PERCEPTION OF THE IMPACT OF SPORTS-BASED LEISURE ON THE RECOVERY AND SOCIO-EDUCATIONAL INCLUSION OF PEOPLE WITH SEVERE MENTAL ILLNESS

PERCEPCIÓN SOBRE EL IMPACTO DEL OCIO DEPORTIVO EN LA RECUPERACIÓN E INCLUSIÓN SOCIOEDUCATIVA DE PERSONAS CON TRASTORNO MENTAL GRAVE

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Short title:
Impact of Sports-Based Leisure on People With Severe Mental Illness

How to cite this article:
Galán-Casado, D., García-Pérez Calabuig, M., Díaz-Esterri, J., & Cutanda Caballero, A. (2026). Perception of the impact of sports-based leisure on the recovery and socio-educational inclusion of people with severe mental illness. *Cultura, Ciencia y Deporte*, *21*(69), 2556. https://doi.org/10.12800/ccd.v21i69.2556

Received: 07 July 2025 / **Accepted:** 13 November 2025

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Abstract

Sports-based leisure serves as a tool for the personal and social well-being of vulnerable groups, promoting normalized and participatory lifestyles. This qualitative study explored the perceptions of individuals with Severe Mental Illness (SMI) regarding the impact of sports-based leisure on their recovery and social inclusion, through the Sportsame program in the Community of Madrid. Fifty-five users participated, all of whom were interviewed using semi-structured interviews. An interpretive analysis of the empirical data transcribed from the interviews was conducted using the software MAXQDA Analytics Pro. The results revealed significant improvements in the physical, psychological, and social well-being of participants, who reported reductions in anxiety, apathy, and isolation, as well as increases in their support networks and self-esteem. A positive progression in symptoms of the disorder and greater adherence to treatment were also observed. The role of professionals proved key in motivating, guiding, and promoting active participation, facilitating access to the sports-leisure project. Furthermore, the program contributed to reducing both social stigma and self-stigma, supporting community integration and improving family relationships and connections with their immediate environment. Overall, sports-based leisure emerges as an effective socio-educational tool to promote mental health, personal empowerment, and social inclusion among individuals with SMI.

Keywords: Inclusion, sports-based leisure, severe mental illness, socio-educational intervention, well-being.

Resumen

El ocio deportivo supone una herramienta para el bienestar personal y social de colectivos vulnerables, favoreciendo estilos de vida normalizados y participativos. El presente estudio, de carácter cualitativo, exploró la percepción de personas con Trastorno Mental Grave (TMG) sobre el impacto del ocio deportivo en su recuperación e inclusión social, a través del programa Sportsame en la Comunidad de Madrid. Participaron 55 usuarios, a quienes se les aplicaron entrevistas semiestructuradas. Se realizó un análisis interpretativo de los datos empíricos transcritos de las entrevistas realizadas a los participantes, para ello se utilizó el programa MAXQDA Analytics Pro. Los resultados evidenciaron mejoras significativas en el bienestar físico, psicológico y social de los participantes, quienes reportaron una reducción de la ansiedad, apatía y aislamiento, así como un aumento en su red de apoyo y autoestima. También se observó una evolución positiva en los síntomas del trastorno y una mayor adherencia al tratamiento. El papel de los profesionales fue clave en la motivación, acompañamiento y participación activa de los usuarios, favoreciendo el acceso al proyecto de ocio deportivo. Además, el programa contribuyó a disminuir el estigma social y el autoestigma, facilitando la integración comunitaria junto con una mejor relación familiar y con el entorno más cercano.

En conjunto, el ocio deportivo se presenta como una herramienta socioeducativa eficaz para promover la salud mental, el empoderamiento personal y la inclusión social en personas con TMG.

Palabras clave: Bienestar, inclusión, intervención socioeducativa, ocio deportivo, trastorno mental grave.

Introduction

Sports-based leisure is a fundamental tool for improving health (Díaz-Esterri, De-Juanas Oliva, Galán-Casado & García-Castilla, 2024; Díaz-Esterri et al., 2025; Firth et al., 2017). It emerges as a way of making use of free time through physical activity and sport, combining health, recreation, and personal enjoyment (Díaz-Esterri, De-Juanas Oliva, Galán-Casado, García-Pérez et al., 2024; Galán Casado & De-Juanas, 2022). While physical activity involves any movement that requires energy expenditure and sport is characterized by being regulated and oriented toward performance or competition, sports-based leisure integrates both dimensions—physical activity and sport—focusing on the pleasurable experience of participation and the promotion of socialization and holistic well-being (De-Juanas Oliva et al., 2023; Galán Casado et al., 2024; Lirola et al., 2023). In the case of people with Severe Mental Illness (from now on SMI), who often experience various medical problems (with higher incidence of diabetes, hypertension, metabolic syndrome, etc.), its practice functions as a fundamental mechanism to improve physical condition (Leone et al., 2015), thereby increasing quality-of-life indicators.

Likewise, physical activity through leisure in this population group can also reduce symptomatology, such as negative symptoms in schizophrenia (Firth et al., 2020), or other psychological aspects including reduced apathy and isolation (Schuch et al., 2019). Recent studies highlight the importance of sports-based leisure for reducing stigma and self-stigma (Moraleda et al., 2019), as well as constituting an essential component of social inclusion (Galán Casado, Castillo Algarra et al, 2020; Marín-Suelves et al., 2023; Montoro-Sanchís et al., 2025). Furthermore, Vella et al. (2017) emphasize that participation in sports-based leisure enables individuals to develop emotional skills such as frustration tolerance, the ability to establish positive interpersonal relationships, and stress management. This is particularly relevant for people with SMI, who often experience difficulties regulating emotions due to their condition.

