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A Step Towards Community Inclusion for Individuals Experiencing Mental Health Challenges: Promoting Social Inclusion and Social Recovery through Physical Activity.

Purpose

After initially positioning this paper within the broader mental health recovery literature, the authors highlight the role that physical activity can play in promoting social inclusion and social recovery for those experiencing mental health challenges.

Design

This conceptual paper draws together the limited, but growing, research on how physical activity can facilitate improved social inclusion and benefit an individual's recovery.

Findings

For individuals suffering with mental health challenges, not being able to exercise their right to inclusion is concerning from a recovery perspective, since experiencing social inclusion is recognized as a facilitator of recovery. Initial research has demonstrated by embracing community inclusion and supporting initiatives such as physical activity programs, mental health services can better facilitate individuals' journeys towards social inclusion and social recovery.

Research Implications

Future research should appreciate the interplay between inclusion, recovery and physical activity. Collaborating with individuals with lived experience, peer mentors, and social prescribing teams to explore options for physical activity within local communities fosters empowerment, social inclusion and ensures interventions align with individuals' preferences and needs.

Practical Implications

Practitioners in health service and community settings should recognise the wide-ranging benefits of physical activity for individuals with mental health challenges, especially in terms of helping their social inclusion and social recovery.

Originality/Value

This paper is unique in synthesising the mental health literature relating to social inclusion, social recovery and physical activity. Initial findings show promise, but more attention is needed to explore the relationship between these elements and how individuals experiencing mental health challenges can be supported using physical activity.

Introduction

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the right of all people to experience community inclusion. The significance of both the physical and social components of inclusion is acknowledged (United Nations, 2006). Article 30 of the CRPD proposes that one pathway to enhance experiences of inclusion is by guaranteeing people's right to engage in cultural activities, recreation, leisure, and sports (United Nations, 2006). Unfortunately, people with mental health challenges still face barriers to experiencing inclusion, despite their right to do so (Blank *et al*., 2016; Brekke, 2019). For individuals suffering with mental health challenges, not being able to exercise their right to inclusion is concerning from a recovery perspective since experiencing social inclusion, for instance, a sense of belonging or social participation, is recognized as a core facilitator of personal and social recovery (De Ruysscher *et al.*, 2017; Skogens *et al.*, 2018). After initially positioning this paper within the broader mental health recovery literature, we shall highlight the role that physical activity (including but not limited to sport) can play in promoting social inclusion and social recovery.

The recovery literature frequently draws a clear distinction between recovery as a clinical outcome and recovery as a personal or social process (Watson, 2012). From a clinical recovery perspective, individuals suffering from mental health challenges, are perceived through a biomedical lens, emphasising the pivotal role of medical intervention (Ali *et al.*, 2022a). It revolves around achieving predetermined treatment goals, assessed through professional evaluation, with interventions guided by mental health professionals and recovery measured based on the fulfilment of predefined criteria (Watson, 2012), along with power and control remaining with the practitioner (Ali *et al*., 2022b). However, personal recovery recognises the importance of treatment delivered within the individual's community, viewing mental health recovery as a personal journey with individuals seen as active decision-makers in treatment planning (Watson, 2012). This approach embraces subjectivity and aims to empower individuals to take charge of their lives, fostering resilience and coping skills to lead fulfilling lives (Ali *et al.*, 2022a).

Whilst personal recovery marked a significant departure and radical disapproval of what is often called ‘clinical recovery’, social recovery moves beyond just focusing on the individual, as it encapsulates the involvement and value of caring others, flexible health providers and engaging with (and contributing to) supportive environments (Barlott *et al*., 2020; Davidson and Roe, 2007). To date, social recovery, compared to personal recovery (Watson, 2012), has remained a somewhat overlooked dimension in mental health and addiction research (Ogundipe et al., 2022). Topor *et al*., (2022) highlighted that recovery rates have not significantly improved with specific treatment interventions and are instead closely linked to socio-economic factors. Higher recovery rates in low-income countries are attributed to adaptable job markets, supportive family structures, and cultural beliefs that encourage active coping and hope, underscoring the need to incorporate social and societal factors into recovery models to improve outcomes and challenge the traditional framework (Topor *et al*., 2022).

