

It's a goal!

The 'It's a Goal!' project was launched in 2004 at the Moss Rose Stadium, home of Macclesfield Town Football Club, who play in League Two of the English Football League. The project was made possible with the backing and sponsorship of the Laureus Sport for Good Foundation. 'It's a Goal!' involves a community psychiatric nurse working within the club and using the stadium as a base for the service which utilises a group work approach to focus on mental health awareness and mental health promotion activities (Pringle and Sayers 2004). It was envisaged that, by basing the project within the local club and using the popularity and attraction of football, the programme would help engage men who had previously been reluctant to seek help for mental health problems, and would use the project to actively promote strategies for developing good mental health. This paper outlines the processes used to evaluate the first 18 months of the project and analyses the impact that 'It's a Goal!' has had on the people who have engaged with the scheme.

Full title: 'It's a Goal!'; Basing a CPN in a Football Stadium – The half time score

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Background

Initiatives linking football clubs to health and educational activities are developing at several clubs, despite the fact that football itself has often historically been associated with antisocial, negative behaviours such as racism (Holland 1995) and hooliganism (Brimson 2000, King 2001, Stott, Hutchison and Drury 2001) and that football grounds are seen, by some, as places that are generally unwelcoming and dangerous. This view has begun to be challenged (Pringle 2004, Guilianotti 1999) and examples of the more positive aspects of supporting behaviours have helped shape the project and its focus positively towards mental health promotion.

In the recent past, men in general have not been seen as a group with specific mental health needs, and healthcare services for them are hugely outnumbered by those offered to women. Mental health problems are however becoming recognised as a major problem for men. 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 (Kelleher 1998) and suicide is now four times more common in men, especially between the ages of 16-35, than in any other

group in society (Clare 2000, Davidson and Lloyd 2001).

It also appears true that men are less likely to access services that are actually available to them. Good, Dell and Mintz (1989) reported that reluctance to access health services could be to do with a need to feel in control and self sufficient, and they propose that this often stops men from asking for help. Prior (1999) suggests things such as not being good at help-seeking behaviours, being more likely to externalise problems and so use externalising behaviours such as crime or violence and being culturally discouraged from acknowledging distress, impact heavily on men's willingness to access services.

Both the government and local communities are beginning to understand that one of the most effective ways of tackling health problems in a community may be to harness the power of something that can bring people

of all ages and backgrounds in a community together – their local football team.

A good example in general health promotion is the 'Alive and Kicking' project in Coventry, which 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 how work that was associated closely with a recognised team, in this case Coventry City, could help engage men in health promotional activities.

In mental health care, the National Institute for Mental Health in England (NIMHE) has launched the Shift initiative, stating that over the next five years it will work – in partnership with football agencies – to pilot and promote positive work to de-stigmatise mental health issues with men.

Some practical examples of how football is beginning to work in collaboration with mental health teams are found in such clubs as Tottenham Hotspur, where the football club has been working in partnership with mental health services in the East 9 Acute Day Hospital, participating in regular friendly matches and competitions, and training once a week.

In Scotland, Motherwell FC became the first football club to join the 'See Me' campaign which tackles stigma in mental health, whilst Bristol City have used a £79,000 grant from the Football Foundation to develop footballing activities for people with mental health problems in partnership with Avon and Wiltshire Mental Health Partnership NHS Trust.

'It's a Goal!'

'It's a Goal!' is managed on a day-to-day basis by an experienced community psychiatric nurse and uses football metaphor to construct sessions and build a team approach to mental health promotion. The programme addresses many of the issues that have been highlighted by research as the underlying problems that lead to mental health, ill health and suicide

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amongst young men. The sessions (or matches as they are known), are run in the football stadium by the CPN and focus on areas such as low self-esteem and motivation, poor confidence, communication and social skills, as these are recognised as pre-cursors for depression in young men (Dorling and Gunnel 2003, Gair and Camillieri 2003, Taylor 2003). Using group working techniques, football metaphor is used to explore issues around personality, confidence and developing social networks. Various ways of using metaphor in practice are utilised.

