BMJ Open

Comparing perspectives of volunteers and patients on the Health Champions intervention in secondary mental healthcare: a qualitative study

Mariana Pinto da Costa ,[1,2] Wen Ching Andrea Chang ,[1] Yuxin Wu,[1]
Scarlett Spence,[1] Hyeon J Cho,[1] Raymond Mcgrath,[1,2] Euan Sadler,[3]
Gracie Tredget,[2] Isobel Mdudu,[2] Fiona Gaughran,[2,4] Nick Sevdalis ,[1,5]
Ioannis Bakolis,[6] Julie Williams[1,7]

To cite: Pinto da Costa M, Chang WCA, Wu Y, *et al*. Comparing perspectives of volunteers and patients on the Health Champions intervention in secondary mental healthcare: a qualitative study. *BMJ Open* 2026;**16**:e110760. doi:10.1136/bmjopen-2025-110760

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (https://doi.org/10.1136/bmjopen-2025-110760).

Received 12 September 2025
Accepted 05 January 2026

For numbered affiliations see end of article.

Correspondence to
Mariana Pinto da Costa;
mariana.pintodacosta@kcl.ac.uk

ABSTRACT

Background People with serious mental illness (SMI) can experience significant physical health challenges. The Health Champions intervention was developed to support their physical health through using trained volunteers. However, volunteer and patient perspectives on the impact and implementation of this intervention have yet to be understood.

Aims To compare the views of patients and volunteers on the Health Champions intervention.

Design and setting A qualitative thematic analysis was conducted on interviews with 29 study participants. Interviews were carried out either face-to-face, via Microsoft Teams, or by telephone and included 12 patients (6 men and 6 women) and 17 volunteers (the Health Champions) (5 men and 12 women).

Results Four overarching themes were identified, highlighting both similarities and differences between stakeholders' perspectives: (1) supporting goal setting; (2) impact on positive lifestyle; (3) experiences and perception of the programme and (4) navigating challenges during the programme. Both groups found the programme to be largely successful, by motivating patients to work towards their physical health goals and facilitating successful matching of patients with volunteers. Volunteers and patients valued good communication with the research team. Though both groups shared some views on the challenges with scheduling and a lack of face-to-face contact during the COVID-19 pandemic, their perceptions on how patients incorporated their health changes during and after the programme, as well as other administrative concerns such as views on the efficacy of journaling and breakdown of roles, differed.

Conclusions The Health Champions intervention was perceived as useful to improve the physical health of patients with SMI. Differences in the views between the two stakeholders may result from their distinct experiences and expectations. Future volunteering programmes should further support the diverse physical health needs of patients with SMI.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ Semistructured interviews facilitated in-depth exploration of patients' and volunteers' experiences with the Health Champions intervention.
- ⇒ Limited sociodemographic information was collected for volunteers, and no medication data were recorded for patients.
- ⇒ This study involved a single secondary mental health care setting, which may limit the transferability of findings to other contexts.

INTRODUCTION

Volunteering, defined as a set of activities in which individuals freely give their time to help others, has long been recognised for its potential benefits to both volunteers and the recipients of such support.[1] Within mental health services, volunteering programmes such as 'befriending'—where volunteers provide one-to-one companionship and emotional support—are designed to help service users to build positive social relationships.[2] While substantial evidence highlights the overall benefits of volunteering for patient-reported mental health outcomes, the current evidence base remains limited regarding the specific effects on physical health.

People with serious mental illness (SMI) such as schizophrenia and bipolar disorder tend to have higher mortality rates compared with the general population.[3] These conditions are associated with increased rates of cardiovascular disease, diabetes and respiratory disease[4–6] and lower life expectancy.[7] Research shows that individuals with SMI have difficulty in managing their physical health.[8] This is due to various factors, including social isolation, which many people with SMI experience.[9 10] Previous research has shown that volunteering programmes often yield positive outcomes for both volunteers and patients.[11 12] However, there are few interventions and studies that provide guidance on how best to support people with SMI in managing their physical health.

While there is a growing body of literature on the benefits of volunteering in mental health, previous studies have primarily focused on volunteers' and professionals'[13–16] perspectives on volunteering. Few studies have explored the views of patients regarding the impact of volunteering[13 17] and there is a lack of understanding on the specific impacts and barriers faced by both patients and volunteers when engaging in volunteering programmes aimed at promoting physical health among people with SMI.

In response to this need, the Health Champions intervention was developed.[18 19] This is a community-based intervention implemented within mental health services where volunteers provide one-to-one weekly support to individuals with SMI to support their physical health.

Description of the Health Champions intervention

The Health Champions intervention was developed by a team of researchers, clinicians and people with lived experience of SMI to address the physical health needs of people using secondary mental health services in South London, England. The intervention was part of a wider programme and funded by a local charity, the Maudsley Charity, to address the physical health concerns for people with SMI. The intervention was then delivered and evaluated as an initial pilot to understand whether it was feasible to deliver the intervention and to obtain data that would be used to plan a larger trial.

The aim of the intervention was to provide tailored, one-to-one support on managing physical health for people with a diagnosis of SMI, due to the needs of this group, including lack of support by services for their physical health and the social isolation experienced by this group. Patient participants were asked to identify their physical health goals. The volunteer, known as Health Champion, then supported them with these goals. Each patient was matched with a volunteer based on geographical location for a duration of 9 months. A volunteer coordinator from South London and Maudsley NHS Foundation Trust (SLaM), as well as members of the research team, provided ongoing one-to-one and/or group support to volunteers throughout the intervention to support volunteers in helping patients achieve their physical health goals. Patients and their matched volunteers met once a week for at least 1 hour, either face-to-face or remotely, depending on the social distancing guidelines in place during the COVID-19 pandemic. These meetings focused on supporting patients in setting and achieving personalised physical health goals, as well as providing advice on challenges they might face when implementing those goals.

Setting

The trial took place in the SLaM in South London, England. This is a large mental health Trust that covers four South London boroughs and provides mental health services to a large population.