In the literature pertaining to personal recovery, the CHIME framework (Leamy *et al*., 2011) is particularly significant (focusing on how important connectedness, hope, identity, meaningfulness, and empowerment are for an individual’s personal recovery). However, there is a limit to how much CHIME explicitly recognises the social dimension to recovery, with perhaps ‘connectedness’ being the most closely linked. Even here there is often the temptation to focus on the benefits to the individual of the connectedness as opposed to the interplay and interaction of what the person contributes to the community/society, and then again in turn what benefits that provides to the person (e.g., feeling positive about making connections and contributing to their society). Evidence suggests that both ‘social’ and ‘clinical’ recovery rates correlate much more closely with socio-economic factors (Tew *et al*., 2012), such as social class inequalities (Wilkinson & Pickett, 2018), employment rates (Burns *et al*., 2008) or cultural contexts (Clarke *et al*., 2016; Smith *et al*., 2016), than they do with any advances in medical treatment (Warner, 2004). In a very similar way to the personal recovery focus, social recovery is about “rebuilding a worthwhile life, irrespective of whether or not one may continue to have particular distress experiences – and central to this can be reclaiming valued social roles and a positive self-identity” (Tew *et al*., 2012., p.444). Ramon (2018) highlighted how important it is for people to lead “meaningful and contributing lives as active citizens while experiencing mental ill health” (p.1), which exemplifies going beyond the personal focus. Ramon's (2018) model for social recovery specifically highlighted the key

areas for consideration as being: shared decision making, co-production and active citizenship; employment; living in poverty; the economic case for recovery, and the scientific evidence for the recovery model. Or, in other words, these areas reflect people's ability to lead meaningful and contributing lives as active citizens while experiencing mental health challenges (Ramon 2018).

Norton and Swords (2021) built on Ramon's (2018) conceptual framework (as well as Goffman's (1963) stigma), suggesting that social recovery can explain how a person moves from an identity associated with stigma and social deviance, instead to a socially acceptable identity. This change to the acceptable identity is said to be 'influenced' by: health, economics, social interaction/connection, housing, personal relationships and support. What we seek to highlight here is the role that physical activity can play in these important processes to support an individual's social recovery. The following section shall provide a brief overview of the growing evidence base for the use of physical activity to improve mental health more broadly, before the subsequent sections suggest how physical activity within community settings can be a 'site' for these 'influencers' to (re)shape a person's identity to become "an active and participating citizen, with a sense of belonging" (Norton and Swords, 2021: p.10).

Physical activity *for* mental health

Physical activity interventions should be incorporated to the routine care of people with mental health challenges, as a growing body of evidence has demonstrated the multiple benefits for physical and mental health outcomes (Schuch and Vancampfort, 2021). The evidence base is still growing with regards to PA for specific diagnoses, with currently most attention given to depression (e.g., Wanjau *et al*., 2023), and now the WHO have recommended exercise as an adjunct treatment for depression, as have the National Institute for Health and Care Excellence (NICE) guidelines in the UK (Heissel *et al*., 2023). However, more attention is needed not just for different diagnoses but also different demographic groups of people, in different contexts and cultures, along with support and training for staff and practitioners (Scoles *et al*., 2023). Therefore, a multidisciplinary approach is needed to overcome patients' barriers to undertaking PA and enhance adherence and benefits (Schuch and Vancampfort, 2021). What is argued for here is an appreciation of (and more research to explore) how PA can do more to improve mental health beyond just (the clinical recovery

model approach of) symptom reduction. Supporting opportunities for PA in the community offers the potential to promote social inclusion and social recovery (Benkwitz and Healy, 2019; Healy *et al*., 2023; Ogundipe *et al*., 2020a). Furthermore, efforts towards integrating PA interventions within mental health care should avoid focusing solely on individual-level behavioural changes and should include broader changes to service structure, delivery, and culture (Schuch and Vancampfort, 2021).

Considering deinstitutionalization and the goal of inclusion

Globally, deinstitutionalisation of psychiatric services varies greatly, both across and within countries, with barriers including inadequate planning, funding, and leadership, limited knowledge, competing interests, insufficient community-based alternatives, and resistance from the workforce, community, and family/caregivers (Montenegro *et al*., 2023). Consider, for instance, the provision of supported housing. Supported housing is seen as beneficial for community inclusion (Wong & Solomon, 2002), but studies also suggest that while it may have led to improvement with regards to physical inclusion (Tsai & Rosenheck, 2012; Ware *et al*., 2007; Wong & Solomon, 2002), the issue of social inclusion still remains (Ogundipe *et al*., 2020a; Ogundipe *et al*. 2020b; Ogundipe *et al*., 2022; Ware *et al*., 2007; Wong & Solomon, 2002).