For example, instead of using commonly known terms to explore self awareness, for example introvert versus extrovert or personality types, players (as they are called) are asked to identify what attributes are needed for specific positions on the field. In sessions, players identified that goalkeepers needed to be quick, brave and possess the ability to successfully put big mistakes behind them. Defenders were seen to be protective, strong and reactive. Midfielders needed to be able to link well with others, be flexible and creative, while strikers were observed to be loners, on the fringes, often lazy but capable of extreme brilliance.

Men attending the session used these 'football personality' types to explore which of the attributes were most obvious in themselves and where they fitted in the team for the game of life in general.

Another example of football metaphor has included – when looking at problem solving – using the idea of getting a free kick past a wall. It was suggested by players that you could simply blast through (internal determination), use your teammates to help by passing (develop support networks) or develop your own skills (coping mechanisms) until you could bend it like Beckham.

The idea to run the whole programme (or season) using a football metaphor was adopted because the language of engagement was acknowledged as an important aspect of the interventions. Focus is placed on the importance of team work, helping each other out, confidence when under pressure, exploring personal strengths and weaknesses and taking care of the self in both body and mind. The use of football analogy, language and metaphor with video clips of footballing legends and stories to make points and

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Clinical supervision for the project is arranged through the University of Nottingham with a mental health lecturer acting as supervisor. Supervision takes place face-to-face on a regular basis with a supervision session used to review the process, plan developments and analyse the evaluation and feedback provided by the players after each team has completed the season.

The season itself, like all of 'It's a Goal!' is based on football metaphor and comprises 11 sessions (or matches). As 11 is the number of players in a football team, this also fits the football analogy, and is broken down into a classic 4-4-2 formation as follows. After an introductory match where players sign up for the team, get to know each other and set their first goals, there are four 'defence' matches. These are based, naturally enough, on sound principles of teamwork, support, roles and include the concept of change. Four 'midfield' matches then concentrate heavily on creativity and linking up, looking at relaxation, posture, communication, visualisation, motivation and assertiveness. The two 'attack' matches then provide (as all good strikers should), a great finish. They focus on taking opportunities and delivery through behaviour, practice, perspectives, evaluation and also examine aspects of good fortune and luck.

Referrals

Throughout the early life of the project, a sizeable amount of the project managers' time was spent in publicising the service and talking to people who may be interested in making referrals. Posters are in place in local pubs, clubs and cafés, and postcards and leaflets

are available in GP surgeries and the local A&E department. Drop-in facilities, drug services, employment agencies and homeless projects all carry information about the project as does the 'It's a Goal!' website at www.itsagoal.org

As the techniques being used were new, a trial run of the programme took place before the first referrals were accepted. This was in order to provide some critical analysis from the participants' standpoint about the effectiveness of the process in promoting good mental health and supporting men. This trial group was made up of volunteers who were not experiencing a period of distress and ran for six sessions. It evaluated very well using both questionnaire and focus group techniques of evaluation. The 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 everyday problems in a different and helpful way. All said that they would be happy to recommend the programme to others.

Invitations were then made to agencies to refer people to the service and for people to self refer. In the case of referrals from agencies such as GPs or CPNs, the referring agency retains responsibility for the care and the 'It's a Goal!' service works closely with them, keeping them informed of progress.

The first 18 months

The first 18 months of the project has seen 87 referrals from a number of referring agencies (see Table 1). Word of mouth, positive feedback and evaluations from those who have completed the course have resulted in some referrers sending new people for each new group.

