Transforming government-led afterschool sport into a place that protects mental health:

"I took it back and implemented it": Exploring Take 5 implementation strategies and outcomes within the Western Cape Department of Cultural Affairs and Sport's afterschool MOD programme.

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THE PROBLEM

Mental health disorders affect one in eight people worldwide, and up to 85% of people in low- and middle-income countries (LMICs) receive no formal care.[5] **The World Health Organization has called for urgent, scalable interventions to close this prevention and treatment gap and address the rising psychosocial burden.**

In South Africa, mental disorders together account for the largest number of years lived with disability across all regions, and prevalence continues to rise.[6] **This is particularly evident among children and adolescents:** one third (34.6%) of mental disorders emerge before the age of 14, and nearly half (48.4%) before the age of 18.[7]

BACKGROUND

Community-based, culturally adapted approaches show promise. Psychological interventions adapted to local culture and delivered by lay health workers in Africa have shown significant promise in meeting unmet mental health needs.[8] Community-based approaches help make interventions culturally appropriate and relevant to context, and culturally sensitive adaptation during implementation can substantially improve mental health outcomes.[9] **Task-sharing and community-initiated approaches are adaptable and scalable options for prevention in low-resource settings.**[10]

Sport and Recreation offer simple, low-cost and accessible answers. Physical activity is an evidence-based active ingredient for preventing youth anxiety and depression.[11] It can be delivered by trained sports coaches or youth facilitators rather than clinicians, and it is intrinsically engaging, so young people keep coming back. In many countries, sport and physical activity are already integrated into school curricula meaning the people and infrastructure for implementation already exist. With a small investment in training and supervision, this infrastructure can be strengthened to improve wellbeing and mental health outcomes for participants at lower cost than existing task-sharing models.

Take 5 - Grew out of Waves for Change's Surf Therapy programming. It is an evidence based pedagogy used by sports coaches or youth facilitators that strengthens the mechanisms of change within sport and recreation based programmes with the intention of improving mental health outcomes for participants. Take 5 strengthens:

Positive mentors and peers to improve social connections.	**Safe spaces** to provide respite and recovery from stress	**Fun, challenging activities to** improve confidence, relief and recovery from stress & keep participants coming back	**Social and emotional skills to** help participants build friendships, identify and manage difficult emotions.

To use Take 5, Coaches master two key elements. They layer **a 5 step teaching routine** into their existing sessions. The routine strengthens session structure and contains activities that strengthen group management, social connections, emotion regulation and play induced respite. Coaches also learn **nine helping and facilitation skills** that strengthen interpersonal connections and group management. Take 5 is designed to integrate with existing programmes with minimal disruption and has demonstrated strong implementation outcomes in South Africa.[12]

THE STUDY: **What are the implementation strategies that make up the Take 5 training model,** and **how well was Take 5 implemented when integrated into a government-run sport programme.**

The partner: The Western Cape Department of Cultural Affairs and Sport's Mass Participation, Opportunity and Access, Development and Growth (MOD) Programme offers school-going youth daily sport, recreation, arts and culture programming. In 2024/25 it reached 58,000 learners through 181 school-based centres and 362 coaches. It plans to grow to 315 centres.[13] This summary draws on a **two-phase mixed-methods implementation study** of Take 5 training for MOD coaches between 2024–2025.

The theoretical model. The study used two linked implementation science frameworks by Proctor and colleagues.[14] The first ("Name it, define it, specify it") defined each Take 5 strategy: who delivers it, what they do, for whom, when and how often. The second sets out eight outcomes for judging whether delivery succeeded: **acceptability, adoption, appropriateness, feasibility, fidelity, penetration (reach), cost and sustainability.**

How it worked: in **Phase 1**, eight Take 5 trainers defined the core strategies to train facilitators to use Take 5. Survey and focus group discussions were used. The six implementation strategies to train facilitators to use the model are:

Training and supporting facilitators	Resources for facilitators
1. Initial facilitator training (3 days, 24 hours)	5. Standardised curriculum and guide
2. Weekly peer-led facilitator practice	6. Video learning materials
3. Online peer support (WhatsApp)	
4. Monthly skills training for facilitators	

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[5] WHO (2021). Mental Health Atlas 2020; Vigo, D. et al. (2016). Lancet Psychiatry, 3(2), 171–178; WHO (2008). mhGAP.
[6] Achoki, T. et al. (2022). J Epidemiol Community Health, 76(5), 471–481.
[7] Solmi, M. et al. (2022). Molecular Psychiatry, 27, 281–295.
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[9] Mishu, M. P. et al. (2023). PLoS One, 18(10), e0290653.
[10] Naslund, J. A. et al. (2022). Frontiers in Public Health, 10, 992222.
[11] Wellcome Trust (2021); Hu, S. et al. (2020). Frontiers in Psychiatry, 11.
[12] Davies, T. et al. (2025). Cambridge Prisms: Global Mental Health, 12, e77.
[13] Western Cape Department of Cultural Affairs and Sport (2025). Annual Report 2024/25.
[14] Proctor, E. K. et al. (2013). Implementation Science, 8, 139; Proctor, E. et al. (2011). Adm Policy Ment Health, 38(2), 65–76.

In **Phase 2**, the study surveyed MOD coaches and managers who had been trained to integrate Take 5 to their programming over a six month period. Training in the model used the 6 implementation strategies cited above. Validated measures of acceptability, appropriateness and feasibility tested if coaches found training appropriate,[15] and then assessed changes to coach competencies before and after training using the WHO–UNICEF EQUIP WeACT tool.[16] The study also audited cost, attendance, reach and training records.

