

It's a Goal!: basing a community psychiatric nursing service in a local football stadium

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Abstract

This paper describes the development of a community mental health project in a local football stadium.

Funded for three years by the Laureus Foundation's 'Sport for Good' initiative, the project provides mental health promotion and mental health awareness input targeted initially at young men, a group who are often very difficult to engage in this type work.

Using group interventions and utilising football as a metaphor, the project helps young men address issues around depression, self-esteem and inclusion, and addresses the subject of suicide which remains the second biggest cause of death in young men in Britain.

The paper describes the development of the project, the structure of the groups and the evaluation of the first two groups to complete the process.

The work takes place in the Moss Rose stadium, home of Macclesfield Town, a team in the English Football League.

INTRODUCTION

Although men, as a distinct group, have not always featured prominently in writings on mental health and illness, the particular problems experienced by men are now starting to be acknowledged in the psychology and sociology literature, and are beginning to feature in mainstream mental health research. One of the main reasons for this may be the fact that statistically men's mental health, especially young men's, is showing marked changes in presentation.

There has, for example, been a rise in young men entering the psychiatric system for substance misuse problems and personality disorders¹ and an increase in the number of young men committing suicide.^{2,3} Suicide is now four times more common in men than in women, and whilst rates of suicide in women have, in general, been falling steadily since the 1970s, there has been a corresponding increase in men's rates, especially amongst young men.^{4,5} This picture of change in psychiatric morbidity and suicidal behaviour appears to show consistency throughout Europe and North America^{3,6,7} and in Australia.⁸ This phenomenon is acknowledged by the NHS Advisory Service⁹ who describe suicide as the second biggest killer of young men, after acci-

dents, in several parts of the world.

It is also of note that in recent years the picture has emerged that men, for the first time, have begun to outnumber women in psychiatric admission rates.¹⁰

Men are traditionally seen as not having the same level of mental health needs as women and the number of specifically 'women's' services hugely outweigh the number of 'men's'. Good *et al*¹¹ reported that men's reluctance to access health services could be to do with men's need to feel in control and self-sufficient, and they suggest that this often stops men from asking for help.

Prior¹² proposes that some of the most common reasons that men do not access mental health services are that: men are not good at help-seeking behaviours; men are more likely to externalise problems and so use externalising behaviours like crime or violence; men are culturally discouraged from acknowledging distress; and men have fewer real life problems than women. Robinson¹³ suggests that young men do actually think about, and are concerned about, health but asking for advice is often seen as unmanly or embarrassing. It appears that strategies need to be found that help young men gain the support they need without feeling

embarrassed.

This paper outlines a project that attempts to do this using an English Football League club (Macclesfield Town) as a base for a Community Psychiatric Nursing service and a venue for group work, using football as a metaphor, to address issues of mental health promotion specifically targeting young men.

BACKGROUND

Football, and football clubs have been used successfully in the past as areas for delivering education, addressing problems like racism and for physical health promotional activities.

The 'Alive and Kicking'* project in Coventry, for example, encouraged multi-disciplinary working with young men to help develop more healthy lifestyles. Although this project focused mostly on physical aspects of health such as diet, fitness, smoking, sexual behaviour and cancer awareness, it showed that work that was associated closely with a recognised team, in this case Coventry City, could help engage men in health promotional activities. Nursing staff worked with local league football clubs in Coventry and Leamington carrying out health check-ups, mostly on training nights.

The main driver for the project was the belief that young men needed to be approached about health promotional ideas in situations where they feel comfortable.

IT'S A GOAL!

In addressing some of the important aspects of developing good mental health for young men the "It's a Goal!" project was conceived by Malcolm McLean, a social entrepreneur. His company Bearhunt was able to secure substantial funding for a three-year project from the Laureus Foundation's 'Sport for Good' fund. Laureus are backed by Daimler Benz and are responsible for funding a series of projects throughout the world where sport is the driving force for positive change.

The project aimed to base a community psychiatric nursing service within a football league club and to use the stadium as a base for the service. It was envisaged that groups focusing on mental health awareness and mental health promotion would be run in the stadium and that the project

would be an integral part of the club itself. It was hoped that by basing the programme within the local club, and utilising the popularity and attraction of football, the project would engage men who had been reluctant to seek help for mental health problems and to use the project to actively promote strategies for developing good mental health.

The club used for the project is Macclesfield Town. The club, nicknamed the Silkmen, are the smallest football league club in the country and play in the third division of the English Football League. The average attendance is 2,300 compared with 58,000 and 44,000 averages of nearby clubs Manchester United and Liverpool. The idea of using a small community club for a pilot project of this type was appealing. Also, Macclesfield already had very good links with the community having won awards for initiatives such as its information technology (IT) training programme for local people in its purpose-built IT suite.