Social inclusion is a key part of social recovery (Davidson, 2006; Norton & Swords, 2021). Although there is a growing consensus that the social aspect of recovery matters (Ramon, 2018; Swords, 2019; Topor *et al*., 2011), initiatives needed to support the transformation of health services towards becoming social recovery-oriented are lacking (Ogundipe *et al*., 2022; Norton and Swords, 2021). To explore 'what works?' (Tew *et al*., 2012: p.455), the argument here is that physical activity 'works'. A recent qualitative meta-synthesis indicated that participating actively in social settings, such as sports, is one of the core dimensions that characterizes experiences of social inclusion for persons facing mental health and/or substance use challenges (Ogundipe *et al*., 2024). This inference offers more support to our notion that physical activity is a means for promoting social inclusion and, in turn, social recovery works. We acknowledge the importance of recognizing the settings, context, and cultures where activities take place (Tweed *et al*., 2020) as they have varying 'ingredients' and may have varying outcomes (Smith *et al*., 2016). Friedrich and Mason's (2017) review of football interventions for improving mental health or wellbeing outlined how projects were

very different in terms of context and who was involved, as well as the consideration of the variety of what goes on during the sessions.

There is undoubtedly a long history of physical activity being offered within mental health service institutions, although as Machaczek *et al.* (2023) have demonstrated (in the UK) the quality and quantity of opportunities will depend on many factors (e.g., facilities, equipment, staff capacity, confidence and expertise, motivation, and so on). The research base for physical activity in mental health service settings is less established and wide-ranging (for examples see: Benkwitz *et al*., 2019; Rogers *et al*., 2019, 2021). The literature for physical activity in community settings is growing, albeit across idiosyncratic contexts, but it is felt that whilst not 'generalisable', the findings in these types of studies can resonate (Smith, 2017) with those working or researching in other somewhat similar settings and help inform practice. Some examples that found PA sessions to facilitate socially inclusive behaviours and experiences include: using physical activity to improve mental health in community settings for veterans (Harrold *et al*., 2018) or for individuals with serious mental illness alongside a chronic physical health condition (Lesley & Livingwood, 2015); or using football clubs as a 'hook' in the community to attract participants to be more physically active (Benkwitz & Healy, 2019; Friedrich & Mason, 2017); or using the subcultural capital of rugby league in the UK to engage men in community sport settings (Wilcock *et al*., 2021); or, alternatively, using multi-sport approaches as part of a national UK project to improve mental wellbeing through being more active (Get Set to Go, 2017). A common thread across the findings of these studies is the negative impact of social isolation for those with poorer mental health, and how physical activity interventions can be beneficial in offering a 'space' to interact with other people and to rehabilitate social skills (Tweed *et al*., 2020), creating a social identity that encourages physical activity engagement (Soundy *et al*., 2014). Often these community-based initiatives are utilising existing facilities, equipment and expertise, which further adds weight to the argument of moving provision for mental health service users into the community (in the context of physical activity and physical health).

Reflecting on social recovery and physical activity as a means for inclusion

For Ramon (2018), shared decision making is a central component of social recovery, which includes sharing experiential knowledge and scientific knowledge. This could be a GP or community mental health practitioner suggesting an 'intervention' of cycling for 1 hour, three

times a week, but the person explaining that actually they don't particularly like cycling (or cannot afford a bicycle) and perhaps would like to join a running group or a yoga class instead, and so on. Perhaps there would be a discussion about the social aspect (feeling nervous joining an existing group versus the benefits of making new connections), and how they could be supported in the process by practitioners or others in the community (ideally peer mentors or peer support groups, for instance, see Healy *et al*., 2023).

Similarly, co-production (Ali *et al*., 2022b) quite naturally follows on from the sharing of experiential and scientific knowledge. With further appreciation of the relationship between physical activity and mental health recovery in the community, preferably the setting or session of the physical activity would be co-produced, with the activities and organisation being co-produced to meet the needs of the participants (as opposed to something being offered in the community that is not suitable, or not desired, or both).