The development of sports-based leisure activities also influences treatment adherence. Studies such as Ehrbar et al. (2018) indicate that psychiatric patients who participate in exercise and sports programs are significantly more likely to comply with prescribed treatments, thanks to increased personal responsibility and an improved ability to make informed decisions about their physical and mental well-being (De-Juanas Oliva et al., 2025).

However, despite the aforementioned benefits, there are various barriers that impede participation in sports and leisure activities within this population, such as difficulties accessing facilities and sports equipment, as well as reduced confidence in their ability to engage consistently in physical activity (Mullor et al., 2019). These difficulties partly explain the low rates of leisure-based physical activity among individuals with SMI compared to the general population (Mullor et al., 2017).

To address these challenges, various initiatives have emerged throughout Spain aiming to structure and develop socio-educational sports-based leisure programs oriented toward recovery and social participation, such as the Inclúyete project in Andalusia, Sportsa in the Valencian Community, or Club Deportivo Duero in Castile and León (Galán-Casado & García-Pérez Calabuig, 2025). One particularly innovative program in the development of sports-based leisure for individuals with SMI is the Sportsame program in the Community of Madrid (Spain).

Sportsame was created in 2007 thanks to the joint efforts of professionals from the Public Social Care Network for People with SMI and various family associations, with the aim of offering an inclusive sports-based leisure platform to support the recovery of individuals with mental health conditions (Castillo-Algarra et al., 2017; Moraleda et al., 2019).

This socio-educational project includes 19 professionals (social educators, psychologists, occupational therapists, and social workers) responsible for coordinating and implementing activities, and 150 athletes who belong to rehabilitation resources for people with SMI in the Community of Madrid. The project runs year-round and offers various types of sports, divided into two main groups (Cutanda et al., 2025):

1. Occasional Sports. Specific activities carried out once or twice a month. These include chess tournaments, paddle tennis, table tennis, hiking, orienteering, women's self-defense, therapeutic boxing, handball, and final events such as the Sports Festival.
2. Regular Sports. Activities developed throughout the year, divided into three subgroups:

- An annual futsal league with two divisions: one more competitive and another more inclusive for athletes with greater physical difficulties.
- A basketball league with two divisions and the same characteristics as the futsal league.
- A tennis school, where annual training is offered in collaboration with the Madrid Tennis Federation.

In addition, two annual anti-stigma tournaments are held, involving people with and without mental health problems. All activities promote active participation, integration, and personal development through sport (Castillo-Algarra et al., 2017). Furthermore, referees are also people with SMI, trained for this role and financially compensated. Each participant is also part of different committees and participatory bodies that help improve the sports-based leisure project (Galán Casado, Castillo Algarra et al., 2020).

Therefore, the objective of this research article is to explore the perceptions of people with SMI who participate in this project regarding the impact of sports-based leisure on their recovery, well-being, and social inclusion through the Sportsame Program.

Materials and Methods

This article presents a non-experimental qualitative descriptive study offering partial results from the *ATALANTA Research Project: Sports-based Leisure for the Recovery of People with Severe Mental Illness*, funded by the 2024 Young Talent Call — Promotion Plan, Vice-Rectorate for Research, Transfer, and Scientific Dissemination, National University of Distance Education (UNED) (reference: 2024-VICE-0013), and positively evaluated by the UNED Ethics Committee (30-SISH-EDU-2024).

Participants

The sample consisted of 55 individuals, of whom 10.9% (n = 6) were women and 89.1% (n = 49) were men. The sampling procedure was non-probabilistic and incidental, as all participants were users of the Sportsame Program, aged between 21 and 62 years, with a mean age of M = 47 years.

Instruments

Semi-structured interviews—commonly used in qualitative research—were employed (Strauss & Corbin, 2003). The instrument was developed *ad hoc* and validated by twelve expert judges, six of whom were professionals in socio-educational intervention with individuals with SMI, while the other six were academics specialized in this field of study. The instrument consisted of ten open-ended questions addressing the following topics:

- Perceived psychological and physical well-being before and after participation in the program.
- Motivations for joining.
- Benefits derived from participation in the program.
- Impact on stigma reduction.
- Evaluation of involved professionals.
- Impact on social networks.
- Improvement proposals.

Procedure

Once the collaboration of program coordinators was secured, participants were selected incidentally. Informed consent was obtained, the objectives of the study were explained, and voluntary and anonymous participation was guaranteed. Interviews were conducted individually in designated rooms within the program's sports facilities to ensure an appropriate, quiet environment free from external distractions. Each interview lasted approximately 30 to 40 minutes. The conversations were audio-recorded, allowing for their subsequent transcription and rigorous analysis faithful to the experiences shared by participants.

