

Does sport improve the mental health of young refugees and their host communities?



Evidence from Game Connect Uganda (phase 1)

Evidence gap

Physical activity is known to be effective in supporting young people's mental health, both in prevention and treatment of mental health conditions. However, research into its mental health effects in lower-resourced humanitarian settings or focusing on young people affected by displacement is lacking. An evaluation of the Game Connect programme sought to enhance the evidence base.



About Game Connect

Game Connect is a Sport for Mental Health programme in Uganda, initiated by the Olympic Refugee Foundation. It aims to enhance the mental health and psychosocial well-being of displaced young people and their host community counterparts (aged 15-24) through sport-based interventions.

Context

Host country

Uganda, Africa's largest refugee host, providing refuge to over



1.6 MILLION PEOPLE

Demographic

24%

of displaced people are between ages 15 and 24¹

Programme overview

Locations: Kampala and the refugee settlements of Pagirinya, Kyangwali, Palabek and Rwamwanja, and the surrounding host communities

Duration:

(phase 1) August 2020 to July 2023 (36 months) and (phase 2) August 2023 - July 2026 (36 months)

Implementation: Consortium led by the AVSI Foundation

Budget: \$1.5million USD

Method: Structured sport-based curriculum and personalised support

Activities

Training and mentoring Game Connect coaches



Personal support provided by coaches via household visits



Weekly Sport for Mental Health sessions



Mapping service delivery and establishing referral pathways



Inter-community events and peaceful co-existence activities



Community sensitisation around mental health issues and the role of sport



Total participants: **11,761** young people

¹ UNHCR (2024) <https://reporting.unhcr.org/operational/operations/uganda>

Evaluation approach

To understand if and how Game Connect contributes to improved mental health and well-being?

Randomised Controlled Trial (RCT)²

- **Participants:** Two cohorts of young people, randomly assigned to treatment or wait-list control groups
- **Baseline:** Gauged existing psychosocial well-being and mental health status³
- **Intervention:** The treatment group participated in Game Connect for four months. The control group received the intervention only after RCT data collection
- **Endline:** Compared the changes among treatment and control groups between baseline and endline

Qualitative research

- **35 focus group discussions (FGDs)** with coaches, young participants and caregivers
- **30 key informant interviews** with project partners, staff of the Office of the Prime Minister, district-level officials, mental health service providers and local leaders

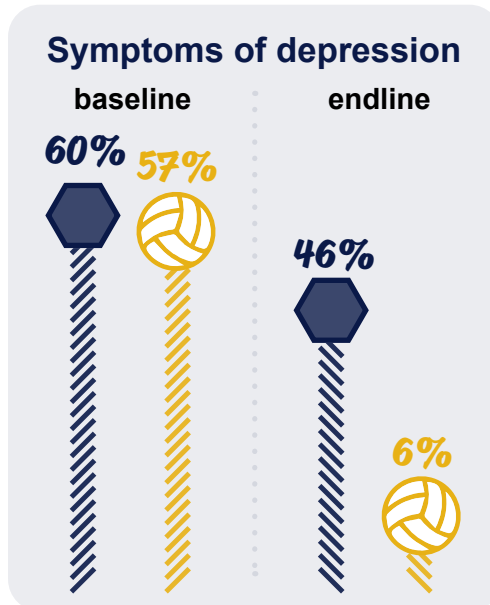
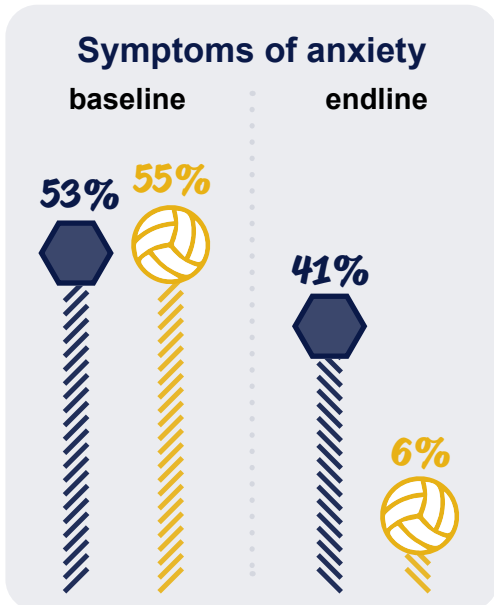


Ever since I enrolled with Game Connect, my life and mind is free from stress. I started being fair to myself and got to know my hidden talents. And I learnt sport activities. Together with the training, this made my body physically fit, I got a chance of making new friends and I started being happy.”

