Research and review

Sick as a parrot or over the moon: an evaluation of the impact of playing regular matches in a football league on mental health service users

Paddy McElroy—Mental Health Practitioner, Levenshume Health Centre, Dunstable Street, Manchester, M19 3BX, UK
Paul Evans—Mental Health Practitioner, Levenshume Health Centre, Dunstable Street, Manchester, M19 3BX, UK
Alan Pringle—Lecturer in Mental Health Nursing, University of Nottingham, Mansfield Education Centre, Kingsmill, Mansfield Road, Sutton-in-Ashfield, Notts, NG17 4JL, UK

Key message

This paper shows the impact of football in the community initiatives on the well being of mental health users. More broadly, the work is a case analysis of how health professionals working with community development models of user involvement, create a different pattern of user focused health provision, engagement and evaluation.

Key words: football, mental health, social inclusion

Introduction

Health promotional organizations, the Government and local communities are beginning to become aware that one way of tackling health problems in a community can be to work in partnership with different organizations using something that can bring many people of different ages and backgrounds in a community together – namely,
football. Initiatives to tackle physical health problems and educational problems have been at the centre of the ‘football in the community’ programmes that have run in football clubs throughout the country for several years. In more recent times, football has begun to be recognized as having a role to play in the area of mental health promotion and treatment (O’Kane and McKenna, 2002; Pringle, 2004; Pringle and Sayers, 2004).

**Football and mental health**

This move towards using football in the field of mental health has been reflected by the Football Association announcing that it will be involved in using football to attempt to de-stigmatize mental health problems in the same way that it has successfully highlighted the problems of racism with its long running ‘kick racism out of football’ campaign. Similarly, 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-stigmatize mental health issues with men. In a previous article (2002) Pringle outlined some of the mental health benefits of supporting a local team; he also cited some practical examples of how football is beginning to work in collaboration with mental health teams 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. In Scotland, Motherwell Football Club became the first football club to join the ‘See Me’ campaign, which tackles stigma in mental health, while Bristol City Football Club has used a grant from the Football Foundation to develop football-related activities for people with mental health problems, in partnership with Avon and Wiltshire Mental Health Partnership NHS Trust.

This process uses the stadium as a base for a community psychiatric nurse service . . . to focus on mental health awareness and mental health promotion activities.

The ‘It’s a Goal!’ project was launched in 2004 at Moss Rose Stadium, the home of Macclesfield Town Football Club, a team which plays in Division 2 of the English football league, and has successfully been replicated in the grounds of Plymouth Argyle and Manchester United Football Clubs. This process uses the stadium as a base for a community psychiatric nurse service which utilizes a group work approach to focus on mental health awareness and mental health promotion activities.

**The ‘Grassroots Initiatives’**

In the midst of this movement to develop further links between football and mental health, Manchester’s ‘Grassroots Initiatives’ has proven to be one of the most sustained...
and successful projects to use the ‘beautiful game’ as a way of engaging with people who experience mental health problems. Grassroots Initiatives is a small, user-led, voluntary organization, which aims to advance the quality of life of people who are socially excluded, particularly those who experience mental health/learning-related difficulties living in Manchester and the surrounding area. It provides facilities and opportunities for engaging in a wide variety of arts, social and sports activities with the aim of stimulating, promoting and encouraging the physical, social and emotional development of people in the local community and beyond.

At the heart of the football programme is the Care Standards Improvement Programme (CSIP) league. This football league is supported by the CSIP (North-West) and currently comprises 19 teams from throughout the North-West, with guest teams from all over the UK. This league uses a six-a-side version of the game. The league was established in 1999 and has continued to grow and develop ever since. Every five weeks, during the football season, the league brings together over 200 service users to the JJB Soccer Dome in Trafford Park, where their teams play four 15 minute matches each visit.

During a recent meeting the opportunity was taken to evaluate the impact of the process on the emotional health and well being of the people who were involved in the league.

The season comprises nine meeting days, which means that, with each team playing four matches a day over nine days, each team plays 36 matches in a season. Added together, this results in a total of 342 matches taking place in the league over a season. Although the matches only take place every five weeks, teams train on a weekly basis throughout the year.