With regards to active citizenship (Ramon, 2018), it has been suggested that people who increase their citizenship activities increase their recovery (Pelletier *et al*., 2015), and it could be argued that physical activity opportunities in the community could be a really helpful mechanism to help to move people towards being more of an active citizen, especially in the early stages of their personal recovery journey (Benkwitz and Healy, 2019). Qualitative studies have often found that physical activity sessions can be a useful stepping stone in this sense, with frequent comments along the lines of 'if it wasn't for this I wouldn't have left the house' (Benkwitz *et al*., 2019) or 'I'd probably still be in bed right now' (Benkwitz and Healy, 2019), and then potentially progressing on to making friends from the sessions and meeting up socially outside of the sessions, which adds to the social connectedness that participants experience. This is obviously dependent on where someone is on their own recovery journey, and on the different projects or initiatives available, and many other factors, but it is useful to fully reflect on Ramon's (2018) excerpt about active citizenship in social recovery, keeping in mind the potential of physical activity sessions:

> "[Active citizenship] can take many forms, such as beginning by membership in a mutual support group, moving to represent that group in a larger forum, and/or being active in their local community, on a range from a local family circle to membership in a political party. The value of such activities lies in enlarging one's meaningful network, moving from being a passive to an active citizen, being validated by other

> people in the community, learning skills necessary for the specific activity, learning more about one's potential and one's strengths, and becoming motivated for further such activities due to the success experienced. The fact that many such activities take place outside the arena of mental health services is a bonus, as it expands and reinforces people's connectedness, living beyond the illness, and their recovery capital." (Ramon, 2018: p.6)

In terms of employment when considering the relationship between physical activity and mental health, this is an area that requires more attention. There is not yet an evidence base to help us understand the relationship between mental health, employment and physical activity, either for people currently in work who struggle with their mental health; or those who are not currently in work but are also struggling. As suggested by Benkwitz and Healy (2019), physical activity settings can often be masculine environments where individuals are somewhat reluctant to discuss topics such as their (un)employment or financial circumstances due to stigma (Goffman, 1963). Therefore, future research could adopt participant observation as a method to gain a richer insight into the role of physical activity in terms of employment and socio-economic status when considering people's social recovery. When contemplating poverty (and employment), regular physical activity sessions may not be able to directly link (and poverty could potentially be a barrier from being able to attend when considering the potential to need equipment, clothing or transport, as highlighted by Ogundipe *et al*., 2022), but some aspects to consider might include if there is a role for physical activity to play in helping in a person's personal and social recovery towards having the confidence and networking support to seek, gain and retain employment. Also, when organisations or community groups are considering providing some form of physical activity opportunity or intervention it is important to consider access and any costs that are passed on to the individual that may prohibit their involvement. Instead, societies and governments and services should consider bearing the economic burden (rather than it being passed on to individuals). For instance, consider the cost of doing some form of physical activity to help in your recovery (and potentially to manage symptoms) versus the cost for continued reliance on mental health services. As has been called for previously, cost-benefit analyses are needed to compare sport or physical activity-based, social recovery-oriented interventions for mental illness with "treatment as usual" (Ogundipe *et al*., 2020a). It is also evident, in a UK context at least, that there is a growing appreciation and utilization of social prescribing for people

struggling with their mental health, and various types of physical activities are being prescribed (Drinkwater *et al*., 2019).

As some of the 6 'influencers' outlined by Norton and Swords (2021) suggest, health services, policy makers and practitioners must look beyond the person, and appreciate issues of social justice and social inclusion (Davidson *et al*., 2006), as well as considering how the recovery processes can be supported in communities and facilitate social relationships (Fenton *et al*., 2017). Norton and Swords (2021) encouraged recognition in mental health policy provision and service delivery globally that social recovery is considered alongside personal recovery, with individuals' recovery journeys being supported socially within a shift from institutionalisation to community. As Slade (2012) suggested, mental health services and community support needs to be recovery-oriented in order to provide everyday solutions to everyday problems. Physical activity (as an everyday solution) might be a really beneficial initial catalyst to help people (re)gain confidence in order to facilitate them feeling enabled to be more of an 'active' and 'participating' citizen in their own community, thus enhancing social inclusion. Furthermore, there remains a scarcity of focus on those with severe mental illness (SMI), which is problematic as those with SMI often experience poorer physical health than the wider population (Rogers *et al*., 2021; Vancampfort *et al*., 2018), and are less physically active and more sedentary than the wider population (Schuch *et al*., 2018). Therefore, whilst continuing to transition from institutions to communities we must appreciate the complexity of experiences and contexts.