Table 1. Number of referrals by agency

Agency	Number of referrals	Agency	Number of referrals
CPN	16	CBT therapist	2
GP	14	Comm support worker	2
Mind	14	Assertive outreach	1
Health promotion	9	Drugs team	1
Self-referral	9	Consultant psychiatrist	1
Drop-in centre	5	Health visitor	1
Graduate health worker	3	FE college	1
Social worker	3	Psychologist	1
Alcohol service	2		
Acute ward	2	Total Referrals	87

All referrals were contacted and offered an initial meeting to discuss the programme before committing themselves to the process. Fourteen of those did not keep their appointments. Of those who did, 47 out of 73 (64 per cent) actually commenced the course. The average age of interviewees was 29.04 and 68 per cent were married or living with a partner, whilst 68 per cent were unemployed. Of the programme starters, 27 managed to complete, which means that 58 per cent of the total number of referrals actually finished the season.

Female football supporters

One of the interesting things about using football as the vehicle in this case was that football, of course, does not only appeal to men. In the new century, the number of female fans at top matches in England has increased substantially. In 1997 about 12 per cent of FA Premier League fans were female and by 2001 this figure had risen to 15 per cent (Williams et al 2001).

Most people remember that 95 supporters died at the Hillsborough disaster but do not always remember that nine of those were women and girls. As the referrers became more familiar with the process some female referrals were received. Although the project was conceived as being primarily focused on men, discussion with the players and in supervision highlighted that the techniques of using football metaphor for engagement were relevant across genders. In the end, the proportion of women referred was somewhat

less than the percentage of women attending matches (3-10 per cent).

Evaluation

Evaluation for the group was done, as in the pilot, using questionnaires and focus group techniques. Although the purpose was evaluation, the use of research-based methods helped, it was felt, ensure a level of credibility in the evaluation.

The key points to come from the questionnaires were:

- a) The process was seen as a positive experience
- b) It helped the participants develop the ability to take more control
- c) The environment offered a non-critical/ judgmental atmosphere
- d) It offered participants a starting point for looking at their mental health.

The comments from the group feedback were analysed using themed analysis techniques and the main recurring themes were:

- 1) Participants developed an understanding of mental health and the threats to maintaining good mental health. Comments included:

'I wasn't aware of depression. It has opened my eyes to come here and begin to understand'

'I have learnt much more about mental health issues'

'This has given me a platform to start from'

'There was lots I didn't know about me'

'I found it all a very powerful process'.

2) Participants responded positively to the techniques and language of using football metaphor. Comments included:

'We've settled as a team'

'It's got the ball rolling for me'

'I can relate to this because it's football'.

Participants responded very positively to the setting, stating that they would not have engaged with such a programme in a more clinical setting. Comments included:

'I've had bad experiences in hospital; this feels away from all that and is easy going and relaxed'

'I would never have gone to a doctors or a hospital for this kind of thing, but setting it in a football stadium made it attractive'

'Holding the course at Macclesfield Town has been excellent'

'Should be in every football club in the country'

'I feel more relaxed in these surroundings'.

One of the most interesting outcomes of the process has involved the number of people completing the course who have moved on to employment or studies. Thirteen (31 per cent) have found themselves new full- or part-time jobs, and six (14 per cent) have returned to their old jobs. Three (7 per cent) have resumed their studies at university and one each has commenced college, moved to independent living accommodation, and started a self-employment workshop respectively.

It is fair to say that, of those who returned to either their old jobs or to university, these targets appeared some distance away when initially interviewed.

Conclusion

It becomes clear that innovative ways of

making accessible a service that helps young men focus on mental health issues can help the uptake of services. The power of football as both motif and method for engaging this group is evident even in these early stages of the project. It may well be that the experience at Macclesfield can be developed not only by other football clubs, but also by other sports such as rugby or cricket; anywhere in fact where young men make up a large proportion of the attendance.

If, as Cross (2004) suggests, mental health promotion can help to improve physical health, increase emotional resilience and enhance greater social inclusion, then ensuring access becomes of paramount importance. Projects like 'It's a Goal!' may offer one way in which access can be gained for young men, a group notoriously difficult to engage in such activities. **MHN**

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