down, ball games during the period of calm down
- I was very interested in the presentation of research on the effect of PA on depression and the importance of the regularity of PA, where the type of exercise, according to the conclusions, did not matter. It was recommended to adapt to the lifestyle of the individual and use the home environment.
- Anxiety disorders, it is necessary to know the symptoms when certain situations can cause a panic attack in a person. That can lead to avoiding such situations. According to the studies



presented, PA may exacerbate anxiety and PA / exercise may be a protective agent against symptoms. Most studies have used aerobic exercise to reduce anxiety disorders. Anxiety was reduced regardless of the intensity, duration or type of exercise. Attention was drawn to the possibility of non-compliance and to individuals helping to take personal responsibility for the prescribed exercise, which promotes self-sufficiency.

- People with schizophrenia, lifestyle adjustments are important because they are particularly at risk of developing the metabolic syndrome that may result from the use of antipsychotic drugs. Here it is very important to increase PA and decrease sedentary lifestyle. The main feature of schizophrenia is cognitive dysfunction and, according to the study presented, aerobic exercise had beneficial effects on it.
- People with bipolar affective disorder, the frequency of PA depends on whether it is manic, hypomanic, or depressed. Regular PA can bring structure to their chaotic lives and regulate emotions.
- During my internship, the kind of mental difficulties in choosing an activity for clients did not play such a big role. The clients of the service were relatively in a stable state and the choice depended more on age and possible comorbidities. Only the anxious lady showed that she preferred activities in pairs. However, it is good to know that a person with a certain type of illness, such as obsessive compulsive disorder, may have a problem with contact sports and will have a problem with a larger group of people. And it is quite possible that even such a sick person would be very worried about swimming.

□ **Being able to tailor the PA/exercises to the users' age, gender and cultural characteristics**

- Individualization is very important. Not every young person is able to move at a higher intensity (e.g, due to overweight, other associated diseases, etc.)
- It is important to react flexibly and regulate physical activity and to adapt the activity to some people. Sport must be a joy, so it is appropriate to lighten the activity according to the client's needs, change aids/equipment, reduce the pitch, shorten the training time, give more breaks, etc. + support and motivate
- We practiced and discussed everything with J. Drobný during the course. Case studies.
- Theoretically yes, but I must verify it by practice
- This was very important to realize. In my case, a group of rather older people, who were also physically inactive for a long time, it was best to start walking around the community facility. One gentleman, although an active athlete in the past, was even after hip surgery. One of the women, on the other hand, was severely obese. All were relatively stabilized, so the choice of activities was chosen mainly according to their physical condition and somatic comorbidities. These were people in the 3rd degree of disability, for whom social contact was also important, because none of them worked and they would spend their days alone with television.



□ **Understanding the psycho-social implications and the barriers to PA for users with mental health problems and how to overcome them**

- It is necessary to respect the needs of the client, why it is not possible. In case of fear of commuting or, for example, fear that they do not have suitable clothes, we can easily help.
- For some, participation in an activity may not be available for financial reasons – aids/equipment can be borrowed.
- Fear of not understanding the rules of the game / requirements of the coach or instructor - the basis of the activity that will be waiting for him can be "discussed in advance" with the client.
- I consider these points to be connected vessels, so I will describe my experience together:
- The client was previously active and did martial arts. She is a woman in her forties who graduated at the art school and her family always had very high demands on her. One of the consequences of the disease is, among other things, a significant decrease in self-confidence - she is ashamed to participate in team sports. Often, her mental state changes as a result of the current situation, which, according to her, would also affect her involvement in team sports. She avoided him for years. Now she enjoys our individual walks, always adapted to the current mood, and especially she sets out on them with her loved ones and observes the changes in herself - both physical and mental.
- A big and current topic. A big problem in the Czech Republic, I feel the need to inform, educate and destigmatize the topic in society ...
- The problem may be impaired establishment and maintenance of interpersonal relationships, decreased motivation, impaired communication skills, persistent stigmatization resulting in difficult integration among a group of athletes, the financial demands of equipment / course fees,...
- Offering help when planning any change / integrating sports activities into life, motivation and support, accompanying - learning by example, helping by negotiating discounts,...
- Motivation; individual approach; positive attitude
- PA also has very positive psychosocial effects. I also knew that during the internship. In joint activities, it was not just about the activity, but about the friendship, when some arose and others deepened. It was also possible to observe the gradual overcoming of fear, for example from water, the acquisition of self-confidence.
- Obstacles to participation in PA may be a limited or inappropriate offer of physical activity, which does not take into account the individual needs, physical condition and personality traits of individuals. It can also discourage financial demands and insufficient sports equipment, clothing.
- Rather, how to offer more and more specific courses only within community services, it would be appropriate to help individuals after the stabilization of the disease to participate in sports activities within the environment in which they live. Reach sports clubs and professionals in the place of residence, get contributions from local governments for entrances, etc. such as Taekwondo in Mělník, whose presentation in "Dolákovka" some time ago I really liked.



9. General assessment of the training/internship experience

☐ **Have you received any positive or negative feedback from the users?**

☐ No 1x

☐ Yes (specify): 5x

- No
- Yes, positive. The client is happy that she has physical activity and appreciates easygoing approach and patience. She feels better.
- Yes. There were a lot of practical suggestions and exercises in the course, including feedback from all participating....
- Yes, appreciating sports enthusiasm
- Yes, at the football tournament – the clients of FOKUS were satisfied. Despite the bad weather, enthusiasm was visible. Some were open to joint communication. They were able to help each other well and help each other in the game.
- Yes. One lady wished to go to Šárka (hilly place in Prague) and she no longer believed that she would ever be able to complete it. She thanked me very much. When I met her over time, she said that her condition had improved so much that she could handle part-time work.

☐ **Have you received any positive or negative feedback from your supervisor/health professionals/staff?**

☐ No 2x

☐ Yes (specify): 3x

- Yes, J. Drobný guided us sensitively and provided us with valuable advice and feedback on anything in the exercises.
- Yes, approving and appreciating of the planned sports activities
- Yes, positive – the enthusiasm of the team

☐ **Did you experience any difficulties in the performance of your activities with the users?**

☐ No 5x

☐ Yes (specify): 1x

- In football, one player had chips between snacks. I think that if people go to sports regularly then, these things, which generally belong to sports in general - should be gradually taken into account - for example, recommendations for a suitable snack during sports.

☐ **Do you think the training omitted some important aspects/topics that would have been useful for your experience with the users?**

☐ No 3x

- On the contrary - it was nice that we combined theoretical knowledge with practical model situations.