Data Analysis

An interpretive analysis of the empirical data transcribed from the interviews conducted with the participants was carried out, following the methodological principles of Grounded Theory (Strauss & Corbin, 2003). Following an inductive logic, without initial hypotheses or *a priori* theories, the responses were systematically processed through a descending coding procedure of information units, which gave rise to two levels of coding. In the first level, of a descriptive nature, the interview content was segmented into meaningful parts and assigned thematic, dimensional, and/or categorical labels. In the second, axial in nature, the segments and categories identified during open coding were connected in order to understand the relationships between concepts (Jansen, 2010). Thus, a system of four main categories and thirteen subcategories was determined, aligned with the objective of the research (Table 1). To calculate the reliability of the category system, the degree of agreement among multiple observers was quantified through Fleiss' Kappa index. Authors such as Torres and Perera (2009) recommend a minimum of three judges. In this study, five expert evaluators participated (three of them connected to the study and two external coders). The agreement coefficient was subsequently calculated, with a value of k = 0.758, indicating a good level of agreement (Fleiss, 1981). For data analysis, the MAXQDA Analytics Pro (24.9.1) software for Windows was used.

Table 1

Categories and Subcategories Derived from the Data Analysis

Categories	Subcategories
Program Enrollment *Included all statements that referred to the life circumstances of the participants prior to joining the program and the factors that led them to make that decision.*	**Perceived psychological and physical well-being before enrollment** *Specific aspects of the physical and psychological well-being perceived before beginning the sports activities in Sportsame.* **Knowledge of the program** *Information channels through which participants learned about the sports initiative.* **Motivational factors** *Elements and circumstances that encouraged joining Sportsame.*
Influence on the psychosocial rehabilitation process *It was composed of the statements that reflected the impact that participation in Sportsame had on the psychosocial rehabilitation process of the users.*	**Changes in lifestyle** *Modifications in daily habits as a consequence of participation in Sportsame.* **Impact on the environment** *Observations on relational and emotional changes perceived in the close social environment.* **Expansion of social network** *References to the expansion of the social network due to endogenous or exogenous factors.* **Perceived physical and psychological well-being** *Changes in perceived physical and psychological well-being as a result of joining Sportsame.* **Openness to other sports activities** *Initiation into other sports leisure activities motivated by participation in the program.* **Evolution of symptoms associated with the disorder** *Changes in symptoms associated with SMI resulting from sports activity.*
Impact on stigma *Those testimonies were included in which participants expressed their perception of the impact of the activity on social stigma and self-stigma.*	**Social stigma** *Impact that sports activities had on prejudices and stereotyped views about people with SMI.* **Self-stigma** *Changes in self-esteem and self-concept conditioned by the participants' SMI.*
Program perception *All testimonies related to the professionals were included, both regarding their role as a fundamental pillar of the program and the aspects that participants indicated could be improved.*	**Importance of professionals** *Actions and characteristics that highlighted the relevance of the professionals and volunteers involved in the activity for the development of the program.* **Improvement proposals** *Suggestions on aspects that could be changed to improve the program from the users' perspective.*

Note. Own elaboration.