Football/community initiatives are developing at several clubs, despite the fact that football has historically been associated with antisocial, negative behaviours such as racism¹⁴ and hooliganism,^{15, 16} and that football grounds are often seen as places that are generally unwelcoming and dangerous. This view has begun to be challenged and examples of the more positive aspects of supporting behaviours^{17, 18} have helped shape this project and its positive focus towards mental health promotion.

DESIGN AND DEVELOPMENT

The project received wide support from a number of stakeholders across Macclesfield including: Macclesfield Town Football Club, Macclesfield Borough Council, Lifelong Learning Partnership, East Cheshire Primary Care Trust, Cheshire and Wirral Partnership NHS Trust (Mental Health), and voluntary mental health organisations.

A Steering Group was drawn up from these organisations and worked hard on pulling the initiative together during the autumn of 2003. This group looked at a number of issues that arose, including points of referral, user characteristics including contraindications, marketing/advertising and the preparation of a launch day. It was felt that referral could come from established points such

as health professionals and non-statutory agencies as well as informally through family, friends, work, etc.

It was felt that the programme should be made available to all who would benefit, particularly to those showing symptoms of low self-esteem and motivation, and poor confidence, communication and social skills as these were recognised as strong precursors for depression in young men.^{8, 19, 20} Characteristics that were seen as contraindicated included psychosis, multiple or dual diagnosis, excessive symptoms and severe mental illness.

APPOINTING THE MANAGER/COACH

Having recruited an experienced community psychiatric nurse to lead the programme, the focus shifted to the construction of the sessions. In keeping with the football metaphor this nurse became known as 'the manager'. The major driver of the exercise was to attempt to attract a specific target group, young men, by using football metaphors and analogies and housing it within the local football club. Fortunately Macclesfield Town FC, despite its lowly position in the league ranking order, had appropriate facilities and was keen to be part of a forward-thinking initiative. It was decided that, wherever possible, football terminology and metaphors would be used and so participants became known as players, groups as teams and the programme of sessions as the season.

Part of the first session (game) involved players signing a contract. Key words such as goal, tackle, defence, etc, were central to the programme. Players were encouraged to explore situations that happen in high-profile games, and match them to situations that could/had arisen in their own lives. Above all, there would be a philosophy of being 'the best you can be', with a clear intent to develop and concentrate on positive aspects.

TRIAL PROGRAMME RECRUITMENT/REFERRAL

Footslogging around Macclesfield informing people about the project became a feature of life for the manager pre-season. Posters began to appear in local pubs, clubs and cafes. Posters, postcards and business cards were displayed in GP surgeries and the local A&E department. Drop-in facilities, drug services, employ-

ment agencies, and homeless projects were all visited.

As a result of networking and making new contacts around the area, links were made with Total People, a Macclesfield employment agency for young people. Discussions took place about the possibility of providing a first cohort to 'trial' the programme in order to provide some critical analysis from the consumers' standpoint. The agency worked hard at short-listing likely candidates, and they were all duly interviewed by the manager, and accepted.

THE TRIAL PROGRAMME

The first 'season' ran for six sessions and used football metaphors to explore issues around personality, confidence and developing social support networks. Various ways of using metaphors in practice were utilised. For example instead of using commonly used terms to explore self-awareness, e.g. introvert versus extrovert, or personality types, players were asked to identify what attributes were needed for specific positions on the field. Players identified that goalkeepers need to be 'quick', 'brave' and 'able to see the big picture unfolding', whilst strikers are often 'loners', 'on the fringes for long periods' and 'quite lazy'. Midfielders need to be able to 'link well with others', 'be flexible' and 'be hard working'. Men attending the sessions explored which of the attributes were most obvious in themselves and where they fitted in the team of the game of life in general.

Sessions focused on the importance of team work, helping each other out, gaining confidence when under pressure, exploring personal strengths and weaknesses, and taking care of the self, both body and mind, all used football analogies, football language, video clips of footballing legends and football stories to make points and stimulate discussion.

There was a definite air of disappointment among the first cohort that the season was over, and one of the criticisms from the players themselves was that the programme was too short. The first 'season' as stated previously had run for six sessions and feedback generally was encouraging. Players stated in their evaluations that the programme had certainly helped with their confidence and esteem levels, and interestingly stated that the

content had made them view their problems in a different and helpful way. All said that they had achieved their stated goals and felt they would be happy to recommend the programme to others.