134 MOD coaches trained in two cohorts (51 in 2024; 83 in 2025)	**8 Take 5 staff** surveyed and in a focus group to define the strategies	**6 MOD managers** surveyed on cost and sustainability	**11 data sources** surveys, validated measures and audits, triangulated

KEY FINDINGS: **Take 5 showed positive implementation outcomes across all eight domains assessed, strengthening MOD's existing programme rather than replacing it.**

✓ Additive, not disruptive

Take 5 fitted into MOD's existing sport, arts and culture sessions. The MOD team rebranded the Take 5 routine to the 'MOD Flow', and added two steps to include programme announcements and welcomes at the start and end of each session. The flow is now the base of all MOD sessions across all MOD programming.

✓ Acceptable, appropriate and feasible

Coaches rated Take 5 positively for acceptability (3.94 out of 5), appropriateness (3.92) and feasibility (3.91), and 98% would recommend the training to a colleague. Managers said it strengthened MOD's credibility with stakeholders, including the provincial government.

✓ Coaches' skills improved

Coaches became safer and more skilled. Competencies, assessed with the WHO–UNICEF EQUIP WeACT tool, improved across all five areas, with fewer Level 1 "harmful" and more Level 4 "advanced helpful" behaviours. Gains were significant, with medium-to-large effects, for verbal communication, empathy and warmth, and identifying safeguarding concerns. Programme monitoring of the 2025 cohort found harmful coaching behaviours fell by 59%, and 83% of coaches demonstrated improved basic or advanced helping skills.

✓ Reach and sustainability

134 coaches were trained in two years, and only 10.4% dropped out, mostly because they moved or changed jobs. In total, Take 5 reached 37% of MOD coaches and an estimated 21,460 young people in two years. Coaches also used elements of the Take 5 routine in schools PE sessions, church groups and their own lives. MOD has signed an agreement to expand Take 5 use across all 315 MOD centres, reaching over 400 coaches in 2026 through a training of trainer model.

THE COST OF TAKE 5: A SMALL ADDITIVE COST THAT STRENGTHENS AN ENTIRE SYSTEM

2.4% additional cost to MOD delivery to integrate Take 5 training and supervision	**$1.66** approximate cost per child per year	**$265** average cost per coach for training and ongoing support	**100%** of MOD managers said Take 5 justified the time and money invested

How this was calculated: the 2024–25 Take 5 training cost ($35,542) was compared with the share of MOD's 2024/25 spend ($4.0 million) delivered by Take 5-trained coaches (37%, $1.48 million), giving an additional cost of 2.4%. MOD's 2024/25 spend of $4.0 million across the 58,000 children it reached works out at about $69 per child per year. Adding 2.4% for Take 5 training gives about $1.66 per child per year. Several costs did not rise when more coaches were trained in 2025, so Take 5 became more efficient as it grew.

Interpreting these results: This was an implementation study, not a trial of outcomes for young people. Most findings are coach and manager reports with no comparison group; WeACT assessments give a more objective check on delivery quality.

What participants said.

"Take 5 is a part of my life now. I don't know how to unlearn what I've been taught." **MOD Coach**

"Key techniques such as grounding exercises, reflection circles, and self-care check-ins have already been mainstreamed into session plans and staff team meetings." **MOD Manager**

WHAT WE LEARNED

Take 5 demonstrated strong implementation outcomes within a government-led, provincial youth programme. Its combination of training, mentorship, peer support and contextual adaptation represents a promising and scalable approach to community-based youth mental health promotion through existing youth sport, recreation and development infrastructure.

A simple framework, not a rigid curriculum. As previously highlighted in this summary, participation in sport and recreation, under the right conditions, is proven to reduce anxiety and depression. Take 5 embraces this paradigm. Where many programmes "parachute in" external curricula in an attempt to influence 'what' is done in a session, Take 5 takes a different approach. Take 5 builds the capacity of the coach or facilitator to influence 'how' each session unfolds. This increases the chance that facilitators create the optimal conditions for the psychological benefits of physical activity to be realised.

Quality needs ongoing support. To scale, a Training of Trainer model will be needed. After the initial training some harmful coaching behaviours remained. Ongoing supervision and peer support was needed to ensure the concepts learnt at training integrated coaching practice and these harmful coaches were reduced. To scale a training and supervision model, a Training of Trainer approach will be needed to enable partners to sustain Take 5 independently of Waves for Change employed trainers.[17]

WHAT THIS MEANS FOR POLICY AND THE SECTOR

Mental health promotion can be built into the programmes children already attend

Government afterschool programmes already employ coaches at scale. Take 5 works alongside what they deliver, adding a routine and coaching skills rather than a new programme, for about 2.4% of delivery costs. As MOD grows from 181 to 315 centres, this is a low-cost way to equip the workforce already in place to protect young people's mental health.

WHAT HAPPENS NEXT

Take 5 Champions: testing a train-the-trainer approach for scale

This study looked at training delivered directly by the Take 5 team. The next study will test the feasibility and acceptability of the Take 5 Champions train-the-trainer model, examining whether key implementation strategies can be transferred to trainers within partner organisations, who then train and support their own coaching workforces.

[15] Weiner, B. J. et al. (2017). Implementation Science, 12, 108.
[16] Jordans, M. J. D. et al. (2021). Global Mental Health, 8, e7; Kohrt, B. A. et al. (2025). Lancet Psychiatry, 12(1), 67–80.
[17] Nexø, M. A. et al. (2024). BMC Med Educ, 24, 30.