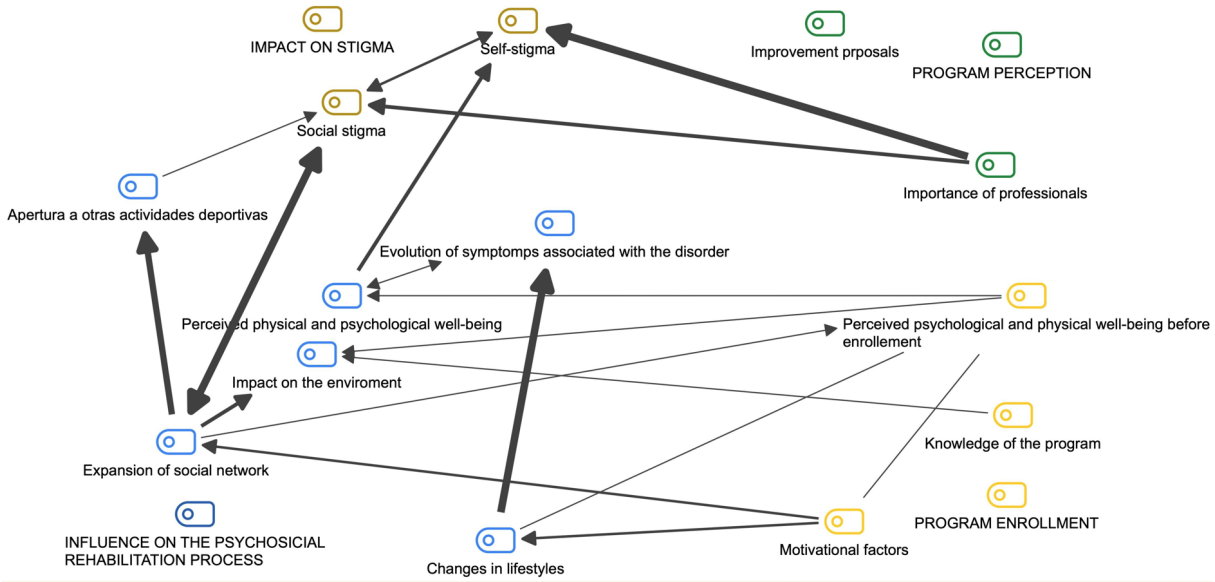
Results

The total number of excerpts was 486. Of these textual units, 21.2% (n = 103) were classified under the category Program Enrollment. Within this category, the excerpts were distributed as follows: perceived psychological and physical well-being before enrollment, 49.5% (n = 51); knowledge of the program, 28.2% (n = 29); and motivational factors, 22.3% (n = 23). In the category Influence on the psychosocial rehabilitation process, 50% (n = 243) of the coded textual units were classified, with the following distribution across subcategories: changes in lifestyle, 16.1% (n = 39); impact on the environment, 14% (n = 34); expansion of social network, 19.3% (n = 47); perceived physical and psychological well-being, 11.9% (n = 29); openness to other sports activities, 18.9% (n = 46); and evolution of symptoms associated with the disorder, 19.8% (n = 48). The category Impact on stigma included 9.5% (n = 46) of the statements, which were assigned as follows: social stigma, 63% (n = 29); and self-stigma, 37% (n = 17). Finally, the category Program perception 19.3% (n = 94) of the verbalizations, with 51.1% (n = 48) falling under the subcategory of importance of professionals, and 48.9% (n = 46) under improvement proposals.

Figure 1 presents a relational model based on the information processed within the system of categories and subcategories used. The relationships between the subcategories are represented by arrows whose direction reflects the influence between subcodes, according to the testimonies, and whose thickness corresponds to the number of textual units referencing such relationship.

Figure 1

Distribution of Analysis Units by Categories



Note. Own elaboration.

Program Enrollment

Within this category, 103 statements were included that referred to the circumstances that characterized the participants' incorporation into the Sportsame program. The accounts show how these individuals felt physically and psychologically before beginning the sports activity, how the information about the existence of the program reached them, and what motivations led them to make this change in their lives.

Perceived Psychological and Physical Well-Being Before Enrollment

With 51 statements, this subcategory grouped the perceptions related to participants' physical condition, physical health, and psychological well-being before joining the program. A total of 90.2% (n = 46) came from users who reported that they were not in a situation of well-being prior to beginning their participation in the program. Thirteen of these textual units referred to poorer physical condition through expressions indicating tiredness, fatigue, or a sense of physical deterioration, as described by the following participant: "Well, I was fatter. I say it clearly. Physically it was hard for me to walk. I weighed 120 kilos." (E14. Pos 1).

In 19 of the verbal segments, the participants indicated how they felt emotionally and how they perceived their psychological state before joining the program. We see expressions that reflect feelings of depression or boredom and a sense that time did not pass: "I was more bored. More bored. The days felt longer." (E44. Pos 1). These feelings were intensified by isolation within their own home, spending most of the time sleeping: "I was bored because I had nothing to do. Always at home, sleeping and nothing else." (E28. Pos 1). According to the participants, one consequence of this isolation was the absence of a social network that could act as a protective factor for their psychological well-being: "Psychologically I was feeling a bit bad and I had no friends. And now with more confidence I feel better. With more confidence and I have more friends and I feel better." (E43. Pos 1).

In addition, 14 statements were identified that indicated a negative perception of well-being in several dimensions, as expressed by this interviewee: "Well, I was bad, I was really bad in every sense. I didn't leave the house, I had no friends, I didn't do sports, I felt bad physically and mentally as well." (E33. Pos 1).

A total of 9.6% (n = 5) of the comments in this subcategory did not identify a negative perception of their well-being before joining Sportsame, but nevertheless emphasized that they now feel better: "I wasn't that bad before. But I'm better now." (E27. Pos 1).

Knowledge of the Program

Within the interview content, 29 testimonies indicated the people through whom information about the existence of Sportsame had reached them, encouraging them to participate. Of these 29 testimonies, 86.2% (*n* = 25) referred to recommendations from professionals at the services where participants were users. This occurred either directly: "They offered it to me through the CRPS (Psychosocial Rehabilitation Center). It also influenced me that my nurse Belén and my psychiatrist told me about it as well." (E4. Pos 2), or mediated through family members, as indicated in the following testimony:

> "Through the organization basically, they contacted my mother. And from there, my mother told me about the activity. Since at that time I was a bit nervous, etc., she thought that doing sport would be good for me, etc., so I decided to go." (E15. Pos 2).

Likewise, in the remaining 13.8% (*n* = 4) of the 29 testimonies in this subcategory, participants indicated that their knowledge of the initiative came through a family member: "My sister-in-law sent me here." (E16. Pos 2), or through peers, as shown in the following testimony: "They spoke very highly of it at the residence, and I really liked it when we went on the hiking route, when we came here for Zumba, and I loved it." (E5. Pos 2).

Motivational Factors

In this subcategory, 23 testimonies were included that referred to the motivations that led participants to join this initiative. The reasons were varied and linked to the desire to practice sports or engage in group activities. The most frequently mentioned motivation, with 60.9% (*n* = 14), was a prior interest in sports, with references to sports practiced during childhood and adolescence, as illustrated in the following testimony:

> "Well, the motivation is that ever since I was little, I started playing indoor football, from a very young age, nine or ten years old, and my whole life I've been very connected to football. And well, the truth is that I was interested in refereeing because I have a shoulder problem, I have shoulder dislocation, I'm afraid to play." (E2. Pos 3).

Within these 14 testimonies, 5 highlighted that this interest acted as a catalyst in response to the need for a lifestyle change:

> "I like sport and I decided to participate because I wanted to be in good physical shape, have more health, more peers, more friends, do sport and get out of the house, do activities. Have a good time in an environment of friendship and companionship." (E35. Pos 3).