Certificates of attendance were handed out (for some, the first formal award they had ever received), photographs taken, and the trial season came to an end.

THE FIRST 'SEASON'

The composition of the project's first 'real' team came from referrals from the local branch of MIND and Barnabus (Macclesfield's drug user centre), and included one self-referral who had responded to the newspaper publicity.

Some of this publicity had come from the official launch of the project. The Bearhunt organisation had arranged, through their connection with Laureus, for sporting legends Sir Bobby Charlton, Ian Botham and Tanni Grey-Thompson to appear at the club to lend their support. The launch was widely publicised, and appeared on regional television and in both national and local press. Many potential referrers were invited to this launch. The first season proper had a team of eight ready to 'sign on'.

THE 'SEASON'

The first game revolved around players getting to know and feel comfortable with each other, and the commitment of Macclesfield Town to the project was confirmed by an appearance from the chief executive of the football club, Colin Garlick. The players also stated their commitment symbolically by signing their contracts, and in response to Mr Garlick's offer of free tickets for the match on the forthcoming Saturday - all said they would like to attend! There was discussion about how they as individuals had arrived at the project, and the session finished with a goal-setting exercise where the whole team outlined what they wanted to get out of the season, and how they could achieve these aims. The players left in a positive mood, and all in all it was felt that the opening home game for 'It's a Goal!' had been a success.

As the season progressed the team performed well, covering the topics of stigma, support and teamwork with ease. Players commented on feeling more at home with each other, and were clearly

comfortable enough to open up, confront and disclose. Encouragingly, players reported progress towards their stated individual goals, and said they were enjoying the season, and finding it useful.

As the season progressed some of the topics particularly relevant to suicide and mental health promotion began to come into focus. The subsequent games looked at behaviour and how easy it is to repeat negative patterns. At the end of the season players were keen to carry on with the work that had been started. Talk centred around the formation of a support group (supporters club?), and the practicalities thereof.

DISCUSSION

Dorling and Gunnell¹⁹ suggest that the changing geography of despair can be shown to be largely the product of changing economic, social and demographic geographies. Almost the entire group reported some degree of disruption to their extended family. All players said they felt insecure, particularly with regard to getting a job, and money was clearly defined as a prime motivator. Support was gleaned from a variety of different areas, but only rarely from the family. Group members said that most of their support came from peer groups or friends.

Gair and Camilleri⁸ emphasise this point stating that anyone who could fill the role of a 'mate' would be of real value in supporting young men. It was noted on several occasions team members took on the role of 'mate' or supporter without any degree of coercion. This was generally in the form of helping answer questions when they perceived their colleagues lacked full understanding, or prompting when it was felt necessary. Group members were noticeably modest about this, one saying he felt "anyone would do the same for a mate."

One of the issues that featured in discussion was that of role modelling. For many young men football players are said to be their biggest role models. Surprisingly perhaps, when asked, it was clear that the young men in the team had no real role models. Only one person in the group said he actually admired anybody, and that was his mother and sister. Traditional role models, such as film or sports stars, were seen as money-grabbing and shallow. All commented that they felt they were

expected to live up to the image of 'maleness' as defined by the media. Tudiver and Talbot²¹ suggest that this self-image of maleness becomes important as "men may regard asking for help as a sign of weakness and dependency."

One of the images of the football player, especially the midfielder, put forward was that of the 'hard man'. This was used as a springboard for the topic of bullying. The relationship between bullying and suicide is well documented^{22, 23} and the observations by the team about this subject were interesting. Over half of the group talked about being bullied and the pain this caused. One player talked about being bullied unmercifully by his father, and revealed in shocking detail, some of the things he had been made to do against his wishes. Others talked in more general terms about being bullied, mainly at school or at work.

The subject of suicidal ideation was also explored by the team. Collins and Cutcliffe²⁴ describe the "inextricable link between suicide and a sense of pervasive hopelessness", and this was also discussed. Mixed messages were observed here. One group member saw no future for himself other than prison, though he said he knew he could change this outcome. Some said it was difficult to be optimistic, while others, particularly those on work placements with the prospect of employment at the end, were a little more hopeful. Interestingly, all felt that they were in control of their own destiny, to some degree. Bearing in mind the high suicide rate in this gender and age group, two of the players had acquaintances who had killed themselves, and all of the team related stories about people they knew who self-harmed.

The 'Young Men and Suicide' document²⁵, launched in April 2000 by the All Party Parliamentary Group on Mental Health examined the facts behind suicide and showed that existing policies to deal with suicide were failing to curb the growing number of young men killing themselves. It acknowledged that in the last 25 years, the suicide rate for men aged 15-24 has more than doubled and suggested that policy-makers must take into account that men generally are much less likely to ask for help when they experience difficulties. Verrinder and Denner²⁶ go so far as to describe men as being "notorious-

ly bad" at asking for or accessing help.