Study participants

Recruitment of patient participants

Patient participants were recruited from people receiving care in Community Mental Health Teams (CMHTs) in the four South London boroughs served by SLaM services (Lambeth, Lewisham, Southwark and Croydon). Patient participants were identified either by staff who were aware of the eligibility criteria of this study or recruited using the SLaM Consent for Contact (C4C) service which identifies patients who have provided prior consent to be contacted by researchers with details of research studies. Potential participants were contacted by the research team, who explained the study's purpose. Those interested in taking part were provided with an information sheet to read and given the opportunity to ask any questions before providing written informed consent. Participants were invited to be interviewed at the end of the intervention period, and those who took part in the interview assessments received £20.

Patient participants were eligible for inclusion in the trial if they: (1) were aged 18 years or older, (2) were diagnosed with a SMI, including schizophrenia, bipolar disorder, schizoaffective disorder, major depression and other non-mood psychotic disorder; (3) were able to provide written informed consent to participate in the trial; (4) had a named care coordinator or other point of contact within the CMHT in case of a health crisis and (5) wanted to make changes to their physical health.

Recruitment, training and support of volunteers

The volunteers (Health Champions) were recruited through the existing volunteer service at SLaM which had approximately 300 volunteers at the time of the study. They were required to undergo Disclosure and Barring Service (DBS) checks, reference checks and have mandatory safeguarding training for working with vulnerable people. Additionally, they completed training on long-term volunteering, boundary setting and a specific 2 hour online training session on the Health Champions programme. The training session involved explaining the importance of a good mind and body relationship, information about the NHS Trust and the Health Champions intervention and expectations of volunteers. The volunteers were encouraged to refer to their own life experiences and knowledge and emphasised that they were not expected to be experts in physical or mental health. All volunteers provided written informed consent before participating.

The eligibility criteria for the volunteers were as follows: (1) aged 18 and above; (2) capacity to attend the required SLaM volunteer and Health Champions Programme training; (3) able to commit 1 hour per week for 9 months and (4) DBS cleared.

Aims

This study aims to understand the similarities and differences in perspectives between patients and volunteers involved in the 'Health Champions' intervention. This article reports a secondary analysis of the interview data collected as part of the evaluation of the Health Champions intervention.

METHODS

Study design

This article reports a qualitative data analysis of interviews with 12 patients and 17 trained volunteers (the Health Champions), conducted as part of the Health Champions intervention study.[19]

Qualitative data collection

Semistructured interviews were conducted with participants (both patients and volunteers) after the end of the intervention to explore their experiences of the intervention, perceived benefits and the main barriers and facilitators of the programme. An interview topic guide was developed to explore participants' experience of the intervention using an implementation science framework, which focused on exploring its perceived feasibility, acceptability and the barriers and facilitators to engagement[20] (online supplemental files 1,2). The same questions were used for both volunteers and patients and only differed in their perspectives based on their role. All patients and volunteers who were part of this Health Champions intervention study were invited to take part in the interviews.

The interviews were conducted between October 2021 and June 2022 by two members of the research team (JW and RM) and lasted approximately 1 hour. All interviews with the volunteers were conducted by JW using Microsoft (MS) Teams. JW conducted seven patient interviews, and RM conducted five interviews. For patient interviews, two were conducted via MS Teams, six by phone and five face-to-face. All interviews included in this analysis were audio-recorded and transcribed in full by a transcription company.

Qualitative data analysis

All interview transcripts were imported into NVivo qualitative analysis software, V.15 for qualitative data management and analysis.

This qualitative analysis was conducted by four undergraduate female psychology researchers at King's College London with the support and supervision of two experienced female clinical academic researchers (MPC and JW). The researchers received training on qualitative methodology in the course and received training and support on undertaking thematic analysis from MPC and JW. Reflexive thematic analysis was conducted using Braun and Clarke's six-phase framework,[21 22] incorporating both deductive and inductive approaches. The deductive approach was conducted using similarities and differences as the main anchor to the analysis. The approach was to identify differences and similarities between patients and volunteers in their perspectives of the intervention. This involved familiarising oneself with the data, generating codes, theme searching and reviewing, theme defining and naming and report production.[21 22] The preliminary coding framework ('changes' and 'factors') guided the initial coding process, but changes and adjustments were made iteratively throughout the analysis process. Afterwards, codes from both stakeholders' groups (patients and volunteers) were merged into a unified framework to facilitate comparative analysis. Through continuous group discussions and reflections by the six researchers, key themes were identified, organised and refined into overarching themes and subthemes that captured both commonalities and differences between the two groups. Illustrative quotes were selected to support the findings. The frequency of each of the themes was calculated by counting how many participants addressed each.

Patient and public involvement

Patients were involved in the interpretation and dissemination of the trial findings. They assisted with designing a lay summary of the findings and attended an event where the research team shared the findings of the study.

RESULTS

Sample characteristics

The interviews included 12 patients and 17 volunteers. Among the patients, there was an equal gender distribution, with six women and six men, aged between 20 and 59 years. One patient was aged between 20 and 29 years, four were 30–39, another four were 40–49 and three were 50–59 years old. Six patients were White, five were Black and one did not report their ethnicity. Volunteers consisted of 12 women and 5 men; no additional sociodemographic data were collected for volunteers.

Themes

Four overarching themes were identified: (1) supporting goal setting, (2) impact on positive lifestyle, (3) experiences and perceptions of the programme and (4) navigating challenges during the programme. Similarities and differences between patients and volunteers were reported within each theme (table 1).

Overarching theme 1: supporting goal setting

Health Champions and patients shared that they set goals collaboratively, focusing on improving physical health through losing weight, exercising more or developing a healthy diet as well as building self-confidence (table 2).