☐ Yes (specify): 1x

- It is a pity that part of the lectures were distant. Personal contact and various ideas that arose during the course cannot be remotely replaced.



☐ **Can you explain what this experience meant for you?**☐ *No* 2x☐ *Yes (specify):* 4x

- Organizing my information, meeting great people, that helped me to make my wish to help other people realistic. I would love to be a part of it.
- I am grateful for attending the course. We understood many contexts and gained a basic awareness of the issue.
- Inspiration and motivation for further work, establishing new contacts and their meaningful use, connecting to the future
- A different view of my work with people with mental disabilities. At the same time getting know how to communicate with people with mental disorders

☐ **Do you think you will continue to practice your sports profession in the field of the Mental Health, should the opportunity arise?**☐ *No*☐ *Yes (specify):* 6x

- The connection between sport and health is close to me. I myself have experience with my mental illness, which has helped (and made it difficult) for me to take shape until today's "me" and which would like to help others.
- Yes, I am member of the Sport Club for Mental Health.
- Yes and I am happy about it! Viva La Sport Club for Mental Health!
- Yes, I will offer sports activities for patients in psychiatric offices, negotiations on other sports offers in addition to football.
- Yes, exercise for people with health problems makes sense. If there is an opportunity, I will be happy to help with sport camps, for example.
- Yes. At present, I am able, taking into account my physical condition, which went down during the lockdown, to accompany clients in smaller groups or in pairs for swimming, or walks in nature with sticks.





ADVANCED SKILLS FOR ACTIVE LIVING

FINAL COURSE ESSAY
Partner Report

Author:

Emmanouil Skordilis

Organisation: "EDRA" - Social Cooperative Activities for Vulnerable Groups



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T.5. FINAL COURSE ESSAY – PARTNER REPORT

1. General data

Country	Greece
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2. Description of the Structures where the internship took place

Hospitals N.....
Residential settings N=2
 Daily centres N....
 Territorial services N.....
 Other (specify)

3. Description of the users participating to the activities

Gender ☒ Males N=13
☒ Females N=3

Age ☐ 18-29 N_____
☒ 30-55 N=15
☒ > 55 N=1

Nationality ☒ Locals N=16
☐ Migrants N_____

4. Description of the places where the internship took place

Outdoors ☐ Football fields N.....
☐ Tennis courts N.....
☐ Swimming pools N.....
☐ Parks N.....
☒ Other (specify): The garden of the structure N=13



Indoors ☒ **Gym** **N =13**
☐ *Swimming pools* *N.....*
☒ **Rooms within the structures** **N=16**
☐ *Other (specify) _____* *N.....*

5. Frequency and duration of the proposed activities

Frequency

Once a week *N*
Twice a week **N=16**
 Three or more times a week *N*

Duration

Less than 1 hour - (30' periods) **N=16**
 1 hour *N*
 More than 1 hour *N*

6. Groups subdivisions

Same activities for all the patients, all together *N_*
 Subdivision in small groups, according to the users' specific characteristics *N=16*
☒ **age (all of them 40+)**
☒ **gender (N=3 Females – N=13 Males)**
☐ *mental disorder (N.....)*
☐ *other characteristics (N.....)*
(specify) _____

Individual work with single users *N_*

7. Sports/physical activities mostly proposed

Group/team sports: *N.....*
☐ *Football* *N.....*
☐ *Volleyball* *N.....*
☐ *Basketball* *N.....*
☐ *Team games (specify):* *N.....*



Individual exercises:

- ☐ Tennis
- ☐ Swimming
- ☐ Bowls
- ☐ Aerobic
- ☐ Dance
- ☒ Gym
- ☐ Walking/jogging
- ☐ Workout
- ☒ Other (specify): **exercises for muscle strengthening, flexibility**

N.....
 N.....
 N.....
 N.....
 N.....
 N.....
 N.....
 N.....
 N=16

8. Most useful knowledge/skills acquired with the training for your internship practice

Provide short concrete examples of your experience for the selected options

- ☐ Knowing the different mental conditions/illnesses, their symptoms and the effects they may cause
 - Detailed presentation of various Mental Health Disorder, associated symptoms and treatments reported in the literature
 - I learned to identify the differentiation of the patients adapt the physical exercise according to each one's needs.
- ☐ Understanding what physical activities/exercises to associate to patients with specific MH conditions
 - General and specific related literature describing the effect of physical activities/ exercises for patients with MHD
 - Its better to use repetitive activities and simple dance moves.
- ☐ Being able to tailor the PA/exercises to the users' age, gender and cultural characteristics
 - Following general guidelines and the results from the respective literature taught
 - I learned how to adapt different exercises according to the users' age.
- ☐ Understanding the psycho-social implications and the barriers to PA for users with mental health problems and how to overcome them
 - Following general guidelines and the results from the respective literature taught
 - Sometimes I had to change the physical exercises because the users weren't in the appropriate mood condition.

9. General assessment of the training/internship experience

- ☐ Have you received any positive or negative feedback from the users?
 - ☐ No
 - ☒ Yes (specify):
 - Discussed the experience and received feedback from the users was positive: "the exercise program is a positive break in our day"
 - The wellness and the change in their mood after the exercise – Their smile!
 - All the persons seemed to be keen to the physical activities
 - All users expressed their satisfaction in participating in such activities
 - I received very positive feedback referring to patients' strong will to participate in various physical activities.
 - Yes