Conclusion

The above commentary reflects the need for a wider evidence base in recovery-oriented mental health services, and different outcome measures that reflect the complexity of people's lives and idiosyncratic recoveries within, and as a part of, their own communities. A positive result is not how many patients are treated within community services, but instead people being empowered and supported to live meaningful and contributing lives as active citizens alongside their mental illness (Ramon, 2018). People recovering from mental illness can benefit from being part of the community as active citizens (Ramon, 2018). Active citizenship needs to be promoted far more by healthcare professionals to encourage inclusion and increase social resources for people with mental illness (Scoles *et al*., 2023). This mutual engagement can offer advantages for both the individual and the community. Social inclusion

plays a pivotal role in this dynamic, fostering a sense of belonging and purpose for those with mental health challenges, while simultaneously enriching the community with diverse perspectives and experiences (Ali *et al*., 2022a).

The transition from institutionalised mental health care to community-based alternatives, as demonstrated by the process of deinstitutionalisation, underscores the pivotal role of community settings in fostering social recovery (Watson, 2012). By embracing community inclusion and supporting initiatives such as physical activity programs, mental health services can better facilitate individuals' journeys towards social inclusion and social recovery (Benkwitz and Healy 2019). In promoting social recovery, it is crucial to embrace principles of co-production and shared decision-making (Ali *et al*., 2022b). Collaborating with individuals with lived experience, peer mentors, and social prescribing teams to explore feasible options for physical activity within local communities can foster empowerment, social inclusion and ensure interventions align with individuals' preferences and needs (Healy *et al*., 2023). This inclusive approach not only enhances engagement but also cultivates a sense of ownership and agency, ultimately facilitating meaningful and sustainable pathways to social inclusion and social recovery (Healy *et al*., 2023)

References:

Ali, I., Benkwitz, A., & McDonald, P. (2022a), "Setting up a Recovery College: Exploring the Experiences of Mental Health Service-users, Staff, Carers and Volunteers". *Journal of Psychosocial Rehabilitation and Mental Health*, Vol. 10, pp.157-166. https://doi.org/10.1007/s40737-022-00295-3.

Ali, I., Benkwitz, A., McDonald, P., Allen, K., & Glover, A. (2022b), "Reflections on Co-production, Lived Experience and the Shared Learning Environment within the Development and Early Delivery of a Recovery College". *Journal of Recovery in Mental Health*, Vol. 5 No. 2, https://doi.org/10.33137/jrmh.v5i2.37890.

Barlott, T., Shevellar, L., Turpin, M., & Setchell, J. (2020), "Destabilising social inclusion and recovery, and pursuing 'lines of flight' in the mental health sector". *Sociology of Health & Illness*, Vol. 42 No. 6, pp.1328-1343. https://doi.org/10.1111/1467-9566.13106

Benkwitz, A., & Healy, L. C. (2019), "Think Football': Exploring a football for mental health initiative delivered in the community through the lens of personal and social recovery", *Mental Health and Physical Activity*, Vol. 17, p.100292. https://doi.org/10.1016/j.mhpa.2019.100292

Benkwitz, A., Morris, M., & Healy, L. C. (2019), "An Ethnographic Study Exploring Football Sessions for Medium-Secure Mental Health Service-Users: Utilising the CHIME Conceptual Framework as an Evaluative Tool". *Journal of Psychosocial Rehabilitation and Mental Health*, Vol. 6 No. 1, pp.55–65. https://doi.org/10.1007/s40737-019-00135-x

Blank, A., Finlay, L., & Prior, S. (2016), "The lived experience of people with mental health and substance misuse problems: Dimensions of belonging". *British Journal of Occupational Therapy*, Vol. 79 No. 7, pp.434–441. https://doi.org/10.1177/03080226156271

Brekke, E. (2019), *"Recovery in co-occurring mental health and substance use disorders: A qualitative study of first-person and staff experiences"*. [Doctoral dissertation]. University of South-Eastern Norway.

Burns, T., Catty, J., White, S., Becker, T., Koletsi, M., Fioritti, A., *et al*. (2008), "The impact of supported employment and working on clinical and social functioning: Results of an international study of individual placement and support". *Schizophrenia Bulletin*, Vol. 35, pp.949–958. https://doi.org/10.1093/schbul/sbn024

Clarke, C., Lumbard, D., Sambrook, S., & Kerr, K. (2016), "What does recovery mean to a forensic mental health patient? A systematic review and narrative synthesis of the qualitative literature". *Journal of Forensic Psychiatry and Psychology*, Vol. 27, pp. 38–54. https://doi.org/10.1080/14789949.2015.1102311.