Both volunteers and patients found that breaking down patients' long-term goals into a series of actionable steps helped motivate them to consistently work towards their goals. During weekly meetups, most patients and volunteers reported valuing talking about things outside of goal progress and setting, such as about their personal lives or

Table 1 Summary of overarching themes and subthemes

	Overarching themes							
	1. Supporting goal setting		2. Impact on positive lifestyle		3. Experiences and perceptions of the programme		4. Navigating challenges during the programme	
Themes	Themes							
Commonalities	Health Champions pinpointing goals enhanced patient motivation	VOL, n=12 PAT, n=10	Healthier eating habits	VOL, n=6 PAT, n=5	Satisfied and benefited from the programme	VOL, n=15 PAT, n=7	Learning from challenges	VOL, n=7 PAT, n=4
			Built confidence when pursuing their goals	VOL, n=5 PAT, n=5	Successful matching supported relationship building	VOL, n=9 PAT, n=10	Health-related setbacks limited participation	VOL, n=3 PAT, n=2
	Talking beyond goals strengthened rapport and eased pressure	VOL, n=10 PAT, n=7	Establishing a routine helped long-term behaviour changes	VOL, n=4 PAT, n=3	Accessible and responsive support from research team	VOL, n=13 PAT, n=7	Interactions limited by Health Champions availability	VOL, n=10 PAT, n=5
			Shift in mindsets towards sustainable health goals	VOL, n=3 PAT, n=5	Lack of face-to-face contact during COVID-19 made it harder to develop a relationship	VOL, n=9 PAT, n=4		
Differences	VOL	PAT	VOL	PAT	VOL	PAT	VOL	PAT
	Worrying about patient's health after the programme ended n=7	Continuing working on goals after programme ended n=10	Uncertainty if patients meet goals n=7	Aware of their progress towards their goals n=9	Using journal was useful for tracking progress n=7	Using journal was difficult n=7	Role confusion made giving advice hard n=3	Mental health difficulties made regular meetups harder n=2
					Wanted more training and information about patients' mental health n=4	Did not want Health Champions to medicalise them n=4		

N is the number of sources per theme, VOL refers to the volunteers Health Champions and PAT refers to the patient participants.

Table 2 Overarching theme: ‘supporting goal setting’

	Health Champions	Patients
Commonalities	**Health Champions pinpointing goals enhanced patient motivation**	
	”I asked her, ‘What would you like to be able to do? What do you think is reasonable for you to achieve?’ And one of the things she really wanted to be able to do was get onto the bus on her own so we worked towards that and we were thinking, ‘Maybe you could go this weekend with your daughter on the bus and see how you find it, do that a couple of times (…) I think I was trying to get her to explore what she felt she was capable of doing and then providing her encouragement to do that and trying to help her explore the ways that she could get support from her family and her friends to be able to do it as well.*”* (*Volunteer ID13*)	“Yeah, ‘cos he checked up on me quite often. It helped. Gave me motivation to get on with it. I was getting on with it anyway, so I had to text him every time I went for a walk and things like that.*”* (*Patient ID6*)
	Talking beyond goals strengthened rapport and erased pressure	
	“I felt like I didn’t want to introduce [working towards goal] into every interaction we had. (…) This was around the same time he said he liked just being a human being with normal interests, and not making things too clinical and too medically-orientated, if that makes sense.*”* (*Volunteer ID7*) “She spoke about some really sensitive things at times, sometimes unrelated to her physical or mental health and I think she definitely found it a space she could use to talk for sure. So maybe it was good for her to have someone who was away from everything, and it wasn’t anybody she was involved with for her health care or her family or friends.*”* (*Volunteer ID13*)	“I find it hard talking to people that were talking about dieting and talking about it constantly. It just threw my head. But, when you talk about a little bit of everything, it just makes it that little bit more easier because they’re not pushing that onto you; I could take my time with it. So, the support I had, it made me keep going to try and lose weight and it made me stay physical, basically.*”* (*Patient ID7*) “I would like to think we became friends over the course of the programme. Again, to me the challenge is always balance. I have a lot of interests, I have a lot of commitments, and how do I balance that with my mental health and therefore my physical health. So we did speak a lot about nutrition, we spoke a lot about motivation, about physical exercise and my resistance to it or my lack of motivation for it. We spoke about our professional lives, like how to fit these things in. We spoke about our love lives sometimes, we spoke about our managers. We had a very open dialogue, I would say.”(*Patient ID3*)
Differences	**Worrying about patient’s health after the programme ended**	**Continuing working on goals after the programme ended**
	“I worry because this has finished, the Health Champion thing; she didn’t want to go ahead of it, I worry a little bit about whether she feels like that is another thing that she has failed at. How does she feel about that? What is her interpretation of what happened?” (*Volunteer ID1*)	“But, since the help that I’ve had, I’ve been doing a lot every single day. I’ve been going out, maybe not long distances for the moment, but I’ve been going out. I’ve been going to my family a bit more regular to look after my mum. And I’ve also started to deal with issues psychologically. If things are not quite right one day, I know how to deal with it.” (*Patient ID8*)

mental health. They shared that this helped to not only strengthen their relationships and develop a personal bond but also reduced pressure on patients to meet their goals as quickly as possible and instead encouraged them to work at a steady pace.

Volunteers’ and patients’ perceptions of transitioning from the programme back to their daily lives differed. Almost half of the Health Champions expressed concern that, once the programme ended, patients would likely experience a decline in mental health and revert to their previous physical health habits due to the loss of ongoing support and structure. However, almost all patients shared how they have incorporated their new health habits and mindsets into their daily lives, as well as any plans on how to continue to strive towards their goals.

Overarching theme 2: impact on positive lifestyle

The Health Champions programme was described by both groups as having a lasting positive impact on patients’ lifestyles (table 3). Patients and volunteers discussed the development of healthier diets and increased self-confidence. Some patients and volunteers

Table 3 Overarching theme: ‘impact on positive lifestyle’