- ☐ Have you received any positive or negative feedback from your supervisor/health professionals/staff?
- ☐ No
- ☒ Yes (specify):
- *Discussed ways for the training sessions to improve the communication with the users*
 - *Very good cooperation*
 - *Both supervisor and health professionals were far to supportive to our mission and really excited about our effort*
 - *Constructive experience for both staff and patients*
 - *Everybody was very kind and willing to help us.*
 - *Only positive feedback, they gave me useful tips*
- ☐ Did you experience any difficulties in the performance of your activities with the users?
- ☒ No, the theoretical knowledge and the cooperation with the staff made my work easy!
- ☐ No
- ☐ No
- ☐ No
- ☐ No
- ☐ No
- ☐ Yes (specify): _____
- ☐ Do you think the training omitted some important aspects/topics that would have been useful for your experience with the users?
- ☐ No
- ☐ No
- ☐ No
- ☐ No
- ☐ Yes (specify): ...
- *Maybe more time with live sessions with the users and not only via internet*
 - *Maybe more group activities would be included*
- ☐ Can you explain what this experience meant for you?
- ☐ No
- ☒ Yes (specify):
- *Managed to get an in depth view with respect to the MHD and the impact that physical activity/exercise may have upon the management of their quality of every day life*
 - *It was very significant and helpful experience to understand their needs and try to change their daily routine*
 - *Educating physically people who faces mental disorders, made me think about the importance of a holistic way of life that combines both physical and mental health*
 - *I learn how valuable is to make patients with mental disabilities to laugh and feel happy*
 - *It was a unique experience that will definitely help me in a lot of aspects in my life.*
 - *Creative, useful*
- ☐ Do you think you will continue to practice your sports profession in the field of the Mental Health, should the opportunity arise?
- ☐ No
- ☒ Yes (specify):
- *Certainly, now I have a solid theoretical background to continue and enhance my work in the specific field*
 - *I would definitely like it if there is a possibility*
 - *It would be an honor for me to offer my services in the field of the Mental Health*
 - *I would definitely do*
 - *Sure, because I got self fulfillment through the results of our work on these people.*
 - *Yes*





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ADVANCED SKILLS FOR ACTIVE LIVING

FINAL COURSE ESSAY
Partner Report

Author:
Francesca Cesaroni
Mara Morici

COOSS MARCHE ONLUS



Co-funded by the
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of the European Union

The ASAL Training Course in ITALY

1. General data

Country ITALY

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2. Description of the Structure where the internship took place

<input type="checkbox"/>	Hospital	N.
<input type="checkbox"/>	Residential setting	N.
<input checked="" type="checkbox"/>	Daily centre	N. 2 internships carried out within residential centres for Mental Health
<input type="checkbox"/>	Territorial services	N.
<input type="checkbox"/>	Other (specify).....	n. 6 internships were carried out in other structures. Due to the SARS-COV-2 health emergency and the related containment measures adopted in daily and residential facilities, we opted for other solutions, maintaining the target (patients with mental illness). Of the 6 internships: n. 3 were organized in a municipal swimming pool; n. 1 in a private study for psychomotor practice n. 1 in a municipal sports hall n. 1 at a nautical center (sailing boat)

3. Description of the users participating to the activities

Gender ☐ Males N__58__
☐ Females N__29__

Age ☐ 18-29 N__39__
☐ 30-55 N__41__
☐ > 55 N__7__

Nationality ☐ Locals N__86__
☐ Migrants N__1__



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4. Description of the places where the internship took place

X	Outdoors	<input type="checkbox"/> Football field <input type="checkbox"/> Tennis court <input type="checkbox"/> Swimming pool X Park (1) X Other (specify) (1) – sailing boats (1) – in the outdoor premises of the residential centre, in the garden, on the road, in country and parks.
X	Indoors	X Gym (2) X Swimming pool (3) X Room within the structure (1) X Other (specify) (1) – Classroom (1) – Small equipped gym within a private studio.

The internships took place mainly indoors, in gyms, swimming pools or rooms equipped for physical activity in mental health centers. In some cases (2) they took place both inside and outside in the garden, park and by boat.

5. Frequency and duration of the proposed activities

(indicate, on average, how often the patients attended the PA/exercise sessions)

Frequency

- | | | |
|----------|----------------------------|----------------------|
| X | Once a week | N. 2 ... |
| X | Twice a week | N. 2 ... |
| X | Three or more times a week | N. 3 ... |

Duration

- | | | |
|--------------------------|------------------|----------------------|
| <input type="checkbox"/> | Less than 1 hour | N. |
| <input type="checkbox"/> | 1 hour | N. |
| X | More than 1 hour | N. 8 ... |

In one case, the frequency of the activities organized as part of the internship is variable because it is linked to the weather and sea conditions for the boat trip.

The duration of the activities is always more than one hour

6. Groups subdivisions (more options possible)



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- X** Same activities for all the patients, all together N.
.....**2**.....
- X** Subdivision in small groups, according to the users' specific characteristics N.**6**.....
- ☐ *age 1*
 - ☐ *gender 1*
 - ☐ *mental disorder*
 - ☐ *other characteristics other characteristics (5)*
(specify)_____
 - *For sailing, the crews were made according to the number of users that it was possible to embark*
 - *Autistic subjects (autism spectrum disorder) who were able to follow instructions and tasks given by operators.*
 - *For Swimming: capacity and level; technical skills and ability*
- X** Individual work with single users N.
.....**3**.....

7. Sports/physical activities mostly proposed

- X** Group/team sports: N.**6**...
- ☐ *Football*
 - ☐ *Volleyball*
 - ☐ *Basketball*
 - ☐ *Team games (specify): _____*
- Team games (specify) (4)*
- *sailing*
 - *swimming relay (4x50 e 4x100 mixed e/o freestyle)*
- Basketball (1)*
- Volleyball (1)*
- ☐ Individual exercises:
- ☐ *Tennis*
 - ☐ *Swimming 2*
 - ☐ *Bowls*
 - ☐ *Aerobic*
 - ☐ *Dance*
 - ☐ *Gym*
 - ☐ *Walking/jogging 1*
 - ☐ *Workout 1*
 - ☐ *Other (specify): ____**2**_____*



- *Table tennis*
- *Mobility, stretching, stabilization and muscle strengthening exercises, motor coordination and balance exercises, eg. breathing and relaxation techniques, eg. gentle gymnastics (Bioginnastica, Tronconi Stefania methodology)*



8. Most useful knowledge/skills acquired with the training for your internship practice

Provide short concrete examples of your experience for the selected options

☐ Knowing the different mental conditions/illnesses, their symptoms and the effects they may cause

Trainee (1)

The users participating to the sailing experience were selected based on the fact that the activities would take place in a boat sailing (3 in total), where spaces are rather tight and the number of people is limited. Having a general picture of the conditions of the participants was essential to choose the right approach and to create a serene and homogeneous team, but - at the same time - to try to bring out the potential of individuals.

Trainee (2)

THE SYMPTOM: being aware that the symptom represents a necessary aspect for the “management of the disorder” for the patient has allowed me to put myself in a different way when the symptoms appear. As an example, it happened that M. (usually spends a lot of time in bed, partially participates in community activities) despite being very enthusiastic and involved, during the activity she said that she didn't feel like playing anymore because she was tired, when she had dribbled for less than 10 min with very low motor activity. Understanding the symptom certainly allowed me to understand that M. in those few minutes had activated a series of factors, physical, coordination, attention, relationship, adaptation to the stimulus that required an enormous effort, therefore the manifestation of the symptom allowed her to express the need to retreat to a comfort zone. Without the necessary training and without a more global listening / observation we would have stopped at the physical aspect, perhaps insisting for her to continue, so as to undermine the relationship, and her participation in the activity. The symptom was a signal for. M of the limit, beyond which it would probably have had an imbalance. So M. was accepted without judgment, the experience represented a success on several fronts and not a failure, the most significant, having created a constructive relationship both with herself and with the others.