Most young men at risk of suicide are very unlikely to visit their GP. This is reiterated by Alexander²⁷ who states that keeping things to the self, waiting for the other to recognise distress, and believing that they would not be understood, are all traits commonly found in men.

Generally the team admitted that they would not ordinarily seek out any form of help when they were experiencing difficulties, although several said they might confide in a friend. Clearly, from the responses made during discussion, the GP was seen as someone who would be approached only if suffering from a physical illness. Even then, for the majority, it would need to be fairly serious. None said they would approach their GP for any sort of emotional or psychological support.

EVALUATION

Clinical supervision for the project had been arranged through Bearhunt with a Mental Health Lecturer at the University of Nottingham, and part of this process was to design an evaluation tool for the players at the end of each 'season'.

The evaluation tool was based on evidence from the literature on the areas of intervention that the programme was targeting, mainly suicide awareness, mental health awareness and mental health promotion, and linked the main findings on suicide, self-esteem and young men to the structure of the sessions.

Traditionally most evaluation has relied on a narrow range of methods, and drawn heavily on feedback forms and questionnaires. One of the real challenges to the active participation of young people in effective evaluation is maintaining their interest and motivation. McNeish²⁸ suggests the use of visual techniques and different methods that do not solely rely on written skills. The evaluation tool proved successful up to a point, but, like many tools that are written-based, had its limitations.

The evaluation tool was modified following the data collection from the early groups. In an attempt to enhance the quality of data received, video-recorded interviews were taken to complement the written responses. Boyden and Ennew²⁹ suggest that such visual methods may be useful since they can be fun and interesting.

The use of video has led to a system of themed analysis for the evaluation. The interviews were reviewed by two members of the project team and coded to identify the key themes and patterns that emerged. Coffey and Atkinson³⁰ state that being able to organise, manage and retrieve the most significant and important parts of collected data is important to effectively draw valid conclusions. They go on to suggest that effective coding can help to bring fragments of data together to create distinct categories which have some common element or attribute. The three main themes to come from the initial coding of the interview data have been:

- ◆ Men accessing the service: the players felt that generally the service was accessible. Quotes included "It's good because it's a 'blokey' thing" and "It's a bridge that you can come over."
- ◆ Information about the course: not all players were completely happy about the information given pre-season but most were very positive about knowing the structure at the beginning of the course. Quotes included "Information could have been clearer" and "Times and dates were good because we're off work."
- ◆ Course structure: the evaluation of the structure has been very positive but the season has been seen as too short. Quotes included "Would recommend to people with depressive problem", "A couple of more sessions would be useful" and "A couple of more sessions and I could have better achieved my goal."

Most of the players commented on how a slightly longer season would have been useful and how they valued the friendships they had begun to develop. This has led to the setting up of what has been coined 'The supporters club' where people who have passed through the course meet at the stadium for coffee and for ongoing support in an informal setting. This has been set up by and is led by previous players from the group.

THE NEXT STEPS

At the time of writing, the second team have just completed their season. The aims

of the project remain those of working specifically with young men, as we have seen, a notoriously difficult to engage target group, on issues concerning their own mental health, and to continue the philosophy of opening up football grounds as community hubs. The third team has been successfully recruited ready to start the next 'season'.

In response to the evaluations of the first teams to pass through, it is clear that the project requires updating and modification to keep it responsive to the needs of the people who attend. Inevitably, as with any new approach, it has been found that some of the ideas have been less successful than anticipated (e.g. using music and some of the original written forms of evaluation), although to balance this, a number of exercises never before used

have proved surprisingly potent. An example of this is restructuring the feedback and evaluation using video.

The project needs to be visible and accessible. Not only do potential referrers need to be aware of what is going on at their local football club, but potential users too, and this is where the main problem lies. At the project launch, Ian Botham said "Once you've got 'em in, you won't have any problems. It's getting them through the door in the first place," and this would seem to be the greatest challenge facing the project in the months ahead.

CONCLUSION

It becomes clear that innovative ways of making accessible a service that helps young men focus on mental health issues - especially around depression and self-

esteem - can help the uptake of services and the promotion of mental health in this vulnerable group. The aim of the "It's a Goal!" project is to establish itself as mainstream, not only in Macclesfield but further afield in an attempt to raise the profile of mental health promotion and mental health care, and to play a small part in changing cultural attitudes towards men and their mental health.