	Health Champions	Patients
Commonalities	**Healthier eating habits**	
	“She started doing meal-prepping towards the end of the year as well, which helped a lot because, when you have a busy schedule, cooking can be hard, so you’d just rather pick up a sandwich from the supermarket or a McDonald’s or something.” (*Volunteer ID16*)	“I was just trying to buy foods and treats that are not high in sugar. So, whenever I went shopping with [the volunteer], we’d look at the nutrition content in each item and then we could identify foods that you can have and foods that you can’t have. Also, it made me aware that there are plenty of treats you can have out there that are not high in sugar.” (*Patient ID8*)
	Built confidence when pursuing their goals	
	“I feel that, since we started, her confidence has also increased as well. (…) Since working with her, I’ve seen how well she has become and she’s a lot more assertive now from when we first started.” (*Volunteer ID15*)	“I’ve now got the confidence to say, ‘Right’. (…) ‘Right, I think I’ll go into Central London and take in a museum’, or somewhere like that, whereas before I was like, ‘No, I’d better not do that ‘cos bad things might happen’. So I feel I’ve got the confidence to do short distance sightseeing. So that’s another step beyond as well.” (*Patient ID8*)
	Establishing a routine helped long-term behaviour changes	
	“We just settled into a routine of her ticking the boxes in the first sheet and then we would either go for a walk and have a chat or I would take her to the gym—I think we ended up going three times in the end. (…) I thought, because the support that we got and the advice that we got was to make those smart goals measurable, so I tried to think what the simplest way that she could measure that would be, and the amount of ticks seemed to be something to aim for.” (*Volunteer ID1*)	“That calendar’s helping me, because I’m just like ticking it off every day, especially meds, ‘cos medication I always forget if I’ve taken it or not taken it: ‘Did I take it today or did I not take it today?’ So I tick it off that I’ve taken it. So then I don’t forget that I’ve got appointments and I’ve got this and that, and everything’s a routine, and it’s worked out really well.” (*Patient ID2*)
	Shift in mindsets towards sustainable health goals	
	“I’m like, ‘You can always find 30 minutes or go for a walk’. I was always saying, ‘Don’t beat yourself up if you cannot make it to the gym. A 30-minute walk to the supermarket back and forth counts. That is at least moving your body, if you have a lot of work’. So that kind of mentality changed and it was obvious. Like at the beginning she was punishing herself for not going to the gym, and then at the end it was like, ‘Actually, no, I was just really tired, and I just did some stretching at home’.” (*Volunteer ID16*)	“I don’t think I was healthy then. I was a smoker and I did not eat at all; I used to starve myself all the time and I didn’t feel healthy then. But now I feel healthy, even though I’ve put on 20kg, like in myself. Physically I feel OK, but I don’t feel good about myself because I’ve put on weight and I can’t fit into my clothes. That’s making me feel bad about myself. So now I wanna make myself feel better. I don’t want to lose 20kg; 10kg’s enough. Be fitter than skinnier. That’s how my aim has changed a little bit.” (*Patient ID2*)
Differences	**Uncertainty if patients meet goals**	**Aware of their progress towards their goals**
	“I really think he’s made a significant change on that compared to how, when he spoke about that initially, he was very rundown by his diet and felt like he really hated how he was snacking a lot. But whether or not that’s a long-term continual thing he can sustain, we haven’t talked about that one for a while since probably May time, whether or not that’s changed now or slipped back into normal habits, I’m not sure.” (*Volunteer ID7*)	“I just said to him a few times, ‘Oh, I need to lose weight’, and I just thought, ‘Don’t get obsessive about it, because it can be grating for the other person if that’s all you’re gonna say: ‘Oh, I need to lose weight’. I have lost weight. I was sixteen-and-a-half and now I’m fifteen-and-a-half. I have lost weight.” (*Patient ID12*)

shared that being part of the programme helped change patient attitudes towards their goals, such as focusing on healthy, consistent changes rather than big weight losses. Additionally, some patients and Health Champions remarked that setting a routine helped patients to stick to working on their long-term goals by promoting consistency and reminding them about certain tasks like taking medication.

Patients and Health Champions had opposing views on perceptions of goal progress. Seven volunteers were uncertain whether their patients had met their goals or would be able to maintain their new habits after the programme. In contrast, nine patients demonstrated confidence in assessing their own progress and goal attainment, as they had monitored their own goals during the programme.

Overarching theme 3: experiences and perceptions of the programme

All but one of the volunteers and more than half of the patients described the programme as beneficial, with volunteers describing the experience as rewarding and educational and patients often reporting it greatly helped their well-being (table 4). Nine volunteers and 10 patients shared that the matching they had was successful, with some finding similarities between their lifestyles, jobs or personalities, which contributed to them developing a good relationship during the programme. Both groups also found that communicating with the research team was helpful and easy and felt supported whenever needed.

The programme took place during the COVID-19 lockdown, and as a result, more than half of the volunteers and several patients found that the sudden shift to digital communication, in the absence of face-to-face sessions, made it difficult for them to connect with each other. Four patients reported that this occasionally made it difficult to feel motivated to work towards their goals, while nine volunteers mentioned feeling awkward when trying to develop a relationship with their patients.

All patient and volunteer participants were given a physical journal to write down notes, thoughts about the programme and their goals. While several volunteers reported this as being useful to keep track of patients' progress as well as any important details about their sessions, more than half of patients reported that using the journal was difficult due to varying reasons such as a lack of time, not being sure of what to note down and feeling like the journal was just for the research team's benefit rather than their own.

Additionally, several volunteers shared that they wished they had more knowledge about their patients' mental health status or disorder, thinking they could better help the patients in meeting their physical health goals. However, a third of patients stated that they greatly valued not being medicalised or treated solely in terms of their diagnosis by their volunteers and felt it was important to be seen as a whole person, rather than just someone with a mental disorder.

Overarching theme 4: navigating challenges during the programme

In their interviews, both patient and volunteer groups talked about the challenges they faced during the programme (table 5). For example, a few patients shared how their physical health would occasionally stop them from attending sessions as they were ill or had to go to appointments; one volunteer noted their patients' physical health symptoms preventing them from attending their sessions, and two volunteers shared how their difficulties with their own physical health affected their scheduled sessions. Additionally, 10 volunteers and five patients mentioned that volunteers' schedules and other commitments often meant their time was not protected, leading to cancelled or rearranged appointments, which restricted the time available for sessions and hindered patients' progress towards their goals. Despite these obstacles, both groups commented on their experiential learning from these challenges, allowing more than half of volunteers to become more confident in their skills and several patients to become more motivated to work towards their goals.