Trainee (3)

Having this information / knowledge has helped me in my relationship with patients. Building the operational setting and clearly defining roles, spaces and tasks of each one, has limited excesses of "emotional understanding" and allowed a more targeted and effective look at the proposals for physical activity, and, at the same time, gave more value to empathy in the care relationship. It was interesting, constructive and effective to elaborate the objectives and the program according to the criteria of self-efficacy and to share it with the patient.

Trainee (4)

In my internship experience, the conditions and/or mental illnesses that can affect swimming activity and that I have been able to observe are certainly the autism spectrum and the problematic behaviors connected to it. In particular, the difficulty in maintaining attention and the difficulty in acquiring complex motor patterns makes it difficult for the person affected by this disease to carry out an efficient and effective training on the swimming technique. A useful ploy is to carry out mechanically guided activities and exercises in and out of the water.

Trainee (5)

Knowing the conditions and symptoms helped me, as it allowed me to relate to users in a more appropriate way, not by imposing a specific activity but by looking for effective communication



strategies to stimulate even the most difficult and unwilling users to "move".

Trainee (6)

We must pay close attention to the effects that can be created, especially if the group is made up of different types of problems. We cannot expect too much from a user who has serious mental and physical deficits, precisely in order not to trigger a sense of frustration due to not being able to perform the right techniques during a workout or a race.

Trainee (7)

Being able to distinguish, recognize the different mental illnesses and the related symptoms turns out to be fundamental in order to first of all create a relationship of trust and esteem with each user, consequently a perfect group/team will also be created where each member will feel accepted at ease with himself and with others.

Trainee (8)

Did not select this option.

☐ **Understanding what physical activities/exercises to associate to patients with specific MH conditions**

Trainee (1):

Before each sailing trip, the crew was established taking into account the different situations and conditions of the users to ensure that they could find themselves in the most suitable role for that specific moment.

Trainee (2):

The training allowed me to reflect more carefully on which exercises to propose both in individual and group work. In addition to varying the dribble or the exercise according to who I was in front of (slow/fast, long/short, high/low) it was important to take a different approach. With some of them it was important to joke, with others to have a more serious and competitive attitude, with others still to be welcoming.

Trainee (3):

The clarity of the tasks made it possible to stay focused on the real parameters of physical training (quantity, intensity, volume, etc.) and to calibrate them based on the patient's condition. In the initial phase of the journey, it was useful to share the same vision. We considered the symptoms as referable to mood and ideation disorders and a common factor was found in the loss, lack or dysfunctional contact with reality understood as the external world, others and oneself. We also considered how this correlates with an alteration of energy metabolism. The "reappropriation of subjectivity" was the goal to work on. We considered the presence and quality of the relationship with the instructor to be fundamental, also as a resource for experimenting with a (new) possibility of social regulation and adaptation.

Specifically for the physical activity proposal, a path of body awareness and postural and energetic re-balance was designed as follows:

- bring the body and its functions back to physiology (lower alert levels, reduce states of hypo or hyper activation, decrease states of stress or tension, etc. with e.g. distension / relaxation and breathing),
- build together, experiences of awareness of the body and its parts, paying attention to internal sensations (in the first phase above all proprioceptive, later they will also be interoceptive) and external (exteroceptive sensations: with observation and evaluation of external contextual clues



- and internal resources before, during and after the proposals),
- re-construction of new body maps to “unhinge” blocks, response patterns and dysfunctional automatisms, to re-experience the mastery of the body (body pattern and self-image) with eg. stabilization, mobilization, strengthening, coordination and balance.
- reduce the inflammatory state (advice on nutrition and proposals for aerobic activity).

Trainee (4):

In my internship experience, I was able to observe that the choice to assign one style of competition over another is influenced not only by the technique but also by personal characteristics and among these also the characteristics dictated by the pathology in place. For example, in an athlete with attention difficulties, short races (25 meters and/or 50 meters) and a style with repetitive and circular movements (freestyle and/or dolphin) are preferred, while for athletes characterized by panic attacks and/or anxiety we try to privilege long competitions focused on technique, to prevent (as far as possible) direct confrontation with other athletes and maintain concentration in the movements and swimming technique (eg 200 or 400 mixed meters or breaststroke).

Trainee (5):

Specifically, I wanted to follow an overweight user with particular attention, stimulating him with recreational-creative activities, and step by step, day after day, inserting more difficult tasks, also extending the duration of physical activity, structuring specific activities. There were small improvements and weight / waist size decreased significantly.

Trainee (6):

You need to understand the type of user you are dealing with because each pathology is unique, so get to know the kids well and approach them in a specific and adequate way with swimming techniques more suitable for them.

Trainee (7):

As it is essential to know the different mental illnesses, in the same way it is essential to be able to identify which exercises to associate with each patient based on their mental and/or physical difficulties. In addition to ensuring a better success of physical activity, this acquired knowledge allows you to create a serene and carefree atmosphere aimed at maximum autonomy and independence for each person.

Trainee (8):

Did not select this option.

☐ **Being able to tailor the PA/exercises to the users' age, gender and cultural characteristics**

Trainee (1):

The roles within the crew were chosen mainly taking into account the physicality of each user, without neglecting their wishes. The activities were however carried out by alternating the roles themselves, in such a way that everyone understood the difficulties and timing of the various maneuvers and thus it was possible to proceed in synchrony.

Trainee (2):

Did not select this option.

Trainee (3):

The proposals, similar in this first phase, nevertheless took into account age and sex and, based on this, there were small variations in the intensity and quantity parameters. Then, particularly in men, the symmetrical work of strengthening the large muscles (eg quadriceps and pectoral strengthening) was



emphasized more to experience safety and power; in women there was a greater focus on an asymmetrical work of mobility for the shoulders in order to experience that of freedom and autonomy.

Trainee (4):

Age certainly influences the choice of exercises and therefore of the style of competition, in fact with young athletes short distance competitions are preferred and therefore explosiveness and physical energy, while with increasing age competitions and exercises with long distances and with very technical styles are preferred. This is to compensate with the technique, the loss of muscular and physical explosiveness.