Davidson, L. (2006), "What happened to civil rights?". *Psychiatric Rehabilitation Journal*, Vol. 30 No. 1, pp.11–14. https://doi.org/10.2975/30.2006.11.14

Davidson, L., O'Connell, M., Tondora, J., Styron, T., & Kangas, K. (2006), "The top ten concerns about recovery encountered in mental health system transformation". *Psychiatric Services*, Vol. 57, pp.640–645. https://doi.org/10.1176/ps.2006.57.5.640.

Davidson, L. & Roe, D. (2007), "Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery". *Journal of Mental Health*, Vol. 16 No. 4, pp.459–70.

De Ruysscher, C., Vandevelde, S., Vanderplasschen, W., De Maeyer, J., & Vanheule, S. (2017), "The concept of recovery as experienced by persons with dual diagnosis: A systematic review of qualitative research from a first-person perspective". *Journal of Dual Diagnosis*, Vol. 13 No. 4, pp.264–279. https://doi.org/10.1080/15504263.2017.1349977

Drinkwater, C., Wildman, J., & Moffatt, S. (2019), "Social prescribing". *British Medical Journal*, Vol. 364. https://doi.org/10.1136/bmj.l1285

Fenton, L., White, C., Gallant, K. A., Gilbert, R., Hutchinson, S., Hamilton-Hinch, B., & Lauckner, H. (2017), "The benefits of recreation for the recovery and social inclusion of individuals with mental illness: An integrative review". *Leisure Sciences*, Vol. 39, pp.1–19. https://doi.org/10.1080/01490400.2015.1120168

Friedrich, B., & Mason, O.J. (2017), "''What is the score?'' A review of football-based public mental health interventions". *Journal of Public Mental Health*, Vol. 16 No. 4, pp.114–58.

Get Set to Go Programme Evaluation Summary 2014-2017. (2017). MIND. Retrieved September 23, 2022, from https://www.mind.org.uk/about-us/our-policy-work/sport-physical-activity-and-mental-health/resources/get-set-to-go-programme-evaluation-summary-2014-2017/

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*, Touchstone, New York.

Harrold, S. A., Libet, J., Pope, C., Lauerer, J. A., Johnson, E., & Edlund, B. J. (2018), "Increasing physical activity for veterans in the Mental Health Intensive Case Management Program: A community-based intervention". *Perspectives in Psychiatric Care*, Vol. 54 No.2, pp.266–273. https://doi.org/10.1111/ppc.12233

Healy, L.C., Benkwitz, A., McVinnie, Z., Sarkar, M., Islin, M., Brinded, A., Dodge, B., Opacic, S., Swithenbank, Z., Ranasinghe, S., Oliver, J., Karanika-Murray, M., and Nevill, M.E. (2023), "Embedding Physical Activity into Community-Based Peer Support Groups for those Severely Affected by Mental Illness". *International Journal of Environmental Research and Public Health*, Vol. 20, p.2291. https://doi.org/10.3390/ijerph20032291

Heissel, A., Heinen, D., Brokmeier, L.L., Skarabis, N., Kangas, M., Vancampfort, D., Stubbs, B., Firth, J., Ward, P.B., Rosenbaum, S., and Hallgren, M. (2023), "Exercise as Medicine for Depressive Symptoms? A Systematic Review and Meta-analysis with Meta-regression". *British Journal of Sports Medicine*, Vol. 57 No.16, pp.1049-1057.

Leamy, M., Bird, V., Boutillier, C. L., Williams, J., & Slade, M. (2011), "Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis". *British Journal of Psychiatry*, Vol. 199 No. 6, pp.445–452. https://doi.org/10.1192/bjp.bp.110.083733

Lesley, M. L., & Livingwood, K. (2015), "Assessing Sustainability of InSHAPE Participants' Fitness Activities in a Community Mental Health Setting". *Journal of Psychosocial Nursing and Mental Health Services*, Vol. 53 No. 2, pp.46–53. https://doi.org/10.3928/02793695-20150126-05

Machaczek, K. K., Firth, J., Tew, G. A., Stubbs, B., Jones, G., & Peckham, E. J. (2023), "Towards the standardization of physical activity programs for severe mental ill health: a survey of current practice across 54 Mental Health Trusts in England". *Psychiatry Research*, Vol. 330, p.115602, https://doi.org/10.1016/j.psychres.2023.115602.