Both volunteers and patients reported experiencing their own unique challenges. Three of the volunteers described how the lack of clarity surrounding their role as a Health Champion interfered with the advice they felt they could give, as they did not want to contradict their patients' professional healthcare providers. Two patients also explained that their poor mental health interfered with their ability to meet up with their Health Champions regularly, as they would find it hard to respond to their messages or see them in person.

DISCUSSION

Key findings

In this study, both volunteers and patients stated that the intervention positively impacted their lives, particularly in adopting healthier lifestyle habits and improving well-being. Most patients reported physical health improvements, such as weight loss, increased physical activity and healthier diet changes. Some patients noted additional benefits, such as enhanced self-confidence and an increase in positive attitudes towards health. Both groups highlighted that volunteers played an important role in supporting goal setting and in discussing topics unrelated to their physical health goals, as factors which helped patients maintain motivation and develop deeper connections between patients and volunteers. Accessible support from the research team as well as a successful matching helped both groups form closer relationships and feel supported throughout the programme.

While volunteers largely agreed that they had a positive experience participating in the study, both groups identified potential challenges associated with volunteering. Both volunteers and patients noted that patients' physical and mental health could disrupt volunteers' opportunities to support progression towards patients' goals, as factors such as chronic pain, health appointments and depressive episodes could interfere with attending sessions consistently. Participants also discussed how volunteers' conflicting schedules and commitments could interfere with the efficacy of the programme, and how a lack of face-to-face communication could make it more difficult for relationships to develop.

Table 4 Overarching theme: 'experiences and perceptions of the programme'

	Health Champions	Patients
Commonalities	**Satisfied and benefitted from the programme**	
	"I thought [the programme] was good. I found it quite rewarding, especially at the start. I'd never done anything more specifically one on one, so the nerves are there at the start, but it felt quite nice to do something nice. I feel quite good." (*Volunteer ID14*)	"Without your help from you guys, I could still be stuck in that dark place and be stuck indoors and scared to go out, things like that, 'cos sometimes people need a bit of help. I mean, you can be as strong as you like but sometimes there's always a situation or a period in your life where you do need help from other people." (*Patient ID8*)
	Successful matching supported relationship building	
	"The person I was paired with, she was just fantastic, obviously. She was very open about talking about what happened to her. (…) So it was easy to have conversations with her, to get things out of her to understand how she was feeling, how she progressed, how she hadn't progressed maybe in some aspects. So it was really good and, overall, I think it was a great experience for me." (*Volunteer ID16*)	"I really enjoyed it because (…) the Health Champion I was given was a really good match. The challenge was, because both of us are professional women, which on the one hand was very good 'cos I think there was a lot of natural empathy, it also meant that, of course, it was hard to meet up when I started working extremely hard and my Health Champion also was working very hard. (…) She was genuinely just what I needed, like someone independent, practical, open, smart, like really smart, and knew what she was talking about, and very human." (*Patient ID3*)
	Accessible and responsive support from research team	
	"Yeah, it was excellent. There was always the opportunity to contact somebody if you needed to. I did take advantage of that right at the beginning and I got a very swift response I think from you. That was excellent. You didn't feel alone at all. And the supervision sessions were helpful and the other session on making relationships and ending, that was helpful as well. So, no, I would say the communication from your team was very good." (*Volunteer ID8*)	"I knew how to contact you 'cos I've got your phone numbers in my phone. I thought, as I get to know people - yourself and [the other researcher] - if I had any issues at the time, I know that I could've called you guys if I've got any issues or concerns, and I knew that there was someone there to help me if I've got something that I need to have help with." (*Patient ID8*)
	Lack of face-to-face contact during COVID-19 made it harder to develop a relationship	
	"I just rang her, and that was quite tricky at the beginning, but it was all in the lockdown time, so we couldn't actually meet physically. So, I do remember that being quite awkward, really, but we go there, but it was slightly feeling our way in terms of what is all this about, really, for her and for me, really." (*Volunteer ID8*)	"It doesn't give you the motivation as if someone was with you. If someone's with you saying, 'Come on, come on, come on', but over the phone, just looking at someone's face, yeah: 'Make sure you go out for a ride tomorrow (…)'. 'I will do', and tomorrow comes and it's like, zzz, go back to bed, you know what I mean? Even though I found it useful, I didn't find it enjoyable." (*Patient ID11*)
Differences	**Using journal was useful for tracking progress**	**Using journal was difficult**
	"Yes, it was helpful. It is always helpful to look back on it too the next time you have a conversation and see if there has been any progression. I think that is why journals in general are great. I did also like at the beginning of the journal it would say the smart goals. It was helpful for me to remind myself this is what it is, because sometimes, when you are talking to someone, it is easy to forget exactly what each bit is. But, yes, I did actually like the journal." (*Volunteer ID2*)	"It's not that it was a chore. It's that I'm easily distracted. So sometimes I'd come back and have a really great interaction with (…), and I'd be thinking about the interaction rather than thinking about writing it down. So, if there were a different way to record it for your benefit. I remembered the interactions. I didn't really feel I needed to journal it because the effect was personal. So I was only really journaling it for your benefit, not really for mine." (*Patient ID3*)

Continued

Table 4 Continued

	Health Champions	Patients
	Wanted more training and information about patients' mental health	**Did not want Health Champions to medicalise them**
	"I thought that I wasn't allowed to tell people what mental illness they had. I genuinely thought that I wasn't allowed (…) 'cos I thought it was a breach of privacy or I thought it was some confidentiality. That's what I said, I was completely new; I didn't know much what I was doing." (*Volunteer ID5*)	"Well, it didn't seem like a study, which was brilliant and it didn't seem like I was being analysed, which was brilliant. It just seemed completely natural going out for a walk with someone." (*Patient ID12*)

Comparison with the other literature

Our study uniquely focuses on the views of both volunteers and patients within a volunteering programme aimed at promoting physical health among individuals with SMI. This is a critical area of investigation, as patients' perspectives on volunteering programmes remain under-researched.[13]

In this study, volunteers and patients found that goal setting worked as a collaborative process, with patients sharing their own goals and volunteers suggesting ways

Table 5 Overarching theme: 'navigating challenges during the programme'