Trainee (5):

It is one of the most complex tasks, each subject is a bearer of specificity and often groups cannot be managed precisely because they are not homogeneous (in autism it is very evident). But we tried to leverage the knowledge and skills the user already had, so we positively reinforced what the user was able to do, increasing the level in small steps.

Trainee (6):

Depending on the age, different teaching techniques are required and also the approach to water. Different things are taught and at the beginning you have to do several tests to understand if that particular person is suitable and is not afraid of water. This type of approach is fundamental.

Trainee (7):

Assuming that each group/team is made up of different people, ages, sexes, it is necessary to customize and adapt physical activity to each component; in order to avoid situations of discomfort, embarrassment and/or inability to perform the exercise established during physical activity

Trainee (8):

Did not select this option

Understanding the psycho-social implications and the barriers to PA for users with mental health problems and how to overcome them

Trainee (1):

In a crew, each role is necessary and essential to proceed "at full speed", therefore - after a "running-in" period - each participant has learned the basic techniques for each maneuver on board, but then has also expressed (directly or indirectly) his/her preference, based on his/her attitudes. Respecting the assigned roles has allowed us to work as a team in the most effective way, especially during the final competition: the "Regata del Conero". Having this common goal, in addition to the awareness of one's own limits, has made it possible to reach the podium with seriousness and healthy competition.

Trainee (2):

Reflecting on the social value that carrying out a physical activity can have, has allowed us to consider the VIRTUS (table tennis association of the municipality of Servigliano) not only for having made materials available, the use of the gym and the presence of an instructor and thus allowing the carrying out of a sporting activity, but it was seen as an opportunity, a channel to create social relationships with people outside the SRR in a context in which people are not identified for the disorder but for the skills acquired. It will thus be possible to think of extending training to people outside the SRR, of organizing competitions open to all. Having created relationships with those with mental health problems, getting to know them in a context in which the object of the experience is sports practice, not the disorder, can be the prerequisite for psychological distress not to be seen as a stigma.



Trainee (3):

It was important in all cases; in particular in one it was necessary to consider the cultural characteristics of the country of origin. During the interview with the parents it was useful to motivate them to take physical activity for their child, to make them aware of the benefits of physical activity for mental health from a scientific point of view.

Trainee (4):

In my internship experience, I was able to witness various difficulties related to the athletes' psychological blocks that prevented them from carrying out training and/or the single exercise. A useful stratagem to overcome the impasse is to avoid "stubbornness" in carrying out that particular exercise, but change exercise, perhaps involving the whole group and then, once the problem is overcome, repeat the exercise trying, at least initially, to use different words to present it. At the end of training it is important in these cases to talk to the athlete, emphasizing his ability to do the exercise that initially blocked him

Trainee (5):

Unfortunately there is still a long way to go regarding this issue, but the prospects are good, it is increasingly necessary to have suitable structures and qualified personnel to manage these problems, training and informing the staff is also the task of the institutions operating in the school and sports centers, so that we can speak of true inclusion.

Trainee (6):

First of all, an environment full of stimuli and a very serene environment must be created in order for this type of user to reach certain objectives.

And to overcome certain barriers, it is necessary to make people understand the importance of the group and to be calm and very patient.

Trainee (7):

During the activity the person must always feel at ease and above all he must carry it out independently in order to increase self-esteem as well.

Trainee (8):

The environment where sporting activities take place (swimming pool) is in itself more complicated because water is not the natural environment where the person lives on a daily basis.

You must have understanding and patience in achieving sporting and non-sporting goals. The user with difficulties has more problems in learning and must be continuously stimulated and try to create a group with the other athletes. Create a serene and fun atmosphere seeking personal satisfaction and as a group. Regional competitions or Italian championships create opportunities for social union.

9. General assessment of the training/internship experience

☐ Have you received any positive ☐ No *N..... O.....*



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or negative feedback from the users? ☐ Yes (specify): N 8.....

- *The feedback was of pleasure and discovery of themselves and their abilities through table tennis.... "I never thought I'd be able to play tennis-table, much less that I liked it." "You can always play tennis-table, it doesn't matter if it's raining or sunny, if it's hot or cold, in the community there is always a table available " "as in other experiences I was tempted to let it go, but this is one of the rare times that I wanted to continue, it was a good result for me " "I really like the tennis-table activity " "I think I will continue even when I leave the community, I could play with the Virtus amateur team, I have a car and I can easily come to Servigliano.*
- *The "A sail for all" project ends every year with the participation in a zonal regata (or sailing). This year, the crews participated in the "Regata del Conero" with excellent results from the point of view of performance: absolute first in the category with one boat and 26th and 41st overall out of 142 boats. The enthusiasm and satisfaction of all the crews were contagious!*
- *In the short term, all have favorably verbalized the postural changes and related experiences (better support of the feet, sensation of stability, strength, sensations of lightness and / or softness of the body); someone slept better; someone felt more vital and someone else thought less.*
- *Definitely positive, as the athletes have benefited from the increase in knowledge and/or awareness of the effects of the characteristics of the various mental pathologies and the most appropriate way of approaching users, who have responded positively to my suggestions.*
- *Very positive feedback from users who, after a first complicated approach, due to being reluctant to change, accepted the tasks of the operators. Finding the right reinforcement and leverage motivation was the key to helping them get out of their closed and cold world. Users have changed in their physical and even emotional appearance, their faces expressed emotions, such as joy and relaxation at the end of the activity.*
- *Despite never having such an experience before, I have received positive feedback.*
- *Their feedback is initially only negative. They could not understand the usefulness of the game, the benefits that sport would bring, even more so in the conditions of social isolation. With the time spent together, they showed great improvements in their cognitive-behavioral abilities: little by little I received only positive feedback; the moment they play there is a departure from their suffering and negative thoughts. There is a sense of release from one's tension, anxieties and fears.*
- *Yes, the users are young guys I have known for several years, I have built a good relationship.*

☐ Have you received any positive or negative feedback from your supervisor/health professionals/staff?



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- ☐ No
☐ Yes (specify): _____
- ☐ No
☐ No answer
☐ Yes (specify): _____
- N. 1.....
 N.1.....
 N.6.....