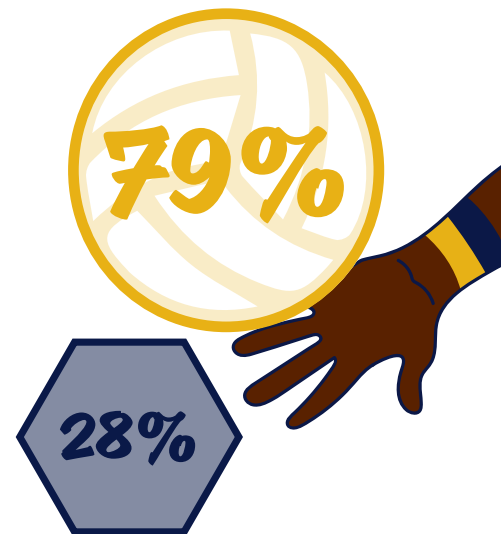
Game Connect participant, Kikuube, District Western Uganda

Programme impact

- 1. Significant improvement in the psychosocial well-being and mental health of young people in the treatment group compared to counterparts in the control group at endline**



Improved psychological well-being, depression and anxiety outcomes



Control group Treatment group

²The RCT's limitations included a restricted capacity to control confounder effects. See pages 8 and 16 of the Final Evaluation of the Game Connect Project, Makerere University (2024) for more about these and other limitations, which could partly account for the observed improvements in outcomes of the control group. The trial maintained ethical standards involving obtaining ethical clearance, informed consent and assent, and ensuring confidentiality and anonymity.

³Assessed with the Patient Health Questionnaire 9 (PHQ- 9) and Generalized Anxiety Disorder 7 (GAD-7)

2. Better outcomes across diverse groups

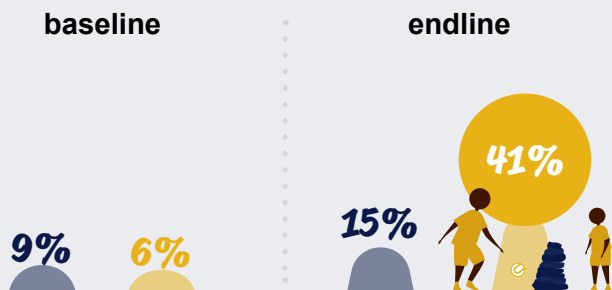
Disaggregation reveals significantly better outcomes for young people in the treatment group compared to the control group across gender, age group, status (refugee/national), disability and location. This underscores the effectiveness of Game Connect in addressing the needs of young people across diverse socio-demographic categories.



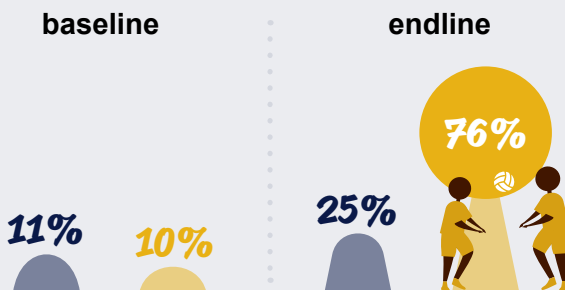
3. Significant improvement in four additional outcome areas

The performance of young people in the treatment group improved compared to the control group in all four areas which were considered to contribute to mental health and psychosocial well-being.