	Health Champions	Patients
Commonalities	**Learning from challenges**	
	"Yeah, I was challenged, but it was a really good challenge, because it just made me aware of my fears and where I weren't feeling confident. So, I needed that. I needed it. (…) Very helpful, because it's preparing me, and that's what I wanted. What benefit would it have been if I weren't challenged?" (*Volunteer ID6*)	"I wanna do it, I really wanna do it, but then these fears and all these stupid things come into play. Yeah, definitely motivated. Definitely challenged myself. But it became easy after a few moments of meeting [the volunteer]. (…) It became easy. I didn't need to challenge myself. It became easy." (*Patient ID12*)
	Health-related setbacks limited participation	
	"There were certain periods of time, especially when she was recovering from surgery, when I was recovering from Covid and also her sleeping pattern was not quite with us." (*Volunteer ID13*)	"I was in hospital for Christmas. So, there was a few weeks where he was trying to contact me, but I couldn't get in contact; I didn't have my phone." (*Patient ID6*)
	Interactions limited by Health Champions' availability	
	"I guess one challenge which became harder towards the second half of it was scheduling time in (…) because I was busy with work, she was busy with work (…). All of 2022 she's been working a little bit on personal stuff (…) so it became a bit hard to meet up in person every week. So we started doing it every two weeks, and then we switched it to one week online, one week in person around our schedules, which worked out fine. It did become a bit of a challenge." (*Volunteer ID16*)	"So it would've been nice if I could say, phone her up in the car and be like, 'Yeah, would you like to come out and we go for a walk tomorrow or go for a jog tomorrow?' and a bit more my way and not when she's free and only when she's free, if that makes sense." (*Patient ID1*)
Differences	**Role confusion made giving advice hard**	**Mental health difficulties made regular meetups harder**
	"Whenever we tried to explore different things that she could do to maybe set goals (…) it was difficult to push herself in that area, because she was getting so much guidance from her surgeon and people that were involved in her care, that it felt quite difficult to be like, 'Maybe we could try and do this this week', because I don't want to contradict her surgeons. So, it was quite challenging." (*Volunteer ID13*)	"I think we started the programme in September/October, and then around Christmas (…) my Health Champion was then away with her family for Christmas, and then I had changed jobs. (…) It got completely out of hand. So I relapsed/broke down—I don't know what to call it—around May. So, basically, things were going well but we didn't see each other for some time, for mutual reasons. Then work really took over for me and I didn't stop in time. Then I had to take quite a serious chunk of time off." (*Patient ID3*)

to refine them to become more specific or achievable in smaller steps. Research has shown that achieving smaller fitness goals allows patients to build momentum and motivation, and thus become more likely to reach larger physical health goals.[23] Similarly, a systematic review investigating the efficacy of face-to-face physical activity interventions in promoting long-term change found that specifying the type of physical activity patients engage in can improve the effectiveness of an intervention rather than just using general health goals.[24] In the UK, the 'Get Set to Go' programme, run by the mental health charity Mind, involves volunteers assisting people with mental health conditions to engage in physical activity by setting realistic goals and taking small steps. They found that 65% of patients reported that their level of activity increased and that 61% of patients reported an improvement in their quality of life as a result of the programme.[25]

Our study found that patients reported positive impacts on their lifestyles due to this intervention. The broader impact of the support to patients from volunteers, beyond healthy behaviour changes, has been recognised in an umbrella review, which reported that volunteering can have a positive impact on improving patients' physical health.[26] However, it was noted that the impact of volunteering on patients' physical health outcomes is rarely investigated and often yields inconsistent results. In contrast, our study suggests that engaging in volunteering activities can be associated with tangible changes in the physical health of individuals with SMI. Additionally, our study found that both groups reported an improvement in attitudes towards physical health as well as self-confidence. A consistent trend across studies is the positive effect of volunteering on mental health, particularly in terms of increasing self-esteem and reducing depression.[27 28] Though our Health Champions are not qualified as healthcare providers, they are reported in our study to play a supportive role in routine establishment, indicating that physical health support for patients with SMI does not have to be healthcare provider-based to be effective and may make getting support more accessible.

Patients and volunteers also reported how a successful matching allowed for a closer relationship and motivated patients to work towards their goals. This finding has been explored in a systematic review, which found that peer-delivered interventions can be effective catalysts for promoting physical health outcomes.[29] Although our Health Champions were not strictly 'peers' as such—that is, were not selected on the basis that they share a comparable mental health experience with the patients—many of them were reported to share similar personalities or ways of thinking, which allowed both groups to form strong connections and stay motivated during the programme. Research shows that support is particularly helpful if volunteers and patients share similarities outside of mental health experience such as cultural background, age and personal values.[30]

Both groups mentioned how a lack of face-to-face contact during the programme made it more difficult to work towards the patients' physical health goals. This finding is supported by a systematic review looking at the effectiveness of face-to-face interventions in encouraging physical activity, which showed consistent evidence that this method was effective in promoting long-term physical activity habits.[24] It is important to note that our programme took place during the COVID-19 pandemic, and although the intervention was developed for in-person delivery, it was swiftly adapted to allow remote participation. Most matches were still able to meet face-to-face, depending on the COVID-19 restrictions in place during the various months of that time period. Previous research has shown that individuals unaccustomed to online communication may not fully benefit from primarily online interventions,[31] which may affect their engagement in volunteering. One potential way to address this challenge is to develop interventions specifically for remote delivery, rather than offering them in hybrid formats.