- *Positive feedback arises from having received from this experience a new point of view from which to observe patients. Observing with what enthusiasm, determination, awareness the patients lived the experience, taking note of the motor skills, coordination, concentration, stress tolerance, etc that were activated, made it possible to see patients with different eyes, this in general gave the staff greater confidence in the rehabilitation project of individual patients.*
- *The serene collaboration with the staff was fundamental to proceed in the best possible way and the satisfaction was general. The climate of mutual esteem that has been created with Dr. Grelloni has also been confirmed this year.*
- *The proposal was born with the idea of making the Osteopathy and Psychotherapy proposal more effective. In the short time considered, the results are favorable. The benefit of an integrated approach is emphasized.*
- *Yes, very good feedback, the staff and the supervisor supported me during the various activities and proved to be understanding and collaborative regarding all the interventions to be taken for users.*
- *Both the supervisor and the other colleagues were very knowledgeable and made me very comfortable.*
- *The environment and the other instructors (colleagues) are professional and valid people.*

☐ Did you experience any difficulties in the performance of your activities with the users?

- ☐ No
☐ Yes (specify): _____
- ☐ No
☐ Yes (specify): _____
- N. 4.....
 N.4.....

- *The difficulties encountered are those that you always have in front of a crew! The work on a sailing boat is apparently simple, but requires constant attention to every movement that could influence (positively or negatively) the progress of the boat, so it is necessary that each member feels comfortable in the assigned role and that the general climate is serene and collaborative.*
- *With the youngest, the lesson was experienced as not very dynamic. Difficulty in remote management of the part relating to nutrition and aerobic activity; the latter was not completed by everyone. We therefore think of a second meeting of activities in small groups, to be included in the same week, with other users who already do this type of activity.*
- *The difficulties encountered were initial (the approach with the activities was*



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not initially taken well by the users) but the activity was offered on a daily basis and significant improvements were seen in the children who then got used to the established routine and the adequate involvement. The operator often used positive reinforcements to stimulate attempts.

- *The greatest difficulty was in making people understand the "able-bodied" rule. In our league, the operator who plays in position "3" and "6" cannot send the ball over the net; making the boys understand that the third touch was up to them, created many difficulties. Little by little with the work they began to gain confidence and entered the game mechanism.*

- ☐ Do you think the training omitted some important aspects/topics that would have been useful for your experience with the users?

☐ No

☐ No

N. 4.....

☐ Yes (specify): _____

☐ No answer

N.1.....

☐ Yes (specify):

N.3.....

- *I would have found it interesting and formative to know about projects activated in this sector, observation protocols and objectives achieved. Furthermore, many topics have been treated from a cognitive/behavioral point of view, I think it would have been interesting to treat them from other points of view as well, for example that of the relationship.*
- *Without diminishing the enormous benefits on multiple levels of sport, having used physical activity and sport as synonyms and having referred, during the course, especially to the latter. Having considered the motivational part mainly from a top down perspective.*
- *In my opinion, a particular look should be turned to sport linked to autism, a still unexplored territory: SPORT WITH SEVERE AUTISM. An opportunity to get the autistic person out of his world made of closure, isolation, apathy. A world still little explored.*

- ☐ Can you explain what this experience meant for you?

☐ No

☐ No

N. 0.....

☐ Yes (specify): _____

☐ Yes (specify):

N.8.....

- *Some data learned from the training allowed me to understand how much in mental health, a proposal oriented to sport or motor activity can be significant in rehabilitative/therapeutic terms. It was an excellent opportunity for in-depth study that helped to put "order" and also contextualize my previous skills.*
- *As always, the "A sail for all" project reserves surprises and satisfactions, as well as ideas for personal reflections. Having participated in the course this*



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year has given me the opportunity to work more competently within the team, noting and deepening different facets in the behavior of each member of the crew that previously, perhaps, remained more on the surface.

- *It was certainly a unique moment of reworking for some of my previous professional experiences; during the training many things became clear to me and the recurring thought was “who knows what this experience would have been like if I had done this course before”. The professional and also the emotional side benefited a lot.*
- *This training experience has enriched me in awareness and safety in my intervention in the swimming sector, thanks to the acquisition of new knowledge in mental illness and its characteristics, but also thanks to the comparison with other professionals in the sports sector, known during the training course.*
- *It meant a great opportunity to meet with professionals in the sector, it opened my mind and introduced me to different techniques and methodologies to tackle such a broad issue with sport related to mental health. I have known other experiences of professionals like me who have enriched my professional and personal background.*
- *This experience was very formative for me, both from a professional and a human point of view. Above all to try to better understand the sensations and the “hidden” abilities that these people have who, through sport, are able to externalize in a very natural way.*
- *The training experience was important for me because it offered me a new vision on many topics. This allowed me to perceive new points of view and potential useful to face and deepen the work I do with the kids with different stimuli.*
- *For me, it means giving people with difficulties the opportunity to express themselves, to do a pleasant activity for them, to give them the opportunity to socialize, make them feel like others, and show that you know how to do something and be appreciated. Giving all these possibilities means making things possible for everyone despite everyone's criticalities.*

- ☐ Do you think you will continue to practice your sports profession in the field of the Mental Health, should the opportunity arise?

☐ No

☐ No

N 0.....

☐ Yes (specify): _____

☐ Yes (specify):

N.8.....

- *Certainly, given the results obtained in terms of adhesion and enthusiasm, I will give continuity to the experience in table tennis, started with the internship. Furthermore, in addition to including this among the rehabilitation*



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activities of the SRR, I will make sure to share the results achieved at the SRR with other entities in the area to spread the experience.

- *With the hope that the "A sail for all" project of the Four Sailing School can continue!*
- *I think so. So many confirmations, so much clarity regarding the usefulness and the many benefits of working on the body and with the body on the state of health in general and on the psycho-emotional one in particular.*
- *In addition to the current commitment with the athletes of the swimming pools (FISDIR and FINP sector) I hope to be able to implement a water polo project for the disabled and/or people with mental illness. Of course, everything is in an embryonic stage at the moment given the impossibility of using sports facilities such as swimming pools due to the Covid -19 emergency*
- *I will certainly continue to practice sports in the field of mental health, as I believe that sport done at all levels has significant benefits for the health of the person at 360 degrees, creates strong bonds with people and helps the "more fragile" to come out of their state of closure and isolation.*
- *Because mental health has always fascinated me a lot.*
- *Definitely yes, I have been doing this activity for twelve years, being able to make these guys feel the sense of belonging to a shirt, grow self-esteem, reduce stress and many other things, has led the group to be stronger and stronger, not only on the pitch but also off, just think of the relationship that has been created between opponents, at the end of each match or training there is the "third half", we eat and drink in company, social barriers no longer exist.*
- *Because it is an environment that belongs to me, I feel mine, to be able to give and receive*