Among the participants who did not mention previous experience practicing physical activity nor being motivated by an existing interest in sports, two main reasons were identified. On the one hand, the desire to improve physically or psychologically was mentioned in 4 statements: "Well, the first thing was the desire to start, the desire to feel like... How would I put it? To feel like you have energy." (E16. Pos 3).

On the other hand, 5 comments referred to the search for integration and social relationships through participation in a sports team.

Influence on the Psychosocial Rehabilitation Process

People with SMI present very complex difficulties that are not limited to psychopathological symptoms; they also affect other aspects such as psychosocial functioning and community integration. For this reason, the psychosocial rehabilitation process is essential for improving their well-being. In this category, 243 excerpts were collected that reflected the influence that participation in Sportsame has had, and continues to have, on the development of this process. Changes in lifestyle habits, the strengthening and expansion of the social network, improvements in perceived well-being, openness to other sports-based leisure activities, and a positive evolution in psychopathological symptomatology are the factors in which the interviewees perceive the influence of their participation in the program.

Changes in Lifestyle

Of the 39 excerpts collected in this subcategory, 87.8% (*n* = 36) highlighted improvements in the acquisition and consolidation of healthier lifestyle habits, routines, or learned behaviors that promote physical and mental well-being. A reduction in tobacco consumption (*n* = 12) and an improvement in nutritional patterns (*n* = 9) were noted: "I have to eat a little less and better. I've changed from eating something sweet to eating a piece of fruit." (E15. Pos 3). Likewise, the benefits of exercising to break with sedentary behavior (*n* = 12) were reflected, as expressed in the following statement:

> "Well, I've improved my sports habits, because they've gotten me into shape, I've lost a bit of weight, I'm more entertained with the training sessions, yes, it's better. I've also cut down on smoking—I used to smoke like crazy—and I eat a bit better to stay in shape. I'm better than I was when I started over a year ago." (E23. Pos 4).

We also see, in 3 of these 36 textual units, how sports activity helped individuals overcome other addictions: "I used to consume and now I don't. I've gone 3 years without consuming." (E16. Pos 4).

Finally, in 7.7% (*n* = 3) of the testimonies, no significant change was reflected, as these individuals already had a healthy lifestyle before participating in the program.

Impact on the Environment

In this subcategory, 34 statements were included that reflected changes, influences, or effects that participation in the project has had on interaction with participants' immediate environment: family, peers, educators, residential centers, the community, or other spaces of coexistence and socialization.

The main effect highlighted (*n* = 26) was an improvement in family relationships as a consequence of their participation in Sportsame, as expressed by the following participant:

> "My family feels very proud of me. They cheer for me when they take a photo and I send it to them, or when I win a trophy or a medal. They are very proud of me, and that makes me feel very good about myself." (E11. Pos 5).

This impact was also reflected, in six (*n* = 6) of the statements, as an improvement in relationships with friends: "Yes, yes, well, it has helped me, of course, it has helped me a lot to relate to my friends and better." (E21. Pos 5).

We also found two testimonies indicating that their social environment began to take shape as a result of their incorporation into the program.

Expansion of Social Network

U One of the positive consequences highlighted from participation in Sportsame was the expansion of the social network, with 47 textual units referring to this aspect. There was unanimous agreement when referring to the existence of bonds and friendships generated among participants during the program's activities, valuing the positive group atmosphere, respect, and cordial interaction among peers, as expressed by the following participant:

> "Yes, you meet people, you meet friends, for example, teammates from other teams, for instance. And well, among our own teammates we help each other, and we also come together, we get to know one another. Sportsame for me is a family. We know each other, I know other teammates from other teams." (E52. Pos 6).

Within this expansion of the social network, six testimonies highlighted that this growth emerged alongside a rupture of behaviors that previously hindered social relationships, as reflected in the following testimony:

> "Before I was very shy. At the beginning, when I started, I felt a bit shy, but over time I think I've overcome it a bit. I have one or two friends with whom I also do things. So, well, we go do sport, ¿right? Since we like it so much, we go to basketball, we go to football—so yes, we do sport." (E4. Pos 6).

It was also reflected in four statements that these bonds extend beyond the activity itself, helping to consolidate and broaden the social network of the participants:

> "Well yes, because you interact with people from other teams, you expand the number of people you know and your social relationships in every sense. Sometimes you meet with people you've enjoyed a match with to go out and have a little Coca-Cola." (E37. Pos 6).

Perceived Physical and Psychological Well-Being

In this subcategory, 29 statements were included that referred to the physical and emotional state experienced by participants after joining the program, highlighting an improvement in psychological, physical, and emotional well-being. This perception was reflected in textual units expressing a sense of achievement or personal accomplishment experienced when participants felt competent or had done something meaningful for themselves, which contributed to enhanced self-esteem: "Well, above all, my self-esteem. Because all the teams, well, they've been coming, those people, but I've gotten along well with all of them, more or less." (E31. Pos 9). Likewise, sport was described as an activity that allows them to disconnect from problems, serving as an outlet and a source of motivation:

> "Yes, because here we all get distracted. Nobody talks about what's happening to us or whether we have more or fewer difficulties; we talk in a relaxed way among ourselves about our things, like the games we play or the activities we do." (E47. Pos 9).