Skills and capacities to support psychosocial well-being and mental health

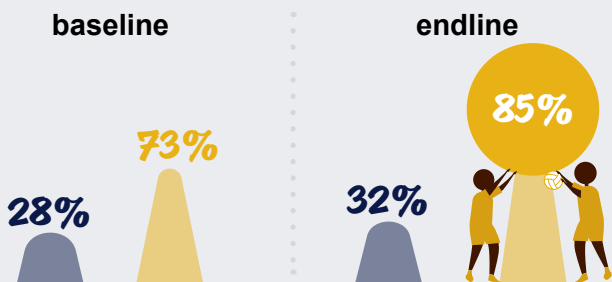


Good self-efficacy scores

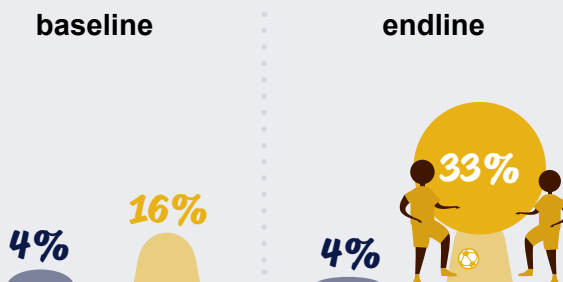


Strongly correlated with psychosocial well-being and mental health among young people

Having someone outside their family/household whom they can turn to for support



Increased sense of belonging



Less predictable association with psychosocial well-being and mental health among young people

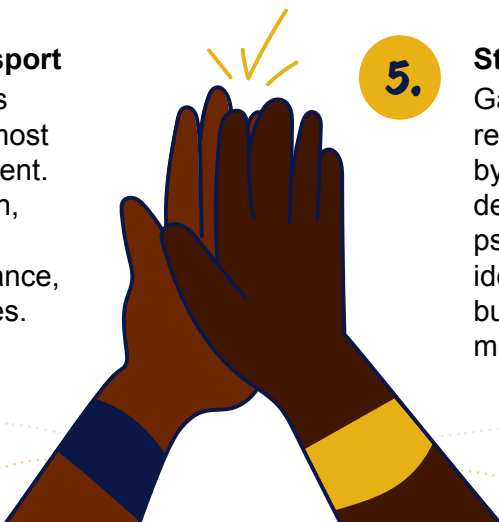
● Control group ● Treatment group

4. Life skills training through sport

Participants identified life skills training through sport as the most impactful programme component. However, the holistic approach, also combining home visits, referral, counselling and guidance, contributed to overall outcomes.

5. Strengthened referral pathways

Game Connect strengthened referral pathways for young people by increasing awareness and demand for mental health and psychosocial support services, identifying referring cases and building synergies with existing mental health service providers.





Sports activities, they unite youths. I learnt other new sports activities that I didn't know before which helped to relax my mind. [...] when the time for training in sports like football arrives, I go and play with others and this helps to relax my mind at the end of the day."

Game Connect participant, Kamwenge, District Western Uganda

The Game Connect model should be

**PROMOTED,
SCALED AND
REPLICATED**



RECOMMENDATIONS

The evaluation report* has 17 detailed recommendations, including recognising the additional vulnerabilities faced by young women, girls and young people with disabilities. These recommendations have been incorporated into Game Connect Phase 2. To support our mission and broaden access to Sport for Mental Health (SfMH) activities key stakeholders should:

1. Policy-makers

- Integrate SfMH into national mental health policies with consideration to challenges facing displaced people in accessing services
- Embed SfMH in school (extra)curricular activities to extend access to sport and mental health services for refugee and host community young people
- Support local government to implement SfMH activities in refugee hosting communities; through support to advocacy, training and access to spaces
- Build capacities in SfMH among coaches, teachers, social workers and others in refugee hosting communities through technical assistance and funding provision

2. Mental health and psychosocial support (MHPSS) practitioners

- Integrate sport within programme design and implementation at all levels of the MHPSS intervention pyramid
- Identify and collaborate with sport partners and establish two-way referral pathways

3. Sport for Protection (SfP) and sport practitioners

- Embed savings and skill-building activities into the SfP project to boost regular attendance and engage older youths from both host and refugee communities

ENGAGEMENT in structured safe and supportive sport is **effective** in addressing mental health and psychosocial needs of young people affected by displacement.

To learn more about Game Connect or to collaborate with consortium members email contact@olympicrefugefoundation.org or rita.larok@avsi.org



*This summary is based on research conducted by Makerere University and funded by the Olympic Refugee Foundation on behalf of the Game Connect Consortium – AVSI Foundation, Right to Play, Youth Sport Uganda, The Uganda Olympic Committee and UNHCR Uganda.