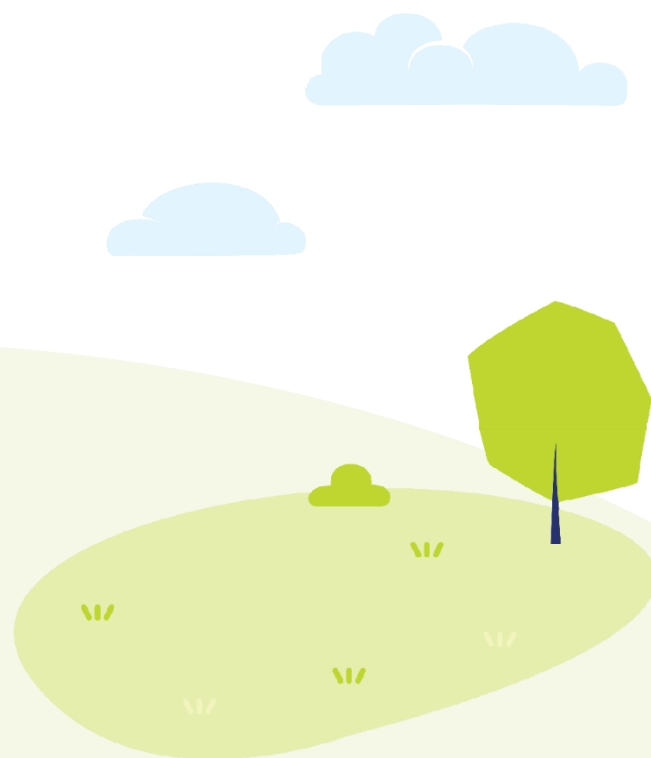




ADVANCED SKILLS FOR ACTIVE LIVING

FINAL COURSE ESSAY
Partner Report

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Fundación INTRAS



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Contents

1. The ASAL Training Course in SPAIN	3
1.1 Brief presentation	3
1.2 Evaluation results - the " ASAL TRAINEES "	3
1.3 Evaluation results - the " ASAL TRAINERS "	4
2. The ASAL Internships in SPAIN.....	4
2.1 Brief presentation	4
2.2 FINAL COURSE ESSAYS – A SUMMARY.....	5
1. APPENDIX	8
3.1 Final course Essay /Trainee 1.....	8
3.2 Final course Essay /Trainee 2.....	11
3.3 Final course Essay /Trainee 3.....	16
3.4 Final course Essay /Trainee 4.....	20
3.5 <u>Final course Essay /Trainee.....</u>	<u>28</u>
3.6 <u>Final course Essay /Trainee 6...</u>	<u>32</u>
3.7 <u>Final course Essay /Trainee 7...</u>	<u>36</u>
3.8 <u>Final course Essay /Trainee 8...</u>	<u>40</u>
3.9 <u>Final course Essay /Trainee 9...</u>	<u>44</u>
3.10 <u>Final course Essay /Trainee 10...</u>	<u>48</u>

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The table of contents draws info from "Heading 1", "Heading 2" & "Heading 3" styles.



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1. The ASAL Training Course in SPAIN

1.1 Brief presentation

The ASAL Training course in Spain took place in Zamora in the following periods:

- From 15th November 2019 to 20th March 2020, the theoretical part
- From June to September 2020, the practical part

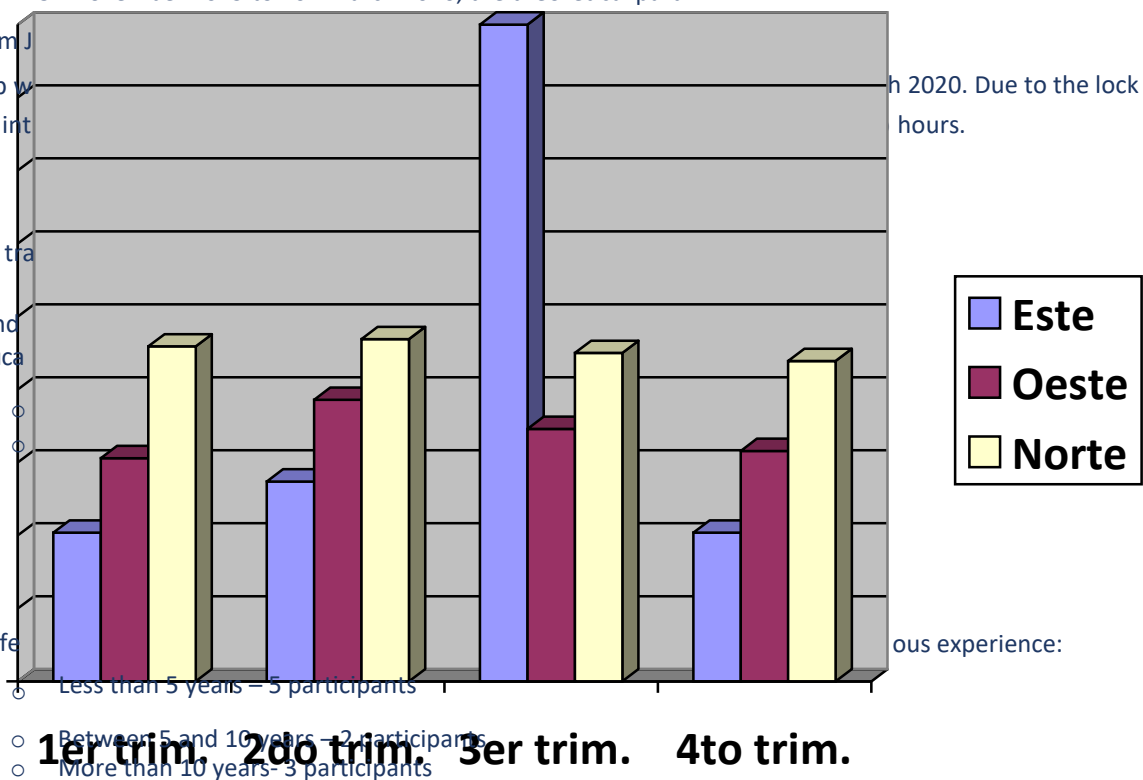
The internship was interrupted in March 2020. Due to the lockdown it was interrupted for 4 months.

TRAINEES

A total of 60 trainees participated in the course.

- 30 from the health sector
- 30 from the education sector

- Professional experience:



TRAINERS

Two trainers have been in charge of the training.