In this study, when discussing the challenges faced by volunteers and patients during the programme, both groups touched on how their interactions could be limited by a lack of the volunteers' scheduling flexibility, leading to less motivation for patients to work on their goals and difficulty in forming a relationship between both groups. Previous research with other volunteering interventions showed similar findings, with volunteers and patients describing the volunteers' busy schedules as contributing to difficult communication between the two.[32]

Volunteers also mentioned wanting more information about their role. In a study investigating the experiences of volunteers in delivering physical activity interventions to mental health service users, it was found that training, with an emphasis on expectations of their role and appropriate time commitments, allowed volunteers to feel competent and confident about their role in the intervention,[33] highlighting the benefits of volunteers being informed about their role and patients. The patients in our study, however, reported valuing being treated like a person rather than just their mental disorder. Previous research shows similar findings and the importance of a non-stigmatising environment when participating in volunteering as a patient.[34]

Strengths and limitations

To the best of our knowledge, this is the first study to compare the perspectives of volunteers and patients taking part in a volunteering programme focused on a physical health intervention. Conducting interviews with volunteers and patients within this programme provided valuable insights into current practice from both perspectives, and the themes identified in this study can inform the future development and further research of volunteering programmes. However, this study has some limitations. First, no sociodemographic information for the volunteers, other than their gender, was collected. The absence of data on the volunteers' age and ethnicity limits the ability to explore whether these demographic characteristics influenced their perspectives on volunteering. Furthermore, no data were collected regarding the type of SMI or medication use. Additionally, since participants were recruited exclusively from a mental health Trust in the UK, the findings may not be directly applicable to different settings.

Implications of the findings for practice, policy and future research

Our findings suggest that volunteer programmes should incorporate greater flexibility in scheduling, including a variety of time slots and remote volunteering options since digital exclusion among people with SMI contributes to health inequalities.[35] Future research should also investigate individuals' preferences for face-to-face, remote or hybrid formats. Volunteer programmes should also thoroughly explain the expected role of a volunteer to reduce stress and confusion for both groups; at the same time, training should emphasise the importance of not medicalising the patient. The matching system in physical health interventions and programmes could also take factors outside of location and gender preference into consideration such as identity, cultural background or religion, allowing for volunteers and patients to connect on a more personal level.

Future research should further examine how person-centred strategies, such as individually tailored physical health goals, support sustained behaviour change in diverse patient populations, to build on the approach already used in this intervention. Future studies could investigate further the factors motivating patients to engage in, and remain engaged with, volunteer programmes. More work needs to be done to understand the variations in goal implementation between different patients when designing similar interventions for patients with SMI.

Further research is also needed to examine how sociodemographic characteristics, such as age, cultural background and socioeconomic status, influence engagement with volunteering programmes for people with SMI. Future studies could investigate the benefit from integrating mandatory mental health training for volunteers and provide structured hybrid models (combining in-person and remote interactions) of volunteering for patients who are unable to access the internet. Ensuring adequate training and support for volunteers will help them navigate challenges more effectively, ultimately improving the overall outcomes of the volunteering initiatives.

Future implementation efforts should consider the challenges of embedding such interventions into routine practice and ensuring their sustainability beyond the trial period. While interventions of this nature may be relatively low-cost, their long-term viability depends on the engagement of strong early adopters who can advocate for and integrate their value within organisational structures. Although funding remains a key barrier, issues of resourcing and the need to demonstrate substantive patient benefit are equally critical. These findings highlight the importance of raising awareness about gaps in provision and recognising the potential of non-clinical, person-centred, community-based interventions to contribute meaningfully to holistic patient care, particularly for adults with severe mental illness, but potentially extending to other patient groups as well.

CONCLUSIONS

The Health Champions intervention was perceived by both stakeholder groups as beneficial in supporting individuals with SMI in managing their physical health. The findings suggest that it may also lead to improvements in mental well-being and the adoption of healthier lifestyles. Future efforts should focus on person-centred care approaches that address patients' specific needs while ensuring ongoing support to sustain volunteers' motivation and commitment. Encouraging patients to continue working on their goals beyond the intervention period may further contribute to long-term improvements in physical health outcomes for people of SMI. Ensuring structured, flexible and inclusive volunteering programmes will be essential in maximising the physical health benefits for patients with SMI.

Author affiliations
[1]Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK
[2]South London and Maudsley NHS Foundation Trust, London, UK
[3]School of Health Sciences, University of Southampton, Southampton, UK
[4]Psychosis Studies, Institute of Psychiatry Psychology & Neuroscience, King's College London, London, UK
[5]Centre for Behavioural and Implementation Science Interventions, National University Hospital, Singapore
[6]Health Service and Population Research Department, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK
[7]School of Communities and Education, Northumbria University, Newcastle upon Tyne, UK

Contributors MPC designed this analysis plan. JW and RM conducted the study interviews. MPC, WCAC, YW, SS and JW analysed the interview transcripts. All other authors contributed to this article. JW is the guarantor.

Funding IB and FG's research has been supported by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) South London at King's College Hospital NHS Foundation Trust (grant number 2018-86). MPC, FG and IB are also in part supported by the NIHR Biomedical Research Centre at South London. RM has been an NIHR Integrated Clinical and Practitioner Academic pre-doctoral Clinical and Practitioner Academic Fellow supported by Health Education England and the NIHR. ES has been supported by the NIHR ARC Wessex. FG is supported by the Medical Research Council [MR/Z503563/1]; as part of the Hub for Metabolic Psychiatry, one of the 6 Hubs comprising the UKRI Mental Health Platform [MR/Z000548/]. The views expressed are those of the author(s) and not necessarily those of the funders, the NHS, the NIHR or the Department of Health and Social Care.

Competing interests NS is the director of London Safety and Training Solutions ltd, which offers training and improvement and implementation solutions to healthcare organisations and the pharmaceutical industry. The other authors have no conflicts of interest to declare.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Ethics approval This study involves human participants. Ethical approval for this study was granted by the Brent Research Ethics Committee, REC reference no: 20/LO/0214. Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data sharing is not applicable as no data sets were generated and/or analysed for this study.