The evaluation process

During a recent meeting, the opportunity was taken to evaluate the impact of the process on the emotional health and well being of the people who were involved in the league. This was done using a questionnaire that addressed a range of issues about the impact that playing football had on the players themselves. The tool was devised and refined by John Byron, a mental health service user and two community mental health practitioners who had been involved with the league since its inception in 1999. The questionnaire was structured using the principles outlined by Pope and Mays (1999) concerning the accessibility of language, and Burns and Grove (1997) in regard to the size and structure of a usable instrument. The tool collected demographic data about the players involved in the league, then used a Likert scale format to examine ideas around such things as the impact of the experience on players’ levels of energy, optimism, anxiety, development of coping skills and sense of inclusion. Each question in
the questionnaire subsequently had a space for comments that the player could fill in to expand the answer they had given on the scale. Of those players who attended for one of the meetings, 131 agreed to complete the questionnaire.

Demographics

While the majority (66%) of the players surveyed described themselves as White British, there was representation from a range of other ethnic groups. This helped to emphasize the fact that it is a notable feature of the league that people from a range of racial and cultural backgrounds are well integrated within the teams that compete. It was noted that in many ways, this reflects the professional game, in which players from a range of ethnic, national and cultural backgrounds often make up successful teams.

Three per cent of respondents indicated that they were Black African and 6% of the players described themselves as Black British. Two per cent of respondents were Chinese, 2% were Indian, 3% were Irish, 7% were Pakistani, 2% were White Other and 9% ticked the ‘Other’ box. One per cent chose the N/A box.

In terms of age, all players were between 16 and 65 years of age, with the following breakdown: 29% were 16–25 years, 36% were 26–35 years, 25% were 36–45 years, 7% were 46–55 years and 3% were 56–65 years (Figure 1).

![Ethnic background and age range](image-url)

**Figure 1.** Ethnic background and age range.
Findings

The questionnaire focused on four main themes: health improvement, the internal experience, inclusion and confidence/security. These will be addressed individually.

Health improvement

The first section of the questionnaire addressed issues around health improvement and admission to hospital. Perhaps unsurprisingly in terms of physical health, 107 players (81%) who responded agreed or strongly agreed that their physical health had improved since they had become involved in the process. What was perhaps more surprising was that a larger number of players (119; 90%) agreed or strongly agreed that their mental health had improved significantly since becoming involved with playing on a regular basis. Eighty-six people (66%) went on to suggest that the process had been a major factor in actually preventing admission to hospital.

Comments from participants in this section included:

‘It benefited greatly mentally, physically and socially’;
‘It helps me control my thoughts’; and
‘It helps my mental state’.

The internal experience

The section of the questionnaire addressing the internal experience of anxiety, optimism, enthusiasm and coping skills yielded some interesting results from the players.

A total of 108 players (81%) described how the experience left them with feelings of being enthused and energized, while 92 players (71%) agreed and strongly agreed that they felt that the experience had left them feeling more optimistic about their future.

One hundred players (77%) agreed and strongly agreed that they had improved their ability to reduce the levels of tension or anxiety in their lives because of the skills and experiences of playing in the league on a regular basis. Eighty-five people (66%) felt that their coping skills had improved as a result of their involvement with the football. One specific area of coping was addressed specifically in the questionnaire, and this was the ability to cope with aggressive feelings and feelings of irritation. Seventy-three players (57%) indicated that they had developed more tolerance of others through their interactions in the league, both in terms of players on their own teams and the opposition.

Comments in this section included:

‘Met other people and socialized a lot better’;
‘Helps me to rid myself of anger and aggression’; and
‘I live from week to week looking forward now’.
Inclusion

Although the background story of the players was varied and individual, the recurring theme of feeling, and often being, alone was one that was prominent, and will be familiar to those who have experienced or worked with people with mental health problems.

It was encouraging that 112 (86%) of the players felt that they had been made to feel welcomed by the organizers and other players in the league, and that 104 players (79%) stated that they received support in situations when they felt it was needed. Ninety-three people (71%) said that they had felt much less isolated in their lives since starting to play, and that they enjoyed this social benefit, and 105 players (80%) agreed or strongly agreed that they were happier because of their regular involvement in the CSIP league.

Comments in the boxes supporting this section of the questionnaire included:

'It brings people from different backgrounds together';
'The team have bonded'; and
'It has provided competition and camaraderie'.