Both trainers counted with:

Professional experience in mental health and in sports and physical exercise with people with mental health problems.

1.2 Evaluation results - the “ASAL TRAINEES”

EVALUATION QUESTIONNAIRE FOR TRAINEES:

- Overall quality of the training activity
 - Very good – 6
 - Good - 4
- Extent to which the training activity learning objectives were met
 - Fully 7
 - Mostly 3
- Usefulness of training course to their practice



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- Very good 10
- Personal interest/enjoyment
 - Very good 2
 - Good 8
- Usefulness of training course to prepare them in working in MH structures
 - Fully 3
 - Mostly 7
- The most useful/enjoyable/exciting aspect of the course
 - Practice training people with MHI (internship) - 5
 - A better understanding of MH - 6
 - The discovery of sport in recovery process – 1
 - Sociology aspects of MH and sport activity -2
- The most useful training approach they experienced during the course
 - The overview about mental health and the importance of the sport in their recovery (2)
 - The opportunity of practicing (8)
 - The social benefits of sport activity for people with mental illness. (1)
- Their recommendations for further improvement
 - Open air activities
 - Including a concrete module regarding how to address children with mental illness
 - Including some training on how to handle discriminatory reactions when practicing sports in normalized sport centers.
- Do they recommend this course to others
YES (10)

1.3 Evaluation results - the “**ASAL TRAINERS**”

- *The course meets its aims/objectives/learning outcomes according to their opinion?*
 - FULLY (2)
- *Which parts of the course they consider especially important and reasons*
 - *The introduction to MH because it provides a clear overview on the topic; the connection between MH, exercise and recovery that has been very enlightening for the trainees; and the sociological aspects related with exercise and sport activity, because they did not know very much about it before.*
 - *Also the practical part, it is essential for a real learning.*
- *Their recommendations for further improvement*
They have not added any comment

2. The ASAL Internships in SPAIN

2.1 Brief presentation

- Timing: 3 times per week during 1h30



○ *Name and Brief Description of the MH Structures where internships took place*

The internship was organised with the users of the day care center of INTRAS. The day care center organise sport and physical activity on a regular basis

2.2 FINAL COURSE ESSAYS – A SUMMARY

DESCRIPTION OF OPERATIONAL INTERVENTIONS

The internship was organized with the users of the day care centers of Valladolid and Zamora, and with the member of the inclusive sport club “Club Duero”, all of them people with mental health illness, but differences in the distribution of age and gender

- The total number of participants in Club Duero were: 29 men and 13 women. Most of them were between 30 and 55 (18) and older than 55 (17), only 7 under 30 years old (10), 7 persons younger than 30-year-old. 26 of the participants were locals and 3 migrants
- Zamora day care center’s participants were 18 (10 men and 8 women), 10 people were younger than 30, 7 between 30-55 and only one older than 55. All of them local.
- The participants from Valladolid day care center were 14, 10 men and only 3 women, most of them younger than 30 (8), 5 between 30-55 and only one older than 55. All of them local.

The trainees were distributed among the three groups of users (Valladolid Day center, Zamora Day center and Club Duero). They practice with the group twice per week during 1h30 and the each group made the same activities at the same time all together.

The range of activities was very wide. Some examples of exercises and sport activities:

- *Team sports/activities*
 - *Football*
 - *Basketball*
 - *Waterpolo*
 - *Padel*
- *Individual exercises*
 - *Swimming*
 - *Aerobic*
 - *Dancing*
 - *Gymnastics*
 - *Walking*
 - *Biking*
 - *Series of exercises*
 - *Bowling*



The activities were organized always in regular and non-sheltered centers and facilities:

Outdoors:

- Swimming pool
- Parks
- Biking routes in the near forest
- Football field
- Basketball coach
- The river

Indoors

- Gym
- Swimming pool
- Sport centers

KNOWLEDGE AND SKILLS, THEY HAVE USED AND LEARNED

- **Identifying the different mental illnesses, their symptoms, and the effects they can cause.**
 - Understanding that each person is unique regardless what the diagnosis is.
 - Locus control
 - Difficulties on fast reactions or movements
- **Identify which activities/physical exercises to associate with patients with specific mental health problems.**
 - *To focus on activities where concentration and motivation are the most important. This helps to give continuity in the participation and to escape momentarily from the illness. For example, sports such as climbing for people with recurring thoughts, get their attention focused on what they are doing, on the now. Collective sports encourage social relationships such as soccer, generating a relaxed and normalized atmosphere, leaving the disease in the background.*
 - *The necessity to adapt the activities to the individual needs*
 - *That every sport activity can be adapted to the needs and abilities of any person.*
- **Being able to adapt physical activity and sport to the age, gender, and cultural characteristics of people.**
 - *As in all areas, it is necessary to adapt the practice of sport to the person. In some cases, they have had to accompany the person slowly and constantly to access the activity and gradually work the skills within the group. Regardless of gender or age, they found out that it is necessary to know the person's wishes and the moment in which he or she is to facilitate a sporting activity where enjoyment prevails.*
 - *Understanding the necessity to ensure the accessibility to all to sport.*
- **Understanding of the psychosocial implications and barriers to physical activity encountered by people with mental health problems and how to overcome them**
 - *Understanding that promoting the practice of sports within the collective is important so that they can participate in sports activities, both the stigma and the economic means make them have many*



difficulties, so it is important to show these people the wide range of possibilities, and accompany them in their day to day, generating routines so that they can access to participate within the community with total normality.

- *Sport is an activity that creates social links, especially when it is practice in teams, but not only.*

MAIN DIFFICULTIES ENCOUNTERED

Only 3 out of the 10 trainees have found difficulties:

- *Some difficulties regarding the respect of sport rules*
- *Punctual lack of motivation of some participants*
- *Conflicts between participants*

THEIR CONSIDERATIONS REGARDING THE EXPERIENCE IN THE MH STRUCTURES

All the comments and considerations regarding the experience are positive:

"It has been a very enriching experience"

"I learnt that it is essential to understand their needs"

"It has been a very positive experience to continue learning and improving as professional"

"Gratifying and enriching"

"From the professional point of view it opens a wide new range of possibilities; from the persona point of view it has made me grow"

"Inclusive activities are very important"

"Positive experience that has made me consider new ideas for work"

"This experience confirms that inclusion is specially enriching"

AND THEIR PERSPECTIVES FOR THE FUTURE (Will they try to further work in the field of Mental Health

All of the participants would like to continue working in the field of sport and mental health