ORCID iDs

Mariana Pinto da Costa https://orcid.org/0000-0002-5966-5723
Wen Ching Andrea Chang https://orcid.org/0009-0009-4705-6128
Nick Sevdalis https://orcid.org/0000-0001-7560-8924

REFERENCES

1 Wilson J. Volunteering. Annual Review of Sociology. *Annu Rev Sociol* 2000;26.
2 Siette J, Cassidy M, Priebe S. Effectiveness of befriending interventions: a systematic review and meta-analysis. *BMJ Open* 2017;7:e014304.
3 Ali S, Santomauro D, Ferrari AJ, *et al*. Excess mortality in severe mental disorders: A systematic review and meta-regression. *J Psychiatr Res* 2022;149:97–105.
4 Goldfarb M, De Hert M, Detraux J, *et al*. Severe Mental Illness and Cardiovascular Disease. *J Am Coll Cardiol* 2022;80:918–33.
5 Vancampfort D, Correll CU, Galling B, *et al*. Diabetes mellitus in people with schizophrenia, bipolar disorder and major depressive disorder: a systematic review and large scale meta-analysis. *World Psychiatry* 2016;15:166–74.
6 Ruiz-Rull C, Jaén-Moreno MJ, Del Pozo GI, *et al*. Low lung function in Bipolar Disorder and Schizophrenia: a hidden risk. *Front Physiol* 2024;15:1335798.
7 Mahase E. Severe mental illness: 120 people die in England every day from preventable conditions, psychiatrists warn. *BMJ* 2024;387:q2236.
8 Carswell C, Brown JVE, Lister J, *et al*. The lived experience of severe mental illness and long-term conditions: a qualitative exploration of service user, carer, and healthcare professional perspectives on self-managing co-existing mental and physical conditions. *BMC Psychiatry* 2022;22:479.
9 Pinto da Costa M, Virdi K, Kouroupa A. A Phone Pal to overcome social isolation in patients with psychosis-Findings from a feasibility trial. *PLOS Digit Health* 2024;3:e0000410.
10 Caple V, Maude P, Walter R, *et al*. An exploration of loneliness experienced by people living with mental illness and the impact on their recovery journey: An integrative review. *J Psychiatr Ment Health Nurs* 2023;30:1170–91.
11 Ross S, Fenney D, Ward D, *et al*. The role of volunteers in the nhs. *King's Fund London*; 2018.
12 Teasdale S. . In good health: assessing the impact of volunteering in the nhs. *Institute for Volunteering Research London*; 2008.17. 2014.
13 Grönlund H, Falk H. Does it Make a Difference? The Effects of Volunteering from the Viewpoint of Recipients – A Literature Review. *Diaconia* 2019;10:7–26.
14 Pinto da Costa M, Aviron P. Comparing the views of mental health professionals and volunteers on volunteering in mental health care in the UK. *Discov Health Systems* 2023;2:46.
15 Pinto da Costa M, Conneely M, Monteiro da Silva F, *et al*. Stakeholders' views on volunteering in mental health: an international focus group study. *BMJ Open* 2022;12:e052185.
16 Pinto da Costa M, Oliveira J. Views on volunteering in mental health: a focus group study with mental health professionals and volunteers in Portugal. *Discov Ment Health* 2023;3:12.
17 Pinto da Costa M, Chevalier A, Farreny A, *et al*. How would patients with psychosis like to be in contact with a volunteer: Face-to-face or digitally? *PLoS One* 2019;14:e0216929.
18 Williams J, Fairbairn E, McGrath R, *et al*. A feasibility hybrid II randomised controlled trial of volunteer "Health Champions" supporting people with serious mental illness manage their physical health: study protocol. *Pilot Feasibility Stud* 2021;7:116.
19 Williams J, McGrath R, Ang K, *et al*. Evaluating a volunteer "Health Champions" intervention supporting people with severe mental illness to manage their physical health: feasibility hybrid randomised controlled trial. *BJPsych Open* 2024;10:e172.
20 Proctor E, Silmere H, Raghavan R, *et al*. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health* 2011;38:65–76.
21 Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77–101.
22 Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health* 2019;11:589–97.
23 Sullivan AN, Lachman ME. Behavior Change with Fitness Technology in Sedentary Adults: A Review of the Evidence for Increasing Physical Activity. *Front Public Health* 2016;4:289:289:.
24 Richards J, Hillsdon M, Thorogood M, *et al*. Face-to-face interventions for promoting physical activity. *Cochrane Database Syst Rev* 2013;2013:CD010392.
25 Mind. Moving towards Better Mental Health: Mind's Physical Activity Impact Report 2018-2021. London: Mind, 2021.
26 Nichol B, Wilson R, Rodrigues A, *et al*. Exploring the Effects of Volunteering on the Social, Mental, and Physical Health and Well-being of Volunteers: An Umbrella Review. *Voluntas* 2024;35:97–128.
27 Cattan M, Hogg E, Hardill I. Improving quality of life in ageing populations: what can volunteering do? *Maturitas* 2011;70:328–32.
28 Chen H-L, Chen P, Zhang Y, *et al*. Retention of volunteers and factors influencing program performance of the Senior Care Volunteers Training Program in Jiangsu, China. *PLoS One* 2020;15:e0237390.
29 Ginis KAM, Nigg CR, Smith AL. Peer-delivered physical activity interventions: an overlooked opportunity for physical activity promotion. *Transl Behav Med* 2013;3:434–43.
30 Rebeiro Gruhl KL, LaCarte S, Calixte S. Authentic peer support work: challenges and opportunities for an evolving occupation. *J Ment Health* 2016;25:78–86.
31 Spanakis P, Wadman R, Walker L, *et al*. Measuring the digital divide among people with severe mental ill health using the essential digital skills framework. *Perspect Public Health* 2024;144:21–30.
32 Pinto da Costa M, Kouroupa A, Virdi K. What is it like to communicate with a Phone Pal? The views and experiences of patients with psychosis and volunteers. *SSM - Qualitative Research in Health* 2023;3:100221.
33 Kinnafick FE, Anthony JL, Tweed L. Potentials and pitfalls of peer support: Experiences and recommendations for peer supported physical activity programmes for mental health service users. *Ment Health Phys Act* 2025;28:100669.
34 Hallett C, Klug G, Lauber C, *et al*. Volunteering in the care of people with severe mental illness: a systematic review. *BMC Psychiatry* 2012;12:226.
35 Gillis C, Williams J, Gillett G, *et al*. Exploring the Use of Digital Interventions by People with Severe Mental Illness to Support Their Physical Health: A Mixed Methods Study. *Issues Ment Health Nurs* 2024;45:9–26.