The power of football as both motive and method for engaging this group is evident even in these early stages of the project, and it may well be that the experience at Macclesfield Town can be developed not only by other football clubs but also by other sports such as rugby and cricket where young men make up a large proportion of the attendance.

References

- Robins LN, Regier DA. In: Sargent C, Brettell C. *Gender and Health: An International Perspective*. Upsaddle River, NJ: Prentice Hall, 1996
- Bille-Brahe U. The role of sex and age in suicidal behaviour. *Acta Psychiatr Scand Suppl* 1993;371:21-7
- Kelleher MJ. Youth suicide trends in the Republic of Ireland. *Br J Psychiatry* 1998;173:196-7
- Clare A. *On Men: Masculinity in Crisis*. London: Chatto and Windus, 2000
- Davidson N, Lloyd T, editors. *Promoting Men's Health: A Guide for Practitioners*. London: Baillière Tindall, 2001
- Sargent CF, Brettell C. *Gender and Health: An International Perspective*. Upsaddle River, NJ: Prentice Hall, 1996
- Thornicroft G, Bebbington P. Deinstitutionalisation - from hospital closure to service development. *Br J Psychiatry* 1989;155:739-753
- Gair S, Camilleri P. Attempting suicide and help-seeking behaviours: using stories from young people to inform social work practice. *Australian Social Work* 2003;56(2):83
- NHS Advisory Service. *Suicide Prevention: The Challenge Confronted*. London: HMSO, 1999
- Payne S. Masculinity and the redundant male: explaining the increasing incarceration of young men. *Social Legal Studies* 1996;5(2):159-78
- Good GE, Dell DM, Mintz LB. Male role and gender conflict; relations to help-seeking in men. *J Counselling Psychotherapy* 1989;36(2):295-300
- Prior PM. *Gender and Mental Health*. London: McMillan Press, 1999
- Robinson M. In: Davidson N, Lloyd T, editors. *Promoting Men's Health: A Guide for Practitioners*. London: Baillière Tindall, 2001
- Holland B. Kicking racism out of football: an assessment of racial harassment in and around football grounds. *New Community* 1995;21(4):6-8
- Armstrong G. *Football Hooligans: Knowing the Score*. Oxford: Berg, 1998
- King A. Violent pasts: collective memory and football hooliganism. *Sociological Rev* 2001;49(4):567-85
- Pringle A. Can watching football be a component of developing good mental health in men? *J Roy Soc Health* 2004;124(3):122-8
- Giulianotti R. Hooligans and Carnival Fans: Scottish Football Supporters Cultures. In: Armstrong G, Giulianotti R, editors. *Football Cultures and Identities*. London: Macmillan Press, 1999
- Dorling D, Gunnell D. Suicide: the spatial and social components of despair in Britain 1980-2000. *Transactions Institute British Geographers* 2003;28(4):442-60
- Taylor B. Exploring the perspectives of men who self-harm. *Learning Health Social Care* 2003;2(2):83-91
- Tudiver F, Talbot Y. Why don't men seek help? Family physicians' perspectives on help-seeking behaviour in men. *J Fam Pract* 1999;48(1):47-52
- Marr N, Field T. *Bullycide, Death at Playtime: An Exposé of Child Suicide Caused by Bullying*. Oxfordshire: Success Unlimited, 2001
- Smith PK. Bullying: recent developments. *Child Adolescent Mental Health* 2004;9(3):98-103
- Collins S, Cutcliffe JR. Addressing hopelessness in people with suicidal ideation: building upon the therapeutic relationship utilizing a cognitive behavioural approach. *J Psychiatr Ment Health Nurs* 2003;10(2):175-85
- Men's Health Forum. *Young Men and Suicide*. London: Men's Health Forum, 2000
- Verrinder A, Denner BJ. The success of men's health nights and health sessions. *Austr J Rural Health* 2000;8(2):81-86
- Alexander J. Depressed men: an exploratory study of close relationships. *J Psychiatr Ment Health Nurs* 2001;8(1):67-75
- McNeish D. *From Rhetoric to Reality: Participatory Approaches to Health Promotion with Young People*. London: Health Education Authority, 1999
- Boyden J, Ennew J. *Children in Focus: A Manual for Participatory Research with Children*. Stockholm: Rädda Barnen, 1997
- Coffey A, Atkinson P. *Making Sense of Qualitative Data*. London: Sage, 1996

* For an overview of the 'Alive and Kicking' project see Trevor Lloyd's report for the Health Development Agency 'Boys' and Young Men's Health: What Works?' published in 2002. Available online at: www.hda-online.org.uk/documents/youngmen_what-works.pdf (accessed 8 September 2004)