Openness to Other Sports Activities

This subcategory brought together 46 comments that referred to the practice of sports activities outside the program. Of these, 86.9% (n = 40) reflected that it was as a result of participating in this initiative that many began to expand the amount of free time dedicated to various physical activities, as expressed in the following statement:

> "I've now started trying to do a bit at the gym, because after almost two years here with Sportsame, my body is already asking me to do something. I've started doing some exercise outside." (E8. Pos 7).

Among these activities, those carried out independently were highlighted, such as going to the gym (n = 13), swimming (n = 2), yoga (n = 3), cycling (n = 2), or hiking (n = 6): "Yes, hiking and cycling, when my partner and I can as well." (E11. Pos 7); as well as activities carried out through participation in structured alternatives (n = 10): "I'm in the academy of the town where I live, and I've been with them for 5 years as well. We work with categories from pre-benjamín to veteran." (E24. Pos 7).

Four participants indicated that, after beginning physical activity in the program, they regularly played football or basketball with old friends or with people they had met through Sportsame.

A total of 13.1% (n = 6) of the statements in this subcategory indicated that they did not engage in sports activities outside Sportsame.

Evolution of Symptoms Associated With the Disorder

In 48 excerpts, participants reported perceived improvements in mental health, reflected in greater emotional balance and psychological stability (n = 12), thereby consolidating a reduction in pathological symptoms such as anxiety and depression (n = 18), along with a decrease in persistent feelings of sadness and apathy (n = 10).

> "A great deal, I've improved a great deal. Well, because before I was in bed all the time. After eating, after breakfast, I would get up in the morning and then go back to bed again. Then the long naps. I wasn't leaving the house. And now you feel that things have changed. More active. I'm more stable now. I've been quite well for a few years now, really, that's the truth. With the desire to work and everything." (E12. Pos 8).

Among these effects, participants also reported (n = 7) positive changes in cognitive processes, reflecting improvements in attention, concentration, or the ability to cope with daily life. Likewise, participants expressed feeling more focused, with greater attentional capacity and clearer thinking:

> "Well, being active and being attentive and... the concentration." (E26. Pos 8).

One participant linked the reduction of crises associated with the disorder to physical activity in the following comment:

> "Yes, because it complements you. And the more you do, the better your body feels. The neurologist told me: the more physical activity you do, the more active your body will feel. Then your 'mind' will tell you that you're going to be calmer, more relaxed, less stressed. And that will prevent you from having as many crises." (E42. Pos 8).

Impact on Stigma

The stigma associated with SMI deeply affects various aspects of the lives of those who experience it, generating a negative impact on personal, social, and occupational spheres. In 46 testimonies, it was observed that participation in Sportsame has had an impact both on the stigmatizing perception held by others about the participants and on their own self-concept and self-esteem.

Social Stigma

This subcategory included 29 statements that reflected how these activities change the way other people perceive mental health, contributing to the reduction of social stigma. Individuals outside the program modify their view of mental disorders after witnessing or participating, turning these sports activities into a tool for visibility that allows participants to show their abilities and normalizes mental health in the eyes of others, as reflected in the following textual unit:

> "Yes, it helps us, yes. Because people see that we are human beings and that we can get involved in sports and with other people. Because many people who have no illness come to watch us every day. I think it makes everyone see that we are capable of doing many things." (E4. Pos 10).

Likewise, the participation of people without a diagnosis was highlighted as a key factor in helping reduce social stigma: "These past years, yes. Because things have changed with bringing in the volunteers. And that is improving with the volunteers... And we play more on equal terms." (E14. Pos 10).

Self-Stigma

Changes experienced internally by the participants regarding their self-perception and self-esteem were also noted in 17 references, contributing to the reduction of self-stigma. These changes were reflected, on the one hand, in empowerment and improved self-esteem (n = 6): "It reinforces, for example, that I feel more confident playing football, because before I did have many insecurities." (E43. Pos 11); and in improved self-image (n = 4), as participants felt more secure, as can be seen in the words of this participant:

> "It has helped me to understand myself more, to forgive myself and to understand myself better. Because I have an illness and I relate differently from other people. And it helps you understand some of the things that happen to you. And yes, it helps you get rid of a bit of that negative burden you might carry." (E29. Pos 11).

Among the participants who referred to facilitating factors in reducing self-stigma, positive interaction with other users was highlighted (n = 4), as reflected in the following statement:

> "In the end, we all play regardless of our problem, our mental disability, or whatever it may be. And yes, because we play and we are not... At least I'm not thinking 'this person has this, that person has that.' We are taking medication. And let's say that it's... I think yes, it is a good way of including us." (E39. Pos 11).

The sense of security and trust generated by professionals and volunteers was also highlighted (n = 3).

Program Perception

In this category, 94 statements were collected that referred to participants' perceptions of the program's functioning beyond its impact on their lives. The work carried out by professionals and volunteers was particularly highlighted, and a series of improvement proposals were raised, mainly referring to increasing the number of activities, expanding the league to other organizations, and providing greater visibility and promotion of the program.

Importance of Professionals

The main characteristic highlighted in the program was the importance that professionals had in its success, representing 51.1% (*n* = 48) of the statements within this category. This relevance was mainly associated with two functions. On the one hand, 35 statements pointed to actions described in terms of social support and positive treatment, expressed through encouragement and motivation: "Excellent. Well, excellent. A 10, a 10 [...] Well, the motivation they convey, the constant help. If something happens to you, I don't know, it's very... very good." (E50. Pos 12); as well as humane treatment and active listening, as reflected in the following textual unit:

> "Well, they mostly help a lot with communication, they practice active listening, and the Sportsame program itself makes you feel even better and makes you feel like a more normal person, right? I mean, people look at you differently. They don't look at you as if you have a disability." (E15. Pos 12).