Montenegro, C., Dominguez, M.I., Moller, J.G., Thomas, F., and Ortiz, J.U. (2023), "Moving Psychiatric Deinstitutionalization Forward: A Scoping Review of Barriers and Facilitators". *Cambridge Prisms: Global Mental Health*, Vol 10 No. 29. https://doi.org/10.1017/gmh.2023.18

Norton, M.J., & Swords, C. (2021), "Social recovery: a new interpretation to recovery-orientated services – a critical literature review", *The Journal of Mental Health Training*,

Education and Practice, Vol. 16 No. 1, pp.7-20. https://doi.org/10.1108/JMHTEP-06-2020-0035

Ogundipe, E., Borg, M., Thompson, T., Knutsen, T., Johansen, C., and Karlsson, B. (2020a). "Recovery on the Pitch: Street Football as a means of Social Inclusion". *Journal of Psychosocial Rehabilitation and Mental Health*, Vol. 7, pp.231-242.

Ogundipe, E., Sælør, K.T., Dybdahl, K., Davidson, L. and Biong, S. (2020b)," "Come together": A thematic analysis of experiences with belonging". *Advances in dual diagnosis*, Vol. 13 No.3, pp.123-134.

Ogundipe, E., Sælør, K.T., and Biong, S. (2022), "Social recovery and economy: a thematic analysis of staffs' experiences with promoting social community participation for residents with co-occurring problems", *Advances in Dual Diagnosis*, Vol. 15 No. 1, pp.37-50. https://doi.org/10.1108/ADD-11-2021-0014

Ogundipe, E., Sælør, K. T., Biong, S., & Gonzalez, M. T. (2024), "Core dimensions of social inclusion for residents with mental health and/or substance use challenges: A qualitative meta-synthesis". *Journal of Psychosocial Rehabilitation and Mental Health*. https://doi.org/10.1007/s40737-024-00415-1

Pelletier, J.F., Corbière, M., Lecomte, T., Briand, C., Corrigan, P., Davidson, L., & Rowe, M. (2015), "Citizenship and recovery: two intertwined concepts for civic-recovery". *BMC Psychiatry*, Vol. 15, pp.1-7.

Ramon, S. (2018), "The place of social recovery in mental health and related services". *International journal of environmental research and public health*, Vol. 15 No. 6, p.1052.

Rogers, E., Kinnafick, F.-E., & Papathomas, A. (2019), "Physical activity in secure settings: A scoping review of methods, theory and practise". *Mental Health and Physical Activity*, Vol 16, pp. 80–95. https://doi.org/10.1016/j.mhpa.2018.11.004

Rogers, E., Papathomas, A., & Kinnafick, F.-E. (2021), "Inpatient perspectives on physical activity in a secure mental health setting". *Psychology of Sport and Exercise*, Vol. 52, p.101827. https://doi.org/10.1016/j.psychsport.2020.101827

Schuch, F. B., & Vancampfort, D. (2021), "Physical activity, exercise, and mental disorders: It is time to move on". *Trends in Psychiatry and Psychotherapy*, Vol. 43 No. 3, pp.177-184. http://dx.doi.org/10.47626/2237-6089-2021-0237

Schuch, F. B., Vancampfort, D., Firth, J., Rosenbaum, S., Ward, P. B., Silva, E. S., Hallgren, M., Ponce De Leon, A., Dunn, A. L., Deslandes, A. C., Fleck, M. P., Carvalho, A. F., and Stubbs, B. (2018), "Physical Activity and Incident Depression: A Meta-Analysis of Prospective Cohort Studies". *American Journal of Psychiatry*, Vol. 175 No, 7, pp.631–648. https://doi.org/10.1176/appi.ajp.2018.17111194

Scoles, L.H., Myers, T.D., Benkwitz, A., & Holland, M. J. G. (2023), "Exploring Mental Health Professionals' Perceptions of Physical Activity Provision for Mental Health Service Users". *Journal of Psychosocial Rehabilitation and Mental Health*. https://doi.org/10.1007/s40737-023-00375-y.

Skogens, L., von Greiff, N., & Topor, A. (2018), "Initiating and maintaining a recovery process – Experiences of persons with dual diagnosis". *Advances in Dual Diagnosis*, Vol. 11 No. 3, pp.101–113. https://doi.org/10.1108/ADD-09-2017-0016

Slade, M. (2012), "Everyday solutions for everyday problems: How mental health systems can support recovery". *Psychiatric Services*, Vol. 63 No. 7, pp.702–704.