Confidence/security

The final section of the questionnaire focused on questions about the impact that the experience has had on the confidence of those taking part in the league, and how this has impacted on their sense of personal security.

A total of 104 players (81%) agreed or strongly agreed that playing in the league had helped their confidence to develop. This was reflected in the fact that 106 players (81%) agreed or strongly agreed that they have felt ‘OK’ about themselves from their involvement with the football league. This sense of improving self-esteem was echoed by the fact that the majority of players (69%) stated that they felt higher levels of self-esteem in themselves and about their lives.

These increases in confidence and security were expanded in statements that included:

'I have benefited from the league, with an increased amount of confidence';
'With this comes confidence and better feeling all round'; and
'Found this to be empowering'.

Some of the other comments in the feedback were very emotive and powerful, and included:
At the end of the questionnaire, players were asked to indicate whether they felt that they would recommend playing in the CSIP league on a regular basis to other people, and a resounding 116 players (89%) said ‘definitely yes’ to the question.

**Discussion**

Callaghan (2004) outlined the relationship between exercise and mental health improvement, and claimed that there is evidence that exercise is beneficial for mental health. He suggested that it reduces anxiety, depression and negative mood, and improves self-esteem and cognitive functioning. Exercise is also associated with improvements in the quality of life of those living with schizophrenia. Certainly, those who have played in the CSIP league have suggested that this is the case for them, and the 81% who stated that their physical health had improved since they had become involved in the process were able also to outline improvements in their mental health.

The importance of social support, as opposed to specific therapeutic interventions, was highlighted by Bertram and Stickley (2005), when they observed that just being accepted by a community, as part of the community as a whole, is an important marker in creating a sense of belonging. In terms of health improvement, the positive impact that social support can have has received increasing attention in the nursing literature (Callaghan and Morrissey, 1993), and it is claimed that such support can help to improve the symptoms of some people with mental health problems, and reduce the chance of relapse (Beattie and Longabaugh, 1997). The comments from numerous participants who highlighted the socially supportive nature of the league appear to echo this sentiment.

Many of the respondents talked explicitly about the increases in confidence . . . , both in their ability to work with their own team and to face the opposition.

If, as Bates (2002) suggested, people using mental health services should have the same opportunities as the rest of the community to establish and maintain respectful connections and friendships with a diverse array of other citizens, then the league appears to offer this to those who participate. The process of playing and competing offers a relationship between team mates that is based on team working, respect for talent and
equality. In many cases, this is in direct contrast to the types of relationships that the players have experienced in the mental health system and in society in general.

The majority of players in the league are young men for whom poor confidence, communication and social skills are recognized as precursors for depression (Dorling and Gunnel, 2003; Gair and Camilleri, 2003; Taylor, 2003). It interesting to note how many of the respondents talked explicitly about the increases in confidence that they had experienced as a direct result of playing in the league, both in their ability to work with their own team and to face the opposition.

Some positive spin-offs have arisen from the league recently, with the process expanding to enable teams from other parts of the UK to play against each other. Perhaps the most significant development in this area is the CSIP league helping to co-found a European organization (the European Association for Sports and Social Integration) by developing links with similar ventures in Europe, and the establishment of a European competition, the European Association for Sport and Social Integration (EASI) cup, which was held in Manchester in 2007, with teams from Germany, Holland, Austria, Slovakia and the Czech Republic competing.

Conclusion

This evaluation has gone some way towards helping the league organizers to examine whether the process of using football in the field of mental health has helped to deliver the key benefits envisaged when the process was started. These were primarily about helping people with mental health problems partake of some regular exercise and to offer them an opportunity to engage in a process that helped their problems with social isolation, confidence and motivation.

Callaghan (2004) expressed sadness at the fact that exercise is seldom recognized by mainstream mental health services as an intervention in the care and treatment of mental health problems when there is evidence to suggest that it may be an effective means of therapy. The CSIP league offers a model that can be used to help to bring exercise into the mainstream in a way that can be sustained and developed further in a national and international way.

References


Address correspondence to Alan Pringle, Lecturer in mental health nursing, University of Nottingham, Mansfield Education Centre, Kings Mill, Mansfield Road, Sutton-in-Ashfield, Notts, NG17 4JL. Tel: 01623 465600, Email: Alan.Pringle@nottingham.ac.uk