This support during the activity and the professionals' concern are highly valued by participants, as expressed below:

> "They help us improve day by day and support us, guide us, and teach us how we should play and warm up. They are on top of things, they care about whether you come or not. They let us know when there is an activity. And they ask you... And then at the end of the season there is also a meeting and a meal." (E21. Pos 12).

The emotional support and consistency of the professionals help establish an affective bond that is seen as a pillar of the inclusion and recovery process:

> "I consider that everyone who works here does an excellent job. Alberto, who often helps us when we have a problem. The other educators as well. Or the educators from the schools. I mean, we feel, at least for me, like a family." (E29. Pos 12).

On the other hand, the second function highlighted by participants was educational and sports-related guidance (*n* = 13). This was reflected in: technical and tactical instruction (*n* = 3); the development of skills such as responsibility, leadership, and values associated with sport (*n* = 5); and the promotion of participation (*n* = 5): "Professionals are important in the sense that they help us participate, cooperate, have a good time, compete, practice sports, support each other, and work with confidence in sport." (E36. Pos 12).

Improvement Proposals

Of the 94 textual units in this category, 48.9% (*n* = 46) referred to the proposals expressed by participants to optimize the functioning, structure, or impact of the Sportsame project. Within these 46 statements, 65.2% (*n* = 30) indicated that no changes or improvements to the initiative were necessary: "Would I change anything about the football league? To improve it? No, I think it's well organized. I think everything is under control, well managed. Everything is well organized." (E1. Pos 13).

In contrast, 34.8% (*n* = 16) of the units of analysis included improvement proposals. Most of them (*n* = 12) referred to expanding the program, both in terms of the range of activities and their frequency, as reflected in the following textual unit:

> "That it were more frequent, that there were more... And if it's not football, then something else. But that we could meet every week, that they would let us use the sports hall. Or at least every two weeks at most. Because I really feel the pace. I notice it, at least. I mean, sometimes so much time goes by that, phew, even I feel a bit... When it's more regular, it becomes a routine, and you feel better..." (E29. Pos 13).

To achieve this, participants suggested increasing the program's outreach to social organizations serving other groups, as reflected by the following participant:

> "Talk to more associations. Thinking... Okay, so we're here, for example, those of us with mental health issues, right? So to speak. But let others come, those with cancer, things like that, people who are there and need help. Just like us — give them a push. Yes, so they can see that they can be active. I'd reach out to more associations. For example, people from ONCE. More associations of people who could help each other." (E16. Pos 13).

There were also proposals related to increasing financial resources (*n* = 3) and improving facilities (*n* = 1).

Discussion

The results obtained show that people with SMI, before participating in the socio-educational sports-based leisure project, felt unmotivated and apathetic and were in poorer psychological condition due to a lack of interest and enthusiasm, being closed off within themselves and isolated. In this sense, the illness often hinders social interaction and group belonging, leading to situations of exclusion and isolation (Magallares Sanjuan, 2011) that obstruct community inclusion and participation. Studies such as those by Bian and Xiang (2023) or Iwasaki et al. (2014) showed that through leisure and the development of sports activities, people with SMI displayed fewer psychiatric symptoms, led more active and engaged lives, and experienced less boredom. Likewise, Galán-Casado and García-Pérez Calabuig (2025) and Gómez Pérez et al. (2003) report that leisure can be used in a rehabilitative manner with people with SMI by supporting psychiatric stability, helping individuals move out of isolation and integrate more normally into their environment through the strengthening of their social network (Page et al., 2024; Trigueros et al., 2022).

The role of professionals, as highlighted by the participants in the study, proved fundamental for their decision to join the socio-educational intervention project through sports-based leisure. This is due to the important role these agents play in the psychosocial rehabilitation of people with mental health problems, as they are the ones who best understand the specific needs of each user, and sports-based leisure can be a key tool for fostering greater participation of the individual in their own recovery process (Ebrahim et al., 2020; Gorman et al., 2023; Portela et al., 2023; Saraswati et al., 2024; Sobrino & Rodríguez, 2008).

Regarding the benefits of sports-based leisure for people with SMI, healthier lifestyle habits, routines, and social relationships that foster physical and mental well-being stand out (Mau et al., 2021), along with the improvement of cognitive processes such as concentration or attention (Braunsmann et al., 2024; Peña-Muñante et al., 2025). Fujii et al. (2020) and Galán Casado, Moraleda Ruano et al. (2020) specifically refer to sports-based leisure as a way for people with SMI to evolve from a cognitive perspective and reduce the negative symptoms of the illness, promoting improved and more efficient information processing. Furthermore, it has been demonstrated that physical activity allows individuals to manage stressful situations more effectively (Mullor et al., 2019; Mullor et al., 2017; Stubbs et al., 2017; Vancampfort et al., 2017), fostering the development of a more organized and structured lifestyle. Sports-based leisure also provides an opportunity to build a social and emotional network that can extend into the person's everyday environments, beyond the time shared within the activity itself (Page et al., 2024; Peña-Muñante, 2025).