Smith, A., Jones, J., Houghton, L., & Duffell, T. (2016), "A political spectator sport or policy priority? A review of sport, physical activity and public mental health policy". *International Journal of Sport Policy and Politics*, Vol. 8 No. 4, pp.593–607. https://doi.org/10.1080/19406940.2016.1230554

Smith, B. (2018), "Generalizability in qualitative research: misunderstandings, opportunities and recommendations for the sport and exercise sciences", *Qualitative Research in Sport, Exercise and Health*, Vol. 10 No.1, pp.137-149, Doi:10.1080/2159676X.2017.1393221

Soundy, A., Freeman, P., Stubbs, B., Probst, M., Coffee, P., & Vancampfort, D. (2014), "The transcending benefits of physical activity for individuals with schizophrenia: A systematic review and meta-ethnography". *Psychiatry Research*, Vol. 220 No. 1, pp.11–19. https://doi.org/10.1016/j.psychres.2014.07.083

Swords, C. (2019), "Recovery and co-production: Understanding the diverging paradigms and potential implications for social work". *The Social Worker* [Preprint].

Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J., & Le Boutillier, C. (2012), "Social factors and recovery from mental health difficulties: A review of the evidence", *British Journal of Social Work*, Vol. 42, pp.443–460. https://doi.org/10.1093/bjsw/bcr076

Topor, A., Boe, T. D., & Larsen, I. B. (2022), "The Lost Social Context of Recovery Psychiatrization of a Social Process". *Frontiers in Sociology*, 7, 832201. https://doi.org/10.3389/fsoc.2022.832201

Tsai, J., & Rosenheck, R. A. (2012), "Conceptualizing social integration among formerly homeless adults with severe mental illness". *Journal of Community Psychology*, Vol. 40 No. 4, pp.456–467. https://doi.org/10.1002/jcop.20527

Tweed, L. M., Rogers, E. N., & Kinnafick, F.-E. (2020), "Literature on peer-based community physical activity programmes for mental health service users: A scoping review". *Health Psychology Review*, pp.1–27. https://doi.org/10.1080/17437199.2020.1715812

United Nations. (2006, December 13). *Convention on the Rights of Persons with Disabilities* (CRPD). United Nations. *Convention on the Rights of Persons with Disabilities (CRPD) | Division for Inclusive Social Development (DISD) (un.org)*

Vancampfort, D., Hallgren, M., Firth, J., Rosenbaum, S., Schuch, F. B., Mugisha, J., Probst, M., Van Damme, T., Carvalho, A. F., & Stubbs, B. (2018), "Physical activity and suicidal ideation: A systematic review and meta-analysis", *Journal of Affective Disorders*, Vol. 225, pp.438–448. https://doi.org/10.1016/j.jad.2017.08.070

Wanjau, M.N., Möller, H., Haigh, F., Milat, A., Hayek, R., Lucas, P., and Veerman, J.L. (2023), "Physical Activity and Depression and Anxiety Disorders: A Systematic Review of Reviews and Assessment of Causality", *AJPM Focus*, Vol. 2 No. 2, p.100074.

Ware, N. C., Hopper, K., Tugenberg, T., Dickey, B., & Fisher, D. (2007), "Connectedness and citizenship: Redefining social integration". *Psychiatric Services*, Vol. 58 No. 4, pp.469–474. https://doi.org/10.1176/ps.2007.58.4.469

Warner, R. (2004), *Recovery from schizophrenia: Psychiatry and political economy*, Brunner-Routledge, New York.

Watson, D. P. (2012), "The evolving understanding of recovery: What does the sociology of mental health have to offer?" *Humanity and Society*, Vol. 36, pp. 290–308. https://doi.org/10.1177/0160597612458904.

Wilcock, R., Smith, A., & Haycock, D. (2021), "Designing community sports-based programmes for men with mental illness: A qualitative study of the Offload rugby league programme", *Mental Health and Physical Activity*, Vol. 20, p.100386. https://doi.org/10.1016/j.mhpa.2021.100386

Wilkinson, R., & Pickett, K. (2018), *The inner level: How more equal societies reduce stress, restore sanity and improve everyone's well-being*, Penguin, London.

Wong, Y-L. I., & Solomon, P. L. (2002), "Community integration of persons with psychiatric disabilities in supportive independent housing: A conceptual model and methodological considerations". *Mental Health Services Research*, Vol. 4 No. 1, pp.13–28. https://doi.org/10.1023/A:1014093008857