Participants also reported maintaining better relationships with their close environment and family since taking part in the sports project, which shows how sports-based leisure can contribute to transforming the social reality of people with SMI and, in turn, improving relationships with close individuals and within their everyday surroundings (Creech et al., 2022; De-Juanas and García-Castilla, 2023).

Finally, those who took part in the study expressed that, thanks to sports-based leisure, both social stigma and self-stigma are reduced. In this sense, Moraleda et al. (2019) highlight how sport helps reduce stigma toward people with SMI, turning physical activity into a key means for dismantling prejudices and demonstrating the real capabilities of this population. Likewise, sport functions as a tool for eliminating labels associated with people with SMI (Ceballos & Casanova, 2017; Cangas et al., 2017; López-Pardo, 2014), which are often considered a second and incurable illness (Magliano et al., 2012). Moreover, this reduction of prejudice encourages people with mental health problems to increase their motivation and personal confidence, enabling them to engage in sports activities in normalized contexts beyond programs such as the one developed by Sportsame in the Community of Madrid (Cutanda et al., 2025; Galán-Casado et al., 2023; Lucksted & Drapalski, 2015).

Conclusions

The voices of the participants in a sports-based leisure project for people with SMI indicate that these activities are positive not only for physical and mental improvement, but also for fostering inclusion, empowerment, autonomy, and the breaking down of stigmatizing barriers.

Significant changes are observed in the users' lifestyle, where sports activity has functioned as a means of interaction, expanding their interpersonal support network and encouraging new relationships. This strengthening of the social fabric has also had a positive impact on family relationships and on the sense of belonging to a group.

Another relevant aspect is the role that the program has played in the positive evolution of symptoms associated with SMI. Many participants reported a decrease in anxiety, apathy, and sadness, as well as cognitive improvements, especially in attention and concentration. This reinforces the value of sport as a complementary therapeutic strategy in mental health.

Likewise, a reduction has been observed in both social stigma and self-stigma. The visibility offered by the program allows society to change its perception of people with SMI, while users experience a process of personal empowerment, acceptance, and strengthened self-esteem.

Overall, the present study shows that sports-based leisure is consolidated as an effective tool in socio-educational intervention, promoting community integration, personal well-being, and the development of inclusive, human, and participatory approaches. These results also provide valuable information to the scientific community, since they offer empirical evidence that supports the incorporation of innovative, person-centred methodologies in the field of mental health. In particular, they help to substantiate the relevance of integrating sports-based leisure strategies within socio-educational intervention frameworks, broadening the possibilities for support and for improving the quality of life of those who have SMI.

Limitations and Future Perspectives

This study was carried out in a specific context and with a concrete sample group of people with SMI who participate in a sports-based leisure project, which limits the possibility of generalizing the results to other populations or settings. In addition, the qualitative approach based on interviews, while providing depth and richness to the narratives, focuses on subjective experiences that may be influenced by the specific context in which the data were collected.

For future studies, it would be appropriate to combine qualitative and quantitative methodologies, allowing for a more comprehensive view of the impact of sports-based leisure on people with SMI. It would also be of interest to extend the study to other sports initiatives of similar characteristics at the national level, with the aim of obtaining a broader and more representative sample.

Ethics Committee Statement

The study was conducted in accordance with the Declaration of Helsinki and was approved by the Ethics Committee of the National University of Distance Education (UNED) on November 6, 2024. Reference: 30-SISH-EDU-2024.

Conflict of Interest Statement

The authors declare that there are no conflicts of interest related to the research, authorship, and/or publication of this article.

Funding

This contribution is part of the "ATALANTA Project: Sports Leisure for the Recovery of People with Severe Mental Disorders," funded by the National University of Distance Education (UNED) under the 2024 Young Talent Promotion Programme of the Office of the Vice-Rector for Research, Knowledge Transfer, and Scientific Dissemination. Reference: 2024-VICE-0013.

Acknowledgements

The authors would like to thank the National University of Distance Education (UNED) for its financial support through the 2024 Young Talent Promotion Programme of the Office of the Vice-Rector for Research, Knowledge Transfer, and Scientific Dissemination (Reference: 2024-VICE-0013), which made it possible to investigate the recovery process of people with Severe Mental Disorders through sports leisure.

Authors' Contribution

Conceptualization (Diego Galán-Casado & María García-Pérez Calabuig); Methodology (Jorge Díaz-Esterri & Diego Galán-Casado); Software (Jorge Díaz-Esterri & María García-Pérez Calabuig); Validation (Ánibal Cutanda Caballero & Diego Galán-Casado); Formal Analysis (Ánibal Cutanda Caballero & Diego Galán-Casado); Investigation (Ánibal Cutanda Caballero & Diego Galán-Casado); Resources (Jorge Díaz-Esterri & María García-Pérez Calabuig); Data Curation (Ánibal Cutanda Caballero & Jorge Díaz-Esterri); Writing – Original Draft (Diego Galán-Casado & María García-Pérez Calabuig); Writing – Review & Editing (Ánibal Cutanda Caballero & Jorge Díaz-Esterri); Visualization (all authors); Supervision (all authors); Project Administration (Diego Galán-Casado); Funding Acquisition (Diego Galán-Casado). All authors have read and agreed to the published version of the manuscript.

Data Availability Statement

The data are available from the corresponding author (mgarcia@edu.uned.es) upon reasonable request.

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